

**TENDER DOCUMENTS**  
For Implementation of  
**MEGHA HEALTH INSURANCE SCHEME**  
And  
**AYUSHMAN BHARAT PRADHAN MANTRI JAN**  
**AROGYA YOJANA**  
**MHIS 6**  
In the State of Meghalaya  
**VOLUME – II**



**Government of Meghalaya**  
**Department of Health & Family Welfare**  
**Dated 18 July 2023.**

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**INSURANCE CONTRACT FOR THE IMPLEMENTATION OF  
THE MEGHA HEALTH INSURANCE SCHEME  
AND  
AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA  
MHIS 6**

This Agreement for the implementation of Phase 6 of the Megha Health Insurance Scheme and Ayushman Bharat Pradhan Mantri Jan Arogya Yojana for providing the Covers (the Insurance Contract) is made at Shillong on \_\_\_\_\_, 2023:

**BETWEEN:**

- 1. THE GOVERNOR OF THE STATE OF MEGHALAYA**, represented by the **CEO, Megha Health Insurance Scheme and Secretary, Health and Family Welfare, Government of Meghalaya**, having his principal office at State Nodal Agency, Megha health Insurance Scheme, Health Complex, Red Hill Road, Laitumkhrah, Shillong – 793003, Meghalaya (hereinafter referred to as the **State Nodal Agency** which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and permitted assigns);

**AND**

- 2. \_\_\_\_\_**, an insurance company registered with the Insurance Regulatory & Development Authority having registration number \_\_\_\_ and having its registered office at \_\_\_\_\_ (hereinafter referred to as the **Insurer**, which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and permitted assigns).

The State Nodal Agency and the Insurer shall collectively be referred to as the **Parties** and individually as the **Party**.

**WHEREAS:**

- A. The Government of Meghalaya (GoM) had implemented the Megha Health Insurance Scheme Phase 1 to 3 in convergence with the erstwhile Rashtriya Swasthya Bima Yojana. For this purpose, the GoM issued the Megha Health Insurance Scheme vide O.M. No. Health. 34/2006/Pt/95 dated 10 October 2012.
- B. The GoM has implemented the Megha Health Insurance Scheme Phase 4 (MHIS 4) in convergence with the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (hereinafter referred to as PMJAY) - an insurance scheme announced by the NHA, GoI providing an insurance cover of ₹ 5, 00, 000 per household belonging identified SECC category of families along with already enrolled RSBY beneficiary families not existing in the SECC database. The Scheme was referred to as Megha Health Insurance Scheme Phase 4, providing coverage of ₹ 5, 00,000 on a family floater basis to Beneficiaries Family Units through a network of empaneled health care providers.
- C. The GoM has decided to evaluate the overall functionality of the Megha Health Insurance Scheme; and has implemented a restructured scheme in convergence with PMJAY. The scheme was referred to as the Megha Health Insurance Scheme Phase 5, providing an insurance cover of ₹ 5,30,000 for all eligible beneficiaries on a family floater basis to Beneficiary Family Units through a network of empanelled hospitals.
- D. The GoM has decided to review the Health Benefit Package and other terms in the Insurance Contract of MHIS 6; and has now decided to implement a revised MHIS 6 scheme in convergence with PMJAY. The scheme shall be referred to as the Megha Health Insurance Scheme Phase 6 (hereinafter referred to as MHIS 6), providing an insurance cover of ₹ 5,30,000 for all eligible beneficiaries on a family floater basis to Beneficiary Family Units through a network of empanelled hospitals.
- E. The objectives of the Megha Health Insurance Scheme Phase 6 are to:
  - a. Continue a sustainable and practical health insurance solution for the residents of the State of Meghalaya;
  - b. Provide adequate cover after considering the incidence rate of regional diseases and diseases or illnesses requiring tertiary care procedures; along with strong focus on preventive care.
  - c. Improve the overall service quality, including patient care facilities and efficiency of registration of the remaining population yet to be registered and post-registration activities; and
  - d. Provide strong quality control, monitoring and fraud control mechanisms.
- F. \_\_\_\_\_, 2023, the State Nodal Agency commenced a competitive bidding process by issuing tender documents (the **Tender Documents**), inviting insurance companies to submit their bids for the implementation of the MHIS 6. Pursuant to the Tender Documents, the bidders submitted their bids on \_\_\_\_\_, 2023 for the implementation of the MHIS 6. The Insurer also submitted its bid to the State Nodal Agency on that date (the **Bid**).
- G. Following a process of evaluation of financial bids submitted by bidders, the State Nodal Agency accepted the Bid of the Insurer for the implementation of the MHIS 6. The State Nodal Agency issued a notification of award dated \_\_\_\_\_, 2023 (the **NOA**) and requested the Insurer to execute this Insurance Contract. The Insurer accepted the NOA on \_\_\_\_\_, 2023.

- H. The Insurer is registered under Section 3 of the Insurance Act, 1938 (Act 4 of 1938) with Registration No. \_\_\_\_ and has been engaged in the business of providing general insurance (including health insurance) in India for more than \_\_\_\_ years.
- I. The Insurer represents and warrants that it has the experience, capability and know-how required for carrying on general insurance (including health insurance) business and has agreed to provide health insurance services and provision of the Secondary Care, Tertiary care and selective OPD care to the Beneficiary Family Units (defined below) registered/entitled under the MHIS 6 for the implementation of the MHIS 6 in all the districts in the State of Meghalaya.
- J. Subject to the terms, conditions and exclusions set out in this Insurance Contract and each Policy (defined below), the Insurer undertakes that if during a Policy Cover Period (defined below) of such Policy any Beneficiary (defined below) covered by such Policy:
- a. Undergoes a Medical Treatment (defined below) or Surgical Procedure (defined below) requiring Hospitalization (defined below) or a Day Care Treatment (defined below) or Follow-up Care (defined below) to be provided by an Empanelled Health Care Provider (defined below) or PMJAY Network Hospital (defined below); or
  - b. Receives ante-natal or post-natal care provided by an Empanelled Health Care Provider; or
  - c. Receives child care provided by an Empanelled Health Care Provider; or
  - d. Receives cardiac or diabetes preventive OPD care provided by an Empanelled Health Care Provider; or
  - e. Receives OPD diagnostic care provided by an Empanelled Health Care Provider; or
  - f. Undergoes Tertiary Care requiring Hospitalization that is provided by a Specialty Hospital,

then the Insurer shall pay the expenses incurred by a Beneficiary to the Empanelled Health Care Provider or PMJAY Network Hospital in accordance with the terms of this Insurance Contract and such Policy, to the extent of the Sum Insured (*defined below*) under such Policy.

## NOW THEREFORE IT IS AGREED AS FOLLOWS

### 1. DEFINITIONS AND INTERPRETATIONS

#### A. DEFINITIONS

Unless the context requires otherwise, the following capitalized terms and expressions shall have the following meanings for the purpose of this Insurance Contract:

**Affected Party** shall have the meaning given to it in Clause 32 A.

**Aggregate Liquidated Damages Cap** in respect of each Policy Cover Period, shall have its meaning given in Clause 23 a) e.

**ALOS** shall mean Average length of stay.

**Annexure** means an annexure to this Insurance Contract.

**Appointed Actuary** means the actuary appointed by the Insurer in accordance with the Insurance Regulatory & Development Authority (Appointed Actuary) Regulations, 2000, as amended from time to time.

**Beneficiary** shall have the meaning given to it in Clause 2 b) d).

**Beneficiary Database** in respect of each Policy Cover Period means the database providing details of households and their members that are resident in the State of Meghalaya, sourced through the electoral database and the SECC database, as evidenced by the household database already registered under MHIS 5 and the households that are yet to be registered. The database was prepared by or on behalf of the State Nodal Agency, validated by NHA. The Beneficiary Database is uploaded on the Beneficiary Identification Software.

**Beneficiary Family Unit** shall have the meaning given to it in Clause 2 b).

**Bid** shall have the meaning given to it in Recital F.

**Block Kiosk** shall have its meaning as given in Clause 17.

**Break-in Policy** means that the Covers under a Policy shall cease to be effective upon the expiration of a Policy Cover Period, if the renewal Premium is not paid on or before the Renewal Premium Payment Due Date and failing that on or before the last day of the Grace Period.

**Business Day** means a day on which commercial banks are open for business in Shillong, provided that for the purpose of the Call Centre Services it shall mean all the days of a Policy Cover Period.

**Call Centre Services** means the toll-free telephone services to be provided by the Insurer for the logging and redressal of beneficiary requests, complaints and grievances, in accordance with Clause 26.

**Capacity Building Programme** shall have the meaning given to it in Clause 19 (i).

**Cashless Access Service** means a facility extended by the Insurer to the Beneficiaries where the payments of the expenses that are covered under each of the Covers are directly made by the Insurer to the Empanelled Health Care Providers in accordance with the terms and conditions of this Insurance Contract, such that none of the Beneficiaries are required to pay any amounts to the Empanelled Health Care Providers in respect of such expenses, either as deposits at the commencement or at the end of the care provided by the Empanelled Health Care Providers.

**CGRMS** or the Central Grievance Management System shall have the meaning given to it in Clause 27 and 30.

**CHC** means a community health centre located in the State of Meghalaya.

**Claim** means a claim that is received by the Insurer from an Empanelled Health Care Provider, either through an e/paper card transaction or manually, in accordance with Clause 9 and Clause 10.

**Claim Payment** means the payment of a Claim received by an Empanelled Health Care Provider from the Insurer in respect of benefits under the Covers made available to a Beneficiary.

**Clause** means a clause of this Insurance Contract.

**Congenital Anomaly** means a condition(s) present since birth and which is/are abnormal with reference to form, structure or position, but only limited to such condition(s) which is/are present in the visible and accessible parts of the body.

**Cover** means an Insurance Cover for providing benefits for Secondary Care and Tertiary/ Critical Illness Care and selective OPD and OPD Diagnostic benefits;

Tertiary/Critical Illness means any of the illnesses, diseases or pathological conditions for which a Beneficiary will be entitled to a Medical Treatment, Surgical Procedure, Day Care Treatment or a Follow-up Care listed in Schedule 3 to this Insurance Contract.

**Day Care Centre** means a stand-alone day care centre providing Day Care Treatments, whether public or private, satisfying the minimum criteria for empanelment and that is empanelled by the Insurer in accordance with Clause 16.

**Day Care Treatment** means any Medical Treatment and/or Surgical Procedure which is undertaken under general anaesthesia or local anaesthesia at an Empanelled Health Care Provider or Day Care Centre in less than 24 hours due to technological advancements, which would otherwise have required Hospitalization.

**DGNO** shall mean the District Grievance Nodal Officer designated by the State Nodal Agency for each district to undertake task defined in Clause 30.

**Diagnostic Lab** means a stand-alone diagnostics laboratory, whether public or private, that: (i) provides OPD diagnostics; (ii) satisfies the minimum criteria for empanelment for the OPD diagnostics that it provides; and (iii) is empanelled by the Insurer for provision of OPD diagnostics in accordance with Clause 16.

**District Coordinator** shall have the meaning given to it in Clause 15 c) iii.

**District Empanelment Committee (DEC)** shall be established in each district. The responsibility of the District Empanelment Committee shall have the meaning given to it in Clause 16 of the Insurance Contract.

**District Key Manager or DKM** in relation to a district means a government official or other person appointed by the State Nodal Agency to administer and monitor the implementation of the MHIS 6 in that district and to carry out such functions and duties as are set out in Clause 20 B b and Schedule 20 of the Insurance Contract.

**District Kiosk** in relation to a district means the office established by the Insurer at that district to provide varied services to the Beneficiaries and to Empanelled Health Care Providers in that district in accordance with Clause 17 and Schedule 10 of the Insurance Contract.

**District Office** shall have the meaning given to it in Clause 15 b).



**Domiciliary Care** means treatment for any disease, illness or injury which in the normal course would require care and treatment at a hospital, but which is actually taken while confined at home.

**Empanelled Health Care Provider (EHCP)** means a hospital, a nursing home, a CHC, a PHC or any other health care provider, whether public or private, satisfying the minimum criteria for empanelment and that is empanelled by the Insurer and SNA or by the NHA for health care providers outside the service area in accordance with Clause 16 for the provision of health services to the Beneficiaries. For the avoidance of doubt, Empanelled Health Care Provider includes: (i) a Day Care Centre, but only for the purposes of Day Care Treatments that such Day Care Centre is empanelled for; and (ii) a Specialty Hospital, but only for the purposes of providing Tertiary Care that such Specialty Hospital is empanelled for.

**Exclusions** means any of the exclusions that have been listed at Schedule 1.

**File & Use Procedure** means the procedure to be followed by the Insurer for the approval of the Covers under this Insurance Contract by the IRDA in accordance with the Health Insurance Regulations.

**Final Termination Notice** shall have the meaning given to it in Clause 31 B.

**Follow-up Care** means the follow-up care provided to a Beneficiary after a Medical Treatment or Surgical Procedure.

**Force Majeure Event** shall have the meaning given to it in Clause 32 A.

**Force Majeure Notice** shall have the meaning given to it in Clause 32 C.

**Fraudulent Activity** shall have the meaning given to it in Clause 13.

**GoI** means the Government of India.

**GoM** means the Government of Meghalaya.

**Health Insurance Regulations** mean the Insurance Regulatory and Development Authority (Health Insurance) Regulations, 2013 read with the Guidelines on Standardization in Health Insurance, 2013, as both may be amended by the IRDA from time to time.

**Hospital IT Infrastructure** means the hardware and software to be installed at the premises of each Empanelled Health Care Provider for the provision of Cashless Access Services, the minimum specifications of which have been set out at Schedule 8.

**Hospitalization** means any Medical Treatment or Surgical Procedure which requires the Beneficiary to stay at the premises of an Empanelled Health Care Provider for 24 hours or more.

**ICU or Intensive Care Unit** means an identified section, ward or wing of an Empanelled Health Care Provider which is under the constant supervision of dedicated Medical Practitioners and which is specially equipped for the continuous monitoring and treatment of patients who are in critical condition, require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the general ward.

**IEC and BCC** means Information, Education and Communication (IEC) and Behavioural Change Communication (BCC) which are activities required to be undertaken by the Insurer to make information relating to the MHIS 6 available to the Beneficiaries.

**Insurance Act** means the Insurance Act, 1938, as amended from time to time.

**Insurance Contract** means this contract between the State Nodal Agency and the Insurer for the provision of the benefits available for Secondary Care, tertiary/critical illness care and OPD Care to the Beneficiaries and setting out the terms and conditions for the implementation of MHIS 6.

**Insurance Laws** means the Insurance Act, the Insurance Regulatory and Development Authority Act, 1999, the Health Insurance Regulations and any other rules, regulations, notifications or other delegated legislation issued by the IRDA from time to time.

**Insured** means the State Nodal Agency, which will pay the Premium on behalf of the Beneficiary Family Units registered in each district for each Policy Cover Period and in whose name the Policies will be issued or renewed.

**Insurer Event of Default** shall have the meaning given to it in Clause 31 B a).

**Intellectual Property Rights** shall have the meaning given to in in Clause 35.

**IRDA** means the Insurance Regulatory and Development Authority established under the Insurance Regulatory and Development Authority Act, 1999.

**IRDA Solvency Regulations** means the IRDA (Assets, Liabilities and Solvency Margin of Insurers) Regulations, 2000, as amended from time to time.

**Law** means all statutes, enactments, acts of legislature, laws, ordinances, rules, bye laws, regulations, notifications, guidelines, policies, and orders of any statutory authority or judgments of any court of India.

**Liquidated Damages** means the Liquidated Damages that will be imposed on the insurer as per Clause 23.

**Listed Specialty** means each specialty listed in of Schedule 7.

**Management Information System** shall have its meaning given under Clause 27.

**Medical Practitioner** means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction, acting within the scope and jurisdiction of his/her license.

**Medical Treatment** means any medical treatment of an illness, disease or injury, including diagnosis and treatment of symptoms thereof, relief of suffering and prolongation of life, provided by a Medical Practitioner, but that is not a Surgical Procedure. Medical Treatments include: bacterial meningitis, bronchitis-bacterial/viral, chicken pox, dengue fever, diphtheria, dysentery, epilepsy, filariasis, food poisoning, hepatitis, malaria, measles, meningitis, plague, pneumonia, septicaemia, tuberculosis (extra

pulmonary, pulmonary etc.), tetanus, typhoid, viral fever, urinary tract infection, lower respiratory tract infection and other such diseases requiring Hospitalization.

**Medically Necessary** means any Medical Treatment, Surgical Procedure, Day Care Treatment, Follow-up Care or OPD Benefit, which:

- (i) Is required for the medical management of the illness, disease or injury suffered by the Beneficiary;
- (ii) Does not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
- (iii) Has been prescribed by a Medical Practitioner; and
- (iv) Conforms to the professional standards widely accepted in international medical practice or by the medical community in India.

**MHIS Guidelines** mean the guidelines issued by the State Nodal Agency or the National Health Authority from time to time for the implementation of MHIS 6, to the extent modified by the Tender Documents pursuant to which the Insurance Contract has been entered into; provided that the State Nodal Agency or the National Health Authority may, from time to time, amend or modify the MHIS Guidelines or issue new MHIS Guidelines, which shall then be applicable to the Insurer.

**MHIS Operational Manual** means any operational manual issued by the SNA/NHA from time to time for the implementation of MHIS 6; provided that State Nodal Agency or the National Health Authority may, from time to time, amend or modify the MHIS Operational Manual or issue a new MHIS Operational Manual, which shall then be applicable to the Insurer.

**Migration Request** shall have the meaning given to it in Clause 31 F a).

**Migration Termination Date** shall have the meaning given to it in Clause 31 F b) f).

**MoHFW** means the Ministry of Health & Family Welfare Department.

**NAFU** means the National Anti-Fraud Unit.

**NHA** means National Health Authority.

**New Insurer** shall have the meaning given to it in Clause 31 F a).

**NOA** shall have the meaning given to it in Recital F.

**OPD** means out-patient department.

**OPD Benefits** means the maternity benefit, the child care benefit, the cardiac and diabetes preventive care benefit, OPD diagnostic and follow-up care benefit available under the sum insured of ₹ 30,000/-.

**Package Rate** means the fixed maximum charges for a Medical Treatment or Surgical Procedure or for any OPD Benefit or for any Follow-up Care that will be paid by the Insurer under each Cover, which shall be determined in accordance with Clause 5 B.

**Party** means either the Insurer or the State Nodal Agency and **Parties** means both the Insurer and the State Nodal Agency.

**Performance KPI Evaluation** shall have the meaning given to it in Clause 23.

**Performance KPIs** shall have the meaning given in Schedule 14.

**PHC** means a Primary Health Centre in the state of Meghalaya.

**PMJAY Beneficiary Family Unit** refers to those families including all its members figuring in the Socio Economic Caste Census (SECC) database under the deprivation criteria of D1, D2, D3, D4, D5 and D7, Automatically Included category (viz as Households without shelter, Destitute-living on alms, Manual Scavenger Families, Primitive Tribal Groups and Legally released Bonded Labour) and broadly 11 defined occupational un-organised workers (in Urban Sector) of the Socio-Economic Caste Census (SECC) 2011 database of the State along with the existing enrolled RSBY Beneficiary Families not figuring in the SECC Database of the State.

**PMJAY Network Hospital** means a hospital, nursing home, a PHC, a CHC or any other health care provider that is empanelled by the Insurer or any other insurance company under PMJAY, but does not include an Empanelled Health Care Provider.

**Policy** in respect of each district in the Service Area, means the policy issued by the Insurer to the Insured describing the terms and conditions of providing insurance benefits for secondary care, tertiary care/critical illness care and OPD care to all the Beneficiary Family Units and including the details of the scope and extent of cover available to the Beneficiaries, the Exclusions from the scope of the insurance cover available to the Beneficiaries, the Policy Cover Period and the terms and conditions of the issue of the Policy.

**Policy Cover Period** in respect of each Policy, means the period for which risk cover shall be made available by the Insurer to all the registered Beneficiary Family Units in a district and which shall be determined in accordance with Clause 7 b) and Clause 7 c), unless cancelled earlier in accordance with this Insurance Contract.

**Preliminary Termination Notice** shall have the meaning given to it in Clause 31 B b).

**Premium** means the amount agreed by the Parties as the annual premium to be paid by the State Nodal Agency to the Insurer for each Beneficiary Family Unit that is entitled, as consideration for providing all the Covers relevant to such Beneficiary Family Unit under this Insurance Contract and the relevant Policy.

**Project Office** means the office of the Insurer that shall be located at Shillong and which shall coordinate the provision of health insurance services by the Insurer under this Insurance Contract for the implementation of the MHIS 6.

**Pure Claim Ratio** shall have the meaning given to it in Annexure 6 or 6A of the Insurance Contract.

**Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

**Registration Kit/infrastructure** means the equipment meeting the requirements of Clause 21 and Schedule 10 that must be carried by a team responsible for executing the registration process.

**Rupees** or ₹ means Indian Rupees, the lawful currency of the Republic of India.

**SAFU** means State Anti-Fraud Unit.

**Schedule** means a schedule of this Insurance Contract.

**Screening** shall mean any clinical, laboratory or diagnostic studies undertaken on a patient to detect the presence or absence of any disease or pathological condition.

**Secondary Care** means the Medical Treatments or Surgical Procedures that have been identified as Secondary Care in Schedule 3 of the Insurance Contract.

**Service Area** means all the districts in the State of Meghalaya.

**Services Agreement** means an agreement to be executed between the Insurer, the Insurer's TPA and an Empanelled Health Care Provider, in the form set out at Annexure 2.

**SGNO** shall mean the State Grievance Nodal Officer designated by the State Nodal Agency to undertake task defined in Clause 30 of the Insurance Contract.

**Specialty Hospital** means a hospital, whether public or private, that: (i) provides specialized Tertiary Care and/or OPD diagnostics; (ii) satisfies the minimum criteria for empanelment for the specialty that it caters to and/or the OPD diagnostics that it provides; and (iii) is empanelled by the Insurer for provision of Tertiary Care and/or OPD diagnostics in accordance with Clause 16.

**State Coordinator** shall have the meaning given to it in Clause 15 c) i.

**State Empanelment Committee (SEC)** shall be established at the state level to monitor the overall empanelment process in the Service Area. The responsibility of the State Empanelment Committee shall have its meaning given in Clause 16 of the Insurance Contract.

**State Nodal Agency Event of Default** shall have the meaning given to it in Clause 31 C.

**Sum Insured** in respect of each Beneficiary Family Unit registered under a Policy, means at any time, the Insurer's maximum liability for any and all Claims made on behalf of such Beneficiary Family Unit during the Policy Cover Period against each Cover.

**Surgical Procedure** means any manual and/or operative procedure or intervention required for the treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed at the premises of an Empanelled Health Care Provider by a Medical Practitioner.

**Tender Documents** shall have the meaning given to it in Recital E.

**Term** shall have the meaning given to it in Clause 31 A.

**Termination Date** shall have the meaning given to it in Clause 31 D.

**Tertiary Care** means the Medical Treatments or Surgical Procedures that have been identified as tertiary care in Schedule 3 of the Insurance Contract.

**Third Party Administrator** or **TPA** means any organization that is licensed by the IRDA as a third-party administrator, meets the criteria set out at Schedule 13 and that is engaged by the Insurer, for a fee or remuneration, for providing Policy and Claims facilitation services to the Beneficiaries as well as to the Insurer for an insurable event.

**Turn-around Time** means the time taken by the Insurer or the TPA in processing a Claim received from an Empanelled Health Care Provider and in making a Claim Payment or investigating such Claim.

## **B. INTERPRETATION**

- a) Any grammatical form of a defined term herein shall have the same meaning as that of such term.
- b) Any reference to an agreement, contract, instrument or other document (including a reference to this Insurance Contract) herein shall be to such agreement, instrument or other document as amended, varied, supplemented, modified or suspended at the time of such reference.
- c) Any reference to an "agreement" includes any undertaking, deed, agreement and legally enforceable arrangement, whether or not in writing, and a reference to a document includes an agreement (so defined) in writing and any certificate, notice, instrument and document of any kind.
- d) Any reference to a statutory provision shall include such provision as modified or re-enacted or consolidated from time to time.
- e) Terms and expressions denoting the singular shall include the plural and vice versa.
- f) Any reference to "persons" denotes natural persons, partnerships, firms, companies, corporations, joint ventures, trusts, associations, organizations or other entities (in each case, whether or not incorporated and whether or not having a separate legal entity).
- g) The term "including" shall always mean "including, without limitation", for the purposes of this Insurance Contract.
- h) The terms "herein", "hereof", "hereinafter", "hereto", "hereunder" and words of similar import refer to this Insurance Contract as a whole.
- i) Headings are used for convenience only and shall not affect the interpretation of this Insurance Contract.
- j) The Schedules and Annexures to this Insurance Contract form an integral part of this Insurance Contract and will be in full force and effect as though they were expressly set out in the body of this Insurance Contract.
- k) Reference to Recitals, Clauses, Schedules or Annexures in this Insurance Contract shall, except where the context otherwise requires, be deemed to be references to Recitals, Clauses, Schedules and Annexures of or to this Insurance Contract.

- l) Reference to any date or time of day are to Indian Standard Time.
- m) Any reference to day shall mean a reference to a calendar day.
- n) Any reference to a month shall mean a reference to a calendar month.
- o) Any reference to any period commencing from a specified day or date and till or until a specified day or date shall include both such days and dates.
- p) Any agreement, consent, approval, authorization, notice, communication, information or report required under or pursuant to this Insurance Contract from or by any Party shall be valid and effectual only if it is in writing under the hands of a duly authorized representative of such Party.
- q) The provisions of the Clauses, the Schedules and the Annexures of this Insurance Contract shall be interpreted in such a manner that will ensure that there is no inconsistency in interpretation between the intent expressed in the Clauses, the Schedules and the Annexures. In the event of any inconsistency between the Clauses, the Schedules and the Annexures, the Clauses shall prevail over the Schedules and the Annexures.
- r) The Parties agree that in the event of any ambiguity, discrepancy or contradiction between the terms of this Insurance Contract and the terms of any Policy issued by the Insurer, the terms of this Insurance Contract shall prevail, notwithstanding that such Policy is issued by the Insurer at a later point in time.
- s) The rule of construction, if any, that an agreement should be interpreted against the Party responsible for the drafting and preparation thereof shall not apply to this Insurance Contract.

**PART 1**  
**TERMS AND CONDITIONS OF INSURANCE**

**2. BENEFICIARIES**

- a) The Parties agree that for the purpose of this Insurance Contract and any Policy issued pursuant to this Insurance Contract, all the persons that are resident in the Service Area shall be eligible to become Beneficiaries, other than Government employees and their families that are already covered by alternate government sponsored health benefits or health insurance schemes such as ESIS and CGHS. However, only those persons that in accordance with Clause 21 shall be entitled to avail benefits under this Insurance Contract and a Policy as Beneficiaries.
- b) The unit of registration/entitlement for the purpose of this Insurance Contract and any Policy shall be a family that is resident in the Service Area, whose head of family is listed in the Beneficiary Database and that has dependents (a Beneficiary Family Unit). For the purpose of this Insurance Contract and any Policy:
  - a. A Beneficiary Family Unit shall comprise of the head of the family and all dependants.

- b. In an instance where the head of family is absent, any member of the family shall be eligible to be registered during the Beneficiary Identification process. The registration of a member (s) under MHIS 6 is through a beneficiary identification software where each member has to undergo the process of registration and each member will be given an E/paper card upon completion of registration.
- c. The issuance of the E/Paper Card to each Beneficiary shall be the proof of eligibility of the Beneficiary for the purpose of availing benefits under this Insurance Contract and a Policy issued pursuant to this Insurance Contract.
- d. For the purpose of this Insurance Contract and a Policy issued pursuant to this Insurance Contract, a **Beneficiary** shall mean each member of a Beneficiary Family Unit that has: (i) been issued a MHIS-PMJAY e-card; and (ii) whose details are encrypted on the E/Paper Card; and the term **Beneficiaries** shall be construed accordingly.

Such Beneficiary shall be entitled to avail benefits under this Insurance Contract and a Policy issued pursuant to this Insurance Contract.

- e. Notwithstanding to Clause 2 b) d above, any beneficiary who has not undertaken the beneficiary identification process shall be entitled to avail benefits under this Insurance Contract at any empanelled hospital provided that the beneficiary undergoes the beneficiary identification process at the empanelled hospital during the time of hospitalisation.
- f. A child born into a Beneficiary Family Unit after the commencement of a Policy Cover Period under a Policy shall automatically be covered as a Beneficiary under this Insurance Contract and the relevant Policy from the time of its birth and for the remainder of such Policy Cover Period, whether its delivery is institutional or domiciliary.  
A new-born child will be a Beneficiary until the age of 5 for the subsequent Policy Cover Periods irrespective of the matter where the new born child has undertaken the beneficiary identification process or not for such subsequent Policy Cover Periods.

### 3. SCOPE OF INSURANCE COVERS

#### A. INSURANCE/RISK COVER

The benefits within the scheme, to be provided on a cashless basis to the beneficiaries up to the limit of their annual coverage, package charges on specific procedures and subject to other terms and conditions outlined herein, are the following:

- a) Coverage for meeting expenses of hospitalization for medical/surgical procedures including maternity and new-born benefits, selected outpatient procedures, surgical day care procedures, outpatient diagnostic services or any other treatment classified as Health Benefit Package given under Scheduled 3 for up to ₹ 5,30,000 per family per policy year subject to limits in any of the empanelled health care providers across India. The benefit to the family will be available on a floater basis i.e., benefits can be availed individually or collectively by members of the family per policy year.



- b)** Hospitalization Expenses benefit: provides cover for payment of Hospitalization expenses that are incurred by the Beneficiary for a Medical Treatment or Surgical Procedure that is provided by an Empanelled HealthCare Provider, subject only to the Exclusions listed in Schedule 1. The benefit is limited to: (x) the available Sum Insured; and (y) the eligible Medical Treatments or Surgical Procedures that are listed in Schedule 3 of the Insurance Contract.
- c)** Pre-existing conditions/diseases are to be covered from the first day of the start of policy, subject to the exclusions given in Schedule 1.
- d)** Pre and post hospitalization costs up to 1 day prior to hospitalization and up to 5 days from the date of discharge from the hospital for secondary care procedures and up to 15 days from the date of discharge from the hospital for tertiary care procedures shall be part of the package rates.
- e)** Screening and Follow-up care as separate day care packages. This is separate from Pre and post hospitalisation coverage mentioned above.
- f)** Beneficiaries in the age group of 0 – 5 years shall be automatically covered under the insurance cover. Any beneficiary under this age group shall be considered as a part of the insured family till the expiry of the policy period subject to the exclusions given in Schedule 1 of the Insurance Contract. The beneficiary under this age group does not necessarily require to be registered to avail insurance benefits. Verification for beneficiaries under this age group can be done by any of the existing family members (concerned registered/recognised authorities in the case of orphans) who are already registered/identified under the Beneficiary Identification Process at the empanelled health care provider.
- g)** Maternity and New-born Child will be covered as indicated below:

  - (i) It shall include treatment taken in hospital/nursing home arising out of childbirth, including normal delivery/caesarean section and/or miscarriage or abortion induced by accident or other medical emergency subject to exclusions given in Schedule 1 of the Insurance Contract.
  - (ii) New-born child shall be automatically covered from birth up to the expiry of policy for that year for all the expenses incurred in taking treatment at the hospital as in-patient. This new born will be considered as a part of insured family member till the expiry of the policy subject to exclusions given in Schedule 1 of the Insurance Contract.
  - (iii) The coverage shall be from day one of the inception of the policy. However, normal hospitalization period *for both mother and child* should not be less than 24 hours *post-delivery*.

    - a.** For the ongoing policy period, during the subsequent policy period or until the child attains the age of 5, new born will be provided all benefits under the scheme.
    - b.** Verification for the new-born can be done by any of the existing family members (concerned registered/recognised authorities in the case of orphans) who are

already identified/registered under the Beneficiary Identification Software Process at the empanelled health care provider.

## **B. AVAILABILITY OF INSURANCE BENEFIT**

### **(i) HOSPITALISATION EXPENSES BENEFIT:**

Provides cover for payment of Hospitalization expenses that are incurred by the Beneficiary for a Medical Treatment or Surgical Procedure (including Tertiary Care) provided by an Empanelled Health Care Provider, subject only to the Exclusions listed out in Schedule 1 of the Insurance Contract.

For the purpose of Hospitalization expenses shall include, amongst other things:

- a)** Registration charges;
- b)** Bed charges (General Ward or ICU, as the case may be);
- c)** Nursing and boarding charges;
- d)** Surgeons, anaesthetists, Medical Practitioners, consultant fees, etc.;
- e)** Local Anaesthesia, oxygen, operation theatre charges, cost of surgical appliances, etc.;
- f)** Medicines and drugs (unless specified);
- g)** Cost of prosthetic devices, implants, organs, etc. (unless specified);
- h)** Pathology and radiology tests: Medical procedures include basic Radiological imaging and diagnostic tests such as X-ray, USG, Haematology, pathology etc. However, High end radiological diagnostic and High-end histopathology (Biopsies) and advanced serology investigations packages can be booked as a separate add-on procedure if required. Surgical packages are all inclusive and do not permit addition of other diagnostic packages subjected only to terms mentioned under Annex 1 of Schedule 3 of the insurance contract.
- i)** Food to the Beneficiary (optional);
- j)** Cost of treating any complications arising during Hospitalization (unless specified); and
- k)** Any other expenses related to the Medical Treatment or Surgical Procedure provided to the Beneficiary by an Empanelled Health Care Provider.

### **(ii) DAY CARE TREATMENT BENEFIT:**

Provides cover for payment of expenses that are incurred by the Beneficiary for a Day Care Treatment (including Tertiary Care) that is listed at **Schedule 2 and Schedule 3** (Health Benefit Package List) and that is provided by an Empanelled Health Care Provider or a Day Care Centre, subject only to the Exclusions; provided that a Day Care Treatment that qualifies as Tertiary Care shall only be provided by a Specialty Hospital.

For the purpose of Day Care Treatment expenses shall include, amongst other things:

- a)** Registration charges;
- b)** Surgeons, anaesthetists, Medical Practitioners, consultant fees, etc.;
- c)** Local Anaesthesia, oxygen, operation theatre charges, cost of surgical appliances, etc.;
- d)** Medicines and drugs (unless specified);
- e)** Cost of prosthetic devices, implants, organs, etc (unless specified);

- f) Pathology and radiology tests: Medical procedures include basic Radiological imaging and diagnostic tests such as X-ray, USG, Haematology, pathology etc. However, High end radiological diagnostic and High-end histopathology (Biopsies) and advanced serology investigations packages can be booked as a separate add-on procedure if required. Surgical packages are all inclusive and do not permit addition of other diagnostic packages.
- g) Any other expenses related to the Day Care Treatment provided to the Beneficiary by an Empanelled Health Care Provider.

**(iii) MATERNITY BENEFIT:**

Provides cover for expenses incurred by a Beneficiary who is a pregnant woman in respect of ante-natal and post-natal care provided by an Empanelled Health Care Provider, subject only to the Exclusions given in Schedule 1. This ante-natal and post-natal care benefit shall only be available to a Beneficiary who is:

- a) A pregnant woman aged 18 years and above; and
- b) Giving birth to her first or second child, unless she: (x) delivered twins during the first birth, or (y) she has only one living child.

This ante-natal and post-natal care benefit shall be available from the date of commencement of each Policy Cover Period. This benefit is limited to the number of OPD consultations set out below:

Period	Number of Eligible OPD Consultations
During ante-natal period	3 OPD consultations, 1 in every trimester of the pregnancy
During post-natal period	3 OPD consultations within 30 days of delivery

Ante-natal expenses include: OPD consultation expenses, expenses of medicines and drugs as follows: folic acid in the first trimester of the pregnancy; and iron and calcium tablets in the second and third trimesters of the pregnancy; expenses of Screening as follows: Hb, Urine Routine, HIV, RFT (Urea & Creatinine), VDRL, Hbs Ag and Blood Group tests in the first trimester of the pregnancy; Fasting blood sugar & PP in each trimester of the pregnancy.

USG for ante-natal care is provided as a separate package listed in Schedule 3 and does not form a part of the ante-natal expenses as mentioned above.

Post-natal expenses mean and include: OPD consultation expenses; expenses of Screening; and expenses of medicines and drugs - The medicines will be handed over to the Beneficiary by the Empanelled Health Care Provider and the costs thereof will then be claimed from the Insurer as part of the prescribed Package Rate.

**(iv) CHILD CARE BENEFIT:**

Provides cover for payment of child care expenses incurred by a Beneficiary for OPD consultations provided by an Empanelled Health Care Provider, subject only to the Exclusions given in Schedule 1. This child care benefit shall only be available to a Beneficiary who is a child aged between 0 and 5 years. Benefit availability will be available to any child between 1 and 5 years old even if the child has not undergone the process of registration or identification, the child will be covered through any registered member of a beneficiary family unit. This benefit will be limited to the number of OPD consultations listed below:

Age Group of Child Beneficiary	Number of Eligible OPD Consultations in each Policy Cover Period
0-6 months	2
6-12 months	1
1-5 years	2

Child care expenses mean and include: Expenses in relation to routine check-up or OPD consultation; Expenses of Screening as follows: basic diagnostic tests for CBC, urine routine and microscopy; and expenses of medicines and drugs as follows: antipyretics, anti-diarrhoeal agents, ORS, de-worming tablets, antibiotics, iron supplements, antimalarial, antispasmodic, anti-allergic and anti-motility agents.

The medicines will be handed over by the Empanelled Health Care Provider to a registered Beneficiary accompanying the child Beneficiary and the costs thereof will then be claimed from the Insurer as part of the prescribed Package Rate.

**(v) CARDIAC AND DIABETES PREVENTIVE OPD CARE:**

Provides cover for payment of expenses incurred by a Beneficiary for cardiac and diabetes preventive care provided by an Empanelled Health Care Provider, subject only to the Exclusions given in Schedule 1. This benefit is limited to three OPD consultations per beneficiary in each Policy Cover Period. Expenses of cardiac and diabetic preventive care mean and include: expenses in relation to routine check-up or OPD consultation; expenses of Screening as - cardiac and diabetic profile tests as follows: AOE, DOE, past history of IHD, smokers, diabetics and dyslipidaemia; diagnostics for: lipid profile (once in each Policy Cover Period); CBC (every OPD consultation), meth-haemoglobin, fasting blood sugar & PP (every OPD consultation), serum creatinine (every OPD consultation) and ECG (once in each Policy Cover Period) and any other investigations that may be required; and expenses of medicines and drugs for the period of treatment, being: anti-platelet agents, statins, anti-hypertensive, OHAs, anti-diabetic drugs and injectables, insulin and anti-anginals. The medicines will be handed over by the Empanelled Health Care Provider to the Beneficiary and the costs thereof will then be claimed from the Insurer as part of the prescribed Package Rate.

**(vi) OPD DIAGNOSTIC BENEFIT:**

Provides cover for payment of expenses incurred by a Beneficiary for diagnostic care provided by a Specialty Hospital or Diagnostics Lab on an out-patient basis, subject only to the Exclusions given

in Schedule 1. This OPD diagnostic benefit only covers OPD diagnostic care that is provided by a Specialty Hospital or Diagnostics Lab pursuant to an approval by the insurer. The MoHFW/NHA or the State Nodal Agency may issue MHIS Guidelines and/or a MHIS Operational Manual from time to time to govern such approval. Thereafter, the Insurer shall only be required to honour Claims made under this benefit in compliance with such MHIS Guidelines and/or MHIS Operational Manual. This benefit will only be available only in relation to OPD diagnostic care that is listed in Schedule 3. The OPD diagnostic benefit does not extend to any diagnostic care provided by an Empanelled Health Care Provider that would otherwise be covered by any of the other benefits under the Secondary/Tertiary Cover. Further, the OPD diagnostic benefit can be availed by any one Beneficiary of a Beneficiary Family Unit for one instance of OPD diagnostic in any consecutive 7-day period. One instance utilisation shall mean that blocking of multiple OPD diagnostics at the same instance of availing services is permissible excluding only packages under CT Scan and MRI for which only one OPD MRI or CT Scan at one instance shall be permissible.

This benefit is limited to: a maximum of ₹ 10,000 for all instances of OPD diagnostic care, in each Policy Cover Period.

**(vii) FOLLOW-UP CARE BENEFIT:**

Provides cover for payment of expenses that are incurred by the Beneficiary for Follow-up Care provided by an Empanelled Health Care Provider, but not for any Follow-up Care provided in relation to a Critical Illness. The Follow-up Care benefit is in addition to the pre-hospitalization and post-hospitalization expenses, it will only be available in respect of expenses incurred by the Beneficiary once the 30-day post-hospitalization period has been completed. Further, this benefit will only be available in relation to the Medical Treatment or Surgical Procedure for which the Beneficiary has been hospitalised or for which the Beneficiary obtained Day Care Treatment, whether such Hospitalization or Day Care Treatment took place prior to or during the Policy Cover Period. Follow-up Care expenses shall include: OPD consultation expenses; expenses of Screening; and expenses of medicines and drugs. The medicines will be handed over to the Beneficiary by the Empanelled Health Care Provider and the costs thereof will then be claimed from the Insurer as part of the prescribed Package Rate. This benefit is limited to: (1) a maximum of ₹ 30,000 for all instances of Follow-up Care; and (2) up to four instances of Follow-up Care, in each Policy Cover Period.

**(viii) BENEFIT AVAILABILITY FOR NEW-BORN UNDER THE POLICY PERIOD**

Notwithstanding to the type of cover whether Secondary or Tertiary Care, any new-born shall be entitled to benefits under the insurance covers as per clause 3 A g) (ii) and (iii).

**(ix) DOMICILIARY CARE EXPENSES:**

No benefits shall be available for Domiciliary Care.

**4. SUM INSURED**

**A. SUM INSURED FOR BENEFICIARIES:**

For each Policy Cover Period, the Sum Insured for each Beneficiary Family Unit:

- a) as on the date of commencement of risk cover for such Beneficiary Family Unit under Clause 7 e) or Clause 7 f), as applicable, shall be ₹ 5,30,000; which would be an insurance cover of ₹ 5,00,000 and an additional cover of ₹ 30,000 for Maternity benefit, Child Care benefit, Cardiac and Diabetic Preventive Care benefit, OPD Diagnostic and Follow-up care benefit as given in Clause 3B (iii), 3B (iv), 3B (v), 3B (vi) and 3 (vii); the utilisation of the benefits under the ₹ 30,000/- cover is defined under Annex 1 of Schedule 3 of the Insurance Contract; and
- b) as on the date of a Claim Payment by the Insurer, shall stand reduced by all Claim Payments made as on that date in respect of the insurance cover, for the remainder of such Policy Cover Period.

## **B. REINSTATEMENT OF SUM INSURED**

On the date of commencement of each renewal Policy Cover Period, the Sum Insured in respect of each Cover for each Beneficiary Family Unit shall be reinstated to the maximum amounts set out in this Clause 4, notwithstanding that the Insurer has made any Claim Payments in respect of that Cover in the immediately preceding Policy Cover Period.

## **C. SUM INSURED ON FAMILY FLOATER BASIS**

- a) The Covers shall be provided to each Beneficiary Family Unit on a family floater basis covering the members of the Beneficiary Family Unit, i.e., the Sum Insured will be available to any or all members of such Beneficiary Family Unit for one or more Claims during each Policy Cover Period.
- b) The maximum liability of the Insurer on a family floater basis for one or more Claims during any Policy Cover Period shall not exceed ₹ 5,30,000 in respect of each beneficiary family unit.

## **5. AVAILABILITY OF BENEFITS UNDER COVERS**

### **A. Benefits Available Only Through Network Hospitals**

- a) The Insurance Cover benefits shall only be available to a Beneficiary through an Empanelled Health Care Provider or through a PMJAY Network Hospital, against presentation of the E/Paper Card. Provided however that the OPD diagnostic benefit shall only be available to a Beneficiary through an empanelled hospital or a Diagnostics Lab that is empanelled for providing such OPD diagnostic care, whether within or outside the Service Area, against presentation of the E/Paper.
- b) Upon presentation of the E/Paper Card the benefits under each Cover shall, subject to the available Sum Insured, be available to the Beneficiary on a cashless basis in accordance with Clause 9.

### **B. Determination of Package Rates for Utilization of Covers**

- a) In respect of the first Policy Cover Period, the Insurer shall empanel public and private health care providers based on Package Rates determined as follows:
- i. If the Package Rate for a Medical Treatment, Surgical Procedure, Day Care Treatment, OPD Benefit or Follow-up Care listed in **Schedule 3** is fixed, then the fixed Package Rate shall apply for the first Policy Cover Period.
  - ii. If the Package Rate for a Medical Treatment is not listed in **Schedule 3**, the flat daily Package Rates or unspecified medical treatment specified in **Schedule 3** shall apply.
  - iii. **If a Surgical Treatment Package is not listed in Schedule 3, the EHCP can block the treatment under unspecified surgical package as specified in Schedule 3 and subjected to the terms as mentioned in Schedule 5 of the Insurance Contract.**
  - iv. The Package Rates for Medical Treatments, Surgical Procedures or Day Care Treatments set out in **Schedule 3** do not include the expenses of Follow-up Care for the Medical Treatments, Surgical Procedures and Day Care Treatments that are listed in **Schedule 3**. No separate Package Rates have been specified for such Follow-up Care.
  - v. The Package Rates for the Critical Illnesses that are listed in of **Schedule 3** do not include the expenses of Follow-up Care. However, separate Package Rates have been specified for such Follow-up Care for certain Critical Illnesses of **Schedule 3**.
- b) The Package Rates applicable for PHCs, CHCs will be reduced by a flat rate of 30% and for District hospitals the package rates namely routine ward, HDU, ICU without ventilator and ICU with ventilator will be reduced by 10%. All PHCs, CHCs or District Hospitals who have achieved quality certification (Bronze - 5%/Silver - 10%/Gold - 15%) shall first have their package rates reduced by 30%/10% (as applicable) and upon reduction, the rates shall be increased in accordance with the quality certification percentage.
- c) To promote equity in access, hospitals empanelled that are located in aspirational districts (*the NITI Ayog has determined Ri Bhoi District in Meghalaya as the aspirational District*) will have an increase in the package rates by 10%. This clause 5 B c) shall not supersede Clause 5 B b) above. All empanelled CHCs and PHCs in aspirational districts shall first have their package rates reduced by 30% and upon reduction shall be increased by 10%.
- d) Medical Institutes that are empanelled shall be entitled to an increase of 10% of the packages rates under Schedule 3.
- e) Empanelled Health Care Providers that have a valid NABH accreditation or similar accreditation from an equivalent national or international body shall be entitled to Package Rates that are higher than the Package Rates determined in accordance with Clause 5 B a) for the first Policy Cover Period. The Package Rates for Medical Treatments, Surgical Procedures, Day Care Treatments, OPD Benefits or Follow-up Care provided by such NABH or equivalent accredited Empanelled Health Care Providers will be increased as follows:
- a. If an Empanelled Health Care Provider has obtained the highest level of accreditation from NABH or a similar accreditation by an equivalent national or

international body, then the Package Rates for such Empanelled Health Care Provider shall be fixed at 15% above the Package Rates determined in accordance with Clause 5 B a).

- b.** If an Empanelled Health Care Provider has obtained an entry level of accreditation from NABH or a similar accreditation by an equivalent national or international body, then the Package Rates for such Empanelled Health Care Provider shall be fixed by the Insurer at 10% above the Package Rates determined in accordance with Clause 5 B a).

Provided that the increased Package Rates offered to Empanelled Health Care Providers having a valid NABH accreditation or similar accreditation from an equivalent national or international body shall not provide for an increase in the price of implants or other consumables that are provided as Add On packages. that are included within the Package Rates determined in accordance with Clause 5 B a).

Notwithstanding anything contained in this Clause 5 B, the State Nodal Agency may, from time to time, issue MHIS Guidelines and prescribe the manner in which Package Rates for Empanelled Health Care Providers validly accredited by NABH or other equivalent national or international bodies are to be determined.

- f)** Empanelled Health Care Providers which have been received a Quality Certification under PMJAY will be entitled to an incentive and will be increased as follows:
  - i.** Hospitals with Bronze Certification shall be entitled to an increase of 5% above the Package Rates determined in accordance with Clause 5 B a).
  - ii.** Hospitals with Silver certification shall be entitled to an increase of 10% above the Package Rates determined in accordance with Clause 5 B a) equivalent to NABH entry level accreditation.
  - iii.** Hospitals with Gold certification shall be entitled to an increase of 15% above the Package Rates determined in accordance with Clause 5 B a) equivalent to NABH highest level accreditation.

Provided that only 10% increase will be applicable if hospital have both silver certification and entry level NABH accreditation, and only 15% will be applicable if hospital have both gold certification and highest level NABH accreditation.

- C.** The insurance cover shall also allow utilisation of multiple medical and surgical packages in a single instance of hospitalisation. In such a situation, the medical or surgical package with the highest rate shall be considered as the primary package and shall be payable at 100%, there upon the second package shall be payable at 50% of the applicable rate and the third and subsequent packages shall be payable at 25% of the applicable rate.
- D.** Without prejudice to Clause 5 B e), the Insurer may change the Package Rates determined in accordance with Clause 5 B a) for each renewal Policy Cover Period, based on discussions with the Empanelled Health Care Providers and subject to obtaining prior written approval from the State Nodal Agency for such changes in Package Rates and with prior intimation to NHA/MoHFW. Any



changes in the Package Rates should be finalised and approved by the State Nodal Agency at least 30 days prior to the date of commencement of a renewal Policy Cover Period.

- E. Notwithstanding to clause 5 B a) and b), the package rates for treatment in any hospital empanelled by any other state that implements PMJAY, the package rates defined by that particular state will be the package rate for any beneficiary from the state of Meghalaya under MHIS 6.
- F. During each Policy Cover Period, the Insurer shall not: (i) seek or permit any change to the Package Rates; and (ii) revise the Package Rates determined in accordance with Clause 5 B a) or Clause 5 B c) through bilateral arrangements with any Empanelled Health Care Provider.
- G. As part of the regular review process, the Parties shall review information on incidence of common Medical Treatments or Surgical Procedures that are not listed in **Schedule 3** and that require Hospitalization or Day Care Treatments. Either Party may suggest the inclusion of additional Package Rates, based on the incidence of diseases or medical conditions and other relevant data. The Parties shall then mutually agree on the Package Rates for such Medical Treatments or Surgical Procedures, as the case may be.
- H. The Insurer agrees that the Package Rates for:
  - a. Medical Treatments, Surgical Procedures or Day Care Treatments listed in **Schedule 3** and determined in accordance with this Clause 5 B shall cover the entire cost of treatment of the disease, illness or injury suffered by a Beneficiary from the date that the Beneficiary reports to the Empanelled Health Care Provider (i.e., 1 day prior to hospitalization) and until 5 days after the date of discharge of the Beneficiary for secondary procedures and until 15 days for tertiary care procedures;
  - b. OPD Benefits that are determined in accordance with this Clause 5 B shall cover the entire cost of such OPD Benefits; and
  - c. Follow-up Care for Critical Illnesses that are determined in accordance with this Clause 5 B shall cover the entire cost of such Follow-up Care, making the transaction truly cashless for the Beneficiary.
- I. Utilization of Insurance Cover Benefits
  - a. *Utilization of Insurance Cover Benefits limited to Package Rates*
    - (i) A Claim by an Empanelled Health Care Provider for the utilization of the Insurance Cover benefits, as the case may be, for a given instance of:
      - i. Hospitalization of a Beneficiary for a Medical Treatment or Surgical Procedure provided by an Empanelled Health Care Provider;
      - ii. Day Care Treatment provided by an Empanelled Health Care Provider; or
      - iii. visit to an Empanelled Health Care Provider for Follow-up Care or OPD Benefit,shall be limited to the Package Rate that is determined in accordance with Clause 5 B for the Empanelled Health Care Provider providing such health care services.
  - b. *Pre-authorization*

For each Medical Treatment, Surgical Procedure, Day Care Treatment, Follow-up Care or OPD Benefit that is listed in **Schedule 3**, the relevant category of pre-authorization and Claim procedure is identified with reference to **Schedule 5**. A Claim by an Empanelled Health Care Provider under the Secondary Care Cover shall be subject to the category of pre-authorization and Claim procedure identified in **Schedule 3** and set out in **Schedule 5**.

**c. Cap on Utilization**

A Claim made by an Empanelled Health Care Provider for utilization of Secondary Care Cover benefits for a Medical Treatment, Surgical Procedure, Day Care Treatment, Follow-up Care or OPD Benefit shall be subject to the following limits:

- i. the available Sum Insured;
- ii. the Package Rate determined in accordance with Clause 5 B or the Pre-authorized Amount; and
- iii. a maximum of ₹ 30,000 for all instances of
  - a. Maternity, Child care and Cardiac and Diabetes Preventive OPD.
  - b. Follow-up care Benefits.
  - c. OPD Diagnostic benefits

subjected to applicable limits as specified under Clause 3 of the Insurance Contract.

## **6. ISSUANCE OF POLICIES**

- (i) The Insurer shall issue a Policy before the commencement of the Policy Cover Period in the state of Meghalaya.
- (ii) The terms and conditions set out in each Policy issued by the Insurer to the State Nodal Agency shall at a minimum include:
  - a. Issuance of policy for all beneficiary family units in the state of Meghalaya and shall be covered under one policy.
  - b. the Policy Cover Period under such Policy, determined in accordance with Clause 7 b) and Clause 7 c); and
  - c. the terms and conditions for providing the Covers, which shall not deviate from or dilute in any manner the terms and conditions of insurance set out in this Insurance Contract.
- (iii) Notwithstanding to any delay by the Insurer in issuing or failure by the Insurer to issue a Policy in accordance with Clause 6 (i), the Insurer agrees that the Policy Cover Period for the state of Meghalaya shall commence on the date determined in accordance with Clause 7 b) and that it shall provide the Beneficiaries with the Covers from that date onwards.

- (iv) In the event of any discrepancy, ambiguity or contradiction between the terms and conditions set out in this Insurance Contract and a Policy issued for a district, the terms of this Insurance Contract shall prevail for the purpose of determining the Insurer's obligations and liabilities to the State Nodal Agency and the Beneficiaries.

## **7. PERIOD OF INSURANCE**

### **a) TERM OF THE CONTRACT**

The period of Contract between the SNA and the insurer shall be for one year from the effective date of the Policy and may be renewed on a yearly basis for a maximum of two years subject to the insurer's fulfilment of parameters fixed by the SNA for renewal as given in Table 1 of Schedule 14 of the insurance contract. The decision of the SNA shall be final in this regard Further, on being eligible, automatic renewal will follow only in case of mutual agreement between the State Nodal Agency and the insurer along with necessary approvals from the NHA/MoHFW as may be applicable.

### **b) COMMENCEMENT OF POLICY COVER PERIOD**

- i. The first Policy Cover Period under the Policy for a beneficiary family Unit shall commence on the date as decided by the SNA. The policy period will start at 0000 hours on (insert date), until 2359 hours on the date of expiration on (insert date).
- ii. Upon renewal of the Policy for a district in accordance with Clause 7 d) of the insurance contract, the renewal Policy Cover Period for such district shall commence from 0000 hours of the day following the day on which the immediately preceding Policy Cover Period expires.

### **c) POLICY COVER PERIOD**

In respect of the entire state of Meghalaya, each Policy Cover Period shall be a period of 12 months from the date of commencement of such Policy Cover Period, i.e., until 2359 hours on the date of expiration of the twelfth month from the date of commencement determined in accordance with Clause 7 b) of the insurance contract. Provided that upon early termination of this Insurance Contract, the Policy Cover Period for each district shall terminate on the earlier to occur of the Termination Date and the Migration Termination Date. For the avoidance of doubt, the expiration of the risk cover for any Beneficiary Family Unit in the district during the Policy Cover Period shall not result in the termination of the Policy Cover Period for such district.

### **d) RENEWAL OF POLICY COVER PERIOD**

- i. The MHIS 6 Policy may be renewed by the State Nodal Agency for a maximum of 2 renewal policy periods in accordance with this clause 7 d) of the insurance contract.
- ii. The Insurer shall renew the Policies for all districts in the Service Area subject to the following conditions being satisfied:

- a. The Insurer demonstrating to the reasonable satisfaction of the State Nodal Agency that the Insurer is not suffering from any Insurer Event of Default or if it has occurred, such Insurer Event of Default is not continuing.
- b. The Insurer demonstrating to the reasonable satisfaction of the State Nodal Agency that the Insurer has met or exceeded the Renewal KPIs set out at Schedule 14 of the insurance contract for the entire Service Area during the on-going Policy Cover Period; or the State Nodal Agency not having exercised its right to refuse renewal in accordance with Section 3 of Schedule 14 of the insurance contract. This determination shall occur at the time and in accordance with the procedure set out in Section 3 of Schedule 14 of the insurance contract. The State Nodal Agency may rectify or annul the existing renewal KPIs set out in Schedule 14 and may exercise the option of renewal of policy based on new KPIs adopted by the State Nodal Agency in accordance with the performance of the Insurer during the current policy period.
- c. The renewal Premium for the renewal Policy Cover Period being determined in accordance with Clause 8 D and the renewal of the Policies not being denied or refused in accordance with Clause 8 D d or Clause 8 D f.
- d. The renewal period may be subjected to changes and amendments in the Beneficiary Database, Health Benefit Package, IT Systems and Guidelines in understanding, between the Insurer and the SNA.
- e. The Insurer receiving the renewal Premium for the renewal Policy Cover Period on or before the Renewal Premium Payment Due Date, and failing that on or before the date of expiration of the Grace Period, in accordance with Clause 8 D g.

If any of the conditions for renewal in this Clause 7 d) ii are not satisfied, then the SNA may refuse or the Insurer may deny renewal of a Policy for a district, provided that it gives written reasons for its refusal or denial, as the case may be. In no other circumstances (including the circumstances set out in Clause 12 or in Clause 13 of the insurance contract) shall the State Nodal Agency refuse or the Insurer deny renewal of a Policy for a district.

- iii. Without prejudice to the provisions of Clause 12, Clause 13 and Clause 14 of the Insurance contract, the Insurer shall not deny renewal of a Policy for a district:
  - a. For fraud, moral hazard, misrepresentation or non-cooperation of the Beneficiaries or of the Insured; or
  - b. On the ground that the Beneficiaries have received Claim Payments from the Insurer or that any of the Beneficiary Family Units have exhausted the Sum Insured under the Covers in previous Policy Cover Periods; or
  - c. On the ground that the SNA and/or the Beneficiaries have not made any representation, statement or warranty regarding the risks or responsibilities to be borne by the Insurer during the renewal Policy Cover Period.
- iv. Upon renewal of each Policy for a district, the Insurer shall inform all of the Beneficiary Family Units in that district of the renewal of the Policy for that district, along with the commencement and

expiry dates of the renewal Policy Cover Period and the risk cover period for all the Beneficiary Family Units in that district. Such information shall be widely publicised.

**e) RISK COVER PERIOD FOR EACH BENEFICIARY FAMILY UNIT IN THE FIRST POLICY COVER PERIOD**

During the first policy cover period

- a. The risk cover for each Beneficiary Family Unit already identified through the Beneficiary Identification Process in the previous Policy period shall commence from 0000 hours of the date of commencement of the first Policy Cover Period.
- b. The risk cover for each Beneficiary Family Unit identified through the Beneficiary registration process after the start of policy period shall commence immediately upon completion of the beneficiary registration process.
- c. The end date of the risk cover for each Beneficiary Family Unit in respect of each Cover provided to it shall be the earlier to occur of: (i) the date on which the available Sum Insured in respect of that Cover becomes zero; and (ii) the date of expiration of the first Policy Cover Period.
- d. Illustrative Example:

If the Policy Cover Period is scheduled to commence from the midnight of 1st April 2022. The Policy Cover Period shall continue for a period of 12 months, i.e., until the midnight of 31<sup>st</sup> March, 2023. However, in the same example, if the Beneficiary Identification is conducted and completed in anytime in the month or after April 2022, then the risk cover for such Beneficiary Family Unit will commence immediately on the date of completion of the beneficiary identification/registration, but will terminate on 31st March 2023.

Thus, all Beneficiary Family Units who have been issued E/Paper Cards in Meghalaya will be entitled to a risk cover under the Policy for that district. The risk covers available to a Beneficiary Family Unit registered in that district shall be determined based on the date of registration of such Beneficiary, as follows:

Sl. No.	Beneficiary Identification Process on	Commencement of Risk Cover for Beneficiary Family Unit Identified	Risk Cover End Date*
1	20 <sup>th</sup> March 2022	1 <sup>st</sup> April 2022	31 <sup>st</sup> March 2023
2	1 <sup>st</sup> April 2022	1 <sup>st</sup> April 2022	31 <sup>st</sup> March 2023
3	15 <sup>th</sup> April 2022	15 <sup>th</sup> April 2022**	31 <sup>st</sup> March 2023
4	1 <sup>st</sup> July 2022	1 <sup>st</sup> July 2022**	31 <sup>st</sup> March 2023

**\* Assuming that the available Sum Insured in respect of each Cover does not become zero before such date.**

**\*\*The Transaction Management System allows blocking of Packages with a maximum back-date of 5 days. In a scenario where the beneficiary is already admitted in an EHCP during the time of registration of such beneficiary, then the commencement of risk cover shall be effective to a maximum of 5 days prior to the day the beneficiary is registered.**

## **f) CANCELLATION**

Upon early termination of the Insurance Contract by the State Nodal Agency in accordance with Clause 31 B, all Policies issued by the Insurer under this Insurance Contract shall, subject to Clause 31 E and Clause 31 F, be deemed cancelled with effect from the Termination Date or the Migration Termination Date, whichever occurs earlier.

## **8. PREMIUM AND PREMIUM PAYMENT**

### **A. PREMIUM FOR FIRST POLICY COVER PERIOD**

The Premium payable by the State Nodal Agency to the Insurer is ₹ \_\_\_\_\_ per family per policy cover period, which is determined as follows:

- a. A Premium of ₹ \_\_\_\_\_ per family per policy cover period for an Insurance Cover of ₹ 5,00,000.
- b. A Premium of ₹ \_\_\_\_\_ per family per policy cover period for an additional Insurance cover of ₹ 30,000 to meet expenses under Maternity Care, Child Care, Cardiac and Diabetes Preventive OPD, OPD Diagnostics and Follow-up care.

### **B. REFUND OF PREMIUM FOR A POLICY COVER PERIOD**

- a. The Insurer shall cause its Appointed Actuary to submit to the State Nodal Agency an actuarial certificate (in the format prescribed at Annexure 6 of the insurance contract) stating the Insurer's Pure Claim Ratio for all twelve months of each Policy Cover Period, based on such Appointed Actuary's fair and reasonable view. The Insurer shall ensure that such actuarial certificate is submitted no later than 15 days following the date of expiration of each Policy Cover Period.
- b. The SNA shall, in good faith, review and consider the actuarial certificate issued by the Appointed Actuary. The State Nodal Agency may seek additional information from or consultations with the Insurer and/or its Appointed Actuary. The Insurer shall consult with the State Nodal Agency and cause its Appointed Actuary to provide the State Nodal Agency with such additional information as may be requested, within 5 days of receiving such request. The SNA shall issue a letter to the Insurer, indicating the amount of premium that the Insurer shall be obliged to return. The amount of premium to be refunded shall be calculated based on the provisions of Clause 8 B c.
- c. After adjusting a defined percent for expenses of management (including all costs excluding only service tax and any cess, if applicable) and after settling all claims, if there is surplus: 100 percent of leftover surplus should be refunded by the Insurer to the SNA within 30 days. The surplus amount to be refunded shall be calculated after a defined administrative cost is adjusted which is given as follows:
  - i. Administrative cost allowed at 10% if claim ratio less than 65%.
  - ii. Administrative cost allowed at 12% if claim ratio between 66% - 75%.

- iii. Administrative cost allowed at 15% if claim ratio between 76% - 85%.
- d. All the surplus as determined through formula mentioned above should be refunded by the insurer to the SNA within 30 days of the date of expiration of policy.
- e. If the Insurer delays payment of or fails to pay the refund amount within 30 days of the date of expiration of the Policy Cover Period, then the Insurer shall be liable to pay interest at the rate of one percent of the refund amount due and payable to the SNA for every 7 days of delay beyond such 60-day period.
- f. If the Insurer fails to refund the Premium within such 90-day period and/ or the default interest thereon, the SNA shall be entitled to recover such amount as a debt due from the Insurer through means available within law.
- g. The SNA is under no obligation to pay any further premium to the Insurer if claim ratio of the Insurer is up to 120 percent.
- h. If the Insurer's average Claim Ratio for the full 12 months is in excess of 120 percent, then the SNA will be liable to pay 50% of additional claim cost in excess of the total Premium already paid by it and remaining 50% shall be borne by the insurer. The total premium, including this additional claim cost, shall be borne by SNA only till the ceiling limit of premium set under PMJAY for Central and State Governments' share. After the ceiling is reached, claims cost will need to be borne entirely by the Insurer.

### C. PAYMENT OF PREMIUM FOR EACH POLICY COVER

The SNA Agency will, on behalf of the identified Beneficiary Family Units shall pay or cause to be paid the Premium for the Covers to the Insurer in accordance with the following schedule:

#### a. **First Installment:**

The insurer upon the issue of policy, shall raise an invoice for the first instalment of the Premium payable for the Beneficiary Family Units that are entitled under MHIS 6. Thereupon, the State shall upfront release 45% of total premium for the non-SECC category of families and 45% of the 10% state share amount for SECC category of families; the data for whom has been shared with Insurance Company.

Thereafter, within 15 working days from the release of the respective state share, the State shall raise the proposal for release of proportionate share of Central Government's Share of Premium for SECC Category of families along with the proposal, documentary proof for release of State's Share of Premium for SECC Category (Grant-in-Aid) and requisite documentary evidences & compliance of applicable financial provisions. The Central Government will release 45% of its respective share based on the number of eligible SECC families that have been targeted by the SNA within 21 working days from the receipt of duly completed proposal from the State.

#### Illustration:

If the total premium is ₹ 1,040/- (A. Premium for ₹ 5,00,000 coverage = ₹ 1000/- and B. Premium for ₹ 30,000/- = ₹ 40/- calculated at 4% of Premium at A). The calculation of premium for 1st Instalment shall be done as under:

1st Instalment of State Government's Share of Premium for ₹ 5,00,000 coverage for 1 MHIS Household: ₹ 1000/- X 45%	450
1st Instalment of 10% State Government's Share of Premium for ₹ 5,00,000 coverage for 1 PMJAY Household: ₹ 1000/- X 45%X10%.	45
1st Instalment of 90% Central Government's Share of Premium for ₹ 5,00,000 coverage for 1 PMJAY Household: ₹ 1000/- X 45%X90%.	405
1st instalment of State Government's Share of OPD Premium of ₹ 30,000 for 1 MHIS & 1 PMJAY Household: ₹ 40*45%*2	36

Thereafter, upon the receipt of Central Government's Share of Premium, the State shall release the aforesaid instalment of premium within 7 working days through the designated Escrow Account to the Insurer under intimation to the NHA.

**b. Second Instalment:**

The Insurer upon the completion of 2nd quarter shall raise an invoice for the second instalment of the Premium payable for the Beneficiary Family Units for which first instalment was released earlier. The State, within 15 working days upon the receipt of invoice from the insurance company, shall release their 2nd instalment of premium i.e. 45% of the total premium for Non –SECC category and 45% of the 10% state share amount for SECC category of families. Thereafter, within 15 working days from the release of the respective state share, the State/UT shall raise the proposal for release of proportionate share of Central Government's Share of Premium along with the proposal, documentary proof for release of State's Share of Premium for SECC Category (Grant-in-Aid) and requisite documentary evidences & compliance of applicable financial provisions. The Central Government will release 45% of its respective share based on the number of eligible SECC families that have been targeted by the SNA within 21 working days from the receipt of duly completed proposal from the State.

Illustration:

If the total premium is ₹ 1,040/- (A. Premium for ₹ 5,00,000 coverage = ₹ 1000/- and B. Premium for ₹ 30,000/- = ₹ 40/- calculated at 4% of Premium at A). The calculation of premium for 2nd Instalment shall be done as under:

2nd Instalment of State Government's Share of Premium for ₹ 5,00,000 coverage for 1 MHIS Household: ₹ 1000/- X 45%	450
2nd Instalment of 10% State Government's Share of Premium for ₹ 5,00,000 coverage for 1 PMJAY Household: ₹ 1000/- X 45%X10%	45
2nd Instalment of 90% Central Government's Share of Premium for ₹ 5,00,000 coverage for 1 PMJAY Household: ₹ 1000/- X 45%X90%	405
2nd instalment of State Government's Share of OPD Premium of ₹ 30,000 for 1 MHIS & 1 PMJAY Household: ₹ 40*45%*2	36



Thereupon, the receipt of Central Government’s Share of Premium, the State/UT shall release the second instalment of premium within 7 working days to the Insurer under intimation to the NHA.

**c. Third Installment:**

Upon completion of 10 Months of Policy, the Insurer shall submit the Claim Settlement Report along with the invoice for the last instalment of the Premium payable for the Beneficiary Family Units for which the first and second instalment was released earlier. The State Government shall, upon receipt of the Claim Settlement report from the Insurance Company/Real Time Data available with States and upon due satisfaction of permissible claim settlement ratio, release the remaining due premium of 10% or the proportionate premium based upon the claim settlement scenario, as the case may be, within 15 working days into the escrow account.

Thereupon, within 15 working days of their release of premium, shall raise the proposal to the Central Government for the release of 10% of Premium or the proportionate premium based upon the claim settlement scenario, as the case may be into the escrow account as last tranche of premium to the Insurance Company.

Illustration:

If the total premium is ₹ 1,040/- (A. Premium for ₹ 5,00,000 coverage = ₹ 1000/- and B. Premium for ₹ 30,000/- = ₹ 40/- calculated at 4% of Premium at A). The calculation of premium for 3rd Instalment shall be done as under:

3rd Instalment of State Government’s Share of Premium for ₹ 50,0000 coverage for 1 MHIS Household: ₹ 1000/- X 10%.	100
3rd Instalment of 10% State Government’s Share of Premium for ₹ 50,0000 coverage for 1 PMJAY Household: ₹ 1000/- X 10% X 10%	10
3rd Instalment of 90% Central Government’s Share of Premium for ₹ 50,0000 coverage for 1 PMJAY Household: ₹ 1000/- X 10% X 90%	90
3rd instalment of State Government’s Share of OPD Premium of ₹ 30,000 for 1 MHIS & 1 PMJAY Household: ₹ 40 X 10%*2	8

Thereafter, upon the receipt of Central Government’s Share of Premium, the State shall release the last instalment of premium within 7 working days to the Insurance Company under intimation to the NHA.

**d. Penalty Provision on Delay of Premium:**

If in case, the SNA has not deposited its due share of premium into the escrow account, then a penal interest would be levied @ 1% per week for the number of week delay and part thereof on the SNA.

Similarly, penal interest provision shall also be applicable on the Central Government. The concerned Government viz. SNA shall have the right to own such penal interest amount for adjusting in their future payable respective share of premium.

**e. Interest earned by SNA:**

If in case, any interest is earned by SNA on Central Government’s Share of Premium released into the Escrow account, the Central Government shall have the first right of claim on such interest earned amount and shall have to be transferred to the Central Government/adjusted in future payment of the Central Government, as the case may be. Similarly, interest provision shall also be applicable for the SNA.

**f. Central Government’s Premium:**

The SNA shall send the proposal to the Central Government for the release of Central Government’s Share of Premium within 15 (Fifteen) working days of receipt of the Insurer’s invoice along & release of their share of premium, along with requisite documents (viz. Details of Eligible Identified Beneficiary Families, Documentary Proof for release of State Government’s Share, etc.) and compliance of Applicable Financial Rules.

**g. Premium payments via electronic bank transfers:**

The SNA undertakes that all Premium payments to the Insurer shall be made through electronic bank transfers to the bank account nominated by the Insurer. The Insurer shall provide full details of its bank account in its invoices.

**D. PREMIUM FOR EACH RENEWAL POLICY COVER PERIOD.**

- a. The Insurer shall cause its Appointed Actuary to submit to the State Nodal Agency an actuarial certificate (in the format prescribed at Annexure 6 A) stating the Insurer's Pure Claim Ratio for the first six months of each Policy Cover Period for all the districts within the Service Area, based on such Appointed Actuary's fair and reasonable view. The Insurer shall ensure that such actuarial certificate is submitted no later than 190 days from the date of commencement of each Policy Cover Period.
- b. The State Nodal Agency shall, in good faith, review and consider the actuarial certificate issued by the Appointed Actuary. The State Nodal Agency may seek additional information from or consultations with the Insurer and/or its Appointed Actuary.

The Insurer shall consult with the State Nodal Agency and cause its Appointed Actuary to provide the State Nodal Agency with such additional information as may be requested, within 5 days of receiving such request.

- c. If the Insurer's Pure Claim Ratio for the first six months of any Policy Cover Period triggers any of the thresholds set out in the table below, then the renewal Premium for the next renewal Policy Cover Period shall be loaded in the manner set out in the table below:

Pure Claim Ratio	Premium Adjustment
PCR ≥ 90%	<ul style="list-style-type: none"> <li>• The renewal Premium for the next Policy Cover Period shall be loaded in the manner set out in Clause 8 D e, unless the Insurer has exercised its right to refuse renewal of the Policies in accordance with Clause 8 D d.</li> </ul>

Pure Claim Ratio	Premium Adjustment
$70\% \leq \text{PCR} < 90\%$	<ul style="list-style-type: none"> <li>The renewal Premium for the next Policy Cover Period shall be loaded in the manner set out in Clause 8 D e.</li> </ul>
$30\% < \text{PCR} < 70\%$	<ul style="list-style-type: none"> <li>The renewal Premium for the next Policy Cover Period shall be the same as the Premium for the on-going Policy Cover Period.</li> </ul>
$\text{PCR} \leq 30\%$	<ul style="list-style-type: none"> <li>The renewal Premium for the next Policy Cover Period shall be the same as the Premium for the on-going Policy Cover Period; unless the State Nodal Agency has exercised its right to refuse renewal of the Policies in accordance with Clause 8 D f.</li> </ul>

For the purpose of this Clause 8 D, the **Pure Claim Ratio** shall be determined as follows:

$$\text{PCR} = \frac{\text{C}}{0.5 \times [\text{P}_T - \text{C}_{AC}]} \times 100$$

**Where:**

**PCR** is the Pure Claim Ratio for the first six months of the on-going Policy Cover Period;  
**C** is the total Claims paid by the Insurer to the Empanelled Health Care Providers in the first six months of the on-going Policy Cover Period;

**P<sub>T</sub>** is the total Premium earned by the Insurer in the on-going Policy Cover Period;

**C<sub>AC</sub>** is the administrative cost incurred by the Insurer in providing the Covers for each Beneficiary Family Unit identified and for whom premium has been paid in the policy period.

**Provided that the C<sub>AC</sub>** shall be defined as follows:

- i. Administrative cost allowed at 10% if claim ratio less than 65%.
- ii. Administrative cost allowed at 12% if claim ratio between 66% - 75%.
- iii. Administrative cost allowed at 15% if claim ratio between 76% - 85%.

- d. If the Pure Claim Ratio in the first six months of any Policy Cover Period is greater than or equal to 90%, then the Insurer shall have the right to refuse to renew the Policies for all the districts for the next Policy Cover Period, by giving the State Nodal Agency a notice within 10 days of submission of the actuarial certificate.

If the Insurer has not issued such a notice to the State Nodal Agency within the prescribed period, it shall be deemed that the Insurer is satisfied with the renewal Premium determined in accordance with Clause 8 D e and the Policies for all the districts shall be renewed, subject to compliance with Clause 7 d).

- e. If the Pure Claim ratio in the first six months of any Policy Cover Period is greater than or equal to 70%, then the Premium per Beneficiary Family Unit for the renewal Policy Cover Period shall be determined in accordance with the formula set out below:

$$\text{P}_n = \text{P}_{n-1} \times [1 + \text{WPI}_{av}/100]$$

Where

**n** is the renewal Policy Cover Period;

**n – 1** is the on-going Policy Cover Period;

**P<sub>n</sub>** is the renewal Premium for the renewal Policy Cover Period;

**P<sub>n-1</sub>** is the Premium for the on-going Policy Cover Period; and

**WPI<sub>av</sub>** is the average WPI over the 5-year period immediately preceding the date on which the renewal Premium is being determined. For this purpose, the WPI values will be taken by reference to the last day of the month occurring immediately prior to the month in which the renewal Premium is being determined.

Illustrative Example:

The WPI is published at the web link <http://eaindustry.nic.in/#>. If the renewal Premium determination is being made on 15 June 2022, then the WPI for the year ending on 31 May 2022 will be determined by reference to the published WPI on 31 May 2022. The WPI for the preceding year will be determined as follows:

$$[(\text{WPI on 31 May 2022})/(\text{WPI on 1 June 2021}) - 1] \times 100.$$

Similarly, the average WPI over the 5-year period immediately preceding the date on which the renewal Premium is being determined will be determined as follows:

$$[(\text{WPI on 31 May 2022})/(\text{WPI on 1 June 2017})]^{(1/5)} - 1 \times 100.$$

- f. If the Pure Claim Ratio in the first six months of any Policy Cover Period is lesser than 30%, then the State Nodal Agency shall have the right to refuse to renew the Policies for all the districts for the next Policy Cover Period, by giving the Insurer a notice within 10 days of submission of the actuarial certificate.

If the State Nodal Agency has not issued such a notice to the Insurer within the prescribed period, the Policies for all the districts shall be renewed, subject to compliance with Clause 7 d).

**g. Payment of Premium for Each Renewal Policy Cover Period**

The payment of premium for each renewal policy cover period shall be determined similarly as per the terms given of Clause 8 C of this Insurance Contract.

**E. COMPLIANCE WITH SECTION 64VB OF INSURANCE ACT.**

- i. The State Nodal Agency undertakes to release the payments within 30 Business Days of receipt of invoices intimating the instalments of the Premium payable by the State Nodal Agency and the Gol.
- ii. Without prejudice to the State Nodal Agency's undertaking at Clause 8 E i above, it shall be the responsibility of the Insurer to comply with the provisions of Section 64VB of the Insurance Act.

## **F. TAXES**

- a. The Premium payable by the State Nodal Agency to the Insurer for each Beneficiary Family Unit, shall be inclusive of all costs, expenses, service charges, taxes, overheads and profits payable in respect of such Premium excluding Goods and Service Tax. The Ministry of Finance (Department of Revenue) vide Office Memorandum No: 354/185/2018-TRU, dated New Delhi the 14<sup>th</sup> June 2018 have notified that Services of General Insurance provided under SI No. 35 of the notification no. 12/2012-CT(R) dated 28.06.2017 are exempted from the Goods and Service Tax. Furthermore, under point 3 of the Office Memorandum mentioned above, states that services provided to the Central Government, State Government, Union Territory under any insurance scheme for which the total premium is paid by the Central Government, State Government, Union Territory are exempt from the payment of Goods and Service Tax – SI. No. 40 of Notification No. 12/2017/CT(R) Dated 28.06.2017.
- b. The Insurer shall protect, indemnify and hold harmless the State Nodal Agency, from any and all claims or liability to:
  - a. Pay any service/Goods and Service tax assessed or levied by any competent tax authority on the Insurer or on the State Nodal Agency for or on account of any act or omission on the part of Insurer; or
  - b. On account of the Insurer's failure to file tax returns as required by applicable Laws or comply with reporting or filing requirements under applicable Laws relating to service tax; or
  - c. Arising directly or indirectly from or incurred by reason of any misrepresentation by or on behalf of the Insurer to any competent tax authority in respect of the service/Goods and Service tax.
- c. The State Nodal Agency may deduct taxes as required by applicable Law. The Insurer shall have no recourse against the State Nodal Agency in respect of such tax deduction at source.

## **G. PREMIUM ALL INCLUSIVE**

Except as expressly permitted under Clause 8 D, Clause 8 F, the Insurer shall have no right to claim any additional amount from the State Nodal Agency in respect of:

- (i) The risk cover provided to each Beneficiary Family Unit that is registered and that has been provided with an E/Paper Card; or
- (ii) The performance of any of its obligations under this Insurance Contract; or
- (iii) Any costs or expenses that it incurs in respect thereof.

## **H. NO SEPARATE FEES, CHARGES OR PREMIUM**

Except for the Registration fee collected by the Insurer from each Beneficiary Family Unit in accordance with Clause 21 c the Insurer shall not charge any Beneficiary Family Unit or any of the

Beneficiaries with any separate fees, charges, commission or premium, by whatever name called, for providing the benefits under this Insurance Contract and a Policy.

#### **I. APPROVAL OF PREMIUM AND TERMS AND CONDITIONS OF COVERS BY IRDA**

- i. The Insurer shall, if required by the Health Insurance Regulations, obtain IRDA's approval for the Premium (including the loading or discounting of Premium for renewal Policy Cover Periods) and the terms and conditions of the Covers provided under this Insurance Contract under the File & Use Procedure prescribed in the Health Insurance Regulations, within 75 days of the date of execution of this Insurance Contract.
- ii. The Insurer undertakes and agrees that it shall not:
  - a. File an application with the IRDA for approval of the revision, modification or amendment of the Premium for or the terms and conditions of or for the withdrawal of any or all of the Covers; or
  - b. Revise modify, amend or withdraw any or all of the Covers, whether with or without the IRDA's approval under the Health Insurance Regulations,

at any time during the Term of this Insurance Contract. The Insurer hereby irrevocably waives its right to seek the IRDA's approval for the revision, modification, amendment or withdrawal of any or all of the Covers under this Insurance Contract by filing an application under the File & Use Procedure.

#### **9. CASHLESS ACCESS SERVICE**

- a) The beneficiaries under MHIS 6 shall be provided cashless treatment including drugs, diagnostics, transfusion, transplant, injectables, for all such ailments covered under the Scheme within the limits/sub-limits and sum insured, i.e., not specifically excluded under the Scheme.
  - i. Patients from any category admitted in General Routine Ward shall be completely cashless.
  - ii. Patient from any category admitted in Private ward shall only pay out of pocket for the room rent expenditure and any other facilities which is not part of the standard treatment or recovery process of the patient which also includes the list as given in Schedule 4 of the Insurance Contract.
- b) The insurer shall reimburse the empanelled health care providers as per the package cost specified in Health Benefits Package (HBP) listed in this contract except for the following:
  - i. Unspecified Surgical/Medical.
- c) If the EHCP has initiated an incorrect package to the insurer, the insurer shall reimburse the empanelled health care providers as per the correct package rate listed in this contract, provided that the EHCP submitted all documents and the insurer queries the EHCP.

- d) The EHCP shall at a minimum possess the Hospital IT Infrastructure required to access the Hospital information in the Hospital Empanelment Module (HEM) Portal or Beneficiary Database for registration in the Beneficiary Identification System (BIS) or the Transaction management System (TMS).
- e) The Insurer shall, with the coordination of the SNA, train the PMAM that will be deputed in each EHCP that will be responsible for the administration of the implementation of MHIS 6 on the use of the Hospital IT infrastructure for making Claims electronically and providing Cashless Access Services.
- f) The EHCP shall establish the identity of the member of a Beneficiary Family Unit by the MHIS-PMJAY E/paper card and ensure the following:
  - i. That the beneficiary comes for treatment for a covered procedure and package for such an intervention is available.
  - ii. That the EHCP displays the specialities it is empanelled and that the beneficiary is informed about the specialities it is empanelled accordingly. In an event that the EHCP fails to inform or display all the specialities empanelled for the beneficiary, such incidence of treatment shall be completely cashless irrespective of the category of the patient or the category of room availed by the patient.
  - iii. That the beneficiary's sum insured for the respective cover is available.
- g) The Insurer shall require each Empanelled Health Care Provider (including each Specialty Hospital) to raise Claims electronically via the Transaction Management Software.
- h) The insurer shall:
  - i. Train those representatives of the EHCPs (including the Specialty Hospitals) that will be responsible for the administration of MHIS 6 on the use of the
    - i. Hospital Empanelment Module (HEM) for Hospital empanelment and Hospital information to be updated as required.
    - ii. Transaction Management Software (TMS) for raising Claims and providing Cashless Access Services.
  - ii. If the Insurer appoints a TPA to undertake Claims processing, the Insurer shall ensure that the TPA appointed by it shall at all times have adequate infrastructure and trained personnel for undertaking Policy and Claims facilitation services in accordance with the terms of this Insurance Contract.

## 10. CLAIMS MANAGEMENT

### A. CLAIM PAYMENTS AND TURN-AROUND TIME

The Insurer shall comply with the following procedure regarding the processing of Claims received from the Empanelled Health Care Providers:

- a) The Insurer shall require the EHCPs to initiate and submit their Claims electronically after discharge.
- b) All EHCPs are required to submit their Claims electronically within 30 days after the patient is discharged. In the event that the EHCP fails to submit the claims within a 30-day period, it is necessary for the EHCP to obtain written permission from the SNA in order to proceed with initiating the claim(s) beyond the initial 30-day deadline.
- c) Considering the nature of internet connectivity in the state of Meghalaya, there can be instances where empanelled hospitals in remote areas may not have internet access connectivity, the EHCP shall raise claims via the Offline Transaction Management Software provided that the hospital is already registered in the offline mode. EHCP may send a request to SNA for offline TMS login. Cases raised offline are only discharged cases and can be backdated upto 30 days in the TMS.
- d) The Insurer shall process all claims received from an Empanelled Health Care Provider. The insurer shall decide on the rejection of any claim. Any rejection notice issued by the Insurer to the Empanelled Health Care Provider shall state clearly that such rejection is subjected to the Empanelled Health Care Provider's right to file a complaint with the relevant Grievance Redressal Committee against such decision to reject such Claim.
- e) If the Insurer rejects a Claim, the Insurer shall issue a written letter/Email of rejection to the Empanelled Health Care Provider stating: details of the Claim; reasons for rejection; and details of the District Grievance Nodal Officer. The letter of rejection shall be issued to the State Nodal Agency and the Empanelled Health Care Provider within 10 days of receipt of the electronic Claim (unless the EHCP submit the documents beyond the TAT). The Insurer should inform the Empanelled Health Care Provider of its right to seek Redressal for any Claim related grievance before the District Grievance Redressal Committee in its letter of rejection.
- f) The insurer has to email all rejected cases on a fortnightly basis to the Medical Officer of the State Nodal Agency at [doctor.claims@mhis.org.in](mailto:doctor.claims@mhis.org.in) as per the format given in Annexure 10.
- g) The Medical Officer, SNA shall conduct an audit of all rejected claims. In the event that any rejected claims are determined to have been incorrectly rejected, the SNA shall revoke the decision and notify the insurer accordingly.
- h) The insurer shall ensure that rejected claims are not reopened without the knowledge of the SNA or the Medical Officer, SNA. In an instance that the insurer reopens the rejected claims without the information of the SNA, such claims will stand to be rejected and will not be counted as paid claims for the purpose of calculation of refund of premium.



- i)** If a Claim is not rejected within 10 days, the Insurer shall either make the Claim Payment (based on the HBP or Unspecified Medical/Surgical Pre-auth Request) or conduct further investigation into the Claim received from the Empanelled Health Care Provider. Details of such a claim and the process concerning the investigation should be intimated to the SNA at the time when such investigation is conducted.
- j)** The Insurer shall be responsible for settling all claims within 15 days turnaround time (TAT) from the day the claim is initiated to the insurer. The Insurer shall make the Claim Payment (as per the rates listed in the HBP in this contract) within 15 days TAT, unless the claim is rejected or the claim is under the trigger list of the NAFU or the SAFU.
- k)** If the EHCP do not respond to the queries raised by the Insurer within the TAT, the case will not be highlighted to the insurer as a case to be settled within the set TAT and such cases will also not be rejected unless if found to be unsatisfactory or not in accordance the scheme guidelines.
- l)** The Insurer shall make the full Claim Payment without deduction of tax, for all PHCs, CHCs, Sub Divisional District Hospital, District Hospitals and other government sponsored hospitals, for private healthcare providers the Insurer shall make the full Claim Payment without deduction of tax, if the Empanelled Health Care Provider submits a tax exemption certificate to the Insurer. If the Empanelled Health Care Provider fails to submit a tax exemption certificate to the Insurer, then the Insurer shall make the Claim Payment after deducting tax at the rate as per the applicable tax laws.
- m)** If the Beneficiary is admitted by an Empanelled Health Care Provider during a Policy Cover Period, but is discharged after the end of such Policy Cover Period and the Policy is not renewed, then the arising Claim shall be paid in full by the Insurer subject to the available Sum Insured.
- n)** Subject to Clause 10 A l) and Clause 10 A m), if a Claim event falls within two Policy Cover Periods, the Claim shall be paid taking into consideration the available Sum Insured in the two Policy Cover Periods. The eligible Claim Payment shall be made by the Insurer in full, whether or not the renewal Premium for the subsequent Policy Cover Period has been received by the Insurer.
- o)** If a Claim is made during a Policy Cover Period and the Policy is not subsequently renewed, then the Insurer shall make the Claim Payment in full subject to the available Sum Insured.
- p)** The process specified in paragraphs Clause 10 A b) – d) and i) above in relation to Claim Payment, Claims Rejection or investigation of the Claim shall be completed such that the Turn-around Time shall be no longer than 15 days.

Without prejudice to the foregoing, during the subsistence of any delay by the State Nodal Agency in making payment of the Premium for a Policy Cover Period, the Insurer shall have the right to delay making Claim Payments to the Empanelled Health Care Providers until the Premium is received, provided that the Insurer completes the processing of the Claims in accordance with paragraphs in Clause 10 A b) – d) and h) above within the Turn-Around Time of 15 days.

If the Insurer fails to make the Claim Payment within a Turn-around Time of 15 days for a reason other than a delay cause by NAFU or SAFU or by the SNA in making payment of the Premium that is due and payable, then the Insurer shall be liable to pay a penal interest to the Empanelled Health Care Provider at the rate of 2% of the Claim amount for every 15 days of delay beyond the

15-day period. The penal interest will not be counted as part of the premium calculation for refund if arise.

- q)** The counting of days for the purpose of this Clause 10 A shall start from the date the claim is initiated to the insurer in the TMS.
- r)** The Insurer shall make Claim Payments to each Empanelled Health Care Provider against Claims received on a weekly basis and as far as possible through electronic transfer to such Empanelled Health Care Provider's designated bank account.
- s)** The insurer shall follow up on a weekly basis and ensure that all EHCP submit all Documents queried in the TMS within the TAT as specified in the Claims adjudication manual or/and the Memorandum of Understanding signed among the SNA, the insurer and the EHCP.
- t)** The insurer shall follow up on a weekly basis and ensure that all EHCP take action on all pending cases in the TMS.
- u)** The Insurer shall email once a week to the SNA, DPMs and EHCPs on the details of cases which are pending at the EHCP. Cases include pending for discharge, submission of response to queries, initiation/submission of claims, etc.
- v)** All Claims investigations shall be undertaken by qualified and experienced Medical Practitioners appointed by the Insurer or its TPA, to ascertain the nature of the disease, illness or accident and to verify the eligibility thereof for availing the benefits under this Insurance Contract and relevant Policy. The Insurer's and the TPA's medical staff shall not impart or advise on any Medical Treatment, Surgical Procedure or Follow-up Care or provide any OPD Benefits or provide any guidance related to cure or other care aspects.
- w)** The Insurer shall submit details of:
  - a.** All Claims that are under investigation to the district-level administration of the State Nodal Agency on a monthly basis for its review;
  - b.** Every Claim that is pending beyond 10 days to the State Nodal Agency, along with its reasons for delay in processing such Claim; and
  - c.** Details of interest paid to the Empanelled Health Care Providers for every Claim that was pending for processing and settlement beyond 15 days to the State Nodal Agency.
- x)** The Insurer may collect at its own cost, complete Claim papers from the Empanelled Health Care Provider, if required for audit purposes. This shall not have any bearing on the Claim Payments to the Empanelled Health Care Provider.
- y)** The Insurer shall, at all times, comply with and ensure that its appointed TPA is in compliance with the Health Insurance Regulations and any other Law issued or notified by the IRDA/NHA in relation to the provision of Cashless Access Services and Claims processing.

- z) The Insurer shall ensure that the appointed TPA does not approve or reject any Claims on its behalf and that the TPA is only engaged in the processing of Claims. The TPA may however recommend to the Insurer on the action to be taken in relation to a Claim. However, the final decision on approval and rejection of Claims shall be made by the Insurer.
- aa) The Insurer shall submit a weekly detail of Claims and Report of claims as per the formats listed under Annexure 11.

#### **B. RIGHT OF APPEAL AND REOPENING OF CLAIMS**

- i. The Empanelled Health Care Provider shall have a right of appeal against a rejection of a genuine Claim by the Insurer, if the Empanelled Health Care Provider feels that the Claim is payable. Such decision of the Insurer may be appealed by filing a complaint with the DGNO in accordance with Clause 30 of the Insurance Contract.
- ii. The Insurer and/or the DGNO or the DGRC, as the case maybe, may re-open the Claim, if the Empanelled Health Care Provider submits the proper and relevant Claim documents that are required by the Insurer.

#### **C. NO CONTRIBUTIONS**

- a. The Insurer agrees that any Beneficiary Family Unit or any of the Beneficiaries or any other third party shall be entitled to obtain additional health insurance or any other insurance cover of any nature whatsoever, including in relation to the benefits provided under this Insurance Contract and a Policy, either individually or on a family floater cover basis.
- b. Notwithstanding that such Beneficiary Family Unit or any of the Beneficiaries or any third party acting on their behalf effect additional health insurance or any other insurance cover of any nature whatsoever, the Insurer agrees that:
  - i. Its liability to make a Claim Payment shall not be waived or discharged in part or in full based on a rateable or any other proportion of the expenses incurred and that are covered by the benefits under the Covers;
  - ii. It shall be required to make the full Claim Payment in respect of the benefits provided under this Insurance Contract and the relevant Policy; and
  - iii. If the total expenses incurred by the Beneficiary exceeds the available Sum Insured under the Covers (after taking into account the co-payment obligations), then the Insurer shall make payment to the extent of the available Sum Insured in respect of the benefits provided under this Insurance Contract and the relevant Policy and the other insurers shall pay for any excess expenses not covered.

### **11. INSURABLE INTEREST**

- a) Under the Directive Principles of State Policy that are set out in the Constitution of India, the Government of Meghalaya is required to:

- a. Improve public health as among its primary duties; and
  - b. Within the limits of its economic capacity and development, make effective provision for securing public assistance in cases of sickness and disablement of citizens.
- b) Accordingly, the Insurer acknowledges, confirms and undertakes that:
- a. the State Nodal Agency, as the Insured, has sufficient and adequate insurable interest in the Covers to be provided by the Insurer under the Insurance Contract; and
  - b. the Insurer hereby waives and releases its right to claim that the Insurance Contract is void on the ground that the State Nodal Agency does not have sufficient or adequate insurable interest in the Covers to be provided under the Insurance Contract.

## **12. NO DUTY OF DISCLOSURE**

- a) Notwithstanding the issue of the Tender Documents and any other information provided by the State Nodal Agency prior to the date of this Insurance Contract, the Insurer hereby acknowledges that it does not rely on and has not been induced to enter into this Insurance Contract or to provide the Covers or to assess the Premium for providing the Covers on the basis of any statements, warranties, representations, covenants, undertakings, indemnities or other statements whatsoever and acknowledges that none of the State Nodal Agency or any of its agents, officers, employees or advisors or any of the registered Beneficiary Family Units have given or will give any such warranties, representations, covenants, undertakings, indemnities or other statements.
- b) Prior to commencement of each Policy Cover Period, the State Nodal Agency undertakes to prepare or cause a third party to prepare the Beneficiary Database as correctly as possible. The Insurer acknowledges that, notwithstanding such efforts being made by the State Nodal Agency, the information in the Beneficiary Database may not be accurate or correct and that the Beneficiary Database may contain errors or mistakes.

Accordingly, the Insurer acknowledges that the State Nodal Agency makes no warranties, representations, covenants, undertakings, indemnities or other statements regarding the accuracy or correctness of the Beneficiary Database that will be provided by it to the Insurer.

- c) The Insurer represents, warrants and undertakes that it has completed its own due diligence and is relying on its own judgment in assessing the risks and responsibilities that it will be undertaking by entering into this Insurance Contract and in providing the Covers to the registered Beneficiary Family Units and in assessing the adequacy of the Premium for providing the Covers for the Beneficiary Family Units that are eligible by it.
- d) Based on the acknowledgements of the Insurer in this Clause 12, the Insurer:
  - a. Acknowledges and confirms that the State Nodal Agency has made no and will make no material disclosures to the Insurer;

- b.** Acknowledges and confirms that the State Nodal Agency shall not be liable to the Insurer for any misrepresentation or untrue, misleading, incomplete or inaccurate statements made by the State Nodal Agency or any of its agents, officers, employees or advisors at any time, whether made wilfully, negligently, fraudulently or in good faith; and
- c.** Hereby releases and waives all rights or entitlements that it has or may have to:
  - i.** Make any claim for damages and/or declare this Insurance Contract or any Policy issued under this Insurance Contract declared null and void; or
  - ii.** Not renew a Policy.

as a result of any untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars that affect the Insurer's ability to provide the Covers.

### **13. FRAUDULENT CLAIMS**

- a)** The Insurer shall be responsible for monitoring and controlling the implementation of MHIS 6 in the State of Meghalaya in accordance with Clause 28.
- b)** In the event of a fraudulent Claim being made or a false statement or declaration being made or used in support of a fraudulent Claim or any fraudulent means or device being used by any EHCP or the TPA or other intermediary hired by the Insurer or any of the registered Beneficiaries to obtain any benefits under this Insurance Contract or any Policy issued by the Insurer (each a Fraudulent Activity), then the Insurer's sole remedies shall be to:
  - a.** Refuse to honour a fraudulent Claim or Claim arising out of Fraudulent Activity or reclaim all benefits paid in respect of a fraudulent Claim or any Fraudulent Activity relating to a Claim from the EHCP and/or the Beneficiary that has undertaken or participated in a Fraudulent Activity; and/or
  - b.** De-empanel the Empanelled Health Care Provider that has made a fraudulent Claim or undertaken or participated in a Fraudulent Activity, in accordance with Clause 16 f) and the procedure specified in Schedule 9;
  - c.** Terminate the services agreement with the TPA or another intermediary appointed by the Insurer; and/or
  - d.** Revoke the benefits available under this Insurance Contract and the relevant Policy that would otherwise be available to the Beneficiary Family Unit that has undertaken or participated in a Fraudulent Activity,
  - e.** To intimate or highlight such matter at the disposal of committees such as the District Grievance Redressal Committees, the State Grievance Redressal Committee, State Anti-Fraud Unit and the National Grievance Redressal Committee.

Provided that the Insurer has: issued a notice to the State Nodal Agency of its proposed exercise of any of these remedies before exercising such remedies; and such notice is accompanied by reasonable documentary evidence of such fraudulent Claim or Fraudulent Activity. An indicative list of fraudulent Claims and Fraudulent Activities has been set out in Schedule 12.

The SNA Agency shall have the right to conduct a random audit of any or all cases in which the Insurer has exercised such remedies against an Empanelled Health Care Provider and/or any Beneficiary. If the State Nodal Agency finds that the Insurer has wrongfully de-empanelled an Empanelled Health Care Provider and/or wrongfully revoked the benefits available to any Beneficiary Family Unit, then the Insurer shall be required to reinstate such benefits to such Empanelled Health Care Provider and/or Beneficiary Family Unit.

- c) The insurer hereby releases and waives all rights or entitlements to:
- a. Make any claim for damages and/or have this Insurance Contract or any Policy issued under this Insurance Contract declared null and void; or
  - b. To refuse to renew a policy,
- as a result of any fraudulent Claim by or any Fraudulent Activity of any Empanelled Health Care Provider or any Beneficiary.

#### **14. REPRESENTATIONS AND WARRANTIES OF THE INSURER**

##### **a) REPRESENTATIONS AND WARRANTIES**

The Insurer represents warrants and undertakes that:

- a. The Insurer has the full power, capacity and authority to execute, deliver and perform this Insurance Contract and it has taken all necessary actions (corporate, statutory or otherwise), to execute, deliver and perform its obligations under this Insurance Contract and that it is fully empowered to enter into and execute this Insurance Contract, as well as perform all its obligations hereunder.
- b. Neither the execution of this Insurance Contract nor compliance with its terms will be in conflict with or result in the breach of or constitute a default or require any consent under:
  - i. Any provision of any agreement or other instrument to which the Insurer is a party or by which it is bound;
  - ii. Any judgment, injunction, order, decree or award which is binding upon the Insurer; and/or
  - iii. The Insurer's Memorandum and Articles of Association or its other constituent documents.
- c. The Insurer is duly registered with the IRDA, has duly obtained renewal of its registration from the IRDA and to the best of its knowledge, will not have its registration revoked or suspended for any reason whatsoever during the Term of this Insurance Contract. The Insurer undertakes that it shall continue to keep its registration with the IRDA valid and effective throughout the Term of this Insurance Contract.

- d. The Insurer has conducted the general insurance (including health insurance) business in India for at least 2 financial years prior to the submission of its Bid and shall continue to be an insurance company that is permitted under Law to carry on the general insurance (including health insurance) business throughout the Term of this Insurance Contract.
- e. In the financial year prior to the submission of its Bid, the Insurer has maintained its solvency ratio in full compliance with the requirements of the IRDA Solvency Regulations and the Insurer undertakes that it shall continue to maintain its solvency ratio in full compliance with the IRDA Solvency Regulations throughout the Term of this Insurance Contract. The maintenance of solvency ratio for such period shall not be applicable if the insurer is a government sponsored insurer or a public undertaking insurer.
- f. The Insurer is recognised by MoHFW/NHA for the award of this Insurance Contract.
- g. The Insurer has complied with and shall continue to comply with all Laws, including but not limited to the rules or regulations issued by the IRDA in connection with the conduct of its business and the MHIS Guidelines issued by MoHFW and/or the State Nodal Agency from time to time.
- h. The Insurer has quoted the Premium and accepted the terms and conditions of this Insurance Contract:
  - i. After the Insurer and its Appointed Actuary have duly satisfied themselves regarding the financial viability of the Premium; and
  - ii. In accordance with the Insurer's underwriting policy approved its Board of Directors.

The Insurer shall not later deny issuance or renewal of a Policy or payment of a Claim on the grounds that: (x) the Premium is found financially unviable; or (y) the assumptions taken by the Insurer and/or its Appointed Actuary in the actuarial certificate submitted with its Bid have been breached; or (z) the Insurer's underwriting policy has been breached, other than in accordance with Clause 8 D f.

- i. Without prejudice to Clause 14 a) e above, the Insurer is and shall continue to be capable of meeting its liabilities to make Claim Payments, servicing the Covers being provided by it under this Insurance Contract and has and shall continue to have sufficient infrastructure, trained manpower and resources to perform its obligations under this Insurance Contract.
- j. The Insurer has at no time, whether prior to or at the time of submission of its Bid and at the time of execution of this Contract, been black-listed or been declared as ineligible from participating in government sponsored schemes (including the MHIS) by the IRDA.
- k. After the issuance of each Policy, the Insurer shall not withdraw or modify the Premium or the terms and conditions of the Covers provided to the Beneficiaries during the Term of this Insurance Contract, except in accordance with Clause 8 G (ii).

- I. The Insurer abides and shall continue to abide by the Health Insurance Regulations and the code of conduct prescribed by the IRDA or any other governmental or regulatory body with jurisdiction over it, from time to time.

**b) CONTINUITY AND REPETITION OF REPRESENTATIONS AND WARRANTIES**

The Insurer agrees that each of the representations and warranties set out in Clause 14 a) are continuing and shall be deemed to repeat for each day of the Term.

**c) INFORMATION REGARDING BREACH OF REPRESENTATIONS AND WARRANTIES**

The Insurer represents, warrants and undertakes that it shall promptly, and in any event within 15 days, inform the State Nodal Agency in writing of the occurrence of a breach or of obtaining knowledge of a potential breach of any of the representations and warranties made by it in Clause 14 a) at any time during the continuance of the Term.

**PART 2  
INFRASTRUCTURE, ORGANISATIONAL SET-UP, REGISTRATION AND EMPANELMENT  
REQUIREMENTS**

**15. PROJECT OFFICE AND DISTRICT OFFICE**

**a) PROJECT OFFICE**

The Insurer shall establish a Project Office at a convenient place at Shillong for coordination with the State Nodal Agency on a regular basis.

**b) DISTRICT OFFICES**

The Insurer shall set up an office in each of the districts of the State of Meghalaya at the district headquarters of such district (each a District Office). Each District Office shall be responsible for coordinating the Insurer's activities at the district level with the State Nodal Agency's district level administration. The District Offices shall perform the functions set out at Clause 15 c) c at the district level.

**c) ORGANISATIONAL SET-UP AND FUNCTIONS**

- a. The Insurer shall recruit or employ experienced and qualified personnel for each of the following roles within its organisation, exclusively for the purpose of implementation of MHIS 6 and for the performance of its obligations and discharge of its liabilities under this Insurance Contract and the Policies issued hereunder:



- i. One **State Coordinator** who shall be responsible for implementation of the MHIS 6 and performance of this Insurance Contract in the State of Meghalaya.
- ii. One **State Operations Manager** who shall be responsible to oversee the operations in all districts and to regularly coordinate with the district coordinators on the day-to day functions.
- iii. One full time **District Coordinator** for each of the districts who shall be responsible for implementation of the MHIS 6 in the district for which such person is recruited. Desired Qualifications for the appointment of District Coordinators is given in Annexure 7.
- iv. One **State Medical Manager** who shall be looking into the overall supervision and guidance of the Claims Management, who will be responsible to submit audit reports etc. Desired Qualifications for the appointment of a State Medical Manager is given in Annexure 7.
- v. **District Medical Officers** for the districts who shall be responsible for medical audits, fraud control etc. The number of District Medical Officers is specified as follows:

SL No.	District	No. of Medical Officer
1	East Jaintia Hills	1
2	West Jaintia Hills	
3	Ri Bhoi	2
4	East Khasi Hills	
5	South West Khasi Hills	1
6	West Khasi Hills	
7	East Garo Hills	1
8	North Garo Hills	
9	West Garo Hills	1
10	South West Garo Hills	1
11	South Garo Hills	
Total		7

In addition to the roles and responsibilities mentioned above, the District Medical Officer shall also be responsible to address grievances of beneficiaries, empanelled hospitals and other stakeholders in the district that he/she is assigned to.

The State Coordinator, State Operations Manager and State Medical manager shall be located in the Project Office and each District Coordinator and District Medical Officer shall be located in the relevant District Office.

- b. In addition to the personnel mentioned in Clause 15 c) a, the Insurer shall recruit or employ experienced and qualified personnel for each of the following roles within its organisation for the purpose of implementation of MHIS 6:
  - i. To operate a 24 x 7 call centre with a toll-free help line in the local languages and English for purposes of handling queries related to benefits and operations of MHIS

- 6, including information on Empanelled Health Care Providers and on individual account balances.
- ii. To undertake Beneficiary Outbound Calls as set out in Clause 26 (ii) e.
  - iii. To undertake **Information Technology related functions** which will include, among other things, collating and sharing registration and claims related data with the State Nodal Agency and running the website at the State level and updating data on a regular interval on the website. The website shall have information on MHIS 6 in the local language and English with functionality for claims settlement and account information access for Beneficiaries and Empanelled Health Care Providers.
  - iv. To undertake publicity and IEC/BCC activities for MHIS 6 so that all the relevant information related to MHIS 6 reaches the Beneficiary Family Units, Empanelled Health Care Providers and other stakeholders.
  - v. To implement the grievance redressal mechanism and to participate in the DGRCs and the SGRC in accordance with Clause 30 of this Insurance Contract, provided that such persons shall not carry out any other function simultaneously if such functioning will affect their independence as members of the DGRCs and the SGRC.
- c. In addition to the personnel mentioned in Clause 15 c) a and Clause 15 c) b, the Insurer shall recruit or employ experienced and qualified personnel for each of the following roles within its organisation at the district level, exclusively for the purpose of implementation of MHIS 6:
- i. To manage the District Kiosk and to carry on the duties and functions set out in Clause 17 of the insurance contract.
  - ii. To manage the MHIS Help Desk located at the office of the SNA, MHIS. Management of the MHIS help desk shall include obligations such as appointment of the operator of the help desk with the coordination of the SNA, paying of remuneration to such operator and to manage other such functions of the Help Desk that may be decided by the SNA.
  - iii. To generate reports in formats prescribed by the State Nodal Agency from time to time or as specified in the MHIS Guidelines, at monthly intervals.
  - iv. To undertake pre-approved and pre-authorization function in accordance with Clause 5 and Clause 9 of the insurance contract read with Schedule 5 of the insurance contract.
  - v. To undertake paperless Claims settlement for the Empanelled Health Care Providers with electronic clearing facility, including the provision of necessary Medical Practitioners to undertake investigation of Claims made.

- d. The Insurer shall not be required to appoint the personnel listed at Clause 15 c) a and Clause 15 c) b, if the Insurer has outsourced any of the roles and functions listed in those Clauses to third parties in accordance with Clause 29 of the insurance contract.

Provided however that the Insurer shall not outsource any roles or functions that are its core functions as a health insurer or that relate to its assumption of risk under the Covers or that the insurer is prohibited from outsourcing under the Insurance Laws, including but not limited to: implementation of the grievance redressal mechanism, managing the District Kiosks, undertaking pre-authorization (other than in accordance with the Health Insurance Regulations), undertaking Claims Payments (other than in accordance with the Health Insurance Regulations).

- e. The Insurer shall complete the recruitment of such employees within 30 days of the signing of the Insurance Contract and in any event, prior to commencement of registration of Beneficiaries.

## **16. EMPANELMENT OF HEALTHCARE PROVIDERS**

### **a) EMPANELMENT OBLIGATIONS**

- a) The primary responsibility of empanelment of health care providers lies with the SEC and DEC. The SEC and DEC shall recommend and supervise the empanelment of health care providers under MHIS-PMJAY.
- b) Through the implementation of MHIS Phase 4, almost all health care providers both Public (PHCs, CHCs, Sub-Divisional District Hospitals, District Hospital, Medical Institute, Research Institute or other public health care providers) and Private have been empanelled. The SNA desires that the existing health care providers empanelled within the service area continues to be empanelled under MHIS 6. The list of all the existing empanelled health care providers is given in Schedule 6 of the Insurance Contract.
- c) The SEC and DEC shall use its best endeavours to complete the process of extending the empanelment of the hospitals in the service area prior to the commencement of MHIS 6 policy.
- d) The SEC and DEC shall ensure that an adequate number of both public and private health care providers (Employee State Insurance Corporation Hospitals are also eligible) are empanelled in each district. The SEC and DEC shall also make efforts to ensure that the Empanelled Health Care Providers are spread across different blocks of the district so that the Beneficiaries have greater coverage of health care services. The SEC and DEC must ensure empanelment of all public facilities (along with any in-patient or day care services outsourced by the public healthcare facility) providing inpatient services or those covering day care packages covered under MHIS 6.
- e) To improve access and increase utilisation of services, if the SNA determines the need to empanel healthcare service providers outside the service area, the SNA can approach the NHA with a specific request and rationale for the same. The NHA shall review the request and after ascertaining the need for such empanelment, the NHA may request the PMJAY implementing

state to empanel the health care provider. If the hospital is located in a non-PMJAY implementing state, the NHA may directly empanel the healthcare provider or may designate the SNA or SHAs from other states for the empanelment of such health care service providers. If the SNA is designated to empanel the health care provider, the insurer shall undertake the empanelment process as stated in the relevant clauses under Clause 16 of the Insurance Contract.

- f)** Notwithstanding anything to Clause 16 a) e), empanelment of any health care provider shall be subjected to the empanelment criteria set under Schedule 7 of the insurance contract.
- g)** The empanelment of each Empanelled Health Care Provider shall continue from the date of its empanelment and until the expiration or early termination of the Term, unless such Empanelled Health Care Provider is de-empanelled earlier.
- h)** At the time of empanelment, those Hospitals that have the capacity and which fulfil the minimum criteria for offering tertiary treatment services as prescribed by the SNA would be specifically designated for providing such tertiary care packages.
- i)** The SEC and DEC shall be responsible for facilitating empanelment and periodic renewal of empanelment of health care providers for offering services under MHIS-PMJAY.
- j)** Under circumstances of any dispute, final decision related to empanelment of health care providers shall vest exclusively with the SEC.
- k)** Detailed guidelines regarding empanelment of health care providers are provided at Schedule 7 of the Insurance Contract.
- l)** The SEC and DEC are responsible to empanel new health care providers after an expression of interest for empanelment is proposed by the health care provider/s. Such proposal shall come in the form of a letter of interest to the SNA or such health care provider can submit its application through the web portal. Such empanelment process is subjected to guidelines laid down in the empanelment criteria laid down under Schedule 7 of the Insurance Contract.
- m)** The SEC and DEC shall ensure that all empanelled health care providers are required to be mandatorily registered in the Hospital Empanelment Module (HEM) through this portal <https://hospitals.pmjay.gov.in> designed by the NHA. The Hospital Empanelment Module portal (HEM) Nodal officer from SNA in his/her best efforts will facilitate the registration and training of empanelled health care provider with regards to the registration process.
- n)** Considering the national portability of the implementation of MHIS 6, the insurer will require to empanel such hospitals outside the state not yet empanelled by the home state of that particular hospital as given in clause 16 a) e). The empanelment of such hospitals shall be subjected to Schedule 7 of the insurance contract. In a situation where the hospital is already empanelled under PMJAY, that particular hospital will not be required to be empanelled with MHIS 6 and that all beneficiaries under MHIS 6 will have access to avail benefits in such hospitals.
- o)** The SEC and DEC shall review the empanelment of each hospital on a quarterly basis to determine compliance of the Empanelled Health Care Providers with the minimum

empanelment criteria specified in Schedule 7 of the insurance contract and the objectives of MHIS 6.

- p) The SEC and DEC shall use its best efforts to increase health service coverage for the Beneficiaries within the Service Area by continuing to empanel public or private health care providers that meet the minimum empanelment criteria set out at Schedule 7 of the insurance contract unless 100% empanelment has been achieved.
- q) Private hospitals will be encouraged to provide ROHINI provided by Insurance Information Bureau (IIB). Private hospitals within the state shall additionally provide the Registration Certificate under The Meghalaya Nursing Homes (Licensing and Registration) Rules, 2011 which shall be treated as a mandatory document for empanelment. Similarly public hospitals will be encouraged to have NIN provided by MoHFW.
- r) Hospitals will be encouraged to attain quality milestones by making NABH pre-entry level/silver certified/bronze certified acquisition accreditation.
- s) Empanelled health Care Providers are encouraged to attain quality milestones by attaining PMJAY Certification i.e., Bronze, Silver and Gold. These quality certifications would also provide incentive in terms of higher price for health benefit packages to the healthcare service providers under the scheme.
- t) Empanelled Health Care Providers which were empanelled based on Quality Certification/accreditation will undergo a renewal process once every 3 years or till the expiry of validity of PMJAY Bronze/NABH certification whichever is earlier; to determine compliance to minimum standards.
- u) The SNA/NHA may revise the empanelment criteria from time to time during the policy if required. States/UTs will have to undertake any required re-assessments for the same within a stipulated timeline.

## **b) EMPANELMENT CRITERIA**

- a) The SEC and DEC shall be responsible for empanelling public and private health care providers, day care Centres and specialty hospitals that meet, at a minimum, the empanelment criteria that have been set out in Schedule 7 of the insurance contract.
- b) For empanelment under the scheme, health care providers should meet the basic minimum eligibility requirements as detailed in Schedule 7 of the insurance contract. As these are minimum standards, no exceptions can be provided on these.
- c) Additionally, specialty specific eligibility criteria have been defined for healthcare providers offering specific specialties, e.g., Oncology, Neurology etc. This is applicable over and above the basic minimum criteria and is also detailed in Schedule 7 of the Insurance Contract.
- d) SNA will have the flexibility to revise/relax the empanelment criteria (barring the minimum requirements as highlighted in Schedule 7), based on the context specific to Meghalaya, availability of providers, and the need to balance quality and access, with prior approval from

NHA. The same will have to be incorporated in the web-portal for online empanelment of healthcare providers.

**c) APPROVAL PROCESS OF THE APPLICATION**

**(i) Desktop and Physical Verification within 15 Working Days**

- a.** Once the healthcare provider has filled the application, the verification and approval process will be undertaken by the SNA. Only those healthcare providers who have been registered as an establishment under the relevant Act or rules of the GoM (as applicable) shall be considered to be empanelled under MHIS 6.
- b.** The application will be scrutinised by the DEC and processed completely within 15 working days of receipt of the application. A login account for a nodal officer from DEC will be created by the SNA as a one-time process. This login ID will be used to download the application of healthcare providers and upload the inspection report.
- c.** As a first step, the documents uploaded by the hospital will be verified by DEC for completeness. In case any documents are found wanting, the DEC may return the application to the hospital for rectifying any errors in the documents.
- d.** After desktop verification, DEC/district nodal officer will physically inspect the premises of the hospital and verify the accuracy of the details entered in the empanelment application, including but not limited to equipment, human resources, service, and quality standards. Post the physical verification, it will submit its report as per the format given in the HEM portal along with supporting pictures/videos/document scans. The team will also verify that the healthcare providers have applied for empanelment for all specialties as available in the hospital. In case it is found that hospital has not applied for one or more specialties, the hospital will be instructed to apply for the missing specialties within a stipulated a timeline (i.e., 15 working days from the application date). In this case, the hospital will modify the application form again on the web portal and submit for DEC verification. If the hospital does not apply for the other specialties in the stipulated time, it may be liable for disqualification from the empanelment process.
- e.** In case during inspection, it is found that hospital has applied only “Single Specialty Hospital” but is found to be multiple specialty hospital, the hospital’s application will be rejected. Empanelment of Private Hospital’s specialty should be in accordance with the Meghalaya Nursing Homes (Licensing and Registration) Rules, 2011 and under any other Act of the GoI such as the Clinical Establishments (Registration and Regulation) Act, 2010 as deemed applicable.
- f.** In case during inspection, it is found that hospital has applied for multiple specialties, but all do not conform to the minimum requirements under MHIS-PMJAY, the hospital will only be empanelled for specialties that conform to MHIS-PMJAY norms.
- g.** The DEC will submit its final inspection report to the SNA within a period of 15 working days from receipt of the application request. The district nodal officer will upload the



- ii. In case of rejection of empanelment request, the SNA will state the reasons for rejection of the request and share it with the healthcare provider. The decision (and reasons) will also be updated on the PMJAY web portal within 3 working days of the decision being taken. The SNA may direct the hospital to remedy the deficiencies observed and submit a fresh request for empanelment, if needed. Healthcare providers will have the right to file a review against the rejection with the State Empanelment Committee (SEC) within 15 working days of rejection. In case the request for empanelment is rejected by the SEC, the healthcare providers can approach the competent authority as defined in the Grievance Redressal Mechanism for remedy.
- iii. SNA will also consider the DEC's recommendations for 'relaxation criteria of empanelment' and decide to approve or reject it. A decision may be taken based on the local need while balancing quality of care and access to healthcare services in the state.

**(ii) Fast-track Empanelment of QCI recommended/State Empanelled Hospital without Physical Verification**

- a) To fast-track empanelment process, SNA may choose to auto-approve already empanelled hospitals under MHIS if they meet the minimum eligibility criteria prescribed under PMJAY. Any previous disciplinary action/de-empanelment under any other scheme must be reviewed before auto-empanelment.
- b) Additionally, healthcare providers which are PMJAY Bronze Certified/NABH accredited/NABH certified/CGHS empanelled/ECHS empanelled will be auto-approved; provided they have submitted the application on web portal and meet the minimum criteria.
- c) A system-based auto verification process will be conducted to match the credentials provided against the QCI/NABH database within 5 working days. If the credentials match, the health care provider will be auto approved at DEC level and the case will be moved to SNA with a notification to DEC approval authority.
- d) If the credentials do not match with the database, the DEC will conduct a desktop-based verification based on PMJAY Bronze Certificate/NABH certificate/QCI recommended document for CGHS/ECHS empanelment (as applicable) uploaded by the healthcare providers. Post the desk verification, it may take a decision to recommend approval of the application or seek further clarification/additional documents from the provider or rejection of application within 5 working days. The case will then be forwarded to SNA for final decision.

**(iii) Fast-track empanelment for non QCI healthcare providers with physical verification within 3 months**

- a. This option may be undertaken during exceptional circumstance wherein relaxation for online-empanelment may be provided for those districts that have limited number of empanelled hospitals or for those specialties in the state that are not covered under



the scheme like tertiary care; or any other exceptional situation as the SNA may deem fit. The reason for availing this option should be documented by the SNA.

- b.** For non-QCI hospitals, a similar process as defined above will be followed where the DEC will conduct a desktop-based verification based on pre-defined system-checklist by NHA/SNA and video/geotagged photos uploaded by the healthcare providers. The process for desktop-based verification of the Health Care Provider is detailed in Annexure 3. Post the desk verification, it may take a decision to recommend approval of the application or seek further clarification/ additional documents from the provider or rejection of application within 5 working days. The case will then be forwarded to SNA for final decision. It is the key responsibility of the SNA/SEC to ensure that all hospitals (except NABH/PMJAY certified/CGHS/ECHS) provided empanelment under fast-track/auto empanelment undergo physical verification - by the DEC/district nodal officer within 3 months of approval of application or if the state has selected a Third Party Empanelment Agency (TPEA) along with DEC/district nodal officer, the physical verification should be completed within a period of 1 month from the date of application approval. In case of physical verification is done only by district nodal officer then timestamped video/geotagged photos of the Health Care Provider should be recorded and uploaded in Hospital Empanelment Module.
- c.** If no action is taken by DEC within the stipulated time, then a notification is sent to the SEC.
- d.** In case the SHA has appointed a TPEA for assistance in empanelment, it will be their key responsibility to ensure desktop-based verification of hospitals under the fast-track/auto empanelment process within 5 working days and physical verification within 1 months of empanelment.
- e.** In case of non-PMJAY states, the role of SNA/DEC will be played by the NHA designated team.
- f.** The final decision for approval/rejection remains with the SNA. Any hospital whose application is rejected can approach the SEC for remedy within 15 working days from the date of rejection.
- g.** If a hospital is found to be wrongfully empanelled under PMJAY where it fails to meet the minimum criteria defined by the scheme or any other issue of misconduct or fraudulent activity is observed, empanelment will be revoked and disciplinary action may be taken, if necessary.
- h.** In case the hospital chooses to withdraw from the network of PMJAY, a minimum advance notice of 30 days should be provided by the hospital to the SNA, and it will only be permitted to re-enter/get re-empanelled after 6 months. After serving the notice period, the hospital should be allowed to withdraw provided the decisions to withdraw is not triggered by an action against the hospital initiated by any government instrumentality, including the PMJAY.
- i.** If a hospital is blacklisted or de-empanelled for a defined period, it can be permitted to re-apply at the end of the blacklisting/ de-empanelment period or revocation of the

blacklisting/de-empement order, whichever is earlier; provided all other changes directed by SEC were completed.

- j. There will be no restriction on the number of healthcare providers that can be empanelled under the scheme in a district/state.

**d) HOSPITAL IT INFRASTRUCTURE TO BE MAINTAINED BY EMPANELLED HEALTH CARE PROVIDERS**

**a) Prior to the commencement of the Policy Period:**

- a. The Insurer shall be responsible for reviewing whether each public Empanelled Health Care Provider within the Service Area has the requisite Hospital IT Infrastructure.
- b. If a public Empanelled Health Care Provider has been empanelled under MHIS 5 or and has the requisite Hospital IT Infrastructure, the Insurer shall be responsible for ensuring that the transaction management system is functional (at no additional cost to the public Empanelled Health Care Provider) and that the hardware is compatible with the transaction management system given by the NHA or any other third party from time to time.
- c. If a public Empanelled Health Care Provider does not have the requisite Hospital IT Infrastructure, the Insurer shall facilitate the EHCP to procure and install such Hospital IT Infrastructure/peripherals as given in Schedule 8 of the Insurance Contract in the premises of such public Empanelled Health Care Provider. The Insurer shall only facilitate such procurement and installation, any cost that may be incurred during such a process shall be borne by the EHCP.

For the avoidance of doubt, the Insurer shall be required to install such Hospital IT Infrastructure in the premises of the public Empanelled Health Care Providers that were previously or that are currently empanelled under MHIS, if they do not have the requisite Hospital, IT Infrastructure.

- d. For the avoidance of doubt, the Insurer will need to bear all costs of procuring and installing or upgrading the Hospital IT Infrastructure in the premises of public Empanelled Health Care Providers in accordance with this Clause 16 d).
- b) The Insurer shall ensure that each private Empanelled Health Care Provider shall (at its own cost) procure and install the Hospital IT Infrastructure at its premises. The Insurer shall be responsible for providing each private Empanelled Health Care Provider with assistance in such installation in a timely manner.**  
Provided that

- (i) The Insurer shall review whether each private Empanelled Health Care Provider has the requisite Hospital IT Infrastructure. The objective of such review shall be to determine whether the private Empanelled Health Care Provider has installed the new/modified transaction software and has installed compatible hardware.
- (ii) If pursuant to such review, the Insurer finds that a private Empanelled Health Care Provider has been previously empanelled under the MHIS, then the private Empanelled Health Care

Provider shall be required to procure and install the Hospital IT Infrastructure only if the existing hardware is not in working condition or is lost. In such cases, the Insurer shall ensure that such private Empanelled Health Care Provider is not required to incur any additional expenditure for installation of new/amended transaction software.

- c)** The minimum specifications for the Hospital IT Infrastructure that needs to be installed at the premises of an Empanelled Health Care Provider have been set out in Schedule 8 of insurance contract.

The NHA or the SNA may issue MHIS Guidelines and/or MHIS Operational Manuals from time to time amending the minimum specifications for the Hospital IT Infrastructure. It shall be the responsibility of the Insurer to ensure that the Hospital IT Infrastructure installed and operated at the premises of each Empanelled Health Care Provider is at all times compliant with the latest MHIS-PMJAY Guidelines and/or the MHIS Operational Manual that are in force.

- d)** Such review and installation (if required) shall be completed promptly after the execution of the Services Agreement with each Empanelled Health Care Provider and in any event within 15 days of the date of empanelment of each Empanelled Health Care Provider. If an Empanelled Health Care Provider is empanelled prior to commencement of a Policy Cover Period, then the Insurer shall ensure that the installation of the Hospital IT Infrastructure is completed before commencement of the Policy Cover Period for that district.
- e)** On completion of the procurement and installation of the Hospital IT Infrastructure at the premises of each Empanelled Health Care Provider and thereafter at least once every quarter during each Policy Cover Period, the Insurer shall ensure that the Hospital IT Infrastructure is properly activated and operational.
- f)** Notwithstanding that the Insurer or the private Empanelled Health Care Providers incur expenses in the procurement and installation of the Hospital IT infrastructure, the ownership of the Hospital IT infrastructure at the premises of each Empanelled Health Care Provider shall at all times remain with the State Nodal Agency.
- g)** The Insurer shall provide annual maintenance or enter into annual maintenance contracts for the maintenance of the Hospital IT Infrastructure procured and installed by it at the premises of the public Empanelled Health Care Providers.

If any of the Hospital IT Infrastructure (whether hardware devices or software) fails at the premises of a public Empanelled Health Care Provider, the Insurer shall be responsible for either repairing or replacing such part of the Hospital IT Infrastructure within 72 hours and in an expeditious manner. For the duration of such failure, the public Empanelled Health Care Provider shall endeavour to facilitate claims transaction through an alternate IT infrastructure. Such annual maintenance or any annual maintenance contracts entered with a public empanelled health care provider shall be made available to the empanelled public health care provider at no cost.

- h)** Each private Empanelled Health Care Provider shall enter into an annual maintenance contract for the maintenance of the Hospital IT Infrastructure installed at its premises. If any of the Hospital IT infrastructure installed at its premises fails, then it shall be responsible for either repairing or replacing such part of the Hospital IT Infrastructure within 72 hours and in an expeditious manner after becoming aware of such failure or malfunctioning. The private Empanelled Health Care Provider shall bear all costs for the maintenance, repair or replacement of the Hospital IT

infrastructure installed in its premises. For the duration of such failure, the private Empanelled Health Care Provider shall ensure that claims transactions do not stop and should be made available through an alternate IT infrastructure.

- i) In each renewal Policy Cover Period, the Insurer shall be responsible for ensuring that the health care providers already empanelled under the Scheme are not required to incur any additional expenditure for the hardware already installed in the premises of such EHCP.

**e) POST EMPANELMENT OBLIGATIONS OF EMPANELLED HEALTH CARE PROVIDERS**

The Insurer shall ensure that each Empanelled Health Care Provider complies with the following requirements:

- a) The Empanelled Health Care Provider shall provide Cashless Access Services to the Beneficiaries availing of its services. For this purpose, the Empanelled Health Care Provider shall not charge more than the Package Rates or the Pre-Authorized Amounts and shall comply with the procedure set out in Clause 5 read with Clause 9 and Clause 10 of the insurance contract and Schedule 5 of the insurance contract for making electronic or manual Claims directly against the Insurer.  
The Insurer shall ensure that the HBP Rates determined in accordance with clause 5 B of the insurance contract shall be included in the Services Agreement with each Empanelled Health Care Provider, to the extent that such Empanelled Health Care Provider is required to provide health care services (i.e., the Services Agreement with an Empanelled Health Care Provider will only set out the Package Rates for the Medical Treatments, Surgical Procedures, Day Care Treatments, Follow-up Care or OPD Benefits that such Empanelled Health Care Provider is empanelled for).
- b) Subject to the available Sum Insured and sub-limits or other conditions for provision of benefits, the Empanelled Health Care Provider shall not require the Beneficiary availing of its services to incur any expenses or costs towards the cost of a Medical Treatment, Surgical Procedure, Day Care Treatment, Follow-up Care or OPD Benefit.

If the Sum Insured has been fully utilized, then the Empanelled Health Care Provider may charge the Beneficiary for a Medical Treatment, Surgical Procedure, Day Care Treatment, Follow-up Care or OPD Benefit, but only to the extent that costs and expenses thereof cannot be claimed. However, the Empanelled Health Care Provider shall not charge the Beneficiary at a rate that exceeds: (i) the Package Rate determined in accordance with Clause 5 B of the insurance contract and set out in the Services Agreement; or (ii) the rate as determined through pre-authorisation.

- c) The Empanelled Health Care Provider shall clearly display its status of being an Empanelled Health Care Provider under the Megha Health Insurance Scheme - Pradhan Mantri Jan Arogya Yojana in the format provided by the State Nodal Agency, outside or at its main gate.
- d) The Empanelled Health Care Provider shall set up a functional help desk for providing necessary assistance to the Beneficiaries. At least two persons at the Empanelled Health Care Provider will be nominated, who will then be trained in different aspects of MHIS 6 and the Hospital IT infrastructure by the Insurer.
- e) The Empanelled Health Care Provider shall display a poster near the reception or admission desks along with other materials supplied by the Insurer for the information of the Beneficiaries, the State

Nodal Agency and the Insurer. The template of empanelled status and poster for reception area will be provided by the State Nodal Agency.

- f) The Empanelled Health Care Provider shall make Claims to the Insurer electronically, by accessing the online/offline transaction management software given by the National Health Authority. The Empanelled Health Care Provider shall consider the requirement of pre-authorisation for certain packages as specified in Schedule 5 of the Insurance Contract.
- g) The Empanelled Health Care Provider shall maintain such records and documentation as will be required for the Insurer to pre-authorise utilization of the Covers in accordance with this Insurance Contract and for processing of Claims.
- h) The Empanelled Health Care Provider shall co-operate with the Insurer and the State Nodal Agency by ensuring that its doctors, nurses and other medical/administrative staff attend district level workshops and other training programmes conducted by the Insurer and/or the State Nodal Agency.
- i) The Empanelled Health Care Provider shall co-operate with the Insurer and the State Nodal Agency and provide the Insurer and State Nodal Agency with access to all facilities, records and information for the conduct of audits or any other evaluation of the performance by the Empanelled Health Care Provider.
- j) The Empanelled Health Care Provider shall comply with all applicable Laws, statutes, rules and regulations, as amended from time to time.
- k) The Empanelled Health Care Provider shall at all times comply with the minimum empanelment criteria set out in Schedule 7 of the insurance contract, unless the Insurer has sought specific permission from the State Nodal Agency for the dilution of the minimum empanelment criteria in specific cases.
- l) The Empanelled Health Care Provider shall comply with the standard treatment guidelines that may be issued by competent government agencies from time to time.

**f) DE-EMPANELMENT OF EMPANELLED HEALTH CARE PROVIDERS**

- a. The Insurer shall de-empanel an Empanelled Health Care Provider from the MHIS network, if it finds that:
  - i. The guidelines of MHIS 6 are not followed by such Empanelled Health Care Provider; or
  - ii. The services provided by such Empanelled Health Care Provider are not satisfactory as per the standards specified in the MHIS Guidelines or otherwise specified by the Government of Meghalaya; or
  - iii. The Empanelled Health Care Provider is in breach of the terms of its Services Agreement with the Insurer; or
  - iv. In case of any financial irregularity or Fraudulent Activity being committed by the Empanelled Health Care Provider; or

- v. If at any time after the empanelment, the Empanelled Health Care Provider ceases to comply with the minimum empanelment criteria set out in Schedule 7 of the insurance contract or is found to have made a material misrepresentation regarding its compliance with the minimum empanelment criteria, except where the Insurer has obtained specific permission of the State Nodal Agency for a dilution of the minimum empanelment criteria; or
  - vi. If at any time after the completion of 30 days from the date of empanelment, the Empanelled Health Care Provider is found not to have installed and operationalized the Hospital IT Infrastructure in its premises; provided that this shall apply only in the case of private Empanelled Health Care Providers.  
For this purpose, the Insurer shall follow the procedure for de-empanelment specified in Schedule 9 of the insurance contract.
- b. If the State Nodal Agency is of the reasonable belief that any Empanelled Health Care Provider has triggered any of the conditions of de-empanelment set out in Clause 16 f) above, then the State Nodal Agency shall issue a notice to the Insurer. Upon receipt of a notice under this Clause 16 f) b, the Insurer shall initiate and follow the procedure for de-empanelment specified in Schedule 9 of the insurance contract against such Empanelled Health Care Provider.
  - c. An Empanelled Health Care Provider once de-empanelled from the MHIS network shall be automatically be de-empanelled as a PMJAY network hospital as well and shall not be eligible for empanelment within the PMJAY network or the MHIS network for such period determined by the State Nodal Agency, depending on the severity of the circumstances or default of the Empanelled Health Care Provider that triggered such de-empanelment.
  - d. Notwithstanding a suspension or de-empanelment of an Empanelled Health Care Provider in accordance with Schedule 9 of the insurance contract, the Insurer shall ensure that it shall honour all Claims for any expenses that have been pre-authorized or blocked on the Transaction Management Software before the effectiveness of such suspension or de-empanelment as if such De-Empanelled Health Care Provider continues to be an Empanelled Health Care Provider.

## 17. DISTRICT KIOSK

- a) The insurer shall ensure that a District Kiosk shall be set up in every district preferably in a location at the district headquarter. The SNA will facilitate the insurer in deciding the location of such district kiosk/centres, in every effort, the SNA shall endeavour to utilise the location of the existing District Kiosk in MHIS 5.
- b) The District Kiosk shall be set up to facilitate the following functions:
  - a. To undertake the beneficiary identification process of beneficiaries who have not yet registered under MHIS-PMJAY.
  - b. To issue the E/Paper card to a beneficiary upon completion of the beneficiary identification process.

- c) The Insurer shall ensure the availability of the IT infrastructure set up in each district kiosk as per the guidelines given in Schedule 10 of the Contract Document within 30 days from first day of the start of the Policy Period.
- d) The recruitment/appointment of the operators shall be done in coordination with the SNA. The remuneration of such operators shall be the responsibility of the insurer.
- e) The Beneficiary Identification process conducted at the district kiosk shall adhere to the following:
  - a. A registration fee of ₹ 30 shall be charged from each MHIS beneficiary upon issuance of the E/Paper Card. No fee shall be collected from PMJAY beneficiaries.
  - b. Mandatory issuance of the e/paper card and the receipt to the beneficiary.
- f) The District Kiosk shall remain operational for 6 days a week at normal business hours and throughout the policy cover period.
- g) The insurer shall ensure that the district kiosk office is branded with MHIS-PMJAY IEC materials.
- h) The number of households registered under MHIS-PMJAY stands at 4,88,525 as on 30th June, 2023. The SNA desires that this registration percentage is increased during the MHIS 6 Policy Period. The insurer hereby ensures that the functionality of the District Kiosk is expanded.
- i) The District Kiosk Operator shall also operate as a Block Kiosk Operator on certain days of the week or the month.
- j) The Block Kiosk shall be a location as determined by the SNA. The Block Kiosk Operator is required to visit the Block Kiosk on a rotational basis among the blocks located in each district. The structure and design of the functionality of the Block Kiosk shall be determined by the SNA.
- k) The main function of the Block Kiosk is to execute activities as mentioned in Clause 17 b) and 17 e).

## **18. IEC AND BCC INTERVENTIONS**

- a. The SNA endeavours that maximum awareness is achieved in MHIS 6 and that the features of MHIS 6 is known by the beneficiaries. The Insurer shall ensure support is given to the SNA whenever required or any such incidence such IEC and BCC interventions is adopted.

## **19. CAPACITY BUILDING AND INTERVENTIONS**

### **(i) CAPACITY BUILDING PROGRAMME**

- a. The Insurer shall design a training, workshop and orientation programme for the Empanelled Health Care Providers, members of hospital management societies, District Programme Managers, doctors, gram panchayat members, intermediaries, FKO's and all other stakeholders in MHIS 6 (the Capacity Building Programme).

- b. The Insurer shall submit the Capacity Building Programme to the State Nodal Agency within 15 days of the date of signing of the Insurance Contract. The State Nodal Agency shall within a reasonable period of such submission review the Capacity Building Programme and provide its comments to the Insurer. The Insurer shall revise the Capacity Building Programme after incorporating the State Nodal Agency's comments and re-submit the Capacity Building Programme.
- c. In preparing the Capacity Building Programme, the Insurer shall plan for conducting quarterly stakeholder workshops with the representatives of the State Nodal Agency, Empanelled Health Care Providers and the Insurer. The Insurer shall conduct such stakeholder workshops at least 4 times in each Policy Cover Period and shall invite representatives of the stakeholders well in advance.
- d. In finalising the Capacity Building Programme, the Parties shall jointly develop the training packages, which shall at a minimum, include training as often as is stipulated at Clause 19 (ii).

**(ii) MINIMUM TRAINING TO BE PROVIDED BY INSURER**

The Insurer shall assist the SNA, at a minimum, to conduct the following training:

- a. Training for Registration Teams: The Insurer shall conduct trainings for District Kiosk operators and PMAMs prior to the commencement of the policy, where these operators and PMAMs will be conducting the beneficiary identification process of the Beneficiary Family Units.
- b. Empanelled Health Care Provider Training:
  - a. The Insurer shall provide training to the Ayushman Mitras for all EHCPs in Meghalaya at least once every 6 months, that is, at least twice during each Policy Cover Period. Such training shall include: list of covered procedures and prices, pre-authorization procedures and requirements, IT training for making online Claims and ensuring proper installation and functioning of the Hospital IT Infrastructure for each Empanelled Health Care Provider.
  - b. The Insurer shall organize training workshops for each public Empanelled Health Care Providers (including CHCs and PHCs) at the hospital premises at least once every 6 months, i.e., at least twice during each Policy Cover Period for a district and at any other time requested by the Empanelled Health Care Provider, to increase knowledge levels and awareness of the hospital staff.
  - c. If a particular Empanelled Health Care Provider frequently submits incomplete documents or incorrect information in Claims or in its request for authorization as part of the pre-authorization procedure, then the Insurer shall undertake a follow-up training for such Empanelled Health Care Provider.



- c. State and District Officers of the Insurer: At least once every 6 months, i.e., at least twice during each Policy Cover Period for a district, the Insurer shall provide training for the Insurer's state-level and district-level officers.

### **(iii) IMPLEMENTATION OF THE CAPACITY BUILDING PROGRAMME**

- a. The Insurer shall implement the Capacity Building Programme with the support of the State Nodal Agency and other government agencies, as necessary.
- b. The cost of all capacity building interventions associated with the implementation of the Capacity Building Programme shall be borne by the Insurer.
- c. The Insurer shall submit to the State Nodal Agency at the end of every 6 months, a detailed report specifying the capacity building and training conducted by the Insurer and the progress made by the Insurer against the Capacity Building Programme during those 6 months.

## **20. OTHER OBLIGATIONS**

### **A. INSURER'S OBLIGATIONS**

In addition to the Insurer's obligations under Clauses 15 to 19 of this Insurance Contract, the Insurer shall mandatorily complete the following activities before the commencement of the policy period in each district:

- a. Setting up of a fully functional and operational state toll free helpline number facility for the provision of the Call Centre Services in accordance with Clause 26 of this Insurance Contract.
- b. Setting up a fully functional District Kiosk in accordance with Clause 17 of this Insurance Contract.
- c. Printing of sufficient number of booklets which have to be given to each Beneficiary being registered at the District Kiosk. Such booklets shall contain at least the following details:
  - a. Details about MHIS 6 and the Covers;
  - b. Process for utilizing the Covers under MHIS 6;
  - c. List of Exclusions;
  - d. Start and end date of the Policy Cover Period;
  - e. List of the Empanelled Health Care Providers along with addresses and contact details;
  - f. Location and address of the District Kiosk and its functions;
  - g. The names and details of the District Coordinator of the Insurer in that district;
  - h. Toll-free number of the call centre established by the Insurer;
  - i. Process for filing complaints or grievances;
- d. Ensuring availability of Policy number for the Policy that is issued by the Insurer.

- e. Ensuring that contact details of the District Coordinator of the Insurer, the nodal officer of the TPA and the nodal officer of the other service providers appointed by the Insurer are updated on the MHIS website: [www.mhis.org.in](http://www.mhis.org.in) before the commencement of each Policy Cover Period.

## B. STATE NODAL AGENCY'S OBLIGATIONS

In addition to the State Nodal Agency's obligations under Clauses 15 to 19 of this Insurance Contract, the State Nodal Agency shall mandatorily complete the following activities before the commencement of policy period in each district:

- a. Preparation of the Beneficiary Database for all districts in the format prescribed by the MHIS Guidelines and validation of the Beneficiary Database by MoHFW/NHA so that it can be uploaded on the online portal of the Beneficiary Identification Software. The SNA shall ensure that the beneficiary database is available and uploaded in the online beneficiary identification software portal before the commencement of the policy and shall be available throughout the Policy Cover Period.
- b. Appoint the District Key Manager (**DKM**) for each district and work with the DKM appointed by it to create the requisite organization structure at the district level to effectively implement and manage MHIS 6 within 15 days of the signing of this Insurance Contract, if such DKM has not been appointed for the implementation of the Scheme.
- c. Organise health camps for building awareness about MHIS 6 in each district during the Policy Cover Period.

## 21. REGISTRATION OF BENEFICIARY FAMILY UNITS

### a) REGISTRATION OF BENEFICIARIES AND REGISTRATION OBLIGATIONS

- a. MHIS 6 is intended to benefit all persons that are residents in all the districts of the State of Meghalaya, including all families belonging to the SECC category of families but not including families that include one or more members that are government servants. However, any member of a government servant family who is not eligible for any reimbursement benefits should be provided with the benefit coverage under MHIS 6. The Beneficiaries shall be registered by the Insurer based on the information available within the Beneficiary Database provided by the State Nodal Agency and at a period as specified by the SNA. The estimated number of Beneficiary Family Units is indicated below:

Sl. No.	District	PMJAY	MHIS	Total MHIS V
1	EAST GARO HILLS	22247	14135	36382
2	EAST JAINTIA HILLS	9548	11994	21542
3	EAST KHASI HILLS	103573	126079	229652
4	NORTH GARO HILLS	25030	16183	41213

5	RI BHOI	34093	37370	71463
6	SOUTH GARO HILLS	19723	18599	38322
7	SOUTH WEST GARO HILLS	21748	11748	33496
8	SOUTH WEST KHASI HILLS	13106	12534	25640
9	WEST GARO HILLS	61585	40740	102325
10	WEST JAINTIA HILLS	34959	27168	62127
11	WEST KHASI HILLS	40096	24,862	64958
<b>Total</b>		<b>3,85,708</b>	<b>3,41,412</b>	<b>7,27,120</b>

The estimated number of Beneficiary Family Units as given above is not final, the Central/State Government may either add or reduce the number of Beneficiary Family Units to the scheme. As a result, additions to the above-mentioned targeted households are permitted; however, premiums against the additional households will be paid only when households registered under the scheme exceed the above-mentioned targeted households. The premium for such additional households will be paid on a pro-rata basis. Addition of new households shall be undertaken on a quarterly basis. Other terms and conditions including Premium shall remain the same to the additional beneficiary families.

It shall be assumed that 10% of the MHIS categories in the Beneficiary Family Units in the Beneficiary Database qualify as families with one or more government employees for which premium shall not be calculated.

- b. The insurer shall register only those beneficiaries that have not yet registered under MHIS-PMJAY. As on 30<sup>th</sup> June, 2023, the number of households registered is 4,85,525.
- c. Registration Documents: During the beneficiary registration process, the beneficiaries will be identified using Aadhaar and/or Ration Card and/or Electoral Photo Identity Card and/or any other specified identification card as decided by the SNA.
- d. The beneficiary identification process has to be undertaken by all members in a family and each member has to undergo a process of verification and validation before the member is ultimately registered.
- e. Once the beneficiary is successfully registered, the beneficiary will be provided with a print of the MHIS-PMJAY e/paper card, which has to be used by the beneficiary at the time of availing the benefits in the empanelled hospitals.
- f. The Insurer shall ensure mandatory issuance of the e/paper card to each beneficiary who has completed the beneficiary identification process.

- g. The insurer shall ensure that the centres to conduct such registration of the beneficiary such as the District Kiosk and the Block Kiosk are functional and are operated as per Clause 17 of the Insurance Contract.
- h. The insurer shall ensure the availability of the IT infrastructure in such centre. The insurer shall also ensure the functionality of the web portal to facilitate beneficiary identification.
- i. Detailed guidelines of the Beneficiary Registration Process are given in schedule 11 of the contract document.

## **b) PROCESS OF BENEFICIARY REGISTRATION**

- a. A fee of ₹ 30 shall be collected from each MHIS beneficiary after the beneficiary undergoes the registration process and upon the beneficiary's receipt of the e/paper card. The insurer shall ensure that a receipt is issued to the beneficiary along with the e/paper card. The insurer shall ensure that no fee is collected from a registered PMJAY beneficiary.
- b. Upon completion of the registration process, each member will receive an e/paper card which can be utilised at the time of availing benefits at the empanelled hospital.
- c. Beneficiary registration will include the following broad steps:
  - i. The operator searches through the MHIS-PMJAY Beneficiary Identification Software (BIS) to determine and locate the person's name.
  - ii. Search can be performed by Name and Location as per details available in the EPIC Card or Ration Card or through an ID printed on the previous MHIS or existing MHIS-PMJAY Card.
  - iii. If the beneficiary's name is found in the MHIS-PMJAY BIS, Aadhaar (or an alternative government ID) and Ration Card (or an alternative family ID) is collected against the Name/Family.
  - iv. The operator then registers the beneficiary and sends the recorded details registered for approval.
  - v. The insurance company will setup a Beneficiary approval team to approve the identification of the respective beneficiary within 30 minutes from the time the operator sent the beneficiary detail to the insurer. The MHIS-PMJAY details and the information from the ID is presented to the verifier. The insurance company can either approve or recommend a case for rejection with reason.
  - vi. All cases recommended for rejection will be scrutinised by the SNA. The SNA will either approve or reject the beneficiary's details citing a reason.
  - vii. The e/paper card will be printed with the unique ID under MHIS-PMJAY and handed over to the beneficiary. The beneficiary will also be provided with a booklet/pamphlet with details about MHIS-PMJAY and process for availing

services. Presentation of this e/paper card will not be mandatory for availing services. However, the e-card may serve as a tool for reinforcement of entitlement to the beneficiary and faster registration process at the hospital when needed.

- viii. A similar process has to be followed for identification of other members belonging to the beneficiary family unit.
- ix. The process of beneficiary identification is given in schedule 11 of the contract document.
- x. The insurer shall ensure that the details of all registered families are captured during the registration process in a format to be designed and given by the SNA. This process shall ensure tracking the payment of the registration fee.

### **c) REGISTRATION FEE**

- i. A registration fee of ₹ 30 shall be collected from each MHIS beneficiary upon the completion of the beneficiary identification process during the registration. No registration fee should be collected from any PMJAY beneficiary.
- ii. Any beneficiary/beneficiary family unit who is not yet registered under MHIS-PMJAY can undertake the registration process at the district kiosk/block Kiosk where a registration fee of ₹ 30 per MHIS beneficiary will be applicable. PMJAY beneficiaries are not subjected to pay any fees during the registration process.
- iii. The registration fees collected at the District Kiosk/Block Kiosk shall be transferred to the SNA, MHIS, Government of Meghalaya at the end of every month throughout the MHIS 6 policy period. The reporting format to be submitted by the Insurer to the SNA with regard to the transfer of Registration information and fee collected from the District Kiosk is given in Annexure 9. The report has to be submitted by the Insurer simultaneously with the transfer of the total registration fees at the end of every month.
- iv. The insurer shall ensure that transfer of the registration fees to the SNA, MHIS shall only be made through a Bank Draft/Cheque in favour of the Chief Executive Officer, Megha Health Insurance Scheme, State Nodal Agency, Government of Meghalaya payable at Shillong. The insurer may also make the transfer through NEFT/RTGS or any other electronic transfers recognised by the Reserve Bank of India.

## **22. CREATION OF NEW DISTRICTS/BLOCKS IN THE SERVICE AREA**

- a. The insurer shall ensure that all terms under Part 2 or any applicable clause (s) of the Insurance Contract are fulfilled in a situation where the Government of Meghalaya creates a new district or a new block in the Service Area.
- b. Notwithstanding to anything that is mentioned under Clause 22 a, the Insurer shall also ensure that all terms under Part 2 or any applicable clause (s) of the Insurance Contract are fulfilled in a situation

that there is a change in the Government of Meghalaya's Administrative set-up in any district in the Service Area.

### **23. LIQUIDATED DAMAGES AND PENALTIES**

The performance of the Insurer shall be evaluated against the Performance KPIs/Penalties in the manner set out in Schedule 14 of the Insurance Contract.

#### **a) PAYMENT OF LIQUIDATED DAMAGES/PENALTIES**

- a. The Insurer shall pay the Liquidated Damages to the State Nodal Agency within 30 days of receipt of a written notice from the State Nodal Agency requesting payment thereof.
- b. If the Insurer delays payment of or fails to pay the Liquidated Damages within 30 days of receipt of a written notice from the State Nodal Agency, then the Insurer shall be liable to pay interest at the rate of 0.5% of the amount of Liquidated Damages due and payable to the State Nodal Agency for every 15 days of delay beyond the period stipulated above.
- c. If the Insurer fails to pay the Liquidated Damages within such 30-day period and/or the default interest thereon, the State Nodal Agency shall be entitled to deduct such amount from the Premium due and payable to the Insurer or to recover such amount as a debt due from the Insurer.
- d. Provided that no such deduction made by the State Nodal Agency from the renewal Premium shall be deemed as a failure to pay the renewal Premium for the renewal Policy Cover Period on or before the Renewal Premium Payment Date or the expiration of the Grace Period.
- e. The Insurer's total liability for Liquidated Damages shall be limited to the Aggregate Liquidated Damages Cap which shall mean the amount that is equal to 10% of the total Premium paid by the State Nodal Agency to the Insurer in such Policy Cover Period based on the Premium determined for such Policy Cover Period in accordance with Clause 8 A or Clause 8 C, but without making any deductions for Liquidated Damages paid or payable under Clause 23 or the refund of the Premium payable under Clause 8 B or any other deductions made or to be made in accordance with this Insurance Contract.
- f. Notwithstanding anything to the contrary contained in this Clause 23, the Insurer shall not be liable to pay any Liquidated Damages/penalties to the extent that the Insurer's performance has been affected by a Force Majeure Event.

#### **b) LIQUIDATED DAMAGES/PENALTIES REASONABLE**

- a. The Parties hereby acknowledge and agree that the provisions of this Clause 23 and Schedule 14 are reasonable, considering the losses and the actual costs that the State Nodal Agency and/or the Beneficiaries are likely to incur if the Insurer fails to achieve the Performance KPIs.
- b. The amounts of these Liquidated Damages are agreed upon and fixed hereunder by the Parties because of the difficulty of ascertaining the exact amount of losses and/or costs that will be

actually incurred by the State Nodal Agency and/or the Beneficiaries in such event, and the Parties hereby agree that such amounts are a reasonable and genuine pre-estimate of State Nodal Agency and/or Beneficiaries' probable loss (and are not in the nature of a penalty) and that such amounts shall be applicable regardless of actual costs and losses incurred.

**c) MEASURING KEY PERFORMANCE INDICATORS**

- a. A set of critical indicators where the performance level below the threshold limit set, shall attract liquidated damages/financial penalties and shall be called Key Performance Indicators (KPI). For list of KPIs, see Schedule 14 of the Insurance Contract.
- b. Performance shall be measured weekly/monthly/quarterly against the KPIs and the thresholds for each indicator.
- c. Indicator performance results shall be reviewed in the review meetings and reasons for variances, if any, shall be presented by the Insurer.
- d. All liquidated damages/penalties imposed by the SNA on the Insurer shall have to be paid by the Insurer within 30 days of such demand. Any delay of such payment shall attract provisions under Clause 23 a) b of the Insurance Contract.
- e. Based on the review the SNA shall have the right to issue rectification orders demanding the performance to be brought up to the levels desired as per the MHIS Guidelines.
- f. All such rectifications shall be undertaken by the Insurer within 30 days of the date of issue of such Rectification Order unless stated otherwise in such Order(s).
- g. At the end of the rectification period, the Insurer shall submit an Action Taken Report with evidences of rectifications done to the SNA.
- h. If the SNA is not satisfied with the Action Taken Report, it shall call for a follow up meeting with the Insurer and shall have the right to take appropriate actions within the overall provisions of the Insurance Contract between the SNA and the Insurer.

**d) GENERAL PROVISIONS REGARDING LIQUIDATED DAMAGES/PENALTIES**

- a. The payment of Liquidated Damages/penalties by the Insurer to the State Nodal Agency in any Policy Cover Period shall not affect the State Nodal Agency's right to:
  - i. Refuse renewal of all the Policies for the next Policy Cover Period.
  - ii. Cause a termination of this Insurance Contract in accordance with Clause 31.
- b. The Insurer irrevocably undertakes that it shall not, whether by legal proceedings or otherwise, contend that the Liquidated Damages/penalties are not reasonable or put the State Nodal Agency to the proof thereof, or further contend that its agreement to such sum and undertaking as

aforesaid were arrived at by force, duress, coercion, mistake or misrepresentation on the part of the State Nodal Agency.

- c. The Insurer represents and warrants to the State Nodal Agency that it is not prohibited by any applicable Laws, including but not limited to the Insurance Act and the Health Insurance Regulations, to pay the Liquidated Damages/penalties in accordance with this Clause 23. The Insurer makes this representation and warranty on the date of entering into this Insurance Contract and shall be deemed to repeat such representation and warranty on each day of each Policy Cover Period.
- d. If, for any reason, this Clause 23 is found to be void, invalid or otherwise inoperative so as to disentitle the State Nodal Agency from claiming Liquidated Damages/penalties, then the State Nodal Agency will be entitled to claim damages at law for the Insurer's failure to meet the Performance KPIs.
- e. The Insurer waives its right to claim a set-off of the Liquidated Damages payable by it to the State Nodal Agency against any Premium due and payable or to become/penalties due to it by the State Nodal Agency.
- f. The payment of Liquidated Damages/penalties shall not relieve the Insurer from its obligations under the Insurance Contract.

### **PART 3**

#### **OTHER OBLIGATIONS REGARDING IMPLEMENTATION OF MHIS 6**

#### **24. SERVICES BEYOND SERVICE AREA**

- a. To ensure true portability of the MHIS and PMJAY implementation and to provide the Beneficiaries with seamless access to health care services across the Empanelled Health Care Providers and the PMJAY Network Hospitals anywhere across India, the Insurer shall enter into arrangements with ALL other insurance companies that have been awarded contracts under PMJAY or that utilize the PMJAY framework to allow the sharing and transfer of Claims and transaction data arising in areas beyond the Service Area.  
Notwithstanding anything to the contrary in the foregoing paragraph, the Parties agree that persons/families eligible under the PMJAY who are not residents in the Service Area shall not have access to OPD/Day Care procedures or any other such packages that are not available as benefits under the PMJAY in any empanelled health care provider by the Insurer.
- b. The Insurer and such other insurance companies shall share inter-insurance Claims in the prescribed format through web-based interface and within the timelines as prescribed by the MHIS 6 Guidelines. Thereafter, the Insurer and such other insurance companies shall settle such inter-insurance Claims within the timelines prescribed in the MHIS Guidelines. Processing and settlement of inter insurance claims shall be adhered to the guidelines as given under Schedule 5 of the contract document.



## **25. BUSINESS CONTINUITY PLAN**

### **(i) ACKNOWLEDGEMENT BY THE INSURER**

The insurer acknowledges that:

- a. The implementation of MHIS 6 depends on technology and related aspects of the beneficiary identification software and the transaction management software, in order to provide Cashless Access Services to the Beneficiaries under MHIS 6; and
- b. Unforeseen technology and delivery issues may interrupt the provision of Cashless Access Services.

### **(ii) BUSINESS CONTINUITY MEASURES**

The Insurer agrees that if, in the implementation of MHIS 6 and use of the prescribed technology and systems, there is an issue causing interruption in the provision of Cashless Access Services, the Insurer shall:

- a. Make all efforts to put in place an alternate mechanism to ensure continued provision of Cashless Access Services to the Beneficiaries in accordance with the methodology prescribed in the MHIS Guidelines;
- b. Take all necessary measures to fix the technology or related issues to bring the Cashless Access Services back onto the online platform; and
- c. Furnish all data/information in relation to the cause of interruptions, the delay or other consequences of interruptions, the mitigating measures taken by the Insurer and any other related issues to the State Nodal Agency.

## **26. CALL CENTRE SERVICES**

### **(i) CALL CENTRE SERVICES**

**Call Centre Services** shall mean toll free telephone services provided for the guidance and benefit of the Beneficiaries regarding utilization of the Covers and understanding about the implementation of MHIS 6 including addressing of grievances.

### **(ii) INSURER'S OBLIGATIONS IN RELATION TO CALL CENTRES SERVICES**

- a. The cost of operating the Call Centre Services, including the cost of operating the toll-free number, the telecom equipment, the call centre and the manpower, shall be borne solely by the Insurer.

- b. The insurer should ensure that the call centre should have a dedicated line exclusively for MHIS and located in Shillong.
- c. The Call Centre Services shall be operated for 24 hours a day, 7 days a week and round the year.
- d. The Insurer shall ensure that in providing the Call Centre Services, it shall provide all necessary information regarding MHIS 6, benefits available to Beneficiaries, information on the hospital network under the MHIS 6 and information on Medical Treatments, Surgical Procedures, Day Care Treatments, OPD Benefits and Follow-up Care provided by the Empanelled Health Care Providers as well as addressing grievances to/of any person calling the state toll-free number. The call centre shall have access to all relevant information, including the Beneficiary details and details of their usage of the Covers, so that any queries raised can be satisfactorily answered.
- e. The insurer shall ensure that the call centre services include beneficiary outbound calls, to gather feedback from beneficiaries regarding the scheme. The insurer will be responsible to conduct outbound calls on a monthly basis targeting a minimum of 200 beneficiaries of the discharged beneficiaries and 100 beneficiaries of the registered beneficiaries. The target list shall be provided by the SNA.
- f. The recruitment/appointment of the operators shall be done in coordination with the SNA. The remuneration of such operators shall be the responsibility of the insurer.

**(iii) SNA'S OBLIGATIONS IN RELATION TO CALL CENTRE SERVICES**

The SNA endeavours that the quality of such calls handled by the Call Centre is maintained and that resolutions are issued. The calls made or received through the Call Centre Services shall be subjected to evaluation and audits. The number of calls to be evaluated and audited shall be determined by the SNA.

**(iv) TOLL FREE NUMBER**

The Insurer shall operate a state toll free number with a facility of a minimum of 3 lines. Subjected to any increase in the call flow, the insurer shall ensure that additional lines are installed to handle such calls. Number of additional lines shall be determined by the insurer in coordination with the SNA.

**(v) HELP DESK**

The insurer shall operate the State Help Desk which will be operational during Office hours (1000 – 1700 Hours) for 6 days a week (Monday – Saturday) excluding State and National Holidays.

**(vi) LANGUAGE**

The Insurer undertakes to provide the Call Centre Services to the Beneficiaries in Hindi, English and in the local languages (Khasi, Jaintia and Garo).

**(vii) INSURER TO INFORM BENEFICIARIES**

The Insurer shall inform all the Beneficiaries about the state toll free number along with addresses and other telephone numbers of the Insurer's Project Office and the insurer's District Office.

**27. MANAGEMENT INFORMATION SYSTEM (MIS) SERVICE**

- a. The Beneficiary Identification Software and the Transaction Management Software have been designed in a manner that the SNA can automatically generate reports related but not limited to information on registered beneficiaries and households district wise, claims utilisation information hospital wise, district wise, medical and surgical utilisation wise, information reported through the CGRMS and any other information relevant to the implementation of MHIS 6.
- b. Notwithstanding to the terms mentioned under Clause 27 a), the Insurer shall ensure that compilation and submission of reports related but not limited to registration, claims utilisation, medical and beneficiary audit and other relevant reports are provided to the SNA as and when such reports are required by the SNA. The SNA shall ensure that formats for such information to be submitted is shared with the insurer as deemed necessary by the SNA.
- c. All data/information generated by the Insurer in relation to the implementation and management of MHIS 6 and/or in performing its obligations under this Insurance Contract shall be the property of the State Nodal Agency. The Insurer undertakes to handover all such information and data to the State Nodal Agency within 10 days of the expiration or cancellation of any Policy for that district and on the expiration or early termination of this Insurance Contract.

**28. REPORTING, MONITORING AND CONTROL**

**a. REPORTS**

- a. Without prejudice to the Insurer's obligations under Clause 27 above, the Insurer shall ensure that the District Kiosks generate reports related to its functions and shall be shared with the SNA on a monthly basis. These reports should primarily include but not limited to number of registration of beneficiaries and the amount of registration fees collected and transferred to the SNA. The format of the reports is given in Annexure 9. The insurer shall also require to submit reports to the SNA for such activities as mentioned under Clause 10, 26, 28 b, c, d, e, or any other reports as required by the SNA.
- b. The insurer shall also prepare periodic analysis of trends and shall promptly provide written reports on such trends analysis to the State Nodal Agency. The periodic analysis of trends shall also include those that are listed at Schedule 12 and shall cover the potential frauds also listed at Schedule 12.

**b. MEDICAL AUDITS**

- i. The Insurer shall carry out regular inspection of the Empanelled Health Care Providers and conduct periodic medical audits, to ensure proper care and counselling for the Beneficiaries

at Empanelled Health Care Providers, by coordinating with the authorities of the Empanelled Health Care Providers.

- ii. The Insurer shall ensure that the total number of medical audit of claims shall be a minimum of 3% of the total cases hospitalised in each of the Empanelled Health Care Provider in the current quarter.
- iii. The medical audit will include a review of medical notes and a review of the medical appropriateness in the formats specified in Annexure 4. The medical cases to be audited will be identified randomly or can be specified by the Insurer's audit team for specific conditions or cases.

The medical audit should compulsorily be done by a qualified Medical Practitioner (necessary qualifications such as MBBS, BHMS, BAMS) who is a part of the Insurer's or the TPA's organization or is otherwise duly authorized to undertake such medical audit by the Insurer or the TPA.

- iv. The process of conducting medical audit is set out below:
  - a. The insurer shall extract claims to be audited specific to each EHCP. The insurer can extract any claim utilised at the EHCP but should endeavour to list extract claims to be audited on the basis of the list of Fraud Triggers as given in Schedule 12 of the Insurance Contract.
  - b. The audit should preferably be conducted in the presence of the hospital physician/treating doctor.
  - c. While cross examining the Beneficiaries, the indoor Claims file should be made available by the authority of the Empanelled Health Care Provider. The auditor shall review the complete file and note down the anomalies observed in the audit sheet.
  - d. If any triggered Beneficiary is already discharged, only the indoor file shall be examined and the auditor shall note down the anomalies observed in the audit sheet.
  - e. Scanned /photocopy of indoor files of all examined/triggered Beneficiaries shall be compulsorily collected from the EHCP as deemed fit by the auditor. The formats used for Medical Audits should be handed over to the auditor duly signed by the authority of the EHCP.
  - f. Finally, the auditor shall discuss all anomalies observed with the treating doctor and seek his explanation/opinion on a case-to-case basis and the report shall be signed by both the auditor and the authority of the Empanelled Health Care Provider. The report should also mention any Fraudulent Activity identified during the medical audit.

- v. During the medical audit, the Insurer's audit team shall also conduct Beneficiary Audit with Beneficiaries who are admitted by the EHCP during the audit period. The format for Beneficiary Audit is given in Annexure 8 of the Insurance Contract.
- vi. The insurer shall ensure that 100% of the Mortality Claims are audited through Medical Audit. The Mortality Medical Audits shall be counted as part of the 3% Medical Audit that is required in a quarter.

Subjected to any guidelines that may be issued by the Department of Health, Government of Meghalaya or any changes in the MHIS 6 guidelines, the State Nodal Agency may constitute a Mortality Audit Committee that will also comprise of representation of the Insurer's representatives.

- vii. The insurer shall compile the observations during the Medical Audit in a format to be shared by the SNA. The compiled observations shall be submitted to the SNA on a weekly basis. The SNA shall evaluate the observations made by the insurer. In an instance where the SNA has made any observation, the insurer shall undertake actions as directed by the SNA within a specified timeframe.
- viii. In addition to the corrective measures that is undertaken under Clause 28 b) iv f above, the insurer shall also issue letters to the concerned EHCP on the discrepancies observed. The insurer, at its discretion, shall also evaluate the repetitiveness of EHCPs in committing such discrepancies. The insurer as it deems fit may highlight such repetitive EHCPs on the discrepancies at the DGRCs, EHCP Review meetings and others.
- ix. The SNA shall also initiate corrective measures/actions on the basis of the compiled reports sent by the insurer. The SNA shall also undertake actions against EHCPs on the discrepancies reported. Actions/Measures will include but not limited to issuance of letters, issuing show cause notices, imposing penalties, suspension and de-empement of EHCP.

#### **c. NATIONAL ANTI-FRAUD UNIT TRIGGERED CASES**

- i. The National Anti-Fraud Unit may trigger claims for audit to be conducted on a frequent basis during the Policy Period.
- ii. The claims triggered by the NAFU shall affect the normal claims management procedure such as claims management timeline.
- iii. The SNA shall share such cases with the insurer for audits, preferably desk audits to be conducted on a weekly basis. The format and methodology for submission of reports of such audits shall be shared by the SNA.
- iv. Based on the discretion of the SNA or the insurer some or all of these claims may require complete Medical Audit.
- v. Once Medical Audit is conducted on such claims, these audited claims will also be considered as part of the number of claims audited as given in Clause 28 b) ii. of the

Insurance Contract. Medical audit process as given in Clause 28 b) of the Insurance Contract shall be applicable for these claims.

**d. BENEFICIARY AUDITS**

The insurer shall conduct Beneficiary Audit by meeting a Beneficiary while Medical Audit is conducted or by meeting the Beneficiary at his/her residence after the beneficiary is discharged from the EHCP.

- a. The insurer shall at all times review the condition of the beneficiary during the inpatient stay and check if such audit can be conducted.
- b. The insurer shall ensure that the beneficiary gives his/her consent before Beneficiary Audit is conducted.
- c. The insurer shall use the format as given in Annexure 8 in the Insurance Contract for the purpose of Beneficiary Audit.
- d. The total number of beneficiaries to be audited is given as follows:

Sl No.	District	No. of Beneficiary Audit/Week
1	East Jaintia Hills	1
2	West Jaintia Hills	3
3	Ri Bhoi	2
4	East Khasi Hills	7
5	South West Khasi Hills	1
6	West Khasi Hills	2
7	East Garo Hills	1
8	North Garo Hills	1
9	West Garo Hills	1
10	South West Garo Hills	1
11	South Garo Hills	1
<b>Total in Meghalaya</b>		<b>21</b>

- e. The number of beneficiaries to be audited shall be inclusive of the beneficiary audit which is to be conducted as per Clause 28 b) v of the Insurance Contract.
- f. The insurer shall ensure that at least 70% of the number of Beneficiary Audit should represent the beneficiaries where Medical Audit has been conducted.
- g. The insurer shall ensure that the report is signed by both the auditor and the beneficiary/beneficiary's party upon completion of the Beneficiary Audit.
- h. The auditor should take a photograph or make a video recording of the Beneficiary or the head of the household holding the e/paper card to certify that the auditor has met the correct person.
- i. The auditor shall cross-check the laboratory or diagnostic reports to understand the diagnosis of the Beneficiary's disease, illness or accident that results in a requirement for a medical or surgical treatment, procedure or intervention requiring Hospitalization or Day Care

Treatment. The auditor shall collect one copy of all such reports and cross-check them against copies of reports collected from the EHCP.

- j. Where the auditor has made a house-visit to the Beneficiary, the documentary evidence collected (like Beneficiary statement, videography) shall be studied and its authenticity shall be tested.
- k. The insurer shall educate the beneficiary on the features of MHIS 6, share feedback on any deficiency in the services provided by the EHCP observed during the audit and submit a compiled report to the SNA on a weekly basis as per the format to be shared by the SNA.
- l. The SNA shall evaluate the reports sent by the insurer. In an instance where any action is required to be taken after the evaluation, the insurer shall undertake such actions as directed by the SNA within a specified timeframe.

**e. PRE-AUTHORISATION AUDITS**

The insurer shall conduct 10% of the total pre-authorisation claims across disease specialities. The SNA as and when desired shall audit 2% of the 10% Pre-Authorisation audits conducted by the insurer.

**f. CLAIMS AUDIT (APPROVED CLAIMS)**

The insurer shall conduct an audit of 10% on all Approved Claims. The SNA as and when desired shall audit 3% of the total 10% Approved Claims audited by the insurer.

**g. AUDITS TO BE CONDUCTED BY THE STATE NODAL AGENCY**

- i. Audit of the audits undertaken by the Insurer: The SNA shall have the right to undertake sampled audits of all audits undertaken by the Insurer.
- ii. Direct Audits: In addition to the audit of the audits undertaken by the Insurer referred in Clause 28 g I, the SNA shall have the right to undertake direct audits on a regular basis conducted either directly by it or through its authorized representatives/ agencies including appointed third parties. Direct audits shall include:
  - a. Medical Audit of Claims.
  - b. Beneficiary Audit.
  - c. Desk Audit of NAFU Triggered Claims.
- iii. Concurrent Audits: The SHA shall have the right to set up mechanisms for concurrent audit of the implementation of the Scheme and monitoring of Insurer's performance under this Insurance Contract.
- iv. The SNA shall undertake audit of 100% of the rejected claims. The SNA in its best efforts shall audit the rejected claims at least twice in a month during the policy period.

- v. In a scenario where the SNA has observed that a claim(s) has been rejected incorrectly by the insurer, necessary information regarding the claim shall be sent to the insurer for the claim to be re-opened for processing and payment as applicable.

#### **h. AUDIT REPORTS**

The insurer shall submit a report to the State Nodal Agency within 7 days of the end of each month during the Policy Cover Period regarding the medical and beneficiary audits conducted in that month.

- a. The number of EHCP where Medical Audit has been conducted during the month.
- b. The name of the ECHP along with the number Medical Audit conducted during the month.
- c. The name and number of the EHCPs where letters have been issued during the month.
- d. The number of beneficiaries audited and the beneficiaries' details like names, gender, age and other contact details district wise.
- e. A summary of the beneficiaries' response primarily pertaining to the following points:
  - i. Beneficiaries who were not informed of the value of the Medical Treatment or Surgical Procedure or Day Care Treatment or Follow-up Care or OPD Benefits provided or conducted by the EHCP.
  - ii. Beneficiaries who were not informed of the remaining balance of the sum insured.
  - iii. Beneficiaries who were asked to pay for medicines or Screening during Hospitalization, Follow-up Care or OPD Benefits.
  - iv. Any other additional information that the insurer wants to share with regard to the observations made during the Medical or Beneficiary Audit.

#### **i. STATE ANTI-FRAUD UNIT**

- (i) The GoM through its Notification/Order No. Health.140/2016/244 Dated Shillong, the 21<sup>st</sup> May, 2019 has constituted the State Anti-Fraud Unit which comprises of the following members:
  - a) The Joint Chief Executive Officer and DHS (MCH&FW), Govt. of Meghalaya – Chairman.
  - b) State Manager, MHIS – Member Secretary.
  - c) Monitoring and Control Officer, MHIS – Member.
  - d) Claims Officer, MHIS – Member.
  - e) Grievance and Redressal Manager, MHIS – Member.
  - f) Medical Officer, MHIS – Member.
  - g) State Coordinator, Insurer – Member.
  - h) Medical Officer, Insurer – Member.



- (ii) The State Anti-Fraud Unit shall have the following functions as may be applicable (list not exhaustive):
- a) To review the rejected claims that have been audited in case there is a dispute in the opinion between the SNA and the insurer.
  - b) To review decisions undertaken by the insurer with regard to suspension or de-empement of an EHCP.
  - c) To review any fraudulent activity that may be detected at the EHCP, fraudulent activity committed by a beneficiary, the insurer or its TPA or any stakeholder who is involve in the implementation of MHIS 6.
  - d) To undertake fraud investigations and prepare investigation reports as required.
  - e) To ensure that the state anti-fraud guidelines are consistent with the national anti-fraud guidelines. To liaise with the National Anti-Fraud Unit for any new/modified anti-fraud guidelines.
  - f) To develop, review and update anti-fraud guidelines based on the emerging trends for service utilisation and monitoring data.
  - g) Take *suo moto* action based on prima facie evidence as deemed appropriate.

**j. STATE NODAL AGENCY'S RIGHTS IN RELATION TO MONITORING AND CONTROL**

The State Nodal Agency may either directly or through an independent third party:

- a) Collect feedback regarding the implementation of MHIS 6 (including feedback from Beneficiaries regarding awareness of MHIS 6), the availability of the benefits under the Covers to the Beneficiaries and the effectiveness of the Cashless Access Service; or
- b) Conduct periodic audits of the pre-authorization, Claims and medical audits conducted by the Insurer or the TPA; or
- c) Conduct periodic audits of the District Kiosks maintained by the Insurer, to check the post-issuance obligations of the District Kiosks in relation to the E/Paper Cards issued to the Beneficiary/Beneficiary Family Units; or
- d) Conduct periodic audits of complaints, complaint resolution and the management of the grievance redressal committees.

**k. STATE NODAL AGENCY'S OBLIGATIONS IN RELATION TO MONITORING AND CONTROL**

The State Nodal Agency shall have the following obligations in relation to monitoring and control of the implementation of MHIS 6 and the Insurer's performance of its obligations:

- a) To organize periodic review meetings with the Insurer to review the implementation of the MHIS 6. In the first 6 months of the first Policy Cover Period, such periodic review meetings shall be held on a fortnightly basis. Thereafter, the Parties shall meet on a monthly basis.
- b) To optionally set-up a server at the State level to store the registration data, Hospitalization and other data received from the Insurer for all the districts.
- c) The work with the technical team of the Insurer to study and analyse the data for improving the implementation of MHIS 6.
- d) To run the District Grievance Redressal Committee and the State Grievance Redressal Committee in accordance with the MHIS Guidelines.

## **29. PROVISION OF SERVICES BY INTERMEDIARIES**

### **a. RIGHT TO APPOINT INTERMEDIARIES OR SERVICE PROVIDERS**

- i. Subject to Clause 15 c) the Insurer may enter into service agreement(s) with one or more intermediary institutions or service providers, to ensure effective implementation and outreach of MHIS 6 to Beneficiary Family Units and to facilitate usage of the Covers provided by the Insurer to the Beneficiaries.
- ii. The Insurer shall be responsible for compensating any intermediaries or service providers that are appointed by it, without seeking any change or increase in the Premium or charging the State Nodal Agency with any additional commission or fee.
- iii. The appointment of intermediaries or service providers shall not relieve the Insurer from any liability or obligation arising under or in relation to the performance of obligations under this Insurance Contract and the Insurer shall at all times remain solely responsible for any act or omission of its intermediaries or service providers, as if it were the acts or omissions of the Insurer.
- iv. The Insurer shall be responsible for ensuring that its service agreement(s) with intermediaries and service providers include provisions that vest the Insurer with appropriate recourse and remedies, in the event of non-performance or delay in performance by such intermediary or service provider.
- v. The Insurer shall procure that each service agreement that it enters into with an intermediary or service provider shall contain provisions that entitle the State Nodal Agency or its nominee to step into such service agreement, in substitution of the Insurer, upon the expiration and/or termination of this Insurance Contract in accordance with the terms hereof.
- vi. The Insurer shall notify the State Nodal Agency of the intermediaries or service providers that it wishes to appoint on or before the date of execution of this Insurance Contract.

**b. APPOINTMENT OF THIRD-PARTY ADMINISTRATORS**

- i. The Insurer may appoint TPAs or similar agencies to:
  - a. Manage and operate the registration drive/beneficiary identification process;
  - b. Manage and operate the District Kiosk(s);
  - c. Manage and operate the Call Centre Services;
  - d. Manage and operate the Claims settlement process, provided that the TPA shall not exercise the right to settle or reject Claims other than in accordance with the Health Insurance Regulations;
  - e. Conduct field audits at registration stations, medical audits of Empanelled Health Care Providers and Beneficiary audits; and
- ii. The Insurer shall only hire a TPA that meets the criteria set out in Schedule 13.
- iii. The Insurer shall enter into a services agreement with the TPA at the time of signing of this Insurance Contract and submit a redacted copy to the State Nodal Agency. The services agreement with the TPA shall contain the mandatory clauses provided in Schedule 13.

**c. APPOINTMENT OF E/PAPER CARD PROVIDERS/OTHER SERVICE PROVIDERS**

- a. The insurer may appoint E/Paper Card Service Provider(s) to:
  - i. Manage and operate the beneficiary identification process;
  - ii. Procure install and maintain the Hospital IT Infrastructure at the premises of the Empanelled Health Care Providers;
  - iii. Manage and conduct the training of the Empanelled Health Care Providers and their personnel on the Cashless Access Services and the Claims process;
- b. The Insurer shall only hire a Service Provider that has been accredited by the Quality Council of India, in accordance with the MHIS Guidelines.
- c. The Insurer shall enter into a services agreement with such Service Provider at the time of signing of this Insurance Contract and submit a redacted copy to the State Nodal Agency.

**d. NON-GOVERNMENT ORGANISATIONS (NGOS) OR OTHER SIMILAR AGENCIES**

- a. The Insurer may appoint non-government organisations (NGOs) or similar agencies to:
  - i. Conduct awareness campaigns on a rolling basis in villages to increase awareness of MHIS 6 and its key features;

- ii. Mobilise all eligible Beneficiary Family Units in all districts of the State for registration under MHIS 6 and to facilitate their registration or subsequent re-registration as the case may be;
  - iii. Ensure that the Beneficiary Database is publicly available and displayed, in collaboration with government officials;
  - iv. Provide guidance to the Beneficiary Family Units wishing to avail of benefits provided under MHIS 6 and facilitating their access to such services as may be needed;
  - v. Provide publicity in their catchment areas on basic performance indicators of MHIS 6 and the Empanelled Health Care Providers;
  - vi. Assist the Beneficiary Family Units in making complaints or raising grievances with the relevant Grievance Redressal Committee; or
  - vii. Provide any other service as may be mutually agreed between the Insurer and such intermediary agency.
- b. The Insurer shall enter into services agreements with non-governmental organisations or such other parties as the Insurer deems necessary, to ensure effective outreach and delivery of Covers and benefits under MHIS 6.

#### **PART 4 GRIEVANCE REDRESSAL**

### **30. GRIEVANCE REDRESSAL**

#### **A. GRIEVANCE REDRESSAL COMMITTEES**

The Insurer and the State Nodal Agency shall establish the following Grievance Redressal Committees to address grievances of various stakeholders at different levels:

##### **a) District Grievance Redressal Committee**

The State Nodal Agency shall constitute the DGRC in each district within 15 days of execution of this Insurance Contract. The constitution of each DGRC shall be as follows:

- (i) The District Magistrate or an officer of the rank of Addl. District Magistrate or Chief Medical Officer, who shall be the Chairman of the DGRC;
- (ii) The CMO/ CMOH/ DM&HO/ DHO or equivalent rank officer shall be the Convener of the DGRC.
- (iii) Representative from the Insurer, who shall be a member of the DGRC;

(iv) The District Grievance Nodal Officer (DGNO) which may be notified to the District Programme Manager, MHIS.

(v) The DGRC may invite other experts for their inputs for specific cases.

**b) State Grievance Redressal Committee**

This will be constituted by the State Nodal Agency within 15 days of signing of MoU with the Central Government. The State Grievance Redressal Committee will comprise of at least the following members:

- (i) Secretary Health and Family Welfare Department, Govt. of Meghalaya /Chief Executive officer MHIS – Chairman.
- (ii) Joint Chief Executive Officer MHIS - Convener.
- (iii) Director of Finance, MHIS - Member.
- (iv) Grievance Manager, MHIS – Member.
- (v) State Manager, Monitoring and Control Officer, Claims Officer, MHIS – Members.
- (vi) Representative from the Insurer – Member.
- (vii) SNA/GoM may co-opt more members for this purpose.

**c) State Appellate Authority**

Additional Chief Secretary/Principal Secretary/Commissioner and Secretary Health and Family Welfare, Govt. of Meghalaya shall be the State Appellate Authority.

**d) National Grievance Redressal Committee**

National Grievance Redressal Committee (NGRC) shall be proposed by the Ministry of Health and Family Welfare/National Health Authority from time to time at the National level. The present constitution of National Grievance Redressal Committee is as under:

- (i) Deputy CEO of National Health Authority (NHA)-Chairperson.
- (ii) Head Beneficiary Engagement Division (NHA) – Convener.
- (iii) Representative of Finance Division (NHA).
- (iv) Representative of IRDAI/ Member of General Insurance Corporation.
- (v) Other experts for specific cases as determined by the Chairperson or the Convener on behalf of the Chairperson.

## **B. MEETING SCHEDULE OF COMMITTEES**

The DGRC & SGRC meeting should be conducted at least once in each quarter, on a regular basis. The date/day can be fixed by the state/district based on the convenience and availability of the members of the committee.

## **C. LODGING OF COMPLAINTS**

- a.** If any stakeholder has a complaint (complainant) against any other stakeholder during the subsistence of the Policy Cover Period or thereafter, in connection with the validity, interpretation, implementation or alleged breach of this Insurance Contract or a Policy or of the terms of their agreement (for example, the Services Agreement between the Insurer, the TPA and an Empanelled Health Care Provider; or the services agreement between the insurer and the TPA) then such complainant may lodge a complaint by phone (Toll free and help Desk number), online through the CGRMS and the MHIS portal, letters, emails, walk-in or directly with the DGNO and the SGNO.
- b.** For the purpose of this Clause 30 C, a stakeholder includes: any Beneficiary; an Empanelled Health Care Provider; a De-empanelled Health Care Provider; the Insurer or its employees; a TPA; any other intermediary appointed by the Insurer; the State Nodal Agency or its employees or nominated functionaries for implementation of MHIS 6 (i.e. DKMs, State Nodal Officer, etc.); and any other person having an interest or participating in the implementation of MHIS 6 or entitled to benefits under the Covers.
- c.** A complainant may lodge a complaint in the following manner:
  - i.** Directly with the DGNO of the district where such stakeholder is located or where such complaint has arisen and if the stakeholder is located outside the Service Area, then with any DGNO located in the Service Area; or
  - ii.** With the State Nodal Agency or with NHA. If a complaint has been lodged with the State Nodal Agency or with NHA, they shall forward such complaint to the concerned DGNO.
- d.** Upon a complaint being received by the DGNO, the DGNO shall decide whether the substance of the complaint is a matter that can be addressed by the stakeholder against the complaint is lodged or whether such matter requires to be dealt with under the grievance redressal mechanism.

If the DGNO decides that the complaint must be dealt with under the grievance Redressal mechanism, the DGNO shall refer such complaint to the convenor of the relevant Grievance Redressal Committee depending on the nature of the complaint after which the procedure set out in Clause 30 E shall apply. Such decision will be made by reference to the matrix set out in Schedule 15 of the insurance contract.

For all grievances received by the call centre, call centre executives shall register the details of the grievance in the CGRMS portal as per defined format. The grievance will appear in the login of concerned Grievance Nodal Officer.

The DGNO shall enter the particulars of the grievances which are received in the form of letter, telephonic, fax or direct walk-in cases on the CGRMS portal established by the NHA.

The CGRMS will automatically generate a Unique Grievance Number (UGN), categorize the nature of the grievance and an auto SMS sent to the stakeholder.

#### **D. REDRESSAL OF COMPLAINTS**

While redressing the grievances directly by the DGNO/SGNO

- a. The grievance officer should analyse the case and seek explanation from the stakeholder/s against whom the grievance is being lodged either by sending an email or letter.
- b. The stakeholder against whom a grievance has been lodged must send its comments/response to the aggrieved party with copy to the DGNO/SGNO within 7 days. If the grievance is not addressed within such 7 days' period, the DGNO/SGNO shall send a reminder for redressal within a time period specified by the DGNO/SGNO.
- c. The DGNO/SGNO shall try to resolve the grievance by forwarding the same to Action Taking Authority (ATA). If the grievance is not resolved or comments are not received within 15 days of the grievance, then the matter may be referred to relevant Grievance Redressal Committee.
- d. If the DGNO/SGNO is satisfied that the comments/ response received from the stakeholder satisfactorily addresses the grievance(s), then the DGNO/SGNO shall communicate this to the aggrieved party by Letter/e-mail/SMS/telephone and update on the CGRMS portal.
- e. If the DGNO/SGNO is not satisfied with the comments/ response received or if no comment/ response is received from the stakeholder despite a reminder, then the DGNO/SGNO shall refer such grievance to the Convener of the relevant Grievance Redressal Committee.

#### **E. GRIEVANCE REDRESSAL MECHANISM**

All the cases which are appealed against the orders of the grievance officer must be placed before the concerned grievance redressal committee.

- a. The Convener of the relevant Grievance Redressal Committee shall place the grievance before the Grievance Redressal Committee for its decision at its next meeting.
- b. Each grievance shall be addressed by the relevant Grievance Redressal Committee within a period of 30 days of the receipt of the grievance. Depending on the urgency of the case, the Grievance Redressal Committee may decide to meet earlier for a speedier resolution of the grievance.
- c. The relevant Grievance Redressal Committee shall arrive at a logical decision within 30 days of receipt of the grievance. All such decisions shall be based on the principles of natural justice (including giving the parties a reasonable opportunity to be heard) and be taken by majority vote of its member's present.

- d. If any party to a grievance is not satisfied with the decision of the relevant Grievance Redressal Committee, it may appeal against the decision within 30 days to the higher Grievance Redressal Committee or other authority having powers of appeal.
- e. If an appeal is not filed within 30-day period, the aggrieved party shall lose its right to appeal, and the decision of the original Grievance Redressal Committee shall be final and binding.
- f. A Grievance Redressal Committee or any other authority having powers of appeal shall dispose of an appeal within 30 days of receipt of the appeal. Such decision shall be given after following the principles of natural justice, including giving the parties a reasonable opportunity to be heard. The decision of the Grievance Redressal Committee or other authority having powers of appeal shall be final and binding.

#### **F. PROCEEDINGS INITIATED BY THE STATE NODAL AGENCY**

The State Nodal Agency shall have a standing to initiate *sou-moto* proceedings and to file a complaint on behalf of itself and Beneficiaries under this Insurance Contract.

#### **G. COMPLIANCE WITH ORDERS OF GRIEVANCE REDRESSAL COMMITTEES**

- a. The Insurer shall ensure that all orders of the Grievance Redressal Committees by which it is bound are complied with within 30 days of the issuance of the order, unless such order has been stayed on appeal.
- b. If the Insurer fails to comply with the order of any Grievance Redressal Committee within such 30-day period, the Insurer shall be liable to pay a penalty of ₹ 25,000 for the first month of such non-compliance and ₹ 50,000 per month thereafter until the order of such Grievance Redressal Committee is complied with. The Insurer shall be liable to pay such penalty to the State Nodal Agency within 15 days of receiving a written notice.
- c. On failure to pay such penalty, the Insurer shall incur an additional interest at the rate of 1% of the total outstanding penalty amount for every 15 days for which such penalty amount remains unpaid.

### **PART 5**

#### **OTHER TERMS AND CONDITIONS**

#### **31. TERM AND TERMINATION**

##### **A. TERM**

This Insurance Contract shall become effective on the date of its execution and shall continue to be valid and in full force and effect until:



- a) Expiration of the Policy Cover Period under each Policy issued under this Insurance Contract, including all renewals thereof;
- b) The discharge of all the Insurer's liabilities for all Claims made by the Empanelled Health Care Providers on or before the date of expiration of the Policy Cover Period for each Policy, including all renewals thereof. For the avoidance of doubt, this shall include a discharge of the Insurer's liability for all amounts blocked of the Beneficiaries before the date of expiration of such Policy Cover Period; and
- c) The discharge of all the Insurer's liabilities to the State Nodal Agency, including for refund of any Premium for any of the previous Policy Cover Periods and for payment of Liquidated Damages.

The Insurer undertakes that it shall discharge all its liabilities in respect of all such Claims raised in respect of each Policy and all of its liabilities to the State Nodal Agency within 45 days of the date of expiration of the Policy Cover Period (including all renewals thereof) for that Policy.

The period of validity of this Insurance Contract shall be the **Term**, unless this Insurance Contract is terminated earlier in accordance with Clause 31 B.

Notwithstanding to anything that is mentioned in this clause 31 A, the insurer shall ensure continuation of the services under clause 26 (ii) e and clause 28 a-h or any other clause which may be related to conducting medical audits, mortality audits, beneficiary audits, beneficiary outbound calls, submission of reports, submission of registration fees, undertake actions as recommended by the SNA. The completion of such activities and submission of the reports is subjected to the reasonable satisfaction of the SNA.

#### **B. TERMINATION BY THE STATE NODAL AGENCY**

- a) The State Nodal Agency shall have the right to terminate this Insurance Contract upon the occurrence of any of the following events (each an **Insurer Event of Default**), provided that such event is not attributable to a Force Majeure Event:
  - a. The Insurer fails to duly obtain a renewal of its registration with the IRDAI or the IRDAI revokes or suspends the Insurer's registration for the Insurer's failure to comply with applicable Insurance Laws or the Insurer's failure to conduct the general or health insurance business in accordance with applicable Insurance Laws or the code of conduct issued by the IRDAI; or
  - b. The Insurer has failed to make any Claim Payments in respect of Claims validly raised in accordance with this Insurance Contract, where its outstanding liabilities in respect of such Claims is in excess of ₹ 10,000,000; or
  - c. The Insurer's average Turn-around Time over a period of 90 days is in excess of 30 days per Claim; or
  - d. The Insurer's Pure Claim Ratio is found to be less than 30% in any Policy Cover Period, based on the actuarial certificate submitted by the Insurer's Appointed Actuary in accordance with Annexure 6; or

- e. The Insurer has failed to pay any of the Liquidated Damages within 60 days of receipt of a written notice from the State Nodal Agency requesting payment thereof under Clause 23 a); or If at any time any payment, assessment, charge, lien, refund of premium, penalty or damage herein specified to be paid by the Insurer to the SNA, or any part thereof, shall be in arrears and unpaid within 60 days of receipt of a written notice from the SNA requesting payment thereof; or
  - f. The Insurer's liability for Liquidated Damages for any Policy Cover Period would (but for those limits) exceed the Aggregate Liquidated Damages Liability Cap; or
  - g. The Insurer amends or modifies or seeks to amend or modify the Premium or the terms and conditions of the Covers for any renewal Policy Cover Period in breach of Clause 8 G; or
  - h. The Insurer engaging or knowingly has allowed any of its employees, agents, tenants, contractor or representative to engage in any activity prohibited by law or which constitutes a breach of or an offence under any law, in the course of any activity undertaken pursuant to the Insurance Contract; or
  - i. The Insurer has been adjudged bankrupt or become insolvent; or
  - j. There has been any petition for winding up of the Insurer has been admitted and liquidator or provisional liquidator has been appointed or the Insurer has been ordered to be wound up by Court of competent jurisdiction, except for the purpose of amalgamation or reconstruction with the prior consent of the State Nodal Agency, provided that, as part of such or reconstruction and the amalgamated or reconstructed entity has unconditionally assumed all surviving obligations of the Insurer under the Insurance Contract; or
  - k. The Insurer is otherwise in material breach of this Insurance Contract that remains uncured despite receipt of a 60-day cure notice from the State Nodal Agency; or
  - l. Any representation, warranty or undertaking given by the Insurer proves to be incorrect in a material respect or is breached.
- b)** Upon the occurrence of an Insurer Event of Default, the State Nodal Agency may, without prejudice to any other right it may have under this Insurance Contract, in law or at equity, issue a notice of its intention to terminate this Insurance Contract to the Insurer (Preliminary Termination Notice).

If the Insurer fails to remedy or rectify the Insurer Event of Default stated in the Preliminary Termination Notice within 30 days of receipt of the Preliminary Termination Notice, the State Nodal Agency will be entitled to terminate this Insurance Contract by issuing a final termination notice (Final Termination Notice).

- c)** However, in the event of occurrence of the Insurer Events of Default listed at paragraphs of a, b, d, g, h and j of Clause 31 B a) of this Insurance Contract, the State Nodal Agency shall not be required to issue any Preliminary Termination Notice and may immediately terminate this Insurance Contract by serving a Final Termination Notice.

### **C. STATE NODAL AGENCY EVENT OF DEFAULT**

- a) The Insurer shall be entitled to terminate this Insurance Contract upon non-payment of instalment premium within 90 days of the due date by the State Health Agency or the occurrence of a material breach of this Insurance Contract by the State Nodal Agency that remains uncured despite receipt of a 60-day cure notice from the Insurer (a State Nodal Agency Event of Default), provided that such event is not attributable to a Force Majeure Event or the SNA or its employees, or representatives engage in any corrupt or fraudulent practices which are prohibited under relevant national and state level Anti-Corruption laws.
- b) Upon the occurrence of a State Nodal Agency Event of Default or non-payment of instalment premium within 90 days from the Premium Due Date or the SNA or its employees, or representatives engage in any corrupt or fraudulent practices which are prohibited under relevant national and state level Anti-Corruption laws, the Insurer may, without prejudice to any other right it may have under this Insurance Contract, in law or at equity, issue a Preliminary Termination Notice to the State Nodal Agency. If the State Nodal Agency fails to remedy or rectify the State Nodal Agency Event of Default stated in the Preliminary Termination Notice issued by the Insurer within 60 days of receipt of the Preliminary Termination Notice, the Insurer will be entitled to terminate this Insurance Contract by issuing a Final Termination Notice.

### **D. TERMINATION DATE**

The Termination Date upon termination of this Insurance Contract for:

- a) An Insurer Event of Default pursuant to Clause 31 B c) shall be the date of issuance of the Final Termination Notice;
- b) An Insurer Event of Default, other than a termination pursuant to Clause 31 B c), shall be the date falling 180 Business Days from the date of the Final Termination Notice issued by the State Nodal Agency;
- c) A State Nodal Agency Event of Default, shall be the date falling 120 Business Days from the date of the Final Termination Notice issued by the Insurer; and
- d) A Force Majeure Event pursuant to Clause 32 F, shall be the date of expiration of the written notice issued under Clause 32 F.

### **E. CONSEQUENCE OF TERMINATION**

- a) The SNA will provide pro rata premium for the period for which insurer has provided the policy within 30 days of effective date of termination and fulfilment of obligations of Insurer. In case excess premium with respect to pro rata period has been already received by the insurer then insurer will need to refund the excess premium excluding the premium due for the pro rata period within 30 days of end of policy.

Upon termination of this Insurance Contract, the Insurer shall:

- b) Continue to be liable for all Claims made by the Empanelled Health Care Providers on or before the Termination Date, including:
  - a. All amounts blocked under the transaction management software of the Beneficiaries before the Termination Date, where the Beneficiaries were discharged after the Termination Date; and
  - b. All amounts that were pre-authorized for Claim Payment before the Termination Date, where the pre-authorization has occurred prior to the Termination Date but the Beneficiaries were discharged after the Termination Date.

The Insurer undertakes that it shall discharge its liabilities in respect of all such Claims raised within 45 days of the Termination Date.

#### **F. PORTABILITY**

- a) At least 120 days prior to the expiration of this Insurance Contract or the Termination Date, other than due to a termination in accordance with Clause 31 B c), the State Nodal Agency may issue a written request to the Insurer seeking a migration of the Policies for all the districts in the Service Area (Migration Request) to another insurance company (New Insurer).
- b) Once the State Nodal Agency has issued a Migration Request in accordance with Clause 31 F a)
  - a. The SNA shall have the right to nominate the New Insurer to whom the Policies will be migrated up to 30 days prior to the expiration date or the Termination Date. If the State Nodal Agency chooses to nominate a New Insurer for migration, then the remaining provisions of this Clause 31 F shall apply.
  - b. Alternatively, the State Nodal Agency shall have the right to withdraw the Migration Request at any time prior to the 30-day period immediately preceding the expiration date or the Termination Date. If the State Nodal Agency chooses to withdraw the Migration Request, then the remaining provisions of this Clause 31 F shall not apply from the date of such withdrawal and this Insurance Contract shall terminate forthwith upon the withdrawal of the Migration Request. The reasons for withdrawal of Migration Request shall be placed on record by State Nodal Agency.
  - c. Upon receiving the Migration Request, the Insurer shall commence preparing Claims data, empanelment data, current status of implementation of MHIS 6 such as: list of empanelled hospitals, details of de-empanelment, IEC/BCC activities undertaken, training provided to Empanelled Health Care Providers and any other information sought by the State Nodal Agency in the format prescribed by the SNA at that point in time on the IRDA website or such other format prescribed in the MHIS Guidelines.
  - d. Within 7 days' of receiving notice of the New Insurer, the Insurer shall promptly make available all of the data prepared by it in accordance with Clause 31 F c to the New Insurer.
  - e. The insurer shall not be entitled to:

- i. Refuse to honour any Claims made by the Empanelled Health Care Providers on or before the date of expiration or the Termination Date until the migration process has been completed and the New Insurer assumes all of the risks under the Policies for the Service Area; or
  - ii. Cancel the Policies for the Service Area until the migration process has been completed and the New Insurer assumes all of the risks under the Policies for the Service Area; or
  - iii. Charge the State Nodal Agency, the New Insurer or any third person with any commission, additional charges, loading charges or otherwise for the purpose of migrating the Policies to the New Insurer.
- f. The Insurer shall be entitled to retain the proportionate Premium for the period between the date on which a termination notice has been issued and the earlier to occur of: (x) the date on which the New Insurer assumes all the risks under the Policies; and (y) the date of withdrawal of the Migration Request (the **Migration Termination Date**).

Upon the assumption by the New Insurer of the risks under the Policies or the withdrawal of the Migration Request, as the case may be, the Insurer shall pay to the State Nodal Agency the sum calculated in accordance with Clause 31 E b); provided that in such case the unexpired term of the Policy for a district shall be calculated as the number of days between the Migration Termination Date and the date of expiration of the Policy Cover Period for such district (had such Policy continued). Further, the Insurer shall comply with the provisions of Clause 31 E c) in respect of all amounts blocked on the transaction management software or pre-authorizations made prior to the Migration Termination Date.

## G. HAND-OVER OBLIGATIONS

Without prejudice to the provisions of Clause 31 F, on expiration of the Term or on the Termination Date, the Insurer shall:

- a) Assign all of its rights, but not any payment or other obligations or liabilities, under its Services Agreements with the Empanelled Health Care Providers and any other agreements with its intermediaries or service providers for the implementation of MHIS 6 in favour of the State Nodal Agency or to the New Insurer, provided that the Insurer has received a written notice to this effect at least 30 days prior to the date of expiration of the Term or the Termination Date;
- b) Hand-over, transfer and assign all rights and title to and all intellectual property rights in all data, information and reports in favour of the State Nodal Agency or to the New Insurer, whether such data, information or reports have been collected, collated, created, generated or analysed by the Insurer or its intermediaries or service providers on its behalf and whether such data, information and reports is in electronic or physical form;
- c) Withdraw its personnel from the District Kiosks and hand-over possession of the District Kiosks for all the districts, including the District Servers and all other IT infrastructure installed by the

Insurer to the State Nodal Agency or to the New Insurer, free of cost and without any liabilities attached;

- d) Hand-over possession of all Hospital IT infrastructure (including hardware, software and devices) installed at the premises of the Empanelled Health Care Providers or allow the Empanelled Health Care Providers to retain possession of such Hospital IT Infrastructure, at the option of the State Nodal Agency; and
- e) Notify all Beneficiary Family Units of the expiration of the Term or of the Termination Date at least 30 days in advance of such expiration or the Termination Date, by issuing a notice in at least 1 local newspaper in English, at least 1 local newspaper in the Khasi and Garo language and at least 1 national newspaper that have a wide circulation in Meghalaya; provided that the Insurer shall agree the terms of such notice with the State Nodal Agency before issuing such notice.

## **32. FORCE MAJEURE**

### **A. DEFINITION OF FORCE MAJEURE EVENT**

A Force Majeure Event shall mean the occurrence in the State of Meghalaya of any of the following events after the date of execution of this Insurance Contract, which was not reasonably foreseeable at the time of execution of this Insurance Contract and which is beyond the reasonable control and influence of a Party (the Affected Party) and which causes a delay and/or inability for that Party to fulfil its obligations under this Insurance Contract:

- a. Fire, flood, atmospheric disturbance, lightning, storm, typhoon, tornado, earthquake, washout or other Acts of God;
- b. War, riot, blockade, insurrection, acts of public enemies, civil disturbances, terrorism, sabotage or threats of such actions; and
- c. Strikes lock-out or other disturbances or labour disputes, not involving the employees of such Party or any intermediaries appointed by it,

But regardless of the extent to which the conditions in the first paragraph of this Clause 32 A are satisfied, Force Majeure Event shall not include:

- a. A mechanical breakdown; or
- b. Weather conditions which should reasonably have been foreseen by the Affected Party claiming a Force Majeure Event and which were not unusually adverse; or
- c. Non-availability of or increase in the cost (including as a result of currency exchange rate fluctuations) of suitably qualified and experienced labour, equipment or other resources, other than the non-availability of equipment due to an event that affected an intermediary of the Insurer and that, if it had happened to the Insurer hereunder, would have come within the definition of Force Majeure Event under Clause 32 A;
- d. Economic hardship or lack of money, credit or markets; or

- e. Events of physical loss, damage or delay to any items during marine, air or inland transit to the State of Meghalaya unless the loss, damage or delay was directly caused by an event that affected a intermediary of the Insurer and that, if it had happened to the Insurer hereunder, would have come within the definition of Force Majeure Event under Clause 32 A; or
- f. Late performance or other breach or default by the Insurer (including the consequences of any breach or default) caused by the acts, omissions or defaults of any intermediary appointed by the Insurer unless the event that affected the intermediary and caused the act, omission or default would have come within the definition of Force Majeure Event under Clause 32 A if it had affected the Insurer; or
- g. A breach or default of this Insurance Contract (including the consequences of any breach or default) unless it is caused by an event that comes within the definition of Force Majeure Event under Clause 32 A; or
- h. The occurrence of a risk that has been assumed by a Party to this Contract; or
- i. Any strike or industrial action that is taken by the employees of the Insurer or any intermediary appointed by the Insurer or which is directed at the Insurer; or
- j. The negligence or wilful recklessness of the Insurer, the intermediaries appointed by it, their employees or other persons under the control and supervision of the Insurer.

## **B. LIMITATION ON THE DEFINITION OF FORCE MAJEURE EVENT**

Any event that would otherwise constitute a Force Majeure Event pursuant to Clause 32 A shall not do so to the extent that the event in question could have been foreseen or avoided by the Affected Party using reasonable bona fide efforts, including, in the case of the Insurer, obtaining such substitute goods, works, and/or services which were necessary and reasonable in the circumstances (in terms of expense and otherwise) for performance by the Insurer of its obligations under or in connection with this Insurance Contract.

## **C. CLAIMS FOR RELIEF**

- a. If due to a Force Majeure Event the Affected Party is prevented in whole or in part from carrying out its obligations under this Insurance Contract, the Affected Party shall notify the other Party accordingly (**Force Majeure Notice**).
- b. The Affected Party shall not be entitled to any relief for or in respect of a Force Majeure Event unless it has notified the other Party in writing of the occurrence of the Force Majeure Event as soon as reasonably practicable and in any event within 7 days after the Affected Party knew, or ought reasonably to have known, of the occurrence of the Force Majeure Event and it has complied with the requirements of Clause 32 D of this Insurance Contract.
- c. Each Force Majeure shall:
  - a. Fully describe the Force Majeure Event;





### **33. ASSIGNMENT**

#### **A. ASSIGNMENT BY INSURER**

Except as approved in advance by the State Nodal Agency in writing, this Insurance Contract, no Policy and no right, interest or Claim under this Insurance Contract or Policy or any obligations or liabilities of the Insurer arising under this Insurance Contract or Policy or any sum or sums which may become due or owing to the Insurer, may be assigned, transferred, pledged, charged or mortgaged by the Insurer.

#### **B. ASSIGNMENT BY STATE NODAL AGENCY**

The State Nodal Agency shall not assign or transfer all or any part of its rights or obligations under this Insurance Contract or any Policy without the prior consent of the Insurer.

#### **C. EFFECT ON ASSIGNMENT**

- a. If this Insurance Contract or any Policy or any rights, obligations or liabilities arising under this Insurance Contract or such Policy are assigned or transferred in accordance with this Clause 33, then this Insurance Contract and such Policy shall be fully binding upon, inure to the benefit of and be enforceable by the Parties hereto and their respective successors and permitted assigns.
- b. Any assignment not expressly permitted under this Insurance Contract shall be null and void and of no further force and effect.

#### **D. ASSIGNMENT BY BENEFICIARIES OR EMPANELLED HEALTH CARE PROVIDERS**

- a. The Parties agree that each Policy shall specifically state that no Beneficiary shall have the right to assign or transfer any of the benefits or the Covers made available to it under this Insurance Contract or any Policy.
- b. The Parties agree that the Empanelled Health Care Providers may assign, transfer, pledge, charge or mortgage any of their rights to receive any sums due or that will become due from the Insurer in favour of any third party.

Without limiting the foregoing, the Parties acknowledge that the public Empanelled Health Care Providers in the Service Area that are under the management of Rogi Kalyan Samitis may assign all or part of their right to receive Claims Payments from the Insurer in favour of the Government of Meghalaya or any other department, organization or public body that is under the ownership and/or control of the Government of Meghalaya.

On and from the date of receipt of a written notice from the public Empanelled Health Care Providers in the Service Area or from the Government of Meghalaya, the Insurer shall pay all or part of the Claims Payments to the person(s) so notified.

### 34. CONFIDENTIALITY AND DATA PROTECTION

- a. The Insurer shall treat any and all such information in absolute confidentiality which has come to the knowledge of the Insurer that may relate but not be limited to MHIS scheme, disclosing party's business, operations, financials, services, facilities, processes, methodologies, technologies, intellectual property, trade secrets, this agreement and/or its contents, research and development, trade names, personal data, sensitive personal data, methods and procedures of operation, business or marketing plans, licensed document know-how, ideas, concepts, designs, drawings, flow charts, diagrams, quality manuals, checklists, guidelines, processes, formulae, source code materials, specifications, programs, software packages/codes, clients and suppliers, partners, principals, employees, consultants and authorized agents and any information which is of a manifestly confidential nature (including the MHIS Scheme), that is supplied by the disclosing party to the Insurer or otherwise acquired/accessed by the Insurer during the course of dealings between the Parties or otherwise in connection with the scope of this Agreement.

Personal Data shall mean any data/information that relates to a natural person which, directly or indirectly, in combination with other information available or likely to be available with, is capable of identifying such natural person.

Sensitive Personal Data shall mean personal data revealing, related to, or constituting, as may be applicable— (i) passwords; (ii) financial data; (iii) health data; (iv) official identifier; (v) sex life; (vi) sexual orientation; (vii) biometric data; (viii) genetic data; (ix) transgender status; (x) intersex status; (xi) caste or tribe; (xii) religious or political belief or affiliation; or (xiii) any other category of data as per applicable laws of India as amended from time to time.

The term confidential information shall also mean all non-public, especially health, treatment and payment related information, and such party shall not disclose or use such information in a manner contrary to the purposes of this Agreement and/or the applicable laws.

All the transaction data generated through the scheme shall be kept securely by the insurer and the insurer shall not be share such data with any other agency other than the ones defined and/or specifically permitted in the agreement.

- b. The obligation of confidentiality with respect to Confidential Information shall not apply to:
- a. an information that has become publicly known and available other than as a result of prior authorised disclosure.
  - b. a condition that the Insurer is legally compelled by applicable law, by any court, governmental agency, or regulatory authority or subpoena or discovery request in pending litigation, but only if, to the extent lawful, the Insurer gives prompt written notice of that fact to the State Nodal Agency prior to disclosure so that the State Nodal Agency may request a protective order or other remedy.
  - c. The Insurer shall disclose only such portion of the Confidential Information which it is legally obligated to disclose.

c. **Obligation to maintain Confidentiality**

Insurer agrees to retain the confidential information in strict confidence, to protect the security, integrity, and confidentiality of such information and to not permit unauthorised access to or

unauthorised use, disclosure, publication, or dissemination of confidential information except in conformity with this Contract.

Confidential Information provided by the SNA is and will remain the sole and exclusive property of the SNA and will not be disclosed or revealed by the Insurer except (i) to other employees of the Insurer who have a need to know such information and agree to be bound by the terms of this Contract and; (ii) with the State Nodal Agency's express prior written consent.

Upon termination of this Contract, Insurer will ensure that all Confidential Information including all documents, memoranda, notes and other writings or electronic records prepared by the Insurer and its employees for this engagement are returned as desired and requested by the State Nodal Agency.

Insurer shall at no time, even after termination of the contract, be permitted to disclose confidential information, except to the extent that such confidential information is excluded from the obligations of confidentiality under this Contract pursuant to Clause \_\_. The onus to prove that the exclusion is applicable is on the Insurer.

**d. Non-disclosure Agreement and Confidentiality Certificate**

As prerequisite to signing of the contract, Insurer shall sign Non-Disclosure Agreement and Individual Confidentiality Undertaking as per the format given in Schedule 17 of the Insurance Contract.

**35. INTELLECTUAL PROPERTY RIGHTS**

Each party will be the owners of their intellectual property rights (IPR) involved in this project and will not have any right over the IPR of the other party. Both parties agree that for the purpose of fulfilling the conditions under this contract they may allow the other party to only use their IPR for the contract period only. However, after the end of the contract no parties will have any right over the IPR of other party.

The State Nodal Agency shall have a right in perpetuity to use such newly created IPR, which may not be limited to processes, products, specifications, reports, drawings and any other documents produced leveraging any data which it has got access to during the performance and completion of services under this Agreement and for the purposes of inter-alia use of such services under this Agreement. Insurer undertakes to disclose all such Intellectual Property Rights, to the best of its knowledge and understanding, arising in performance of the services of this Agreement to the State Nodal Agency.

**36. PUBLICITY**

The Insurer shall not use the trademarks and /or IPR of SHA and/or anything related to MHIS scheme without the prior written consent of State Nodal Agency and/or any Competent Authority who is authorized to give such permission. Insurer shall not publish or permit to be published either alone or in conjunction with any other person any press release, information, article, photograph, illustration, or any other material of whatever kind relating to this Agreement or the business of the Parties or relating to MHIS scheme without prior reference to and approval in writing from State Nodal Agency for purposes other than those covered under scope of this Agreement.

### **37. INDEMNIFICATION AND LIMITATION OF LIABILITY**

- A.** The Insurer (the "Indemnifying Party") undertakes to indemnify, hold harmless the State Nodal Agency (the "Indemnified Party") from and against all claims, liabilities, losses, expenses (including reasonable attorneys' fees), fines, penalties, taxes or damages (Collectively "Loss") on account of bodily injury, death or damage to tangible personal property arising due to failure to perform its obligations and responsibilities in favour of any person, corporation or other entity (including the Indemnified Party) attributable to the Indemnifying Party's negligence or wilful default in performance or non-performance under this Agreement.
- B.** If the indemnified party promptly notifies indemnifying party in writing of a third-party claim against the indemnified party that any service provided by the indemnifying party infringes a copyright, trade secret or patents incorporated in India of any third party, indemnifying party will defend such claim at its expense and will pay any costs or damages, that may be finally awarded against the indemnified party.
- C.** The liability of either Party (whether in contract, tort, negligence, strict liability in tort, by statute or otherwise) for any claim in any manner related to this Agreement, including the work, deliverables or Services covered by this Agreement, shall be the payment of direct damages only which shall in no event exceed one time the total contract value payable under this Agreement. The liability cap given under this Clause shall not be applicable to the indemnification obligations set out in Clause 37 and breach of Clause 34 of the Insurance Contract.
- D.** In no event shall either party be liable for any consequential, incidental, indirect, special or punitive damage, loss or expenses (including but not limited to business interruption, lost business, lost profits, or lost savings).

### **38. ENTIRE AGREEMENT**

This Insurance Contract entered into between the Parties represents the entire agreement between the Parties setting out the terms and conditions for the provision of benefits in respect of the Insurance Cover to the Beneficiaries that are registered/undertaken the beneficiary identification by the Insurer.

### **39. RELATIONSHIP**

- a)** The Parties to this Insurance Contract are independent contractors. Neither Party is an agent, representative or partner of the other Party. Neither Party shall have any right, power or authority to enter into any agreement or memorandum of understanding for or on behalf of, or incur any obligation or liability of, or to otherwise bind, the other Party.
- b)** This Insurance Contract shall not be interpreted or construed to create an association, agency, joint venture, collaboration or partnership between the Parties or to impose any liability attributable to such relationship upon either Party.
- c)** The engagement of any intermediaries or service providers by the Insurer shall not in any manner create a relationship between the State Nodal Agency and such third parties.

#### 40. VARIATION OR AMENDMENT

- a) No variation or amendment of this Insurance Contract shall be binding on either Party unless and to the extent that such variation is recorded in a written document executed by both Parties but where any such document exists and is so signed, neither Party shall allege that such document is not binding by virtue of an absence of consideration.
- b) Notwithstanding anything to the contrary in Clause 40 a) above, the Insurer agrees that the State Nodal Agency, the National Health Authority, the department of health Government of Meghalaya or the Ministry of Health and Family Welfare, Government of India shall be free to issue MHIS and PMJAY guidelines from time to time and the Insurer shall comply with all such MHIS and PMJAY Guidelines issued during the Term, whether or not the provisions or terms of such MHIS and PMJAY Guidelines have the effect of varying or amending the terms of this Insurance Contract.

#### 41. SEVERABILITY

If any provision of this Insurance Contract is invalid, unenforceable or prohibited by law, this Insurance Contract shall be considered divisible as to such provision and such provision shall be inoperative and the remainder of this Insurance Contract shall be valid, binding and of the like effect as though such provision was not included herein.

#### 42. NOTICES

Any notice given under or in connection with this Insurance Contract shall be in writing and in the English language. Notices may be given, by being delivered to the address of the addressees as set out below (in which case the notice shall be deemed to be served at the time of delivery) by courier services or by fax/email (in which case the original shall be sent by courier services).

To: Insurer

Attn: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

To: State Nodal Agency

Attn: Mr. Ramkumar S, IAS

E-Mail: state.manager@mhis.org.in

Phone: 0364-2507477

Fax: NA

#### 43. NO WAIVER

Except as expressly set forth in this Insurance Contract, no failure to exercise or any delay in exercising any right, power or remedy by a Party shall operate as a waiver. A single or partial exercise of any right, power or remedy does not preclude any other or further exercise of that or any other right, power or remedy. A waiver is not valid or binding on the Party granting that waiver unless made expressly in writing.

#### **44. DISPUTE RESOLUTION**

Any dispute or difference whatsoever arising between the Parties, whatsoever arising between the parties to this Contract out of or relating to the construction, meaning, scope, operation or effect of this Contract or the validity of the breach or termination of this Agreement (a "Dispute") shall be determined in accordance with the procedure set out in this Clause.

##### **a) NOTICE OF DISPUTE AND MANNER OF DISPUTE RESOLUTION**

- a. Either Party may notify the other Party in writing of a Dispute (a "Dispute Notice"). The Parties shall attempt to resolve the Dispute amicably in accordance with the amicable resolution procedure set forth in Clause 44 b).
- b. The Parties agree to use their best efforts for resolving all Disputes arising under or in respect of this Agreement promptly, equitably and in good faith and further agree to provide each other with reasonable access during normal business hours to all non-privileged records, information and data pertaining to any Dispute.

##### **b) AMICABLE RESOLUTION**

- a) In the event of any dispute between the Parties, either Party may require such dispute to be referred to the Chief Executive Officer, State Nodal Agency and the Chairman of the Board of Directors/governing body of the Insurer for amicable settlement. Upon such reference, the said persons shall meet no later than 7 (seven) days from the date of reference to discuss and attempt to amicably resolve the dispute.
- b) If the dispute is not amicably settled within 15 (fifteen) days of the meeting for amicable resolution between the parties; either Party may refer the Dispute to arbitration in accordance with the provisions of Clause 4 c).

##### **c) ARBITRATION**

- a. Any dispute which is not resolved amicably by amicable resolution procedure under Clause 44 b) shall be finally decided by reference to arbitration by a Board of Arbitrators appointed in accordance with Clause 44 c) b. The provisions of the Arbitration and Conciliation Act, 1996 and Rules thereunder will be applicable, and the award made there under shall be final and binding upon the parties hereto, subject to legal remedies available under the law. Such differences shall be deemed to be a submission to arbitration under the Indian Arbitration and Conciliation Act, 1996, or of any modifications, Rules or re-enactments thereof. The seat and venue of such Arbitration proceedings will be held at Shillong, Meghalaya, India. Any legal dispute will come under the sole and exclusive jurisdiction of Shillong (Meghalaya), India. The language of arbitration proceedings shall be English.
- b. The Board of arbitrators shall consist of 3 arbitrators, with each Party appointing one arbitrator and the third arbitrator being appointed by the two arbitrators so appointed. If the parties cannot agree on the appointment of the Arbitrator within a period of one month from the notification by one party to the other of existence of

such dispute, then the Arbitrator shall be appointed by the High Court of Meghalaya, Shillong.

- c. The Arbitrator shall make a reasoned award (the "Award"). Such award shall be implemented by the parties concerned within such time as directed by the Arbitrator in such Award.
- d. The Insurer and the State Nodal Agency agree that an Award may be enforced against the Insurer and/or the State Nodal Agency and their respective assets wherever situated as stated in Arbitration Award. Both the Parties to bear their own cost pertaining to the Arbitration Proceedings.

**d) PERFORMANCE PENDING DISPUTES**

This Agreement and the rights and obligations of the Parties shall remain in full force and effect, pending written settlement in any amicable settlement proceedings or the Award in any arbitration proceedings hereunder, unless this Agreement has been terminated; or expressly provided otherwise in this Agreement.

**45. GOVERNING LAW AND JURISDICTION**

- i. This Insurance Contract and the rights and obligations of the Parties under this Insurance Contract shall be governed by and construed in accordance with the Laws of the Republic of India.
- ii. The courts in Shillong shall have the exclusive jurisdiction over any disputes arising under, out of or in connection with this Insurance Contract.

**IN WITNESS WHEREOF**, the Parties have caused this Insurance Contract to be executed by their duly authorized representatives as of the date stated above.

**SIGNED, SEALED and DELIVERED**

For and on behalf of

**The Governor of the state of Meghalaya**

**Represented by:**

**The Chief Executive Officer, MHIS & Secretary, Health & Family Welfare Dept., Government of Meghalaya.**

**In the presence of:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**SIGNED, SEALED and DELIVERED**

For and on behalf of

\_\_\_\_\_

**Represented by:**

\_\_\_\_\_  
\_\_\_\_\_

**In the presence of:**

1. \_\_\_\_\_

2. \_\_\_\_\_

## **SCHEDULE 1 EXCLUSIONS**

The Insurer shall not be liable to make any payment under any of the Covers in respect of any expenses whatsoever incurred by any Beneficiary in connection with or in respect of:

### **IN-PATIENT CARE & DAY CARE TREATMENTS**

#### **Conditions that do not require Hospitalization**

- (a) Conditions that do not require Hospitalization and can be treated under Out Patient Care, i.e., Screening or OPD medical and surgical procedures, other than: (i) the Day Care Treatments identified in **Schedule 2**; of the Insurance Contract and (ii) the OPD consultations and Screening covered under the OPD/OPD Diagnostics Benefits.
- (b) Expenses incurred at an Empanelled Health Care Provider primarily for Screening, i.e., evaluation or diagnostic purposes only during the Hospitalization and expenses on vitamins and tonics etc., other than such expenses that are required as a part of the expenses for: (i) Hospitalization expenses for a Medical Treatment or Surgical Procedure, as certified by the attending physician; (ii) Follow-up Care; or (iii) the OPD consultations and Screening covered under the OPD/OPD Diagnostics Benefits.
- (c) Any dental treatment or Surgical Procedure which is corrective, cosmetic or of aesthetic nature, filling of cavity, root canal including wear and tear etc., is excluded, unless arising from the disease, illness or injury and which requires Hospitalization/treatment as given under Schedule 3, other than: the OPD consultations or dental treatment provided as part of the child care benefits under Clause 3 B (iv).

#### **Congenital Anomalies and Convalescence**

- (a) Treatment or procedures for external Congenital Anomalies, other than the Congenital Anomalies listed in **Schedule 3** of the Insurance Contract.
- (b) Convalescence or treatment for general debility, "run down" condition or rest cure.
- (c) Any treatment received in a convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments or as mutually agreed between the State Nodal Agency and the Insurer.

#### **Vaccinations and Cosmetic Treatments**

- (a) Vaccinations or inoculations except those vaccinations or inoculations that are covered as part of the package.
- (b) Change of life or cosmetic or aesthetic treatments of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- (c) Circumcision, unless necessary for treatment of a disease or illness not excluded hereunder or as may be necessitated by any accident.

#### **War, Nuclear invasion**

Disease, illness or injury directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operations (whether war be declared or not) or by nuclear weapons/materials.



## **Suicide**

Intentional self-injury/suicide.

## **Others**

Persistent vegetative state beyond one month: a condition in which a medical patient is completely unresponsive to psychological and physical stimuli and displays no sign of higher brain function, being kept alive only by medical intervention. The Insurer shall not be liable to make any payment after one month if the patient is continuing to be in the vegetative state.

## **EXCLUSIONS: MATERNITY BENEFITS**

### Termination of Pregnancy

Voluntary medical termination of pregnancy is not covered, except in the case of a lawful termination or induced by accident or other medical emergency to save the life of mother.

### Minimum Hospitalization period

Normal Hospitalization period is less than 24 hours from the time of delivery or operations associated therewith for this benefit.

### Pre-Natal Expenses

Pre-natal expenses incurred prior to delivery, other than:

- (i) the ante-natal and post-natal benefits covered under the OPD Benefits; and
- (ii) any complications in the pregnancy for which a Medical Treatment or Surgical Procedure is provided in respect of the mother and/or unborn child and which requires Hospitalization prior to delivery, provided that such Medical Treatment or Surgical Procedure is listed in **Schedule 3** of the Insurance Contract.

**SCHEDULE 2**  
**LIST OF ELIGIBLE DAY CARE TREATMENTS**

The list of eligible Day Care Treatments included within the scope of Cover are:

- (1) Dialysis
- (2) Chemotherapy
- (3) Radiotherapy
- (4) Eye Surgery
- (5) Dental surgery following an accident
- (6) Gastrointestinal Surgeries
- (7) Genital Surgery
- (8) Surgery of Nose
- (9) Surgery of Throat
- (10) Surgery of Ear
- (11) Surgery of Urinary System
- (12) Treatment of fractures/dislocation (excluding hair line fracture), Contracture releases and minor reconstructive procedures of limbs which otherwise require Hospitalization
- (13) Laparoscopic therapeutic surgeries that can be done as a Day Care Treatment.
- (14) Identified surgeries under General Anaesthesia.
- (15) Psychiatric & Psychosomatic illness
- (16) Screening and Follow Up care including medicine cost without Diagnostic Tests
- (17) Any other Day Care Treatment that is mutually agreed upon by the Parties or that is listed in **Schedule 3**.

**SCHEDULE 3**  
**HEALTH BENEFITS PACKAGE RATES**  
**OPD/DAYCARE, OPD DIAGNOSTICS, MEDICAL TREATMENTS, SURGICAL PROCEDURES, HIGH END DRUGS**

1. **Package Rates:** Hospitalization, OPD Diagnostics, Day Care Treatments for Surgical Procedures and Listed Medical Treatments
2. **Authorization Type:** Please refer to Schedule 5. The procedure described in the category mentioned in this Schedule must be applied by the Empanelled Health Care Provider in making a Claim against the Insurer.
3. **ALoS:** In this column, the expected/average length of stay is mentioned. For packages which have LoS mentioned in Schedule 3, the ALoS shall be indicative.
4. **Extended Stay beyond the ALoS for identified Packages:** Shall be applicable to Identified IPD packages within the HBP listed in **Schedule 3. The SNA shall determine additional identified packages as and when required.**
5. **D:** this is a Day Care Treatment that does not require Hospitalization  $\geq$  24 hours.
6. **Package Rate without Goods and Service Tax:** These Package Rates will apply to Empanelled Health Care Providers, other than those that have obtained accreditation from NABH or an equivalent national or international body.
7. The SEC & DEC shall determine the enhanced Package Rates that will apply to Empanelled Health Care Providers that have obtained accreditation from NABH or an equivalent national or international body in accordance with Clause 5 B.
8. Some packages listed in Schedule 3 are reserved only for Public hospitals and some are reserved only for Private Hospitals

**Speciality Summary**

S. No.	Specialty	Specialty Code	Package Count	Procedure Count
1	Burns Management	BM	6	22
2	Cardiology	MC	24	38
3	Cardiothoracic Vascular Surgery	SV	48	148
4	Emergency Room Packages	ER	6	9
5	General Medicine	MG	179	254
6	General Surgery	SG	243	367
7	High-end Procedures	HEP	8	9
8	Infectious Diseases	ID	3	3
9	Interventional Neuroradiology	IN	12	21
10	Interventional Radiology	IN	75	101
11	Medical Follow-up	MF	51	51
12	Medical Oncology	MO	79	291
13	Mental Disorders	MM	14	22
14	Neo-natal Care	MN	14	14
15	Neurosurgery	SN	104	157
16	Obstetrics & Gynecology	SO	118	175
17	OPD Benefits	OD	5	6
18	Ophthalmology	SE	67	84
19	Oral & Maxillofacial Surgery	SM	32	47
20	Organ and Tissue Transplant	OT	2	9
21	Orthopedics	SB	138	248
22	Otorhinolaryngology	SL	80	136
23	Palliative Medicine	PM	41	41
24	Pediatric Medical Management	MP	124	176
25	Pediatric Surgery	SS	165	266
26	Plastic & Reconstructive Surgery	SP	25	55
27	Polytrauma	ST	12	27
28	Radiation Oncology	MR	20	53
29	Surgical Follow-up	SF	71	71
30	Surgical Oncology	SC	132	219
31	Unspecified Surgical Package	US	1	2
32	Urology	SU	132	231
33	High End drugs	HED	100	0
34	Diagnostic/Diagnostic-Laboratory/Diagnostic-Radiological	DL	523	0
<b>TOTAL</b>			<b>2253</b>	<b>2665</b>

Note:

1. The total number of packages represented above will be different from the number of packages given below as the same package code is assigned same package under a different speciality. For e.g., the package code SU066 (Urethroplasty) is assigned to several packages under the speciality Paediatric Surgery and Urology.
2. The total number of procedures represented above will be different from the number of procedures given below as the same procedure code is assigned to the same package and procedure name for different specialities. For e.g., SV016A (with procedure name Aortic Aneurysm Repair using Cardiopulmonary bypass and package name Aortic Aneurysm Repair) is assigned for Cardiothoracic Vascular Surgery and General Surgery.

**Procedures:**

SL.No	Specialty	Medical or Surgical	Package Name	Procedure Name	Procedure Price (₹)	ALoS	Stratification Options	Stratification Rate	Implants	Procedure Code
1	Burns Management	Surgical	Thermal burns	% Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing	7700	D	Not applicable	Not applicable	Not applicable	BM001A
2	Burns Management	Surgical	Thermal burns	% Total Body Surface Area Burns (TBSA): Upto 40 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	55000	12	Not applicable	Not applicable	Not applicable	BM001B
3	Burns Management	Surgical	Thermal burns	% Total Body Surface Area Burns (TBSA): 40% - 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	88400	12	Not applicable	Not applicable	Not applicable	BM001C
4	Burns Management	Surgical	Thermal burns	% Total Body Surface Area Burns (TBSA): > 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	110000	12	Not applicable	Not applicable	Not applicable	BM001D
5	Burns Management	Surgical	Thermal burns	Criteria 5: % Total Body Surface Area Burns (TBSA):60-80 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	110000	12	Not applicable	Not applicable	Not applicable	BM001E

6	Burns Management	Surgical	Scald burns	% Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing	7700	D	Not applicable	Not applicable	Not applicable	BM002A
7	Burns Management	Surgical	Scald burns	% Total Body Surface Area Burns (TBSA): Upto 40 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	55000	12	Not applicable	Not applicable	Not applicable	BM002B
8	Burns Management	Surgical	Scald burns	% Total Body Surface Area Burns (TBSA): 40% - 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	88400	12	Not applicable	Not applicable	Not applicable	BM002C
9	Burns Management	Surgical	Scald burns	% Total Body Surface Area Burns (TBSA): > 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	110000	12	Not applicable	Not applicable	Not applicable	BM002D
10	Burns Management	Surgical	Scald burns	Criteria 5: % Total Body Surface Area Burns (TBSA):60-80 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	110000	12	Not applicable	Not applicable	Not applicable	BM002E
11	Burns Management	Surgical	Flame burns	% Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing	7700	D	Not applicable	Not applicable	Not applicable	BM003A

12	Burns Management	Surgical	Flame burns	% Total Body Surface Area Burns (TBSA): Upto 40 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	55000	12	Not applicable	Not applicable	Not applicable	BM003B
13	Burns Management	Surgical	Flame burns	% Total Body Surface Area Burns (TBSA): 40 % - 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	88400	12	Not applicable	Not applicable	Not applicable	BM003C
14	Burns Management	Surgical	Flame burns	% Total Body Surface Area Burns (TBSA): > 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	110000	12	Not applicable	Not applicable	Not applicable	BM003D
15	Burns Management	Surgical	Electrical contact burns	Electrical contact burns: Low voltage - without part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	41300	12	Not applicable	Not applicable	Not applicable	BM004A
16	Burns Management	Surgical	Electrical contact burns	Electrical contact burns: Low voltage - with part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	55000	12	Not applicable	Not applicable	Not applicable	BM004B

17	Burns Management	Surgical	Electrical contact burns	Electrical contact burns: High voltage - with part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	82500	12	Not applicable	Not applicable	Not applicable	BM004C
18	Burns Management	Surgical	Electrical contact burns	Electrical contact burns: High voltage - without part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	68800	12	Not applicable	Not applicable	Not applicable	BM004D
19	Burns Management	Surgical	Chemical burns	Chemical burns: Without significant facial scarring and/or loss of function; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	55000	12	Not applicable	Not applicable	Not applicable	BM005A
20	Burns Management	Surgical	Chemical burns	Chemical burns: With significant facial scarring and/or loss of function; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	82500	12	Not applicable	Not applicable	Not applicable	BM005B



21	Burns Management	Surgical	Post Burn Contracture surgeries for Functional Improvement	Post Burn Contracture surgeries for Functional Improvement (Package including splints, pressure garments, silicone - gel sheet and physiotherapy): Excluding Neck contracture; Contracture release with - Split thickness Skin Graft (STSG) / Full Thickness Skin Graft (FTSG) / Flap cover is done for each joint with post - operative regular dressings for STSG / FTSG / Flap cover.	68800	8	Not applicable	Not applicable	Not applicable	BM006A
22	Burns Management	Surgical	Post Burn Contracture surgeries for Functional Improvement	Post Burn Contracture surgeries for Functional Improvement (Package including splints, pressure garments, silicone - gel sheet and physiotherapy): Neck contracture; Contracture release with - Split thickness Skin Graft (STSG) / Full Thickness Skin Graft (FTSG) / Flap cover is done for each joint with post-operative regular dressings for STSG / FTSG / Flap cover.	68800	8	Not applicable	Not applicable	Not applicable	BM006B
23	Cardiology	Medical	Right / Left Heart Catheterization	Right Heart Catheterization	13800	1	Not applicable	Not applicable	Not applicable	MC001A
24	Cardiology	Medical	Right / Left Heart Catheterization	Left Heart Catheterization	13800	1	Not applicable	Not applicable	Not applicable	MC001B
25	Cardiology	Medical	Catheter directed Thrombolysis	For Deep vein thrombosis (DVT)	57500	2	Not applicable	Not applicable	Not applicable	MC002A

26	Cardiology	Medical	Catheter directed Thrombolysis	For Mesenteric Thrombosis	57500	2	Not applicable	Not applicable	Not applicable	MC002B
27	Cardiology	Medical	Catheter directed Thrombolysis	For Peripheral vessels	57500	2	Not applicable	Not applicable	Not applicable	MC002C
28	Cardiology	Medical	Balloon Dilatation	Coartication of Aorta	53100	2	Not applicable	Not applicable	Cardiac Balloon - Adult - 15400 Cardiac Balloon - Pediatric - 36300	MC003A
29	Cardiology	Medical	Balloon Dilatation	Pulmonary Artery Stenosis	53100	2	Not applicable	Not applicable	Cardiac Balloon - Adult - 15400 Cardiac Balloon - Pediatric - 36300	MC003B
30	Cardiology	Medical	Valvotomy	Balloon Pulmonary Valvotomy	32200	2	Not applicable	Not applicable	Cardiac Balloon - Adult - 15400 Cardiac Balloon - Pediatric - 36300	MC004A
31	Cardiology	Medical	Valvotomy	Balloon Aortic Valvotomy	32200	2	Not applicable	Not applicable	Cardiac Balloon - Adult - 15400 Cardiac Balloon - Pediatric - 36300	MC004B

32	Cardiology	Medical	Valvotomy	Balloon Mitral Valvotomy	39300	2	Not applicable	Not applicable	Not applicable	MC004C
33	Cardiology	Medical	Balloon Atrial Septostomy	Balloon Atrial Septostomy	33600	2	Not applicable	Not applicable	Not applicable	MC006A
34	Cardiology	Medical	ASD device closure	ASD device closure	50800	2	Not applicable	Not applicable	ASD Device - 68200	MC007A
35	Cardiology	Medical	VSD device closure	VSD device closure	52100	2	Not applicable	Not applicable	VSD Device - 79200	MC008A
36	Cardiology	Medical	PDA device closure	PDA device closure	44900	2	Not applicable	Not applicable	PDA Device - 33000	MC009A
37	Cardiology	Medical	PDA stenting	PDA stenting	54800	2	Not applicable	Not applicable	Coronary Stent for PDA stenting - Bare Metal - 9600 Coronary Stent for PDA stenting - Drug Eluting - 34800	MC010A
38	Cardiology	Medical	PTCA, inclusive of diagnostic angiogram	PTCA, inclusive of diagnostic angiogram	55900	3	Not applicable	Not applicable	Coronary Stent for PTCA - Bare Metal - 9600 Coronary Stent for PTCA - Drug Eluting - 34800	MC011A

39	Cardiology	Medical	Electrophysiological Study	Electrophysiological Study	38200	2	Not applicable	Not applicable	Implant for "Electrophysiological Study" includes - Steerable decapolar catheter, Quadripolar Catheter - 50600 Implant for "Electrophysiological Study with Radio Frequency Ablation" includes - Steerable decapolar catheter, Quadripolar Catheter, Radio Frequency Catheter - 83600	MC012A
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40	Cardiology	Medical	Electrophysiological Study	Electrophysiological Study with Radio Frequency Ablation	38200	2	Not applicable	Not applicable	Implant for "Electrophysiological Study" includes - Steerable decapolar catheter, Quadripolar Catheter - 50600 Implant for "Electrophysiological Study with Radio Frequency Ablation" includes - Steerable decapolar catheter, Quadripolar Catheter, Radio Frequency Catheter - 83600	MC012B
41	Cardiology	Medical	Percutaneous Transluminal Septal Myocardial Ablation	Percutaneous Transluminal Septal Myocardial Ablation	46800	2	Not applicable	Not applicable	Not applicable	MC013A
42	Cardiology	Medical	Pacemaker implantation	Temporary Pacemaker implantation	26400	2	Not applicable	Not applicable	Not applicable	MC014A

43	Cardiology	Medical	Pacemaker implantation	Permanent Pacemaker Implantation - Single Chamber	27000	2	Not applicable	Not applicable	Single Chamber Pacemaker - Rate Responsive - 49500	MC014B
44	Cardiology	Medical	Pacemaker implantation	Permanent Pacemaker Implantation - Double Chamber	36300	2	Not applicable	Not applicable	Double Chamber Pacemaker - Rate Responsive - 82500	MC014C
45	Cardiology	Medical	Peripheral Angioplasty	Peripheral Angioplasty	47500	2	Not applicable	Not applicable	Peripheral Stent - Bare Metal - 23100	MC017A
46	Cardiology	Medical	Bronchial artery Embolisation (for Haemoptysis)	Bronchial artery Embolisation (for Haemoptysis)	45100	3	Not applicable	Not applicable	Not applicable	MC018A
47	Cardiology	Medical	Pericardiocentesis	Pericardiocentesis	16700	1	Not applicable	Not applicable	Not applicable	MC019A
48	Cardiology	Medical	Systemic Thrombolysis (for MI)	Systemic Thrombolysis (for MI)	24600	3	Not applicable	Not applicable	Not applicable	MC020A
49	Cardiology	Medical	Embolization	Arteriovenous Malformation (AVM) in the Limbs	55900	2	Not applicable	Not applicable	Implant for "Embolization - Arteriovenous Malformation (AVM) in the Limbs" - Part of	MC021A

									package cost	
50	Cardiology	Medical	Follow up - Cardiology	First Follow-up- 2-4 weeks after discharge	0	D	Not applicable	Not applicable	Not applicable	MC022A
51	Cardiology	Medical	Follow up - Cardiology	Second Follow-up- After 3 months	4800	D	Not applicable	Not applicable	Not applicable	MC022B
52	Cardiology	Medical	Follow up - Cardiology	Third Follow-up- After 3 months	2400	D	Not applicable	Not applicable	Not applicable	MC022C
53	Cardiology	Medical	Follow up - Cardiology	fourth Follow-up- After 3 months	2400	D	Not applicable	Not applicable	Not applicable	MC022D
54	Cardiology	Medical	Follow up - Cardiology	Fifth Follow-up - After 3 months	2400	D	Not applicable	Not applicable	Not applicable	MC022E
55	Cardiology	Medical	Acute and subacute endocarditis	Acute and subacute endocarditis	55000	4	Not applicable	Not applicable	Not applicable	MC022MLA
56	Cardiology	Medical	Acute coronary syndrome	Acute coronary syndrome	55000	NA	Not applicable	Not applicable	Not applicable	MC023MLA
57	Cardiology	Medical	Myocarditis	Myocarditis	55000	4	Not applicable	Not applicable	Not applicable	MC024MLA
58	Cardiology	Medical	Rotablation	Rotablation	71500	4	Not applicable	Not applicable	Not applicable	MC025MLA
59	Cardiology	Surgical	Digital Substraction Angiography	Venogram	29500	3	Not applicable	Not applicable	Not applicable	SN061A

60	Cardiology	Surgical	Digital Substraction Angiography	Peripheral Artery	16100	3	Not applicable	Not applicable	Not applicable	SN061MLA
61	Cardiothoracic Vascular Surgery	Medical	Pacemaker implantation	Temporary Pacemaker implantation	26400	2	Not applicable	Not applicable	Not applicable	MC014A
62	Cardiothoracic Vascular Surgery	Medical	Pacemaker implantation	Permanent Pacemaker Implantation - Single Chamber	27000	2	Not applicable	Not applicable	Single Chamber Pacemaker - Rate Responsive - 49500	MC014B
63	Cardiothoracic Vascular Surgery	Medical	Pacemaker implantation	Permanent Pacemaker Implantation - Double Chamber	36300	2	Not applicable	Not applicable	Double Chamber Pacemaker - Rate Responsive - 82500	MC014C
64	Cardiothoracic Vascular Surgery	Surgical	Vascular reconstruction	Vascular reconstruction	105600	9	Not applicable	Not applicable	Not applicable	SC074A
65	Cardiothoracic Vascular Surgery	Surgical	Resuturing of Any Wound gap Surgeries	Resuturing of Any Wound gap Surgeries	4200	NA	Not applicable	Not applicable	Not applicable	SC080A
66	Cardiothoracic Vascular Surgery	Surgical	Carotid Body tumour - Excision	Carotid Body tumour - Excision	49200	7	Not applicable	Not applicable	Not applicable	SG069A
67	Cardiothoracic Vascular Surgery	Surgical	Intercostal Drainage only	Intercostal Drainage only	6200	1	Not applicable	Not applicable	Not applicable	SG077A
68	Cardiothoracic Vascular Surgery	Surgical	Repair of renal artery stenosis	Repair of renal artery stenosis	83600	7	Not applicable	Not applicable	Not applicable	SG102A



69	Cardiothoracic Vascular Surgery	Surgical	Diaphragmatic Eventeration	Diaphragmatic Eventeration	50700	3	Not applicable	Not applicable	Not applicable	SG134MLA
70	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - I Congenital Heart Disease	Unifocalization of MAPCA	151300	10	Not applicable	Not applicable	Not applicable	SV001A
71	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - I Congenital Heart Disease	Isolated Secundum Atrial Septal Defect (ASD) Repair	151300	10	Not applicable	Not applicable	Not applicable	SV001B
72	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - I Congenital Heart Disease	Glenn procedure	151300	10	Not applicable	Not applicable	Not applicable	SV001C
73	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - I Congenital Heart Disease	Pulmonary Artery Banding	151300	10	Not applicable	Not applicable	Not applicable	SV001D
74	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - I Congenital Heart Disease	Systemic - Pulmonary Artery shunt	151300	10	Not applicable	Not applicable	PTFE Patch - Thin - 33000	SV001E

75	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - I Congenital Heart Disease	Vascular Ring division	151300	10	Not applicable	Not applicable	Not applicable	SV001F
76	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - I Congenital Heart Disease	Coarctation repair	151300	10	Not applicable	Not applicable	Dacron Graft - Straight - 33000	SV001G
77	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - I Congenital Heart Disease	BT Shunt (inclusives of grafts)	110000	10	Not applicable	Not applicable	Implant for "BT Shunt (inclusives of grafts)" - 55000	SV001H
78	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	ASD closure + Partial Anomalous Venous Drainage Repair	181500	10	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500	SV002A

									Valve Ring - Tricuspid - 38500	
79	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	ASD Closure + Mitral procedure	181500	10	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500	SV002B

									Valve Ring - Tricuspid - 38500	
80	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	ASD Closure + Tricuspid procedure	181500	10	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500	SV002C

									Valve Ring - Tricuspid - 38500	
81	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	ASD Closure + Pulmonary procedure	181500	10	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500	SV002D

									Valve Ring - Tricuspid - 38500	
82	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	ASD Closure + Infundibular procedure	181500	10	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500	SV002E

									Valve Ring - Tricuspid - 38500	
83	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	VSD closure	181500	10	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500	SV002F

									Valve Ring - Tricuspid - 38500	
84	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	Infundibular PS repair	181500	10	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500	SV002G



									Valve Ring - Tricuspid - 38500	
85	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	Valvular PS / PR repair	181500	10	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500	SV002H

									Valve Ring - Tricuspid - 38500	
86	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	Partial AV canal repair	181500	10	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500	SV0021

									Valve Ring - Tricuspid - 38500	
87	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	Intermediate AV canal repair	181500	10	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500	SV002J

									Valve Ring - Tricuspid - 38500	
88	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	Atrial septectomy + Glenn	181500	10	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500	SV002K

									Valve Ring - Tricuspid - 38500	
89	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	Atrial septectomy + PA Band	181500	10	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500	SV002L

									Valve Ring - Tricuspid - 38500	
90	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	Sinus of Valsalva aneurysm repair with aortic valve procedure	181500	10	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500	SV002M

									Valve Ring - Tricuspid - 38500	
91	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	Sinus of Valsalva aneurysm repair without aortic valve procedure	181500	10	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500	SV002N

									Valve Ring - Tricuspid - 38500	
92	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	Sub-aortic membrane resection	181500	10	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500	SV0020



Dated 18 July 2023

									Valve Ring - Tricuspid - 38500	
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93	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Ebstein repair	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003A
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94	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Double switch operation	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003B
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95	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Rastelli Procedure	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003C
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96	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Fontan procedure	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003D
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97	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	AP window repair	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003E
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98	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Arch interruption Repair without VSD closure	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003F
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99	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Arch interruption Repair with VSD closure	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003G
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100	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	DORV Repair	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003H
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101	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Supravalvular AS repair	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV0031
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102	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Konno procedure	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003J
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103	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Norwood procedure	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003K
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104	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	VSD closure + RV - PA conduit	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003L
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105	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	VSD + Aortic procedure	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003M
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106	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	VSD + Mitral procedure	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003N
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107	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	VSD + Tricuspid procedure	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV0030
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108	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	VSD + Pulmonary procedure	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003P
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109	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	VSD + Infundibular procedure	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003Q
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110	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	VSD + Coarctation repair	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003R
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111	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	TAPVC Repair	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003S
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112	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Truncus arteriosus repair	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003T
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113	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Tetralogy of Fallot Repair	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003U
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114	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Complete AV canal repair	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003V
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115	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Arterial switch operation	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003W
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116	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Senning Operation	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003X
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117	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Mustard Operation	226900	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003Y
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118	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	ALCAPA	302500	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Pericardial Patch - 19800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500 RV - PA Conduit - 132000	SV003Z
119	Cardiothoracic Vascular Surgery	Surgical	Coronary artery bypass grafting (CABG), including intra operative balloon pump (if required)	Coronary artery bypass grafting (CABG), including intra operative balloon pump (if required)	178600	10	Not applicable	Not applicable	Not applicable	SV004A

120	Cardiothoracic Vascular Surgery	Surgical	Single Valve Procedure	Aortic Valve	180100	7	Not applicable	Not applicable	Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Tissue Valve - 7700	SV005A
121	Cardiothoracic Vascular Surgery	Surgical	Single Valve Procedure	Mitral Valve	180100	7	Not applicable	Not applicable	Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Tissue Valve - 7700 Valve Ring - Mitral - 38500	SV005B
122	Cardiothoracic Vascular Surgery	Surgical	Single Valve Procedure	Tricuspid Valve	180100	7	Not applicable	Not applicable	Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Tissue Valve - 7700 Valve Ring - Tricuspid - 38500	SV005C

123	Cardiothoracic Vascular Surgery	Surgical	Double Valve Procedure	Double Valve Procedure	214800	10	Repair/ Replacement	None/ None	Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500	SV006A
124	Cardiothoracic Vascular Surgery	Surgical	Triple valve procedure	Triple valve procedure	257200	12	Repair/ Replacement	None/ None	Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500	SV007A
125	Cardiothoracic Vascular Surgery	Surgical	Closed Mitral Valvotomy including thoracotomy	Closed Mitral Valvotomy including thoracotomy	86200	7	Not applicable	Not applicable	Not applicable	SV008A

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126	Cardiothoracic Vascular Surgery	Surgical	Ross Procedure	Ross Procedure	226900	10	Not applicable	Not applicable	RV - PA Conduit - 132000	SV009A
127	Cardiothoracic Vascular Surgery	Surgical	Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM)	Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM)	168000	10	Not applicable	Not applicable	Not applicable	SV010A
128	Cardiothoracic Vascular Surgery	Surgical	Pericardial window (via thoracotomy)	Pericardial window (via thoracotomy)	45400	7	Not applicable	Not applicable	Not applicable	SV011A
129	Cardiothoracic Vascular Surgery	Surgical	Pericardiectomy	Pericardiectomy	101400	10	Not applicable	Not applicable	Not applicable	SV012A
130	Cardiothoracic Vascular Surgery	Surgical	Patent Ductus Arteriosus (PDA) Closure via thoracotomy	Patent Ductus Arteriosus (PDA) Closure via thoracotomy	86200	7	Not applicable	Not applicable	Not applicable	SV013A

131	Cardiothoracic Vascular Surgery	Surgical	Aortic Root Replacement Surgery	Bental Procedure	226900	12	Not applicable	Not applicable	Composite Aortic Valved conduit - Mechanical I - 110000 Dacron Graft - Straight - 33000 Mechanical I Valve - Bileaflet - 44000 Mechanical I Valve - Tilting Disc - 30800 Valve Ring - Mitral - 38500	SV014A
132	Cardiothoracic Vascular Surgery	Surgical	Aortic Root Replacement Surgery	Aortic Dissection	226900	12	Not applicable	Not applicable	Composite Aortic Valved conduit - Mechanical I - 110000 Dacron Graft - Straight - 33000 Mechanical I Valve - Bileaflet - 44000 Mechanical I Valve - Tilting Disc - 30800 Valve Ring	SV014B

									- Mitral - 38500	
133	Cardiothoracic Vascular Surgery	Surgical	Aortic Root Replacement Surgery	Aortic Aneurysm	226900	12	Not applicable	Not applicable	Composite Aortic Valved conduit - Mechanica I - 110000 Dacron Graft - Straight - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Valve Ring - Mitral - 38500	SV014C



134	Cardiothoracic Vascular Surgery	Surgical	Aortic Root Replacement Surgery	Valve sparing root replacement	226900	12	Not applicable	Not applicable	Composite Aortic Valved conduit - Mechanical I - 110000 Dacron Graft - Straight - 33000 Mechanical I Valve - Bileaflet - 44000 Mechanical I Valve - Tilting Disc - 30800 Valve Ring - Mitral - 38500	SV014D
135	Cardiothoracic Vascular Surgery	Surgical	Aortic Root Replacement Surgery	AVR + Root enlargement	226900	12	Not applicable	Not applicable	Composite Aortic Valved conduit - Mechanical I - 110000 Dacron Graft - Straight - 33000 Mechanical I Valve - Bileaflet - 44000 Mechanical I Valve - Tilting Disc - 30800 Valve Ring	SV014E

									- Mitral - 38500	
136	Cardiothoracic Vascular Surgery	Surgical	Aortic Arch Replacement / Thoracoabdominal aneurysm Repair using bypass	Aortic Arch Replacement using bypass	226900	12	Not applicable	Not applicable	Arch Graft - 93500 Coselli Graft - 93500 Complex grafts other than Arch Graft & Coseli Graft - 93500	SV015A
137	Cardiothoracic Vascular Surgery	Surgical	Aortic Arch Replacement / Thoracoabdominal aneurysm Repair using bypass	Thoracoabdominal aneurysm Repair using bypass	226900	12	Not applicable	Not applicable	Arch Graft - 93500 Coselli Graft - 93500 Complex grafts other than Arch Graft & Coseli	SV015B

									Graft - 93500	
138	Cardiothoracic Vascular Surgery	Surgical	Aortic Aneurysm Repair	Aortic Aneurysm Repair using Cardiopulmonary bypass (CPB)	165000	10	Not applicable	Not applicable	Dacron Graft - Straight - 33000	SV016A
139	Cardiothoracic Vascular Surgery	Surgical	Aortic Aneurysm Repair	Aortic Aneurysm Repair using Left Heart Bypass	165000	10	Not applicable	Not applicable	Dacron Graft - Straight - 33000	SV016B
140	Cardiothoracic Vascular Surgery	Surgical	Aortic Aneurysm Repair	Aortic Aneurysm Repair without using Cardiopulmonary bypass (CPB)	99100	10	Not applicable	Not applicable	Dacron Graft - Straight - 33000	SV016C
141	Cardiothoracic Vascular Surgery	Surgical	Aortic Aneurysm Repair	Aortic Aneurysm Repair without using Left Heart Bypass	99100	10	Not applicable	Not applicable	Dacron Graft - Straight - 33000	SV016D
142	Cardiothoracic Vascular Surgery	Surgical	Aorto Iliac / Aorto femoral bypass	Aorto Iliac bypass	97600	7	Not applicable	Not applicable	Dacron Graft - Bifurcated - 38500	SV017A
143	Cardiothoracic Vascular Surgery	Surgical	Aorto Iliac / Aorto femoral bypass	Aorto femoral bypass	97600	7	Not applicable	Not applicable	Dacron Graft - Bifurcated - 38500	SV017B

144	Cardiothoracic Vascular Surgery	Surgical	Aorto Iliac / Aorto femoral bypass (Uni and Bi)	Aorto Iliac bypass - B/L	97600	7	Not applicable	Not applicable	Dacron Graft - Bifurcated - 38500 PTFE Graft - Straight - 55000	SV017C
145	Cardiothoracic Vascular Surgery	Surgical	Aorto Iliac / Aorto femoral bypass (Uni and Bi)	Aorto femoral bypass - B/L	97600	7	Not applicable	Not applicable	Dacron Graft - Bifurcated - 38500 PTFE Graft - Straight - 55000	SV017D
146	Cardiothoracic Vascular Surgery	Surgical	Pulmonary Embolectomy / Thromboendarterectomy	Pulmonary Embolectomy	213300	10	Not applicable	Not applicable	Not applicable	SV018A
147	Cardiothoracic Vascular Surgery	Surgical	Pulmonary Embolectomy / Thromboendarterectomy	Thromboendarterectomy	213300	10	Not applicable	Not applicable	Not applicable	SV018B
148	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Femoro - Femoral Bypass	77000	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019A

149	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Carotid - endarterectomy	75700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019B
150	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Carotid Body Tumor Excision	75700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019C
151	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Thoracic Outlet syndrome Repair	75700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019D
152	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Carotid aneurysm repair	75700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019E
153	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Subclavian aneurysm repair	75700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019F

154	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Axillary aneurysm repair	75700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019G
155	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Brachial aneurysm repair	75700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019H
156	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Femoral aneurysm repair	75700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019I
157	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Popliteal aneurysm repair	75700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019J
158	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Femoral - popliteal Bypass	75700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019K

159	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Axillo - Brachial Bypass	71500	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019L
160	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Carotio - carotid Bypass	75700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019M
161	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Carotido - subclavian bypass	75700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019N
162	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Carotido - axillary bypass	75700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019O
163	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Axillo - femoral bypass	77000	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019P

164	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Axillo - femoral bypass - B/L	75700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019Q
165	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Aorto - carotid bypass	75700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019R
166	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Aorto - subclavian bypass	75700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019S
167	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Patch Graft Angioplasty	105900	7	Not applicable	Not applicable	Not applicable	SV019T
168	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Small Arterial Aneurysms – Repair	105900	7	Not applicable	Not applicable	Not applicable	SV019U
169	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Medium size arterial aneurysms with synthetic graft	105900	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000	SV019V



170	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Surgery for Arterial Aneurysm – Vertebral	105900	7	Not applicable	Not applicable	Not applicable	SV019W
171	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Surgery for Arterial Aneurysm Renal Artery	105900	7	Not applicable	Not applicable	Not applicable	SV019X
172	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Operations for Acquired Arteriovenous Fistula	105900	7	Not applicable	Not applicable	Not applicable	SV019Y
173	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Congenital Arterio Venous Fistula	105900	7	Not applicable	Not applicable	Not applicable	SV019Z
174	Cardiothoracic Vascular Surgery	Surgical	Thromboembolectomy	Thromboembolectomy	42400	4	Not applicable	Not applicable	Not applicable	SV020A
175	Cardiothoracic Vascular Surgery	Surgical	Peripheral arterial injury repair (without bypass)	Peripheral arterial injury repair (without bypass)	45400	4	Not applicable	Not applicable	Not applicable	SV021A
176	Cardiothoracic Vascular Surgery	Surgical	Thoracotomy, Thoraco Abdominal Approach	Thoracotomy, Thoraco Abdominal Approach	45400	10	Not applicable	Not applicable	Not applicable	SV022A
177	Cardiothoracic Vascular Surgery	Surgical	Lung surgery including Thoracotomy	Lung cyst exision	68100	10	Not applicable	Not applicable	Not applicable	SV023A
178	Cardiothoracic Vascular Surgery	Surgical	Lung surgery including Thoracotomy	Decortication	68100	10	Not applicable	Not applicable	Not applicable	SV023B
179	Cardiothoracic Vascular Surgery	Surgical	Lung surgery including Thoracotomy	Hydatid cyst	68100	10	Not applicable	Not applicable	Not applicable	SV023C

180	Cardiothoracic Vascular Surgery	Surgical	Lung surgery including Thoracotomy	Other simple lung procedure excluding lung resection	68100	10	Not applicable	Not applicable	Not applicable	SV023D
181	Cardiothoracic Vascular Surgery	Surgical	Lung surgery including Thoracotomy	Bronchial Repair Surgery for Injuries due to FB	68100	10	Not applicable	Not applicable	Not applicable	SV023E
182	Cardiothoracic Vascular Surgery	Surgical	Pulmonary Resection	Non infective	105900	10	Non - Infective/ Infective	None/ "+" 22000	Not applicable	SV024A
183	Cardiothoracic Vascular Surgery	Surgical	Foreign Body Removal with scope	Foreign Body Removal with scope	30300	2	Not applicable	Not applicable	Not applicable	SV025A
184	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Bronchopleural Fistula	Surgical Correction of Bronchopleural Fistula	98300	10	Not applicable	Not applicable	Not applicable	SV026A
185	Cardiothoracic Vascular Surgery	Surgical	Space - Occupying Lesion (SOL) mediastinum	Space - Occupying Lesion (SOL) mediastinum	99100	10	Not applicable	Not applicable	Not applicable	SV027A
186	Cardiothoracic Vascular Surgery	Surgical	Isolated Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy	Isolated Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy	15200	4	Not applicable	Not applicable	Not applicable	SV028A

187	Cardiothoracic Vascular Surgery	Surgical	Diaphragmatic Repair	Diaphragmatic Repair	45400	10	Not applicable	Not applicable	Mesh - 6 X 3 - Polypropylene - 2200	SV029A
188	Cardiothoracic Vascular Surgery	Surgical	Surgery for Cardiac Tumour	Surgery for Cardiac Tumour	143800	10	Not applicable	Not applicable	Not applicable	SV030A
189	Cardiothoracic Vascular Surgery	Surgical	Immediate reoperation (within 5 days)	Tetralogy of Fallot Repair	113500	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Pericardial Patch - 19800 RV - PA Conduit - 132000 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500	SV031A

190	Cardiothoracic Vascular Surgery	Surgical	Immediate reoperation (within 5 days)	Aortic Valve	215700	7	Not applicable	Not applicable	Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Tissue Valve - 77000	SV031B
191	Cardiothoracic Vascular Surgery	Surgical	Immediate reoperation (within 5 days)	Mitral Valve	215700	7	Not applicable	Not applicable	Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Tissue Valve - 77000 Valve Ring - Mitral - 38500	SV031C
192	Cardiothoracic Vascular Surgery	Surgical	Immediate reoperation (within 5 days)	Tricuspid Valve	215700	7	Not applicable	Not applicable	Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Tissue Valve - 77000 Valve Ring - Tricuspid - 38500	SV031D

193	Cardiothoracic Vascular Surgery	Surgical	Immediate reoperation (within 5 days)	Double Valve Procedure	107500	10	Repair/ Replacement	None/ None	Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500	SV031E
194	Cardiothoracic Vascular Surgery	Surgical	Immediate reoperation (within 5 days)	Triple valve procedure	128600	12	Repair/ Replacement	None/ None	Mechanica I Valve - Bileaflet - 44000 Mechanica I Valve - Tilting Disc - 30800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500	SV031F

195	Cardiothoracic Vascular Surgery	Surgical	Low Cardiac Output syndrome requiring IABP insertion post - operatively	Low Cardiac Output syndrome requiring IABP insertion post - operatively	75700	7	Not applicable	Not applicable	Not applicable	SV032A
196	Cardiothoracic Vascular Surgery	Surgical	Re-do sternotomy	Re-do sternotomy	30300	NA	Not applicable	Not applicable	Not applicable	SV033A
197	Cardiothoracic Vascular Surgery	Surgical	Excessive bleeding requiring re-exploration	Excessive bleeding requiring re-exploration	15200	NA	Not applicable	Not applicable	Not applicable	SV034A
198	Cardiothoracic Vascular Surgery	Surgical	Mediastinotomy	Mediastinotomy	43600	4	Not applicable	Not applicable	Not applicable	SV035A
199	Cardiothoracic Vascular Surgery	Surgical	Pectus excavation	Pectus excavation	68800	7	Not applicable	Not applicable	Not applicable	SV036A
200	Cardiothoracic Vascular Surgery	Surgical	Left ventricular aneurysm repair	Left ventricular aneurysm repair	178600	7	Not applicable	Not applicable	Not applicable	SV037A
201	Cardiothoracic Vascular Surgery	Surgical	CABG + Left ventricular aneurysm repair	CABG + Left ventricular aneurysm repair	247400	7	Not applicable	Not applicable	Not applicable	SV038A
202	Cardiothoracic Vascular Surgery	Surgical	Tracheal repair	Tracheal repair	68800	7	Not applicable	Not applicable	Not applicable	SV039A
203	Cardiothoracic Vascular Surgery	Surgical	Aortic stenting	Aortic stenting	68800	7	Not applicable	Not applicable	PTFE Graft - Straight - 55000 Aortic stent - 350000	SV040A

204	Cardiothoracic Vascular Surgery	Surgical	follow up - Cardiothoracic Vascular Surgery	First Follow-up- 2-4 weeks after discharge	0	D	Not applicable	Not applicable	Not applicable	SV041A
205	Cardiothoracic Vascular Surgery	Surgical	follow up - CTVS	Second Follow-up- After 3 months	4800	7	Not applicable	Not applicable	Not applicable	SV041B
206	Cardiothoracic Vascular Surgery	Surgical	follow up - CTVS	Third Follow-up- After 3 months	2400	7	Not applicable	Not applicable	Not applicable	SV041C
207	Cardiothoracic Vascular Surgery	Surgical	follow up - CTVS	fourth Follow-up- After 3 months	2400	7	Not applicable	Not applicable	Not applicable	SV041D
208	Cardiothoracic Vascular Surgery	Surgical	follow up - CTVS	Fifth Follow-up - After 3 months	2400	7	Not applicable	Not applicable	Not applicable	SV041E
209	Emergency Room Packages	Surgical	Laceration	Suturing/ Dressing	2200	D	Not applicable	Not applicable	Not applicable	ER001A
210	Emergency Room Packages	Surgical	Laceration	Dressing Under LA	1200	D	Not applicable	Not applicable	Not applicable	ER001B
211	Emergency Room Packages	Medical	Cardiopulmonary emergency	with stable cardiopulmonary status	2200	D	Not applicable	Not applicable	Not applicable	ER002A
212	Emergency Room Packages	Medical	Cardiopulmonary emergency	with unstable cardiopulmonary status with resuscitation	11000	NA	Not applicable	Not applicable	Not applicable	ER002B
213	Emergency Room Packages	Medical	Animal bites	Dog/ Cat/ Rat Bites	500	D	Not applicable	Not applicable	Not applicable	ER003A
214	Emergency Room Packages	Medical	Animal bites	Insect Bite	18500	7	Not applicable	Not applicable	Not applicable	ER003MLA
215	Emergency Room Packages	Medical	Animal bites	Other bites	2300	D	Not applicable	Not applicable	Not applicable	ER003MLB
216	Emergency Room Packages	Surgical	Gunshot Injury	Gunshot Injury	45700	3	Not applicable	Not applicable	Not applicable	SG154MLA
217	Emergency Room Packages	Medical	Emergency Management of Hematuria	Emergency Management of Hematuria	0	2	Routine Ward	2000	Not applicable	SU073A

218	General Medicine	Medical	Acute febrile illness	Acute febrile illness	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG001A
219	General Medicine	Medical	Severe sepsis	Severe sepsis	0	12	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG002A
220	General Medicine	Medical	Severe sepsis	Septic shock	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG002B
221	General Medicine	Medical	Malaria	Malaria	0	9	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG003A
222	General Medicine	Medical	Malaria	Complicated Malaria	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG003B
223	General Medicine	Medical	Malaria	Plasmodium Falciparum Malaria	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG003MLA



224	General Medicine	Medical	Malaria	Plasmodium Malariae Malaria	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG003MLB
225	General Medicine	Medical	Malaria	Plasmodium Vivax Malaria	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG003MLC
226	General Medicine	Medical	Dengue fever	Dengue fever	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG004A
227	General Medicine	Medical	Dengue fever	Dengue hemorrhagic fever	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG004B
228	General Medicine	Medical	Dengue fever	Dengue shock syndrome	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG004C
229	General Medicine	Medical	Chikungunya fever	Chikungunya fever	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG005A

230	General Medicine	Medical	Enteric Fever	Enteric Fever	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG006A
231	General Medicine	Medical	HIV with complications	HIV with complications	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG007A
232	General Medicine	Medical	Leptospirosis	Leptospirosis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG008A
233	General Medicine	Medical	Acute gastroenteritis	with moderate dehydration	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG009A
234	General Medicine	Medical	Acute gastroenteritis	with severe dehydration	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG009B
235	General Medicine	Medical	Chronic PD catheter Insertion	Chronic PD catheter Insertion	4500	4	Not applicable	Not applicable	Not applicable	MG0100A
236	General Medicine	Medical	Acute severe ulcerative colitis	Acute severe ulcerative colitis	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG0101A

237	General Medicine	Medical	Mesenteric Ischemia	Mesenteric Ischemia	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG0102A
238	General Medicine	Medical	Intestinal obstruction	Intestinal obstruction	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG0103A
239	General Medicine	Medical	Acute necrotizing severe pancreatitis	Acute necrotizing severe pancreatitis	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG0104A
240	General Medicine	Medical	Pulmonary Thromboembolism	Pulmonary Thromboembolism	27500	4	Not applicable	Not applicable	Not applicable	MG0105A
241	General Medicine	Medical	Diffuse alveolar Hemorrhage Associated with SLE/Vasculitis/GP Syndrome	Diffuse alveolar Hemorrhage Associated with SLE/Vasculitis/GP Syndrome	149600	4	Not applicable	Not applicable	Not applicable	MG0106A
242	General Medicine	Medical	Severe/Refractory Vasculitis	Severe/Refractory Vasculitis	82500	4	Not applicable	Not applicable	Not applicable	MG0107A
243	General Medicine	Medical	Acute liver failure/Fulminant Hepatitis	Acute liver failure/Fulminant Hepatitis	55000	4	Not applicable	Not applicable	Not applicable	MG0108A

244	General Medicine	Medical	Pulmonary thromboembolism	Pulmonary thromboembolism	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG0109A
245	General Medicine	Medical	Diarrhoea	Diarrhoea	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG010A
246	General Medicine	Medical	Diarrhoea	Persistent diarrhoea	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG010B
247	General Medicine	Medical	Acute liver failure	Acute liver failure	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG0110A
248	General Medicine	Medical	Pleural Effusion	Pleural Effusion	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG0111A
249	General Medicine	Medical	Hyberbilirubinemia	Hyberbilirubinemia	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG0112A

250	General Medicine	Medical	Polytrauma	Polytrauma	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG0113A
251	General Medicine	Medical	Trauma- FacioMaxillary	Trauma- FacioMaxillary	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG0113B
252	General Medicine	Medical	Trauma Hand injury	Trauma Hand injury	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG0113C
253	General Medicine	Medical	Trauma Rib fracture conservative	Trauma Rib fracture conservative	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG0113D
254	General Medicine	Medical	Trauma Blunt injury conservative	Trauma Blunt injury conservative	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG0113E
255	General Medicine	Medical	Trauma Contusion chest injury	Trauma Contusion chest injury	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG0113F

256	General Medicine	Medical	Oesophageal Varices Banding	Oesophageal Varices Banding	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG0114A
257	General Medicine	Medical	Inflammatory Myopathy/ Myaesthetic Crisis	Inflammatory Myopathy/ Myaesthetic Crisis	2300	4	Not applicable	Not applicable	Not applicable	MG0115A
258	General Medicine	Medical	Guillain Barre syndrome	Guillain Barre syndrome (Plasmapheresis)	2300	4	Not applicable	Not applicable	Not applicable	MG0116A
259	General Medicine	Medical	Myasthenic crisis (Plasmapheresis)	Myasthenic crisis (Plasmapheresis)	2300	4	Not applicable	Not applicable	Not applicable	MG0116B
260	General Medicine	Medical	Moyamoya revascularization	Moyamoya revascularization	2300	4	Not applicable	Not applicable	Not applicable	MG0117A
261	General Medicine	Medical	Evaluation of drug resistant epilepsy-Phase-1	Evaluation of drug resistant epilepsy-Phase-1	2300	4	Not applicable	Not applicable	Not applicable	MG0118A
262	General Medicine	Medical	Drug resistant epilepsy	Drug resistant epilepsy	2300	4	Not applicable	Not applicable	Not applicable	MG0119A
263	General Medicine	Medical	Dysentery	Dysentery	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG011A

264	General Medicine	Medical	Medical/ neuro rehabilitation	Comprehensive medical rehabilitation for spinal injury/ traumatic brain injury, CVA, Cerebral palsy with or without orthosis	27500	4	Not applicable	Not applicable	Not applicable	MG0120A
265	General Medicine	Medical	Medical/ neuro rehabilitation	Comprehensive medical rehabilitation for of complication secondary to specified disanility/multiple disability including procedures, chemodenevaration with or with out orthosis	38500	4	Not applicable	Not applicable	Not applicable	MG0120B
266	General Medicine	Medical	Medical/ neuro rehabilitation	Single event multiple level surgery for spasticity management in cerebral palsy	16500	4	Not applicable	Not applicable	Not applicable	MG0120C
267	General Medicine	Medical	Medical/ neuro rehabilitation	Medical rehabilitation of muscular dystrophy	7700	4	Not applicable	Not applicable	Not applicable	MG0120D
268	General Medicine	Medical	Medical/ neuro rehabilitation	Medical Rehabilitation intellectual dissability	7700	4	Not applicable	Not applicable	Not applicable	MG0120E
269	General Medicine	Medical	Medical/ neuro rehabilitation	Medical Rehabilitation special learning disability	7700	4	Not applicable	Not applicable	Not applicable	MG0120F
270	General Medicine	Medical	Medical/ neuro rehabilitation	Medical Rehabilitation multiple disability	7700	4	Not applicable	Not applicable	Not applicable	MG0120G
271	General Medicine	Medical	Hepatitis	Acute viral hepatitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG012A

272	General Medicine	Medical	Hepatitis	Chronic Viral Hepatitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG012B
273	General Medicine	Medical	Liver abscess	Liver abscess	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG014A
274	General Medicine	Medical	Drainage of Abscess	Liver Abscess	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG014A
275	General Medicine	Medical	Visceral leishmaniasis	Visceral leishmaniasis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG015A
276	General Medicine	Medical	Pneumonia	Pneumonia	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG016A
277	General Medicine	Medical	Pneumonia	Severe pneumonia	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG016B



278	General Medicine	Medical	Pneumonia	Pneumonia due to Haemophilus Influenzae	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG016MLA
279	General Medicine	Medical	Pneumonia	Pneumonia due to other Infectious organisms not elsewhere classified	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG016MLB
280	General Medicine	Medical	Pneumonia	Pneumonia due to Streptococcus Pneumoniae	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG016MLC
281	General Medicine	Medical	Pneumonia	Viral Pneumonia not elsewhere classified	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG016MLD
282	General Medicine	Medical	Pneumonia	Bacterial Pneumonia not elsewhere classified	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG016MLE
283	General Medicine	Medical	Empyema	Empyema	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG018A

284	General Medicine	Medical	Lung abscess	Lung abscess	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG019A
285	General Medicine	Medical	Pericardial / Pleural tuberculosis	Pericardial tuberculosis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG020A
286	General Medicine	Medical	Pericardial / Pleural tuberculosis	Pleural tuberculosis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG020B
287	General Medicine	Medical	Urinary tract infection	Urinary tract infection	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG021A
288	General Medicine	Medical	Viral encephalitis	Viral encephalitis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG022A
289	General Medicine	Medical	Septic arthritis	Septic arthritis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG023A

290	General Medicine	Medical	Skin and soft tissue infections	Skin and soft tissue infections	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG024A
291	General Medicine	Medical	Recurrent vomiting with dehydration	Recurrent vomiting with dehydration	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG025A
292	General Medicine	Medical	Pyrexia of unknown origin	Pyrexia of unknown origin	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG026A
293	General Medicine	Medical	Bronchiectasis	Bronchiectasis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG027A
294	General Medicine	Medical	Acute bronchitis	Acute bronchitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG028A
295	General Medicine	Medical	Acute exacerbation of COPD	Acute exacerbation of COPD	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG029A

296	General Medicine	Medical	Acute exacerbation of Interstitial Lung Disease	Acute exacerbation of Interstitial Lung Disease	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG030A
297	General Medicine	Medical	Endocarditis	Bacterial	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG031A
298	General Medicine	Medical	Endocarditis	Fungal	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG031B
299	General Medicine	Medical	Vasculitis	Vasculitis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG032A
300	General Medicine	Medical	Pancreatitis	Acute pancreatitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG033A
301	General Medicine	Medical	Pancreatitis	Chronic pancreatitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG033B

302	General Medicine	Medical	Ascites	Ascites	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG034A
303	General Medicine	Medical	Acute transverse myelitis	Acute transverse myelitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG035A
304	General Medicine	Medical	Atrial Fibrillation	Atrial Fibrillation	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG036A
305	General Medicine	Medical	Cardiac Tamponade	Cardiac Tamponade	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG037A
306	General Medicine	Medical	Congestive heart failure	Congestive heart failure	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG038A
307	General Medicine	Medical	Asthma	Acute asthmatic attack	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG039A

308	General Medicine	Medical	Asthma	Status Asthmaticus	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG039B
309	General Medicine	Medical	Asthma	Exacerbation of asthma	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG039MLA
310	General Medicine	Medical	Respiratory failure	Type 1 Respiratory failure	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG040A
311	General Medicine	Medical	Respiratory failure	Type 2 Respiratory failure	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG040B
312	General Medicine	Medical	Respiratory failure	due to any cause	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG040C
313	General Medicine	Medical	GI bleeding	Upper - Conservative management	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG041A

314	General Medicine	Medical	GI bleeding	Upper - Endoscopic management	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG041B
315	General Medicine	Medical	GI bleeding	Lower - Conservative management	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG041C
316	General Medicine	Medical	Addison's disease	Addison's disease	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG043A
317	General Medicine	Medical	Renal colic	Renal colic	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG044A
318	General Medicine	Medical	AKI / Renal failure	AKI / Renal failure	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG045A
319	General Medicine	Medical	Seizures	Seizures	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG046A

320	General Medicine	Medical	Status epilepticus	Convulsive	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG047A
321	General Medicine	Medical	Status epilepticus	Non-convulsive	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG047MLA
322	General Medicine	Medical	Cerebrovascular accident	Cerebrovascular accident	0	9	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG048A
323	General Medicine	Medical	Cerebral sino-venous thrombosis / Stroke	Cerebral Sino-Venous Thrombosis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG049A
324	General Medicine	Medical	Cerebral sino-venous thrombosis / Stroke	Acute Stroke	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG049B
325	General Medicine	Medical	Cerebral sino-venous thrombosis / Stroke	Acute Ischemic Stroke	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG049C



326	General Medicine	Medical	Cerebral sino-venous thrombosis / Stroke	Acute Heamorrhagic Stroke	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG049D
327	General Medicine	Medical	Stroke	Stroke	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG049MLA
328	General Medicine	Medical	Immune mediated CNS disorders	Immune mediated CNS disorders	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG050A
329	General Medicine	Medical	Hydrocephalus	Hydrocephalus	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG051A
330	General Medicine	Medical	Myxedema coma	Myxedema coma	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG052A
331	General Medicine	Medical	Thyrotoxic crisis	Thyrotoxic crisis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG053A

332	General Medicine	Medical	Gout	Gout	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG054A
333	General Medicine	Medical	Pneumothroax	Pneumothroax	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG055A
334	General Medicine	Medical	Neuromuscular disorders	Neuromuscular disorders	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG056A
335	General Medicine	Medical	Hypoglycemia	Hypoglycemia	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG057A
336	General Medicine	Medical	Diabetic Foot	Diabetic Foot	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG058A
337	General Medicine	Medical	Diabetic ketoacidosis	Diabetic ketoacidosis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG059A

338	General Medicine	Medical	Electrolyte Imbalance	Hypercalcemia	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG060A
339	General Medicine	Medical	Electrolyte Imbalance	Hypocalcemia	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG060B
340	General Medicine	Medical	Electrolyte Imbalance	Hyponatremia	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG060C
341	General Medicine	Medical	Electrolyte Imbalance	Hypernatremia	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG060D
342	General Medicine	Medical	Electrolyte Imbalance	Hyperkalaemia	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG060E
343	General Medicine	Medical	Electrolyte Imbalance	Hypokalaemia	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG060F

344	General Medicine	Medical	Hyperosmolar Non-Ketotic coma	Hyperosmolar Non-Ketotic coma	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG061A
345	General Medicine	Medical	Accelerated hypertension	Accelerated hypertension	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG062A
346	General Medicine	Medical	Hypertensive emergencies	Hypertensive emergencies	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG063A
347	General Medicine	Medical	Severe anemia	Severe anemia	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG064A
348	General Medicine	Medical	Sickle cell anemia	Sickle cell anemia	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG065A
349	General Medicine	Medical	Anaphylaxis	Anaphylaxis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG066A

350	General Medicine	Medical	Heat stroke	Heat stroke	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG067A
351	General Medicine	Medical	Systematic lupus erythematosus	Systematic lupus erythematosus	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG068A
352	General Medicine	Medical	Guillian Barre Syndrome	Guillian Barre Syndrome	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG069A
353	General Medicine	Medical	Snake bite	Snake bite	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG070A
354	General Medicine	Medical	Poisoning	Acute organophosphorus poisoning	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG071A
355	General Medicine	Medical	Poisoning	Other Poisoning	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG071B
356	General Medicine	Medical	Dialysis	Peritoneal dialysis	3000	NA	Not applicable	Not applicable	Not applicable	MG072B
357	General Medicine	Medical	Dialysis	Acute Haemodialysis	3000	NA	Not applicable	Not applicable	Not applicable	MG072C

358	General Medicine	Medical	Dialysis	Chronic Haemodialysis	3000	NA	Not applicable	Not applicable	Not applicable	MG072D
359	General Medicine	Medical	Plasmapheresis	Plasmapheresis	2200	NA	Not applicable	Not applicable	Not applicable	MG073A
360	General Medicine	Medical	Whole Blood	Whole Blood	2400	NA	Not applicable	Not applicable	Not applicable	MG074A
361	General Medicine	Medical	Blood transfusion	Packed Cells	2400	NA	Not applicable	Not applicable	Not applicable	MG074B
362	General Medicine	Medical	Blood transfusion	Plasmapheresis	2400	NA	Not applicable	Not applicable	Not applicable	MG074B
363	General Medicine	Medical	Blood transfusion	Platelets	2400	NA	Not applicable	Not applicable	Not applicable	MG074B
364	General Medicine	Medical	High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging)	High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging)	5500	NA	Not applicable	Not applicable	Not applicable	MG075A
365	General Medicine	Medical	High end histopathology (Biopsies) and advanced serology investigations	High end histopathology (Biopsies) and advanced serology investigations	5500	NA	Not applicable	Not applicable	Not applicable	MG076A
366	General Medicine	Medical	CRRT CVVHDF	Initiation cost for disposable	38500	5	Not applicable	Not applicable	Not applicable	MG077A
367	General Medicine	Medical	Alcoholic liver disease	Alcoholic liver disease	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG078A

368	General Medicine	Medical	Peripheral Arterial Thrombosis	Peripheral Arterial Thrombosis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG079A
369	General Medicine	Medical	IHD / CAD / Arrhythmia	Arrhythmia	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG081A
370	General Medicine	Medical	IHD / CAD / Arrhythmia	CAD	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG081B
371	General Medicine	Medical	Bone marrow aspiration of biopsy	Bone marrow aspiration of biopsy	1300	4	Not applicable	Not applicable	Not applicable	MG082A
372	General Medicine	Medical	Lumbar puncture	Lumbar puncture	200	4	Not applicable	Not applicable	Not applicable	MG083A
373	General Medicine	Medical	Acute inflammatory demyelinating polyneuropathy	Acute inflammatory demyelinating polyneuropathy	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG083MLA
374	General Medicine	Medical	Joint Aspiration	Joint Aspiration	200	4	Not applicable	Not applicable	Not applicable	MG084A
375	General Medicine	Medical	Acute tubulo-interstitial nephritis	Acute tubulo-interstitial nephritis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG084MLA

376	General Medicine	Medical	DVT Pneumatic Compression Stockings (Add on package in ICU)	DVT Pneumatic Compression Stockings (Add on package in ICU)	1000	4	Not applicable	Not applicable	Not applicable	MG085A
377	General Medicine	Medical	Anaemia	with fever	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG085MLA
378	General Medicine	Medical	Anaemia	Severe anaemia requiring blood transfusion	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG085MLB
379	General Medicine	Medical	Acute Ischemic Stoke	Acute Ischemic Stoke	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG086A
380	General Medicine	Medical	Acute ischemic stroke- intravenous thrombolysis	Acute ischemic stroke- intravenous thrombolysis -Recombinant tissue plasminogen activator	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG086B
381	General Medicine	Medical	Acute ischemic stroke- Intravenous thrombolysis	Acute ischemic stroke- Intravenous thrombolysis-Tenecteplase	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG086C



382	General Medicine	Medical	ARDS (Acute Respiratory Distress Syndrome)	ARDS (Acute Respiratory Distress Syndrome)	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG086MLA
383	General Medicine	Medical	Venous sinus thrombosis	Venous sinus thrombosis	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG087A
384	General Medicine	Medical	Pyogenic Meningitis	Pyogenic Meningitis	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG088A
385	General Medicine	Medical	Chicken Pox	Chicken Pox	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG088MLA
386	General Medicine	Medical	Fungal Meningitis	Fungal Meningitis	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG089A
387	General Medicine	Medical	Chronic Kidney Disease	Chronic Kidney Disease	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG089MLA

388	General Medicine	Medical	Autoimmune encephalitis	Autoimmune encephalitis - Plasmapheresis	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG090A
389	General Medicine	Medical	Autoimmune encephalitis (IVIG)	Autoimmune encephalitis - Immunoglobulin (IVIG)	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG090B
390	General Medicine	Medical	Acute transverse myelitis/ Acute demyelinating encephalitis	Acute transverse myelitis/ Acute demyelinating encephalitis	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG090C
391	General Medicine	Medical	Chronic Liver Disease	Chronic Liver Disease	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG090MLA
392	General Medicine	Medical	Acute hemorrhagic stroke- Hematoma evacuation	Acute hemorrhagic stroke- Hematoma evacuation	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG091A
393	General Medicine	Medical	Acute hemorrhagic stroke- (Extra ventricular drainage)	Acute hemorrhagic stroke- Extra ventricular drainage	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG091B

394	General Medicine	Medical	Chronic Osteomyelitis	Chronic Osteomyelitis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG091MLA
395	General Medicine	Medical	Myasthenic crisis (IVIG)	Myasthenic crisis - Immunoglobulins (IVIG)	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG092A
396	General Medicine	Medical	Myasthenic crisis (Plasmapheresis)	Myasthenic crisis - Plasmapheresis	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG093A
397	General Medicine	Medical	Cirrhosis of Liver with Ascites	Cirrhosis of Liver with Ascites	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG093MLA
398	General Medicine	Medical	Tuberculous meningitis (Hydrocephalus – VP SHUNT/ EVD/Omayya)	Tuberculous meningitis (Hydrocephalus – VP SHUNT/ EVD/Omayya)	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG094A
399	General Medicine	Medical	Complicated Measles	Complicated Measles	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG094MLA

400	General Medicine	Medical	Cholangitis	Cholangitis	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG095A
401	General Medicine	Medical	Diabetes Mellitus	Insulin dependent	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG095MLA
402	General Medicine	Medical	Diabetes Mellitus	Non-insulin dependent	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG095MLB
403	General Medicine	Medical	Diabetes Mellitus	Other Specified Diabetes Mellitus	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG095MLC
404	General Medicine	Medical	Intercostal drainage	Intercostal drainage	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG096A
405	General Medicine	Medical	Diphtheria	Diphtheria	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG096MLA
406	General Medicine	Medical	Endobronchial Ultrasound (EBUS)	Endobronchial Ultrasound guided fine needle biopsy	17300	4	Not applicable	Not applicable	Not applicable	MG097A

407	General Medicine	Medical	Emphysema	Emphysema	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG097MLA
408	General Medicine	Medical	Gastritis	Acute gastritis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG098MLA
409	General Medicine	Medical	Gastritis	Chronic gastritis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG098MLB
410	General Medicine	Medical	Platelet pheresis	Platelet pheresis	12100	4	Not applicable	Not applicable	Not applicable	MG099A
411	General Medicine	Medical	Helminthiasis	Helminthiasis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG099MLA
412	General Medicine	Medical	Intoxications not elsewhere classified	Intoxications not elsewhere classified	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG100MLA
413	General Medicine	Medical	Intracerebral Haemorrhage	Intracerebral Haemorrhage	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG101MLA

414	General Medicine	Medical	Lower Respiratory Tract Infection	Lower Respiratory Tract Infection	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG102MLA
415	General Medicine	Medical	Malnutrition Related Diabetes Mellitus	Malnutrition Related Diabetes Mellitus	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG103MLA
416	General Medicine	Medical	Measles	Measles	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG104MLA
417	General Medicine	Medical	Opportunistic Infections	Opportunistic Infections	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG105MLA
418	General Medicine	Medical	Pertussis	Pertussis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG106MLA
419	General Medicine	Medical	Primary hypertension	Primary hypertension	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG107MLA

420	General Medicine	Medical	Pulmonary Embolism	Pulmonary Embolism	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG108MLA
421	General Medicine	Medical	Radiofrequency Ablation for Trigeminal Neuralgia	Radiofrequency Ablation for Trigeminal Neuralgia	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG109MLA
422	General Medicine	Medical	Scrub Typhus	Scrub typhus complicated	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG110MLA
423	General Medicine	Medical	Scrub Typhus	Scrub typhus	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG110MLB
424	General Medicine	Medical	Subarachnoid Haemorrhage	Subarachnoid Haemorrhage	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG111MLA
425	General Medicine	Medical	Typhoid fever	Typhoid fever	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG112MLA

426	General Medicine	Medical	Typhoid fever	Typhoid fever with complications	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG112MLB
427	General Medicine	Medical	Unspecified Medical Management Package	Unspecified Medical Management Package	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG113MLA
428	General Medicine	Medical	Unspecified Viral Hepatitis	Unspecified Viral Hepatitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG114MLA
429	General Medicine	Medical	Upper respiratory tract infection	Upper respiratory tract infection	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG115MLA
430	General Medicine	Medical	Viral and other specified intestinal infections	Viral and other specified intestinal infections	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG116MLA
431	General Medicine	Medical	Viral Fever	Viral Fever	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG117MLA



432	General Medicine	Medical	Viral Meningitis	Viral Meningitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG118MLA
433	General Medicine	Medical	Stroke Syndrome	Stroke Syndrome	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG119MLA
434	General Medicine	Medical	Fibreoptic bronchoscopy (FOB)	Bronchoscopy	0	NA	Foreign body removal/ Video Bronchoscopy	2700/9400	Not applicable	MG121A
435	General Medicine	Medical	Febrile Seizures/ Other Seizures	Neurocysticercosis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP001C
436	General Medicine	Medical	Epileptic Encephalopathy	Epileptic Encephalopathy	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP002A
437	General Medicine	Medical	Medical Management of Meningo Encephalitis	Medical Management of Meningo Encephalitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP005A

438	General Medicine	Medical	Acute meningo encephalitis / aseptic meningitis / febrile encephalopathy / hypertensive encephalopathy / metabolic encephalopathy / hepatic encephalopathy / brain abscess	Febrile encephalopathy	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP005C
439	General Medicine	Medical	Encephalopathy	Metabolic	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP005E
440	General Medicine	Medical	Encephalopathy	Hepatic	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP005F
441	General Medicine	Medical	Meningitis	Chronic meningitis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP006A

442	General Medicine	Medical	Meningitis	Partially treated pyogenic meningitis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP006B
443	General Medicine	Medical	Meningitis	Neuro tuberculosis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP006C
444	General Medicine	Medical	Meningitis	Complicated bacterial meningitis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP006D
445	General Medicine	Medical	Meningitis	Acute meningitis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP006E
446	General Medicine	Medical	Optic Neuritis	Optic Neuritis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP007A
447	General Medicine	Medical	Intracranial Space Occupying Lesion	Intracranial Space Occupying Lesion	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP010A

448	General Medicine	Medical	Cerebral Herniation	Cerebral Herniation	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP012A
449	General Medicine	Medical	Acute demyelinating myelopathy	Acute demyelinating myelopathy	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP014A
450	General Medicine	Medical	Acute ischemic stroke	Acute ischemic stroke	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP017A
451	General Medicine	Medical	Acute urticaria / Anaphylaxis acute asthma	Acute Urticaria	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP020A
452	General Medicine	Medical	Acute urticaria / Anaphylaxis acute asthma	Anaphylaxis acute asthma	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP020B
453	General Medicine	Medical	Celiac Disease	Celiac Disease	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP022A

454	General Medicine	Medical	Unexplained Hepatosplenomegaly	Unexplained Hepatosplenomegaly	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP023A
455	General Medicine	Medical	Acute Glomerulonephritis	Acute Glomerulonephritis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP025A
456	General Medicine	Medical	Nephrotic Syndrome with Peritonitis	Nephrotic Syndrome with Peritonitis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP026A
457	General Medicine	Medical	NEPHROTIC SYNDROME	Steroid dependent or resistant	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP026B
458	General Medicine	Medical	Haemolytic Uremic Syndrome	Haemolytic Uremic Syndrome	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP027A
459	General Medicine	Medical	Rheumatoid Arthritis	Rheumatoid Arthritis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP038A

460	General Medicine	Medical	Rheumatic Fever	Rheumatic Fever	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP039A
461	General Medicine	Medical	Rheumatic fever	Rheumatic valvular heart disease	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP039B
462	General Medicine	Medical	Idiopathic Thrombocytopenic Purpura	Idiopathic Thrombocytopenic Purpura	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP042A
463	General Medicine	Medical	Ketogenic diet initiation in refractory epilepsy	Ketogenic diet initiation in refractory epilepsy	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP046A
464	General Medicine	Medical	NEPHROTIC SYNDROME	Uncomplicated steroid sensitive	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP050A
465	General Medicine	Medical	Diagnostics/Investigations	Diagnostics/Investigations	0	NA	-	-	-	MG888MLA
466	General Medicine	Medical	High-end Drugs	High-end Drugs	0	NA	-	-	-	MG999MLA

467	General Medicine	Medical	Paralysis	Paralysis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG120MLA
468	General Medicine	Medical	Acute tonsilitis	Acute tonsilitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG121MLA
469	General Medicine	Medical	Orchitis	Orchitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG122MLA
470	General Medicine	Medical	Tuberculosis	MDR Tuberculosis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG123MLA
471	General Medicine	Medical	Tuberculosis	Pulmonary Tuberculosis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG123MLB
472	General Medicine	Medical	Tuberculosis	Extrapulmonary Tuberculosis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG123MLC

473	General Medicine	Medical	Bronchiolitis	Bronchiolitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG124MLA
474	General Medicine	Medical	Cellulitis	Cellulitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG125MLA
475	General Surgery	Surgical	Laceration	Dressing Under LA	1200	D	Not applicable	Not applicable	Not applicable	ER001B
476	General Surgery	Medical	Pericardiocentesis	Pericardiocentesis	16700	1	Not applicable	Not applicable	Not applicable	MC019A
477	General Surgery	Medical	Intercostal drainage	Intercostal drainage	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG096A
478	General Surgery	Surgical	Dupytrens contracture release	Dupytrens contracture release	16200	3	Not applicable	Not applicable	Not applicable	SB051A
479	General Surgery	Surgical	Excision of Bursa	Excision of Bursa	8800	D	Not applicable	Not applicable	Not applicable	SB065A
480	General Surgery	Surgical	Glossectomy	Hemi Glossectomy	77700	6	Not applicable	Not applicable	Not applicable	SC001A
481	General Surgery	Surgical	Glossectomy	Total Glossectomy	88000	11	Not applicable	Not applicable	Not applicable	SC001B
482	General Surgery	Surgical	Cholecystectomy	Radical	95600	6	Not applicable	Not applicable	Not applicable	SC016A
483	General Surgery	Surgical	Cholecystectomy	Revision	95600	6	Not applicable	Not applicable	Not applicable	SC016B
484	General Surgery	Surgical	Laryngectomy	Partial laryngectomy (voice preserving)	104000	6	Not applicable	Not applicable	Not applicable	SC040A



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485	General Surgery	Surgical	Laryngectomy	Total Laryngectomy	103500	11	Not applicable	Not applicable	Not applicable	SC040B
486	General Surgery	Surgical	Comprehensive Neck Dissection	Comprehensive Neck Dissection	36900	8	Not applicable	Not applicable	Not applicable	SC065A
487	General Surgery	Surgical	Resuturing of Any Wound gap Surgeries	Resuturing of Any Wound gap Surgeries	4200	NA	Not applicable	Not applicable	Not applicable	SC080A
488	General Surgery	Surgical	Oesophagectomy	Oesophagectomy	137500	5	Not applicable	Not applicable	Not applicable	SG001A
489	General Surgery	Surgical	Operations for Replacement of Oesophagus by Colon	Operations for Replacement of Oesophagus by Colon	67300	10	Not applicable	Not applicable	Not applicable	SG002A
490	General Surgery	Surgical	Gastrectomy	Bleeding Ulcer - Partial Gastrectomy without Vagotomy	70500	5	Not applicable	Not applicable	Not applicable	SG003A
491	General Surgery	Surgical	Gastrectomy	Bleeding Ulcer - Partial Gastrectomy with Vagotomy	70500	5	Not applicable	Not applicable	Not applicable	SG003B
492	General Surgery	Surgical	Gastrectomy	Partial Gastrectomy for carcinoma	70500	5	Not applicable	Not applicable	Not applicable	SG003C
493	General Surgery	Surgical	Gastrectomy	Subtotal Gastrectomy for Carcinoma	89400	3	Not applicable	Not applicable	Not applicable	SG003D
494	General Surgery	Surgical	Gastrectomy	Total Gastrectomy - Lap.	89400	5	Not applicable	Not applicable	Not applicable	SG003E
495	General Surgery	Surgical	Gastrectomy	Total Gastrectomy - Open	89400	5	Not applicable	Not applicable	Not applicable	SG003F
496	General Surgery	Surgical	Operative Gastrostomy	Operative Gastrostomy	27100	5	Not applicable	Not applicable	Not applicable	SG004A
497	General Surgery	Surgical	Vagotomy	G J Vagotomy	35400	5	Not applicable	Not applicable	Not applicable	SG005A
498	General Surgery	Surgical	Vagotomy	Vagotomy + Pyloroplasty	35400	5	Not applicable	Not applicable	Not applicable	SG005B

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499	General Surgery	Surgical	Operation for Bleeding Peptic Ulcer	Operation for Bleeding Peptic Ulcer	29900	5	Not applicable	Not applicable	Not applicable	SG006A
500	General Surgery	Surgical	Operation for Gastric / Duodenal Perforation	Gastric Perforation	31600	6	Not applicable	Not applicable	Not applicable	SG007A
501	General Surgery	Surgical	Operation for Gastric / Duodenal Perforation	Duodenal Perforation	31600	6	Not applicable	Not applicable	Not applicable	SG007B
502	General Surgery	Surgical	Pyloroplasty	Pyloroplasty	35200	5	Not applicable	Not applicable	Not applicable	SG008A
503	General Surgery	Surgical	Pyloromyotomy	Pyloromyotomy	41300	5	Not applicable	Not applicable	Not applicable	SG009A
504	General Surgery	Surgical	Subtotal Colectomy	Open	38400	4	Not applicable	Not applicable	Not applicable	SG0106A
505	General Surgery	Surgical	Subtotal Colectomy	Lap	38400	4	Not applicable	Not applicable	Not applicable	SG0106B
506	General Surgery	Surgical	Operation for Hydrocele	Operation for Hydrocele	16500	4	Not applicable	Not applicable	Not applicable	SG0107A
507	General Surgery	Surgical	Gastrojejunostomy	Gastrojejunostomy	33000	5	Not applicable	Not applicable	Not applicable	SG010A
508	General Surgery	Surgical	Neurofibroma Excision under LA	Neurofibroma Excision under LA	2200	D	Not applicable	Not applicable	Not applicable	SG0114A
509	General Surgery	Surgical	Ingrowing Toe Nail	Ingrowing Toe Nail	2200	D	Not applicable	Not applicable	Not applicable	SG0115A
510	General Surgery	Surgical	Replacement Surgery For Corrosive Injury Stomach	Replacement Surgery For Corrosive Injury Stomach	55000	4	Not applicable	Not applicable	Not applicable	SG0117A

511	General Surgery	Surgical	Choledochoduodenostomy Or Choledocho Jejunostomy	Choledochoduodenostomy Or Choledocho Jejunostomy	38500	4	Not applicable	Not applicable	Not applicable	SG0118A
512	General Surgery	Surgical	Hepatico Jejunostomy for biliary stricture	Hepatico Jejunostomy for biliary stricture	49500	4	Not applicable	Not applicable	Not applicable	SG0119A
513	General Surgery	Surgical	CystoJejunostomy / Cystogastrostomy	CystoJejunostomy - Open	32200	6	Not applicable	Not applicable	Not applicable	SG011A
514	General Surgery	Surgical	CystoJejunostomy / Cystogastrostomy	CystoJejunostomy - Lap.	32200	6	Not applicable	Not applicable	Not applicable	SG011B
515	General Surgery	Surgical	CystoJejunostomy / Cystogastrostomy	Cystogastrostomy - Open	32200	6	Not applicable	Not applicable	Not applicable	SG011C
516	General Surgery	Surgical	CystoJejunostomy / Cystogastrostomy	Cystogastrostomy - Lap.	32200	6	Not applicable	Not applicable	Not applicable	SG011D
517	General Surgery	Surgical	I Stage- Sub Total Colectomy + Ileostomy + J - Pouch	I Stage- Sub Total Colectomy + Ileostomy + J - Pouch	88000	4	Not applicable	Not applicable	Not applicable	SG0120A
518	General Surgery	Surgical	Distal Pancreatectomy + Splenectomy	Distal Pancreatectomy + Splenectomy	66000	4	Not applicable	Not applicable	Not applicable	SG0122A

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519	General Surgery	Surgical	I Stage-Sub Total Colectomy + Ileostomy	I Stage-Sub Total Colectomy + Ileostomy	44000	4	Not applicable	Not applicable	Not applicable	SG0124A
520	General Surgery	Surgical	Feeding Jejunostomy	Feeding Jejunostomy	24600	6	Not applicable	Not applicable	Not applicable	SG012A
521	General Surgery	Surgical	Ileostomy	Ileostomy	28000	6	Not applicable	Not applicable	Not applicable	SG013A
522	General Surgery	Surgical	Congenital atresia & stenosis of small intestine	Congenital atresia & stenosis of small intestine	41300	6	Not applicable	Not applicable	Not applicable	SG014A
523	General Surgery	Surgical	Operation for Duplication of Intestine	Operation for Duplication of Intestine	28300	7	Not applicable	Not applicable	Not applicable	SG015A
524	General Surgery	Surgical	Diverticulectomy	Excision Duodenal Diverticulum	25200	5	Not applicable	Not applicable	Not applicable	SG016A
525	General Surgery	Surgical	Diverticulectomy	Excision Meckel's Diverticulum	25200	3	Not applicable	Not applicable	Not applicable	SG016B
526	General Surgery	Surgical	Appendicectomy	Open	21700	3	Not applicable	Not applicable	Not applicable	SG017A
527	General Surgery	Surgical	Appendicectomy	Laparoscopic	21700	3	Not applicable	Not applicable	Not applicable	SG017B
528	General Surgery	Surgical	Appendicular Perforation	Appendicular Perforation	22000	5	Not applicable	Not applicable	Not applicable	SG018A
529	General Surgery	Surgical	Appendicular Abscess - Drainage	Appendicular Abscess - Drainage	16500	3	Not applicable	Not applicable	Not applicable	SG019A
530	General Surgery	Surgical	Colectomy	Total Colectomy - Open	53100	6	Not applicable	Not applicable	Not applicable	SG020A
531	General Surgery	Surgical	Colectomy	Total Colectomy - Lap.	53100	6	Not applicable	Not applicable	Not applicable	SG020B

532	General Surgery	Surgical	Colectomy	Right hemicolectomy - Open	38800	3	Not applicable	Not applicable	Not applicable	SG020C
533	General Surgery	Surgical	Colectomy	Right hemicolectomy - Lap.	38800	3	Not applicable	Not applicable	Not applicable	SG020D
534	General Surgery	Surgical	Colectomy	Left hemicolectomy - Open	38800	3	Not applicable	Not applicable	Not applicable	SG020E
535	General Surgery	Surgical	Colectomy	Left hemicolectomy - Lap.	38800	3	Not applicable	Not applicable	Not applicable	SG020F
536	General Surgery	Surgical	Operative Management of Volvulus of Large Bowel	Operative Management of Volvulus of Large Bowel	48300	6	Not applicable	Not applicable	Not applicable	SG022A
537	General Surgery	Surgical	Closure of colostomy	Closure of colostomy	24600	3	Not applicable	Not applicable	Not applicable	SG023A
538	General Surgery	Surgical	Closure of stoma	Closure of stoma	18400	3	Not applicable	Not applicable	Not applicable	SG024A
539	General Surgery	Surgical	Sigmoid Resection	Sigmoid Resection	23700	4	Not applicable	Not applicable	Not applicable	SG025A
540	General Surgery	Surgical	Procedure for rectal prolapse	Perineal - Open	22400	4	Not applicable	Not applicable	Not applicable	SG026A
541	General Surgery	Surgical	Procedure for rectal prolapse	Abdominal - Open	22400	4	Not applicable	Not applicable	Not applicable	SG026B
542	General Surgery	Surgical	Procedure for rectal prolapse	Abdominal - Lap.	22400	4	Not applicable	Not applicable	Not applicable	SG026C
543	General Surgery	Surgical	Rectal Polyp Excision	Rectal Polyp Excision	10500	1	Not applicable	Not applicable	Not applicable	SG028A
544	General Surgery	Surgical	Anterior Resection of rectum	Open	55000	3	Not applicable	Not applicable	Not applicable	SG029A
545	General Surgery	Surgical	Anterior Resection of rectum	Lap.	55000	3	Not applicable	Not applicable	Not applicable	SG029B

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546	General Surgery	Surgical	Resection Anastomosis	Open	36400	7	Not applicable	Not applicable	Not applicable	SG030A
547	General Surgery	Surgical	Resection Anastomosis	Lap	36400	7	Not applicable	Not applicable	Not applicable	SG030B
548	General Surgery	Surgical	Procedure for Fissure in Ano	Procedure for Fissure in Ano	13800	1	Not applicable	Not applicable	Not applicable	SG031A
549	General Surgery	Surgical	Haemorrhoidectomy	without Stapler	18800	1	Not applicable	Not applicable	Not applicable	SG032A
550	General Surgery	Surgical	Haemorrhoidectomy	with Stapler	18800	1	Not applicable	Not applicable	Haemorrhoid Stapler - 18700	SG032B
551	General Surgery	Surgical	Excision of Pilonidal Sinus	Excision of Pilonidal Sinus	16900	1	Local Anesthesia/ General Anesthesia	None/ "+" 9400	Not applicable	SG033A
552	General Surgery	Surgical	Excision of Siniuds and Curetage	Excision of Siniuds and Curetage	14900	3	Not applicable	Not applicable	Not applicable	SG034A
553	General Surgery	Surgical	Exploratory Laparotomy	Exploratory Laparotomy	12500	5	Not applicable	Not applicable	Not applicable	SG035A
554	General Surgery	Surgical	Closure of Burst Abdomen	Closure of Burst Abdomen	27100	6	Not applicable	Not applicable	Not applicable	SG036A
555	General Surgery	Surgical	Hepatic Resection	Open	47400	7	Not applicable	Not applicable	Not applicable	SG037A
556	General Surgery	Surgical	Hepatic Resection	Lap.	47400	7	Not applicable	Not applicable	Not applicable	SG037B
557	General Surgery	Surgical	Abdominal Hydatid Cyst (Single Organ)	Abdominal Hydatid Cyst (Single Organ)	49500	10	Not applicable	Not applicable	Not applicable	SG038A
558	General Surgery	Surgical	Cholecystectomy	Without Exploration of CBD - Open	36800	4	Not applicable	Not applicable	Not applicable	SG039A

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559	General Surgery	Surgical	Cholecystectomy	With Exploration of CBD - Open	36800	6	Not applicable	Not applicable	Not applicable	SG039B
560	General Surgery	Surgical	Cholecystectomy	Without Exploration of CBD - Lap.	36800	3	Not applicable	Not applicable	Not applicable	SG039C
561	General Surgery	Surgical	Cholecystectomy	With Exploration of CBD - Lap.	36800	3	Not applicable	Not applicable	Not applicable	SG039D
562	General Surgery	Surgical	Operative Cholecystostomy	Chronic Cholecystitis With Cholelithiasis	14900	3	Not applicable	Not applicable	Not applicable	SG040A
563	General Surgery	Surgical	Operative Cholecystostomy	Lap.	14900	3	Not applicable	Not applicable	Not applicable	SG040B
564	General Surgery	Surgical	Operation of Choledochal Cyst	Open	38000	5	Not applicable	Not applicable	Not applicable	SG041A
565	General Surgery	Surgical	Operation of Choledochal Cyst	Laparoscopic	38000	5	Not applicable	Not applicable	Not applicable	SG041MLA
566	General Surgery	Surgical	Splenectomy	Open	49500	7	Not applicable	Not applicable	Not applicable	SG042A
567	General Surgery	Surgical	Splenectomy	Laparoscopic	49500	3	Not applicable	Not applicable	Not applicable	SG042B
568	General Surgery	Surgical	Bypass surgery for inoperable CA head pancreas	Bypass surgery for inoperable CA head pancreas	68800	7	Not applicable	Not applicable	Not applicable	SG043A
569	General Surgery	Surgical	Distal Pancreatectomy with Pancreatico Jejunostomy	Distal Pancreatectomy with Pancreatico Jejunostomy	79800	7	Not applicable	Not applicable	Not applicable	SG044A

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570	General Surgery	Surgical	Pancreaticoduodenectomy (Whipple's)	Pancreaticoduodenectomy (Whipple's)	137500	7	Not applicable	Not applicable	Not applicable	SG045A
571	General Surgery	Surgical	Porto Caval Anastomosis	Porto Caval Anastomosis	55000	7	Not applicable	Not applicable	Not applicable	SG046A
572	General Surgery	Surgical	Mesenteric Caval Anastomosis	Mesenteric Caval Anastomosis	53500	6	Not applicable	Not applicable	Not applicable	SG047A
573	General Surgery	Surgical	Mesenteric Cyst - Excision	Mesenteric Cyst - Excision	22000	5	Not applicable	Not applicable	Not applicable	SG048A
574	General Surgery	Surgical	Retroperitoneal Tumor - Excision	Retroperitoneal Tumor - Excision	43100	5	Not applicable	Not applicable	Not applicable	SG049A
575	General Surgery	Surgical	Hernia Repair	Inguinal	22000	3	Not applicable	Not applicable	Mesh - 6 X 3 - Polypropylene - 2200	SG050A
576	General Surgery	Surgical	Hernia Repair	Femoral	22000	3	Not applicable	Not applicable	Mesh - 6 X 3 - Polypropylene - 2200	SG050B
577	General Surgery	Surgical	Hernia Repair	Obturator	22000	2	Not applicable	Not applicable	Tackers - 16500 Mesh - 15 X 15 - 5500	SG050C
578	General Surgery	Surgical	Hernia Repair	Epigastric	22000	5	Not applicable	Not applicable	Mesh - 6 X 3 - Polypropylene - 2200 Mesh - 15 X 15 - 5500	SG050D



579	General Surgery	Surgical	Hernia Repair	Umbilical	27500	5	Not applicable	Not applicable	Not applicable	SG050E
580	General Surgery	Surgical	Hernia Repair	Paraumbilical	27500	4	Not applicable	Not applicable	Mesh - 15 X 15 - 5500	SG050F
581	General Surgery	Surgical	Hernia Repair	Spigelian	27500	4	Not applicable	Not applicable	Mesh - 15 X 15 - 5500	SG050G
582	General Surgery	Surgical	Hernia Repair	Incisional	22400	3	Not applicable	Not applicable	Mesh - 30 X 30 - 16500 Mesh - 15 X 15 - 5500	SG050H
583	General Surgery	Surgical	Hernia Repair	Omphalocele 1st Stage	79800	3	Not applicable	Not applicable	Mesh - 30 X 30 - 16500 Mesh - 6 X 3 - Polypropylene - 2200	SG050I
584	General Surgery	Surgical	Hernia Repair	Omphalocele 2nd Stage	71300	3	Not applicable	Not applicable	Mesh - 30 X 30 - 16500 Mesh - 6 X 3 - Polypropylene - 2200	SG050J
585	General Surgery	Surgical	Hiatus Hernia Repair / Fundoplication	Hiatus Hernia Repair - Open	33700	5	Not applicable	Not applicable	Not applicable	SG053A
586	General Surgery	Surgical	Hiatus Hernia Repair / Fundoplication	Hiatus Hernia Repair - Lap.	33700	5	Not applicable	Not applicable	Not applicable	SG053B

587	General Surgery	Surgical	Hiatus Hernia Repair / Fundoplication	Fundoplication - Open	33700	5	Not applicable	Not applicable	Not applicable	SG053C
588	General Surgery	Surgical	Hiatus Hernia Repair / Fundoplication	Fundoplication - Lap.	33700	5	Not applicable	Not applicable	Not applicable	SG053D
589	General Surgery	Surgical	Excision of cyst / Sebaceous Cysts over scrotum	Single Cyst	2800	D	Not applicable	Not applicable	Not applicable	SG054A
590	General Surgery	Surgical	Excision of cyst / Sebaceous Cysts over scrotum	Multiple Cysts	7700	3	Not applicable	Not applicable	Not applicable	SG054B
591	General Surgery	Surgical	Excision Filarial Scrotum	Excision Filarial Scrotum	14900	3	Not applicable	Not applicable	Not applicable	SG055A
592	General Surgery	Surgical	Hydrocele operation	Hydrocele operation	17300	2	Not applicable	Not applicable	Not applicable	SG056A
593	General Surgery	Surgical	Epididymal Cyst / Nodule Excision	Epididymal Cyst excision	5800	D	Not applicable	Not applicable	Not applicable	SG057A
594	General Surgery	Surgical	Epididymal Cyst / Nodule Excision	Epididymal Nodule excision	5800	D	Not applicable	Not applicable	Not applicable	SG057B
595	General Surgery	Surgical	Vasovasostomy	Vasovasostomy	13200	2	Not applicable	Not applicable	Not applicable	SG058A

596	General Surgery	Surgical	Orchidectomy	Orchidectomy	12900	2	Not applicable	Not applicable	Not applicable	SG059A
597	General Surgery	Surgical	Inguinal node dissection	Inguinal node dissection	24600	3	Not applicable	Not applicable	Not applicable	SG060A
598	General Surgery	Surgical	Estlander Operation	Estlander Operation	20400	5	Not applicable	Not applicable	Not applicable	SG061A
599	General Surgery	Surgical	Operation for Carcinoma Lip	Wedge Excision	27600	6	Not applicable	Not applicable	Not applicable	SG062A
600	General Surgery	Surgical	Operation for Carcinoma Lip	Wedge Excision and Vermilionectomy	41300	6	Not applicable	Not applicable	Not applicable	SG062B
601	General Surgery	Surgical	Operation for Carcinoma Lip	Cheek advancement	41300	6	Not applicable	Not applicable	Not applicable	SG062C
602	General Surgery	Surgical	Excision of Growth from Tongue	Tongue only	26300	1	Not applicable	Not applicable	Not applicable	SG063A
603	General Surgery	Surgical	Excision of Growth from Tongue	Tongue with Neck Node Dissection	43100	3	Not applicable	Not applicable	Not applicable	SG064A
604	General Surgery	Surgical	Microlaryngoscopic Surgery	Microlaryngoscopic Surgery	31200	3	Not applicable	Not applicable	Not applicable	SG065A
605	General Surgery	Surgical	Submandibular Mass - Excision	Submandibular Mass - Excision	27500	5	Not applicable	Not applicable	Not applicable	SG066A
606	General Surgery	Surgical	Radical Neck Dissection	Radical Neck Dissection	36900	8	Not applicable	Not applicable	Not applicable	SG067A

607	General Surgery	Surgical	Radical Neck Dissection	Radical Neck Dissection - Excision	36900	8	Not applicable	Not applicable	Not applicable	SG067B
608	General Surgery	Surgical	Surgical removal of Branchial Cyst	Surgical removal of Branchial Cyst	22000	2	Not applicable	Not applicable	Not applicable	SG068A
609	General Surgery	Surgical	Carotid Body tumour - Excision	Carotid Body tumour - Excision	49200	7	Not applicable	Not applicable	Not applicable	SG069A
610	General Surgery	Surgical	Thyroidectomy	Hemi thyroidectomy	30300	2	Not applicable	Not applicable	Not applicable	SG070A
611	General Surgery	Surgical	Thyroidectomy	Total thyroidectomy	72500	4	Not applicable	Not applicable	Not applicable	SG070B
612	General Surgery	Surgical	Thyroidectomy	Total Thyroidectomy with Block Dissection	80500	5	Not applicable	Not applicable	Not applicable	SG070C
613	General Surgery	Surgical	Excision of Parathyroid Adenoma / Carcinoma	Excision of Parathyroid Adenoma	27500	3	Not applicable	Not applicable	Not applicable	SG071A
614	General Surgery	Surgical	Excision of Parathyroid Adenoma / Carcinoma	Excision of Parathyroid Carcinoma	22400	3	Not applicable	Not applicable	Not applicable	SG071B
615	General Surgery	Surgical	Thymectomy	Thymectomy	66000	6	Not applicable	Not applicable	Not applicable	SG072A
616	General Surgery	Surgical	Sympathectomy	Sympathectomy	38500	5	Not applicable	Not applicable	Not applicable	SG073A
617	General Surgery	Surgical	Breast Lump Excision	Breast Lump Excision	16000	1	Local Anesthesia/ General Anesthesia	None/ "+" 6600	Not applicable	SG074A
618	General Surgery	Surgical	Mastectomy	Simple	56800	3	Not applicable	Not applicable	Not applicable	SG075A

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619	General Surgery	Surgical	Mastectomy	Radical / Modified Radical	56800	4	Not applicable	Not applicable	Not applicable	SG075B
620	General Surgery	Surgical	Excision Mammary Fistula	Excision Mammary Fistula	16000	1	Not applicable	Not applicable	Not applicable	SG076A
621	General Surgery	Surgical	Intercostal Drainage only	Intercostal Drainage only	6200	1	Not applicable	Not applicable	Not applicable	SG077A
622	General Surgery	Surgical	Rib Resection & Drainage	Rib Resection & Drainage	22000	3	Not applicable	Not applicable	Not applicable	SG078A
623	General Surgery	Surgical	Thoracoplasty	Thoracoplasty	31500	6	Not applicable	Not applicable	Not applicable	SG079A
624	General Surgery	Surgical	Decortication	Open	37000	10	Not applicable	Not applicable	Not applicable	SG080A
625	General Surgery	Surgical	Decortication	VATS	37000	10	Not applicable	Not applicable	Not applicable	SG080MLA
626	General Surgery	Surgical	Lobectomy	Thoracoscopic	49600	5	Not applicable	Not applicable	Not applicable	SG081A
627	General Surgery	Surgical	Lobectomy	Open	49600	5	Not applicable	Not applicable	Not applicable	SG081B
628	General Surgery	Surgical	Thoracoscopic Segmental Resection	Thoracoscopic Segmental Resection	70800	5	Not applicable	Not applicable	Not applicable	SG082A
629	General Surgery	Surgical	Lung Hydatid Cyst removal	Lung Hydatid Cyst removal	28900	3	Not applicable	Not applicable	Not applicable	SG083A
630	General Surgery	Surgical	Drainage of Abscess	Incision and drainage of abscess	5500	D	Local Anesthesia/ General Anesthesia	None/ "+" 5500	Not applicable	SG084A

631	General Surgery	Surgical	Lipoma / Cyst / other cutaneous swellings Excision	Lipoma Excision	5600	D	Local Anesthesia/ General Anesthesia	None/ "+" 5500	Not applicable	SG085A
632	General Surgery	Surgical	Lipoma / Cyst / other cutaneous swellings Excision	Cyst Excision	5600	D	Local Anesthesia/ General Anesthesia	None/ "+" 5500	Not applicable	SG085B
633	General Surgery	Surgical	Lipoma / Cyst / other cutaneous swellings Excision	Other cutaneous swellings Excision	5600	D	Local Anesthesia/ General Anesthesia	None/ "+" 5500	Not applicable	SG085C
634	General Surgery	Surgical	Debridement of Ulcer	Debridement of Ulcer	12500	D	Local Anesthesia/ General Anesthesia	None/ "+" 5500	Not applicable	SG086A
635	General Surgery	Surgical	Flap Reconstructive Surgery	Flap Reconstructive Surgery	43500	4	Not applicable	Not applicable	Not applicable	SG087A
636	General Surgery	Surgical	Free Grafts - Wolfe Grafts	Free Grafts - Wolfe Grafts	34400	1	Not applicable	Not applicable	Not applicable	SG088A
637	General Surgery	Surgical	Tissue Reconstruction Flap	Tissue Reconstruction Flap	38700	5	Not applicable	Not applicable	Not applicable	SG089A
638	General Surgery	Surgical	Split thickness skin grafts	Split skin grafts <= 5%	20700	1	Not applicable	Not applicable	Not applicable	SG090A
639	General Surgery	Surgical	Split thickness skin grafts	Split skin grafts 5 - 10%	19900	1	Not applicable	Not applicable	Not applicable	SG090B
640	General Surgery	Surgical	Split thickness skin grafts	Spit skin graft small >= 10 %	22400	1	Not applicable	Not applicable	Not applicable	SG090C

641	General Surgery	Surgical	Skin Flaps - Rotation Flaps	Skin Flaps - Rotation Flaps	31700	2	Not applicable	Not applicable	Not applicable	SG091A
642	General Surgery	Surgical	Tendon Transfer	Tendon Transfer	27500	3	Not applicable	Not applicable	Not applicable	SG092A
643	General Surgery	Surgical	Lymphatics Excision of Subcutaneous Tissues in Lymphoedema	Lymphatics Excision of Subcutaneous Tissues in Lymphoedema	16500	3	Not applicable	Not applicable	Not applicable	SG093A
644	General Surgery	Surgical	AV Fistula Creation	AV Fistula Creation	20200	3	Not applicable	Not applicable	Not applicable	SG094A
645	General Surgery	Surgical	Varicose Veins	Management of Varicose Veins	18200	3	Not applicable	Not applicable	Not applicable	SG095A
646	General Surgery	Surgical	Management of Varicose Veins	Minor sclerotherapy	5500	D	Not applicable	Not applicable	Not applicable	SG095B
647	General Surgery	Surgical	Biopsy	Lymph Node	5500	D	Not applicable	Not applicable	Not applicable	SG096A
648	General Surgery	Surgical	Biopsy	Endometrial Aspiration	3000	D	Not applicable	Not applicable	Not applicable	SG096B
649	General Surgery	Surgical	Biopsy	Cervix Cancer screening (PAP + Colposcopy)	2800	D	Not applicable	Not applicable	Not applicable	SG096C
650	General Surgery	Surgical	Biopsy	Cervical	1700	D	Not applicable	Not applicable	Not applicable	SG096D
651	General Surgery	Surgical	Biopsy	Vulval	2800	D	Not applicable	Not applicable	Not applicable	SG096E
652	General Surgery	Medical	Stoma Management	Stoma Management follow up of Ileostomy	6100	NA	Not applicable	Not applicable	Not applicable	SG097A
653	General Surgery	Medical	Stoma Management	Stoma Management follow up of Colostomy	6100	NA	Not applicable	Not applicable	Not applicable	SG097B

654	General Surgery	Surgical	Foreign body removal	Foreign body removal	10200	D	Local Anesthesia/ General Anesthesia	None/ "+" 3300	Not applicable	SG098A
655	General Surgery	Surgical	Necrotising fasciitis / Fournier Gangrene	Necrotising fasciitis / Fournier Gangrene	15500	3	Not applicable	Not applicable	Not applicable	SG099A
656	General Surgery	Surgical	Fournier Gangrene	Fournier Gangrene	11000	1	Not applicable	Not applicable	Not applicable	SG099B
657	General Surgery	Surgical	Surgical management of Lower GI bleed (inclusive of sigmoidoscopy / colonoscopy) - excluding local perineal conditions	Surgical management of Lower GI bleed (inclusive of sigmoidoscopy / colonoscopy) - excluding local perineal conditions	27500	7	Not applicable	Not applicable	Not applicable	SG100A
658	General Surgery	Surgical	Caecopexy	Caecopexy	33000	3	Not applicable	Not applicable	Not applicable	SG101A
659	General Surgery	Surgical	Repair of renal artery stenosis	Repair of renal artery stenosis	83600	7	Not applicable	Not applicable	Not applicable	SG102A
660	General Surgery	Surgical	Endoscopic Retrograde Cholangiopancreatography (ERCP)	Endoscopic Retrograde Cholangiopancreatography (ERCP)	27500	3	Not applicable	Not applicable	ERCP stent - Plastic - 8800 ERCP stent - Metal - 44000	SG103A



661	General Surgery	Surgical	Endoscopic Retrograde Cholangiopancreatography (ERCP)	Basket Stoneworm Extraction	26300	3	Not applicable	Not applicable	Not applicable	SG103MLA
662	General Surgery	Surgical	Endoscopic Retrograde Cholangiopancreatography (ERCP)	Sphincterotomy	26300	3	Not applicable	Not applicable	Not applicable	SG103MLB
663	General Surgery	Surgical	Endoscopic Retrograde Cholangiopancreatography (ERCP)	Balloon Sweep	32600	3	Not applicable	Not applicable	Not applicable	SG103MLC
664	General Surgery	Surgical	Circumcision	Circumcision - Phimosis / Paraphimosis or any other clinical condition	22000	D	Not applicable	Not applicable	Not applicable	SG104A
665	General Surgery	Surgical	Percutaneous Transhepatic Biliary Drainage (PTBD)	Percutaneous Transhepatic Biliary Drainage (PTBD)	22200	NA	Not applicable	Not applicable	For PTBD - 33000	SG105A
666	General Surgery	Surgical	Accidental injury with lacerated wound	Accidental injury with lacerated wound	6900	D	Not applicable	Not applicable	Not applicable	SG106MLA
667	General Surgery	Surgical	Achalasia Cardia Abdominal, Per Oral Endoscopic Myotomy (Poem)	Achalasia Cardia Abdominal, Per Oral Endoscopic Myotomy (Poem)	10900	3	Not applicable	Not applicable	Not applicable	SG107MLA

668	General Surgery	Surgical	Amputation of Penis	Partial	18000	3	Not applicable	Not applicable	Not applicable	SG108MLA
669	General Surgery	Surgical	Amputation of Penis	Total	29100	3	Not applicable	Not applicable	Not applicable	SG108MLB
670	General Surgery	Surgical	Anal Dilatation	Anal Dilatation	10000	3	Not applicable	Not applicable	Not applicable	SG109MLA
671	General Surgery	Surgical	Anorectoplasty	Anorectoplasty	28000	3	Not applicable	Not applicable	Not applicable	SG110MLA
672	General Surgery	Surgical	Anterior Cervical Dissectomy	Anterior Cervical Dissectomy	31300	3	Not applicable	Not applicable	Not applicable	SG111MLA
673	General Surgery	Surgical	Appendicitis for Conservative Treatment	Appendicitis for Conservative Treatment	14900	3	Not applicable	Not applicable	Not applicable	SG112MLA
674	General Surgery	Surgical	Aspiration of Cold Abscess of Lymphnode	Aspiration of Cold Abscess of Lymphnode	3300	D	Not applicable	Not applicable	Not applicable	SG113MLA
675	General Surgery	Surgical	Aspiration of Empyema	Aspiration of Empyema	12400	3	Not applicable	Not applicable	Not applicable	SG114MLA
676	General Surgery	Surgical	Assisted Small Bowel Resection Lap.	Assisted Small Bowel Resection Lap.	37900	3	Not applicable	Not applicable	Not applicable	SG115MLA
677	General Surgery	Surgical	Atresia of Oesophagus and Tracheo Oesophageal Fistula	Atresia of Oesophagus and Tracheo Oesophageal Fistula	17700	3	Not applicable	Not applicable	Not applicable	SG116MLA
678	General Surgery	Surgical	AV Shunt For Dialysis	AV Shunt For Dialysis	20200	1	Not applicable	Not applicable	Not applicable	SG117MLA
679	General Surgery	Surgical	Axillary Lymphnode Excision	Axillary Lymphnode Excision	6900	D	Not applicable	Not applicable	Not applicable	SG118MLA

680	General Surgery	Surgical	Bakers Cyst Excision	Bakers Cyst Excision	9100	3	Not applicable	Not applicable	Not applicable	SG119MLA
681	General Surgery	Surgical	Breast Abscess Drainage	Breast Abscess Drainage	5700	3	Not applicable	Not applicable	Not applicable	SG120MLA
682	General Surgery	Surgical	Carbuncle Back	Carbuncle Back	5800	D	Not applicable	Not applicable	Not applicable	SG121MLA
683	General Surgery	Surgical	Cavernostomy	Cavernostomy	16200	3	Not applicable	Not applicable	Not applicable	SG122MLA
684	General Surgery	Surgical	Cervical Lymphnodes Excision	Cervical Lymphnodes Excision	5800	D	Not applicable	Not applicable	Not applicable	SG123MLA
685	General Surgery	Surgical	Choledocho Duodenostomy	Choledocho Duodenostomy	16500	3	Not applicable	Not applicable	Not applicable	SG124MLA
686	General Surgery	Surgical	Choledocho Jejunostomy	Open	11000	3	Not applicable	Not applicable	Not applicable	SG124MLB
687	General Surgery	Surgical	Coccygeal Teratoma Excision	Coccygeal Teratoma Excision	21300	3	Not applicable	Not applicable	Not applicable	SG125MLA
688	General Surgery	Surgical	Colectomy	Sigmoid hemicolectomy	28300	3	Not applicable	Not applicable	Not applicable	SG126MLA
689	General Surgery	Surgical	Colectomy	Transverse hemicolectomy	28300	3	Not applicable	Not applicable	Not applicable	SG126MLB
690	General Surgery	Surgical	Colocystoplasty	Colocystoplasty	17000	3	Not applicable	Not applicable	Not applicable	SG127MLA
691	General Surgery	Surgical	Colonoscopy	Colonoscopy	3000	D	Not applicable	Not applicable	Not applicable	SG128MLA
692	General Surgery	Surgical	Colonoscopy	With Biopsy	4100	D	Not applicable	Not applicable	Not applicable	SG128MLB
693	General Surgery	Surgical	Colonoscopy	With Injection	4100	D	Not applicable	Not applicable	Not applicable	SG128MLC
694	General Surgery	Surgical	Colonoscopy	With Snaring	5800	D	Not applicable	Not applicable	Not applicable	SG128MLD
695	General Surgery	Surgical	Commando Operation	Commando Operation	24100	3	Not applicable	Not applicable	Not applicable	SG129MLA

696	General Surgery	Surgical	Corn Excision	Corn Excision	2400	D	Not applicable	Not applicable	Not applicable	SG130MLA
697	General Surgery	Surgical	Cut Injury	Cut Injury	4800	D	Local Anesthesia/ General Anesthesia	None/ "+" 2100	Not applicable	SG131MLA
698	General Surgery	Surgical	Cystectomy Total	Cystectomy Total	12600	3	Not applicable	Not applicable	Not applicable	SG132MLA
699	General Surgery	Surgical	Cystoscopy	With Bladder Biopsy	4900	D	Not applicable	Not applicable	Not applicable	SG133MLA
700	General Surgery	Surgical	Cystoscopy	With Retrograde Catheter Unilateral	7000	D	Not applicable	Not applicable	Not applicable	SG133MLB
701	General Surgery	Surgical	Diaphragmatic Eventration	Diaphragmatic Eventration	50700	3	Not applicable	Not applicable	Not applicable	SG134MLA
702	General Surgery	Surgical	Dorsal Slit and Reduction of Paraphimosis	Dorsal Slit and Reduction of Paraphimosis	2400	D	Not applicable	Not applicable	Not applicable	SG135MLA
703	General Surgery	Surgical	Drainage of Abscess	Ischio Rectal Abscess	6900	3	Not applicable	Not applicable	Not applicable	SG136MLA
704	General Surgery	Surgical	Drainage of Abscess	Psoas Abscess	5500	3	Not applicable	Not applicable	Not applicable	SG136MLB
705	General Surgery	Surgical	Duodenal Jejunostomy	Duodenal Jejunostomy	25100	3	Not applicable	Not applicable	Not applicable	SG137MLA
706	General Surgery	Surgical	Endomyocardial Biopsy	Endomyocardial Biopsy	8900	3	Not applicable	Not applicable	Not applicable	SG138MLA
707	General Surgery	Surgical	Endoscopic Cyst Aspiration	Endoscopic Cyst Aspiration	24400	3	Not applicable	Not applicable	Not applicable	SG139MLA
708	General Surgery	Surgical	Endoscopic Esophageal Sclerotherapy Varies	Subsequent Sitting	1500	D	Not applicable	Not applicable	Not applicable	SG140MLA

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709	General Surgery	Surgical	Endoscopic Esophageal Sclerotherapy Varies	First Sitting	1700	D	Not applicable	Not applicable	Not applicable	SG140MLB
710	General Surgery	Surgical	Endoscopic Repair of Ureterocele	Endoscopic Repair of Ureterocele	12600	3	Not applicable	Not applicable	Not applicable	SG141MLA
711	General Surgery	Surgical	Excision of Lingual Thyroid	Excision of Lingual Thyroid	18400	3	Not applicable	Not applicable	Not applicable	SG142MLA
712	General Surgery	Surgical	Excision of Moles	Excision of Moles	2800	D	Not applicable	Not applicable	Not applicable	SG143MLA
713	General Surgery	Surgical	Excision of Molluscumcontagiosum	Excision of Molluscumcontagiosum	1800	D	Not applicable	Not applicable	Not applicable	SG144MLA
714	General Surgery	Surgical	Exploratory Thorocotomy	Exploratory Thorocotomy	36900	3	Not applicable	Not applicable	Not applicable	SG145MLA
715	General Surgery	Surgical	Facial Decompression	Facial Decompression	36200	3	Not applicable	Not applicable	Not applicable	SG146MLA
716	General Surgery	Surgical	Fibro Lipoma of Right Sided Spermatic with Lord Excision	Fibro Lipoma of Right Sided Spermatic with Lord Excision	3100	D	Not applicable	Not applicable	Not applicable	SG147MLA
717	General Surgery	Surgical	Fibroma Excision	Fibroma Excision	14900	3	Not applicable	Not applicable	Not applicable	SG148MLA
718	General Surgery	Surgical	Fistula Repair	Fistula Repair	12400	3	Not applicable	Not applicable	Not applicable	SG149MLA
719	General Surgery	Surgical	Fistulectomy	Fistulectomy	20000	3	Not applicable	Not applicable	Not applicable	SG150MLA
720	General Surgery	Surgical	Flap repair	Flap repair	12500	1	Not applicable	Not applicable	Not applicable	SG151MLA

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721	General Surgery	Surgical	Ganglion (Dorsum Of Both Wrist) Excision	Ganglion (Dorsum Of Both Wrist) Excision	9100	3	Not applicable	Not applicable	Not applicable	SG152MLA
722	General Surgery	Surgical	Gastrostomy Closure	Gastrostomy Closure	17300	3	Not applicable	Not applicable	Not applicable	SG153MLA
723	General Surgery	Surgical	Gunshot Injury	Gunshot Injury	45700	3	Not applicable	Not applicable	Not applicable	SG154MLA
724	General Surgery	Surgical	Heller'S Operation	Heller'S Operation	33000	3	Not applicable	Not applicable	Not applicable	SG155MLA
725	General Surgery	Surgical	Hemi Mandibulectomy	Hemi Mandibulectomy	29200	3	Not applicable	Not applicable	Not applicable	SG156MLA
726	General Surgery	Surgical	Hemithyroplasty	Hemithyroplasty	24600	3	Not applicable	Not applicable	Not applicable	SG157MLA
727	General Surgery	Surgical	Hernioplasty	Hernioplasty	14900	3	Not applicable	Not applicable	Mesh - 30 X 30 - 16500 Mesh - 6 X 3 - Polypropylene - 2200 Mesh - 15 X 15 - 5500	SG159MLA
728	General Surgery	Surgical	Hernioplasty	Hernioplasty - Inguinal	14900	3	Not applicable	Not applicable	Mesh - 30 X 30 - 16500 Mesh - 6 X 3 - Polypropylene - 2200 Mesh - 15 X 15 - 5500	SG159MLB
729	General Surgery	Surgical	Infected Bunion Foot – Excision	Infected Bunion Foot – Excision	9100	3	Not applicable	Not applicable	Not applicable	SG160MLA

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730	General Surgery	Surgical	Injury of Soft Tissues	Injury of Soft Tissues	6300	3	Not applicable	Not applicable	Not applicable	SG161MLA
731	General Surgery	Surgical	Isthmectomy	Isthmectomy	8100	3	Not applicable	Not applicable	Not applicable	SG162MLA
732	General Surgery	Surgical	Pancreatic Necrosectomy	Lap.	66000	3	Not applicable	Not applicable	Not applicable	SG163MLA
733	General Surgery	Surgical	Laparoscopic varicocelectomy	Laparoscopic varicocelectomy	16900	3	Not applicable	Not applicable	Not applicable	SG164MLA
734	General Surgery	Surgical	Laparotomy	Laparotomy, peritoneal lavage & drainage	16100	5	Not applicable	Not applicable	Not applicable	SG165MLA
735	General Surgery	Surgical	Laparotomy	Laparotomy & reduction of Intussusception	24600	3	Not applicable	Not applicable	Not applicable	SG165MLB
736	General Surgery	Surgical	Laryngopharyngectomy	Laryngopharyngectomy	25000	3	Not applicable	Not applicable	Not applicable	SG166MLA
737	General Surgery	Surgical	Lateral Pancreaticojejunostomy	Lateral Pancreatico jejunostomy	27500	3	Not applicable	Not applicable	Not applicable	SG167MLA
738	General Surgery	Surgical	Malrotation of Intestines Operation	Malrotation of Intestines Operation	41000	3	Not applicable	Not applicable	Not applicable	SG168MLA
739	General Surgery	Surgical	Oesophageal Intubation (Mausseau Barbin Tube)	Oesophageal Intubation (Mausseau Barbin Tube)	9700	3	Not applicable	Not applicable	Not applicable	SG169MLA
740	General Surgery	Surgical	Operations for Hydronephrosis Endopyelotomy Retrograde	Operations for Hydronephrosis Endopyelotomy Retrograde	31300	3	Not applicable	Not applicable	Not applicable	SG169MLB

741	General Surgery	Surgical	Pancreatectomy	Pancreatectomy	91800	3	Not applicable	Not applicable	Not applicable	SG170MLB
742	General Surgery	Surgical	Pancreatectomy	Pancreatectomy Central	71300	3	Not applicable	Not applicable	Not applicable	SG170MLC
743	General Surgery	Surgical	Pancreatic Ring Operation	Pancreatic Ring Operation	64000	3	Not applicable	Not applicable	Not applicable	SG171MLA
744	General Surgery	Surgical	Papilloma Rectum Excision	Papilloma Rectum Excision	10600	D	Not applicable	Not applicable	Not applicable	SG172MLA
745	General Surgery	Surgical	Parathyroidectomy	Parathyroidectomy	35600	4	Not applicable	Not applicable	Not applicable	SG173MLA
746	General Surgery	Surgical	Parotid Tumour Excision	Parotid Tumour Excision	28000	3	Not applicable	Not applicable	Not applicable	SG174MLA
747	General Surgery	Surgical	Phimosis Under LA	Phimosis Under LA	5600	3	Not applicable	Not applicable	Not applicable	SG175MLA
748	General Surgery	Surgical	Phytomatous Growth In The Scalp – Excision	Phytomatous Growth In The Scalp – Excision	37800	3	Not applicable	Not applicable	Not applicable	SG176MLA
749	General Surgery	Surgical	Prolapse of Rectal Mass	Prolapse of Rectal Mass	17100	2	Not applicable	Not applicable	Not applicable	SG177MLA
750	General Surgery	Surgical	Rectal biopsy	Rectal biopsy	17300	3	Not applicable	Not applicable	Not applicable	SG178MLA
751	General Surgery	Surgical	Rectopexy	Open	24800	3	Not applicable	Not applicable	Not applicable	SG179MLA
752	General Surgery	Surgical	Rectopexy	Laparoscopic	24800	3	Not applicable	Not applicable	Not applicable	SG179MLB
753	General Surgery	Surgical	Renal Calculi With UTI	Renal Calculi With UTI	25200	3	Not applicable	Not applicable	Not applicable	SG180MLA
754	General Surgery	Surgical	Sarcoma excision	Sarcoma excision	14200	3	Not applicable	Not applicable	Not applicable	SG181MLA



755	General Surgery	Surgical	Scrotal abscess drainage	Scrotal abscess drainage	3000	3	Not applicable	Not applicable	Not applicable	SG182MLA
756	General Surgery	Surgical	Sphincterotomy	Sphincterotomy	16200	3	Not applicable	Not applicable	Not applicable	SG183MLA
757	General Surgery	Surgical	Spindle Cell Tumor – Excision	Spindle Cell Tumor – Excision	8100	3	Not applicable	Not applicable	Not applicable	SG184MLA
758	General Surgery	Surgical	Splenorenal Shunt	Splenorenal Shunt	25300	3	Not applicable	Not applicable	Not applicable	SG185MLA
759	General Surgery	Surgical	Swelling Over Scapular Region	Swelling Over Scapular Region	13900	3	Not applicable	Not applicable	Not applicable	SG186MLA
760	General Surgery	Surgical	Syndactyly of Hand for Each Hand	Syndactyly of Hand for Each Hand	17300	3	Not applicable	Not applicable	Not applicable	SG187MLA
761	General Surgery	Surgical	Thyroid Adenoma Resection	Thyroid Adenoma Resection	28000	3	Not applicable	Not applicable	Not applicable	SG188MLA
762	General Surgery	Surgical	Thyroplasty	Thyroplasty	24600	3	Not applicable	Not applicable	Not applicable	SG189MLA
763	General Surgery	Surgical	Tracheoplasty (Throat)	Tracheoplasty (Throat)	17000	3	Not applicable	Not applicable	Not applicable	SG190MLA
764	General Surgery	Surgical	Upper GI endoscopy	Upper GI endoscopy	1700	D	Not applicable	Not applicable	Not applicable	SG191MLA
765	General Surgery	Surgical	Upper GI endoscopy	With Biopsy	2400	D	Not applicable	Not applicable	Not applicable	SG191MLB
766	General Surgery	Surgical	Upper GI endoscopy	With Injection	5800	D	Not applicable	Not applicable	Not applicable	SG191MLC
767	General Surgery	Surgical	Upper GI endoscopy	With Sclerotherapy	7600	3	Not applicable	Not applicable	Not applicable	SG191MLD
768	General Surgery	Surgical	Upper GI endoscopy	With Banding	8000	3	Not applicable	Not applicable	Not applicable	SG191MLE
769	General Surgery	Surgical	Upper GI endoscopy	With Foreign Body Removal	12400	3	Not applicable	Not applicable	Not applicable	SG191MLF

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770	General Surgery	Surgical	Upper GI endoscopy	With NG Tube Placement	12400	3	Not applicable	Not applicable	Not applicable	SG191MLG
771	General Surgery	Surgical	Upper GI endoscopy	With Oesophageal Dilatation (Savary)	12400	3	Not applicable	Not applicable	Not applicable	SG191MLH
772	General Surgery	Surgical	Vasectomy	Vasectomy	2800	D	Not applicable	Not applicable	Not applicable	SG192MLA
773	General Surgery	Surgical	Warren's Shunt	Warren's Shunt	22900	3	Not applicable	Not applicable	Not applicable	SG193MLA
774	General Surgery	Surgical	PVD With LF Lower Digital Gangrene	PVD With LF Lower Digital Gangrene	11000	3	Not applicable	Not applicable	Not applicable	SG195MLA
775	General Surgery	Surgical	Septoplasty	Septoplasty	16800	1	Local Anesthesia/ General Anesthesia	None/ "+" 6600	Not applicable	SL009A
776	General Surgery	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Thyroglossal Cyst Excision	22000	2	Not applicable	Not applicable	Not applicable	SL018A
777	General Surgery	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Thyroglossal Sinus Excision	22000	2	Not applicable	Not applicable	Not applicable	SL018B
778	General Surgery	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Thyroglossal Fistula Excision	22000	2	Not applicable	Not applicable	Not applicable	SL018C

779	General Surgery	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Branchial Sinus Excision	22000	3	Not applicable	Not applicable	Not applicable	SL018D
780	General Surgery	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Branchial Fistula Excision	22000	3	Not applicable	Not applicable	Not applicable	SL018E
781	General Surgery	Surgical	Parotidectomy	Total	35700	2	Not applicable	Not applicable	Not applicable	SL021A
782	General Surgery	Surgical	Parotidectomy	Superficial Parotidectomy	36900	3	Not applicable	Not applicable	Not applicable	SL021B
783	General Surgery	Surgical	Parotidectomy	Radical	36900	5	Not applicable	Not applicable	Not applicable	SL021MLA
784	General Surgery	Surgical	Parotidectomy	Conservative	31000	5	Not applicable	Not applicable	Not applicable	SL021MLB
785	General Surgery	Surgical	Removal of Submandibular Salivary Gland/ Lymph Node/ Ranula	Removal of Submandibular Salivary Gland	31900	3	Local Anesthesia/ General Anesthesia	None/ "+" 6600	Not applicable	SL022A
786	General Surgery	Surgical	Removal of Submandibular Salivary Gland/ Lymph Node/ Ranula	Removal of Ranula	31900	3	Local Anesthesia/ General Anesthesia	None/ "+" 6600	Not applicable	SL022B

787	General Surgery	Surgical	Removal of Submandibular Salivary Gland/ Lymph Node/ Ranula	Removal of Submandibular Lymph Node	23800	3	Local Anesthesia/ General Anesthesia	None/ "+" 6600	Not applicable	SL022C
788	General Surgery	Surgical	Neck dissection	Selective Benign neck tumour excision	25900	3	Not applicable	Not applicable	Not applicable	SL027A
789	General Surgery	Surgical	Neck dissection	Comprehensive Benign neck tumour excision	25900	3	Not applicable	Not applicable	Not applicable	SL027B
790	General Surgery	Surgical	Neck dissection	Selective Pharyngeal diverticulum excision	25900	3	Not applicable	Not applicable	Not applicable	SL027C
791	General Surgery	Surgical	Neck dissection	Comprehensive Pharyngeal diverticulum excision	25900	3	Not applicable	Not applicable	Not applicable	SL027D
792	General Surgery	Surgical	Deep neck abscess drainage/ Post trauma neck exploration	Deep neck abscess drainage	18500	2	Not applicable	Not applicable	Not applicable	SL028A
793	General Surgery	Surgical	Deep neck abscess drainage/ Post trauma neck exploration	Post trauma neck exploration	23100	2	Not applicable	Not applicable	Not applicable	SL028B
794	General Surgery	Surgical	Abbe Operation	Abbe Operation	15200	2	Not applicable	Not applicable	Not applicable	SL036MLA
795	General Surgery	Surgical	Nasal Packing	Nasal Packing with Catheter/ sponge	1400	D	Not applicable	Not applicable	Not applicable	SL053MLA
796	General Surgery	Surgical	Nasal Packing	Nasal Packing	800	D	Not applicable	Not applicable	Not applicable	SL053MLB
797	General Surgery	Surgical	Diagnostic Laproscopy	Diagnostic / Staging laparoscopy	15600	3	Not applicable	Not applicable	Not applicable	SO039A

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798	General Surgery	Surgical	Laparoscopic Cystectomy	Laparoscopic Cystectomy	27100	3	Not applicable	Not applicable	Not applicable	SO041A
799	General Surgery	Surgical	Hemangioma	Excision	55400	3	Not applicable	Not applicable	Not applicable	SP007C
800	General Surgery	Surgical	Surgery for Hirschsprung's Disease	Myectomy	56800	2	Not applicable	Not applicable	Not applicable	SS008A
801	General Surgery	Surgical	Surgery for Hirschsprung's Disease	Pull Through	42200	5	Not applicable	Not applicable	Not applicable	SS008B
802	General Surgery	Surgical	Surgery for Hirschsprung's Disease	Rectal Biopsy - Punch	56800	1	Not applicable	Not applicable	Not applicable	SS008C
803	General Surgery	Surgical	Surgery for Hirschsprung's Disease	Rectal Biopsy - Open	56800	2	Not applicable	Not applicable	Not applicable	SS008D
804	General Surgery	Surgical	Surgery for Hirschsprung's Disease	Sphincterotomy	21800	3	Not applicable	Not applicable	Not applicable	SS008E
805	General Surgery	Medical	Conservative Management of Head Injury	Severe	0	5	Routine Ward	1000	Not applicable	ST001A
806	General Surgery	Surgical	Conservative Management of Head Injury	Depressed Fracture	0	5	Routine Ward	5000	Not applicable	ST001B

807	General Surgery	Surgical	Head Injury with repair of Facio-Maxillary Injury & Fixations (Including Implants)	Head Injury with repair of Facio-Maxillary Injury & Fixations (Including Implants)	42700	5	Not applicable	Not applicable	Not applicable	ST002A
808	General Surgery	Surgical	Craniotomy and Evacuation of Haematoma with Fixation of Fracture of Long Bone	Subdural Hematoma along with Fixation of Fracture of Single Long Bone	82500	5	Not applicable	Not applicable	Not applicable	ST003A
809	General Surgery	Surgical	Craniotomy and Evacuation of Haematoma with Fixation of Fracture of Long Bone	Extradural Hematoma along with Fixation of Fracture of Single Long Bone	82500	5	Not applicable	Not applicable	Not applicable	ST003B
810	General Surgery	Surgical	Craniotomy and Evacuation of Haematoma with Fixation of Fracture of Long Bone	Subdural Hematoma along with Fixation of Fracture of 2 or more Long Bones	103200	5	Not applicable	Not applicable	Not applicable	ST003C

811	General Surgery	Surgical	Craniotomy and Evacuation of Haematoma with Fixation of Fracture of Long Bone	Extradural Hematoma along with Fixation of Fracture of 2 or more Long Bones	103200	5	Not applicable	Not applicable	Not applicable	ST003D
812	General Surgery	Surgical	Management of Chest Injury with Fracture of Long Bone	Management of Chest Injury with Fixation of Single Long Bone	38500	5	Not applicable	Not applicable	Not applicable	ST004A
813	General Surgery	Surgical	Management of Chest Injury with Fracture of Long Bone	Management of Chest Injury with Fixation of 2 or More Long Bones	49500	5	Not applicable	Not applicable	Not applicable	ST004B
814	General Surgery	Surgical	Management of Visceral Injury and Fracture Long Bone	Surgical Intervention for Visceral Injury and Fixation of Fracture of Single Long Bone	41300	5	Not applicable	Not applicable	Not applicable	ST005A
815	General Surgery	Surgical	Management of Visceral Injury and Fracture Long Bone	Surgical Intervention for Visceral Injury and Fixation of Fracture of 2 or More Long Bones	61900	5	Not applicable	Not applicable	Not applicable	ST005B
816	General Surgery	Surgical	Internal Fixation of Pelviacetabular Fracture	Internal Fixation of Pelviacetabular Fracture	44000	5	Not applicable	Not applicable	Not applicable	ST006A

817	General Surgery	Surgical	Internal Fixation with Flap Cover Surgery for Wound in Compound Fracture	Internal Fixation with Flap Cover Surgery for Wound in Compound Fracture	44000	5	Not applicable	Not applicable	Not applicable	ST007A
818	General Surgery	Medical	Emergency tendons repair ± Peripheral Nerve repair/ reconstructive surgery	Emergency tendons repair ± Peripheral Nerve repair/ reconstructive surgery	41300	5	Not applicable	Not applicable	Not applicable	ST008A
819	General Surgery	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Nerve Plexus injury repair	55000	5	Not applicable	Not applicable	Not applicable	ST009A
820	General Surgery	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Nerve Plexus injury reconstruction	55000	5	Not applicable	Not applicable	Not applicable	ST009B
821	General Surgery	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Tendon injury repair	55000	5	Not applicable	Not applicable	Not applicable	ST009C



822	General Surgery	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Tendon injury reconstruction	55000	5	Not applicable	Not applicable	Not applicable	ST009D
823	General Surgery	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Tendon transfer	55000	5	Not applicable	Not applicable	Not applicable	ST009E
824	General Surgery	Surgical	Plexus Injury along with Vascular Injury Repair/ Graft	Plexus Injury along With Vascular Injury Repair	66000	5	Not applicable	Not applicable	Not applicable	ST010A
825	General Surgery	Surgical	Plexus Injury along with Vascular Injury Repair/ Graft	Plexus Injury along with Vascular Injury Graft	82500	5	Not applicable	Not applicable	Not applicable	ST010B
826	General Surgery	Surgical	Aortic Arch Replacement / Thoracoabdominal aneurysm Repair using bypass	Aortic Arch Replacement using bypass	226900	12	Not applicable	Not applicable	Arch Graft - 93500 Coselli Graft - 93500 Complex grafts other than Arch Graft & Coseli Graft - 93500	SV015A

827	General Surgery	Surgical	Aortic Arch Replacement / Thoracoabdominal aneurysm Repair using bypass	Thoracoabdominal aneurysm Repair using bypass	226900	12	Not applicable	Not applicable	Arch Graft - 93500 Coselli Graft - 93500 Complex grafts other than Arch Graft & Coseli Graft - 93500	SV015B
828	General Surgery	Surgical	Aortic Aneurysm Repair	Aortic Aneurysm Repair using Cardiopulmonary bypass (CPB)	165000	10	Not applicable	Not applicable	Dacron Graft - Straight - 33000	SV016A
829	General Surgery	Surgical	Aortic Aneurysm Repair	Aortic Aneurysm Repair using Left Heart Bypass	165000	10	Not applicable	Not applicable	Dacron Graft - Straight - 33000	SV016B
830	General Surgery	Surgical	Aortic Aneurysm Repair	Aortic Aneurysm Repair without using Cardiopulmonary bypass (CPB)	99100	10	Not applicable	Not applicable	Dacron Graft - Straight - 33000	SV016C
831	General Surgery	Surgical	Aortic Aneurysm Repair	Aortic Aneurysm Repair without using Left Heart Bypass	99100	10	Not applicable	Not applicable	Dacron Graft - Straight - 33000	SV016D
832	General Surgery	Surgical	Thromboembolectomy	Thromboembolectomy	42400	4	Not applicable	Not applicable	Not applicable	SV020A
833	General Surgery	Surgical	Foreign Body Removal with scope	Foreign Body Removal with scope	30300	2	Not applicable	Not applicable	Not applicable	SV025A
834	General Surgery	Surgical	Space - Occupying Lesion (SOL) mediastinum	Space - Occupying Lesion (SOL) mediastinum	99100	10	Not applicable	Not applicable	Not applicable	SV027A

835	General Surgery	Surgical	Isolated Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy	Isolated Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy	15200	4	Not applicable	Not applicable	Not applicable	SV028A
836	General Surgery	Surgical	Acute intestinal obstruction	Acute intestinal obstruction	31600	5	Not applicable	Not applicable	Not applicable	SL054MLA
837	General Surgery	Surgical	Hernia Repair	Inguinal	18500	5	Not applicable	Not applicable	Not applicable	SS013MLA
838	General Surgery	Surgical	Hernia & Hydrocele	Hernia & Hydrocele	27500	5	Not applicable	Not applicable	Not applicable	SS015A
839	General Surgery	Surgical	Laparotomy lavage & drainage	Laparotomy lavage & drainage	12700	3	Not applicable	Not applicable	Not applicable	SS025MLA
840	General Surgery	Surgical	TONGUE LACERATION	Repair of tongue laceration	19300	4	Not applicable	Not applicable	Not applicable	SS026A
841	General surgery	Medical	DJ Stent Removal	DJ Stent Removal	5000	D	Not applicable	Not applicable	Not applicable	SU034A
842	High-end Procedures	Surgical	USG guided percutaneous Radiofrequency Ablation (RFA)	USG guided percutaneous Radiofrequency Ablation (RFA)	29300	NA	Not applicable	Not applicable	Not applicable	HEP001MLA

843	High-end Procedures	Surgical	USG guided percutaneous Microwave Ablation (MWA)	USG guided percutaneous Microwave Ablation (MWA)	33700	NA	Not applicable	Not applicable	Not applicable	HEP002MLA
844	High-end Procedures	Surgical	CT guided percutaneous Radiofrequency Ablation (RFA)	CT guided percutaneous Radiofrequency Ablation (RFA)	31900	NA	Not applicable	Not applicable	Not applicable	HEP003MLA
845	High-end Procedures	Surgical	CT guided percutaneous Microwave Ablation (MWA)	CT guided percutaneous Microwave Ablation (MWA)	36300	NA	Not applicable	Not applicable	Not applicable	HEP004MLA
846	High-end Procedures	Surgical	USG guided percutaneous catheter drainage	USG guided percutaneous catheter drainage	6400	NA	Not applicable	Not applicable	Not applicable	HEP005MLA
847	High-end Procedures	Surgical	Cerebral angiogram	Under LA	6400	NA	Not applicable	Not applicable	Not applicable	HEP006MLA
848	High-end Procedures	Surgical	Cerebral angiogram	Under GA	20800	NA	Not applicable	Not applicable	Not applicable	HEP006MLB
849	High-end Procedures	Surgical	Spinal Angiogram	Under GA	20800	NA	Not applicable	Not applicable	Not applicable	HEP007MLA
850	High-end Procedures	Surgical	Plasmapheresis	Plasmapheresis	77000	NA	Not applicable	Not applicable	Not applicable	HEP008MLA

851	Infectious Diseases	Medical	Treatment of COVID-19 Infection	Private hospitals	0	7	General ward without oxygen requirement/ General ward with oxygen requirement/ HDU/ ICU - without ventilator/ ICU - with non-invasive ventilator/ ICU - with invasive ventilator	7000/ 11500/ 14000/ 18000/ 20000	Not applicable	COVID19DMG
852	Infectious Diseases	Medical	Treatment of COVID-19 Infection	Public hospitals	0	7	General ward without oxygen requirement/ General ward with oxygen requirement/ ICU - with non-invasive ventilator/ ICU - with invasive ventilator	1200/ 1500/ 2500/ 3000	Not applicable	COVID19EMG
853	Infectious Diseases	Medical	Treatment of systemic fungal infections	Treatment of systemic fungal infections	0	7	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	ID004MLA
854	Interventional Neuroradiology	Medical	Dural AVMs/AVFs	Dural AVMs with glue	77000	5	Not applicable	Not applicable	Not applicable	IN001A
855	Interventional Neuroradiology	Medical	Dural AVMs/AVFs	Dural AVFs with glue	77000	5	Not applicable	Not applicable	Not applicable	IN001B

856	Interventional Neuroradiology	Medical	Dural AVMs/AVFs	Dural AVMs with onyx	165000	5	Not applicable	Not applicable	Not applicable	IN001C
857	Interventional Neuroradiology	Medical	Dural AVMs/AVFs	Dural AVFs with onyx	165000	5	Not applicable	Not applicable	Not applicable	IN001D
858	Interventional Neuroradiology	Medical	Cerebral & spinal AVM embolization	using histoacryl cerebral & spinal AVM embolization	110000	5	Not applicable	Not applicable	Not applicable	IN002A
859	Interventional Neuroradiology	Medical	Cerebral & spinal AVM embolization	Using histoacryl	110000	5	Not applicable	Not applicable	Not applicable	IN002B
860	Interventional Neuroradiology	Medical	Coil embolization for aneurysms	Coil embolization for aneurysms	110000	5	Not applicable	Not applicable	Not applicable	IN003A
861	Interventional Neuroradiology	Medical	Carotico-cavernous fistula (CCF) embolization	With coil	206300	5	Not applicable	Not applicable	Not applicable	IN004A
862	Interventional Neuroradiology	Medical	Carotico-cavernous fistula (CCF) embolization	With balloon	103200	5	Not applicable	Not applicable	Not applicable	IN004B
863	Interventional Neuroradiology	Medical	Preoperative tumour embolization	Preoperative tumour embolization	44000	5	Not applicable	Not applicable	Not applicable	IN005A
864	Interventional Neuroradiology	Medical	Intracranial balloon angioplasty with stenting	Intracranial balloon angioplasty with stenting	220000	5	Not applicable	Not applicable	Not applicable	IN006A

865	Interventional Neuroradiology	Medical	Intracranial thrombolysis / clot retrieval	Intracranial thrombolysis / clot retrieval	220000	5	Not applicable	Not applicable	Not applicable	IN007A
866	Interventional Neuroradiology	Medical	Balloon test occlusion	Balloon test occlusion	96300	5	Not applicable	Not applicable	Not applicable	IN008A
867	Interventional Neuroradiology	Medical	Parent vessel occlusion - basic	Parent vessel occlusion - basic	41300	5	Not applicable	Not applicable	Coil for Parent Vessel Occlusion - 26400 Balloon for Parent Vessel Occlusion - 12100 Additional coil for coil embolization for aneurysms - 26400	IN009A
868	Interventional Neuroradiology	Medical	Vertebroplasty	Vertebroplasty	55800	5	Not applicable	Not applicable	Not applicable	IN010A
869	Interventional Neuroradiology	Medical	Catheter directed Thrombolysis	For Deep vein thrombosis (DVT)	57500	2	Not applicable	Not applicable	Not applicable	MC002A
870	Interventional Neuroradiology	Medical	Catheter directed Thrombolysis	For Mesenteric Thrombosis	57500	2	Not applicable	Not applicable	Not applicable	MC002B
871	Interventional Neuroradiology	Medical	Catheter directed Thrombolysis	For Peripheral vessels	57500	2	Not applicable	Not applicable	Not applicable	MC002C
872	Interventional Neuroradiology	Surgical	Nephrostomy	Percutaneous - Ultrasound Guided	40000	1	Not applicable	Not applicable	Not applicable	SU008A

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873	Interventional Neuroradiology	Surgical	Nephrostomy	Open	22000	3	Not applicable	Not applicable	Not applicable	SU008C
874	Interventional Neuroradiology	Medical	Nephrostomy	Nephrostomy (PCN) - Follow Up	1200	D	Not applicable	Not applicable	Not applicable	SU008B
875	Interventional Radiology	Medical	Vertebroplasty	Percutaneous transhepatic biliary stenting (SEMS) after prior PTBD	39100	7	Not applicable	Not applicable	Not applicable	IN010B
876	Interventional Radiology	Medical	Percutaneous cholangioplasty	Percutaneous cholangioplasty	16700	7	Not applicable	Not applicable	Not applicable	IN011A
877	Interventional Radiology	Medical	Hepatic venous wedge pressure measurement (HVPG)	Hepatic venous wedge pressure measurement (HVPG)	19100	7	Not applicable	Not applicable	LABS set - 0	IN012A
878	Interventional Radiology	Medical	Plug-assisted retrograde transvenous obliteration (PARTO)	Plug-assisted retrograde transvenous obliteration (PARTO)	63400	7	Not applicable	Not applicable	Lipiodol+c oils(Vascular plug separate additional cost - 0	IN013A
879	Interventional Radiology	Medical	Tunnelled long-term venous catheter	Tunnelled long-term venous catheter	16100	7	Not applicable	Not applicable	Chemoport - 0	IN014A
880	Interventional Radiology	Medical	Tunnelled longterm indwelling catheter for refractory ascites/pleural effusion	Tunnelled longterm indwelling catheter for refractory ascites/pleural effusion	18400	7	Not applicable	Not applicable	Permcath - 0	IN014B



881	Interventional Radiology	Medical	Peripherally inserted central catheter (PICC)	Peripherally inserted central catheter (PICC)	9800	7	Not applicable	Not applicable	Not applicable	IN015A
882	Interventional Radiology	Medical	Percutaneous antegrade uretric stenting after prior PCN	Percutaneous antegrade uretric stenting after prior PCN	18300	7	Not applicable	Not applicable	RF Probe for Tumor ablation - 0	IN015B
883	Interventional Radiology	Medical	Lymphatic occlusion of chylous leak	Lymphatic occlusion of chylous leak	23400	7	Not applicable	Not applicable	Microwave antenna - 0	IN016A
884	Interventional Radiology	Medical	PVA particle embolization (without microcatheter)	PVA particle embolization (without microcatheter)	17400	7	Not applicable	Not applicable	Lipidol+Coils(2) - 0	IN017A
885	Interventional Radiology	Medical	Glue embolization (without microcatheter)	Glue embolization (without microcatheter)	27700	7	Not applicable	Not applicable	Coils(3) - 0	IN018A
886	Interventional Radiology	Medical	Glue embolization (with microcatheter)	Glue embolization (with microcatheter)	44600	7	Not applicable	Not applicable	Microcatheter+Coil (3) - 0	IN018B
887	Interventional Radiology	Medical	Coil embolization	Coil embolization (without microcatheter)	22000	7	Not applicable	Not applicable	Microcatheter - 0	IN019A
888	Interventional Radiology	Medical	Alcohol embolisation	Alcohol embolisation	32300	7	Not applicable	Not applicable	Balloon - 0	IN019B

889	Interventional Radiology	Medical	PVA embolization (with microcatheter)	PVA embolization (with microcatheter)	41800	7	Not applicable	Not applicable	Lipidol+Microcatheter+Coil - 0	IN020A
890	Interventional Radiology	Medical	Coil embolization (with microcatheter)	Coil embolization (with microcatheter)	41800	7	Not applicable	Not applicable	Vascular Plug+Coils - 0	IN021A
891	Interventional Radiology	Medical	Vascular plug assisted embolization	Vascular plug assisted embolization	54000	7	Not applicable	Not applicable	Microcatheter - 0	IN022A
892	Interventional Radiology	Medical	Angioplasty (arterial)	Angioplasty (arterial)	39500	7	Not applicable	Not applicable	Balloon - 0	IN025A
893	Interventional Radiology	Medical	Angioplasty (arterial)	Angioplasty (arterial) using microguidewire and guiding catheter	61300	7	Not applicable	Not applicable	Balloon +metallic stent - 0	IN025B
894	Interventional Radiology	Medical	Angioplasty (arterial)	Angioplasty and bare metal stenting (arterial) CTO lesion	83700	7	Not applicable	Not applicable	Balloon + Covered stent - 0	IN025C
895	Interventional Radiology	Medical	Angioplasty (arterial)	Angioplasty and covered stent placement (arterial)	69000	7	Not applicable	Not applicable	multiside hole thrombolysis catheter), r TPA , balloon - 0	IN025D
896	Interventional Radiology	Medical	Angioplasty (arterial)	Catheter directed thrombolysis (arterial/venous)	48500	7	Not applicable	Not applicable	multiside hole thrombolysis catheter), r TPA , Thrombectomy	IN025E

									Catheter - 0	
897	Interventional Radiology	Medical	Thrombectomy followed by thrombolysis (arterial/venous)	Thrombectomy followed by thrombolysis (arterial/venous)	60100	7	Not applicable	Not applicable	Balloon - 0	IN026A
898	Interventional Radiology	Medical	Angioplasty (venous)	Angioplasty (venous)	27600	7	Not applicable	Not applicable	Balloon+Metallic stent - 0	IN027A
899	Interventional Radiology	Medical	Angioplasty (venous)	Angioplasty and stenting hepatic vein	69100	7	Not applicable	Not applicable	High Pressure large Balloon - 0	IN027B
900	Interventional Radiology	Medical	Angioplasty (venous)	Angioplasty (IVC/central vein) with high pressure balloon	64100	7	Not applicable	Not applicable	Balloon+High Pressure large Balloon+metallic stent - 0	IN027C
901	Interventional Radiology	Medical	Angioplasty (venous)	Angioplasty and covered stent placement (venous)	62000	7	Not applicable	Not applicable	below knee Balloon - 0	IN027D
902	Interventional Radiology	Medical	Angioplasty Below knee angioplasty	Angioplasty Below knee angioplasty	73300	7	Not applicable	Not applicable	Drug Coated balloon/Cutting Balloon - 0	IN028A

903	Interventional Radiology	Medical	Angioplasty (complex): cutting balloon/drug coated balloon	Angioplasty (complex): cutting balloon/drug coated balloon	73200	7	Not applicable	Not applicable	Graft - 0	IN029A
904	Interventional Radiology	Medical	Fenestration of dissecting aneurysm	Fenestration of dissecting aneurysm	41000	7	Not applicable	Not applicable	Not applicable	IN030A
905	Interventional Radiology	Medical	Post EVAR endoleak management	Post EVAR endoleak management	30000	7	Not applicable	Not applicable	Not applicable	IN031A
906	Interventional Radiology	Medical	IVC filter placement	IVC filter placement	21300	7	Not applicable	Not applicable	multiside hole thrombolysis catheter), r TPA , IVC filter - 0	IN032A
907	Interventional Radiology	Medical	IVC filter Placeemnt with Catheter directed thrombolysis (arterial/venous)	IVC filter Placeemnt with Catheter directed thrombolysis (arterial/venous)	39800	7	Not applicable	Not applicable	Retrieval kit - 0	IN032B
908	Interventional Radiology	Medical	IVC filter retrival	IVC filter retrival	15800	7	Not applicable	Not applicable	Not applicable	IN032C
909	Interventional Radiology	Medical	Miscellaneous vacular IR procedure	Miscellaneous vascular IR procedure	13100	7	Not applicable	Not applicable	Snare - 0	IN033A

910	Interventional Radiology	Medical	Retrival of intravascular foreign body	Retrival of intravascular foreign body	18600	7	Not applicable	Not applicable	Not applicable	IN034A
911	Interventional Radiology	Medical	Joint/bursa intervention	Joint/bursa intervention	7600	7	Not applicable	Not applicable	Not applicable	IN035A
912	Interventional Radiology	Medical	Sacroiliac joint denervation	Sacroiliac joint denervation	20800	7	Not applicable	Not applicable	Not applicable	IN036C
913	Interventional Radiology	Medical	Facet joint intra-articular intervention- CS/Thoracic/LS	Facet joint intra-articular intervention- CS/Thoracic/LS	7600	7	Not applicable	Not applicable	Not applicable	IN037A
914	Interventional Radiology	Medical	median branch rhizotomy- CS/Thoracic/LS	median branch rhizotomy- CS/Thoracic/LS	20800	7	Not applicable	Not applicable	Not applicable	IN037B
915	Interventional Radiology	Medical	Radiofrequency ablation- Trigeminal nerve/genicular nerve /celiac plexus /stellate Ganglion/sympathetic nerve (any branch)	Radiofrequency ablation-Trigeminal nerve/genicular nerve /celiac plexus /stellate Ganglion/sympathetic nerve (any branch)	20800	7	Not applicable	Not applicable	Not applicable	IN038A

916	Interventional Radiology	Medical	PRP -suprascapular /tennis elbow/other tendon	PRP -suprascapular /tennis elbow/other tendon	7600	7	Not applicable	Not applicable	Nucleotome set - 0	IN039A
917	Interventional Radiology	Medical	Percutaneous Discotomy/nucleotomy using laser or nucleotome	Percutaneous Discotomy/nucleotomy using laser or nucleotome	18600	7	Not applicable	Not applicable	Not applicable	IN040A
918	Interventional Radiology	Medical	Neural foraminal block	Neural foraminal block	7600	7	Not applicable	Not applicable	RF probe - 0	IN041A
919	Interventional Radiology	Medical	Radiofrequency Ablation (RFA) of bone tumor /metastases/osteoid osteoma	Radiofrequency Ablation (RFA) of bone tumor /metastases/osteoid osteoma	35000	7	Not applicable	Not applicable	Microwave probe - 0	IN041B
920	Interventional Radiology	Medical	Microwave ablation of bone tumor /osteoid osteoma	Microwave ablation of bone tumor /osteoid osteoma	43800	7	Not applicable	Not applicable	Not applicable	IN042A
921	Interventional Radiology	Medical	Diskography	Diskography	7600	7	Not applicable	Not applicable	Biopsy Gun - 0	IN043A

922	Interventional Radiology	Medical	Angioplasty with medicated SFA stent /Specialised stent (arterial) CTO lesion	Angioplasty with medicated SFA stent /Specialised stent (arterial) CTO lesion	327400	7	Not applicable	Not applicable	High Pressure large Balloon+ specialised venous stent - 0	IN044A
923	Interventional Radiology	Medical	Angioplasty (central vein/ CIV ) with high pressure balloon Aand specilaised venous stent	Angioplasty (central vein/ CIV ) with high pressure balloon Aand specilaised venous stent	228600	7	Not applicable	Not applicable	Not applicable	IN045A
924	Interventional Radiology	Medical	Stent Retriever	Stroke-Stent Retriever	320100	7	Not applicable	Not applicable	Not applicable	IN046A
925	Interventional Radiology	Medical	Aspiration	Stroke-Aspiration Catheter	341300	7	Not applicable	Not applicable	Not applicable	IN047A
926	Interventional Radiology	Medical	Intervention for Acute stroke (Aspiration & stent retrieval)	Intervention for Acute stroke (Aspiration & stent retrieval)	432500	7	Not applicable	Not applicable	Not applicable	IN048A
927	Interventional Radiology	Medical	Endovascular therapy for intracranial aneurysm	Aneurysm-5 Coil	297400	7	Not applicable	Not applicable	Not applicable	IN049A

928	Interventional Radiology	Medical	Endovascular therapy for intracranial aneurysm	Aneurysm-7 Coil	353900	7	Not applicable	Not applicable	Not applicable	IN049B
929	Interventional Radiology	Medical	Endovascular therapy for intracranial aneurysm	5 Coil + Balloon	379900	7	Not applicable	Not applicable	Not applicable	IN049C
930	Interventional Radiology	Medical	Endovascular therapy for intracranial aneurysm	5 Coil + Balloon+Stent	475500	7	Not applicable	Not applicable	Not applicable	IN049D
931	Interventional Radiology	Medical	Endovascular therapy for intracranial aneurysm	7 Coil + Balloon+Stent	521700	7	Not applicable	Not applicable	Not applicable	IN049E
932	Interventional Radiology	Medical	Arteriovenous fistula (AVF)/Arteriovenous Malformation (AVM)	Pial AVF (Single hole)	132400	7	Not applicable	Not applicable	Not applicable	IN050A
933	Interventional Radiology	Medical	Arteriovenous fistula (AVF)/Arteriovenous Malformation (AVM)	AVF	143400	7	Not applicable	Not applicable	Not applicable	IN050B



934	Interventional Radiology	Medical	Arteriovenous fistula (AVF)/Arteriovenous Malformation (AVM)	AVM (nidus upto 3 cm)	172400	7	Not applicable	Not applicable	Not applicable	IN050C
935	Interventional Radiology	Medical	Carotid angioplasty & stenting	Carotid stenting	137500	7	Not applicable	Not applicable	Not applicable	IN051A
936	Interventional Radiology	Medical	Carotid angioplasty & stenting	Carotid stenting-membrane layered	194400	7	Not applicable	Not applicable	Not applicable	IN051B
937	Interventional Radiology	Medical	Intracranial stenting for Intracranialatherosclerosis disease (ICAD)	Intracranial stenting for Intracranialatherosclerosis disease (ICAD)	400700	7	Not applicable	Not applicable	Not applicable	IN052A
938	Interventional Radiology	Medical	Dural sinus stenting	Dural sinus stenting	146200	7	Not applicable	Not applicable	Not applicable	IN052B
939	Interventional Radiology	Medical	Carotid stenting with protection device	Carotid stenting with protection device	228700	7	Not applicable	Not applicable	Not applicable	IN052C
940	Interventional Radiology	Medical	Vasospasm management-post coiling/clipping *Cost per session	Vasospasm management-post coiling/clipping *Cost pe	89000	7	Not applicable	Not applicable	Not applicable	IN052D
941	Interventional Radiology	Medical	Retinoblastoma package	Retinoblastoma under GA	99200	7	Not applicable	Not applicable	Not applicable	IN053A

942	Interventional Radiology	Medical	Percutaneous cholecystostomy	Percutaneous cholecystostomy	24300	7	Not applicable	Not applicable	Balloon - 0	IN054A
943	Interventional Radiology	Medical	PAIR / percutaneous sclerotherapy for Hydatid cyst	PAIR / percutaneous sclerotherapy for Hydatid cyst	10100	7	Not applicable	Not applicable	Balloon+Metallic stent - 0	IN055A
944	Interventional Radiology	Medical	Oesophageal /gastric / duodenal / colonic stenting/balloon dilatation	Oesophageal /gastric / duodenal / colonic stenting/balloon dilatation	26300	7	Not applicable	Not applicable	Not applicable	IN056A
945	Interventional Radiology	Medical	Transjugular Liver biopsy	Transjugular Liver biopsy	19400	7	Not applicable	Not applicable	Gastrostomy set - 0	IN057A
946	Interventional Radiology	Medical	Percutaneous gastrostomy	Percutaneous gastrostomy	8700	7	Not applicable	Not applicable	lipiodol+Microcatheter - 0	IN058A
947	Interventional Radiology	Medical	Transarterial chemoembolization - conventional (cTACE)	Transarterial chemoembolization - conventional (cTACE)	66000	7	Not applicable	Not applicable	DEB+Microcatheter - 0	IN059A
948	Interventional Radiology	Medical	Transarterial chemoembolization - Drug eluting beads (DEB-TACE)	Transarterial chemoembolization - Drug eluting beads (DEB-TACE)	56700	7	Not applicable	Not applicable	RUPS set, covered stent, uncovered stent, Balloon catheter - 0	IN060A

949	Interventional Radiology	Medical	Transjugular intrahepatic portosystemic shunt creation (TIPSS) Direct transjugular Intrahepatic Portosystemic shunt(DIPSS)	Transjugular intrahepatic portosystemic shunt creation (TIPSS) Direct transjugular Intrahepatic Portosystemic shunt(DIPSS)	104200	7	Not applicable	Not applicable	lipiodol+B allon+coils 2 - 0	IN061A
950	Interventional Radiology	Medical	Balloon-occluded retrograde transvenous obliteration (BRTO)	Balloon-occluded retrograde transvenous obliteration (BRTO)	56100	7	Not applicable	Not applicable	Vacsular Plu+coil+lipiodol - 0	IN062A
951	Interventional Radiology	Medical	Pre-operative portal vein embolization	Pre-operative portal vein embolization	36700	7	Not applicable	Not applicable	Pleurex kit - 0	IN063A
952	Interventional Radiology	Medical	Chemoport/implantable lines	Chemoport/implantable lines	16100	7	Not applicable	Not applicable	PICC line - 0	IN064A
953	Interventional Radiology	Medical	Primary percutaneous antegrade uretric stenting	Primary percutaneous antegrade uretric stenting	26600	7	Not applicable	Not applicable	Silicon Stent - 0	IN065A

954	Interventional Radiology	Medical	USG guided percutaneous ganglion/plexus block (Neuronolysis)	USG guided percutaneous ganglion/plexus block (Neuronolysis)	12500	7	Not applicable	Not applicable	Not applicable	IN066A
955	Interventional Radiology	Medical	CT guided percutaneous ganglion/plexus block (Neuronolysis)	CT guided percutaneous ganglion/plexus block (Neuronolysis)	15800	7	Not applicable	Not applicable	Vertebroplasty kit including cement - 0	IN067A
956	Interventional Radiology	Medical	Vertebroplasty/Cementoplasty	Vertebroplasty/Cementoplasty	30400	7	Not applicable	Not applicable	Kyphoplasty kit+Cement - 0	IN068A
957	Interventional Radiology	Medical	Kyphoplasty	Kyphoplasty	43700	7	Not applicable	Not applicable	VABB gun - 0	IN069A
958	Interventional Radiology	Medical	Vacuum assisted breast biopsy	Vacuum assisted breast biopsy	11800	7	Not applicable	Not applicable	Lipidol - 0	IN070A
959	Interventional Radiology	Medical	USG guided percutaneous Microwave Ablation (MWA)- benign breast /thyroid tumor	USG guided percutaneous Microwave Ablation (MWA)- benign breast /thyroid tumor	40500	7	Not applicable	Not applicable	Not applicable	IN071A
960	Interventional Radiology	Medical	Diagnostic angiography (DSA)	Diagnostic angiography (DSA)	9600	7	Not applicable	Not applicable	Not applicable	IN072A

961	Interventional Radiology	Medical	Gelfoam embolization (without microcatheter)	Gelfoam embolization (without microcatheter)	16100	7	Not applicable	Not applicable	2 PVA particle - 0	IN073A
962	Interventional Radiology	Medical	Gelfoam embolization (with microcatheter)	Gelfoam embolization (with microcatheter)	32300	7	Not applicable	Not applicable	PVA particle+Microcatheter - 0	IN073B
963	Interventional Radiology	Medical	Varicose vein: endovenous treatment (for one limb)	Varicose vein: endovenous treatment (for one limb)	16900	7	Not applicable	Not applicable	Not applicable	IN074A
964	Interventional Radiology	Medical	Percutaneous Injection sclerotherapy for low flow vascular malformation	Percutaneous Injection sclerotherapy for low flow vascular malformation	12500	7	Not applicable	Not applicable	Coils(4), microcatheter - 0	IN075A
965	Interventional Radiology	Medical	Varicocele embolization	Varicocele embolization	25000	7	Not applicable	Not applicable	Balloon+Drug Coated ballon/Cutting Ballon - 0	IN076A
966	Interventional Radiology	Medical	Fistuloplasty / Thrombectomy of dialysis fistula	Fistuloplasty / Thrombectomy of dialysis fistula	44700	7	Not applicable	Not applicable	IVC filter - 0	IN077A
967	Interventional Radiology	Medical	EVOH Package	AVM (1 vial)	147600	7	Not applicable	Not applicable	Not applicable	IN078A

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968	Interventional Radiology	Medical	Tumor Embolization	Tumor Embolization	99100	7	Not applicable	Not applicable	Not applicable	IN079A
969	Interventional Radiology	Medical	3 Coil + Balloon+Stent Package	3 Coil + Balloon+Stent Package	243500	7	Not applicable	Not applicable	Not applicable	IN080A
970	Interventional Radiology	Medical	Percutaneous nephrostomy	Percutaneous nephrostomy	24300	7	Not applicable	Not applicable	Silicon Stent - 0	IN081A
971	Interventional Radiology	Medical	3 Coil + Balloon Package	3 Coil + Balloon Package	168700	7	Not applicable	Not applicable	Not applicable	IN082A
972	Interventional Radiology	Medical	Angioplasty and bare metal stenting (arterial)	Angioplasty and bare metal stenting (arterial)	53000	7	Not applicable	Not applicable	Balloon +metallic stent - 0	IN083A
973	Interventional Radiology	Medical	TEVAR for aortic aneurysm/ dissection	TEVAR for aortic aneurysm/ dissection	92200	7	Not applicable	Not applicable	Balloon - 0	IN084A
974	Interventional Radiology	Medical	Coil Package	Aneurysm-3 Coil	151000	7	Not applicable	Not applicable	Not applicable	IN085A
975	Interventional Radiology	Medical	Angioplasty and bare metal stenting (venous)	Angioplasty and bare metal stenting (venous)	48700	7	Not applicable	Not applicable	High Pressure large Ballon+Covered stent - 0	IN086A
976	Medical Follow-up	Medical	Follow-up - Acquired heart disease with congestive cardiac failure	Follow-up - Acquired heart disease with congestive cardiac failure	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable	MF001MLA

977	Medical Follow-up	Medical	Follow-up - Acute MI (conservative management without angiogram)	Follow-up - Acute MI (conservative management without angiogram)	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	MF002MLA
978	Medical Follow-up	Medical	Follow-up - Acute MI requiring IABP	Follow-up - Acute MI requiring IABP	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	MF003MLA
979	Medical Follow-up	Medical	Follow-up - Acute MI with cardiogenic shock	Follow-up - Acute MI with cardiogenic shock	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	MF004MLA
980	Medical Follow-up	Medical	Follow-up - Acute severe asthma	Follow-up - Acute severe asthma	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1200/ 1200/ 1200	Not applicable	MF005MLA
981	Medical Follow-up	Medical	Follow-up - Acute severe asthma with acute respiratory failure	Follow-up - Acute severe asthma with acute respiratory failure	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	MF007MLA
982	Medical Follow-up	Medical	Follow-up - Acute severe asthma with ventilation	Follow-up - Acute severe asthma with ventilation	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable	MF008MLA
983	Medical Follow-up	Medical	Follow-up - ADEM or relapse in multiple sclerosis	Follow-up - ADEM or relapse in multiple sclerosis	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable	MF009MLA

984	Medical Follow-up	Medical	Follow-up - Anaemia of unknown cause	Follow-up - Anaemia of unknown cause	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable	MF010MLA
985	Medical Follow-up	Medical	Follow-up - Chronic pancreatitis with severe pain	Follow-up - Chronic pancreatitis with severe pain	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable	MF011MLA
986	Medical Follow-up	Medical	Follow-up - Cirrhosis with hepatic encephalopathy	Follow-up - Cirrhosis with hepatic encephalopathy	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable	MF012MLA
987	Medical Follow-up	Medical	Follow-up - Cirrhosis with hepato renal syndrome	Follow-up - Cirrhosis with hepato renal syndrome	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable	MF013MLA
988	Medical Follow-up	Medical	Follow-up - Complex arrhythmias	Follow-up - Complex arrhythmias	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	MF014MLA
989	Medical Follow-up	Medical	Follow-up - Congenital heart disease with congestive cardiac failure	Follow-up - Congenital heart disease with congestive cardiac failure	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable	MF015MLA
990	Medical Follow-up	Medical	Follow-up - Convulsive disorders/ status epilepticus (fits)	Follow-up - Convulsive disorders/ status epilepticus (fits)	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable	MF016MLA



991	Medical Follow-up	Medical	Follow-up - COPD respiratory failure (infective exacerbation)	Follow-up - COPD respiratory failure (infective exacerbation)	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	MF017MLA
992	Medical Follow-up	Medical	Follow-up - Delayed puberty hypogonadism	Follow-up - Delayed puberty hypogonadism	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable	MF018MLA
993	Medical Follow-up	Medical	Follow-up - Delayed puberty hypogonadism (ex. Turners syndrome, Klinefelter Syndrome)	Follow-up - Delayed puberty hypogonadism (ex. Turners syndrome, Klinefelter Syndrome)	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2200/ 2200/ 2200	Not applicable	MF019MLA
994	Medical Follow-up	Medical	Follow-up - Encephalitis/ Encephalopathy	Follow-up - Encephalitis/ Encephalopathy	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable	MF020MLA
995	Medical Follow-up	Medical	Follow-up - Gastric varices	Follow-up - Gastric varices	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable	MF021MLA
996	Medical Follow-up	Medical	Follow-up - Hemorrhagic stroke/ Strokes	Follow-up - Hemorrhagic stroke/ Strokes	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable	MF022MLA
997	Medical Follow-up	Medical	Follow-up - Hypopituitarism	Follow-up - Hypopituitarism	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable	MF023MLA

998	Medical Follow-up	Medical	Follow-up - Infective endocarditis	Follow-up - Infective endocarditis	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	MF024MLA
999	Medical Follow-up	Medical	Follow-up - Interstitial lung diseases	Follow-up - Interstitial lung diseases	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	MF025MLA
1000	Medical Follow-up	Medical	Follow-up - Intracranial bleed	Follow-up - Intracranial bleed	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable	MF026MLA
1001	Medical Follow-up	Medical	Follow-up - Ischemic strokes	Follow-up - Ischemic strokes	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable	MF027MLA
1002	Medical Follow-up	Medical	Follow-up - Meningo-encephalitis	Follow-up - Meningo-encephalitis	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable	MF028MLA
1003	Medical Follow-up	Medical	Follow-up - Meningo-encephalitis with ventilation	Follow-up - Meningo-encephalitis with ventilation	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2200/ 2200/ 2200	Not applicable	MF029MLA
1004	Medical Follow-up	Medical	Follow-up - Mixed connective tissue disorder	Follow-up - Mixed connective tissue disorder	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1600/ 1600/ 1600	Not applicable	MF030MLA
1005	Medical Follow-up	Medical	Follow-up - Nephrotic syndrome	Follow-up - Nephrotic syndrome	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable	MF031MLA
1006	Medical Follow-up	Medical	Follow-up - Neuro tuberculosis	Follow-up - Neuro tuberculosis	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable	MF032MLA

1007	Medical Follow-up	Medical	Follow-up - Neuro tuberculosis with ventilation	Follow-up - Neuro tuberculosis with ventilation	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable	MF033MLA
1008	Medical Follow-up	Medical	Follow-up - Neuroinfections - Fungal meningitis	Follow-up - Neuroinfections - Fungal meningitis	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable	MF034MLA
1009	Medical Follow-up	Medical	Follow-up - Neuroinfections - Pyogenic meningitis	Follow-up - Neuroinfections - Pyogenic meningitis	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable	MF035MLA
1010	Medical Follow-up	Medical	Follow-up - Neuroinfections - Viral Meningoencephalitis (including herpes encephalitis)	Follow-up - Neuroinfections - Viral Meningoencephalitis (including herpes encephalitis)	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable	MF036MLA
1011	Medical Follow-up	Medical	Follow-up - Neuromuscular (myasthenia gravis)	Follow-up - Neuromuscular (myasthenia gravis)	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1200/ 1200/ 1200	Not applicable	MF037MLA
1012	Medical Follow-up	Medical	Follow-up - Pemphigus/ Pemphigoid	Follow-up - Pemphigus/ Pemphigoid	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1000/ 1000/ 1000	Not applicable	MF038MLA
1013	Medical Follow-up	Medical	Follow-up - Pituitary – acromegaly	Follow-up - Pituitary – acromegaly	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable	MF039MLA

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1014	Medical Follow-up	Medical	Follow-up - Refractory cardiac failure	Follow-up - Refractory cardiac failure	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	MF040MLA
1015	Medical Follow-up	Medical	Follow-up - Scleroderma	Follow-up - Scleroderma	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1600/ 1600/ 1600	Not applicable	MF041MLA
1016	Medical Follow-up	Medical	Follow-up - Status epilepticus	Follow-up - Status epilepticus	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable	MF042MLA
1017	Medical Follow-up	Medical	Follow-up - Steroid resistant nephritic syndrome	Follow-up - Steroid resistant nephritic syndrome	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable	MF043MLA
1018	Medical Follow-up	Medical	Follow-up - Steroid resistant nephritic syndrome with complicated or resistant	Follow-up - Steroid resistant nephritic syndrome with complicated or resistant	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1600/ 1600/ 1600	Not applicable	MF044MLA
1019	Medical Follow-up	Medical	Follow-up - Systemic lupus erythmatous (SLE)	Follow-up - Systemic lupus erythmatous (SLE)	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1600/ 1600/ 1600	Not applicable	MF045MLA

1020	Medical Follow-up	Medical	Follow-up - Term baby with persistent pulmonary hypertension ventilation-hfo hyperbilirubinemia clinical sepsis	Follow-up - Term baby with persistent pulmonary hypertension ventilation-hfo hyperbilirubinemia clinical sepsis	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable	MF046MLA
1021	Medical Follow-up	Medical	Follow-up - Term baby with seizures ventilated	Follow-up - Term baby with seizures ventilated	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable	MF047MLA
1022	Medical Follow-up	Medical	Follow-up - Vasculitis	Follow-up - Vasculitis	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1600/ 1600/ 1600	Not applicable	MF048MLA
1023	Medical Follow-up	Medical	Follow-up - Cirrhosis with portal hypertension	Follow-up - Cirrhosis with portal hypertension	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1000/ 1000/ 1000	Not applicable	MF049MLA
1024	Medical Follow-up	Medical	Follow-up - Chronic kidney disease not requiring dialysis	Follow-up - Chronic kidney disease not requiring dialysis	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1000/ 1000/ 1000	Not applicable	MF050MLA

1025	Medical Follow-up	Medical	Follow-up - Acute exacerbation of Inflammatory bowel disease	Follow-up - Acute exacerbation of Inflammatory bowel disease	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1000/ 1000/ 1000	Not applicable	MF051MLA
1026	Medical Follow-up	Medical	Follow-up - Peripheral neuropathy	Follow-up - Peripheral neuropathy	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1000/ 1000/ 1000	Not applicable	MF052MLA
1027	Medical Oncology	Medical	CT for CA Breast	Cyclophosphamide + Epirubicin Cyclophosphamide - 830 mg /m2 D1 Epirubicin -100mg/m2 D1 every 21 days	8900	D	Not applicable	Not applicable	Not applicable	MO001A
1028	Medical Oncology	Medical	CT for CA Breast	Weekly Paclitaxel for Adjuvant Therapy Paclitaxel 80mg/m2 every week	7900	D	Not applicable	Not applicable	Not applicable	MO001B
1029	Medical Oncology	Medical	CT for CA Breast	Weekly Paclitaxel in metastatic setting Paclitaxel 80mg/m2 every week	7900	D	Not applicable	Not applicable	Not applicable	MO001C
1030	Medical Oncology	Medical	CT for CA Breast	Cyclophosphamide + Methotrexate + 5 - FU Cyclophosphamide - 100mg/m2 orally D1-D14 Methotrexate 40mg/m2 IV D1 D8 5FU 600 mg/m2 D1, D8 every 28 days	7900	D	Not applicable	Not applicable	Not applicable	MO001D
1031	Medical Oncology	Medical	CT for CA Breast	Docetaxel + Cyclophosphamide Docetaxel 75mg/m2 D1 Cyclophosphamide 600 mg/m2 D1 every 21 days	21800	D	Not applicable	Not applicable	Not applicable	MO001E
1032	Medical Oncology	Medical	CT for CA Breast	Trastuzumab Trastuzumab 8 mg/Kg in Cycle 1 D1 Trastuzumab 6 mg/kg D1 from C2 every 21 days	25700	D	Not applicable	Not applicable	Not applicable	MO001F
1033	Medical Oncology	Medical	CT for CA Breast	Tamoxifen Tamoxifen 20 mg orally daily	7900	D	Not applicable	Not applicable	Not applicable	MO001G

1034	Medical Oncology	Medical	CT for CA Breast	Letrozole Letrozole 2.5 mg orally daily	7900	D	Not applicable	Not applicable	Not applicable	MO001H
1035	Medical Oncology	Medical	CT for CA Breast	Carboplatin + Paclitaxel Paclitaxel 175mg/m2 D1 Carboplatin AUC 5-6 D1 every 21 days	16400	D	Not applicable	Not applicable	Not applicable	MO001I
1036	Medical Oncology	Medical	CT for CA Breast	Capecitabine Capecitabine - 1000mg/m2 orally twice daily D1-D14 every 21 days	9000	D	Not applicable	Not applicable	Not applicable	MO001J
1037	Medical Oncology	Medical	CT for CA Breast	Carboplatin + Gemcitabine Gemcitabine - 1000mg/m2 D1 D8 Carboplatin AUC 2 D1 D8 Gemcitabine - 1000mg/m2 D1 D8 Carboplatin AUC 5-6 D1 only	15300	D	Not applicable	Not applicable	Not applicable	MO001K
1038	Medical Oncology	Medical	CT for CA Breast	Cyclophosphamide + Adriamycin Cyclophosphamide - 600 mg /m2 D1 Adriamycin - 60mg/m2 D1 every 21 days	7900	D	Not applicable	Not applicable	Not applicable	MO001L
1039	Medical Oncology	Medical	CT for CA Breast	Fulvestrant Fulvestrant 500 mg D1 D15 D28 then every 28 days	12100	D	Not applicable	Not applicable	Not applicable	MO001M
1040	Medical Oncology	Medical	CT for CA Breast	Paclitaxel Paclitaxel 175 mg/m2 D1 every 21 days	13000	D	Not applicable	Not applicable	Not applicable	MO001N
1041	Medical Oncology	Medical	CT for CA Breast	Exemestane Exemestane 25 mg orally daily	11400	D	Not applicable	Not applicable	Not applicable	MO001O
1042	Medical Oncology	Medical	CT for CA Breast	Lapatinib Lapatinib 500 mg BD orally , daily	18300	D	Not applicable	Not applicable	Not applicable	MO001P
1043	Medical Oncology	Medical	CT for Metastatic bone malignancy and multiple myeloma	Zoledronic Acid Zoledronic acid 4 mg IV Monthly	5000	D	Not applicable	Not applicable	Not applicable	MO002A

1044	Medical Oncology	Medical	CT for CA Ovary	Cisplatin + Irinotecan Cisplatin 60mg/m <sup>2</sup> D1 Irinotecan 60 mg/m <sup>2</sup> D1 D8 D15 every 28 days	15800	D	Not applicable	Not applicable	Not applicable	MO003A
1045	Medical Oncology	Medical	CT for CA Ovary	Lipodox + Carboplatin Lipodox 30 mg/m <sup>2</sup> D1 Carboplatin AUC 5-6 D1 every 28 days	20900	D	Not applicable	Not applicable	Not applicable	MO003B
1046	Medical Oncology	Medical	CT for CA Ovary	Etoposide Etoposide 50 mg/m <sup>2</sup> OD D1-D14 every 21 days	11200	D	Not applicable	Not applicable	Not applicable	MO003C
1047	Medical Oncology	Medical	CT for CA Ovary	Irinotecan Irinotecan 60 -90 mg/m <sup>2</sup> D1 D8 every 21 days	13300	D	Not applicable	Not applicable	Not applicable	MO003D
1048	Medical Oncology	Medical	CT for CA Ovary	Lipodox Lipodox 40 mg/m <sup>2</sup> IV every 28 days	21800	D	Not applicable	Not applicable	Not applicable	MO003E
1049	Medical Oncology	Medical	CT for CA Ovary	Carboplatin + Gemcitabine Gemcitabine - 1000mg/m <sup>2</sup> D1 D8 Carboplatin AUC 2 D1 D8 Gemcitabine - 1000mg/m <sup>2</sup> D1 D8 Carboplatin AUC 5-6 D1 only	15300	D	Not applicable	Not applicable	Not applicable	MO003F
1050	Medical Oncology	Medical	CT for CA Ovary	Carboplatin + Paclitaxel Paclitaxel 175mg/m <sup>2</sup> D1 Carboplatin AUC 5-6 D1 every 21 days	18000	D	Not applicable	Not applicable	Not applicable	MO003G
1051	Medical Oncology	Medical	CT for CA Ovary	Cyclophosphamide 50 mg/m <sup>2</sup> OD D1-D21 every 28 days	3400	D	Not applicable	Not applicable	Not applicable	MO003H
1052	Medical Oncology	Medical	CT for CA Ovary	Tamoxifen Tamoxifen 20 mg orally daily (3 months)	1500	D	Not applicable	Not applicable	Not applicable	MO003I
1053	Medical Oncology	Medical	CT for CA Ovary	Letrozole Letrozole 2.5 mg orally daily (3 months)	4700	D	Not applicable	Not applicable	Not applicable	MO003J
1054	Medical Oncology	Medical	CT for CA Ovary	Single agent Carboplatin Carboplatin AUC 5-6 D1 every 21 days ( maximum -6 cycle)	8500	D	Not applicable	Not applicable	Not applicable	MO003K



1055	Medical Oncology	Medical	CT for CA Ovary	Cisplatin Cisplatin 40 mg/m2 every week (maximum- 6 cycles)	5100	D	Not applicable	Not applicable	Not applicable	MO003L
1056	Medical Oncology	Medical	CT for Germ Cell Tumor	Carboplatin (AUC 7) Carboplatin AUC 7 every 21 days	8900	D	Not applicable	Not applicable	Not applicable	MO004A
1057	Medical Oncology	Medical	CT for Germ Cell Tumor	Bleomycin + Etoposide + Cisplatin Bleomycin 30 units D1 D8 D15 Cisplatin 20 mg/m2 IV D1-D5 Etoposide 100mg/m2 D1-D5 every 21 days	15000	D	Not applicable	Not applicable	Not applicable	MO004B
1058	Medical Oncology	Medical	CT for Germ Cell Tumor	Etoposide + Cisplatin Cisplatin 20 mg/m2 IV D1-D5 Etoposide 100mg/m2 D1-D5 every 21 days	13200	D	Not applicable	Not applicable	Not applicable	MO004C
1059	Medical Oncology	Medical	CT for Germ Cell Tumor	Gemcitabine + Oxaliplatin Gemcitabine 1000mg/m2 D1 D8 Oxaliplatin 130mg/m2 D1 every 21 days	19300	D	Not applicable	Not applicable	Not applicable	MO004D
1060	Medical Oncology	Medical	CT for Germ Cell Tumor	Gemcitabine + Paclitaxel Gemcitabine 1000mg/m2 D1 D8 D15 Paclitaxel 100 mg/m2 D1 D8 D15 every 28 days	19300	D	Not applicable	Not applicable	Not applicable	MO004E
1061	Medical Oncology	Medical	CT for Germ Cell Tumor	Paclitaxel + Ifosfamide + Cisplatin Paclitaxel 240 mg/m2 D1 Ifosfamide 1500mg/m2 D2-D5 Mesna 300 mg/m2 0h 4h 8h D2-D5 Cisplatin 25mg/m2 D2-D5 every 21 days	29600	D	Not applicable	Not applicable	Not applicable	MO004F
1062	Medical Oncology	Medical	CT for Germ Cell Tumor	Vinblastin + Ifosfamide + Cisplatin Vinblastine 0.11 mg/kg IV D1-D2 Mesna 240mg/m2 0h 4h 8h D1-D5 Ifosfamide 1200mg/m2 D1-D5 Cisplatin 20 mg/m2 D1-D5 every 21 days	16500	D	Not applicable	Not applicable	Not applicable	MO004G

1063	Medical Oncology	Medical	CT for Gestational Trophoblastic Neoplasia	Etoposide + Methotrexate + Dactinomycin- Cyclophosphamide + Vincristine Etoposide 100mg/m <sup>2</sup> IV D1 D2 Dactinomycin 0.5 mg IV push D1 D2 Methotrexate 300 mg /m <sup>2</sup> D1 Leucovorin 15 mg PO every 12 hrs for 4 doses Cyclophosphamide 600mg/m <sup>2</sup> D8 Vincristine 1 mg/m <sup>2</sup> D8 every 2 weeks	14600	D	Not applicable	Not applicable	Not applicable	MO005A
1064	Medical Oncology	Medical	CT for Gestational Trophoblastic Neoplasia	Etoposide + Methotrexate + Dactinomycin + Cisplatin Etoposide 100mg/m <sup>2</sup> IV D1 D2 D8 Dactinomycin 0.5 mg IV push D1 D2 Methotrexate 300 mg /m <sup>2</sup> D1 Leucovorin 15 mg PO every 12 hrs for 4 doses Cisplatin 75mg/m <sup>2</sup> D8 every 2 weeks	15500	D	Not applicable	Not applicable	Not applicable	MO005B
1065	Medical Oncology	Medical	CT for Gestational Trophoblastic Neoplasia	Methotrexate Methotrexate 1/mg/kg IM every other day x 4 days D1 3 D5 D7 Alternating every other day with Leucovorin 15 mg PO repeat every 14 days	12500	D	Not applicable	Not applicable	Not applicable	MO005C
1066	Medical Oncology	Medical	CT for Gestational Trophoblastic Neoplasia	Dactinomycin Inj Dactinomycin 0.5 mg D1- D5 every 14 days	8500	D	Not applicable	Not applicable	Not applicable	MO005D
1067	Medical Oncology	Medical	CT for Cervical Cancer	Carboplatin + Paclitaxel Paclitaxel 175mg/m <sup>2</sup> D1 Carboplatin AUC 5-6 D1 every 21 days	16400	D	Not applicable	Not applicable	Not applicable	MO006A
1068	Medical Oncology	Medical	CT for Cervical Cancer	Cisplatin Cisplatin 40 mg/m <sup>2</sup> every week	16400	D	Not applicable	Not applicable	Not applicable	MO006B

1069	Medical Oncology	Medical	CT for Endometrial Cancer	Carboplatin + Paclitaxel Paclitaxel 175mg/m <sup>2</sup> D1 Carboplatin AUC 5-6 D1 every 21 days	16400	D	Not applicable	Not applicable	Not applicable	MO007A
1070	Medical Oncology	Medical	CT for Endometrial Cancer	Cisplatin + Doxorubicin Doxorubicin 60 mg/m <sup>2</sup> D1 Cisplatin 50mg/m <sup>2</sup> every 3 weeks	16400	D	Not applicable	Not applicable	Not applicable	MO007B
1071	Medical Oncology	Medical	CT for Endometrial Cancer	Lipodox + Carboplatin Lipodox 30 mg/m <sup>2</sup> D1 Carboplatin AUC 5 D1 every 28 days	20900	D	Not applicable	Not applicable	Not applicable	MO007C
1072	Medical Oncology	Medical	CT for Endometrial Cancer	Carboplatin + Gemcitabine Gemcitabine - 1000mg/m <sup>2</sup> D1 D8 Carboplatin AUC 2 D1 D8 Gemcitabine - 1000mg/m <sup>2</sup> D1 D8 Carboplatin AUC 5-6 D1 only every 3 weeks	16800	D	Not applicable	Not applicable	Not applicable	MO007D
1073	Medical Oncology	Medical	CT for Endometrial Cancer	Anastrozole 1 mg orally daily (for 3 months)	4700	D	Not applicable	Not applicable	Not applicable	MO007E
1074	Medical Oncology	Medical	CT for Vulvar Cancer	Cisplatin + 5 FU 5 FU 1000mg/m <sup>2</sup> D1-D4 Cisplatin 75mg/m <sup>2</sup> D1 every 4 weeks	10000	D	Not applicable	Not applicable	Not applicable	MO008A
1075	Medical Oncology	Medical	CT for Vulvar Cancer	Cisplatin Cisplatin 40 mg/m <sup>2</sup> every week	8400	D	Not applicable	Not applicable	Not applicable	MO008B
1076	Medical Oncology	Medical	CT for Vulvar Cancer	Carboplatin + Paclitaxel Paclitaxel 175mg/m <sup>2</sup> D1 Carboplatin AUC 5 D1 every 21 days	17600	D	Not applicable	Not applicable	Not applicable	MO008C

1077	Medical Oncology	Medical	CT for Ewing Sarcoma	<p>Vincristine + Topotecan + Cyclophosphamide + Irinotecan + Temozolamide</p> <p>Vincristine 1.5mg/m2( day 1) Topotecan 1.5mg/m2 (day 1-5) Cyclophosphamide 250mg/m2 (days 1-5)</p> <p>Given every 3 weeks Irinotecan 10-50 mg/sqM days 1-5 and days 8-12 Temozolamide 100mg/m2 days 1-5 of each cycle every 3 weeks</p>	28100	D	Not applicable	Not applicable	Not applicable	MO009A
1078	Medical Oncology	Medical	CT for Ewing Sarcoma	<p>Vincristine + Ifosfamide + Etoposide Vincristine + Doxorubicin + Cyclophosphamide Vincristine + Cyclophosphamide + Dactinomycin.</p> <p>4 cycles VIE, 6 cycles VAC, 4 cycles VCD</p> <p>Vincristine 1.5mg/m2 (day 1, 8 and 15) Ifosfamide: 1800mg/m2 (days1-5) Etoposide: 100mg/sq.m (days 1-5)</p> <p>Given every 3 weeks</p> <p>Vincristine 1.5mg/m2 (day 1 and 8) Adriamycin: 60mg/m2 (day 1) Cyclophosphamide 600mg/m2 (day 1)</p> <p>Given 2-3 weekly</p> <p>Vincristine 1.5mg/m2 (day 1 and 8) Cyclophosphamide 600mg/m2 (day 1) Dactinomycin1mg/m2 (day1)</p> <p>Given 3 weekly</p>	24600	D	Not applicable	Not applicable	Not applicable	MO009B

1079	Medical Oncology	Medical	CT for Ewing Sarcoma	Vincristine + Adriamycin + Cyclophosphamide Ifosfamide + Etoposide Ifosfamide: 1800mg/m2 (days1-5) Etoposide: 100mg/sq.m (days 1-5) Given every 2-3 weekly Vincristine 1.5mg/m2 (day 1 and 8) Adriamycin: 75mg/m2 (day 1) Cyclophosphamide 1200mg/m2 (day 1) Given 2-3 weekly	24600	D	Not applicable	Not applicable	Not applicable	MO009C
1080	Medical Oncology	Medical	CT for Osteogenic Sarcoma	Doxorubicin + Cisplatin Cisplatin 100mg/m2 Doxorubicin 75mg/m2 given every 3 weeks	24000	D	Not applicable	Not applicable	Not applicable	MO010A
1081	Medical Oncology	Medical	CT for Osteogenic Sarcoma	Methotrexate + Doxorubicin + Cisplatin for Relapsed Osteogenic Sarcoma Cisplatin 120mg/sq.m Doxorubicin 75mg/m2 Methotrexate 8-12 gram/m2 Each cycle for 5 weeks	29700	D	Not applicable	Not applicable	Not applicable	MO010B
1082	Medical Oncology	Medical	CT for Osteogenic Sarcoma	OGS - 12 Ifosfamide 1800 mg/m2 D1-D5 Mesna 600mg/m2 0h 3h 6h 9h D1- D5 Adriamycin 25mg/m2 D1- D3 Cisplatin 33 mg/m2 D1-D3 every 21 days	32600	D	Not applicable	Not applicable	Not applicable	MO010C
1083	Medical Oncology	Medical	CT for Osteogenic Sarcoma	OGS - 12 Ifosfamide 1800 mg/m2 D1-D5 Mesna 600mg/m2 0h 3h 6h 9h D1- D5 Cisplatin 33 mg/m2 D1-D3 every 21 days	39800	D	Not applicable	Not applicable	Not applicable	MO010D
1084	Medical Oncology	Medical	CT for Soft Tissue Sarcoma	Gemcitabine + Docetaxel Gemcitabine 900 mg/m2 D1 D8	34000	D	Not applicable	Not applicable	Not applicable	MO011A

				Docetaxel 100 mg/m <sup>2</sup> D8 every 21 days						
1085	Medical Oncology	Medical	CT for Soft Tissue Sarcoma	Ifosfamide + Adriamycin Doxorubicin 30mg/m <sup>2</sup> D1 D2 Ifosfamide 2000 to 3000mg/m <sup>2</sup> Mesna 400 to 600 mg/m <sup>2</sup> 0h 4h 8h D1 - D3 Every 21 days	34000	D	Not applicable	Not applicable	Not applicable	MO011B
1086	Medical Oncology	Medical	CT for Soft Tissue Sarcoma	Doxorubicin 60-75/m <sup>2</sup> , every 21 days	4800	D	Not applicable	Not applicable	Not applicable	MO011C
1087	Medical Oncology	Medical	CT for Metastatic Melanoma	Dacarbazine + Cisplatin Dacarbazine 250mg/m <sup>2</sup> D1-D5 Cisplatin 75 mg/m <sup>2</sup> Every 21 days	8700	D	Not applicable	Not applicable	Not applicable	MO012A
1088	Medical Oncology	Medical	CT for Metastatic Melanoma	Temozolamide Temozolamide 200mg/m <sup>2</sup> D1-D5 every 28 days	25400	D	Not applicable	Not applicable	Not applicable	MO012B
1089	Medical Oncology	Medical	CT for Metastatic Melanoma	Imatinib Tab Imatinib 400/800 mg daily	6100	D	Not applicable	Not applicable	Not applicable	MO012C
1090	Medical Oncology	Medical	CT for Anal Cancer	5 FU + Mitomycin C 5 FU 1000mg/m <sup>2</sup> D1-D4 D29-D32 Mitomycin 10mg/m <sup>2</sup> D1	13300	D	Not applicable	Not applicable	Not applicable	MO013A
1091	Medical Oncology	Medical	CT for Anal Cancer	Capecitabine + Mitomycin C Capecitabine 825mg/m <sup>2</sup> PO twice daily till completion of RT Mitomycin 10mg/2 D1	20500	D	Not applicable	Not applicable	Not applicable	MO013B
1092	Medical Oncology	Medical	CT for Anal Cancer	Cisplatin + 5 FU 5 FU 1000mg/m <sup>2</sup> D1-D4 Cisplatin 75mg/m <sup>2</sup> D1 every 4 weeks	11600	D	Not applicable	Not applicable	Not applicable	MO013C
1093	Medical Oncology	Medical	CT for Anal Cancer	Carboplatin + Paclitaxel Paclitaxel 175mg/m <sup>2</sup> D1 Carboplatin AUC 5-6 D1 every 21 days	16400	D	Not applicable	Not applicable	Not applicable	MO013D

1094	Medical Oncology	Medical	CT for Anal Cancer	Cisplatin + Paclitaxel Paclitaxel 175 mg/m <sup>2</sup> D1 Cisplatin 75mg/m <sup>2</sup> D1 every 21 days	16200	D	Not applicable	Not applicable	Not applicable	MO013E
1095	Medical Oncology	Medical	CT for Colorectal Cancer	5 FU + Leucovorin 5 FU 1200mg/m <sup>2</sup> D1 D2 Leucovorin 400mg/m <sup>2</sup> D1 every 14 days	6700	D	Not applicable	Not applicable	Not applicable	MO014A
1096	Medical Oncology	Medical	CT for Colorectal Cancer	Capecitabine + Irinotecan Capecitabine 1000mg/m <sup>2</sup> D1-D14 Irinotecan 200 mg/m <sup>2</sup> D1 every 21 days	13800	D	Not applicable	Not applicable	Not applicable	MO014B
1097	Medical Oncology	Medical	CT for Colorectal Cancer	5 FU + Leucovorin + Oxaliplatin 5 FU 1200mg/m <sup>2</sup> D1 D2 Leucovorin 400mg/m <sup>2</sup> D1 Oxaliplatin 85 mg/m <sup>2</sup> D1 every 14 days	16600	D	Not applicable	Not applicable	Not applicable	MO014C
1098	Medical Oncology	Medical	CT for Colorectal Cancer	5FU + Leucovorin + Irinotecan 5 FU 1200mg/m <sup>2</sup> D1 D2 Leucovorin 400mg/m <sup>2</sup> D1 Irinotecan 180mg/m <sup>2</sup> 85 mg/m <sup>2</sup> D1 every 14 days	11700	D	Not applicable	Not applicable	Not applicable	MO014D
1099	Medical Oncology	Medical	CT for Colorectal Cancer	Capecitabine + Oxaliplatin Capecitabine 1000mg/m <sup>2</sup> D1-D14 Oxaliplatin 130 mg/m <sup>2</sup> D1 every 21 days	18200	D	Not applicable	Not applicable	Not applicable	MO014E
1100	Medical Oncology	Medical	CT for Colorectal Cancer	Capecitabine along with RT Capecitabine 825 mg/m <sup>2</sup> twice daily	8800	D	Not applicable	Not applicable	Not applicable	MO014F
1101	Medical Oncology	Medical	CT for Colorectal Cancer	Capecitabine Capecitabine 1000mg/m <sup>2</sup> D1-D14 every 21 days	8900	D	Not applicable	Not applicable	Not applicable	MO014G
1102	Medical Oncology	Medical	CT for Colorectal Cancer	5FU + Leucovorin + Oxaliplatin + Irinotecan 5 FU 1200mg/m <sup>2</sup> D1 D2 Leucovorin 400mg/m <sup>2</sup> D1 Oxaliplatin 85 mg/m <sup>2</sup> D1 Irinotecan 180mg/m <sup>2</sup> every 14 days	22800	D	Not applicable	Not applicable	Not applicable	MO014H

1103	Medical Oncology	Medical	CT for Esophageal Cancer	Carboplatin + Paclitaxel Paclitaxel 175mg/m <sup>2</sup> D1 Carboplatin AUC 5-6 D1 every 21 days	16400	D	Not applicable	Not applicable	Not applicable	MO015A
1104	Medical Oncology	Medical	CT for Esophageal Cancer	Cisplatin + 5 FU 5 FU 1000mg/m <sup>2</sup> D1-D4 Cisplatin 75mg/m <sup>2</sup> D1 every 4 weeks	16400	D	Not applicable	Not applicable	Not applicable	MO015B
1105	Medical Oncology	Medical	CT for Esophageal Cancer	Cisplatin + 5 FU Cisplatin 75mg/m <sup>2</sup> D1 D29 5FU 100mg/m <sup>2</sup> D1-D4 D29 D32 every 35 days	16400	D	Not applicable	Not applicable	Not applicable	MO015C
1106	Medical Oncology	Medical	CT for Esophageal Cancer	Paclitaxel + Carboplatin Paclitaxel 50mg/m <sup>2</sup> D1 Carboplatin AUC 2 D1 every week	32900	D	Not applicable	Not applicable	Not applicable	MO015D
1107	Medical Oncology	Medical	CT for Esophageal Cancer	Paclitaxel + Carboplatin Paclitaxel 50mg/m <sup>2</sup> D1 Carboplatin AUC 2 D1 every week	32900	D	Not applicable	Not applicable	Not applicable	MO015E
1108	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	Cisplatin + Docetaxel Docetaxel 40mg/m <sup>2</sup> D1 Cisplatin 40 mg/m <sup>2</sup> D1 Leucovorin 400mg/m <sup>2</sup> D1 5FU 1000mg/m <sup>2</sup> D1 D2 every 14 days	16800	D	Not applicable	Not applicable	Not applicable	MO016A
1109	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	Irinotecan Irinotecan 60- 90 mg/m <sup>2</sup> D1 D8 every 21 days	13300	D	Not applicable	Not applicable	Not applicable	MO016B
1110	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	5 FU 5 FU 250 mg/m <sup>2</sup> D1-D5 over 24 hrs every week	13300	D	Not applicable	Not applicable	Not applicable	MO016C
1111	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	Capecitabine Capecitabine 825 mg/m <sup>2</sup> twice daily	13300	D	Not applicable	Not applicable	Not applicable	MO016D



1112	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	Capecitabine + Oxaliplatin Capecitabine 1000mg/m2 D1-D14 Oxaliplatin 130 mg/m2 D1 every 21 days	18200	D	Not applicable	Not applicable	Not applicable	MO016E
1113	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	Docetaxel + Cisplatin + 5 FU Docetaxel 40mg/m2 D1 Cisplatin 40 mg/m2 D1 Leucovorin 400mg/m2 D1 5FU 1000mg/m2 D1 D2 every 14 days	18000	D	Not applicable	Not applicable	Not applicable	MO016F
1114	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	Docetaxel + Cisplatin + Xeloda Docetaxel 40mg/m2 D1 Cisplatin 40 mg/m2 D1 Capecitabine 825mg/m2 twice daily every 14 days	21700	D	Not applicable	Not applicable	Not applicable	MO016G
1115	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	Docetaxel + Oxaliplatin + 5 FU Docetaxel 50mg/m2 D1 Oxaliplatin 85 mg/m2 D1 Leucovorin 400mg/m2 D1 5FU 1200mg/m2 D1 D2 every 14 days	22400	D	Not applicable	Not applicable	Not applicable	MO016H
1116	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	Docetaxel + Oxaliplatin + Xeloda Docetaxel 50mg/m2 D1 Oxaliplatin 85 mg/m2 D1 Capecitabine 825 mg/m2 Twice daily every 14 days	27400	D	Not applicable	Not applicable	Not applicable	MO016I
1117	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	5FU + Leucovorin + Irinotecan 5 FU 1200mg/m2 D1 D2 Leucovorin 400mg/m2 D1 Irinotecan 180mg/m2 85 mg/m2 D1 every 14 days	13300	D	Not applicable	Not applicable	Not applicable	MO016J
1118	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	5FU + Leucovorin + Oxaliplatin 5 FU 1200mg/m2 D1 D2 Leucovorin 400mg/m2 D1 Oxaliplatin 85 mg/m2 D1 every 14 days	16600	D	Not applicable	Not applicable	Not applicable	MO016K

1119	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	Paclitaxel Paclitaxel 80mg/m2 every week	13300	D	Not applicable	Not applicable	Not applicable	MO016L
1120	Medical Oncology	Medical	CT for Hepatocellular Carcinoma	Doxorubicin Doxorubicin 30-75 mg/m2 one course	27300	D	Not applicable	Not applicable	Not applicable	MO017A
1121	Medical Oncology	Medical	CT for Hepatocellular Carcinoma	Sorafenib Sorafenib 400mg PO twice daily	11000	D	Not applicable	Not applicable	Not applicable	MO017B
1122	Medical Oncology	Medical	CT for Hepatocellular Carcinoma	Lenvatinib 12 mg daily	20600	D	Not applicable	Not applicable	Not applicable	MO017C
1123	Medical Oncology	Medical	CT for Pancreatic Cancer	Gemcitabine + Nanopaclitaxel Gemcitabine 1000mg/m2 D1 D8 D16 Albumin bound Paclitaxel 125mg/m2 D1 D8 D15 every 28 days	34400	D	Not applicable	Not applicable	Not applicable	MO018A
1124	Medical Oncology	Medical	CT for Pancreatic Cancer	Gemcitabine Gemcitabine 1000mg /m2 D1 D8 every 21 days	25900	D	Not applicable	Not applicable	Not applicable	MO018B
1125	Medical Oncology	Medical	CT for Pancreatic Cancer	Gemcitabine Gemcitabine 300mg/m2 weekly	25900	D	Not applicable	Not applicable	Not applicable	MO018C
1126	Medical Oncology	Medical	CT for Pancreatic Cancer	5FU + Leucovorin + Oxaliplatin + Irinotecan 5 FU 1200mg/m2 D1 D2 Leucovorin 400mg/m2 D1 Oxaliplatin 85 mg/m2 D1 Irinotecan 180mg/m2 every 14 days	25900	D	Not applicable	Not applicable	Not applicable	MO018D
1127	Medical Oncology	Medical	CT for Pancreatic Cancer	Capecitabine Capecitabine 825 mg/m2 twice daily	25900	D	Not applicable	Not applicable	Not applicable	MO018E

1128	Medical Oncology	Medical	CT for Pancreatic Cancer	Capecitabine + Gemcitabine Gemcitabine 1000mg/m <sup>2</sup> D1 D8 D15 Capecitabine 830mg/m <sup>2</sup> twice daily D1-D21 every 28 days	41400	D	Not applicable	Not applicable	Not applicable	MO018F
1129	Medical Oncology	Medical	CT for Gall Bladder Cancer / Cholangiocarcinoma	Capecitabine Capecitabine 1000 - 1250 mg/m <sup>2</sup> twice daily D1 -D14 every 21 days	8900	D	Not applicable	Not applicable	Not applicable	MO019A
1130	Medical Oncology	Medical	CT for Gall Bladder Cancer / Cholangiocarcinoma	Cisplatin + Gemcitabine Gemcitabine 1000 mg/m <sup>2</sup> D1 D8 Cisplatin 25 mg/m <sup>2</sup> D1 D8 every 21 days	14700	D	Not applicable	Not applicable	Not applicable	MO019B
1131	Medical Oncology	Medical	CT for Gall Bladder Cancer / Cholangiocarcinoma	5FU + Leucovorin + Irinotecan 5 FU 1200mg/m <sup>2</sup> D1 D2 Leucovorin 400mg/m <sup>2</sup> D1 Irinotecan 180mg/m <sup>2</sup> 85 mg/m <sup>2</sup> D1 every 14 days	11700	D	Not applicable	Not applicable	Not applicable	MO019C
1132	Medical Oncology	Medical	CT for Gall Bladder Cancer / Cholangiocarcinoma	Gemcitabine Gemcitabine 300 mg/m <sup>2</sup> D1 every week	9900	D	Not applicable	Not applicable	Not applicable	MO019D
1133	Medical Oncology	Medical	CT for Gall Bladder Cancer / Cholangiocarcinoma	Gemcitabine Gemcitabine 1000mg /m <sup>2</sup> D1 D8 every 21 days	10900	D	Not applicable	Not applicable	Not applicable	MO019E
1134	Medical Oncology	Medical	CT for Gall Bladder Cancer / Cholangiocarcinoma	Oxaliplatin + Gemcitabine Gemcitabine 1000 mg/m <sup>2</sup> D1 Oxaliplatin 100 mg/m <sup>2</sup> D1 every 14 days	21100	D	Not applicable	Not applicable	Not applicable	MO019F

1135	Medical Oncology	Medical	CT for Gall Bladder Cancer / Cholangiocarcinoma	Capecitabine + Irinotecan Capecitabine 1000mg/m2 D1-D14 Irinotecan 200 mg/m2 D1 every 21 days	13900	D	Not applicable	Not applicable	Not applicable	MO019G
1136	Medical Oncology	Medical	CT for Gall Bladder Cancer / Cholangiocarcinoma	5FU + Leucovorin + Oxaliplatin 5 FU 1200mg/m2 D1 D2 Leucovorin 400mg/m2 D1 Oxaliplatin 85 mg/m2 D1 every 14 days	16600	D	Not applicable	Not applicable	Not applicable	MO019H
1137	Medical Oncology	Medical	CT for Gastrointestinal stromal tumor	Imatinib Imatinib 400 mg once daily	21300	D	Not applicable	Not applicable	Not applicable	MO020A
1138	Medical Oncology	Medical	CT for Gastrointestinal stromal tumor	Sunitinib Sunitinib 37.5 mg once daily	26800	D	Not applicable	Not applicable	Not applicable	MO020B
1139	Medical Oncology	Medical	CT for CA Brain	Temozolamide Temozolamide 150 - 200 mg/m2 D1-D5 every 28 days	14300	D	Not applicable	Not applicable	Not applicable	MO021A
1140	Medical Oncology	Medical	CT for CA Brain	Temozolamide Temozolamide 75mg/m2 once daily	74400	D	Not applicable	Not applicable	Not applicable	MO021B
1141	Medical Oncology	Medical	CT for Mesothelioma	Gemcitabine + Cisplatin Gemcitabine 1000 mg/m2 D1 D8 Cisplatin 75 mg/m2 D1 every 21 days	14700	D	Not applicable	Not applicable	Not applicable	MO022A
1142	Medical Oncology	Medical	CT for Mesothelioma	Pemetrexed + Cisplatin Pemetrexed 500mg/m2 D1 Cisplatin 75 mg/m2 D1 every 21 days	12200	D	Not applicable	Not applicable	Not applicable	MO022B
1143	Medical Oncology	Medical	CT for Mesothelioma	Pemetrexed + Carboplatin Pemetrexed 500mg/m2 D1 Carboplatin AUC 5-6 D1 every 21 days	12200	D	Not applicable	Not applicable	Not applicable	MO022C

1144	Medical Oncology	Medical	CT for Thymic Carcinoma	Cisplatin + Etoposide Etoposide 100mg/m2 D1 - D3 Cisplatin 75-100 mg/m2 D1 every 21 days	8600	D	Not applicable	Not applicable	Not applicable	MO023A
1145	Medical Oncology	Medical	CT for Thymic Carcinoma	Cisplatin + Adriamycin + Cyclophosphamide Cisplatin 50 mg/m2 D1 Doxorubicin 50 mg/m2 D1 Cyclophosphamide 500 mg/m2 D1 every 21 days	7200	D	Not applicable	Not applicable	Not applicable	MO023B
1146	Medical Oncology	Medical	CT for CA Head & Neck	Cisplatin + Docetaxel Docetaxel 75 mg/m2 D1 Cisplatin 75 mg/m2 D1 every 21 days	15100	D	Not applicable	Not applicable	Not applicable	MO024A
1147	Medical Oncology	Medical	CT for CA Head & Neck	Cisplatin Cisplatin 100mg/m2 every 21 days	13600	D	Not applicable	Not applicable	Not applicable	MO024B
1148	Medical Oncology	Medical	CT for CA Head & Neck	Carboplatin + Gemcitabine Gemcitabine 1000 mg/m2 D1 D8 Carboplatin AUC 5-6 D1 every 21 days	15700	D	Not applicable	Not applicable	Not applicable	MO024C
1149	Medical Oncology	Medical	CT for CA Head & Neck	Docetaxel + Cisplatin + 5 FU Docetaxel 75 mg/m2 D1 Cisplatin 75 mg/m2 D1 5 FU 750 mg/m2 D1- D5 every 21 days	18200	D	Not applicable	Not applicable	Not applicable	MO024D
1150	Medical Oncology	Medical	CT for CA Head & Neck	Docetaxel Docetaxel 20mg/m2 every week	16500	D	Not applicable	Not applicable	Not applicable	MO024E
1151	Medical Oncology	Medical	CT for CA Head & Neck	Docetaxel Docetaxel 75 mg/m2 D1 every 21 days	15800	D	Not applicable	Not applicable	Not applicable	MO024F
1152	Medical Oncology	Medical	CT for CA Head & Neck	Etoposide + Carboplatin Etoposide 100mg/m2 D1 - D3 Carboplatin AUC 5-6 D1 every 21 days	13600	D	Not applicable	Not applicable	Not applicable	MO024G
1153	Medical Oncology	Medical	CT for CA Head & Neck	Etoposide + Cisplatin Etoposide 100mg/m2 D1 - D3 Cisplatin 75-100 mg/m2 D1 every 21 days	13600	D	Not applicable	Not applicable	Not applicable	MO024H

1154	Medical Oncology	Medical	CT for CA Head & Neck	Gemcitabine Gemcitabine 1000 mg/m <sup>2</sup> D1 D8 every 21 days	13600	D	Not applicable	Not applicable	Not applicable	MO024I
1155	Medical Oncology	Medical	CT for CA Head & Neck	Gemcitabine + Cisplatin Gemcitabine 1000 mg/m <sup>2</sup> D1 D8 Cisplatin 75 mg/m <sup>2</sup> D1 every 21 days	13600	D	Not applicable	Not applicable	Not applicable	MO024J
1156	Medical Oncology	Medical	CT for CA Head & Neck	Paclitaxel + Carboplatin Paclitaxel 80mg/m <sup>2</sup> D1 Carboplatin AUC 2 D1 every week	13600	D	Not applicable	Not applicable	Not applicable	MO024K
1157	Medical Oncology	Medical	CT for CA Head & Neck	Paclitaxel + Carboplatin Paclitaxel 175mg/m <sup>2</sup> every 21 days	16600	D	Not applicable	Not applicable	Not applicable	MO024L
1158	Medical Oncology	Medical	CT for CA Head & Neck	Paclitaxel Paclitaxel 80mg/m <sup>2</sup> every week	13600	D	Not applicable	Not applicable	Not applicable	MO024M
1159	Medical Oncology	Medical	CT for CA Head & Neck	Paclitaxel Paclitaxel 175mg/m <sup>2</sup> every 21 days	13400	D	Not applicable	Not applicable	Not applicable	MO024N
1160	Medical Oncology	Medical	CT for CA Head & Neck	Carboplatin Carboplatin AUC 2 every week	13600	D	Not applicable	Not applicable	Not applicable	MO024O
1161	Medical Oncology	Medical	CT for CA Head & Neck	Cisplatin Cisplatin 40mg/m <sup>2</sup> every week	13600	D	Not applicable	Not applicable	Not applicable	MO024P
1162	Medical Oncology	Medical	CT for Renal Cell Cancer	Sunitinib 50 mg once daily 4 weeks on 2 weeks off	29000	D	Not applicable	Not applicable	Not applicable	MO025A
1163	Medical Oncology	Medical	CT for Renal Cell Cancer	Cabozantinib 60 mg od x 1 month every 4 weeks	15700	D	Not applicable	Not applicable	Not applicable	MO025B
1164	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Cisplatin + Methotrexate + Vinblastin Methotrexate 30mg/m <sup>2</sup> D1 D8 Vinblastine 4 mg/m <sup>2</sup> D1 D8 Doxorubicin 30 mg/m <sup>2</sup> D2 Cisplatin 100 mg/m <sup>2</sup> D2 Leucovorin 15 mg PO D2 D9 every 21 days	8300	D	Not applicable	Not applicable	Not applicable	MO026A
1165	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Carboplatin + Gemcitabine Gemcitabine 1000 mg/m <sup>2</sup> D1 D8 Carboplatin AUC 5-6 D1 every 21 days	15700	D	Not applicable	Not applicable	Not applicable	MO026B

1166	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Cisplatin + Gemcitabine Gemcitabine 1000 mg/m2 D1 D8 Cisplatin 75 mg/m2 D1 every 21 days	14700	D	Not applicable	Not applicable	Not applicable	MO026C
1167	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Cisplatin + 5 FU 5 FU 1000mg/m2 D1-D4 Cisplatin 75mg/m2 D1 every 4 weeks	9900	D	Not applicable	Not applicable	Not applicable	MO026D
1168	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Cisplatin + Paclitaxel Paclitaxel 175 mg /m2 D1 Cisplatin 75 mg /m2 D1 every 21 days	14900	D	Not applicable	Not applicable	Not applicable	MO026E
1169	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Docetaxel Docetaxel 75 mg/m2 D1 every 21 days	15800	D	Not applicable	Not applicable	Not applicable	MO026F
1170	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Gemcitabine + Paclitaxel Gemcitabine 2500 mg/m2 D1 Paclitaxel 150 mg/m2 D1 every 14 days	19300	D	Not applicable	Not applicable	Not applicable	MO026G
1171	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Gemcitabine Gemcitabine 1000mg /m2 D1 D8 every 21 days	10100	D	Not applicable	Not applicable	Not applicable	MO026H
1172	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Methotrexate + Vinblastin + Doxorubicin + Cisplatin Methotrexate 30mg/m2 D1 Vinblastine 3 mg/m2 D2 Doxorubicin 30 mg/m2 D2 Cisplatin 70 mg/m2 D2 every 14 days	9100	D	Not applicable	Not applicable	Not applicable	MO026I
1173	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Paclitaxel + Carboplatin Paclitaxel 175mg/m2 D1 Carboplatin AUC 5-6 D1 every 21 days	16600	D	Not applicable	Not applicable	Not applicable	MO026J
1174	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Paclitaxel Paclitaxel 80 mg/m2 D1 every week	7800	D	Not applicable	Not applicable	Not applicable	MO026K
1175	Medical Oncology	Medical	CT for CA Penis	Cisplatin + Paclitaxel Paclitaxel 175 mg/m2 D1 Cisplatin 75 mg/m2 D1 every 21 days	14900	D	Not applicable	Not applicable	Not applicable	MO027A

1176	Medical Oncology	Medical	CT for CA Penis	5 FU + Cisplatin 5 FU 1000mg/m <sup>2</sup> D1-D4 Cisplatin 75mg/m <sup>2</sup> D1 every 4 weeks	14900	D	Not applicable	Not applicable	Not applicable	MO027B
1177	Medical Oncology	Medical	CT for CA Penis	Capecitabine Capecitabine 1000-1250 mg/m <sup>2</sup> PO twice daily D1 -D14 every 21 days	14900	D	Not applicable	Not applicable	Not applicable	MO027C
1178	Medical Oncology	Medical	CT for CA Penis	Paclitaxel + Carboplatin Paclitaxel 175mg/m <sup>2</sup> D1 Carboplatin AUC 5-6 D1 every 21 days	16600	D	Not applicable	Not applicable	Not applicable	MO027D
1179	Medical Oncology	Medical	CT for CA Penis	Paclitaxel Paclitaxel 80 mg/m <sup>2</sup> D1 every week	14900	D	Not applicable	Not applicable	Not applicable	MO027E
1180	Medical Oncology	Medical	CT for CA Penis	Paclitaxel Paclitaxel 175 mg/m <sup>2</sup> D1 every 21 days	14900	D	Not applicable	Not applicable	Not applicable	MO027F
1181	Medical Oncology	Medical	CT for CA Penis	Paclitaxel + Carboplatin Paclitaxel 80 mg/m <sup>2</sup> D1 Carboplatin AUC 2 D1 every week	14900	D	Not applicable	Not applicable	Not applicable	MO027G
1182	Medical Oncology	Medical	CT for CA Prostate	Docetaxel Docetaxel 60 mg/m <sup>2</sup> D1 every 14 days	12900	D	Not applicable	Not applicable	Not applicable	MO028A
1183	Medical Oncology	Medical	CT for CA Prostate	Docetaxel Docetaxel 75 mg/m <sup>2</sup> D1 every 21 days	15500	D	Not applicable	Not applicable	Not applicable	MO028B
1184	Medical Oncology	Medical	CT for CA Prostate	Etoposide + Carboplatin Etoposide 100mg/m <sup>2</sup> D1 - D3 Carboplatin AUC 5-6 D1 every 21 days	12900	D	Not applicable	Not applicable	Not applicable	MO028C
1185	Medical Oncology	Medical	CT for CA Prostate	LHRH Agonist Leuprolide 22.5 ug every 3 months	18600	D	Not applicable	Not applicable	Not applicable	MO028D
1186	Medical Oncology	Medical	CT for CA Prostate	Mitoxantrone + Prednisolone Mitoxantrone 12mg/m <sup>2</sup> every 3 weeks Prednsiolone 10 mg daily	12900	D	Not applicable	Not applicable	Not applicable	MO028E
1187	Medical Oncology	Medical	CT for CA Prostate	Paclitaxel + Carboplatin Paclitaxel 80mg/m <sup>2</sup> D1 Carboplatin AUC 2 D1 every week	12900	D	Not applicable	Not applicable	Not applicable	MO028F



1188	Medical Oncology	Medical	CT for CA Prostate	Paclitaxel + Carboplatin Paclitaxel 175mg/m <sup>2</sup> D1 Carboplatin AUC 5-6 D1 every 21 days	16600	D	Not applicable	Not applicable	Not applicable	MO028G
1189	Medical Oncology	Medical	CT for CA Prostate	Docetaxel Docetaxel 20mg/m <sup>2</sup> D1 every week	16200	D	Not applicable	Not applicable	Not applicable	MO028H
1190	Medical Oncology	Medical	CT for CA Prostate	Abiraterone 1000 mg + Prednisolone 10mg daily Once every month	15700	D	Not applicable	Not applicable	Not applicable	MO028I
1191	Medical Oncology	Medical	CT for B - Cell NHL - High Grade (Except Burkitt's & PCNSL)	Rituximab + Cyclophosphamide + Etoposide + Prednsiolone Rituximab 375mg/m <sup>2</sup> Cyclophosphamide 750 mg/m <sup>2</sup> Vincristine 1.4 mg/m <sup>2</sup> , on Day1 Etoposide 65mg/m <sup>2</sup> Day 1 to 3 Prednisolone 100 mg Day 1-5 Total 6 cycles, repeat 21 days	31800	D	Not applicable	Not applicable	Not applicable	MO029A
1192	Medical Oncology	Medical	CT for B - Cell NHL - High Grade (Except Burkitt's & PCNSL)	Rituximab + Cyclophosphamide + Doxorubicin + Prednsiolone Rituximab 375mg/m <sup>2</sup> Cyclophosphamide 750 mg/m <sup>2</sup> Doxorubicin 50mg/m <sup>2</sup> Vincristine 1.4 mg/m <sup>2</sup> on Day1 Prednisolone 100 mg Day 1-5 Total 6 cycles, repeat 21 days	29700	D	Not applicable	Not applicable	Not applicable	MO029B
1193	Medical Oncology	Medical	CT for High - Grade NHL - B Cell	Rituxmab + Dexamethasone + High Dose Cytarabine + Cisplatin Rituximab 375mg/m <sup>2</sup> Day 1 Cytarabine 2g/m <sup>2</sup> BD on day 2 Dexamethasone 40 mg Day 1 - 4 Cisplatin 75mg/m <sup>2</sup> or Carboplatin AUC-5 on day 1 Cycle to be repeated every 21days	38400	D	Not applicable	Not applicable	Not applicable	MO030A

1194	Medical Oncology	Medical	CT for Relapsed B - Cell NHL - High Grade (Except Burkitt's & PCNSL)	GDP - R Rituximab 375mg/m2 Day 1 Gemcitabine 1000mg/m2 on day 1 and 8 Dexamethasone 40 mg Day 1 - 4 Cisplatin 75mg/m2 on day 1 Cycle to be repeated every 21days Total- 6 cycles	42800	D	Not applicable	Not applicable	Not applicable	MO031A
1195	Medical Oncology	Medical	CT for Relapsed B - Cell NHL - High Grade (Except Burkitt's & PCNSL)	ICE - R Rituximab 375mg/m2 Ifosfamide 1.66g/m2 on day 1 - 3 Mesna 1.66g/m2 day 1 - 3 Carboplatin AUC 5 on day 1 Etoposide 100mg/m2 on day 1 - 3 Cycle every 21days for 6 cycles	38800	D	Not applicable	Not applicable	Not applicable	MO031B
1196	Medical Oncology	Medical	CT for PMBCL / Burkitt's Lymphoma / Seropositive B - Cell NHLR	Etoposide + Prednisolone + Vincristine + Cyclophosphamide + Doxorubicin Rituximab 375mg/m2 Day 1 Etoposide 50mg/m2 VCR 0.4mg/m2 Doxorubicin 10mg/m2 Day1 - 4 Cyclophosphamide 750mg/m2 on day 5 Prednisolone 100 mg day 1-5 Every 21 days Dose adjustment each cycle depending on nadir counts Total- 6 cycles	34900	D	Not applicable	Not applicable	Not applicable	MO032A
1197	Medical Oncology	Medical	CT for Burkitt's NHL	Codox - M - IVAC / GMALL / BFM / Hyper CVAD	38000	D	Not applicable	Not applicable	Not applicable	MO033A
1198	Medical Oncology	Medical	CT for Low Grade B - Cell NHL	Bendamustine + Rituximab Bendamustine 90mg/m2 on day 1, 2 Rituximab 375mg/m2 on day 1 Repeat every 28 days, Total 6 cycles	33800	D	Not applicable	Not applicable	Not applicable	MO034A

1199	Medical Oncology	Medical	CT for Low Grade B - Cell NHL	Lenalidomide + Rituximab Rituximab 375mg/m2 Day 1 Lenlidomide 25 mg D1-28, for 8 cycles	33800	D	Not applicable	Not applicable	Not applicable	MO034B
1200	Medical Oncology	Medical	CT for Low Grade NHL	Rituximab Rituximab 375mg/m2 per week for 6 weeks	27300	D	Not applicable	Not applicable	Not applicable	MO035A
1201	Medical Oncology	Medical	CT for Low Grade NHL	Rituximab + Cyclophosphamide + Vincristine + Prednisolone Rituximab 375 mg/m2 Cyclophosphamide 750mg/m2 Vincristine 1.4mg/m2 Day 1 Prednisolone 100 mg Day 1 - 5 Repeat every 21days. Total 6 cycles	28400	D	Not applicable	Not applicable	Not applicable	MO035B
1202	Medical Oncology	Medical	CT for Chronic Lymphocytic Leukemia	Fludarabine + Cyclophosphamide Fludarabine 25mg/m2 D1-3 Cyclophosphamide 250 mg/m2 D1-3 every 28 days for 6 cycles	22000	D	Not applicable	Not applicable	Not applicable	MO036A
1203	Medical Oncology	Medical	CT for Chronic Lymphocytic Leukemia	Rituxmab + Chlorambucil Rituximab 375mg/m2 Day 1 Chlorambucil 10 mg/m2 D1-7 Repeat every 28 days for 12 cycles	27400	D	Not applicable	Not applicable	Not applicable	MO036B
1204	Medical Oncology	Medical	CT for Chronic Lymphocytic Leukemia	Rituximab + Fludarabine + Cyclophosphamide Rituximab 375mg/m2 on day 1 Fludarabine 25mg/m2 D1 - 3 Cyclophosphamide 250 mg/m2 D1 - 3 Every 28 days for 6 cycles	44800	D	Not applicable	Not applicable	Not applicable	MO036C
1205	Medical Oncology	Medical	CT for Chronic Lymphocytic Leukemia	Lenalidomide lenalidomide-10-25 mg/day day 1 to 21 every 28 days	19900	D	Not applicable	Not applicable	Not applicable	MO036D

1206	Medical Oncology	Medical	CT for Peripheral T - Cell Lymphoma	<p>CHOEP                      Cyclophosphamide 750mg/m<sup>2</sup> D1                      Vincristine 1.4mg/m<sup>2</sup> D1                      Adriamycin 50 mg/m<sup>2</sup> D1                      Etoposide 100mg/m<sup>2</sup> D1-3                      Prednisolone 100 mg D1-5                      Every 21days. Total 6 cycles</p>	6400	D	Not applicable	Not applicable	Not applicable	MO037A
1207	Medical Oncology	Medical	CT for Peripheral T - Cell Lymphoma	<p>CHOP                      Cyclophosphamide 750mg/m<sup>2</sup> D1                      Vincristine 1.4mg/m<sup>2</sup> D1                      Adriamycin 50 mg/m<sup>2</sup> D1                      Prednisolone 100 mg D1-5                      Every 21days. Total 6 cycles</p>	6300	D	Not applicable	Not applicable	Not applicable	MO037B
1208	Medical Oncology	Medical	CT for Peripheral T - Cell Lymphoma	<p>SMILE                      Methotrexate 2gm/m<sup>2</sup> D1                      Ifosfamide 1500mg/m<sup>2</sup> D2-4                      Etoposide 100mg/m<sup>2</sup> D2-4                      L-asparaginase 6000U/m<sup>2</sup>                      D8,10,12,14,16,18,20                      Dexamethasone 40mg D1-4 every 28 days</p>	23900	D	Not applicable	Not applicable	Not applicable	MO037C
1209	Medical Oncology	Medical	CT for NK - T Cell Lymphoma	<p>GELOX                      Gemcitabine 1000mg/m<sup>2</sup> D1 and D8                      Oxaliplatin 130mg/m<sup>2</sup> D1                      L- asparaginase 6000 U/m<sup>2</sup> D1-7                      Repeat every 21 days</p>	23400	D	Not applicable	Not applicable	Not applicable	MO038A
1210	Medical Oncology	Medical	CT for NK - T Cell Lymphoma	<p>LVP                      L-asparaginase 6000U/m<sup>2</sup> D1-5                      Vincristine 1.4mg/m<sup>2</sup> D1                      Prednisolone 100mg D1-5                      Repeat every 21 days</p>	20800	D	Not applicable	Not applicable	Not applicable	MO038B

1211	Medical Oncology	Medical	CT for Hodgkin's Lymphoma	COPP Cyclophosphamide 650mg/m2 D1, 8 Vincristine 1.4mg/m2 D1, 8 Procarbazine 100 mg/m2 D1-14 Prednisolone 40mg/m2 D1-14 Every 28days. Total 6 - 8 cycles	4700	D	Not applicable	Not applicable	Not applicable	MO039A
1212	Medical Oncology	Medical	CT for Hodgkin's Lymphoma	ABVD Adriamycin 25mg/m2 Bleomycin 10unit/m2 Vinblastine 6mg/m2 Dacarbazine 375 mg/m2 Day 1,15 Every 28 days for 6 cycles	12400	D	Not applicable	Not applicable	Not applicable	MO039B
1213	Medical Oncology	Medical	CT for Hodgkin's Lymphoma	AEVD Adriamycin 25mg/m2 Vinblastine 6mg/m2 Dacarbazine 375 mg/m2 Day 1,15 Etoposide 65mg/m2 Day 1-3, 15-17 Every 28 days for 6 cycles	12400	D	Not applicable	Not applicable	Not applicable	MO039C
1214	Medical Oncology	Medical	CT for Relapsed Hodgkin Lymphoma	ICE Ifosfamide 1.5 mg/m2 D1-3 Carboplatin AUC5 D2 Etoposide 100mg/m2 D1-3 Every 3 weeks	12800	D	Not applicable	Not applicable	Not applicable	MO040A
1215	Medical Oncology	Medical	CT for Relapsed Hodgkin Lymphoma	MINE Ifosfamide 4 gm/m2 over 3days (D1-3) Mitoxantrone 8mg/m2 Etoposide 65mg/m2 D1-3 Every 3 weeks	12800	D	Not applicable	Not applicable	Not applicable	MO040B
1216	Medical Oncology	Medical	CT for Relapsed Hodgkin Lymphoma	PTCL - GDP Gemcitabine 1000mg/m2 D1 and D8 Dexamethasone 40mg D1-4 Cisplatin 75mg/m2 D1 or Cacrboptatin AUC-5 Every 3 weeks	17900	D	Not applicable	Not applicable	Not applicable	MO040C

1217	Medical Oncology	Medical	CT for Relapsed NHL & HL	DHAP Dexamethasone 40mg D1-4 Cisplatin 100mg/m2 or Carboplatin AUC-5D1 Cytarabine 2 gm/m2 BD D2 Repeat every 21 days	15200	D	Not applicable	Not applicable	Not applicable	MO041A
1218	Medical Oncology	Medical	CT for MM / Amyloidosis / POEMS	Lenalidomide + Dexamethasone Lenalidomide 25 mg daily Day1-21 Dexamethasone 40mg Day 1, 8, 15, 22 Every 28days	6600	D	Not applicable	Not applicable	Not applicable	MO042A
1219	Medical Oncology	Medical	CT for MM / Amyloidosis / POEMS	Pomalidomide + Dexamethasone Pomalidomide 4 mg daily Day 1-21 Dexamethasone 40mg Day 1, 8, 15, 22 Every 28 days	8700	D	Not applicable	Not applicable	Not applicable	MO042B
1220	Medical Oncology	Medical	CT for MM / Amyloidosis	Cyclophosphamide + Thalidomide + Dexamethasone Cyclophosphamide 100mg D1-D14 Thalidomide 100-200 mg daily Day 1-28 Dexamethasone 40mg Day 1, 8, 15, 22 Every 28 days	5000	D	Not applicable	Not applicable	Not applicable	MO043A
1221	Medical Oncology	Medical	CT for MM / Amyloidosis	Melphalan + Thalidomide + Prednisolone Melphalan 9mg/m2 D1-D4 Thalidomide 100mg D1-28 Prednisolone 100mg Day1-4 Every 28days	5100	D	Not applicable	Not applicable	Not applicable	MO043B
1222	Medical Oncology	Medical	CT for MM / Amyloidosis	Bortezomib + Cyclophosphamide + Dexamethasone Cyclophosphamide - 300 mg/m2 day 1, 8, 15, 22 Dexamethasone 40mg Day 1, 8, 15, 22 Bortezomib 1.3 mg/m2 Day1, 8, 15,	16100	D	Not applicable	Not applicable	Not applicable	MO043C

				22 Every 28 days						
1223	Medical Oncology	Medical	CT for MM / Amyloidosis	Bortezomib + Dexamethasone Bortezomib 1.3 mg/m2 Day1, 8, 15, 22 Dexamethasone 40mg Day1, 8, 15, 22 Every 28 day	16200	D	Not applicable	Not applicable	Not applicable	MO043D
1224	Medical Oncology	Medical	CT for MM / Amyloidosis	Bortezomib + Melphalan + Prednisolone Melphalan 9mg/m2 D1-D4 Prednisolone 100mg Day 1-4 Bortezomib 1.3 mg/m2 Day 1, 8, 15, 22 Every 28 days	13900	D	Not applicable	Not applicable	Not applicable	MO043E
1225	Medical Oncology	Medical	CT for MM / Amyloidosis	Bortezomib + Lenalidomide + Dexamethasone Lenalidomide 25 mg daily Day 1 - 21 Dexamethasone 40mg Day 1, 8, 15, 22 Bortezomib 1.3 mg/m2 Day 1, 8, 15, 22 Every 28 days	19600	D	Not applicable	Not applicable	Not applicable	MO043F
1226	Medical Oncology	Medical	CT for MM / Amyloidosis	Bortezomib + Thalidomide + Dexamethasone Thalidomide 100 mg daily Day 1 - 28 Dexamethasone 40 mg Day 1, 8, 15, 22 Bortezomib 1.3 mg/m2 Day 1, 8, 15, 22 Every 28 days	16500	D	Not applicable	Not applicable	Not applicable	MO043G

1227	Medical Oncology	Medical	CT for Chronic Myeloid Leukemia	Imatinib Imatinib 400 mg, 600 mg, 800 mg (per month X 5 years)	21300	D	Not applicable	Not applicable	Not applicable	MO044A
1228	Medical Oncology	Medical	CT for Chronic Myeloid Leukemia	Dasatinib 100 mg once a day	6100	D	Not applicable	Not applicable	Not applicable	MO044B
1229	Medical Oncology	Medical	CT for Myeloproliferative Neoplasm	Hydroxurea Hydroxurea daily (Dose will be based on blood counts)	2800	D	Not applicable	Not applicable	Not applicable	MO045A
1230	Medical Oncology	Medical	CT for Acute Myeloid Leukemia	Cytarabine 2 gm / M2 BD for 3 days Every 21 days for 3 cycles	86200	D	Not applicable	Not applicable	Not applicable	MO046A
1231	Medical Oncology	Medical	CT for Acute Myeloid Leukemia	Cytarabine 100 mg / M2 7 days Daunomycin 60 mg / M2 3 days	127800	D	Not applicable	Not applicable	Not applicable	MO046B
1232	Medical Oncology	Medical	CT for Acute Lymphoblastic Leukemia	BFM-90 BFM-95 BFM-2000 HyperCVAD UKALL GMALL	176000	D	Not applicable	Not applicable	Not applicable	MO047A
1233	Medical Oncology	Medical	CT for Acute Lymphoblastic Leukemia	BFM-90 BFM-95 BFM-2000 HyperCVAD UKALL GMALL	176000	D	Not applicable	Not applicable	Not applicable	MO047B
1234	Medical Oncology	Medical	CT for Acute Lymphoblastic Leukemia	6 Mercaptopurine 50 mg / M2 daily Methotrexate 25 mg / M2 Weekly for 2 years	176000	D	Not applicable	Not applicable	Not applicable	MO047C



1235	Medical Oncology	Medical	CT for Lymphoblastic Lymphoma	BFM-90 BFM-95 BFM-2000 HyperCVAD UKALL GMALL	176000	D	Not applicable	Not applicable	Not applicable	MO048A
1236	Medical Oncology	Medical	CT for Lymphoblastic Lymphoma	BFM-90 BFM-95 BFM-2000 HyperCVAD UKALL GMALL	176000	D	Not applicable	Not applicable	Not applicable	MO048B
1237	Medical Oncology	Medical	CT for Lymphoblastic Lymphoma	6 Mercaptopurine 50 mg/M2 daily and Methotrexate 25 mg/M2 Weekly for 2 Years	176000	D	Not applicable	Not applicable	Not applicable	MO048C
1238	Medical Oncology	Medical	CT for Acute Promyelocytic Leukemia (High Risk)	Arsenic trioxide ATRA Daunomycin or Idarubicin Cytarabine - multiagent - vary in each protocol	87100	D	Not applicable	Not applicable	Not applicable	MO049A
1239	Medical Oncology	Medical	CT for Acute Promyelocytic Leukemia (High Risk)	Arsenic trioxide ATRA Daunomycin or Idarubicin Cytarabine - multiagent - vary on protocol	117200	D	Not applicable	Not applicable	Not applicable	MO049B
1240	Medical Oncology	Medical	CT for Acute Promyelocytic Leukemia (High Risk)	6 MP 50 mg / day daily Methotrexate 15 mg Weekly ATRA 45 mg / M2 for 14 days Every three months for 18 Months	35200	D	Not applicable	Not applicable	Not applicable	MO049C
1241	Medical Oncology	Medical	CT for Acute Promyelocytic Leukemia (Low Risk)	ATO 0.15 mg / kg Five days a week for 16 Weeks ATRA 45 mg / M2 Two Weeks a Month for 7 Months	13200	D	Not applicable	Not applicable	Not applicable	MO050A

1242	Medical Oncology	Medical	CT for Acute Promyelocytic Leukemia (Low Risk)	ATO 0.15 mg / kg ATRA 45 mg / M2	98000	D	Not applicable	Not applicable	Not applicable	MO050B
1243	Medical Oncology	Medical	Febrile Neutopenia	Cefoperazone + Sulbactam Piperacillin + Tazobactam Cefoperazone Piperacillin Amikacin Gentamicin Cefipime Levofloxacin Amoxicillin and clavulanate Teicoplanin Vancomycin	40300	D	Not applicable	Not applicable	Not applicable	MO051A
1244	Medical Oncology	Medical	Febrile Neutopenia	Meropenem Imipenem Colistin Tigecyclin Linezolid Voriconazole Caspofungin Amphotericin - B	95400	D	Not applicable	Not applicable	Not applicable	MO051B
1245	Medical Oncology	Medical	Chemotherapy Complications - Tumor Lysis Syndrome	Rasburicase Febuxostat Allopurinol Sevelamer	26400	D	Not applicable	Not applicable	Not applicable	MO052A
1246	Medical Oncology	Medical	Granulocyte Colony Stimulating Factor Use	5 microgram / kg / day (max 300 microgram per day) for 7 days or PEG - GCSF 6mg one single dose per chemotherapy cycle	14100	D	Not applicable	Not applicable	Not applicable	MO053A

1247	Medical Oncology	Medical	CT for Langerhans Cell Histiocytosis	Langerhans Cell Histiocytosis (Histiocytosis Protocol - Induction)	30700	D	Not applicable	Not applicable	Not applicable	MO054A
1248	Medical Oncology	Medical	CT for Langerhans Cell Histiocytosis	Langerhans Cell Histiocytosis (Histiocytosis Protocol - Maintenance)	35000	D	Not applicable	Not applicable	Not applicable	MO054B
1249	Medical Oncology	Medical	CT for Low Grade Glioma	Vincristine + Carboplatin Vincristine 1.5mg/m2 (day 1, 8 and 15 for first 4 cycles and then only day 1 from cycle 5 to 17) Carboplatin 550mg/m2 every 3 weeks (all cycles)	7200	D	Not applicable	Not applicable	Not applicable	MO055A
1250	Medical Oncology	Medical	CT for Low Grade Glioma	Vinblastin Vinblastine 6 mg/m2 every week	6200	D	Not applicable	Not applicable	Not applicable	MO055B
1251	Medical Oncology	Medical	CT for Medulloblastoma / Brain PNET	PACKER	7700	D	Not applicable	Not applicable	Not applicable	MO056A
1252	Medical Oncology	Medical	CT for Medulloblastoma / CNS PNET	Cisplatin + Cyclophosphamide + Vincristine Cyclophosphamide 1000mg/m2 (2 days every cycles) Vincristine 1.5mg/m2 (days 1 and 8) Cisplatin 100mg/m2 (1 day per cycle) Cycles given every 3 weekly	10100	D	Not applicable	Not applicable	Not applicable	MO056B
1253	Medical Oncology	Medical	CT for Neuroblastoma	Cabroplatin + Etoposide + Cyclophosphamide + Doxorubicin Carboplatin 600mg/m2 Etoposide 100mg/m2 (days 1-5) Cyclophosphamide Doxorubicin	10500	D	Not applicable	Not applicable	Not applicable	MO057A

1254	Medical Oncology	Medical	CT for Neuroblastoma	Carboplatin + Cisplatin + Cyclophosphamide + Vincristine + Etoposide	8700	D	Not applicable	Not applicable	Not applicable	MO057B
1255	Medical Oncology	Medical	CT for Neuroblastoma	13-cis retinoic acid 160mg/m2 per day for 2 weeks Each cycle given 4 weekly	8700	D	Not applicable	Not applicable	Not applicable	MO057C
1256	Medical Oncology	Medical	CT for Retinoblastoma	Vincristine + Carboplatin + Etoposide Carboplatin 600mg/m2 day 1 Etoposide 150mg/m2 days 1-3 Vincristine 1.5mg/m2 day 1	9000	D	Not applicable	Not applicable	Not applicable	MO058A
1257	Medical Oncology	Medical	CT for Rhabdomyosarcoma	Vincristine + Cyclophosphamide + Dactinomycin Vincristine 1.5mg/m2 (day 1, 8 and 15) Cyclophosphamide 1200 - 2200 mg/m2 (day 1) Dactinomycin 1.5mg / m2 (day 1) 3 weekly cycle	6900	D	Not applicable	Not applicable	Not applicable	MO059A
1258	Medical Oncology	Medical	CT for Rhabdomyosarcoma	Vincristine + Ifosfamide + Etoposide Vincristine 1.5mg/m2 (days 1, 8 and 15) Ifosfamide 1.8gm/m2 (days 1-5) Etoposide 100mg/m2 (days 1-5) Each cycle every 3 weeks	19700	D	Not applicable	Not applicable	Not applicable	MO059B
1259	Medical Oncology	Medical	CT for Relapse Rhabdomyosarcoma	Vincristine + Topotecan + Cyclophosphamide and Vincristine + Adriamycin + Cyclophosphamide Vincristine 1.5mg/m2 (day 1) Topotecan 1.5mg/m2 (day 1-5) Cyclophosphamide 250mg/m2 (days 1-5) 3 - weekly Vincristine 1.5mg/m2 Adriamycin 60mg/m2 Cyclophosphamide 600mg/m2 (all Day 1)	15100	D	Not applicable	Not applicable	Not applicable	MO060A

				Every 3 weeks. Cycles given in couplets						
1260	Medical Oncology	Medical	CT for Wilms Tumor	Vincristine + Actinomycin D Vincristine 1.5 mg/m <sup>2</sup> weekly for 12 weeks and then 3 weekly Actinomycin D 45 microgram / kg 3 weekly for 24 weeks	4600	D	Not applicable	Not applicable	Not applicable	MO061A
1261	Medical Oncology	Medical	CT for Wilms Tumor	Vincristine + Actinomycin D + Doxorubicin Vincristine 1.5 mg/m <sup>2</sup> weekly for 12 weeks and then 3 weekly Actinomycin D 45 microgram/kg 3 weekly Doxorubicin 60mg/m <sup>2</sup> for 24 weeks	6100	D	Not applicable	Not applicable	Not applicable	MO061B
1262	Medical Oncology	Medical	CT for Wilms Tumor	Cyclophosphamide + Doxorubicin + Etoposide + Vincristine + Dactinomycin Vincristine 1.5 mg/m <sup>2</sup> Dactinomycin 45 microgram/kg Adriamycin 60mg/m <sup>2</sup> Cyclophosphamide Etoposide Weekly chemotherapy - varying hybrid regimen	18500	D	Not applicable	Not applicable	Not applicable	MO061C

1263	Medical Oncology	Medical	CT for Pediatric Acute Lymphoblastic Leukemia	Consolidation (Phase II, CNS Therapy Reinduction)	290100	D	Not applicable	Not applicable	Not applicable	MO062A
1264	Medical Oncology	Medical	CT for Pediatric Acute Lymphoblastic Leukemia	ICICLE BFM KLALL MCP:841	229500	D	Not applicable	Not applicable	Not applicable	MO062B
1265	Medical Oncology	Medical	CT for Pediatric Acute Lymphoblastic Leukemia	6 - Mercaptopurine 75mg/m <sup>2</sup> daily Methotrexate 20mg/m <sup>2</sup> weekly Vincristine 1.5mg/m <sup>2</sup> monthly Intrathecal methotrexate 12 mg 3 monthly	229500	D	Not applicable	Not applicable	Not applicable	MO062C
1266	Medical Oncology	Medical	CT for Ph+ve Pediatric Acute Lymphoblastic Leukemia for adult and paediatric	Dasatinib + chemo (to be used only with ALL therapy)	6100	D	Not applicable	Not applicable	Not applicable	MO062D
1267	Medical Oncology	Medical	CT for Ph+ve Pediatric Acute Lymphoblastic Leukemia for adult and paediatric	Imatinib + chemo ((to be used only with ALL therapy)	6100	D	Not applicable	Not applicable	Not applicable	MO062E
1268	Medical Oncology	Medical	CT for Pediatric Lymphoblastic Lymphoma	Consolidation (Phase II, CNS Therapy Reinduction)	290100	D	Not applicable	Not applicable	Not applicable	MO063A

1269	Medical Oncology	Medical	CT for Pediatric Lymphoblastic Lymphoma	ICICLE BFM KLALL MCP:841	229500	D	Not applicable	Not applicable	Not applicable	MO063B
1270	Medical Oncology	Medical	CT for Pediatric Lymphoblastic Lymphoma	6 - Mercaptopurine 75mg/m2 daily Methotrexate 20mg/m2 weekly Vincristine 1.5mg/m2 monthly Intrathecal methotrexate 12 mg 3 monthly	229500	D	Not applicable	Not applicable	Not applicable	MO063C
1271	Medical Oncology	Medical	CT for Pediatric Acute Myeloid Leukemia	Cytarabine 3 gram/m2 twice a day Days 1, 3 and 5	63400	D	Not applicable	Not applicable	Not applicable	MO064A
1272	Medical Oncology	Medical	CT for Pediatric Acute Myeloid Leukemia	Cytarabine 200mg/m2/day days 1-10 and Daunorubicin 50mg/m2 days 1, 3 and 5 Etoposide 100mg/m2 days 1-5	127400	D	Not applicable	Not applicable	Not applicable	MO064B
1273	Medical Oncology	Medical	CT for Pediatric Acute Myeloid Leukemia	Cytarabine 100-200mg/m2/day days 1-7 and Daunorubicin 50mg/m2 days 1, 3 and 5	126900	D	Not applicable	Not applicable	Not applicable	MO064C
1274	Medical Oncology	Medical	CT for Pediatric Acute Promyelocytic Leukemia	Consolidation	71200	D	Not applicable	Not applicable	Not applicable	MO065A
1275	Medical Oncology	Medical	CT for Pediatric Acute Promyelocytic Leukemia	Induction	156600	D	Not applicable	Not applicable	Not applicable	MO065B

1276	Medical Oncology	Medical	CT for Pediatric Acute Promyelocytic Leukemia	Maintenance	47600	D	Not applicable	Not applicable	Not applicable	MO065C
1277	Medical Oncology	Medical	CT for Pediatric Hodgkins Lymphoma	COPDAC	11400	D	Not applicable	Not applicable	Not applicable	MO066A
1278	Medical Oncology	Medical	CT for Pediatric Hodgkins Lymphoma	OPEA	14300	D	Not applicable	Not applicable	Not applicable	MO066B
1279	Medical Oncology	Medical	CT for Pediatric Hodgkins Lymphoma Relapse	ICE	23700	D	Not applicable	Not applicable	Not applicable	MO067A
1280	Medical Oncology	Medical	CT for Pediatric Hodgkins Lymphoma Relapse	DECA	23700	D	Not applicable	Not applicable	Not applicable	MO067B
1281	Medical Oncology	Medical	CT for Pediatric Hodgkins Lymphoma Relapse	IGVD	37400	D	Not applicable	Not applicable	Not applicable	MO067C
1282	Medical Oncology	Medical	CT for Pediatric Non Hodgkins Lymphoma	LMB 89 - 96 - Consolidation	51600	D	Not applicable	Not applicable	Not applicable	MO068A



1283	Medical Oncology	Medical	CT for Pediatric Non Hodgkins Lymphoma	LMB 89 - 96 - Induction - COPADAM	51400	D	Not applicable	Not applicable	Not applicable	MO068B
1284	Medical Oncology	Medical	CT for Pediatric Non Hodgkins Lymphoma	LMB 89 - 96 - Maintenance	79600	D	Not applicable	Not applicable	Not applicable	MO068C
1285	Medical Oncology	Medical	CT for Pediatric Non Hodgkins Lymphoma	MCP - 842	119500	D	Not applicable	Not applicable	Not applicable	MO068D
1286	Medical Oncology	Medical	PEDIATRIC-GCT/JEB	Pediatric - Germ Cell Tumor / JEB	13000	D	Not applicable	Not applicable	Not applicable	MO069A
1287	Medical Oncology	Medical	CT for Pediatric Hepatoblastoma	Carboplatin + Cisplatin + Doxorubicin	6800	D	Not applicable	Not applicable	Not applicable	MO070A
1288	Medical Oncology	Medical	CT for Pediatric Hepatoblastoma	Cisplatin	6200	D	Not applicable	Not applicable	Not applicable	MO070B
1289	Medical Oncology	Medical	CT for CA Lung	Docetaxel Docetaxel 75 mg/m2 D1 every 21 days	17800	D	Not applicable	Not applicable	Not applicable	MO071A
1290	Medical Oncology	Medical	CT for CA Lung	Erlotinib Erlotinib 150 mg once daily	17800	D	Not applicable	Not applicable	Not applicable	MO071B
1291	Medical Oncology	Medical	CT for CA Lung	Gefitinib Gefitinib 250 mg once daily	17800	D	Not applicable	Not applicable	Not applicable	MO071C
1292	Medical Oncology	Medical	CT for CA Lung	Paclitaxel + Carboplatin Paclitaxel 175mg/m2 D1 Carboplatin AUC 5-6 D1 every 21 days	17800	D	Not applicable	Not applicable	Not applicable	MO071D

1293	Medical Oncology	Medical	CT for CA Lung	Pemetrexed + Carboplatin Pemetrexed 500mg/m2 D1 Carboplatin AUC 5-6 D1 every 21 days	17800	D	Not applicable	Not applicable	Not applicable	MO071E
1294	Medical Oncology	Medical	CT for CA Lung	Topotecan Topotecan 1.5 mg/m2 D1-D5 every 21 days	27100	D	Not applicable	Not applicable	Not applicable	MO071F
1295	Medical Oncology	Medical	CT for CA Lung	Docetaxel Docetaxel 20 mg/m2 D1 every week	17800	D	Not applicable	Not applicable	Not applicable	MO071G
1296	Medical Oncology	Medical	CT for CA Lung	Etoposide + Carboplatin Etoposide 100mg/m2 D1 - D3 Carboplatin AUC 5-6 D1 every 21 days	17800	D	Not applicable	Not applicable	Not applicable	MO071H
1297	Medical Oncology	Medical	CT for CA Lung	Etoposide + Cisplatin Etoposide 100mg/m2 D1 - D3 Cisplatin 75-100 mg/m2 D1 every 21 days	17800	D	Not applicable	Not applicable	Not applicable	MO071I
1298	Medical Oncology	Medical	CT for CA Lung	Gemcitabine Gemcitabine 1000mg /m2 D1 D8 every 21 days	17800	D	Not applicable	Not applicable	Not applicable	MO071J
1299	Medical Oncology	Medical	CT for CA Lung	Gemcitabine + Carboplatin Gemcitabine 1000 mg/m2 D1 D8 Carboplatin AUC 5-6 D1 every 21 days	17800	D	Not applicable	Not applicable	Not applicable	MO071K
1300	Medical Oncology	Medical	CT for CA Lung	Gemcitabine + Cisplatin Gemcitabine 1000 mg/m2 D1 D8 Cisplatin 75 mg/m2 D1 D8 every 21 days	17800	D	Not applicable	Not applicable	Not applicable	MO071L
1301	Medical Oncology	Medical	CT for CA Lung	Paclitaxel Paclitaxel 80mg/m2 every week	17800	D	Not applicable	Not applicable	Not applicable	MO071M
1302	Medical Oncology	Medical	CT for CA Lung	Paclitaxel Paclitaxel 175mg/m2 every 21 days	17800	D	Not applicable	Not applicable	Not applicable	MO071N
1303	Medical Oncology	Medical	CT for CA Lung	Paclitaxel + Carboplatin Paclitaxel 50mg/m2 D1 Carboplatin AUC 2 D1 every week	17800	D	Not applicable	Not applicable	Not applicable	MO071O

1304	Medical Oncology	Medical	CT for CA Lung	Paclitaxel + Cisplatin Paclitaxel 175 mg/m <sup>2</sup> D1 Cisplatin 75mg/m <sup>2</sup> D1 every 21 days	17800	D	Not applicable	Not applicable	Not applicable	MO071P
1305	Medical Oncology	Medical	CT for CA Lung	Pemetrexed + Cisplatin Pemetrexed 500mg/m <sup>2</sup> D1 Cisplatin 75 mg/m <sup>2</sup> D1 every 21 days	17800	D	Not applicable	Not applicable	Not applicable	MO071Q
1306	Medical Oncology	Medical	CT for CA Lung	Pemetrexed Pemetrexed 500mg/m <sup>2</sup> D1 every 21 days	17800	D	Not applicable	Not applicable	Not applicable	MO071R
1307	Medical Oncology	Medical	CT for CA Lung	Vinorelbine + Carboplatin Vinorelbine 25mg/m <sup>2</sup> D1 D8 CarboplatinAUC 5-6 D1 every 21 days	25100	D	Not applicable	Not applicable	Not applicable	MO071S
1308	Medical Oncology	Medical	CT for CA Lung	Vinorelbine + Cisplatin Vinorelbine 25mg/m <sup>2</sup> D1 D8 Cisplatin 75mg/m <sup>2</sup> D1 every 21 days	22700	D	Not applicable	Not applicable	Not applicable	MO071T
1309	Medical Oncology	Medical	CT for CA Cervix	Carboplatin Carboplatin AUC 2 every week	3300	D	Not applicable	Not applicable	Not applicable	MO072A
1310	Medical Oncology	Medical	CT for primary CNS lymphoma	De-Angelis/MTR	43600	D	Not applicable	Not applicable	Not applicable	MO073A
1311	Medical Oncology	Medical	Unspecified Chemotherapy regimen	Unspecified Chemotherapy regimen	0	1	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MO073MLA
1312	Medical Oncology	Medical	GCT Testis	SA Carboplatin AUC 7 once every 3 weeks	7300	D	Not applicable	Not applicable	Not applicable	MO074A
1313	Medical Oncology	Medical	CT for GCT of bone	Denosumab Denosumab 120 mg s/c D1, 8, 15 then every 28 days	21800	D	Not applicable	Not applicable	Not applicable	MO075A
1314	Medical Oncology	Medical	GEP NET Neuroendocrine carcinoma	Temozolamide 150mg/m <sup>2</sup> D9-14 + Capecitabine 1gm/me D1-14 every 28 days	9700	D	Not applicable	Not applicable	Not applicable	MO076A

1315	Medical Oncology	Medical	GEP NET high grade Neuroendocrine carcinoma	Carboplatin AUC 5 + Etoposide 100mg/m2 D1-D3 every 21 days	16300	D	Not applicable	Not applicable	Not applicable	MO076B
1316	Medical Oncology	Surgical	Intravesical BCG / Mitomycin	Intravesical BCG / Mitomycin	3500	4	Not applicable	Not applicable	Not applicable	SU060A
1317	Medical Oncology	Medical	CT for CA Cervix	Paclitaxel 160mg + Cisplatin 50mg	7300	D	Not applicable	Not applicable	Not applicable	MO074MLA
1318	Mental Disorders	Medical	Mental Retardation	Mental Retardation	0	10	Routine Ward/ HDU	2300/3600	Not applicable	MM001A
1319	Mental Disorders	Medical	Mental disorders - Organic, including symptomatic	Mental disorders - Organic, including symptomatic	0	10	Routine Ward/ HDU	2300/3600	Not applicable	MM002A
1320	Mental Disorders	Medical	Schizophrenia, schizotypal and delusional disorders	Schizophrenia, schizotypal and delusional disorders	0	10	Routine Ward/ HDU	2300/3600	Not applicable	MM003A
1321	Mental Disorders	Medical	Neurotic, stress-related and somatoform disorders	Neurotic, stress-related and somatoform disorders	0	10	Routine Ward/ HDU	2300/3600	Not applicable	MM004A
1322	Mental Disorders	Medical	Mood (affective) disorders	Mood (affective) disorders	0	10	Routine Ward/ HDU	2300/3600	Not applicable	MM005A

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1323	Mental Disorders	Medical	Behavioural syndromes associated with physiological disturbances and physical factors	Behavioural syndromes associated with physiological disturbances and physical factors	0	10	Routine Ward/ HDU	2300/3600	Not applicable	MM006A
1324	Mental Disorders	Medical	Mental and Behavioural disorders due to psychoactive substance use	Mental and Behavioural disorders due to psychoactive substance use	0	10	Routine Ward/ HDU	2300/3600	Not applicable	MM007A

1325	Mental Disorders	Medical	Package (Cognitive Tests, Complete Haemogram, Liver Function Test, Renal Function Test, Serum Electrolytes, Electro Cardiogram (ECG), CT / MRI Brain, Electroencephalogram, Thyroid Function Test, VDRL, HIV Test, Vitamin B12 levels, Folate levels, Lipid Profile, Homocysteine levels), serum Lithium level	Package (Cognitive Tests, Complete Haemogram, Liver Function Test, Renal Function Test, Serum Electrolytes, Electro Cardiogram (ECG), CT / MRI Brain, Electroencephalogram, Thyroid Function Test, VDRL, HIV Test, Vitamin B12 levels, Folate levels, Lipid Profile, Homocysteine levels), serum Lithium level	7300	4	Not applicable	Not applicable	Not applicable	MM008A
1326	Mental Disorders	Medical	Electro Convulsive Therapy (ECT) - per session	Electro Convulsive Therapy (ECT) - per session	3300	1	Not applicable	Not applicable	Not applicable	MM009A

1327	Mental Disorders	Medical	Transcranial Magnetic Stimulation (TMS)	Transcranial Magnetic Stimulation (TMS)	1100	1	Not applicable	Not applicable	Not applicable	MM010A
1328	Mental Disorders	Medical	NeuroDevelopmental Disorders (NDD) Other than Intellectual Disability	Mixed Developmental Disorder	0	4	Routine Ward/ HDU	2300/3600	Not applicable	MM010B
1329	Mental Disorders	Medical	NeuroDevelopmental Disorders (NDD) Other than Intellectual Disability	Tourette Syndrome / Chronic Tic Disorder	0	4	Routine Ward/ HDU	2300/3600	Not applicable	MM010C
1330	Mental Disorders	Medical	NeuroDevelopmental Disorders (NDD) Other than Intellectual Disability	Attention Deficit Hyperactivity Disorder (ADHD)	0	4	Routine Ward/ HDU	2300/3600	Not applicable	MM010D
1331	Mental Disorders	Medical	NeuroDevelopmental Disorders (NDD) Other than Intellectual Disability	Specific Developmental Disorders	0	4	Routine Ward/ HDU	2300/3600	Not applicable	MM010E

1332	Mental Disorders	Medical	Behavioral and motional Disorders of Childhood and Adolescence	Oppositional Defiant Disorder	0	4	Routine Ward/ HDU	2300/3600	Not applicable	MM011A
1333	Mental Disorders	Medical	Behavioral and motional Disorders of Childhood and Adolescence	Conduct Disorder	0	4	Routine Ward/ HDU	2300/3600	Not applicable	MM011B
1334	Mental Disorders	Medical	Behavioral and motional Disorders of Childhood and Adolescence	Mixed Disorder of Conduct and Emotions	0	4	Routine Ward/ HDU	2300/3600	Not applicable	MM011C
1335	Mental Disorders	Medical	Behavioral and motional Disorders of Childhood and Adolescence	Anxiety and Depressive Disorders	0	4	Routine Ward/ HDU	2300/3600	Not applicable	MM011D
1336	Mental Disorders	Medical	Behavioral and motional Disorders of Childhood and Adolescence	Other Internalizing and Externalizing Disorders of Childhood and Adolescence	0	4	Routine Ward/ HDU	2300/3600	Not applicable	MM011E



1337	Mental Disorders	Medical	Non-Pharmacological Interventions	Psychological, Behavioural and Developmental and Educational Interventions (Typically Includes Child Counselling / Psychotherapy, Family Counselling / Psychotherapy / Training Such As Parent Management Training, Behavioral / Cognitive-Behavioral Interventions, Developmental Interventions Such As Early Intervention, Speech / Language Therapy, Occupational Therapy, Physiotherapy, Remediation For Specific Learning Disability and Other Rehabilitative / Psychosocial Interventions)	3600	4	Not applicable	Not applicable	Not applicable	MM012A
1338	Mental Disorders	Medical	Pharmacological Interventions	Common Medications Used in Management of Child & Adult Psychological Disorders Including Anti-ADHD Medication	2400	4	Not applicable	Not applicable	Not applicable	MM013A
1339	Mental Disorders	Medical	Psychological / Psychosocial Assessment Package for All Child And Adolescent Psychiatric Disorders	Psychological Assessments (Includes IQ Testing, Specific Learning Disability Assessments, Assessments For Autism Spectrum Disorder, Developmental Assessments, Projective Tests and Other Tests Of Psychopathology), Other Psychosocial Assessments (Family, Schooling)	3100	4	Not applicable	Not applicable	Not applicable	MM014A
1340	Neo-natal Care	Medical	Basic neonatal care (Level IA)	Neonates > 2.5 kg nursed with mother : Includes clinical monitoring, breastfeeding support, birth vaccination, thyroid screening, universal hearing screening and pre-discharge counselling	900	4	Not applicable	Not applicable	Not applicable	MN011A

1341	Neo-natal Care	Medical	ROP screening	ROP screening	600	4	Not applicable	Not applicable	Not applicable	MN012A
1342	Neo-natal Care	Medical	BERA	BERA	1800	4	Not applicable	Not applicable	Not applicable	MN013A
1343	Neo-natal Care	Medical	<p>Basic neonatal care package: Babies that can be managed by side of mother in postnatal ward without requiring admission in SNCU/NICU:</p> <ul style="list-style-type: none"> <li>• Any newborn needing feeding support</li> <li>• Babies requiring closer monitoring or short-term care for conditions like:                             <ul style="list-style-type: none"> <li>o Birth asphyxia (need for positive pressure ventilation; no HIE)</li> <li>o Moderate jaundice requiring phototherapy</li> <li>o Large for dates (&gt;97 percentile) Babies</li> <li>o Small for gestational age (less than 3rd centile)</li> </ul> </li> </ul>	<p>Basic neonatal care package: Babies that can be managed by side of mother in postnatal ward without requiring admission in SNCU/NICU:</p> <ul style="list-style-type: none"> <li>• Any newborn needing feeding support</li> <li>• Babies requiring closer monitoring or short-term care for conditions like:                             <ul style="list-style-type: none"> <li>o Birth asphyxia (need for positive pressure ventilation; no HIE)</li> <li>o Moderate jaundice requiring phototherapy</li> <li>o Large for dates (&gt;97 percentile) Babies</li> <li>o Small for gestational age (less than 3rd centile)</li> </ul> </li> </ul>	0	4	Routine Ward	2100	Not applicable	MN001A

1344	Neo-natal Care	Medical	<p>Special Neonatal Care Package: Babies that required admission to SNCU or NICU:          Babies admitted for short term care for conditions like:</p> <ul style="list-style-type: none"> <li>• Mild Respiratory Distress/tachypnea</li> <li>• Mild encephalopathy</li> <li>• Severe jaundice requiring intensive phototherapy</li> <li>• Haemorrhagic disease of newborn</li> <li>• Unwell baby requiring monitoring             <ul style="list-style-type: none"> <li>• Some dehydration</li> <li>• Hypoglycaemia</li> </ul> </li> </ul> <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	<p>Special Neonatal Care Package: Babies that required admission to SNCU or NICU:          Babies admitted for short term care for conditions like:</p> <ul style="list-style-type: none"> <li>• Mild Respiratory Distress/tachypnea</li> <li>• Mild encephalopathy</li> <li>• Severe jaundice requiring intensive phototherapy</li> <li>• Haemorrhagic disease of newborn</li> <li>• Unwell baby requiring monitoring             <ul style="list-style-type: none"> <li>• Some dehydration</li> <li>• Hypoglycaemia</li> </ul> </li> </ul> <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	0	6	SNCU / NICU	3300	Not applicable	MN002A
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1345	Neo-natal Care	Medical	<p>Intensive Neonatal Care Package Babies with birthweight 1500-1799 g</p> <p>or</p> <p>Babies of any birthweight and at least one of the following conditions:</p> <ul style="list-style-type: none"> <li>• Need for mechanical ventilation for less than 24 hours or non-invasive respiratory support (CPAP, HFFNC)</li> <li>• Sepsis / pneumonia without complications</li> <li>• Hyperbilirubinemia requiring exchange transfusion</li> <li>• Seizures</li> <li>• Major congenital malformations (pre-surgical stabilization, not requiring ventilation)</li> <li>• Cholestasis significant enough requiring work up and in-hospital management</li> <li>• Congestive heart failure or shock</li> </ul> <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	<p>Intensive Neonatal Care Package Babies with birthweight 1500-1799 g</p> <p>or</p> <p>Babies of any birthweight and at least one of the following conditions:</p> <ul style="list-style-type: none"> <li>• Need for mechanical ventilation for less than 24 hours or non-invasive respiratory support (CPAP, HFFNC)</li> <li>• Sepsis / pneumonia without complications</li> <li>• Hyperbilirubinemia requiring exchange transfusion</li> <li>• Seizures</li> <li>• Major congenital malformations (pre-surgical stabilization, not requiring ventilation)</li> <li>• Cholestasis significant enough requiring work up and in-hospital management</li> <li>• Congestive heart failure or shock</li> </ul> <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	0	7	SNCU / NICU	5500	Not applicable	MN003A
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1346	Neo-natal Care	Medical	<p>Advanced Neonatal Care Package:            Babies with birthweight of 1200-1499 g            or            Babies of any birthweight with at least one of the following conditions:</p> <ul style="list-style-type: none"> <li>• Any condition requiring invasive ventilation longer than 24 hours</li> <li>• Hypoxic Ischemic encephalopathy requiring Therapeutic Hypothermia</li> <li>• Cardiac rhythm disorders needing intervention (the cost of cardiac surgery or implant will be covered under cardiac surgery packages)</li> <li>• Sepsis with complications such as meningitis or bone and joint infection, DIC or shock</li> <li>• Renal failure requiring dialysis</li> <li>• Inborn errors of metabolism</li> </ul> <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	<p>Advanced Neonatal Care Package:            Babies with birthweight of 1200-1499 g            or            Babies of any birthweight with at least one of the following conditions:</p> <ul style="list-style-type: none"> <li>• Any condition requiring invasive ventilation longer than 24 hours</li> <li>• Hypoxic Ischemic encephalopathy requiring Therapeutic Hypothermia</li> <li>• Cardiac rhythm disorders needing intervention (the cost of cardiac surgery or implant will be covered under cardiac surgery packages)</li> <li>• Sepsis with complications such as meningitis or bone and joint infection, DIC or shock</li> <li>• Renal failure requiring dialysis</li> <li>• Inborn errors of metabolism</li> </ul> <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	0	7	SNCU / NICU	6600	Not applicable	MN004A
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1347	Neo-natal Care	Medical	<p>Critical Care Neonatal Package:          Babies with birthweight of &lt;1200 g          or          Babies of any birthweight with at least one of the following conditions:</p> <ul style="list-style-type: none"> <li>• Severe Respiratory Failure requiring High Frequency Ventilation or inhaled Nitric Oxide (iNO)</li> <li>• Multisystem failure requiring multiple organ support including mechanical ventilation and multiple inotropes</li> <li>• Critical congenital heart disease</li> </ul> <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	<p>Critical Care Neonatal Package:          Babies with birthweight of &lt;1200 g          or          Babies of any birthweight with at least one of the following conditions:</p> <ul style="list-style-type: none"> <li>• Severe Respiratory Failure requiring High Frequency Ventilation or inhaled Nitric Oxide (iNO)</li> <li>• Multisystem failure requiring multiple organ support including mechanical ventilation and multiple inotropes</li> <li>• Critical congenital heart disease</li> </ul> <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	0	21	SNCU / NICU	7700	Not applicable	MN005A
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1348	Neo-natal Care	Medical	Chronic Care Package: If the baby requires stay beyond the upper limit of usual stay in Package no MN004A or MN005A for conditions like severe BPD requiring respiratory support, severe NEC requiring prolonged TPN support	Chronic Care Package: If the baby requires stay beyond the upper limit of usual stay in Package no MN004A or MN005A for conditions like severe BPD requiring respiratory support, severe NEC requiring prolonged TPN support	0	7	SNCU / NICU	3300	Not applicable	MN006A
1349	Neo-natal Care	Medical	High Risk Newborn Post Discharge Care Package (Protocol Driven)	High Risk Newborn Post Discharge Care Package (Protocol Driven)	2600	NA	Not applicable	Not applicable	Not applicable	MN007A
1350	Neo-natal Care	Medical	Laser Therapy for Retinopathy of Prematurity	Laser Therapy for Retinopathy of Prematurity	2100	D	Not applicable	Not applicable	Not applicable	MN008A

1351	Neo-natal Care	Surgical	Advanced Surgery for Retinopathy of Prematurity	Advanced Surgery for Retinopathy of Prematurity	20700	5	Not applicable	Not applicable	Not applicable	MN009A
1352	Neo-natal Care	Surgical	Ventriculoperitoneal Shunt Surgery (VP) or Omayo Reservoir or External Drainage for Hydrocephalus	Ventriculoperitoneal Shunt Surgery (VP) or Omayo Reservoir or External Drainage for Hydrocephalus	13000	2	Not applicable	Not applicable	Not applicable	MN010A
1353	Neo-natal Care	Medical	Meconium Aspiration Syndrome	Meconium Aspiration Syndrome	12000	3	Not applicable	Not applicable	Not applicable	MN011MLA
1354	Neurosurgery	Surgical	Nerve root block	Nerve root block	3300	D	Not applicable	Not applicable	Not applicable	SB068A
1355	Neurosurgery	Surgical	Resuturing of Any Wound gap Surgeries	Resuturing of Any Wound gap Surgeries	4200	NA	Not applicable	Not applicable	Not applicable	SC080A
1356	Neurosurgery	Surgical	Anterior skull base surgery	Endoscopic CSF Rhinorrhea Repair	52300	6	Not applicable	Not applicable	Fibrin Glue - 9900	SL029A
1357	Neurosurgery	Surgical	Depressed Fracture	Depressed Fracture	112500	10	Not applicable	Not applicable	Not applicable	SN001A
1358	Neurosurgery	Surgical	Cranioplasty	Endogenous Graft	37800	7	Not applicable	Not applicable	Not applicable	SN002A
1359	Neurosurgery	Surgical	Cranioplasty	Exogenous Graft	54300	10	Not applicable	Not applicable	Not applicable	SN002B
1360	Neurosurgery	Surgical	Twist Drill Craniostomy	Twist Drill Craniostomy	48900	2	Not applicable	Not applicable	Not applicable	SN003A



1361	Neurosurgery	Surgical	Craniostenosis	Craniostenosis	112500	7	Not applicable	Not applicable	Not applicable	SN004A
1362	Neurosurgery	Surgical	Meningocele	Anterior	161400	10	Not applicable	Not applicable	Not applicable	SN005A
1363	Neurosurgery	Surgical	Meningocele	Lumbar	128800	10	Not applicable	Not applicable	Not applicable	SN005B
1364	Neurosurgery	Surgical	Meningocele	Occipital	160200	10	Not applicable	Not applicable	Not applicable	SN005C
1365	Neurosurgery	Surgical	Surgery for Tumour Meninges	Gocussa	112500	7	Not applicable	Not applicable	Not applicable	SN006A
1366	Neurosurgery	Surgical	Surgery for Tumour Meninges	Posterior	112500	7	Not applicable	Not applicable	Not applicable	SN006B
1367	Neurosurgery	Surgical	Duroplasty	Endogenous graft	81000	5	Not applicable	Not applicable	Not applicable	SN007A
1368	Neurosurgery	Surgical	Duroplasty	Exogenous graft	81000	5	Not applicable	Not applicable	Not applicable	SN007B
1369	Neurosurgery	Surgical	Burr Hole	Burr Hole	128800	2	Not applicable	Not applicable	Not applicable	SN008A
1370	Neurosurgery	Surgical	Burr Hole	Burr hole surgery with chronic Sub Dural Haematoma	143100	2	Not applicable	Not applicable	Not applicable	SN008B
1371	Neurosurgery	Surgical	Surgery for Haematoma - Intracranial	Head Injuries	77400	8	Not applicable	Not applicable	Not applicable	SN009A
1372	Neurosurgery	Surgical	Surgery for Haematoma - Intracranial	Hypertensive	71000	8	Not applicable	Not applicable	Not applicable	SN009B
1373	Neurosurgery	Surgical	Surgery for Haematoma - Intracranial	Child - subdural	71000	10	Not applicable	Not applicable	Not applicable	SN009C
1374	Neurosurgery	Surgical	Excision of Brain Abscess	Excision of Brain Abscess	68600	7	Not applicable	Not applicable	Not applicable	SN010A
1375	Neurosurgery	Surgical	Abscess Tapping	Abscess Tapping	34400	6	Single/ Multiple	None/ "+" 11000	Not applicable	SN011A

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1376	Neurosurgery	Surgical	Epilepsy Surgery	Epilepsy Surgery	94600	10	Not applicable	Not applicable	Not applicable	SN012A
1377	Neurosurgery	Surgical	Brain Biopsy	Brain Biopsy	81000	3	Not applicable	Not applicable	Not applicable	SN013A
1378	Neurosurgery	Surgical	Excision of Orbital Tumour	Excision of Orbital Tumour	68800	7	Not applicable	Not applicable	Not applicable	SN014A
1379	Neurosurgery	Surgical	Excision of Brain Tumor	Parasagittal	87000	10	Not applicable	Not applicable	Not applicable	SN015A
1380	Neurosurgery	Surgical	Excision of Brain Tumor	Basal	87000	10	Not applicable	Not applicable	Not applicable	SN015B
1381	Neurosurgery	Surgical	Excision of Brain Tumor	Brainstem	87000	10	Not applicable	Not applicable	Not applicable	SN015C
1382	Neurosurgery	Surgical	Excision of Brain Tumor	C P Angle	87000	10	Not applicable	Not applicable	Not applicable	SN015D
1383	Neurosurgery	Surgical	Excision of Brain Tumor	Supratentorial others	87000	10	Not applicable	Not applicable	Not applicable	SN015E
1384	Neurosurgery	Surgical	Excision of Brain Tumor	Tumours Supratentorial	50900	7	Not applicable	Not applicable	Not applicable	SN015F
1385	Neurosurgery	Surgical	Stereotactic Lesioning	Stereotactic Lesioning	103200	10	Not applicable	Not applicable	Not applicable	SN016A
1386	Neurosurgery	Surgical	Trans Sphenoidal Surgery	Trans Sphenoidal Surgery	96700	7	Not applicable	Not applicable	Not applicable	SN017A
1387	Neurosurgery	Surgical	Trans Oral Surgery	Trans Oral Surgery	74800	7	Not applicable	Not applicable	Not applicable	SN018A
1388	Neurosurgery	Surgical	External Ventricular Drainage	External Ventricular Drainage	50700	6	Not applicable	Not applicable	Not applicable	SN020A
1389	Neurosurgery	Surgical	Ventricular Puncture	Ventricular Puncture	20700	3	Not applicable	Not applicable	Not applicable	SN021A
1390	Neurosurgery	Surgical	Shunt Surgery	Ventriculo - peritoneal	112500	7	Not applicable	Not applicable	Not applicable	SN022A
1391	Neurosurgery	Surgical	Shunt Surgery	Ventriculo - pleural	112500	7	Not applicable	Not applicable	Not applicable	SN022B

1392	Neurosurgery	Surgical	Shunt Surgery	Ventriculo - atrial	112500	7	Not applicable	Not applicable	Not applicable	SN022C
1393	Neurosurgery	Surgical	Shunt Surgery	Theco - peritoneal	112500	7	Not applicable	Not applicable	Not applicable	SN022D
1394	Neurosurgery	Surgical	Aneurysm Clipping including angiogram	Aneurysm Clipping including angiogram	94600	12	Not applicable	Not applicable	Not applicable	SN023A
1395	Neurosurgery	Surgical	Superficial Temporal Artery (STA): Middle Cerebral Artery (MCA) or (Other EC - IC) Bypass Procedure	Superficial Temporal Artery (STA): Middle Cerebral Artery (MCA) or (Other EC - IC) Bypass Procedure	92800	10	Not applicable	Not applicable	Not applicable	SN024A
1396	Neurosurgery	Surgical	Arterio venous malformation (AVM) excision	Intracranial	94600	5	Not applicable	Not applicable	Not applicable	SN025A
1397	Neurosurgery	Surgical	Arterio venous malformation (AVM) excision	Intraspinal	94600	5	Not applicable	Not applicable	Not applicable	SN025B
1398	Neurosurgery	Surgical	Arterio venous malformation (AVM) excision	Scalp	47300	5	Not applicable	Not applicable	Not applicable	SN025C
1399	Neurosurgery	Surgical	Foramen Magnum Decompression	Foramen Magnum Decompression	103200	10	Not applicable	Not applicable	Not applicable	SN026A

1400	Neurosurgery	Surgical	Skull Traction	Skull Traction	13800	4	Not applicable	Not applicable	Not applicable	SN027A
1401	Neurosurgery	Surgical	Posterior Cervical Discectomy Without Implant	Posterior Cervical Discectomy Without Implant	46400	7	Not applicable	Not applicable	Not applicable	SN028A
1402	Neurosurgery	Surgical	Posterior Cervical Fusion with implant (Lateral mass fixation)	Posterior Cervical Fusion with Implant (Lateral Mass Fixation)	72300	7	Not applicable	Not applicable	Not applicable	SN029A
1403	Neurosurgery	Surgical	Cervical disc - multiple level without fusion	Cervical disc - multiple level without fusion	68800	7	Not applicable	Not applicable	Not applicable	SN030A
1404	Neurosurgery	Surgical	Excision of Cervical Ribs	Excision of Cervical Ribs	62800	7	Unilateral/ Bilateral	None/ "+" 16500	Not applicable	SN031A
1405	Neurosurgery	Surgical	Thoracic/ Lumbar Corpectomy with Fusion	Thoracic Corpectomy with fusion	103200	7	Not applicable	Not applicable	Not applicable	SN032A
1406	Neurosurgery	Surgical	Thoracic/ Lumbar Corpectomy with Fusion	Lumbar Corpectomy with fusion	66000	7	Not applicable	Not applicable	Not applicable	SN032B
1407	Neurosurgery	Surgical	Lumbar Discectomy	Lumbar Discectomy	46400	5	Not applicable	Not applicable	Not applicable	SN033A
1408	Neurosurgery	Surgical	Laminectomy	with Fusion and Fixation	111800	6	Not applicable	Not applicable	Not applicable	SN034A

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1409	Neurosurgery	Surgical	Laminectomy	with Fusion	96700	6	Not applicable	Not applicable	Not applicable	SN034B
1410	Neurosurgery	Surgical	Neurectomy	Neurectomy	81000	5	Not applicable	Not applicable	Not applicable	SN035A
1411	Neurosurgery	Surgical	Neurectomy	Neurectomy - Trigeminal	81000	5	Not applicable	Not applicable	Not applicable	SN035B
1412	Neurosurgery	Surgical	Micro Discectomy	Cervical	68800	10	Not applicable	Not applicable	Not applicable	SN036A
1413	Neurosurgery	Surgical	Micro Discectomy	Lumbar	49500	10	Not applicable	Not applicable	Not applicable	SN036B
1414	Neurosurgery	Surgical	Spine Canal Stenosis	Surgery for Spinal Canal Stenosis	96700	6	Not applicable	Not applicable	Not applicable	SN037A
1415	Neurosurgery	Surgical	Spine Decompression	Fusion	96700	6	Not applicable	Not applicable	Not applicable	SN038A
1416	Neurosurgery	Surgical	Spine Decompression	Fusion with Fixation	107700	6	Not applicable	Not applicable	Not applicable	SN038B
1417	Neurosurgery	Surgical	Spine - Extradural Haematoma	with Fixation	44000	7	Not applicable	Not applicable	Not applicable	SN039A
1418	Neurosurgery	Surgical	Spine - Extradural Haematoma	without fixation	44000	7	Not applicable	Not applicable	Not applicable	SN039B
1419	Neurosurgery	Surgical	Spine - Intradural Haematoma	without fixation	55000	7	Not applicable	Not applicable	Not applicable	SN040A
1420	Neurosurgery	Surgical	Spine - Intradural Haematoma	with Fixation	55000	7	Not applicable	Not applicable	Not applicable	SN040B
1421	Neurosurgery	Surgical	Spine - Extradural Tumour	without fixation	112500	7	Not applicable	Not applicable	Not applicable	SN041A
1422	Neurosurgery	Surgical	Spine - Extradural Tumour	with Fixation	112500	7	Not applicable	Not applicable	Not applicable	SN041B

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1423	Neurosurgery	Surgical	Spine - Intradural Tumour	without fixation	112500	7	Not applicable	Not applicable	Not applicable	SN042A
1424	Neurosurgery	Surgical	Spine - Intradural Tumour	with Fixation	112500	7	Not applicable	Not applicable	Not applicable	SN042B
1425	Neurosurgery	Surgical	Spine - Intramedullar Tumour	without fixation	112500	7	Not applicable	Not applicable	Not applicable	SN043A
1426	Neurosurgery	Surgical	Spine - Intramedullar Tumour	with Fixation	112500	7	Not applicable	Not applicable	Not applicable	SN043B
1427	Neurosurgery	Surgical	R. F. Lesioning For Trigeminal Neuralgia	R. F. Lesioning For Trigeminal Neuralgia	27500	3	Not applicable	Not applicable	Not applicable	SN044A
1428	Neurosurgery	Surgical	Brachial Plexus – Repair	Brachial Plexus – Repair	112500	7	Not applicable	Not applicable	Not applicable	SN045A
1429	Neurosurgery	Surgical	Carpal Tunnel Release	Carpal Tunnel Release	62800	3	Not applicable	Not applicable	Not applicable	SN046A
1430	Neurosurgery	Surgical	Median Nerve Decompression	Nerve Decompression	28000	4	Not applicable	Not applicable	Not applicable	SN047A
1431	Neurosurgery	Surgical	Cranial Nerve Anastomosis	Cranial Nerve Anastomosis	81000	5	Not applicable	Not applicable	Not applicable	SN048A
1432	Neurosurgery	Surgical	Peripheral Nerve Surgery	Minor	112500	5	Not applicable	Not applicable	Not applicable	SN049A

1433	Neurosurgery	Surgical	Peripheral Nerve Surgery	Major	112500	5	Not applicable	Not applicable	Not applicable	SN049B
1434	Neurosurgery	Surgical	Nerve Biopsy Excluding Hensens	Nerve Biopsy Excluding Hensens	32600	2	Not applicable	Not applicable	Not applicable	SN050A
1435	Neurosurgery	Surgical	Muscle Biopsy	Muscle Biopsy	10300	1	Not applicable	Not applicable	Not applicable	SN051A
1436	Neurosurgery	Surgical	Anterior Encephalocele	Anterior Encephalocele	160200	8	Not applicable	Not applicable	Not applicable	SN052A
1437	Neurosurgery	Surgical	Spina Bifida Surgery	Spina Bifida Surgery	160200	10	Not applicable	Not applicable	Not applicable	SN053A
1438	Neurosurgery	Surgical	Gamma Knife Radiosurgery (GKRS) / SRS for Tumours / Arteriovenous Malformation (AVM)	Gamma Knife Radiosurgery (GKRS) / SRS for Tumours / Arteriovenous Malformation (AVM)	103200	10	Not applicable	Not applicable	Not applicable	SN054A
1439	Neurosurgery	Surgical	Chronic SDH/ EDH	Craniotomy	88000	2	Not applicable	Not applicable	Not applicable	SN056A
1440	Neurosurgery	Surgical	Endoscopic Third Ventriculostomy	Endoscopic Third Ventriculostomy	50400	3	Not applicable	Not applicable	Not applicable	SN057A
1441	Neurosurgery	Surgical	R. F. Lesioning	For Sacrolitis	11200	3	Not applicable	Not applicable	Not applicable	SN059A
1442	Neurosurgery	Surgical	R. F. Lesioning	For Spine spondolosis	11200	3	Not applicable	Not applicable	Not applicable	SN059B
1443	Neurosurgery	Surgical	R. F. Lesioning	For Tendinitis	5500	3	Not applicable	Not applicable	Not applicable	SN059C

1444	Neurosurgery	Surgical	R. F. Lesioning	For Degeneration of joints on arthritis	5500	3	Not applicable	Not applicable	Not applicable	SN059D
1445	Neurosurgery	Surgical	Discectomy - Dorsal	Discectomy - Dorsal	46400	NA	Not applicable	Not applicable	Not applicable	SN060A
1446	Neurosurgery	Surgical	Digital Substraction Angiography	Venogram	29500	3	Not applicable	Not applicable	Not applicable	SN061A
1447	Neurosurgery	Surgical	Digital Substraction Angiography	Peripheral Artery	16100	3	Not applicable	Not applicable	Not applicable	SN061MLA
1448	Neurosurgery	Surgical	Reexploration for Cranial / Spinal surgeries	Reexploration for Cranial / Spinal surgeries	34400	3	Not applicable	Not applicable	Not applicable	SN062A
1449	Neurosurgery	Medical	Conservative management of high cervical injury	Complex spine injury	0	30	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	SN063A
1450	Neurosurgery	Medical	Conservative management of high cervical injury	Moderate head injury	0	14	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	SN063B
1451	Neurosurgery	Medical	Conservative management of high cervical injury	Severe head injury	0	14	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	SN063C



1452	Neurosurgery	Medical	Conservative management of high cervical injury	Simple head injury	0	14	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	SN063D
1453	Neurosurgery	Medical	Conservative management of high cervical injury	Simple spine injury	0	14	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	SN063E
1454	Neurosurgery	Surgical	AVM EMBOLISATION	AVM EMBOLISATION/THROMBECTOMY	240700	9	Not applicable	Not applicable	Not applicable	SN064A
1455	Neurosurgery	Surgical	Carotid Endartrectomy	Carotid Endartrectomy	162000	10	Not applicable	Not applicable	Not applicable	SN064MLA
1456	Neurosurgery	Surgical	Ventricular tap	Ventricular tapping with Omayya reservoir/external ventricular drain	27500	9	Not applicable	Not applicable	Not applicable	SN065A
1457	Neurosurgery	Surgical	Cervical Sympathectomy	Cervical Sympathectomy	38600	10	Not applicable	Not applicable	Not applicable	SN065MLA
1458	Neurosurgery	Surgical	Decompressive Craniectomy	Craniectomy/ DECRA for head injury/acute stroke/cerebral venous thrombosis	103200	9	Not applicable	Not applicable	Not applicable	SN066A
1459	Neurosurgery	Surgical	Corrective Surgery for Craniosynostosis	Corrective Surgery for Craniosynostosis	62800	10	Not applicable	Not applicable	Not applicable	SN066MLA
1460	Neurosurgery	Surgical	Cranio Ventrical surgery	Cranio Ventrical surgery	144500	10	Not applicable	Not applicable	Not applicable	SN067MLA
1461	Neurosurgery	Surgical	Craniotomy	with Evacuation of Haematoma - Subdural	78500	10	Not applicable	Not applicable	Not applicable	SN068MLA

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1462	Neurosurgery	Surgical	Craniotomy	with Excision of Brain Tumour	50700	10	Not applicable	Not applicable	Not applicable	SN068MLB
1463	Neurosurgery	Surgical	Craniotomy	with Evacuation of Haematoma - Extradural	49200	7	Not applicable	Not applicable	Not applicable	SN068MLC
1464	Neurosurgery	Surgical	Decompressive Craniectomy	For Trauma	50700	10	Not applicable	Not applicable	Not applicable	SN069MLA
1465	Neurosurgery	Surgical	Decompressive Craniectomy	Non Traumatic	70100	8	Not applicable	Not applicable	Not applicable	SN069MLB
1466	Neurosurgery	Surgical	DVT – IVC Filter	DVT – IVC Filter	116100	10	Not applicable	Not applicable	Not applicable	SN070MLA
1467	Neurosurgery	Surgical	Encephalocele Repair	Encephalocele Repair	50700	10	Not applicable	Not applicable	Not applicable	SN071MLA
1468	Neurosurgery	Surgical	Lobectomy	Frontal	78500	10	Not applicable	Not applicable	Not applicable	SN072MLA
1469	Neurosurgery	Surgical	Lobectomy	Temporal	78500	10	Not applicable	Not applicable	Not applicable	SN072MLB
1470	Neurosurgery	Surgical	Lobectomy	Cerebellum	78500	10	Not applicable	Not applicable	Not applicable	SN072MLC
1471	Neurosurgery	Surgical	Microsurgical Excision of Acoustic Tumour	Microsurgical Excision of Acoustic Tumour	43500	10	Not applicable	Not applicable	Not applicable	SN073MLA
1472	Neurosurgery	Surgical	Neuro Vascular Repair with Crush Injury	Neuro Vascular Repair with Crush Injury	36900	10	Not applicable	Not applicable	Not applicable	SN075MLA
1473	Neurosurgery	Surgical	Neurolysis	Neurolysis	112500	10	Not applicable	Not applicable	Not applicable	SN076MLA
1474	Neurosurgery	Surgical	Optic Nerve Lesions - Decompression	Optic Nerve Lesions - Decompression	56800	10	Not applicable	Not applicable	Not applicable	SN078MLA

1475	Neurosurgery	Surgical	Other Neuropathy (GB Syndrome, Mononeuritis, Other Cranial Nerve Disorders Etc.)	Other Neuropathy (GB Syndrome, Mononeuritis, Other Cranial Nerve Disorders Etc.)	51900	10	Not applicable	Not applicable	Not applicable	SN079MLA
1476	Neurosurgery	Surgical	Posterior Fossa Decompression	Posterior Fossa Decompression	128800	10	Not applicable	Not applicable	Not applicable	SN080MLA
1477	Neurosurgery	Surgical	Repair & Transposition Nerve	Repair & Transposition Nerve	48900	10	Not applicable	Not applicable	Not applicable	SN081MLA
1478	Neurosurgery	Surgical	Spinal Fusion Procedure with Implant	Spinal Fusion Procedure with Implant	44000	6	Not applicable	Not applicable	Not applicable	SN082MLA
1479	Neurosurgery	Surgical	Spine Anterior Decompression	Spine Anterior Decompression	128800	10	Not applicable	Not applicable	Not applicable	SN083MLA
1480	Neurosurgery	Surgical	Spine Disc Cervicallumber	Spine Disc Cervicallumber	96700	10	Not applicable	Not applicable	Not applicable	SN084MLA
1481	Neurosurgery	Surgical	Subdural Aspiration	Subdural Aspiration	48900	10	Not applicable	Not applicable	Not applicable	SN085MLA
1482	Neurosurgery	Surgical	Subdural Tapping	Subdural Tapping	3900	3	Not applicable	Not applicable	Not applicable	SN086MLA

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1483	Neurosurgery	Surgical	Subtotal Temporal Bone Resection	Subtotal Temporal Bone Resection	62800	10	Not applicable	Not applicable	Not applicable	SN087MLA
1484	Neurosurgery	Surgical	Syringomyelia Decompression Surgery	Syringomyelia Decompression Surgery	56800	10	Not applicable	Not applicable	Not applicable	SN088MLA
1485	Neurosurgery	Surgical	Temporal Lobectomy Plus Depth Electrodes	Temporal Lobectomy Plus Depth Electrodes	97900	10	Not applicable	Not applicable	Not applicable	SN089MLA
1486	Neurosurgery	Surgical	Temporal Rhizotomy	Temporal Rhizotomy	81000	10	Not applicable	Not applicable	Not applicable	SN090MLA
1487	Neurosurgery	Surgical	Total Temporal Bone Resection	Total Temporal Bone Resection	74900	10	Not applicable	Not applicable	Not applicable	SN091MLA
1488	Neurosurgery	Surgical	Trans Oral Surgery	Transoral Surgery (Anterior) + CV Junction (Posterior Sabilization)	102300	12	Not applicable	Not applicable	Not applicable	SN092MLA
1489	Neurosurgery	Medical	Conservative Management of Head Injury	Severe	0	5	Routine Ward	1000	Not applicable	ST001A
1490	Neurosurgery	Surgical	Conservative Management of Head Injury	Depressed Fracture	0	5	Routine Ward	5000	Not applicable	ST001B

1491	Neurosurgery	Surgical	Head Injury with repair of Facio-Maxillary Injury & Fixations (Including Implants)	Head Injury with repair of Facio-Maxillary Injury & Fixations (Including Implants)	42700	5	Not applicable	Not applicable	Not applicable	ST002A
1492	Neurosurgery	Surgical	Craniotomy and Evacuation of Haematoma with Fixation of Fracture of Long Bone	Subdural Hematoma along with Fixation of Fracture of Single Long Bone	82500	5	Not applicable	Not applicable	Not applicable	ST003A
1493	Neurosurgery	Surgical	Craniotomy and Evacuation of Haematoma with Fixation of Fracture of Long Bone	Extradural Hematoma along with Fixation of Fracture of Single Long Bone	82500	5	Not applicable	Not applicable	Not applicable	ST003B
1494	Neurosurgery	Surgical	Craniotomy and Evacuation of Haematoma with Fixation of Fracture of Long Bone	Subdural Hematoma along with Fixation of Fracture of 2 or more Long Bones	103200	5	Not applicable	Not applicable	Not applicable	ST003C

1495	Neurosurgery	Surgical	Craniotomy and Evacuation of Haematoma with Fixation of Fracture of Long Bone	Extradural Hematoma along with Fixation of Fracture of 2 or more Long Bones	103200	5	Not applicable	Not applicable	Not applicable	ST003D
1496	Neurosurgery	Surgical	Management of Chest Injury with Fracture of Long Bone	Management of Chest Injury with Fixation of Single Long Bone	38500	5	Not applicable	Not applicable	Not applicable	ST004A
1497	Neurosurgery	Surgical	Management of Chest Injury with Fracture of Long Bone	Management of Chest Injury with Fixation of 2 or More Long Bones	49500	5	Not applicable	Not applicable	Not applicable	ST004B
1498	Neurosurgery	Surgical	Management of Visceral Injury and Fracture Long Bone	Surgical Intervention for Visceral Injury and Fixation of Fracture of Single Long Bone	41300	5	Not applicable	Not applicable	Not applicable	ST005A
1499	Neurosurgery	Surgical	Management of Visceral Injury and Fracture Long Bone	Surgical Intervention for Visceral Injury and Fixation of Fracture of 2 or More Long Bones	61900	5	Not applicable	Not applicable	Not applicable	ST005B
1500	Neurosurgery	Surgical	Internal Fixation of Pelviacetabular Fracture	Internal Fixation of Pelviacetabular Fracture	44000	5	Not applicable	Not applicable	Not applicable	ST006A

1501	Neurosurgery	Surgical	Internal Fixation with Flap Cover Surgery for Wound in Compound Fracture	Internal Fixation with Flap Cover Surgery for Wound in Compound Fracture	44000	5	Not applicable	Not applicable	Not applicable	ST007A
1502	Neurosurgery	Medical	Emergency tendons repair ± Peripheral Nerve repair/ reconstructive surgery	Emergency tendons repair ± Peripheral Nerve repair/ reconstructive surgery	41300	5	Not applicable	Not applicable	Not applicable	ST008A
1503	Neurosurgery	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Nerve Plexus injury repair	55000	5	Not applicable	Not applicable	Not applicable	ST009A
1504	Neurosurgery	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Nerve Plexus injury reconstruction	55000	5	Not applicable	Not applicable	Not applicable	ST009B
1505	Neurosurgery	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Tendon injury repair	55000	5	Not applicable	Not applicable	Not applicable	ST009C

1506	Neurosurgery	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Tendon injury reconstruction	55000	5	Not applicable	Not applicable	Not applicable	ST009D
1507	Neurosurgery	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Tendon transfer	55000	5	Not applicable	Not applicable	Not applicable	ST009E
1508	Neurosurgery	Surgical	Plexus Injury along with Vascular Injury Repair/ Graft	Plexus Injury along With Vascular Injury Repair	66000	5	Not applicable	Not applicable	Not applicable	ST010A
1509	Neurosurgery	Surgical	Plexus Injury along with Vascular Injury Repair/ Graft	Plexus Injury along with Vascular Injury Graft	82500	5	Not applicable	Not applicable	Not applicable	ST010B
1510	Neurosurgery	Surgical	Meningomyelocele	Meningomyelocele	95000	7	Not applicable	Not applicable	Not applicable	SN093MLA
1511	Obstetrics & Gynecology	Surgical	Radical Hysterectomy	Class I radical hysterectomy + bilateral salpingoophorectomy + BPLND - Lap.	66000	11	Not applicable	Not applicable	Not applicable	SC032A
1512	Obstetrics & Gynecology	Surgical	Radical Hysterectomy	Class I radical hysterectomy + bilateral salpingoophorectomy + BPLND - Open	66000	11	Not applicable	Not applicable	Not applicable	SC032B



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1513	Obstetrics & Gynecology	Surgical	Radical Hysterectomy	Class I radical Hysterectomy +/- bilateral salpingoophorectomy - Lap.	49500	6	Not applicable	Not applicable	Not applicable	SC032C
1514	Obstetrics & Gynecology	Surgical	Radical Hysterectomy	Class I radical Hysterectomy +/- bilateral salpingoophorectomy - Open	49500	6	Not applicable	Not applicable	Not applicable	SC032D
1515	Obstetrics & Gynecology	Surgical	Radical Hysterectomy	Class II radical hysterctomy + BPLND	70400	11	Not applicable	Not applicable	Not applicable	SC032E
1516	Obstetrics & Gynecology	Surgical	Radical Hysterectomy	Class III radical hysterctomy + BPLND	70400	11	Not applicable	Not applicable	Not applicable	SC032F
1517	Obstetrics & Gynecology	Surgical	Radical Hysterectomy	Hysterectomy + bilateral salpingoophorectomy + omentectomy + peritonectomy and organ resections	99000	13	Not applicable	Not applicable	Not applicable	SC032G
1518	Obstetrics & Gynecology	Surgical	Vulvectomy + reconstruction procedures	Vulvectomy + reconstruction procedures	79800	11	Not applicable	Not applicable	Not applicable	SC034A
1519	Obstetrics & Gynecology	Surgical	Radical Trachelectomy	Radical Trachelectomy	66000	11	Not applicable	Not applicable	Not applicable	SC035A
1520	Obstetrics & Gynecology	Surgical	Resuturing of Any Wound gap Surgeries	Resuturing of Any Wound gap Surgeries	4200	NA	Not applicable	Not applicable	Not applicable	SC080A
1521	Obstetrics & Gynecology	Surgical	Closure of Burst Abdomen	Closure of Burst Abdomen	27100	6	Not applicable	Not applicable	Not applicable	SG036A
1522	Obstetrics & Gynecology	Surgical	Hepatic Resection	Open	47400	7	Not applicable	Not applicable	Not applicable	SG037A
1523	Obstetrics & Gynecology	Surgical	Hepatic Resection	Lap.	47400	7	Not applicable	Not applicable	Not applicable	SG037B

1524	Obstetrics & Gynecology	Surgical	Biopsy	Lymph Node	5500	D	Not applicable	Not applicable	Not applicable	SG096A
1525	Obstetrics & Gynecology	Surgical	Biopsy	Endometrial Aspiration	3000	D	Not applicable	Not applicable	Not applicable	SG096B
1526	Obstetrics & Gynecology	Surgical	Biopsy	Cervix Cancer screening (PAP + Colposcopy)	2800	D	Not applicable	Not applicable	Not applicable	SG096C
1527	Obstetrics & Gynecology	Surgical	Biopsy	Cervical	1700	D	Not applicable	Not applicable	Not applicable	SG096D
1528	Obstetrics & Gynecology	Surgical	Biopsy	Vulval	2800	D	Not applicable	Not applicable	Not applicable	SG096E
1529	Obstetrics & Gynecology	Surgical	Salpingoophorectomy	Lap	27500	1	Not applicable	Not applicable	Not applicable	SO001A
1530	Obstetrics & Gynecology	Surgical	Laparotomy and Proceed for Ovarian Cancers - Omentomy with Bilateral Salpingoophorectomy	Laparotomy and Proceed for Ovarian Cancers - Omentomy with Bilateral Salpingoophorectomy	41800	5	Not applicable	Not applicable	Not applicable	SO002A
1531	Obstetrics & Gynecology	Surgical	Laparoscopic Tubal Surgeries	Laparoscopic tubal surgeries (for any indication including ectopic pregnancy)	16600	3	Not applicable	Not applicable	Not applicable	SO003A
1532	Obstetrics & Gynecology	Surgical	Procedure on Fallopian Tube for establishing Tubal Patency	Procedure on Fallopian Tube for establishing Tubal Patency	12800	5	Not applicable	Not applicable	Not applicable	SO004A
1533	Obstetrics & Gynecology	Surgical	Laparotomy for Broad Ligament Haematoma	Laparotomy for Broad Ligament Haematoma	17600	3	Not applicable	Not applicable	Not applicable	SO005A

1534	Obstetrics & Gynecology	Surgical	Myomectomy	Abdominal	30700	5	Not applicable	Not applicable	Not applicable	SO006A
1535	Obstetrics & Gynecology	Surgical	Myomectomy	Laparoscopic	30700	3	Not applicable	Not applicable	Not applicable	SO006B
1536	Obstetrics & Gynecology	Surgical	Myomectomy	Hysteroscopic	13200	1	Not applicable	Not applicable	Not applicable	SO006C
1537	Obstetrics & Gynecology	Surgical	Polypectomy	Polypectomy	1700	D	Not applicable	Not applicable	Not applicable	SO008A
1538	Obstetrics & Gynecology	Surgical	Hysteroscopic Polypectomy	Hysteroscopic Polypectomy	12200	2	Not applicable	Not applicable	Not applicable	SO009A
1539	Obstetrics & Gynecology	Surgical	Hysterectomy	Abdominal Hysterectomy	25700	3	Not applicable	Not applicable	Not applicable	SO010A
1540	Obstetrics & Gynecology	Surgical	Hysterectomy	Abdominal Hysterectomy + Salpingoophorectomy	36900	5	Not applicable	Not applicable	Not applicable	SO010B
1541	Obstetrics & Gynecology	Surgical	Hysterectomy	Non Descent Vaginal Hysterectomy	25700	4	Not applicable	Not applicable	Not applicable	SO010C
1542	Obstetrics & Gynecology	Surgical	Hysterectomy	Vaginal Hysterectomy with Anterior & Posterior Colpoperineorrhaphy	25700	5	Not applicable	Not applicable	Not applicable	SO010D
1543	Obstetrics & Gynecology	Surgical	Hysterectomy	Laparoscopic Hysterectomy (TLH)	25700	5	Not applicable	Not applicable	Not applicable	SO010E
1544	Obstetrics & Gynecology	Surgical	Hysterectomy	Laparoscopic Assisted Vaginal Hysterectomy (LAVH)	25700	5	Not applicable	Not applicable	Not applicable	SO010F
1545	Obstetrics & Gynecology	Surgical	Hysterectomy	Caesarian Hysterectomy	30700	5	Not applicable	Not applicable	Not applicable	SO010G
1546	Obstetrics & Gynecology	Surgical	Hysterectomy	Hysterectomy Vaginal	25700	3	Not applicable	Not applicable	Not applicable	SO010H
1547	Obstetrics & Gynecology	Surgical	Hysterectomy	Lap. Hysterectomy + Bilateral Salpingoophorectomy	30700	5	Not applicable	Not applicable	Not applicable	SO010MLA
1548	Obstetrics & Gynecology	Surgical	Hysterectomy	Ovarian Cystectomy + Abdominal Hysterectomy	30700	5	Not applicable	Not applicable	Not applicable	SO010MLB
1549	Obstetrics & Gynecology	Surgical	Hysterectomy	Radical Hysterectomy for Cancer endometrium extending to cervix with pelvic and para aortic lymphadenectomy	25700	7	Not applicable	Not applicable	Not applicable	SO010MLC

1550	Obstetrics & Gynecology	Surgical	Manchester Repair	Manchester Repair	22000	5	Not applicable	Not applicable	Not applicable	SO012A
1551	Obstetrics & Gynecology	Surgical	Surgeries For Prolapse - Sling Surgeries	Surgeries For Prolapse - Sling Surgeries	31800	5	Not applicable	Not applicable	Sling - 5500	SO013A
1552	Obstetrics & Gynecology	Surgical	Hysterotomy	Hysterotomy	28000	5	Not applicable	Not applicable	Not applicable	SO014A
1553	Obstetrics & Gynecology	Surgical	Lap. Surgery for Endometriosis (Other than Hysterectomy)	Lap. Surgery for Endometriosis (Other than Hysterectomy)	19100	2	Not applicable	Not applicable	Not applicable	SO015A
1554	Obstetrics & Gynecology	Surgical	Diagnostic Hysteroscopy	With biopsy	8800	D	Not applicable	Not applicable	Not applicable	SO016A
1555	Obstetrics & Gynecology	Surgical	Diagnostic Hysteroscopy	Without biopsy	8800	D	Not applicable	Not applicable	Not applicable	SO016B
1556	Obstetrics & Gynecology	Surgical	Hysteroscopic IUCD Removal	Hysteroscopic IUCD Removal	7000	D	Not applicable	Not applicable	Not applicable	SO017A
1557	Obstetrics & Gynecology	Surgical	DC (Dilatation curettage)	DC (Dilatation curettage)	20700	1	Not applicable	Not applicable	Not applicable	SO018A
1558	Obstetrics & Gynecology	Surgical	Dilation and Evacuation (DE)	Dilation and Evacuation (DE)	6000	1	Not applicable	Not applicable	Not applicable	SO019A
1559	Obstetrics & Gynecology	Surgical	Pyometra drainage	Pyometra drainage	5500	3	Not applicable	Not applicable	Not applicable	SO020A
1560	Obstetrics & Gynecology	Surgical	Intrauterine Transfusions	Intrauterine Transfusions	15600	1	Not applicable	Not applicable	Not applicable	SO021A

1561	Obstetrics & Gynecology	Surgical	Adhesiolysis	Hysteroscopic Adhesiolysis	8800	1	Not applicable	Not applicable	Not applicable	SO022A
1562	Obstetrics & Gynecology	Surgical	Adhesiolysis	Laparoscopic Adhesiolysis	16900	1	Not applicable	Not applicable	Not applicable	SO022B
1563	Obstetrics & Gynecology	Surgical	Trans - Vaginal Tape/ Trans-Obturator	Trans - Vaginal Tape	16700	1	Not applicable	Not applicable	Not applicable	SO024A
1564	Obstetrics & Gynecology	Surgical	Trans - Vaginal Tape/ Trans-Obturator	Trans-Obturator Tape	16700	1	Not applicable	Not applicable	Not applicable	SO024B
1565	Obstetrics & Gynecology	Surgical	Sacrocolpopexy (Abdominal)	Open	40000	7	Not applicable	Not applicable	Mesh - 15 X 15 - 5500	SO025A
1566	Obstetrics & Gynecology	Surgical	Sacrocolpopexy (Abdominal)	Lap.	40000	7	Not applicable	Not applicable	Mesh - 15 X 15 - 5500	SO025B
1567	Obstetrics & Gynecology	Surgical	LLETZ	LLETZ	16500	3	Not applicable	Not applicable	Not applicable	SO026A
1568	Obstetrics & Gynecology	Surgical	Vaginal Sacrospinus fixation with repair	Vaginal Sacrospinus fixation with repair	18600	5	Not applicable	Not applicable	Not applicable	SO027A
1569	Obstetrics & Gynecology	Surgical	Excision of Vaginal Septum (vaginal route)	Excision of Vaginal Septum (vaginal route)	27200	1	Not applicable	Not applicable	Not applicable	SO028A
1570	Obstetrics & Gynecology	Surgical	Hymenectomy for imperforate hymen	Hymenectomy for imperforate hymen	12200	1	Not applicable	Not applicable	Not applicable	SO029A

1571	Obstetrics & Gynecology	Surgical	Anterior & Posterior Colpoperineorrhapy	Anterior & Posterior Colpoperineorrhapy	12400	5	Not applicable	Not applicable	Not applicable	SO030A
1572	Obstetrics & Gynecology	Surgical	Vaginoplasty (McIndoe procedure)	Vaginoplasty (McIndoe procedure)	21300	3	Not applicable	Not applicable	Not applicable	SO031A
1573	Obstetrics & Gynecology	Surgical	Vaginal Surgical Repair for Vesicovaginal Fistula	Vaginal Surgical Repair for Vesicovaginal Fistula	44000	5	Not applicable	Not applicable	Not applicable	SO032A
1574	Obstetrics & Gynecology	Surgical	Repair for Rectovaginal Fistula	Repair for Rectovaginal Fistula	30800	3	Not applicable	Not applicable	Not applicable	SO033A
1575	Obstetrics & Gynecology	Surgical	Vulval Hamatoma drainage	Vulval Hamatoma drainage	3700	1	Not applicable	Not applicable	Not applicable	SO034A
1576	Obstetrics & Gynecology	Surgical	Vulvectomy Simple	Vulvectomy Simple	22000	3	Not applicable	Not applicable	Not applicable	SO035A
1577	Obstetrics & Gynecology	Surgical	Radical Vulvectomy	Radical Vulvectomy with Inguinal and Pelvic lymph node dissection	55000	3	Not applicable	Not applicable	Not applicable	SO036A
1578	Obstetrics & Gynecology	Surgical	Abdomino Perineal repair for Mullerian Anomaly	Abdomino Perineal repair for Mullerian Anomaly	38200	5	Not applicable	Not applicable	Not applicable	SO037A
1579	Obstetrics & Gynecology	Surgical	Pelvic Abscess Open Drainage	Pelvic Abscess Management including Colpotomy	14900	1	Not applicable	Not applicable	Not applicable	SO038A
1580	Obstetrics & Gynecology	Surgical	Diagnostic Laproscopy	Diagnostic / Staging laparoscopy	15600	3	Not applicable	Not applicable	Not applicable	SO039A
1581	Obstetrics & Gynecology	Surgical	Laparotomy for benign disorders	Ectopic	22000	5	Not applicable	Not applicable	Not applicable	SO040A

1582	Obstetrics & Gynecology	Surgical	Laparotomy for benign disorders	PID	22000	5	Not applicable	Not applicable	Not applicable	SO040B
1583	Obstetrics & Gynecology	Surgical	Laparoscopic Cystectomy	Laparoscopic Cystectomy	27100	3	Not applicable	Not applicable	Not applicable	SO041A
1584	Obstetrics & Gynecology	Surgical	Cystocele Repair	Cystocele Anterior Repair - Perineal Tear Repair	36900	5	Not applicable	Not applicable	Not applicable	SO042A
1585	Obstetrics & Gynecology	Surgical	Burch	Abdominal	38500	5	Not applicable	Not applicable	Not applicable	SO043A
1586	Obstetrics & Gynecology	Surgical	Burch	Lap.	38500	5	Not applicable	Not applicable	Not applicable	SO043B
1587	Obstetrics & Gynecology	Surgical	Electro Cauterisation / Cryo Surgery	Electro Cauterisation / Cryo Surgery	6300	1	Not applicable	Not applicable	Not applicable	SO044A
1588	Obstetrics & Gynecology	Medical	EUA for (minor girls / unmarried sexually inactive / victims of sexual abuse)	EUA for (minor girls / unmarried sexually inactive / victims of sexual abuse)	3000	1	Not applicable	Not applicable	Not applicable	SO045A
1589	Obstetrics & Gynecology	Medical	Hospitalisation for Antenatal Complications	Hospitalisation for Antenatal Complications	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	SO046A
1590	Obstetrics & Gynecology	Surgical	Amniocentesis	Amniocentesis	16000	1	Not applicable	Not applicable	Not applicable	SO047A
1591	Obstetrics & Gynecology	Surgical	Chorionic Villus Sampling	Chorionic Villus Sampling	16000	1	Not applicable	Not applicable	Not applicable	SO048A
1592	Obstetrics & Gynecology	Surgical	Cordocentesis	Cordocentesis	16000	1	Not applicable	Not applicable	Not applicable	SO049A

1593	Obstetrics & Gynecology	Surgical	Mcdonalds Stitch	Mcdonalds Stitch	9700	1	Not applicable	Not applicable	Not applicable	SO050A
1594	Obstetrics & Gynecology	Surgical	Shirodkars Stitch	Shirodkars Stitch	5100	1	Not applicable	Not applicable	Not applicable	SO051A
1595	Obstetrics & Gynecology	Medical	Medical management of ectopic pregnancy	Medical management of ectopic pregnancy	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	SO052A
1596	Obstetrics & Gynecology	Surgical	MTP	Upto 8 weeks	5000	D	Not applicable	Not applicable	Not applicable	SO053A
1597	Obstetrics & Gynecology	Surgical	MTP	12 weeks	7200	1	Not applicable	Not applicable	Not applicable	SO053B
1598	Obstetrics & Gynecology	Surgical	MTP	Upto 12 weeks	7700	1	Not applicable	Not applicable	Not applicable	SO053C
1599	Obstetrics & Gynecology	Surgical	Delivery	High risk delivery - Premature Delivery	12700	3	Not applicable	Not applicable	Not applicable	SO054A
1600	Obstetrics & Gynecology	Surgical	Delivery	High risk delivery - Mothers with Eclampsia or Imminent Eclampsia	25300	3	Not applicable	Not applicable	Not applicable	SO054B
1601	Obstetrics & Gynecology	Surgical	Delivery	High risk delivery - Major Fetal Malformation Requiring Intervention Immediately After Birth	16500	3	Not applicable	Not applicable	Not applicable	SO054C
1602	Obstetrics & Gynecology	Surgical	Delivery	High risk delivery - Mothers with Severe Anaemia (<7 g/DL)	12700	3	Not applicable	Not applicable	Not applicable	SO054D
1603	Obstetrics & Gynecology	Surgical	Delivery	High risk delivery - Other maternal and fetal conditions as per guidelines such as Rh Haemolytic Disease, Uncontrolled Diabetes, Severe Growth Retardation, etc, that qualify for High Risk Delivery	12700	3	Not applicable	Not applicable	Not applicable	SO054E
1604	Obstetrics & Gynecology	Surgical	Delivery	Caesarian Delivery (For Public and Private Hospitals)	22200	5	Not applicable	Not applicable	Not applicable	SO054F
1605	Obstetrics & Gynecology	Surgical	Delivery	High risk delivery - Expected Gestation at Delivery < 35 Weeks	17900	3	Not applicable	Not applicable	Not applicable	SO054MLB
1606	Obstetrics & Gynecology	Surgical	Delivery	Normal Delivery (For Public and Private Hospitals)	10600	3	Not applicable	Not applicable	Not applicable	SO054MLC



1607	Obstetrics & Gynecology	Surgical	Delivery	Normal Delivery with Episiotomy and P Repair	11400	3	Not applicable	Not applicable	Not applicable	SO054MLD
1608	Obstetrics & Gynecology	Surgical	Manual Removal of Placenta	Manual Removal of Placenta	9400	2	Not applicable	Not applicable	Not applicable	SO055A
1609	Obstetrics & Gynecology	Surgical	Secondary suturing of episiotomy	Secondary suturing of episiotomy	3800	2	Not applicable	Not applicable	Not applicable	SO056A
1610	Obstetrics & Gynecology	Surgical	Re exploration after laparotomy / Caesarean Section	Re exploration after Caesarean Section	15400	5	Not applicable	Not applicable	Not applicable	SO058A
1611	Obstetrics & Gynecology	Surgical	Re exploration after laparotomy / Caesarean Section	Re exploration after laparotomy	15400	5	Not applicable	Not applicable	Not applicable	SO058B
1612	Obstetrics & Gynecology	Surgical	Vulvo vaginal cyst enucleation / drainage	Vulvo vaginal cyst enucleation	7700	1	Not applicable	Not applicable	Not applicable	SO059A
1613	Obstetrics & Gynecology	Surgical	Vulvo vaginal cyst enucleation / drainage	Vulvo vaginal cyst drainage	7700	1	Not applicable	Not applicable	Not applicable	SO059B
1614	Obstetrics & Gynecology	Surgical	Ovariectomy	Open	55000	4	Not applicable	Not applicable	Not applicable	SO060A
1615	Obstetrics & Gynecology	Surgical	Ovariectomy	Laparoscopic	11000	4	Not applicable	Not applicable	Not applicable	SO060B
1616	Obstetrics & Gynecology	Surgical	Vaginal Myomectomy	Vaginal Myomectomy	16500	4	Not applicable	Not applicable	Not applicable	SO061A

1617	Obstetrics & Gynecology	Surgical	Ablation of Endometrium	Ablation of Endometrium	24400	3	Not applicable	Not applicable	Not applicable	SO061MLA
1618	Obstetrics & Gynecology	Surgical	Ablation of Endometrium	Ablation of Endometrium with Abdominal Hysterectomy	28000	5	Not applicable	Not applicable	Not applicable	SO061MLB
1619	Obstetrics & Gynecology	Surgical	Adhenolysis + Ovarian Cystectomy	Adhenolysis + Ovarian Cystectomy	11000	3	Not applicable	Not applicable	Not applicable	SO062MLA
1620	Obstetrics & Gynecology	Surgical	Laparoscopy for Ectopic/ other benign disorders	lap	22000	4	Not applicable	Not applicable	Not applicable	SO063A
1621	Obstetrics & Gynecology	Surgical	Bartholins Cyst Enucleation Incision Drainage	Bartholins Cyst Enucleation Incision Drainage	7700	1	Not applicable	Not applicable	Not applicable	SO063MLA
1622	Obstetrics & Gynecology	Surgical	Sterilisation	Sterilisation- Open	7700	4	Not applicable	Not applicable	Not applicable	SO064A
1623	Obstetrics & Gynecology	Surgical	Sterilisation	Sterilisation- Lap	11000	4	Not applicable	Not applicable	Not applicable	SO064B
1624	Obstetrics & Gynecology	Surgical	Reversal of Sterilisation/ Tuboplasty (lap/ open)	Reversal of Sterilisation/ Tuboplasty (lap/ open)	27500	4	Not applicable	Not applicable	Not applicable	SO065A
1625	Obstetrics & Gynecology	Surgical	Cauterization of vaginal warts	Cauterization of vaginal warts	5000	D	Not applicable	Not applicable	Not applicable	SO065MLA

1626	Obstetrics & Gynecology	Surgical	Diagnostic Hystero - Laparoscopy with/ without Chromopertubation	Diagnostic Hystero - Laparoscopy with/ without Chromopertubation	16500	4	Not applicable	Not applicable	Not applicable	SO066A
1627	Obstetrics & Gynecology	Surgical	Colpotomy	Colpotomy	2300	D	Not applicable	Not applicable	Not applicable	SO066MLA
1628	Obstetrics & Gynecology	Surgical	Laparotomy for Broad Ligament Hematoma	Laparotomy for Broad Ligament Hematoma (with internal iliac ligation)	38500	4	Not applicable	Not applicable	Not applicable	SO067A
1629	Obstetrics & Gynecology	Surgical	Conventional Tubectomy	Conventional Tubectomy	6100	1	Not applicable	Not applicable	Not applicable	SO067MLA
1630	Obstetrics & Gynecology	Surgical	Complete Perineal Tear	Complete Perineal Tear	27500	4	Not applicable	Not applicable	Not applicable	SO068A
1631	Obstetrics & Gynecology	Surgical	Destructive Operation	Destructive Operation	9100	1	Not applicable	Not applicable	Not applicable	SO068MLA
1632	Obstetrics & Gynecology	Surgical	Molar follow up for chemotherapy	Molar follow up for chemotherapy	6600	4	Not applicable	Not applicable	Not applicable	SO069A
1633	Obstetrics & Gynecology	Surgical	Diagnostic Curettage	Diagnostic Curettage	2700	D	Not applicable	Not applicable	Not applicable	SO069MLA
1634	Obstetrics & Gynecology	Surgical	Resuturing of wounds	Resuturing of wounds	5500	4	Not applicable	Not applicable	Not applicable	SO070A
1635	Obstetrics & Gynecology	Surgical	Endoscopic procedures	Endoscopic Endometria to Endometria Anastomosis	36900	5	Not applicable	Not applicable	Not applicable	SO070MLA
1636	Obstetrics & Gynecology	Surgical	Endoscopic procedures	Endoscopic Fimbriolysis	5900	1	Not applicable	Not applicable	Not applicable	SO070MLB
1637	Obstetrics & Gynecology	Surgical	Endoscopic procedures	Endoscopic Oophrectomy	16900	1	Not applicable	Not applicable	Not applicable	SO070MLC

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1638	Obstetrics & Gynecology	Surgical	Endoscopic procedures	Endoscopic Ovarian Cystectomy	16700	3	Not applicable	Not applicable	Not applicable	SO070MLD
1639	Obstetrics & Gynecology	Surgical	Endoscopic procedures	Endoscopic Uterine Septum	2400	D	Not applicable	Not applicable	Not applicable	SO070MLE
1640	Obstetrics & Gynecology	Surgical	Post coital / Injury Repair	Post coital / Injury Repair	7700	4	Not applicable	Not applicable	Not applicable	SO071A
1641	Obstetrics & Gynecology	Surgical	Exploration of Haematoma	Exploration of Abdominal Haematoma	25500	3	Not applicable	Not applicable	Not applicable	SO071MLA
1642	Obstetrics & Gynecology	Surgical	Exploration of Haematoma	Exploration of perineal Haematoma & Repair	8800	7	Not applicable	Not applicable	Not applicable	SO071MLB
1643	Obstetrics & Gynecology	Surgical	Exploration of Haematoma	Exploration of PPH-tear repair	3900	7	Not applicable	Not applicable	Not applicable	SO071MLC
1644	Obstetrics & Gynecology	Surgical	Cone biopsy	Cone biopsy	7700	4	Not applicable	Not applicable	Not applicable	SO072A
1645	Obstetrics & Gynecology	Surgical	Gilliams Operation	Gilliams Operation	14900	3	Not applicable	Not applicable	Not applicable	SO072MLA
1646	Obstetrics & Gynecology	Surgical	Biopsy- Cervical, Endometrial EA/ ECC; Vulvar; Polypectomy	Biopsy- Cervical, Endometrial EA/ ECC; Vulvar; Polypectomy	5500	4	Not applicable	Not applicable	Not applicable	SO073A
1647	Obstetrics & Gynecology	Surgical	Normal vaginal delivery	Normal vaginal delivery	10600	4	Not applicable	Not applicable	Not applicable	SO074A
1648	Obstetrics & Gynecology	Surgical	Hysteroscopic Tubal Cannulation	Hysteroscopic Tubal Cannulation	27800	5	Not applicable	Not applicable	Not applicable	SO074MLA

1649	Obstetrics & Gynecology	Surgical	Hysterotomy 2nd Trimester Abortions	Hysterotomy 2nd Trimester Abortions	5500	2	Not applicable	Not applicable	Not applicable	SO074MLB
1650	Obstetrics & Gynecology	Surgical	Operative vaginal delivery (Vacuum/ forceps)	Operative vaginal delivery (Vacuum/ forceps)	11000	4	Not applicable	Not applicable	Not applicable	SO075A
1651	Obstetrics & Gynecology	Surgical	Insertion of IUCD Device	Insertion of IUCD Device	2400	D	Not applicable	Not applicable	Not applicable	SO075MLA
1652	Obstetrics & Gynecology	Surgical	Surgical management of PPH after vaginal delivery	Surgical management of PPH after vaginal delivery	16500	4	Not applicable	Not applicable	Not applicable	SO076A
1653	Obstetrics & Gynecology	Surgical	Internal Iliac ligation	Internal Iliac ligation	3700	7	Not applicable	Not applicable	Not applicable	SO076MLA
1654	Obstetrics & Gynecology	Surgical	Inversion of Uterus	Abdominal Reposition	2800	7	Not applicable	Not applicable	Not applicable	SO077MLA
1655	Obstetrics & Gynecology	Surgical	Lap Ovariectomy/ovarian Cystectomy	Lap Ovariectomy/ovarian Cystectomy	20200	4	Not applicable	Not applicable	Not applicable	SO078MLA
1656	Obstetrics & Gynecology	Surgical	Laparoscopic Ovarotomy	Laparoscopic Ovarotomy	11000	3	Not applicable	Not applicable	Not applicable	SO080MLA
1657	Obstetrics & Gynecology	Surgical	Laproscopy Salpingoplasty Ligation	Laproscopy Salpingoplasty Ligation	8900	1	Not applicable	Not applicable	Not applicable	SO081MLA
1658	Obstetrics & Gynecology	Surgical	Laprotomy for Ectopic Repture	Laprotomy for Ectopic Repture	29400	5	Not applicable	Not applicable	Not applicable	SO082MLA

1659	Obstetrics & Gynecology	Surgical	Low Midcavity Forceps	Low Midcavity Forceps	9700	1	Not applicable	Not applicable	Not applicable	SO083MLA
1660	Obstetrics & Gynecology	Surgical	Ovarectomyoophrectomy	Ovarectomyoophrectomy	16900	1	Not applicable	Not applicable	Not applicable	SO084MLA
1661	Obstetrics & Gynecology	Medical	PAP Smear	PAP Smear	5000	D	Not applicable	Not applicable	Not applicable	SO085MLA
1662	Obstetrics & Gynecology	Surgical	Perforamtion of Uterus After De Laprotomy and Closure	Perforamtion of Uterus After De Laprotomy and Closure	24600	3	Not applicable	Not applicable	Not applicable	SO086MLA
1663	Obstetrics & Gynecology	Surgical	Perineal Tear Repair	Perineal Tear Repair	9400	1	Not applicable	Not applicable	Not applicable	SO087MLA
1664	Obstetrics & Gynecology	Surgical	Repair of Post Coital Tear Perineal Injury	Repair of Post Coital Tear Perineal Injury	5100	2	Not applicable	Not applicable	Not applicable	SO088MLA
1665	Obstetrics & Gynecology	Surgical	Rupture Uterus closure & repair with Tubal Ligation	Rupture Uterus closure & repair with Tubal Ligation	19000	7	Not applicable	Not applicable	Not applicable	SO089MLA
1666	Obstetrics & Gynecology	Surgical	Salpingostomy	Adhenolysis Salpingostomy	16900	3	Not applicable	Not applicable	Not applicable	SO090MLA
1667	Obstetrics & Gynecology	Surgical	Salpingostomy	Lap	16900	1	Not applicable	Not applicable	Not applicable	SO090MLB
1668	Obstetrics & Gynecology	Surgical	Staging laparotomy surgery for Carcinoma Ovary	Staging laparotomy surgery for Carcinoma Ovary	7000	7	Not applicable	Not applicable	Not applicable	SO091MLA

1669	Obstetrics & Gynecology	Surgical	Sterilization	Interval (Minilap)	4100	7	Not applicable	Not applicable	Not applicable	SO092MLA
1670	Obstetrics & Gynecology	Surgical	Sterilization	Post partum (Minilap)	4100	7	Not applicable	Not applicable	Not applicable	SO092MLB
1671	Obstetrics & Gynecology	Surgical	Threatened Preterm Labour	Threatened Preterm Labour	4100	2	Not applicable	Not applicable	Not applicable	SO093MLA
1672	Obstetrics & Gynecology	Surgical	Transvaginal sonography (TVS for follicular monitoring/ aspiration)	Transvaginal sonography (TVS for follicular monitoring/ aspiration)	500	D	Not applicable	Not applicable	Not applicable	SO094MLA
1673	Obstetrics & Gynecology	Surgical	Tuboplasty	Tuboplasty	28000	5	Not applicable	Not applicable	Not applicable	SO095MLA
1674	Obstetrics & Gynecology	Surgical	Uterine Synechia – Cutting	Uterine Synechia – Cutting	24400	3	Not applicable	Not applicable	Not applicable	SO096MLA
1675	Obstetrics & Gynecology	Medical	UTI With Pregnancy	UTI With Pregnancy	9800	1	Not applicable	Not applicable	Not applicable	SO097MLA
1676	Obstetrics & Gynecology	Surgical	Uretero-Vaginal / Uterine Fistula Repair	Uretero - vaginal fistula repair - Open	40700	3	Not applicable	Not applicable	Not applicable	SU029A
1677	Obstetrics & Gynecology	Surgical	Uretero-Vaginal / Uterine Fistula Repair	Uretero - Uterine fistula repair - Open	40700	2	Not applicable	Not applicable	Not applicable	SU029B

1678	Obstetrics & Gynecology	Surgical	Uretero-Vaginal / Uterine Fistula Repair	Uretero - vaginal fistula repair - Laparoscopic	40700	3	Not applicable	Not applicable	Not applicable	SU029C
1679	Obstetrics & Gynecology	Surgical	Uretero-Vaginal / Uterine Fistula Repair	Uretero - Uterine fistula repair - Laparoscopic	40700	2	Not applicable	Not applicable	Not applicable	SU029D
1680	Obstetrics & Gynecology	Surgical	Urethrovaginal Fistula Repair	Urethrovaginal Fistula Repair	55000	2	Not applicable	Not applicable	Not applicable	SU075A
1681	Obstetrics & Gynecology	Surgical	Radical Retroperitoneal lymph node dissection	Open	54800	3	Not applicable	Not applicable	Not applicable	SU090A
1682	Obstetrics & Gynecology	Surgical	Radical Retroperitoneal lymph node dissection	Lap	55800	3	Not applicable	Not applicable	Not applicable	SU090B
1683	Obstetrics & Gynecology	Surgical	VVF uterovaginal Repair	Open	37400	3	Not applicable	Not applicable	Not applicable	SU096A
1684	Obstetrics & Gynecology	Surgical	VVF uterovaginal Repair	Lap.	41300	4	Not applicable	Not applicable	Not applicable	SU096B
1685	Obstetrics & Gynecology	Medical	Threatened Abortion (Bleeding PV)	Threatened Abortion (Bleeding PV)	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	SO099MLA



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1686	OPD Benefits	Medical	Cardiac and diabetes preventive care	Cardiac and diabetes preventive care	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1000/ 1000/ 1000	Not applicable	OD001MLA
1687	OPD Benefits	Medical	ANC Check-up	ANC Check-up	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2000/ 2500	Not applicable	OD002MLA
1688	OPD Benefits	Medical	Postnatal OPD Package within 30 days of delivery	Postnatal OPD Package within 30 days of delivery	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1700/ 1700/ 1700	Not applicable	OD003MLA
1689	OPD Benefits	Medical	Infant Package	Infant Package - 1 (0 - 6 months)	0	D	1st Visit/ 2nd Visit	1700/ 1700	Not applicable	OD004MLA
1690	OPD Benefits	Medical	Infant Package	Infant Package - 2 (6 - 12 months)	1700	D	Not applicable	Not applicable	Not applicable	OD004MLB
1691	OPD Benefits	Medical	Toddler Package	Toddler Package (1 - 5 year)	0	D	1st Visit/ 2nd Visit	1200/ 1200	Not applicable	OD005MLA
1692	Ophthalmology	Surgical	Resuturing of Any Wound gap Surgeries	Resuturing of Any Wound gap Surgeries	4200	NA	Not applicable	Not applicable	Not applicable	SC080A
1693	Ophthalmology	Surgical	Ptosis Surgery	Ptosis Surgery	22500	NA	Not applicable	Not applicable	Not applicable	SE001A
1694	Ophthalmology	Surgical	Entropion Correction	Entropion Correction	12000	NA	Not applicable	Not applicable	Not applicable	SE002A
1695	Ophthalmology	Surgical	Ectropion Correction	Ectropion Correction	12000	NA	Not applicable	Not applicable	Not applicable	SE003A
1696	Ophthalmology	Surgical	Lid Tear Repair	Lid Tear Repair	15200	NA	Not applicable	Not applicable	Not applicable	SE004A
1697	Ophthalmology	Surgical	Lid Abscess Drainage	Lid Abscess Drainage	6300	NA	Not applicable	Not applicable	Not applicable	SE005A

1698	Ophthalmology	Surgical	Lid Tumor excision + Lid Reconstruction	Lid Tumor excision + Lid Reconstruction	15400	NA	Not applicable	Not applicable	Not applicable	SE006A
1699	Ophthalmology	Surgical	Chalazion removal	One eye	2200	NA	Not applicable	Not applicable	Not applicable	SE007A
1700	Ophthalmology	Surgical	Squint Correction	Squint Correction	13000	NA	Upto 2 muscles/ More than 3 muscles	None/ "+" 2400	Not applicable	SE008A
1701	Ophthalmology	Surgical	Conjunctival Tumour Excision including Amniotic membrane graft	Conjunctival Tumour Excision including Amniotic membrane graft	7900	NA	Not applicable	Not applicable	Not applicable	SE009A
1702	Ophthalmology	Surgical	Dacryocystorhinostomy	Canaliculo Dacryocystorhinostomy with Silicon Tube / Stent	15100	1	Not applicable	Not applicable	Not applicable	SE010A
1703	Ophthalmology	Surgical	Dacryocystorhinostomy	Canaliculo Dacryocystorhinostomy without Silicon Tube / Stent	15100	1	Not applicable	Not applicable	Not applicable	SE010B
1704	Ophthalmology	Surgical	Dacryocystorhinostomy	Dacryocystorhinostomy with Silicon Tube / Stent	15100	NA	Not applicable	Not applicable	Not applicable	SE010C
1705	Ophthalmology	Surgical	Dacryocystorhinostomy	Dacryocystorhinostomy without Silicon Tube / Stent	15100	1	Not applicable	Not applicable	Not applicable	SE010D
1706	Ophthalmology	Surgical	Corneal Ulcer Management	Corneal Ulcer Management	5500	5	Not applicable	Not applicable	Not applicable	SE011A
1707	Ophthalmology	Surgical	Corneal Grafting	Corneal Grafting	15100	NA	Not applicable	Not applicable	Not applicable	SE012A
1708	Ophthalmology	Surgical	Corneal Grafting	Corneal Graft - Follow Up	2200	1	Not applicable	Not applicable	Not applicable	SE012B
1709	Ophthalmology	Surgical	Corneal Grafting	Lamellar Keratoplasty	15100	1	Not applicable	Not applicable	Not applicable	SE012MLA

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1710	Ophthalmology	Surgical	Corneal Collagen Crosslinking	Corneal Collagen Crosslinking	19300	1	Not applicable	Not applicable	Not applicable	SE013A
1711	Ophthalmology	Surgical	Pterygium + Conjunctival Autograft	Pterygium + Conjunctival Autograft	13600	NA	Not applicable	Not applicable	Not applicable	SE014A
1712	Ophthalmology	Surgical	Corneo / Scleral / Corneo scleral tear repair	Corneo / Scleral / Corneo scleral tear repair	12700	2	Not applicable	Not applicable	Not applicable	SE015A
1713	Ophthalmology	Surgical	Corneal / Scleral Patch Graft	Corneal / Scleral Patch Graft	8000	3	Not applicable	Not applicable	Not applicable	SE016A
1714	Ophthalmology	Surgical	Scleral buckling surgery	Scleral buckling surgery	27200	1	Not applicable	Not applicable	Not applicable	SE017A
1715	Ophthalmology	Surgical	Scleral Buckle Removal	Scleral Buckle Removal	7600	1	Not applicable	Not applicable	Not applicable	SE018A
1716	Ophthalmology	Surgical	Limbal Dermoid Removal	Limbal Dermoid Removal	6000	NA	Not applicable	Not applicable	Not applicable	SE019A
1717	Ophthalmology	Surgical	Cataract surgery	Cataract with Foldable Hydrophobic Acrylic IOL by Phaco Emulsification Tech	18300	NA	Not applicable	Not applicable	Foldable Hydrophobic intraocular lens - 3300	SE020A
1718	Ophthalmology	Surgical	Cataract surgery	Cataract with Nonfoldable IOL Using SICS Technique	7600	NA	Not applicable	Not applicable	Non foldable IOL - 1100	SE020B
1719	Ophthalmology	Surgical	Surgery for Pediatric Cataract	Pediatric Lensectomy	26100	NA	Not applicable	Not applicable	Foldable Hydrophobic intraocular lens - 3300	SE021A

1720	Ophthalmology	Surgical	Surgery for Pediatric Cataract	Pediatric Lens aspiration with posterior Capsulotomy & anterior vitrectomy	26100	NA	Not applicable	Not applicable	Foldable Hydrophobic intraocular lens - 3300	SE021b
1721	Ophthalmology	Surgical	Surgery for Pediatric Cataract	Paediatric Membranectomy & anterior vitrectomy	34700	NA	Not applicable	Not applicable	Foldable Hydrophobic intraocular lens - 3300	SE021C
1722	Ophthalmology	Surgical	Capsulotomy YAG	Capsulotomy YAG	2800	NA	Not applicable	Not applicable	Not applicable	SE022A
1723	Ophthalmology	Surgical	SFIOL (inclusive of Vitrectomy)	SFIOL (inclusive of Vitrectomy)	20700	1	Not applicable	Not applicable	Glue for Scleral fixated IOL - 3300	SE023A
1724	Ophthalmology	Surgical	Secondary IOL / IOL Exchange / Explant	Secondary IOL / IOL Exchange / Explant	6800	1	Not applicable	Not applicable	IOL - 3300	SE024A
1725	Ophthalmology	Surgical	IRIS Prolapse – Repair	IRIS Prolapse – Repair	5000	1	Not applicable	Not applicable	Not applicable	SE025A
1726	Ophthalmology	Surgical	Iridectomy	Laser	4900	NA	Not applicable	Not applicable	Not applicable	SE026A
1727	Ophthalmology	Surgical	Iridectomy	Surgical	4900	NA	Not applicable	Not applicable	Not applicable	SE026B
1728	Ophthalmology	Surgical	Glaucoma Surgery	Cyclocryotherapy / Cyclophotocoagulation	7500	NA	Not applicable	Not applicable	Not applicable	SE027A
1729	Ophthalmology	Surgical	Glaucoma Surgery	Trabeculectomy only - with or without Mitomycin C Including Postoperative Medications for 12 Weeks and Wherever Surgical or Laser Procedures Required for BLEB Augmentation And Anterior Chamber Maintenance	18100	NA	Not applicable	Not applicable	Not applicable	SE027B
1730	Ophthalmology	Surgical	Glaucoma Surgery	Glaucoma Shunt Surgery	17900	NA	Not applicable	Not applicable	Not applicable	SE027C

1731	Ophthalmology	Surgical	Glaucoma Surgery	Pediatric Glaucoma Surgery	20700	NA	Not applicable	Not applicable	Not applicable	SE027D
1732	Ophthalmology	Surgical	EUA for Confirmation of Pediatric Glaucoma	EUA for Confirmation of Pediatric Glaucoma	3300	1	Not applicable	Not applicable	Not applicable	SE028A
1733	Ophthalmology	Surgical	Retinal Laser Photocoagulation	For retinal tear repair Per Eye Per Sitting	1700	1	Not applicable	Not applicable	Not applicable	SE029A
1734	Ophthalmology	Surgical	Retinal Laser Photocoagulation	Pan Retinal Photocoagulation (PRP) - Retinal Laser including 3 sittings / package of retino laser photocoagulation (3 sittings per eye for both eyes)	9400	1	Not applicable	Not applicable	Not applicable	SE029B
1735	Ophthalmology	Surgical	ROP Laser	ROP Laser	5500	1	Not applicable	Not applicable	Not applicable	SE030A
1736	Ophthalmology	Surgical	Retinal Cryopexy	Retinal Cryopexy	6200	1	Not applicable	Not applicable	Not applicable	SE031A
1737	Ophthalmology	Surgical	Vitreoretinal Surgery (with Silicon Oil Insertion)	Vitreoretinal Surgery (with Silicon Oil Insertion)	27800	1	Not applicable	Not applicable	Implant for "Vitreoretinal Surgery" (IOL & Perflouro carbon liquid) - 6600	SE032A
1738	Ophthalmology	Surgical	SOR (Silicon Oil Removal)	SOR (Silicon Oil Removal)	10200	1	Not applicable	Not applicable	Not applicable	SE033A
1739	Ophthalmology	Surgical	Endophthalmitis (excluding Vitrectomy)	Endophthalmitis (excluding Vitrectomy)	8800	5	Not applicable	Not applicable	Not applicable	SE034A
1740	Ophthalmology	Surgical	Enucleation	without implant	13100	1	Not applicable	Not applicable	Not applicable	SE035A

1741	Ophthalmology	Surgical	Enucleation	with implant	13900	1	Not applicable	Not applicable	Not applicable	SE035B
1742	Ophthalmology	Surgical	Evisceration	Evisceration	14600	NA	Not applicable	Not applicable	Implant for "Evisceration" (Conformers + Plastic / silicon ball type implant) - 1100	SE036A
1743	Ophthalmology	Surgical	Exenteration	Exenteration	28000	NA	Not applicable	Not applicable	Not applicable	SE037A
1744	Ophthalmology	Surgical	Socket reconstruction including amniotic membrane graft	Socket reconstruction including amniotic membrane graft	30900	1	Not applicable	Not applicable	Not applicable	SE038A
1745	Ophthalmology	Surgical	Orbitotomy	Orbitotomy	22700	NA	Not applicable	Not applicable	Not applicable	SE039A
1746	Ophthalmology	Surgical	GA / EUA separate add on package	GA / EUA separate add on package	3300	1	Not applicable	Not applicable	Not applicable	SE040A
1747	Ophthalmology	Surgical	Orbital fracture repair	Orbital fracture repair under GA	11600	3	Not applicable	Not applicable	Not applicable	SE041A
1748	Ophthalmology	Surgical	Optic neuritis	Optic neuritis	2300	NA	Not applicable	Not applicable	Not applicable	SE042A
1749	Ophthalmology	Medical	Acid and Alkali Burns	Acid and Alkali Burns	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	Not applicable	Not applicable	SE042MLA
1750	Ophthalmology	Surgical	Glaucoma Screening	Vision Refraction-IOP & Fundus	900	NA	Not applicable	Not applicable	Not applicable	SE043A

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1751	Ophthalmology	Surgical	Glaucoma Screening	Vision Refraction-IOP & Fundus OCT & Visual Fields	1700	NA	Not applicable	Not applicable	Not applicable	SE043B
1752	Ophthalmology	Surgical	Anterior Chamber Reconstruction	Anterior Chamber Reconstruction	23700	3	Not applicable	Not applicable	Not applicable	SE043MLA
1753	Ophthalmology	Surgical	Anterior Chamber Reconstruction	Anterior Chamber Reconstruction Perforating Corneo - Scleral Injury with IOL	28700	2	Not applicable	Not applicable	Not applicable	SE043MLB
1754	Ophthalmology	Surgical	Diabetic Retinopathy Screening	Vision refraction,fundus photo and OCT	1100	NA	Not applicable	Not applicable	Not applicable	SE044A
1755	Ophthalmology	Surgical	Cryoretinopexy	Closed	6400	1	Not applicable	Not applicable	Not applicable	SE045MLA
1756	Ophthalmology	Surgical	Cryoretinopexy	Open	7200	1	Not applicable	Not applicable	Not applicable	SE045MLB
1757	Ophthalmology	Surgical	Cyst - Excision	Cyst - Excision	3600	D	Not applicable	Not applicable	Not applicable	SE046MLA
1758	Ophthalmology	Surgical	Decompression of Optic Nerve	Decompression of Optic Nerve	29900	1	Not applicable	Not applicable	Not applicable	SE047MLA
1759	Ophthalmology	Surgical	Endoscopic Optic Nerve Decompression	Endoscopic Optic Nerve Decompression	17800	NA	Not applicable	Not applicable	Not applicable	SE048MLA
1760	Ophthalmology	Surgical	EOG (Electrooculogram) & ECG/EKG (Electrocardiogram)	EOG (Electrooculogram) & ECG/EKG (Electrocardiogram)	1600	D	Not applicable	Not applicable	Not applicable	SE049MLA
1761	Ophthalmology	Surgical	Epicantuhus Correction	Epicantuhus Correction	9200	NA	Not applicable	Not applicable	Not applicable	SE050MLA
1762	Ophthalmology	Surgical	Epilation	Epilation	600	D	Not applicable	Not applicable	Not applicable	SE051MLA

1763	Ophthalmology	Surgical	ERG (Electroretinogram)	ERG (Electroretinogram)	2500	D	Not applicable	Not applicable	Not applicable	SE052MLA
1764	Ophthalmology	Surgical	Keratoplasty	Keratoplasty	25900	1	Not applicable	Not applicable	Not applicable	SE053MLA
1765	Ophthalmology	Surgical	Laser for Retinopathy (per sitting)	Laser for Retinopathy (per sitting)	3100	D	Not applicable	Not applicable	Not applicable	SE054MLA
1766	Ophthalmology	Surgical	Laser Interferometry	Laser Interferometry	2400	D	Not applicable	Not applicable	Not applicable	SE055MLA
1767	Ophthalmology	Surgical	PRP - Retinal Laser Including 3 Sittings	PRP - Retinal Laser Including 3 Sittings	9400	D	Not applicable	Not applicable	Not applicable	SE056MLA
1768	Ophthalmology	Surgical	Retinal Detachment Surgery	Retinal Detachment Surgery	35200	2	Not applicable	Not applicable	Not applicable	SE057MLA
1769	Ophthalmology	Surgical	Vitrectomy	Vitrectomy	23800	1	Not applicable	Not applicable	Not applicable	SE058MLA
1770	Ophthalmology	Surgical	Vitrectomy + Retinal Detachment Surgery	Vitrectomy + Retinal Detachment Surgery	37300	D	Not applicable	Not applicable	Not applicable	SE059MLA
1771	Ophthalmology	Surgical	Glaucoma	Medical management	3000	D	Not applicable	Not applicable	Not applicable	SE060MLA
1772	Ophthalmology	Surgical	Globe Injury	Closed Globe injury- Medical/Surgical management	10000	D	Not applicable	Not applicable	Not applicable	SE061MLA
1773	Ophthalmology	Surgical	Globe Injury	Open Globe injury- Exploration and Repair	28700	2	Not applicable	Not applicable	Not applicable	SE062MLA
1774	Ophthalmology	Surgical	Hyphema/high IOP	Paracentesis + AC Wash	5000	D	Not applicable	Not applicable	Not applicable	SE063MLA
1775	Ophthalmology	Surgical	Dacryocystectomy ( DCT)	Dacryocystectomy (DCT)	12000	D	Not applicable	Not applicable	Not applicable	SE064MLA



1776	Oral & Maxillofacial Surgery	Surgical	Resuturing of Any Wound gap Surgeries	Resuturing of Any Wound gap Surgeries	4200	NA	Not applicable	Not applicable	Not applicable	SC080A
1777	Oral & Maxillofacial Surgery	Surgical	Orbital fracture repair	Orbital fracture repair under GA	11600	3	Not applicable	Not applicable	Not applicable	SE041A
1778	Oral & Maxillofacial Surgery	Surgical	Open reduction and internal fixation of maxilla / mandible / zygoma	Open reduction and internal fixation of maxilla	15400	2	Single/ Multiple	None/ "+" 7700	Implant for Open reduction and internal fixation of maxilla / mandible / zygoma/Orbital fracture (Plates / Screws) - 4400	SL034A
1779	Oral & Maxillofacial Surgery	Surgical	Open reduction and internal fixation of maxilla / mandible / zygoma	Open reduction and internal fixation of mandible	15400	2	Single/ Multiple	None/ "+" 7700	Implant for Open reduction and internal fixation of maxilla / mandible / zygoma/Orbital fracture (Plates / Screws) - 4400	SL034B

1780	Oral & Maxillofacial Surgery	Surgical	Open reduction and internal fixation of maxilla / mandible / zygoma	Open reduction and internal fixation of zygoma	15400	2	Single/ Multiple	None/ "+" 7700	Implant for Open reduction and internal fixation of maxilla / mandible / zygoma/Orbital fracture (Plates / Screws) - 4400	SL034C
1781	Oral & Maxillofacial Surgery	Surgical	Extraction of impacted tooth	Extraction of impacted tooth - Under LA	2700	D	Not applicable	Not applicable	Not applicable	SM001A
1782	Oral & Maxillofacial Surgery	Surgical	Extraction of impacted tooth	Extraction of impacted molar - Under LA	3400	D	Not applicable	Not applicable	Not applicable	SM001MLA
1783	Oral & Maxillofacial Surgery	Surgical	Sequestrectomy	Sequestrectomy	2200	D	Not applicable	Not applicable	Not applicable	SM002A
1784	Oral & Maxillofacial Surgery	Surgical	Sequestrectomy Debridement	Osteomyelitis-Chronic	4200	4	Not applicable	Not applicable	Not applicable	SM002B
1785	Oral & Maxillofacial Surgery	Surgical	TM Joint ankylosis of both jaws	TM Joint ankylosis of both jaws - Under GA	25000	2	Not applicable	Not applicable	Not applicable	SM003A
1786	Oral & Maxillofacial Surgery	Surgical	TM joint ankylosis of both jaws - under GA	TM joint ankylosis of both jaws - under GA (Bilateral) - (Covering Reconstruction)	34400	4	Not applicable	Not applicable	Not applicable	SM003B
1787	Oral & Maxillofacial Surgery	Surgical	Fixation of Fracture of Jaw	Closed reduction of 1 jaw under LA	18500	D	Not applicable	Not applicable	Not applicable	SM004A

1788	Oral & Maxillofacial Surgery	Surgical	Fixation of Fracture of Jaw	Open reduction of 1 jaw and fixing of plates / wire under GA	18500	2	Not applicable	Not applicable	Not applicable	SM004B
1789	Oral & Maxillofacial Surgery	Surgical	Surgery for Cyst & Tumour	Enucleation / Excision / Marsupialization for Cyst & Tumour of Maxilla - Under LA	11600	D	Not applicable	Not applicable	Not applicable	SM005A
1790	Oral & Maxillofacial Surgery	Surgical	Surgery for Cyst & Tumour	Enucleation / Excision / Marsupialization for Cyst & Tumour of Mandible - Under LA	11600	D	Not applicable	Not applicable	Not applicable	SM005B
1791	Oral & Maxillofacial Surgery	Surgical	Mandible tumour resection and reconstruction / Cancer surgery	Mandible tumour resection and reconstruction / Cancer surgery	15600	2	Not applicable	Not applicable	Not applicable	SM006A
1792	Oral & Maxillofacial Surgery	Surgical	Release of fibrous bands	Grafting in OSMF treatment - Under GA	8000	D	Not applicable	Not applicable	Not applicable	SM007A
1793	Oral & Maxillofacial Surgery	Surgical	Release of fibrous bands & grafting - in (OSMF) treatment under GA	Release of fibrous release bands & coronoidectomy with grafting - in (OSMF) treatment under GA	20700	4	Not applicable	Not applicable	Not applicable	SM007B
1794	Oral & Maxillofacial Surgery	Surgical	Apicoectomy (A) Tooth	Apicoectomy (A) Tooth	1700	D	Not applicable	Not applicable	Not applicable	SM008A
1795	Oral & Maxillofacial Surgery	Surgical	Correction of oro-antral communication	Correction of oro-antral communication	7700	NA	Local Anesthesia/ General Anesthesia	None/ "+" 5500	Not applicable	SM009A

1796	Oral & Maxillofacial Surgery	Surgical	Submandibular sialolithotomy	Intraoral submandibular sialolithotomy soft tissue	7700	NA	Local Anesthesia/ General Anesthesia	None/ "+" 3300	Not applicable	SM010A
1797	Oral & Maxillofacial Surgery	Surgical	Submandibular sialolithotomy	Intraoral submandibular sialolithotomy hard tissue	6600	D	Local Anesthesia/ General Anesthesia	None/ "+" 3300	Not applicable	SM010B
1798	Oral & Maxillofacial Surgery	Surgical	Submandibular sialolithotomy	Extra oral submandibular sialolithotomy	9900	NA	Local Anesthesia/ General Anesthesia	None/ "+" 3300	Not applicable	SM010C
1799	Oral & Maxillofacial Surgery	Surgical	Dentoalveolar trauma - wiring	Dentoalveolar trauma - wiring	3300	D	Not applicable	Not applicable	Not applicable	SM011A
1800	Oral & Maxillofacial Surgery	Surgical	Parotid sialolithotomy	Extraoral parotid sialolithotomy	12100	2	Local Anesthesia/ General Anesthesia	None/ "+" 3300	Not applicable	SM012A
1801	Oral & Maxillofacial Surgery	Surgical	Parotid sialolithotomy	Intraoral parotid sialolithotomy	12100	2	Local Anesthesia/ General Anesthesia	None/ "+" 3300	Not applicable	SM012B
1802	Oral & Maxillofacial Surgery	Surgical	Re-implantation of avulsed tooth with wiring	Re-implantation of avulsed tooth with wiring	1700	D	Not applicable	Not applicable	Implant for Open reduction and internal fixation of maxilla / mandible / zygoma/Orbital fracture (Plates / Screws) - 4400	SM013A

1803	Oral & Maxillofacial Surgery	Surgical	Osteoradionecrosis management by excision	Osteoradionecrosis management by excision	6900	1	Local Anesthesia/ General Anesthesia	None/ "+" 4400	Not applicable	SM014A
1804	Oral & Maxillofacial Surgery	Surgical	Osteoradionecrosis management by excision	Osteoradionecrosis of Jaws management by excision and / or reconstruction under GA + Implant : 12000 +Implant	16500	4	Not applicable	Not applicable	Not applicable	SM014B
1805	Oral & Maxillofacial Surgery	Surgical	Apisectomy - Under LA	Apisectomy - Under LA	2000	D	Not applicable	Not applicable	Not applicable	SM015MLA
1806	Oral & Maxillofacial Surgery	Surgical	Complicated extraction - Under LA	Complicated extraction - Under LA	1800	D	Not applicable	Not applicable	Not applicable	SM016MLA
1807	Oral & Maxillofacial Surgery	Surgical	Cyst excision - Under LA	Cyst excision - Under LA	2500	D	Not applicable	Not applicable	Not applicable	SM017MLA
1808	Oral & Maxillofacial Surgery	Surgical	Dental apical abcess	Dental apical abcess	1000	D	Not applicable	Not applicable	Not applicable	SM018MLA
1809	Oral & Maxillofacial Surgery	Surgical	Flap Operation	Per Tooth	800	D	Not applicable	Not applicable	Not applicable	SM020MLA
1810	Oral & Maxillofacial Surgery	Surgical	Fracture Wiring - Under LA	Fracture Wiring - Under LA	10000	D	Not applicable	Not applicable	Not applicable	SM021MLA
1811	Oral & Maxillofacial Surgery	Surgical	Gingivectomy	Per Tooth	500	D	Not applicable	Not applicable	Not applicable	SM022MLA
1812	Oral & Maxillofacial Surgery	Surgical	Leiomyosarcoma right maxilla	Leiomyosarcoma right maxilla	52500	D	Not applicable	Not applicable	Not applicable	SM023MLA
1813	Oral & Maxillofacial Surgery	Surgical	Metal Capping	Subsequent to acrylic facing for anterior root canal	2000	D	Not applicable	Not applicable	Not applicable	SM024MLA

1814	Oral & Maxillofacial Surgery	Surgical	Metal Capping	Subsequent to ceramic facing for anterior root canal	3000	D	Not applicable	Not applicable	Not applicable	SM024MLB
1815	Oral & Maxillofacial Surgery	Surgical	Metal Capping	Subsequent to posterior root canal	1500	D	Not applicable	Not applicable	Not applicable	SM024MLC
1816	Oral & Maxillofacial Surgery	Surgical	Root canal treatment	Anterior	500	D	Not applicable	Not applicable	Not applicable	SM025MLA
1817	Oral & Maxillofacial Surgery	Surgical	Root canal treatment	Posterior	900	D	Not applicable	Not applicable	Not applicable	SM025MLB
1818	Oral & Maxillofacial Surgery	Surgical	Splinting of tooth	Splinting of tooth	900	D	Not applicable	Not applicable	Not applicable	SM026MLA
1819	Oral & Maxillofacial Surgery	Surgical	Tumour excision	Tumour excision	20000	2	Not applicable	Not applicable	Not applicable	SM027MLA
1820	Oral & Maxillofacial Surgery	Surgical	Vestibuloplasty – Maxilla - Under GA	Vestibuloplasty – Maxilla - Under GA	30000	3	Not applicable	Not applicable	Not applicable	SM028MLA
1821	Oral & Maxillofacial Surgery	Surgical	Cleft Lip and Palate Surgery	Cleft Lip and Palate Surgery	25000	5	Not applicable	Not applicable	Not applicable	SS001A
1822	Oral & Maxillofacial Surgery	Surgical	Head Injury with repair of Facio-Maxillary Injury & Fixations (Including Implants)	Head Injury with repair of Facio-Maxillary Injury & Fixations (Including Implants)	42700	5	Not applicable	Not applicable	Not applicable	ST002A
1823	Organ and Tissue Transplant	Surgical	Renal Transplant	Transplant surgery, including donor nephrectomy	309400	14	Not applicable	Not applicable	Not applicable	OT001A

1824	Organ and Tissue Transplant	Medical	Renal Transplant	Induction	43500	2	Not applicable	Not applicable	Not applicable	OT001B
1825	Organ and Tissue Transplant	Medical	Renal Transplant	Intervention for acute rejection	137500	7	Not applicable	Not applicable	Not applicable	OT001C
1826	Organ and Tissue Transplant	Medical	Renal Transplant	Post-Transplant Medication – Month 1-3	55000	NA	Not applicable	Not applicable	Not applicable	OT001D
1827	Organ and Tissue Transplant	Medical	Renal Transplant	Post-Transplant Medication – Month 3-6	55000	NA	Not applicable	Not applicable	Not applicable	OT001E
1828	Organ and Tissue Transplant	Medical	Renal Transplant	Post-Transplant Medication – Month 6-12	44000	NA	Not applicable	Not applicable	Not applicable	OT001F
1829	Organ and Tissue Transplant	Medical	Bone Marrow Transplant (Autologous)	Pre Transplant Evaluation and Stem Cell Collection and Cryopreservation	137500	15	Not applicable	Not applicable	Not applicable	OT002A
1830	Organ and Tissue Transplant	Medical	Bone Marrow Transplant (Autologous)	Transplant (includes conditioning)	343800	15	Not applicable	Not applicable	Not applicable	OT002B
1831	Organ and Tissue Transplant	Medical	Bone Marrow Transplant (Autologous)	Post Transplant Care for 3 months (includes supportive care and investigations)	68800	15	Not applicable	Not applicable	Not applicable	OT002C
1832	Orthopedics	Surgical	Fracture - Conservative Management - Without plaster	Fracture - Conservative Management - Without plaster	2500	D	Not applicable	Not applicable	Not applicable	SB001A

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1833	Orthopedics	Surgical	Application of Traction	Skeletal Traction with pin	3900	D	Not applicable	Not applicable	Not applicable	SB002A
1834	Orthopedics	Surgical	Application of Traction	Skin Traction	1100	D	Not applicable	Not applicable	Not applicable	SB002B
1835	Orthopedics	Surgical	Application of P.O.P. casts	Upper Limbs	3300	D	Not applicable	Not applicable	Not applicable	SB003A
1836	Orthopedics	Surgical	Application of P.O.P. casts	Lower Limbs	3300	D	Not applicable	Not applicable	Not applicable	SB003B
1837	Orthopedics	Surgical	Application of P.O.P. Spikas/ Jackets	Spikas	4300	D	Not applicable	Not applicable	Not applicable	SB004A
1838	Orthopedics	Surgical	Application of P.O.P. Spikas/ Jackets	Jackets	4300	D	Not applicable	Not applicable	Not applicable	SB004B
1839	Orthopedics	Surgical	External fixation of Fracture	Long Bone	24600	4	Not applicable	Not applicable	Not applicable	SB005A
1840	Orthopedics	Surgical	External fixation of Fracture	Small Bone	18500	4	Not applicable	Not applicable	Not applicable	SB005B
1841	Orthopedics	Surgical	External fixation of Fracture	Pelvis	21100	5	Not applicable	Not applicable	Not applicable	SB005C
1842	Orthopedics	Surgical	External fixation of Fracture	Both Bones of Forearms	27500	4	Not applicable	Not applicable	Not applicable	SB005D
1843	Orthopedics	Surgical	Percutaneous - Fixation of Fracture	Percutaneous - Fixation of Fracture under LA	16100	4	Local Anesthesia/ General Anesthesia	None/ "+" 5500	Not applicable	SB006A



1844	Orthopedics	Surgical	Elastic nailing for fracture fixation	Femur	12100	4	Not applicable	Not applicable	Not applicable	SB007A
1845	Orthopedics	Surgical	Elastic nailing for fracture fixation	Humerus	21000	4	Not applicable	Not applicable	Not applicable	SB007B
1846	Orthopedics	Surgical	Elastic nailing for fracture fixation	Forearm	19000	4	Not applicable	Not applicable	Not applicable	SB007C
1847	Orthopedics	Surgical	Internal Fixation of Small Bones	Internal Fixation of Small Bones	14900	3	Not applicable	Not applicable	Not applicable	SB008A
1848	Orthopedics	Surgical	Fracture - Long Bones - Metaphyseal - ORIF	Fracture - Long Bones - Metaphyseal - ORIF	21900	4	Not applicable	Not applicable	Not applicable	SB009A
1849	Orthopedics	Surgical	Fixation of Diaphyseal Fracture - Long Bone	Open Reduction Internal Fixation	21000	4	Not applicable	Not applicable	Not applicable	SB010A
1850	Orthopedics	Surgical	Fixation of Diaphyseal Fracture - Long Bone	Closed Reduction & Fixation	22900	4	Not applicable	Not applicable	Not applicable	SB010B
1851	Orthopedics	Surgical	Surgery for Comminuted Fracture - Olecranon of Ulna	Plating	13000	3	Not applicable	Not applicable	Not applicable	SB011A
1852	Orthopedics	Surgical	Fracture Head radius	Fixation	24600	4	Not applicable	Not applicable	Not applicable	SB012A
1853	Orthopedics	Surgical	Fracture Head radius	Excision	24600	4	Not applicable	Not applicable	Not applicable	SB012B

1854	Orthopedics	Surgical	Fracture - Single Bone - Forearm - ORIF - Plating / Nailing	Fracture - Single Bone - Forearm - ORIF - Plating / Nailing	9800	4	Not applicable	Not applicable	Not applicable	SB013A
1855	Orthopedics	Surgical	Fracture - Both Bones - Forearm - ORIF - Plating / Nailing	Fracture - Both Bones - Forearm - ORIF - Plating / Nailing	17700	4	Not applicable	Not applicable	Not applicable	SB014A
1856	Orthopedics	Surgical	Fracture Condyle - Humerus - ORIF	Lateral Condyle	9400	3	Not applicable	Not applicable	Not applicable	SB015A
1857	Orthopedics	Surgical	Fracture Condyle - Humerus - ORIF	Medial Condyle	9400	3	Not applicable	Not applicable	Not applicable	SB015B
1858	Orthopedics	Surgical	Fracture	Intercondylar humerus - Olecranon Osteotomy	23300	5	Not applicable	Not applicable	Not applicable	SB016A
1859	Orthopedics	Surgical	Displaced Clavicle Fracture	Open Reduction Internal Fixation	18700	3	Not applicable	Not applicable	Not applicable	SB017A
1860	Orthopedics	Surgical	Fracture - Acetabulum	Single Approach	30800	7	Not applicable	Not applicable	Not applicable	SB018A
1861	Orthopedics	Surgical	Fracture - Acetabulum	Combined Approach	36900	7	Not applicable	Not applicable	Not applicable	SB018B
1862	Orthopedics	Surgical	Fracture - Neck Femur	Closed Reduction and Percutaneous Screw Fixation	24600	2	Not applicable	Not applicable	Not applicable	SB019A
1863	Orthopedics	Surgical	Fracture - Neck Femur	Intertrochanteric Fracture with Dynamic Hip Screw	20200	2	Not applicable	Not applicable	Not applicable	SB019B
1864	Orthopedics	Surgical	Fracture - Neck Femur	Intertrochanteric Fracture with Proximal Femoral Nail	17700	2	Not applicable	Not applicable	Not applicable	SB019C

1865	Orthopedics	Surgical	Ankle Fractures	Open Reduction Internal Fixation	17200	5	Not applicable	Not applicable	Not applicable	SB020A
1866	Orthopedics	Surgical	Cervical spine fixation including odontoid	Cervical spine fixation including odontoid	29400	7	Not applicable	Not applicable	Implant for Cervical spine fixation including odontoid (Screw) - 5500 Implant for Cervical spine fixation including odontoid (Odontoid Screw) - 22000 Implant for Cervical spine fixation including odontoid (Cage) - 11000	SB021A
1867	Orthopedics	Surgical	Dorsal and lumbar spine fixation	Anterior	55000	7	Not applicable	Not applicable	Implant for Dorsal and lumbar spine fixation (Plate including screw) - 5500 Implant for Dorsal and lumbar spine	SB022A

									fixation (Cage) - 11000	
1868	Orthopedics	Surgical	Dorsal and lumbar spine fixation	Posterior	41300	7	Not applicable	Not applicable	Implant for Dorsal and lumbar spine fixation (Plate including screw) - 5500 Implant for Dorsal and lumbar spine fixation (Cage) - 11000	SB022B
1869	Orthopedics	Surgical	Bone grafting for Non union	Bone grafting for Non union	20500	2	Not applicable	Not applicable	Not applicable	SB023A
1870	Orthopedics	Surgical	Arthorotomy of any Joint	Arthorotomy of any Joint	18500	7	Not applicable	Not applicable	Not applicable	SB024A
1871	Orthopedics	Surgical	Arthrolysis of joint	Elbow	16500	2	Not applicable	Not applicable	Not applicable	SB025A
1872	Orthopedics	Surgical	Arthrolysis of joint	Knee	16500	2	Not applicable	Not applicable	Not applicable	SB025B

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1873	Orthopedics	Surgical	Arthrolysis of joint	Ankle	16500	2	Not applicable	Not applicable	Not applicable	SB025C
1874	Orthopedics	Surgical	Arthrodesis	Ankle/ Triple	18300	5	Not applicable	Not applicable	Not applicable	SB026A
1875	Orthopedics	Surgical	Arthrodesis	Shoulder	44000	3	Not applicable	Not applicable	Not applicable	SB026B
1876	Orthopedics	Surgical	Arthrodesis	Wrist	33000	3	Not applicable	Not applicable	Not applicable	SB026C
1877	Orthopedics	Surgical	Arthrodesis	Knee	44000	4	Not applicable	Not applicable	Not applicable	SB026D
1878	Orthopedics	Surgical	Arthrodesis	Hand	29700	4	Not applicable	Not applicable	Not applicable	SB026E
1879	Orthopedics	Surgical	Arthrodesis	Foot	29700	4	Not applicable	Not applicable	Not applicable	SB026F
1880	Orthopedics	Surgical	Arthrodesis	Ankle / Triple without implant	19100	4	Not applicable	Not applicable	Not applicable	SB026G
1881	Orthopedics	Surgical	Disarticulation	Hind quarter	34400	10	Not applicable	Not applicable	Not applicable	SB027A
1882	Orthopedics	Surgical	Disarticulation	Fore quarter	34400	10	Not applicable	Not applicable	Not applicable	SB027B
1883	Orthopedics	Surgical	Closed reduction of joint dislocation	Hip	15700	D	Not applicable	Not applicable	Not applicable	SB028A
1884	Orthopedics	Surgical	Closed reduction of joint dislocation	Shoulder	6100	2	Not applicable	Not applicable	Not applicable	SB028B
1885	Orthopedics	Surgical	Closed reduction of joint dislocation	Elbow	14500	D	Not applicable	Not applicable	Not applicable	SB028C
1886	Orthopedics	Surgical	Closed reduction of joint dislocation	Knee	12500	D	Not applicable	Not applicable	Not applicable	SB028D

1887	Orthopedics	Surgical	Open Reduction Internal Fixation	Small Joint	18500	2	Not applicable	Not applicable	Not applicable	SB029A
1888	Orthopedics	Surgical	Tension Band Wiring	Tension Band Wiring	24600	1	Not applicable	Not applicable	Not applicable	SB030A
1889	Orthopedics	Surgical	Hemiarthroplasty	Unipolar	33000	5	Not applicable	Not applicable	Not applicable	SB031A
1890	Orthopedics	Surgical	Hemiarthroplasty	Bipolar - Shoulder	44000	7	Not applicable	Not applicable	Non - Modular - Non - Cemented - 7700 Non - Modular - Cemented - 11000	SB031B
1891	Orthopedics	Surgical	Hemiarthroplasty	Bipolar - Hip - without cement	48300	7	Not applicable	Not applicable	Not applicable	SB031C
1892	Orthopedics	Surgical	AC Joint reconstruction / Stabilization	Rockwood Type - I	30000	4	Not applicable	Not applicable	Not applicable	SB032A
1893	Orthopedics	Surgical	AC Joint reconstruction / Stabilization	Rockwood Type - II	30000	4	Not applicable	Not applicable	Not applicable	SB032B
1894	Orthopedics	Surgical	AC Joint reconstruction / Stabilization	Rockwood Type - III	30000	4	Not applicable	Not applicable	Not applicable	SB032C

1895	Orthopedics	Surgical	AC Joint reconstruction / Stabilization	Rockwood Type - IV	30000	4	Not applicable	Not applicable	Not applicable	SB032D
1896	Orthopedics	Surgical	AC Joint reconstruction / Stabilization	Rockwood Type - V	30000	4	Not applicable	Not applicable	Not applicable	SB032E
1897	Orthopedics	Surgical	AC Joint reconstruction / Stabilization	Rockwood Type - VI	30000	4	Not applicable	Not applicable	Not applicable	SB032F
1898	Orthopedics	Surgical	Arthroplasty of Femur Head – Excision	Arthroplasty of Femur Head – Excision	22300	3	Not applicable	Not applicable	Not applicable	SB033A
1899	Orthopedics	Surgical	Open Reduction Internal Fixation	Open Reduction of CDH	33000	5	Not applicable	Not applicable	Not applicable	SB034A
1900	Orthopedics	Surgical	Patellectomy	Patellectomy	18700	5	Not applicable	Not applicable	Not applicable	SB035A
1901	Orthopedics	Surgical	Arthroscopic Meniscus Repair / Meniscectomy	Arthroscopic Meniscus Repair / Meniscectomy	30700	2	Not applicable	Not applicable	Not applicable	SB036A
1902	Orthopedics	Surgical	Joint replacement	Elbow	66000	5	Not applicable	Not applicable	Not applicable	SB037A
1903	Orthopedics	Surgical	Joint replacement	Total Hip Replacement (Cemented)	93100	5	Not applicable	Not applicable	Not applicable	SB038A
1904	Orthopedics	Surgical	Joint replacement	Total Hip Replacement (Cementless)	99000	5	Not applicable	Not applicable	Not applicable	SB038B

1905	Orthopedics	Surgical	Joint replacement	Total Hip Replacement (Hybrid)	82500	5	Not applicable	Not applicable	Not applicable	SB038C
1906	Orthopedics	Surgical	Joint replacement	Revision - Total Hip Replacement	148500	7	Not applicable	Not applicable	Not applicable	SB038D
1907	Orthopedics	Surgical	Joint replacement	Total Knee Replacement	95000	5	Not applicable	Not applicable	Not applicable	SB039A
1908	Orthopedics	Surgical	Joint replacement	Revision - Total Knee Replacement	142500	5	Not applicable	Not applicable	Not applicable	SB039B
1909	Orthopedics	Surgical	Bone Tumour Excision (Malignant/ Benign) & Joint Replacement	Bone Tumour Excision (Malignant/ Benign) & Joint Replacement	165000	7	Not applicable	Not applicable	Not applicable	SB040A
1910	Orthopedics	Surgical	Bone tumour excision and Reconstruction	Bone tumour excision and Reconstruction	41300	4	Not applicable	Not applicable	Not applicable	SB041A
1911	Orthopedics	Surgical	Bone Tumour curettage / Excision and bone grafting	Benign	30500	4	Not applicable	Not applicable	Not applicable	SB042A
1912	Orthopedics	Surgical	Bone Tumour curettage / Excision and bone grafting	Malignant	24300	4	Local Anesthesia/ General Anesthesia	None/ "+" 4400	Not applicable	SB042MLA
1913	Orthopedics	Surgical	Amputation	Above Elbow - Single Stage	29700	3	Not applicable	Not applicable	Not applicable	SB043A



1914	Orthopedics	Surgical	Amputation	Below Elbow - Single Stage	25500	5	Not applicable	Not applicable	Not applicable	SB043B
1915	Orthopedics	Surgical	Amputation	Above Knee - Single Stage	30700	5	Not applicable	Not applicable	Not applicable	SB043C
1916	Orthopedics	Surgical	Amputation	Below Knee - Single Stage	20500	5	Not applicable	Not applicable	Not applicable	SB043D
1917	Orthopedics	Surgical	Amputation	Foot - Single Stage	20500	5	Not applicable	Not applicable	Not applicable	SB043E
1918	Orthopedics	Surgical	Amputation	Hand - Single Stage	20500	2	Not applicable	Not applicable	Not applicable	SB043F
1919	Orthopedics	Surgical	Amputation	Wrist - Single Stage	20500	5	Not applicable	Not applicable	Not applicable	SB043G
1920	Orthopedics	Surgical	Amputation	Above Elbow - Two Stage	25500	5	Not applicable	Not applicable	Not applicable	SB044A
1921	Orthopedics	Surgical	Amputation	Below Elbow - Two Stage	25500	5	Not applicable	Not applicable	Not applicable	SB044B
1922	Orthopedics	Surgical	Amputation	Above Knee - Two Stage	30700	5	Not applicable	Not applicable	Not applicable	SB044C
1923	Orthopedics	Surgical	Amputation	Below Knee - Two Stage	30700	5	Not applicable	Not applicable	Not applicable	SB044D
1924	Orthopedics	Surgical	Amputation	Foot - Two Stage	25500	5	Not applicable	Not applicable	Not applicable	SB044E
1925	Orthopedics	Surgical	Amputation	Hand - Two Stage	25500	5	Not applicable	Not applicable	Not applicable	SB044F
1926	Orthopedics	Surgical	Amputation	Wrist - Two Stage	25500	5	Not applicable	Not applicable	Not applicable	SB044G
1927	Orthopedics	Surgical	Amputation	Finger(s)	14900	2	Not applicable	Not applicable	Not applicable	SB045A
1928	Orthopedics	Surgical	Amputation	Toe(s)	14900	2	Not applicable	Not applicable	Not applicable	SB045B
1929	Orthopedics	Surgical	Tendon Grafting / Repair	Tendon Grafting	30700	3	Not applicable	Not applicable	Not applicable	SB046A
1930	Orthopedics	Surgical	Tendon Grafting / Repair	Tendon Repair	30700	3	Not applicable	Not applicable	Not applicable	SB046B

1931	Orthopedics	Surgical	Tendon Release / Tenotomy	Tendon Release / Tenotomy	12400	D	Not applicable	Not applicable	Not applicable	SB047A
1932	Orthopedics	Surgical	Tenolysis	Tenolysis	10100	D	Not applicable	Not applicable	Not applicable	SB048A
1933	Orthopedics	Surgical	Reconstruction of cruciate ligament	ACL	33000	4	Not applicable	Not applicable	Not applicable	SB049A
1934	Orthopedics	Surgical	Reconstruction of cruciate ligament	PCL	33000	4	Not applicable	Not applicable	Not applicable	SB049B
1935	Orthopedics	Surgical	Fasciotomy	Fasciotomy	15000	2	Not applicable	Not applicable	Not applicable	SB050A
1936	Orthopedics	Surgical	Dupytrens contracture release	Dupytrens contracture release	16200	3	Not applicable	Not applicable	Not applicable	SB051A
1937	Orthopedics	Surgical	Debridement & Closure of injuries - contused lacerated wounds	Anti-biotic + dressing - minimum of 5 sessions	18500	6	Not applicable	Not applicable	Not applicable	SB052A
1938	Orthopedics	Surgical	Debridement & Closure of injuries - contused lacerated wounds	Anti-biotic + dressing - minimum of 2 sessions	5400	D	Not applicable	Not applicable	Not applicable	SB052B
1939	Orthopedics	Surgical	Sequestectomy / Curettage	Sequestectomy / Curettage	11000	4	Not applicable	Not applicable	Not applicable	SB053A
1940	Orthopedics	Surgical	Sequestrectomy of Long Bones	Sequestrectomy of Long Bones	27500	7	Not applicable	Not applicable	Not applicable	SB053B

1941	Orthopedics	Surgical	Spine deformity correction	Spine deformity correction	44000	7	Not applicable	Not applicable	Implant for Spine deformity correction (Plate including screw) - 5500 Implant for Spine deformity correction (Cage) - 11000	SB054A
1942	Orthopedics	Surgical	Osteotomy	Long Bone	33000	4	Not applicable	Not applicable	Not applicable	SB055A
1943	Orthopedics	Surgical	Osteotomy	Small Bone	22300	3	Not applicable	Not applicable	Not applicable	SB055B
1944	Orthopedics	Surgical	Pelvic Osteotomy and fixation	Pelvic Osteotomy and fixation	33000	7	Not applicable	Not applicable	Not applicable	SB056A
1945	Orthopedics	Surgical	High Tibial Osteotomy	High Tibial Osteotomy	23100	5	Not applicable	Not applicable	Not applicable	SB057A
1946	Orthopedics	Surgical	Ilizarov Fixation	Ilizarov Fixation	20300	6	Not applicable	Not applicable	Not applicable	SB058A
1947	Orthopedics	Surgical	Limb Lengthening/ Bone Transport by Ilizarov	Limb Lengthening/ Bone Transport by Ilizarov	34500	8	Not applicable	Not applicable	Not applicable	SB059A
1948	Orthopedics	Surgical	Growth modulation and fixation	Growth modulation and fixation	6300	6	Not applicable	Not applicable	Not applicable	SB060A
1949	Orthopedics	Surgical	Corrective Surgery for foot deformities	Vertical Talus	16500	5	Not applicable	Not applicable	Not applicable	SB061A

1950	Orthopedics	Surgical	Corrective Surgery for foot deformities	Other foot deformities	16500	5	Not applicable	Not applicable	Not applicable	SB061B
1951	Orthopedics	Surgical	Correction of Club Foot Per Cast	Correction of Club Foot Per Cast	50700	D	Not applicable	Not applicable	Not applicable	SB062A
1952	Orthopedics	Surgical	Corrective Surgery in Club Foot / JESS Fixator	Corrective Surgery in Club Foot / JESS Fixator	13200	D	Not applicable	Not applicable	Not applicable	SB063A
1953	Orthopedics	Surgical	Exostosis	Osteochondroma Excision	29400	3	Not applicable	Not applicable	Not applicable	SB064A
1954	Orthopedics	Surgical	Excision of Osteochondroma / Exostosis	Exostosis	11000	4	Not applicable	Not applicable	Not applicable	SB064B
1955	Orthopedics	Surgical	Excision of Bursa	Excision of Bursa	8800	D	Not applicable	Not applicable	Not applicable	SB065A
1956	Orthopedics	Surgical	Nerve Transposition/ Release/ Neurolysis	Nerve Transposition	112500	3	Not applicable	Not applicable	Not applicable	SB066A
1957	Orthopedics	Surgical	Nerve Transposition/ Release/ Neurolysis	Nerve Release	112500	3	Not applicable	Not applicable	Not applicable	SB066B
1958	Orthopedics	Surgical	Nerve Transposition/ Release/ Neurolysis	Nerve Neurolysis	112500	3	Not applicable	Not applicable	Not applicable	SB066C
1959	Orthopedics	Surgical	Nerve Repair Surgery	Nerve Repair Surgery	23300	4	Not applicable	Not applicable	Not applicable	SB067A
1960	Orthopedics	Surgical	Nerve root block	Nerve root block	3300	D	Not applicable	Not applicable	Not applicable	SB068A

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1961	Orthopedics	Surgical	Exploration and Ulnar Nerve Repair	Exploration and Ulnar Nerve Repair	20800	4	Not applicable	Not applicable	Not applicable	SB069A
1962	Orthopedics	Surgical	Implant Removal	K - Wire	5500	D	Not applicable	Not applicable	Not applicable	SB070A
1963	Orthopedics	Surgical	Implant Removal	Screw	5500	D	Not applicable	Not applicable	Not applicable	SB070B
1964	Orthopedics	Surgical	Implant Removal	Nail	16500	2	Not applicable	Not applicable	Not applicable	SB071A
1965	Orthopedics	Surgical	Implant Removal	Plate	16500	2	Not applicable	Not applicable	Not applicable	SB071B
1966	Orthopedics	Surgical	Core Decompression	Core Decompression	15500	6	Not applicable	Not applicable	Not applicable	SB072A
1967	Orthopedics	Surgical	Synovectomy	Arthrotomy Synovectomy	18700	2	Not applicable	Not applicable	Not applicable	SB074A
1968	Orthopedics	Surgical	Synovectomy	Synovectomy	26300	2	Not applicable	Not applicable	Not applicable	SB074B
1969	Orthopedics	Surgical	Application of Traction	crutchfiled tong cervical spine traction	5500	2	Not applicable	Not applicable	Not applicable	SB075A
1970	Orthopedics	Surgical	Acromion Reconstruction	Acromion Reconstruction	24800	4	Not applicable	Not applicable	Not applicable	SB075MLA
1971	Orthopedics	Surgical	Application of Traction	POP slab	2200	D	Not applicable	Not applicable	Not applicable	SB076A
1972	Orthopedics	Surgical	Application of P.O.P. casts	POP slab	2400	D	Not applicable	Not applicable	Not applicable	SB076B
1973	Orthopedics	Surgical	Application of Functional Cast Brace	Application of Functional Cast Brace	1600	D	Not applicable	Not applicable	Not applicable	SB076MLA

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1974	Orthopedics	Surgical	Fracture Head radius	Replacement with Head Radius Prosthesis	11000	4	Not applicable	Not applicable	Implant for "Replacement with Head Radius Prosthesis" - 10000	SB077A
1975	Orthopedics	Surgical	Arthroscopy	Diagnostic	11200	2	Not applicable	Not applicable	Not applicable	SB077MLA
1976	Orthopedics	Surgical	Arthroscopy	Anterior Cruciate Ligament (ACL) Repair	30700	2	Not applicable	Not applicable	Not applicable	SB077MLB
1977	Orthopedics	Surgical	Fracture Condyle - Humerus - ORIF	ORIF with screw of proximal humerus	9400	4	Not applicable	Not applicable	Implant for Fracture - Humerus - ORIF - plate - 12000	SB078A
1978	Orthopedics	Surgical	Aspiration intra articular injections	Aspiration intra articular injections	700	D	Not applicable	Not applicable	Not applicable	SB078MLA
1979	Orthopedics	Surgical	Total Hip Replacement	Revision of failed hemi Arthroplasty in to THR	72300	4	Not applicable	Not applicable	Implant for Total Hip Replacement - 40250	SB079A
1980	Orthopedics	Surgical	Bimalleolar Fracture Fixation	Bimalleolar Fracture Fixation	30700	2	Not applicable	Not applicable	Not applicable	SB079MLA

1981	Orthopedics	Surgical	Spine deformity correction	Combined spinal segment - front and back (anterior/posterior/ combined anterior and posterior)	0	4	For 8 to 10 screws/ More than 10 screws	45000/ 55000	Implant for Spine deformity correction (Plates) - 4000 Implant for Spine deformity correction (Cage) - 10000	SB080A
1982	Orthopedics	Surgical	Calcaneal Spur – Excision Of Both	Calcaneal Spur – Excision Of Both	14900	6	Not applicable	Not applicable	Not applicable	SB080MLA
1983	Orthopedics	Surgical	Cancellous Screw/ pins fixations for fracture neck of femur	Cancellous Screw/ pins fixations for fracture neck of femur	45900	6	Not applicable	Not applicable	Not applicable	SB081MLA
1984	Orthopedics	Medical	Clavicle Fracture Management - Conservative	Clavicle Fracture Management - Conservative	18700	4	Not applicable	Not applicable	Not applicable	SB082MLA
1985	Orthopedics	Surgical	Clavicle Surgery - Closed Reduction and Internal Fixation with K Wire	Clavicle Surgery - Closed Reduction and Internal Fixation with K Wire	26000	4	Not applicable	Not applicable	Not applicable	SB083MLA
1986	Orthopedics	Surgical	Close Fixations	Hand Bones	8900	D	Not applicable	Not applicable	Not applicable	SB084MLA

1987	Orthopedics	Surgical	Close Fixations	Foot Bones	7800	D	Not applicable	Not applicable	Not applicable	SB084MLB
1988	Orthopedics	Surgical	Close Reductions	Small Joints	4500	D	Not applicable	Not applicable	Not applicable	SB085MLA
1989	Orthopedics	Surgical	Close Reductions	Closed Reduction and Internal Fixation	24600	1	Not applicable	Not applicable	Not applicable	SB085MLB
1990	Orthopedics	Surgical	Close Reductions	with K Wire	18500	1	Not applicable	Not applicable	Not applicable	SB085MLC
1991	Orthopedics	Surgical	Close Reductions	Closed Reduction and Percutaneous Nailing	22000	1	Not applicable	Not applicable	Not applicable	SB085MLD
1992	Orthopedics	Surgical	Close Reductions	Proceed to Posterior Stabilization	19900	2	Not applicable	Not applicable	Not applicable	SB085MLE
1993	Orthopedics	Surgical	Close Reductions	Fractures of Limb	12200	4	Not applicable	Not applicable	Not applicable	SB085MLF
1994	Orthopedics	Surgical	Closed interlocking	Closed Interlocking Intermedullary	19300	2	Not applicable	Not applicable	Not applicable	SB086MLA
1995	Orthopedics	Surgical	Closed interlocking	Closed Interlocking Tibia + ORIF of Fracture Fixation	27500	2	Not applicable	Not applicable	Not applicable	SB086MLB
1996	Orthopedics	Surgical	Accessory Bone – Excision with Acromion Reconstruction	Accessory Bone – Excision with Acromion Reconstruction	27200	4	Not applicable	Not applicable	Not applicable	SB087MLA
1997	Orthopedics	Surgical	Curettage & Bone Cement in malignant conditions	Curettage & Bone Cement in malignant conditions	41000	1	Not applicable	Not applicable	Not applicable	SB088MLA
1998	Orthopedics	Surgical	Decompression and Spinal Fixation	Decompression and Spinal Fixation	24800	1	Not applicable	Not applicable	Not applicable	SB089MLA



1999	Orthopedics	Surgical	Decompression and Stabilization with Steffiplate	Decompression and Stabilization with Steffiplate	24800	1	Not applicable	Not applicable	Not applicable	SB089MLB
2000	Orthopedics	Surgical	Decompression L5 S1 Fusion with Posterior Stabilization	Decompression L5 S1 Fusion with Posterior Stabilization	24800	1	Not applicable	Not applicable	Not applicable	SB089MLC
2001	Orthopedics	Surgical	Decompression of Carpal Tunnel Syndrome	Decompression of Carpal Tunnel Syndrome	13700	1	Not applicable	Not applicable	Not applicable	SB089MLD
2002	Orthopedics	Surgical	Decompression Posterior D12 with L1	Decompression Posterior D12 with L1	22300	1	Not applicable	Not applicable	Not applicable	SB089MLE
2003	Orthopedics	Surgical	Decompression Stabilization and Laminectomy	Decompression Stabilization and Laminectomy	116600	1	Not applicable	Not applicable	Not applicable	SB090MLA
2004	Orthopedics	Surgical	Drainage of Abscess	Drainage of Abscess Cold	6100	D	Not applicable	Not applicable	Not applicable	SB091MLA
2005	Orthopedics	Surgical	Epiphyseal Stimulation	Epiphyseal Stimulation	12600	4	Not applicable	Not applicable	Not applicable	SB092MLA
2006	Orthopedics	Surgical	Excision Arthroplasty	Excision Arthroplasty	18500	4	Not applicable	Not applicable	Not applicable	SB093MLA
2007	Orthopedics	Surgical	Excision Arthroplasty	Excision Arthroplasty of Femur Head	25000	5	Not applicable	Not applicable	Not applicable	SB093MLB
2008	Orthopedics	Surgical	Exostosis	Small Bones Excision	27600	1	Not applicable	Not applicable	Not applicable	SB094MLA

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2009	Orthopedics	Surgical	Exostosis	Fibula Excision	31200	3	Not applicable	Not applicable	Not applicable	SB094MLB
2010	Orthopedics	Surgical	Exostosis	Patella Excision	31200	3	Not applicable	Not applicable	Not applicable	SB094MLC
2011	Orthopedics	Surgical	Exostosis	Radius Excision	31200	3	Not applicable	Not applicable	Not applicable	SB094MLD
2012	Orthopedics	Surgical	Exostosis	Tibia Excision	31200	3	Not applicable	Not applicable	Not applicable	SB094MLE
2013	Orthopedics	Surgical	Exostosis	Ulna Excision	31200	3	Not applicable	Not applicable	Not applicable	SB094MLF
2014	Orthopedics	Surgical	Exostosis	Femur Excision	32900	3	Not applicable	Not applicable	Not applicable	SB094MLG
2015	Orthopedics	Surgical	Exostosis	Humerus Excision	32900	3	Not applicable	Not applicable	Not applicable	SB094MLH
2016	Orthopedics	Surgical	Fracture	Humerus - Internal Fixation	36900	2	Not applicable	Not applicable	Not applicable	SB095MLA
2017	Orthopedics	Surgical	Fracture	Femoral Neck - Internal Fixation	36900	7	Not applicable	Not applicable	Not applicable	SB095MLB
2018	Orthopedics	Surgical	Fracture	Fibula - Internal Fixation	30700	7	Not applicable	Not applicable	Not applicable	SB095MLC
2019	Orthopedics	Surgical	Fracture	Hip - Internal Fixation (Intertrochanteric Fracture)	36900	7	Not applicable	Not applicable	Not applicable	SB095MLD
2020	Orthopedics	Surgical	Fracture	Olecranon Of Ulna	18500	5	Not applicable	Not applicable	Not applicable	SB095MLE
2021	Orthopedics	Surgical	Fracture	Tibia - Internal Fixation Plating	30700	4	Not applicable	Not applicable	Not applicable	SB095MLF
2022	Orthopedics	Surgical	Fracture	Ulna - Internal Fixation	24600	4	Not applicable	Not applicable	Not applicable	SB095MLG
2023	Orthopedics	Surgical	Fracture	Fragment Excision	18500	4	Not applicable	Not applicable	Not applicable	SB095MLH
2024	Orthopedics	Surgical	Girdle Stone Arthroplasty	Girdle Stone Arthroplasty	18700	4	Not applicable	Not applicable	Not applicable	SB096MLA
2025	Orthopedics	Surgical	Harrington Instrumentation	Harrington Instrumentation	20500	4	Not applicable	Not applicable	Not applicable	SB097MLA

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2026	Orthopedics	Surgical	Hip Spica	Hip Spica	6100	5	Not applicable	Not applicable	Not applicable	SB098MLA
2027	Orthopedics	Surgical	Internal Fixation Lateral Epicondyle	Internal Fixation Lateral Epicondyle	24600	6	Not applicable	Not applicable	Not applicable	SB099MLA
2028	Orthopedics	Surgical	Internal wire fixation of Mandible/ Maxilla	Internal Wire Fixation of Mandible	11300	3	Not applicable	Not applicable	Not applicable	SB100MLA
2029	Orthopedics	Surgical	Internal wire fixation of Mandible/ Maxilla	Internal Wire Fixation of Maxilla	11300	3	Not applicable	Not applicable	Not applicable	SB100MLB
2030	Orthopedics	Surgical	Joint Reconstruction	Joint Reconstruction	24900	7	Not applicable	Not applicable	Not applicable	SB101MLA
2031	Orthopedics	Surgical	Nerve Transplant/ release	Nerve Transplant/ release	16800	4	Not applicable	Not applicable	Not applicable	SB102MLA
2032	Orthopedics	Surgical	Open Reduction Internal Fixation	with Bone Grafting of Nonunion	20500	3	Not applicable	Not applicable	Not applicable	SB103MLA
2033	Orthopedics	Surgical	Open Reduction Internal Fixation	2 Small Bones	24600	3	Not applicable	Not applicable	Not applicable	SB103MLB
2034	Orthopedics	Surgical	Open Reduction Internal Fixation	Large Bone	28300	3	Not applicable	Not applicable	Not applicable	SB103MLC

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2035	Orthopedics	Surgical	Open Reduction Internal Fixation	with Phemister Grafting	12600	2	Not applicable	Not applicable	Not applicable	SB103MLD
2036	Orthopedics	Surgical	Patelloplasty	Patelloplasty	12100	5	Not applicable	Not applicable	Not applicable	SB104MLA
2037	Orthopedics	Surgical	Pelvic Fracture – Fixation	Pelvic Fracture – Fixation	21100	5	Not applicable	Not applicable	Not applicable	SB105MLA
2038	Orthopedics	Surgical	Prepatellar Bursa and Repair of MCL of Knee	Prepatellar Bursa and Repair of MCL of Knee	19300	4	Not applicable	Not applicable	Not applicable	SB106MLA
2039	Orthopedics	Surgical	Reduction of Compound Fractures	Reduction of Compound Fractures	3900	4	Not applicable	Not applicable	Not applicable	SB107MLA
2040	Orthopedics	Surgical	Reduction of Facial Fractures of Maxilla	Reduction of Facial Fractures of Maxilla	10700	4	Not applicable	Not applicable	Not applicable	SB108MLA
2041	Orthopedics	Surgical	Reduction of Fractures of Mandible & Maxilla	Cast Metal Splints	6700	4	Not applicable	Not applicable	Not applicable	SB109MLA
2042	Orthopedics	Surgical	Reduction of Fractures of Mandible & Maxilla	Eye Let Splinting	6900	4	Not applicable	Not applicable	Not applicable	SB109MLB
2043	Orthopedics	Surgical	Reduction of Fractures of Mandible & Maxilla	Gumming Splints	7000	4	Not applicable	Not applicable	Not applicable	SB109MLC
2044	Orthopedics	Surgical	Retrocalcaneal Bursa – Excision	Retrocalcaneal Bursa – Excision	12600	4	Not applicable	Not applicable	Not applicable	SB110MLA

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2045	Orthopedics	Surgical	Shoulder Jacket	Shoulder Jacket	8500	7	Not applicable	Not applicable	Not applicable	SB111MLA
2046	Orthopedics	Surgical	Sinus over sacrum excision	Sinus over sacrum excision	10100	7	Not applicable	Not applicable	Not applicable	SB112MLA
2047	Orthopedics	Surgical	Skin Grafting	Skin Grafting	18500	7	Not applicable	Not applicable	Not applicable	SB113MLA
2048	Orthopedics	Surgical	Spinal Fusion	Spinal Fusion	34900	7	Not applicable	Not applicable	Not applicable	SB114MLA
2049	Orthopedics	Surgical	Synovial Cyst Excision	Synovial Cyst Excision	12400	7	Not applicable	Not applicable	Not applicable	SB115MLA
2050	Orthopedics	Surgical	Tendon Nerve Surgery of Foot	Tendon Nerve Surgery of Foot	10000	3	Not applicable	Not applicable	Not applicable	SB116MLA
2051	Orthopedics	Surgical	Trigger Thumb	Trigger Thumb	3200	1	Not applicable	Not applicable	Not applicable	SB117MLA
2052	Orthopedics	Surgical	Wound Debridiment	Wound Debridiment	12200	1	Not applicable	Not applicable	Not applicable	SB118MLA
2053	Orthopedics	Surgical	Bone tumors / soft tissue sarcomas: surgery	Bone tumors / soft tissue sarcomas: surgery	55000	6	Not applicable	Not applicable	Not applicable	SC070A
2054	Orthopedics	Surgical	Resuturing of Any Wound gap Surgeries	Resuturing of Any Wound gap Surgeries	4200	NA	Not applicable	Not applicable	Not applicable	SC080A
2055	Orthopedics	Surgical	Tendon Transfer	Tendon Transfer	27500	3	Not applicable	Not applicable	Not applicable	SG092A
2056	Orthopedics	Surgical	Thoracic/ Lumbar Corpectomy with Fusion	Thoracic Corpectomy with fusion	103200	7	Not applicable	Not applicable	Not applicable	SN032A

2057	Orthopedics	Surgical	Thoracic/ Lumbar Corpectomy with Fusion	Lumbar Corpectomy with fusion	66000	7	Not applicable	Not applicable	Not applicable	SN032B
2058	Orthopedics	Surgical	Carpal Tunnel Release	Carpal Tunnel Release	62800	3	Not applicable	Not applicable	Not applicable	SN046A
2059	Orthopedics	Medical	Conservative Management of Head Injury	Severe	0	5	Routine Ward	1000	Not applicable	ST001A
2060	Orthopedics	Surgical	Conservative Management of Head Injury	Depressed Fracture	0	5	Routine Ward	5000	Not applicable	ST001B
2061	Orthopedics	Surgical	Head Injury with repair of Facio-Maxillary Injury & Fixations (Including Implants)	Head Injury with repair of Facio-Maxillary Injury & Fixations (Including Implants)	42700	5	Not applicable	Not applicable	Not applicable	ST002A
2062	Orthopedics	Surgical	Craniotomy and Evacuation of Haematoma with Fixation of Fracture of Long Bone	Subdural Hematoma along with Fixation of Fracture of Single Long Bone	82500	5	Not applicable	Not applicable	Not applicable	ST003A

2063	Orthopedics	Surgical	Craniotomy and Evacuation of Haematoma with Fixation of Fracture of Long Bone	Extradural Hematoma along with Fixation of Fracture of Single Long Bone	82500	5	Not applicable	Not applicable	Not applicable	ST003B
2064	Orthopedics	Surgical	Craniotomy and Evacuation of Haematoma with Fixation of Fracture of Long Bone	Subdural Hematoma along with Fixation of Fracture of 2 or more Long Bones	103200	5	Not applicable	Not applicable	Not applicable	ST003C
2065	Orthopedics	Surgical	Craniotomy and Evacuation of Haematoma with Fixation of Fracture of Long Bone	Extradural Hematoma along with Fixation of Fracture of 2 or more Long Bones	103200	5	Not applicable	Not applicable	Not applicable	ST003D
2066	Orthopedics	Surgical	Management of Chest Injury with Fracture of Long Bone	Management of Chest Injury with Fixation of Single Long Bone	38500	5	Not applicable	Not applicable	Not applicable	ST004A

2067	Orthopedics	Surgical	Management of Chest Injury with Fracture of Long Bone	Management of Chest Injury with Fixation of 2 or More Long Bones	49500	5	Not applicable	Not applicable	Not applicable	ST004B
2068	Orthopedics	Surgical	Management of Visceral Injury and Fracture Long Bone	Surgical Intervention for Visceral Injury and Fixation of Fracture of Single Long Bone	41300	5	Not applicable	Not applicable	Not applicable	ST005A
2069	Orthopedics	Surgical	Management of Visceral Injury and Fracture Long Bone	Surgical Intervention for Visceral Injury and Fixation of Fracture of 2 or More Long Bones	61900	5	Not applicable	Not applicable	Not applicable	ST005B
2070	Orthopedics	Surgical	Internal Fixation of Pelviacetabular Fracture	Internal Fixation of Pelviacetabular Fracture	44000	5	Not applicable	Not applicable	Not applicable	ST006A
2071	Orthopedics	Surgical	Internal Fixation with Flap Cover Surgery for Wound in Compound Fracture	Internal Fixation with Flap Cover Surgery for Wound in Compound Fracture	44000	5	Not applicable	Not applicable	Not applicable	ST007A
2072	Orthopedics	Medical	Emergency tendons repair ± Peripheral Nerve repair/ reconstructive surgery	Emergency tendons repair ± Peripheral Nerve repair/ reconstructive surgery	41300	5	Not applicable	Not applicable	Not applicable	ST008A



2073	Orthopedics	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Nerve Plexus injury repair	55000	5	Not applicable	Not applicable	Not applicable	ST009A
2074	Orthopedics	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Nerve Plexus injury reconstruction	55000	5	Not applicable	Not applicable	Not applicable	ST009B
2075	Orthopedics	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Tendon injury repair	55000	5	Not applicable	Not applicable	Not applicable	ST009C
2076	Orthopedics	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Tendon injury reconstruction	55000	5	Not applicable	Not applicable	Not applicable	ST009D
2077	Orthopedics	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Tendon transfer	55000	5	Not applicable	Not applicable	Not applicable	ST009E

2078	Orthopedics	Surgical	Plexus Injury along with Vascular Injury Repair/ Graft	Plexus Injury along With Vascular Injury Repair	66000	5	Not applicable	Not applicable	Not applicable	ST010A
2079	Orthopedics	Surgical	Plexus Injury along with Vascular Injury Repair/ Graft	Plexus Injury along with Vascular Injury Graft	82500	5	Not applicable	Not applicable	Not applicable	ST010B
2080	Otorhinolaryngology	Surgical	Palatectomy	Soft palate	49600	4	Not applicable	Not applicable	Not applicable	SC002A
2081	Otorhinolaryngology	Surgical	Palatectomy	Hard palate	56000	6	Not applicable	Not applicable	Not applicable	SC002B
2082	Otorhinolaryngology	Surgical	Parapharyngeal Tumour Excision	Parapharyngeal Tumour Excision	52600	3	Not applicable	Not applicable	Not applicable	SC039A
2083	Otorhinolaryngology	Surgical	Laryngectomy	Partial laryngectomy (voice preserving)	104000	6	Not applicable	Not applicable	Not applicable	SC040A
2084	Otorhinolaryngology	Surgical	Laryngectomy	Total Laryngectomy	103500	11	Not applicable	Not applicable	Not applicable	SC040B
2085	Otorhinolaryngology	Surgical	Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus	Growth - Squamous	61900	2	Not applicable	Not applicable	Not applicable	SC064A

2086	Otorhinolaryngology	Surgical	Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus	Growth - Basal	61900	2	Not applicable	Not applicable	Not applicable	SC064B
2087	Otorhinolaryngology	Surgical	Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus	Injury	61900	2	Not applicable	Not applicable	Not applicable	SC064C
2088	Otorhinolaryngology	Surgical	Comprehensive Neck Dissection	Comprehensive Neck Dissection	36900	8	Not applicable	Not applicable	Not applicable	SC065A
2089	Otorhinolaryngology	Surgical	Resuturing of Any Wound gap Surgeries	Resuturing of Any Wound gap Surgeries	4200	NA	Not applicable	Not applicable	Not applicable	SC080A
2090	Otorhinolaryngology	Surgical	Estlander Operation	Estlander Operation	20400	5	Not applicable	Not applicable	Not applicable	SG061A
2091	Otorhinolaryngology	Surgical	Radical Neck Dissection	Radical Neck Dissection	36900	8	Not applicable	Not applicable	Not applicable	SG067A
2092	Otorhinolaryngology	Surgical	Radical Neck Dissection	Radical Neck Dissection - Excision	36900	8	Not applicable	Not applicable	Not applicable	SG067B

2093	Otorhinolaryngology	Surgical	Surgical removal of Branchial Cyst	Surgical removal of Branchial Cyst	22000	2	Not applicable	Not applicable	Not applicable	SG068A
2094	Otorhinolaryngology	Surgical	Thyroidectomy	Hemi thyroidectomy	30300	2	Not applicable	Not applicable	Not applicable	SG070A
2095	Otorhinolaryngology	Surgical	Thyroidectomy	Total thyroidectomy	72500	4	Not applicable	Not applicable	Not applicable	SG070B
2096	Otorhinolaryngology	Surgical	Thyroidectomy	Total Thyroidectomy with Block Dissection	80500	5	Not applicable	Not applicable	Not applicable	SG070C
2097	Otorhinolaryngology	Surgical	Foreign body removal	Foreign body removal	10200	D	Local Anesthesia/ General Anesthesia	None/ "+" 3300	Not applicable	SG098A
2098	Otorhinolaryngology	Surgical	Pinna surgery for tumour / trauma	Pinna surgery for tumour	9500	2	Not applicable	Not applicable	Not applicable	SL001A
2099	Otorhinolaryngology	Surgical	Pinna surgery for tumour / trauma	Pinna surgery for trauma	9500	2	Not applicable	Not applicable	Not applicable	SL001B
2100	Otorhinolaryngology	Surgical	Tympanoplasty	Tympanoplasty	18600	3	Not applicable	Not applicable	Partial Ossicular Replacement Prosthesis - Indian Titanium - 7700 Total Ossicular Replacement Prosthesis - Indian Titanium - 7700	SL002A

2101	Otorhinolaryngology	Surgical	Stapedectomy / Tympanotomy	Stapedectomy	19800	3	Not applicable	Not applicable	Piston for Stapedectomy / Tympanotomy - 5500	SL003A
2102	Otorhinolaryngology	Surgical	Stapedectomy / Tympanotomy	Tympanotomy	19800	3	Not applicable	Not applicable	Piston for Stapedectomy / Tympanotomy - 5500	SL003B
2103	Otorhinolaryngology	Surgical	Mastoidectomy	Simple	30800	2	Not applicable	Not applicable	Not applicable	SL004A
2104	Otorhinolaryngology	Surgical	Mastoidectomy	Radical	30800	2	Not applicable	Not applicable	Not applicable	SL004B
2105	Otorhinolaryngology	Surgical	Myringotomy with or without Grommet	Myringotomy with or without Grommet	8400	D	Local Anesthesia/ General Anesthesia	None/ "+" 5500	Not applicable	SL005A
2106	Otorhinolaryngology	Surgical	Myringotomy with or without Grommet	Bilateral	8400	D	Local Anesthesia/ General Anesthesia	5500/ 11000	Not applicable	SL005B
2107	Otorhinolaryngology	Surgical	Endoscopic DCR	Endoscopic DCR	22000	1	Not applicable	Not applicable	Not applicable	SL006A
2108	Otorhinolaryngology	Surgical	Epistaxis treatment - packing	Epistaxis treatment - packing	0	NA	Routine Ward	1800	Not applicable	SL007A
2109	Otorhinolaryngology	Surgical	Functional septo rhinoplasty	Functional septo rhinoplasty	24000	2	Not applicable	Not applicable	Not applicable	SL008A
2110	Otorhinolaryngology	Surgical	Septoplasty	Septoplasty	16800	1	Local Anesthesia/ General Anesthesia	None/ "+" 6600	Not applicable	SL009A

2111	Otorhinolaryngology	Surgical	Fracture - Setting Nasal Bone	Fracture - Setting Nasal Bone	10000	D	Local Anesthesia/ General Anesthesia	None/ "+" 4400	Not applicable	SL010A
2112	Otorhinolaryngology	Surgical	Inferior turbinate reduction under GA	Inferior turbinate reduction under GA	6300	1	Not applicable	Not applicable	Not applicable	SL011A
2113	Otorhinolaryngology	Surgical	Open sinus surgery	Open sinus surgery	16500	2	Not applicable	Not applicable	Not applicable	SL012A
2114	Otorhinolaryngology	Surgical	Functional Endoscopic Sinus (FESS)	Functional Endoscopic Sinus (FESS)	26300	1	Not applicable	Not applicable	Not applicable	SL013A
2115	Otorhinolaryngology	Surgical	Ant. Ethmoidal / sphenopalatine artery ligation	Anterior Ethmoidal Artery Ligation - Open	28100	3	Not applicable	Not applicable	Not applicable	SL014A
2116	Otorhinolaryngology	Surgical	Ant. Ethmoidal / sphenopalatine artery ligation	Anterior Ethmoidal Artery Ligation - Endoscopic	28100	3	Not applicable	Not applicable	Not applicable	SL014B
2117	Otorhinolaryngology	Surgical	Ant. Ethmoidal / sphenopalatine artery ligation	Sphenopalatine artery ligation - Open	28100	3	Not applicable	Not applicable	Not applicable	SL014C
2118	Otorhinolaryngology	Surgical	Ant. Ethmoidal / sphenopalatine artery ligation	Sphenopalatine artery ligation - Endoscopic	28100	3	Not applicable	Not applicable	Not applicable	SL014D
2119	Otorhinolaryngology	Surgical	Adenoidectomy	Adenoidectomy	11900	1	Not applicable	Not applicable	Not applicable	SL015A
2120	Otorhinolaryngology	Surgical	Tonsillectomy	Tonsillectomy	13100	1	Not applicable	Not applicable	Not applicable	SL016A

2121	Otorhinolaryngology	Surgical	Tonsillectomy	Tonsillectomy - B/L adenotonsillectomy	13400	4	Not applicable	Not applicable	Not applicable	SL016B
2122	Otorhinolaryngology	Surgical	Peritonsillar abscess drainage / intraoral calculus removal	Peritonsillar abscess drainage under LA	8200	NA	Not applicable	Not applicable	Not applicable	SL017A
2123	Otorhinolaryngology	Surgical	Peritonsillar abscess drainage / intraoral calculus removal	Intraoral calculus removal	8200	NA	Not applicable	Not applicable	Not applicable	SL017B
2124	Otorhinolaryngology	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Thyroglossal Cyst Excision	22000	2	Not applicable	Not applicable	Not applicable	SL018A
2125	Otorhinolaryngology	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Thyroglossal Sinus Excision	22000	2	Not applicable	Not applicable	Not applicable	SL018B
2126	Otorhinolaryngology	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Thyroglossal Fistula Excision	22000	2	Not applicable	Not applicable	Not applicable	SL018C

2127	Otorhinolaryngology	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Branchial Sinus Excision	22000	3	Not applicable	Not applicable	Not applicable	SL018D
2128	Otorhinolaryngology	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Branchial Fistula Excision	22000	3	Not applicable	Not applicable	Not applicable	SL018E
2129	Otorhinolaryngology	Surgical	Uvulopalatopharyngoplasty (UPPP)	Uvulopalatopharyngoplasty (UPPP)	33200	2	Not applicable	Not applicable	Not applicable	SL019A
2130	Otorhinolaryngology	Surgical	Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with or without reconstruction	Excision of tumour of oral cavity / paranasal sinus / laryngopharynx without reconstruction	13800	5	Not applicable	Not applicable	Not applicable	SL020A
2131	Otorhinolaryngology	Surgical	Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with or without reconstruction	Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with pedicled flap reconstruction	50300	6	Not applicable	Not applicable	Not applicable	SL020B



2132	Otorhinolaryngology	Surgical	Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with or without reconstruction	Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with free flap reconstruction	34400	7	Not applicable	Not applicable	Not applicable	SL020C
2133	Otorhinolaryngology	Surgical	Parotidectomy	Total	35700	2	Not applicable	Not applicable	Not applicable	SL021A
2134	Otorhinolaryngology	Surgical	Parotidectomy	Superficial Parotidectomy	36900	3	Not applicable	Not applicable	Not applicable	SL021B
2135	Otorhinolaryngology	Surgical	Parotidectomy	Radical	36900	5	Not applicable	Not applicable	Not applicable	SL021MLA
2136	Otorhinolaryngology	Surgical	Parotidectomy	Conservative	31000	5	Not applicable	Not applicable	Not applicable	SL021MLB
2137	Otorhinolaryngology	Surgical	Removal of Submandibular Salivary Gland/ Lymph Node/ Ranula	Removal of Submandibular Salivary Gland	31900	3	Local Anesthesia/ General Anesthesia	None/ "+" 6600	Not applicable	SL022A
2138	Otorhinolaryngology	Surgical	Removal of Submandibular Salivary Gland/ Lymph Node/ Ranula	Removal of Ranula	31900	3	Local Anesthesia/ General Anesthesia	None/ "+" 6600	Not applicable	SL022B

2139	Otorhinolaryngology	Surgical	Removal of Submandibular Salivary Gland/ Lymph Node/ Ranula	Removal of Submandibular Lymph Node	23800	3	Local Anesthesia/ General Anesthesia	None/ "+" 6600	Not applicable	SL022C
2140	Otorhinolaryngology	Surgical	Rigid laryngoscopy / bronchoscopy / oesophagoscopy - Diagnostic + / - biopsy	Rigid laryngoscopy - Diagnostic + / - biopsy	7700	D	Local Anesthesia/ General Anesthesia	None/ "+" 5500	Not applicable	SL023A
2141	Otorhinolaryngology	Surgical	Rigid laryngoscopy / bronchoscopy / oesophagoscopy - Diagnostic + / - biopsy	Rigid bronchoscopy - Diagnostic + / - biopsy	7700	D	Local Anesthesia/ General Anesthesia	None/ "+" 5500	Not applicable	SL023B
2142	Otorhinolaryngology	Surgical	Rigid laryngoscopy / bronchoscopy / oesophagoscopy - Diagnostic + / - biopsy	Rigid oesophagoscopy - Diagnostic + / - biopsy	7700	D	Local Anesthesia/ General Anesthesia	None/ "+" 5500	Not applicable	SL023C

2143	Otorhinolaryngology	Surgical	Microlaryngeal surgery with or without laser	Microlaryngeal surgery with or without laser	18700	2	Not applicable	Not applicable	Not applicable	SL024A
2144	Otorhinolaryngology	Surgical	Open laryngeal framework surgery / Thyroplasty	Open laryngeal framework surgery / Thyroplasty	5500	1	Not applicable	Not applicable	Implant for Open laryngeal framework surgery / Thyroplasty (Keel / Stent) - 16500	SL025A
2145	Otorhinolaryngology	Surgical	Tracheostomy / Tracheotomy	Tracheostomy	30800	NA	Local Anesthesia/ General Anesthesia	None/ "+" 4400	Not applicable	SL026A
2146	Otorhinolaryngology	Surgical	Tracheostomy / Tracheotomy	Tracheotomy	30800	NA	Local Anesthesia/ General Anesthesia	None/ "+" 4400	Not applicable	SL026B
2147	Otorhinolaryngology	Surgical	Neck dissection	Selective Benign neck tumour excision	25900	3	Not applicable	Not applicable	Not applicable	SL027A
2148	Otorhinolaryngology	Surgical	Neck dissection	Comprehensive Benign neck tumour excision	25900	3	Not applicable	Not applicable	Not applicable	SL027B
2149	Otorhinolaryngology	Surgical	Neck dissection	Selective Pharyngeal diverticulum excision	25900	3	Not applicable	Not applicable	Not applicable	SL027C
2150	Otorhinolaryngology	Surgical	Neck dissection	Comprehensive Pharyngeal diverticulum excision	25900	3	Not applicable	Not applicable	Not applicable	SL027D
2151	Otorhinolaryngology	Surgical	Deep neck abscess drainage/ Post trauma neck exploration	Deep neck abscess drainage	18500	2	Not applicable	Not applicable	Not applicable	SL028A

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2152	Otorhinolaryngology	Surgical	Deep neck abscess drainage/ Post trauma neck exploration	Post trauma neck exploration	23100	2	Not applicable	Not applicable	Not applicable	SL028B
2153	Otorhinolaryngology	Surgical	Anterior skull base surgery	Endoscopic CSF Rhinorrhea Repair	52300	6	Not applicable	Not applicable	Fibrin Glue - 9900	SL029A
2154	Otorhinolaryngology	Surgical	Anterior skull base surgery	Optic nerve decompression	40500	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL029B
2155	Otorhinolaryngology	Surgical	Anterior skull base surgery	Orbital decompression	40500	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL029C
2156	Otorhinolaryngology	Surgical	Anterior skull base surgery	Craniofacial Resection	40500	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL029D
2157	Otorhinolaryngology	Surgical	Anterior skull base surgery	Maxillary swing	35100	6	Not applicable	Not applicable	Fibrin Glue - 9900	SL029E
2158	Otorhinolaryngology	Surgical	Advanced anterior skull base surgery	Endoscopic Hypophysectomy	54800	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL030A
2159	Otorhinolaryngology	Surgical	Advanced anterior skull base surgery	Clival tumour excision	54800	7	Not applicable	Not applicable	Fibrin Glue - 9900	SL030B
2160	Otorhinolaryngology	Surgical	Lateral skull base procedures	Subtotal petrosectomy	34000	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL031A
2161	Otorhinolaryngology	Surgical	Lateral skull base procedures	Post-traumatic facial nerve decompression	34000	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL031B

2162	Otorhinolaryngology	Surgical	Lateral skull base procedures	CSF Otorrhoea repair	34000	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL031C
2163	Otorhinolaryngology	Surgical	Advanced lateral skull base surgery	Fisch approach	54900	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL032A
2164	Otorhinolaryngology	Surgical	Advanced lateral skull base surgery	Translabyrinthine approach	54900	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL032B
2165	Otorhinolaryngology	Surgical	Advanced lateral skull base surgery	Transcochlear approach	54900	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL032C
2166	Otorhinolaryngology	Surgical	Advanced lateral skull base surgery	Temporal Bone resection	54900	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL032D
2167	Otorhinolaryngology	Surgical	Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma	Closed reduction for fracture of maxilla	12400	2	Not applicable	Not applicable	Not applicable	SL033A
2168	Otorhinolaryngology	Surgical	Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma	Closed reduction for fracture of mandible	20400	2	Not applicable	Not applicable	Not applicable	SL033B

2169	Otorhinolaryngology	Surgical	Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma	Closed reduction for fracture of zygoma	20400	2	Not applicable	Not applicable	Not applicable	SL033C
2170	Otorhinolaryngology	Surgical	Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma	Closed reduction and Intermaxillary fixation for fracture of mandible	20400	2	Not applicable	Not applicable	Not applicable	SL033D
2171	Otorhinolaryngology	Surgical	Open reduction and internal fixation of maxilla / mandible / zygoma	Open reduction and internal fixation of maxilla	15400	2	Single/ Multiple	None/ "+" 7700	Implant for Open reduction and internal fixation of maxilla / mandible / zygoma/Orbital fracture (Plates / Screws) - 4400	SL034A

2172	Otorhinolaryngology	Surgical	Open reduction and internal fixation of maxilla / mandible / zygoma	Open reduction and internal fixation of mandible	15400	2	Single/ Multiple	None/ "+" 7700	Implant for Open reduction and internal fixation of maxilla / mandible / zygoma/Or bital fracture (Plates / Screws) - 4400	SL034B
2173	Otorhinolaryngology	Surgical	Open reduction and internal fixation of maxilla / mandible / zygoma	Open reduction and internal fixation of zygoma	15400	2	Single/ Multiple	None/ "+" 7700	Implant for Open reduction and internal fixation of maxilla / mandible / zygoma/Or bital fracture (Plates / Screws) - 4400	SL034C
2174	Otorhinolaryngology	Surgical	Clinic based therapeutic interventions of ENT	Turbinate reduction	1300	D	Not applicable	Not applicable	Not applicable	SL035A
2175	Otorhinolaryngology	Surgical	Clinic based therapeutic interventions of ENT	Biopsy	1300	D	Not applicable	Not applicable	Not applicable	SL035B

2176	Otorhinolaryngology	Surgical	Clinic based therapeutic interventions of ENT	Intratympanic injections	1300	D	Not applicable	Not applicable	Not applicable	SL035C
2177	Otorhinolaryngology	Surgical	Clinic based therapeutic interventions of ENT	Wide bore aspiration	1300	D	Not applicable	Not applicable	Not applicable	SL035D
2178	Otorhinolaryngology	Surgical	Clinic based therapeutic interventions of ENT	Biopsy	2200	D	Local Anesthesia/ General Anesthesia	None/ "+" 5500	Not applicable	SL035E
2179	Otorhinolaryngology	Surgical	Cochlear Implant Surgery	Cochlear Implant Surgery	178800	4	Not applicable	Not applicable	Not applicable	SL036A
2180	Otorhinolaryngology	Surgical	Abbe Operation	Abbe Operation	15200	2	Not applicable	Not applicable	Not applicable	SL036MLA
2181	Otorhinolaryngology	Surgical	Adeno Tonsillectomy	Adeno Tonsillectomy	21700	1	Not applicable	Not applicable	Not applicable	SL037MLA
2182	Otorhinolaryngology	Surgical	Adeno Tonsillectomy	Adeno Tonsillectomy with Aural Polypectomy	27800	1	Not applicable	Not applicable	Not applicable	SL037MLB
2183	Otorhinolaryngology	Surgical	Arytenoidectomy	Arytenoidectomy	17000	2	Not applicable	Not applicable	Not applicable	SL038MLA
2184	Otorhinolaryngology	Surgical	Bronchoscopy	Flexible	4300	D	Not applicable	Not applicable	Not applicable	SL039MLA
2185	Otorhinolaryngology	Surgical	Caldwell-Luc Surgery	Caldwell-Luc Surgery	20300	2	Not applicable	Not applicable	Not applicable	SL040MLA
2186	Otorhinolaryngology	Surgical	Decompression Sac	Decompression Sac	30100	2	Not applicable	Not applicable	Not applicable	SL041MLA
2187	Otorhinolaryngology	Surgical	Diagnostic Nasal Endoscopy	Diagnostic Nasal Endoscopy	2700	D	Not applicable	Not applicable	Not applicable	SL042MLA



2188	Otorhinolaryngology	Surgical	Excision of CA Cheek Oral Cavity - Radial forearm Flap	Excision of CA Cheek Oral Cavity - Radial forearm Flap	140000	4	Not applicable	Not applicable	Not applicable	SL043MLA
2189	Otorhinolaryngology	Surgical	Excision of Growth Jaw (Free/ Fibular) - Flap Reconstruction	Excision of Growth Jaw (Free/ Fibular) - Flap Reconstruction	140000	4	Not applicable	Not applicable	Not applicable	SL044MLA
2190	Otorhinolaryngology	Surgical	Fenestration	Fenestration	8100	2	Not applicable	Not applicable	Not applicable	SL046MLA
2191	Otorhinolaryngology	Surgical	Fibre Optic Laryngoscopy	Fibre Optic Laryngoscopy	5500	D	Not applicable	Not applicable	Not applicable	SL047MLA
2192	Otorhinolaryngology	Surgical	Fracture Reduction Nose with Septal Correction	Fracture Reduction Nose with Septal Correction	10000	D	Not applicable	Not applicable	Not applicable	SL048MLA
2193	Otorhinolaryngology	Surgical	Fracture Setting Maxilla	Fracture Setting Maxilla	18700	2	Not applicable	Not applicable	Not applicable	SL049MLA
2194	Otorhinolaryngology	Surgical	Hemi Mandibulectomy	Hemi Mandibulectomy with Graft	51300	3	Not applicable	Not applicable	Not applicable	SL050MLA
2195	Otorhinolaryngology	Surgical	Labyrinthectomy	Labyrinthectomy	43900	2	Not applicable	Not applicable	Not applicable	SL051MLA
2196	Otorhinolaryngology	Surgical	Laryngofissure	Laryngofissure	30600	2	Not applicable	Not applicable	Not applicable	SL052MLA
2197	Otorhinolaryngology	Surgical	Nasal Packing	Nasal Packing with Catheter/ sponge	1400	D	Not applicable	Not applicable	Not applicable	SL053MLA

2198	Otorhinolaryngology	Surgical	Nasal Packing	Nasal Packing	800	D	Not applicable	Not applicable	Not applicable	SL053MLB
2199	Otorhinolaryngology	Surgical	Otomastoiditis	Otomastoiditis	34000	D	Not applicable	Not applicable	Not applicable	SL054MLA
2200	Otorhinolaryngology	Surgical	Packing/ Dressing of Ear	Packing/ Dressing of Ear	300	D	Not applicable	Not applicable	Not applicable	SL055MLA
2201	Otorhinolaryngology	Surgical	Parapharyngeal - Exploration	Parapharyngeal - Exploration	30000	2	Not applicable	Not applicable	Not applicable	SL056MLA
2202	Otorhinolaryngology	Surgical	Parapharyngeal Abscess - Drainage	Parapharyngeal Abscess - Drainage	17000	2	Not applicable	Not applicable	Not applicable	SL057MLA
2203	Otorhinolaryngology	Surgical	Phono Surgery for Vocal Cord Paralysis	Phono Surgery for Vocal Cord Paralysis	32000	5	Not applicable	Not applicable	Not applicable	SL058MLA
2204	Otorhinolaryngology	Surgical	Preauricular Sinus	Preauricular Sinus	9100	D	Not applicable	Not applicable	Not applicable	SL059MLA
2205	Otorhinolaryngology	Surgical	Release of Tongue Tie	Release of Tongue Tie	5900	D	Not applicable	Not applicable	Not applicable	SL060MLA
2206	Otorhinolaryngology	Surgical	Release of Tongue Tie	Release of Tongue Tie Complicated	6200	D	Not applicable	Not applicable	Not applicable	SL060MLB
2207	Otorhinolaryngology	Surgical	Repair of Parotid Duct	Repair of Parotid Duct	10100	5	Not applicable	Not applicable	Not applicable	SL061MLA
2208	Otorhinolaryngology	Surgical	Rigid Direct Laryngoscopy	Rigid Direct Laryngoscopy	6400	D	Not applicable	Not applicable	Not applicable	SL062MLA
2209	Otorhinolaryngology	Surgical	Septorhinoplasty	Septorhinoplasty	27200	2	Not applicable	Not applicable	Not applicable	SL063MLA
2210	Otorhinolaryngology	Surgical	Sinus Antroscopy	Sinus Antroscopy	5800	D	Not applicable	Not applicable	Not applicable	SL064MLA
2211	Otorhinolaryngology	Surgical	Styloidectomy	Styloidectomy	9200	3	Not applicable	Not applicable	Not applicable	SL065MLA

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2212	Otorhinolaryngology	Surgical	Submucos Resection	Submucos Resection	12400	1	Not applicable	Not applicable	Not applicable	SL066MLA
2213	Otorhinolaryngology	Surgical	Syringing of Ear	Syringing of Ear	400	D	Not applicable	Not applicable	Not applicable	SL067MLA
2214	Otorhinolaryngology	Surgical	Turbinectomy - Partial	Turbinectomy - Partial	7500	1	Not applicable	Not applicable	Not applicable	SL068MLA
2215	Otorhinolaryngology	Surgical	Neurectomy	Neurectomy - Trigeminal	81000	5	Not applicable	Not applicable	Not applicable	SN035B
2216	Palliative Medicine	Medical	Palliative Care Approach to managing Haematuria in advanced cancer patients- Endoscopic/Surgical/Radiological, Radiotherpay interventions	Hematuria Palliative Interventions	48400	4	Not applicable	Not applicable	Not applicable	PM001A
2217	Palliative Medicine	Medical	Management of bleeding malignant head and neck / inguinal lesions	Haemostatic Surgery in advance cancer patient/Haemostatic Radiotherapy	48400	4	Not applicable	Not applicable	Not applicable	PM002A

2218	Palliative Medicine	Medical	Management of bleeding in malignant head and neck / inguinal malignancies	Trans arterial Embolization	72600	4	Not applicable	Not applicable	Not applicable	PM003A
2219	Palliative Medicine	Medical	Palliative Care Management of Osteoradionecrosis - Surgical intervention	Osteoradionecrosis -Surgical intervention	48400	4	Not applicable	Not applicable	Not applicable	PM004A
2220	Palliative Medicine	Medical	Palliative Care approach to managing Pressure sore in advanced chronic diseases who are bed ridden- Surgical	Pressure sore-Interventions	48400	4	Not applicable	Not applicable	Not applicable	PM005A

2221	Palliative Medicine	Medical	Palliative surgical interventions like- Colostomy, Tracheostomy, Feeding Jejunostomy/Gastrostomy, Bowel bypas, Fistulas, Urinary diversions etc.in advanced cancer patients	Palliative surgical interventions	48400	4	Not applicable	Not applicable	Not applicable	PM006A
2222	Palliative Medicine	Medical	Malignant Spinal Cord compression with Diagnostics, palliative radiotherapy, Brace in advanced cancer patients	Malignant Spinal cord compression	18200	4	Not applicable	Not applicable	Not applicable	PM007A

2223	Palliative Medicine	Medical	Palliative neurosurgical interventions for secondary vertebral and brain metastasis	Palliative neurological interventions	72600	4	Not applicable	Not applicable	Not applicable	PM008A
2224	Palliative Medicine	Medical	Palliative Care Management of Osteoradionecrosis - Conservative management	Osteoradionecrosis -Conservative	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM009A

2225	Palliative Medicine	Medical	Communications in Advanced chronic diseases/ terminal stage of illness, for patient and family members with discussions on Goals of care and facilitated shared decision making	Communications terminal stage/ end of life care Conservative	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM010A
2226	Palliative Medicine	Medical	Palliative care management of Breathlessness in advanced cancers and chronic respiratory diseases - Conservative management	Palliative Management of Breathlessness	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM011A

2227	Palliative Medicine	Medical	Palliative Care Management of Pain for treating Pain crisis, analgesic titration	Cancer Pain Management	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM012A
2228	Palliative Medicine	Medical	Palliative Care approach to managing Pressure sore - Conservative management	Pressure sore-in palliative care	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM013A
2229	Palliative Medicine	Medical	Palliative Care Package for Hiccups	Hiccups in Palliative care	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM014A



2230	Palliative Medicine	Medical	Conservative management of post procedural or treatment related complications in palliative medicine including electrolyte disorders (including hypercalcemia and ketoacidosis).	Complications in palliative care patients	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM015A
2231	Palliative Medicine	Medical	Malignant Ascites drainage with long term catheter insertion in advanced cancer patients	Ascitis tapping with long term indwelling catheter	48400	4	Not applicable	Not applicable	Not applicable	PM016A

2232	Palliative Medicine	Medical	Palliative Care Approach to managing Haematuria in advanced cancer patients - Conservative management	Hematuria in advance cancer patient	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM017A
2233	Palliative Medicine	Medical	Central lines in cancer patients for drug therapy - Silicon catheters in advanced cancer patients- Long term central lines	Long term indwelling venous catheter	12100	4	Not applicable	Not applicable	Not applicable	PM018A
2234	Palliative Medicine	Medical	Symptom Management of Cough in advanced cancer patients -Conservative management	Intractable Cough in cancer patients - Conservative management	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM019A

2235	Palliative Medicine	Medical	Palliative Care Management of Trismus, mucositis in advanced cancer patient	Palliative care in Trismus mucositis	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM020A
2236	Palliative Medicine	Medical	Management of terminal /fatal bleeding malignant head and neck / inguinal lesions	Conservative management of fatal bleeding in cancer patients	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM021A
2237	Palliative Medicine	Medical	Palliative Care Management of Symptom Cluster – Fatigue in advanced cancer patients	Fatigue in Palliative care	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM022A

2238	Palliative Medicine	Medical	Malignant Pleural Effusion for Pleural tap with Pig tail catheter/chest tube insertion with Pleurodesis in advanced cancer patients	Pleural effusion & Pleurodesis	9100	4	Not applicable	Not applicable	Not applicable	PM023A
2239	Palliative Medicine	Medical	Malignant Ascites drainage with catheter insertion in advanced cancer patients	Management of malignant Ascitis,Tapping & conservative management	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM024A
2240	Palliative Medicine	Medical	Symptom Management of Cough in advanced cancer patients- endoscopic/Surgical/Radiological/Radiotherpay interventions	Malignant Cough- Invasive intervantiions	48400	4	Not applicable	Not applicable	Not applicable	PM025A

2241	Palliative Medicine	Medical	Palliative care management of Breathlessness in advanced cancers and chronic respiratory diseases- endoscopic/Surgical/Radiological, Radiotherapy interventions	Palliative Breathlessness Interventions	48400	4	Not applicable	Not applicable	Not applicable	PM026A
2242	Palliative Medicine	Medical	Symptom Management of Delirium in advanced chronic diseases - Conservative management	Palliative Delirium in advance chronic disease	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM027A

2243	Palliative Medicine	Medical	Palliative Care approach for malignant wound - Conservative management using drugs and dressings including special dressings.	Palliative Wound Conservative management	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM028A
2244	Palliative Medicine	Medical	Palliative Care Management of Constipation in advanced cancer patients - endoscopic/Surgical/Radiological interventions	Constipation - Palliative Invasive interventions	36300	4	Not applicable	Not applicable	Not applicable	PM029A

2245	Palliative Medicine	Medical	Palliative care management of Nausea & Vomiting in advanced cancer patients- Endoscopic/Surgical/Radiological, Radiotherapy interventions.	Palliative Nausea and vomiting interventions	36300	4	Not applicable	Not applicable	Not applicable	PM030A
2246	Palliative Medicine	Medical	Palliative Care Management of Lymphadema in cancer patients including (Information, Education, Communication (IEC), and pneumatic compression therapy	Conservative management of Lymphedema	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM031A

2247	Palliative Medicine	Medical	Palliative Radiological and endoscopic Interventions	Palliative Radiological Interventions. Like- PTBD/ERCP/PCN//Pericardiostomy, DJ Stenting, etc	24200	4	Not applicable	Not applicable	Not applicable	PM032A
2248	Palliative Medicine	Medical	Vertebroplasty/Kyphoplasty	Vertebroplasty/Kyphoplasty	48400	4	Not applicable	Not applicable	Not applicable	PM033A
2249	Palliative Medicine	Medical	Palliative Care Management of Constipation in advanced cancer patients - Conservative management	Palliative care in Constipation	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM034A
2250	Palliative Medicine	Medical	Palliative Care management of Malignant bowel obstruction - Conservative management	Palliative care in Bowel Obstruction Conservative management	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM035A



2251	Palliative Medicine	Medical	Palliative Care management of Malignant bowel obstruction- endoscopic/Surgical/Radiological interventions	Palliative Bowel Obstruction interventions	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM036A
2252	Palliative Medicine	Medical	Palliative management of thrombosis and embolism like DVT, Pulmonary embolism in advanced chronic diseases, TED stockings	Thrombosis and Embolism in chronic disease	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	PM036A

2253	Palliative Medicine	Medical	Palliative care management of Nausea & Vomiting in cancer patients-Conservative management	Palliative care in Nausea and vomiting.	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	PM037A
2254	Palliative Medicine	Medical	Management of Diarrhea in cancer patients - Conservative management	Palliative care in Diarrhoea	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	PM038A
2255	Palliative Medicine	Medical	Palliative and supportive care for non-malignant disease at advanced or end stage	Palliative care end stage disease	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	PM039A
2256	Palliative Medicine	Medical	Spinal/Epidural/Regional Nerve block, Radiofrequency ablation (RFA) for analgesia	Cancer pain interventions	9100	4	Not applicable	Not applicable	Not applicable	PM040A

2257	Palliative Medicine	Medical	Celiac Plexus Block/Hypogastric plexus block/ganglion impar block and Neurolysis in advanced cancer patients	Cancer pain plexus interventions	12100	4	Not applicable	Not applicable	Not applicable	PM041A
2258	Pediatric Medical Management	Medical	Acute febrile illness	Acute febrile illness	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG001A
2259	Pediatric Medical Management	Medical	Severe sepsis	Severe sepsis	0	12	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG002A
2260	Pediatric Medical Management	Medical	Severe sepsis	Septic shock	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG002B
2261	Pediatric Medical Management	Medical	Malaria	Malaria	0	9	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG003A

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2262	Pediatric Medical Management	Medical	Malaria	Complicated Malaria	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG003B
2263	Pediatric Medical Management	Medical	Dengue fever	Dengue fever	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG004A
2264	Pediatric Medical Management	Medical	Dengue fever	Dengue hemorrhagic fever	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG004B
2265	Pediatric Medical Management	Medical	Dengue fever	Dengue shock syndrome	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG004C
2266	Pediatric Medical Management	Medical	Chikungunya fever	Chikungunya fever	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG005A
2267	Pediatric Medical Management	Medical	Enteric Fever	Enteric Fever	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG006A

2268	Pediatric Medical Management	Medical	HIV with complications	HIV with complications	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG007A
2269	Pediatric Medical Management	Medical	Inflammatory Myopathy/ Myaesthetic Crisis	Inflammatory Myopathy/ Myaesthetic Crisis	2300	4	Not applicable	Not applicable	Not applicable	MG0115A
2270	Pediatric Medical Management	Medical	Guillain Barre syndrome	Guillain Barre syndrome (Plasmapheresis)	2300	4	Not applicable	Not applicable	Not applicable	MG0116A
2271	Pediatric Medical Management	Medical	Myasthenic crisis (Plasmapheresis)	Myasthenic crisis (Plasmapheresis)	2300	4	Not applicable	Not applicable	Not applicable	MG0116B
2272	Pediatric Medical Management	Medical	Moyamoya revascularization	Moyamoya revascularization	2300	4	Not applicable	Not applicable	Not applicable	MG0117A
2273	Pediatric Medical Management	Medical	Evaluation of drug resistant epilepsy-Phase-1	Evaluation of drug resistant epilepsy-Phase-1	2300	4	Not applicable	Not applicable	Not applicable	MG0118A
2274	Pediatric Medical Management	Medical	Drug resistant epilepsy	Drug resistant epilepsy	2300	4	Not applicable	Not applicable	Not applicable	MG0119A
2275	Pediatric Medical Management	Medical	Dysentery	Dysentery	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG011A

2276	Pediatric Medical Management	Medical	Medical/ neuro rehabilitation	Comprehensive medical rehabilitation for spinal injury/ traumatic brain injury, CVA, Cerebral palsy with or without orthosis	27500	4	Not applicable	Not applicable	Not applicable	MG0120A
2277	Pediatric Medical Management	Medical	Medical/ neuro rehabilitation	Comprehensive medical rehabilitation for of complication secondary to specified disanility/multiple disability including procedures, chemodenevaration with or with out orthosis	38500	4	Not applicable	Not applicable	Not applicable	MG0120B
2278	Pediatric Medical Management	Medical	Medical/ neuro rehabilitation	Single event multiple level surgery for spasticity management in cerebral palsy	16500	4	Not applicable	Not applicable	Not applicable	MG0120C
2279	Pediatric Medical Management	Medical	Medical/ neuro rehabilitation	Medical rehabilitation of muscular dystrophy	7700	4	Not applicable	Not applicable	Not applicable	MG0120D
2280	Pediatric Medical Management	Medical	Medical/ neuro rehabilitation	Medical Rehabilitation intellectual dissability	7700	4	Not applicable	Not applicable	Not applicable	MG0120E
2281	Pediatric Medical Management	Medical	Medical/ neuro rehabilitation	Medical Rehabilitation special learning disability	7700	4	Not applicable	Not applicable	Not applicable	MG0120F
2282	Pediatric Medical Management	Medical	Medical/ neuro rehabilitation	Medical Rehabilitation multiple disability	7700	4	Not applicable	Not applicable	Not applicable	MG0120G
2283	Pediatric Medical Management	Medical	Hepatitis	Acute viral hepatitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG012A

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2284	Pediatric Medical Management	Medical	Liver abscess	Liver abscess	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG014A
2285	Pediatric Medical Management	Medical	Visceral leishmaniasis	Visceral leishmaniasis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG015A
2286	Pediatric Medical Management	Medical	Pneumonia	Pneumonia	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG016A
2287	Pediatric Medical Management	Medical	Pneumonia	Severe pneumonia	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG016B
2288	Pediatric Medical Management	Medical	Empyema	Empyema	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG018A
2289	Pediatric Medical Management	Medical	Lung abscess	Lung abscess	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG019A

2290	Pediatric Medical Management	Medical	Pericardial / Pleural tuberculosis	Pericardial tuberculosis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG020A
2291	Pediatric Medical Management	Medical	Pericardial / Pleural tuberculosis	Pleural tuberculosis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG020B
2292	Pediatric Medical Management	Medical	Urinary tract infection	Urinary tract infection	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG021A
2293	Pediatric Medical Management	Medical	Viral encephalitis	Viral encephalitis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG022A
2294	Pediatric Medical Management	Medical	Skin and soft tissue infections	Skin and soft tissue infections	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG024A
2295	Pediatric Medical Management	Medical	Recurrent vomiting with dehydration	Recurrent vomiting with dehydration	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG025A



2296	Pediatric Medical Management	Medical	Pyrexia of unknown origin	Pyrexia of unknown origin	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG026A
2297	Pediatric Medical Management	Medical	Acute bronchitis	Acute bronchitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG028A
2298	Pediatric Medical Management	Medical	Acute exacerbation of Interstitial Lung Disease	Acute exacerbation of Interstitial Lung Disease	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG030A
2299	Pediatric Medical Management	Medical	Vasculitis	Vasculitis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG032A
2300	Pediatric Medical Management	Medical	Pancreatitis	Acute pancreatitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG033A
2301	Pediatric Medical Management	Medical	Pancreatitis	Chronic pancreatitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG033B

2302	Pediatric Medical Management	Medical	Ascites	Ascites	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG034A
2303	Pediatric Medical Management	Medical	Acute transverse myelitis	Acute transverse myelitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG035A
2304	Pediatric Medical Management	Medical	Atrial Fibrillation	Atrial Fibrillation	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG036A
2305	Pediatric Medical Management	Medical	Congestive heart failure	Congestive heart failure	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG038A
2306	Pediatric Medical Management	Medical	Asthma	Acute asthmatic attack	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG039A
2307	Pediatric Medical Management	Medical	Asthma	Status Asthmaticus	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG039B

2308	Pediatric Medical Management	Medical	Respiratory failure	Type 1 Respiratory failure	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG040A
2309	Pediatric Medical Management	Medical	Respiratory failure	Type 2 Respiratory failure	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG040B
2310	Pediatric Medical Management	Medical	Addison's disease	Addison's disease	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG043A
2311	Pediatric Medical Management	Medical	AKI / Renal failure	AKI / Renal failure	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG045A
2312	Pediatric Medical Management	Medical	Seizures	Seizures	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG046A
2313	Pediatric Medical Management	Medical	Cerebral sino-venous thrombosis / Stroke	Cerebral Sino-Venous Thrombosis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG049A

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2314	Pediatric Medical Management	Medical	Cerebral sino-venous thrombosis / Stroke	Acute Stroke	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG049B
2315	Pediatric Medical Management	Medical	Cerebral sino-venous thrombosis / Stroke	Acute Ischemic Stroke	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG049C
2316	Pediatric Medical Management	Medical	Cerebral sino-venous thrombosis / Stroke	Acute Heamorrhagic Stroke	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG049D
2317	Pediatric Medical Management	Medical	Immune mediated CNS disorders	Immune mediated CNS disorders	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG050A
2318	Pediatric Medical Management	Medical	Hydrocephalus	Hydrocephalus	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG051A
2319	Pediatric Medical Management	Medical	Myxedema coma	Myxedema coma	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG052A

2320	Pediatric Medical Management	Medical	Thyrotoxic crisis	Thyrotoxic crisis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG053A
2321	Pediatric Medical Management	Medical	Pneumothroax	Pneumothroax	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG055A
2322	Pediatric Medical Management	Medical	Neuromuscular disorders	Neuromuscular disorders	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG056A
2323	Pediatric Medical Management	Medical	Hypoglycemia	Hypoglycemia	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG057A
2324	Pediatric Medical Management	Medical	Diabetic ketoacidosis	Diabetic ketoacidosis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG059A
2325	Pediatric Medical Management	Medical	Electrolyte Imbalance	Hypercalcemia	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG060A

2326	Pediatric Medical Management	Medical	Electrolyte Imbalance	Hypocalcemia	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG060B
2327	Pediatric Medical Management	Medical	Electrolyte Imbalance	Hyponatremia	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG060C
2328	Pediatric Medical Management	Medical	Electrolyte Imbalance	Hypernatremia	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG060D
2329	Pediatric Medical Management	Medical	Hyperosmolar Non-Ketotic coma	Hyperosmolar Non-Ketotic coma	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG061A
2330	Pediatric Medical Management	Medical	Accelerated hypertension	Accelerated hypertension	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG062A
2331	Pediatric Medical Management	Medical	Hypertensive emergencies	Hypertensive emergencies	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG063A

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2332	Pediatric Medical Management	Medical	Severe anemia	Severe anemia	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG064A
2333	Pediatric Medical Management	Medical	Sickle cell anemia	Sickle cell anemia	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG065A
2334	Pediatric Medical Management	Medical	Anaphylaxis	Anaphylaxis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG066A
2335	Pediatric Medical Management	Medical	Heat stroke	Heat stroke	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG067A
2336	Pediatric Medical Management	Medical	Systematic lupus erythematosus	Systematic lupus erythematosus	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG068A
2337	Pediatric Medical Management	Medical	Guillian Barre Syndrome	Guillian Barre Syndrome	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MG069A

2338	Pediatric Medical Management	Medical	Snake bite	Snake bite	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG070A
2339	Pediatric Medical Management	Medical	Poisoning	Acute organophosphorus poisoning	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG071A
2340	Pediatric Medical Management	Medical	Plasmapheresis	Plasmapheresis	2200	NA	Not applicable	Not applicable	Not applicable	MG073A
2341	Pediatric Medical Management	Medical	Blood transfusion	Plasmapheresis	2400	NA	Not applicable	Not applicable	Not applicable	MG074B
2342	Pediatric Medical Management	Medical	High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging)	High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging)	5500	NA	Not applicable	Not applicable	Not applicable	MG075A
2343	Pediatric Medical Management	Medical	High end histopathology (Biopsies) and advanced serology investigations	High end histopathology (Biopsies) and advanced serology investigations	5500	NA	Not applicable	Not applicable	Not applicable	MG076A
2344	Pediatric Medical Management	Medical	Platelet pheresis	Platelet pheresis	12100	4	Not applicable	Not applicable	Not applicable	MG099A



2345	Pediatric Medical Management	Medical	Febrile Seizures/ Other Seizures	Febrile seizures	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP001A
2346	Pediatric Medical Management	Medical	Febrile Seizures/ Other Seizures	Flurry of seizures	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP001B
2347	Pediatric Medical Management	Medical	Febrile Seizures/ Other Seizures	Neurocysticercosis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP001C
2348	Pediatric Medical Management	Medical	Febrile Seizures/ Other Seizures	Epilepsy	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP001D
2349	Pediatric Medical Management	Medical	Epileptic Encephalopathy	Epileptic Encephalopathy	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP002A
2350	Pediatric Medical Management	Medical	Acute Encephalitis	Infectious - uncomplicated	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP003A

2351	Pediatric Medical Management	Medical	Acute Encephalitis	Immune mediated	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP003B
2352	Pediatric Medical Management	Medical	Acute encephalitic syndrome	Acute encephalitic syndrome	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP004A
2353	Pediatric Medical Management	Medical	Medical Management of Meningo Encephalitis	Medical Management of Meningo Encephalitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP005A
2354	Pediatric Medical Management	Medical	Acute meningo encephalitis / aseptic meningitis / febrile encephalopathy / hypertensive encephalopathy / metabolic encephalopathy / hepatic encephalopathy / brain abscess	Aseptic meningitis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP005B

2355	Pediatric Medical Management	Medical	Acute meningo encephalitis / aseptic meningitis / febrile encephalopathy / hypertensive encephalopathy / metabolic encephalopathy / hepatic encephalopathy / brain abscess	Febrile encephalopathy	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP005C
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2356	Pediatric Medical Management	Medical	Acute meningo encephalitis / aseptic meningitis / febrile encephalopathy / hypertensive encephalopathy / metabolic encephalopathy / hepatic encephalopathy / brain abscess	Hypertensive encephalopathy	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP005D
2357	Pediatric Medical Management	Medical	Encephalopathy	Metabolic	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP005E
2358	Pediatric Medical Management	Medical	Encephalopathy	Hepatic	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP005F

2359	Pediatric Medical Management	Medical	Acute meningoencephalitis / aseptic meningitis / febrile encephalopathy / hypertensive encephalopathy / metabolic encephalopathy / hepatic encephalopathy / brain abscess	Brain abscess	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP005G
2360	Pediatric Medical Management	Medical	Meningitis	Chronic meningitis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP006A
2361	Pediatric Medical Management	Medical	Meningitis	Partially treated pyogenic meningitis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP006B
2362	Pediatric Medical Management	Medical	Meningitis	Neuro tuberculosis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP006C

2363	Pediatric Medical Management	Medical	Meningitis	Complicated bacterial meningitis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP006D
2364	Pediatric Medical Management	Medical	Meningitis	Acute meningitis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP006E
2365	Pediatric Medical Management	Medical	Optic Neuritis	Optic Neuritis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP007A
2366	Pediatric Medical Management	Medical	Medical Management for Raised intracranial pressure	After Decompressive craniotomy / After Shunt procedure / After other emergency neuro surgical procedures / For ICP monitoring	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP008A
2367	Pediatric Medical Management	Medical	Intracranial Hemorrhage	Intracranial Hemorrhage	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP009A
2368	Pediatric Medical Management	Medical	Intracranial Space Occupying Lesion	Intracranial Space Occupying Lesion	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP010A

2369	Pediatric Medical Management	Medical	Intracranial ring enhancing lesion with complications (Neurocysticercosis/ Tuberculoma)	Tuberculoma	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP011A
2370	Pediatric Medical Management	Medical	Cerebral Herniation	Cerebral Herniation	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP012A
2371	Pediatric Medical Management	Medical	Acute neuroregression/ Acute worsening in neuro metabolic and neurodegenerative conditions	Acute neuroregression/ Acute worsening in neuro metabolic and neurodegenerative conditions	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP013A
2372	Pediatric Medical Management	Medical	Acute demyelinating myelopathy	Acute demyelinating myelopathy	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP014A
2373	Pediatric Medical Management	Medical	Juvenile Myasthenia	Juvenile Myasthenia	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP015A

2374	Pediatric Medical Management	Medical	Acute Ataxia	Acute Ataxia	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP016A
2375	Pediatric Medical Management	Medical	Acute ischemic stroke	Acute ischemic stroke	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP017A
2376	Pediatric Medical Management	Medical	Wheezing	Wheezing	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP018A
2377	Pediatric Medical Management	Medical	Chronic Cough	Chronic Cough	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP019A
2378	Pediatric Medical Management	Medical	Acute urticaria / Anaphylaxis acute asthma	Acute Urticaria	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP020A
2379	Pediatric Medical Management	Medical	Acute urticaria / Anaphylaxis acute asthma	Anaphylaxis acute asthma	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP020B



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2380	Pediatric Medical Management	Medical	Acute abdomen	Acute abdomen	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP021A
2381	Pediatric Medical Management	Medical	Celiac Disease	Celiac Disease	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP022A
2382	Pediatric Medical Management	Medical	Unexplained Hepatosplenomegaly	Unexplained Hepatosplenomegaly	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP023A
2383	Pediatric Medical Management	Medical	Infantile Cholestasis	Infantile Cholestasis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP024A
2384	Pediatric Medical Management	Medical	Acute Glomerulonephritis	Acute Glomerulonephritis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP025A
2385	Pediatric Medical Management	Medical	Nephrotic Syndrome with Peritonitis	Nephrotic Syndrome with Peritonitis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP026A

2386	Pediatric Medical Management	Medical	NEPHROTIC SYNDROME	Steroid dependent or resistant	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP026B
2387	Pediatric Medical Management	Medical	Haemolytic Uremic Syndrome	Haemolytic Uremic Syndrome	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP027A
2388	Pediatric Medical Management	Medical	Continuous Renal Replacement Therapy (CRRT)	Continuous Renal Replacement Therapy (CRRT)	8800	NA	Not applicable	Not applicable	Not applicable	MP028A
2389	Pediatric Medical Management	Medical	Global Developmental Delay/ Intellectual Disability of Unknown Etiology	Global developmental delay	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP029A
2390	Pediatric Medical Management	Medical	Global Developmental Delay/ Intellectual Disability of Unknown Etiology	Intellectual Disability of Unknown Etiology	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP029B
2391	Pediatric Medical Management	Medical	Rickets	Rickets - Requiring Admission for Work Up	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP030A

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2392	Pediatric Medical Management	Medical	Acute Severe Malnutrition	Acute Severe Malnutrition	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP031A
2393	Pediatric Medical Management	Medical	Developmental and behavioral disorders	Developmental and behavioral disorders	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP032A
2394	Pediatric Medical Management	Medical	Short Stature	Short Stature	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP033A
2395	Pediatric Medical Management	Medical	Dysmorphic Children	Dysmorphic Children	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP034A
2396	Pediatric Medical Management	Medical	Floppy Infant	Floppy Infant	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP035A
2397	Pediatric Medical Management	Medical	Inborn errors of metabolism	Inborn errors of metabolism	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP036A

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2398	Pediatric Medical Management	Medical	Wilson's Disease	Wilson's Disease	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP037A
2399	Pediatric Medical Management	Medical	Rheumatoid Arthritis	Rheumatoid Arthritis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP038A
2400	Pediatric Medical Management	Medical	Rheumatic Fever	Rheumatic Fever	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP039A
2401	Pediatric Medical Management	Medical	Rheumatic fever	Rheumatic valvular heart disease	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP039B
2402	Pediatric Medical Management	Medical	Cyanotic Spells	Cyanotic Spells	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP040A
2403	Pediatric Medical Management	Medical	Cyanotic spells	Cyanotic spells with CHD	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP040B

2404	Pediatric Medical Management	Medical	Cyanotic spells	Cyanotic spells with Chest infection	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP040C
2405	Pediatric Medical Management	Medical	Cyanotic spells	Cyanotic spells with Sepsis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP040D
2406	Pediatric Medical Management	Medical	Immune Haemolytic Anemia	Immune Haemolytic Anemia	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP041A
2407	Pediatric Medical Management	Medical	SEVERE ANEMIA IN CHILDREN	Thalessmia	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP041B
2408	Pediatric Medical Management	Medical	SEVERE ANEMIA IN CHILDREN	Other anemias	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP041D
2409	Pediatric Medical Management	Medical	Idiopathic Thrombocytopenic Purpura	Idiopathic Thrombocytopenic Purpura	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP042A

2410	Pediatric Medical Management	Medical	Kawasaki Disease	Kawasaki Disease	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP043A
2411	Pediatric Medical Management	Medical	Steven Johnson Syndrome	Steven Johnson Syndrome	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP044A
2412	Pediatric Medical Management	Medical	Trauma	Trauma	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP045A
2413	Pediatric Medical Management	Medical	Ketogenic diet initiation in refractory epilepsy	Ketogenic diet initiation in refractory epilepsy	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP046A
2414	Pediatric Medical Management	Medical	Acute Laryngitis	Severe Acute Laryngitis requiring hospitalization	0	7	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP047A
2415	Pediatric Medical Management	Medical	Hemostatic Disorders	Platelet function disorders	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/3300/8500/9000	Not applicable	MP048A

2416	Pediatric Medical Management	Medical	Hemostatic Disorders	Platelet disorders	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP048B
2417	Pediatric Medical Management	Medical	Acute Hepatitis	Acute Hepatitis	0	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP049MLA
2418	Pediatric Medical Management	Medical	NEPHROTIC SYNDROME	Uncomplicated steroid sensitive	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP050A
2419	Pediatric Medical Management	Medical	Preterm Baby Hyaline Membrane Disease Clinicalculture Positive Sepsishyperbilirubinemia Mechanical Ventilation	Preterm Baby Hyaline Membrane Disease Clinicalculture Positive Sepsishyperbilirubinemia Mechanical Ventilation	0	9	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP050MLA
2420	Pediatric Medical Management	Medical	Preterm baby/ Clinical Sepsis/ Hyperbilirubinemia	Preterm baby/ Clinical Sepsis/ Hyperbilirubinemia	0	9	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP050MLB

2421	Pediatric Medical Management	Medical	Staphylococcal scalded skin syndrome	Staphylococcal scalded skin syndrome	0	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP051A
2422	Pediatric Medical Management	Medical	Term Baby Septic Shock Ventilated Hyperbilirubinemiawith or without Renal Failure	Term Baby Septic Shock Ventilated Hyperbilirubinemiawith or without Renal Failure	0	8	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP051MLA
2423	Pediatric Medical Management	Medical	Term Baby with Persistent Pulmonary Hypertensionmeconium aspiration Syndromemechanical Ventilationwith or without Clinical Sepsiswith or withouthyperbilirubinemia	Term Baby with Persistent Pulmonary Hypertensionmeconium aspiration Syndromemechanical Ventilationwith or without Clinical Sepsiswith or withouthyperbilirubinemia	0	8	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP051MLB
2424	Pediatric Medical Management	Medical	Term Baby with Seizures Ventilated	Term Baby with Seizures Ventilated	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP051MLC



2425	Pediatric Medical Management	Medical	Term Baby with Severe Perinatal asphyxia Nonventilated Clinical Sepsis with or without Hyperbilirubinemia	Term Baby with Severe Perinatal asphyxia Nonventilated Clinical Sepsis with or without Hyperbilirubinemia	0	9	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MP051MLD
2426	Pediatric Medical Management	Medical	Paralysis	Paralysis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG120MLA
2427	Pediatric Medical Management	Medical	Acute tonsillitis	Acute tonsillitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG121MLA
2428	Pediatric Medical Management	Medical	Orchitis	Orchitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG122MLA
2429	Pediatric Medical Management	Medical	Tuberculosis	MDR Tuberculosis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG123MLA
2430	Pediatric Medical Management	Medical	Tuberculosis	Pulmonary Tuberculosis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/	2100/ 3300/ 8500/ 9000	Not applicable	MG123MLB

							ICU - With Ventilator			
2431	Pediatric Medical Management	Medical	Tuberculosis	Extrapulmonary Tuberculosis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG123MLC
2432	Pediatric Medical Management	Medical	Bronchiolitis	Bronchiolitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG124MLA
2433	Pediatric Medical Management	Medical	Cellulitis	Cellulitis	0	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	MG125MLA
2434	Pediatric Surgery	Surgical	Ventriculoperitoneal Shunt Surgery (VP) or Omay Reservoir or External Drainage for Hydrocephalus	Ventriculoperitoneal Shunt Surgery (VP) or Omay Reservoir or External Drainage for Hydrocephalus	13000	2	Not applicable	Not applicable	Not applicable	MN010A
2435	Pediatric Surgery	Surgical	Hepatoblastoma Excision	Hepatoblastoma Excision	95700	8	Not applicable	Not applicable	Not applicable	SC018A

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2436	Pediatric Surgery	Surgical	Wilms tumors: surgery	Wilms tumors: surgery	60500	8	Not applicable	Not applicable	Not applicable	SC021A
2437	Pediatric Surgery	Surgical	Resuturing of Any Wound gap Surgeries	Resuturing of Any Wound gap Surgeries	4200	NA	Not applicable	Not applicable	Not applicable	SC080A
2438	Pediatric Surgery	Surgical	Operations for Replacement of Oesophagus by Colon	Operations for Replacement of Oesophagus by Colon	67300	10	Not applicable	Not applicable	Not applicable	SG002A
2439	Pediatric Surgery	Surgical	Operative Gastrostomy	Operative Gastrostomy	27100	5	Not applicable	Not applicable	Not applicable	SG004A
2440	Pediatric Surgery	Surgical	Pyloroplasty	Pyloroplasty	35200	5	Not applicable	Not applicable	Not applicable	SG008A
2441	Pediatric Surgery	Surgical	Pyloromyotomy	Pyloromyotomy	41300	5	Not applicable	Not applicable	Not applicable	SG009A
2442	Pediatric Surgery	Surgical	CystoJejunostomy / Cystogastrostomy	CystoJejunostomy - Open	32200	6	Not applicable	Not applicable	Not applicable	SG011A
2443	Pediatric Surgery	Surgical	CystoJejunostomy / Cystogastrostomy	CystoJejunostomy - Lap.	32200	6	Not applicable	Not applicable	Not applicable	SG011B
2444	Pediatric Surgery	Surgical	CystoJejunostomy / Cystogastrostomy	Cystogastrostomy - Open	32200	6	Not applicable	Not applicable	Not applicable	SG011C
2445	Pediatric Surgery	Surgical	CystoJejunostomy / Cystogastrostomy	Cystogastrostomy - Lap.	32200	6	Not applicable	Not applicable	Not applicable	SG011D

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2446	Pediatric Surgery	Surgical	Feeding Jejunostomy	Feeding Jejunostomy	24600	6	Not applicable	Not applicable	Not applicable	SG012A
2447	Pediatric Surgery	Surgical	Ileostomy	Ileostomy	28000	6	Not applicable	Not applicable	Not applicable	SG013A
2448	Pediatric Surgery	Surgical	Congenital atresia & stenosis of small intestine	Congenital atresia & stenosis of small intestine	41300	6	Not applicable	Not applicable	Not applicable	SG014A
2449	Pediatric Surgery	Surgical	Operation for Duplication of Intestine	Operation for Duplication of Intestine	28300	7	Not applicable	Not applicable	Not applicable	SG015A
2450	Pediatric Surgery	Surgical	Diverticulectomy	Excision Meckel's Diverticulum	25200	3	Not applicable	Not applicable	Not applicable	SG016B
2451	Pediatric Surgery	Surgical	Appendicectomy	Open	21700	3	Not applicable	Not applicable	Not applicable	SG017A
2452	Pediatric Surgery	Surgical	Appendicectomy	Laparoscopic	21700	3	Not applicable	Not applicable	Not applicable	SG017B
2453	Pediatric Surgery	Surgical	Appendicular Perforation	Appendicular Perforation	22000	5	Not applicable	Not applicable	Not applicable	SG018A
2454	Pediatric Surgery	Surgical	Operative Management of Volvulus of Large Bowel	Operative Management of Volvulus of Large Bowel	48300	6	Not applicable	Not applicable	Not applicable	SG022A
2455	Pediatric Surgery	Surgical	Closure of colostomy	Closure of colostomy	24600	3	Not applicable	Not applicable	Not applicable	SG023A
2456	Pediatric Surgery	Surgical	Closure of stoma	Closure of stoma	18400	3	Not applicable	Not applicable	Not applicable	SG024A
2457	Pediatric Surgery	Surgical	Resection Anastomosis	Open	36400	7	Not applicable	Not applicable	Not applicable	SG030A

2458	Pediatric Surgery	Surgical	Resection Anastomosis	Lap	36400	7	Not applicable	Not applicable	Not applicable	SG030B
2459	Pediatric Surgery	Surgical	Exploratory Laparotomy	Exploratory Laparotomy	12500	5	Not applicable	Not applicable	Not applicable	SG035A
2460	Pediatric Surgery	Surgical	Closure of Burst Abdomen	Closure of Burst Abdomen	27100	6	Not applicable	Not applicable	Not applicable	SG036A
2461	Pediatric Surgery	Surgical	Hepatic Resection	Open	47400	7	Not applicable	Not applicable	Not applicable	SG037A
2462	Pediatric Surgery	Surgical	Hepatic Resection	Lap.	47400	7	Not applicable	Not applicable	Not applicable	SG037B
2463	Pediatric Surgery	Surgical	Abdominal Hydatid Cyst (Single Organ)	Abdominal Hydatid Cyst (Single Organ)	49500	10	Not applicable	Not applicable	Not applicable	SG038A
2464	Pediatric Surgery	Surgical	Cholecystectomy	Without Exploration of CBD - Open	36800	4	Not applicable	Not applicable	Not applicable	SG039A
2465	Pediatric Surgery	Surgical	Cholecystectomy	With Exploration of CBD - Open	36800	6	Not applicable	Not applicable	Not applicable	SG039B
2466	Pediatric Surgery	Surgical	Cholecystectomy	Without Exploration of CBD - Lap.	36800	3	Not applicable	Not applicable	Not applicable	SG039C
2467	Pediatric Surgery	Surgical	Cholecystectomy	With Exploration of CBD - Lap.	36800	3	Not applicable	Not applicable	Not applicable	SG039D
2468	Pediatric Surgery	Surgical	Operative Cholecystostomy	Chronic Cholecystitis With Cholelithiasis	14900	3	Not applicable	Not applicable	Not applicable	SG040A
2469	Pediatric Surgery	Surgical	Operative Cholecystostomy	Lap.	14900	3	Not applicable	Not applicable	Not applicable	SG040B
2470	Pediatric Surgery	Surgical	Splenectomy	Open	49500	7	Not applicable	Not applicable	Not applicable	SG042A
2471	Pediatric Surgery	Surgical	Splenectomy	Laparoscopic	49500	3	Not applicable	Not applicable	Not applicable	SG042B

2472	Pediatric Surgery	Surgical	Distal Pancreatectomy with Pancreatico Jejunostomy	Distal Pancreatectomy with Pancreatico Jejunostomy	79800	7	Not applicable	Not applicable	Not applicable	SG044A
2473	Pediatric Surgery	Surgical	Retroperitoneal Tumor - Excision	Retroperitoneal Tumor - Excision	43100	5	Not applicable	Not applicable	Not applicable	SG049A
2474	Pediatric Surgery	Surgical	Hernia Repair	Epigastric	22000	5	Not applicable	Not applicable	Mesh - 6 X 3 - Polypropylene - 2200 Mesh - 15 X 15 - 5500	SG050D
2475	Pediatric Surgery	Surgical	Hernia Repair	Umbilical	27500	5	Not applicable	Not applicable	Not applicable	SG050E
2476	Pediatric Surgery	Surgical	Hernia Repair	Paraumbilical	27500	4	Not applicable	Not applicable	Mesh - 15 X 15 - 5500	SG050F
2477	Pediatric Surgery	Surgical	Hernia Repair	Spigelian	27500	4	Not applicable	Not applicable	Mesh - 15 X 15 - 5500	SG050G
2478	Pediatric Surgery	Surgical	Hiatus Hernia Repair / Fundoplication	Hiatus Hernia Repair - Open	33700	5	Not applicable	Not applicable	Not applicable	SG053A
2479	Pediatric Surgery	Surgical	Hiatus Hernia Repair / Fundoplication	Hiatus Hernia Repair - Lap.	33700	5	Not applicable	Not applicable	Not applicable	SG053B
2480	Pediatric Surgery	Surgical	Hiatus Hernia Repair / Fundoplication	Fundoplication - Open	33700	5	Not applicable	Not applicable	Not applicable	SG053C

2481	Pediatric Surgery	Surgical	Hiatus Hernia Repair / Fundoplication	Fundoplication - Lap.	33700	5	Not applicable	Not applicable	Not applicable	SG053D
2482	Pediatric Surgery	Surgical	Epididymal Cyst / Nodule Excision	Epididymal Cyst excision	5800	D	Not applicable	Not applicable	Not applicable	SG057A
2483	Pediatric Surgery	Surgical	Epididymal Cyst / Nodule Excision	Epididymal Nodule excision	5800	D	Not applicable	Not applicable	Not applicable	SG057B
2484	Pediatric Surgery	Surgical	Orchidectomy	Orchidectomy	12900	2	Not applicable	Not applicable	Not applicable	SG059A
2485	Pediatric Surgery	Surgical	Excision of Growth from Tongue	Tongue only	26300	1	Not applicable	Not applicable	Not applicable	SG063A
2486	Pediatric Surgery	Surgical	Thyroidectomy	Hemi thyroidectomy	30300	2	Not applicable	Not applicable	Not applicable	SG070A
2487	Pediatric Surgery	Surgical	Thyroidectomy	Total thyroidectomy	72500	4	Not applicable	Not applicable	Not applicable	SG070B
2488	Pediatric Surgery	Surgical	Thyroidectomy	Total Thyroidectomy with Block Dissection	80500	5	Not applicable	Not applicable	Not applicable	SG070C
2489	Pediatric Surgery	Surgical	Excision of Parathyroid Adenoma / Carcinoma	Excision of Parathyroid Adenoma	27500	3	Not applicable	Not applicable	Not applicable	SG071A
2490	Pediatric Surgery	Surgical	Excision of Parathyroid Adenoma / Carcinoma	Excision of Parathyroid Carcinoma	22400	3	Not applicable	Not applicable	Not applicable	SG071B
2491	Pediatric Surgery	Surgical	Thymectomy	Thymectomy	66000	6	Not applicable	Not applicable	Not applicable	SG072A
2492	Pediatric Surgery	Surgical	Sympathectomy	Sympathectomy	38500	5	Not applicable	Not applicable	Not applicable	SG073A

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2493	Pediatric Surgery	Surgical	Intercostal Drainage only	Intercostal Drainage only	6200	1	Not applicable	Not applicable	Not applicable	SG077A
2494	Pediatric Surgery	Surgical	Rib Resection & Drainage	Rib Resection & Drainage	22000	3	Not applicable	Not applicable	Not applicable	SG078A
2495	Pediatric Surgery	Surgical	Thoracoplasty	Thoracoplasty	31500	6	Not applicable	Not applicable	Not applicable	SG079A
2496	Pediatric Surgery	Surgical	Lobectomy	Thoracoscopic	49600	5	Not applicable	Not applicable	Not applicable	SG081A
2497	Pediatric Surgery	Surgical	Lobectomy	Open	49600	5	Not applicable	Not applicable	Not applicable	SG081B
2498	Pediatric Surgery	Surgical	Thoracoscopic Segmental Resection	Thoracoscopic Segmental Resection	70800	5	Not applicable	Not applicable	Not applicable	SG082A
2499	Pediatric Surgery	Surgical	Lung Hydatid Cyst removal	Lung Hydatid Cyst removal	28900	3	Not applicable	Not applicable	Not applicable	SG083A
2500	Pediatric Surgery	Surgical	Split thickness skin grafts	Split skin grafts <= 5%	20700	1	Not applicable	Not applicable	Not applicable	SG090A
2501	Pediatric Surgery	Surgical	Split thickness skin grafts	Split skin grafts 5 - 10%	19900	1	Not applicable	Not applicable	Not applicable	SG090B
2502	Pediatric Surgery	Surgical	Split thickness skin grafts	Spit skin graft small >= 10 %	22400	1	Not applicable	Not applicable	Not applicable	SG090C
2503	Pediatric Surgery	Surgical	Skin Flaps - Rotation Flaps	Skin Flaps - Rotation Flaps	31700	2	Not applicable	Not applicable	Not applicable	SG091A
2504	Pediatric Surgery	Surgical	Biopsy	Lymph Node	5500	D	Not applicable	Not applicable	Not applicable	SG096A
2505	Pediatric Surgery	Surgical	Biopsy	Endometrial Aspiration	3000	D	Not applicable	Not applicable	Not applicable	SG096B



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2506	Pediatric Surgery	Surgical	Biopsy	Cervix Cancer screening (PAP + Colposcopy)	2800	D	Not applicable	Not applicable	Not applicable	SG096C
2507	Pediatric Surgery	Surgical	Biopsy	Cervical	1700	D	Not applicable	Not applicable	Not applicable	SG096D
2508	Pediatric Surgery	Surgical	Biopsy	Vulval	2800	D	Not applicable	Not applicable	Not applicable	SG096E
2509	Pediatric Surgery	Surgical	Foreign body removal	Foreign body removal	10200	D	Local Anesthesia/ General Anesthesia	None/ "+" 3300	Not applicable	SG098A
2510	Pediatric Surgery	Surgical	Repair of renal artery stenosis	Repair of renal artery stenosis	83600	7	Not applicable	Not applicable	Not applicable	SG102A
2511	Pediatric Surgery	Surgical	Circumcision	Circumcision - Phimosis / Paraphimosis or any other clinical condition	22000	D	Not applicable	Not applicable	Not applicable	SG104A
2512	Pediatric Surgery	Surgical	Pancreatectomy	Pancreatectomy	91800	3	Not applicable	Not applicable	Not applicable	SG170MLB
2513	Pediatric Surgery	Surgical	Pancreatectomy	Pancreatectomy Central	71300	3	Not applicable	Not applicable	Not applicable	SG170MLC
2514	Pediatric Surgery	Surgical	Peritonsillar abscess drainage / intraoral calculus removal	Intraoral calculus removal	8200	NA	Not applicable	Not applicable	Not applicable	SL017B
2515	Pediatric Surgery	Surgical	Uvulopalatopharyngoplasty (UPPP)	Uvulopalatopharyngoplasty (UPPP)	33200	2	Not applicable	Not applicable	Not applicable	SL019A

2516	Pediatric Surgery	Surgical	Rigid laryngoscopy / bronchoscopy / oesophagoscopy - Diagnostic + / - biopsy	Rigid laryngoscopy - Diagnostic + / - biopsy	7700	D	Local Anesthesia/ General Anesthesia	None/ "+" 5500	Not applicable	SL023A
2517	Pediatric Surgery	Surgical	Rigid laryngoscopy / bronchoscopy / oesophagoscopy - Diagnostic + / - biopsy	Rigid bronchoscopy - Diagnostic + / - biopsy	7700	D	Local Anesthesia/ General Anesthesia	None/ "+" 5500	Not applicable	SL023B
2518	Pediatric Surgery	Surgical	Rigid laryngoscopy / bronchoscopy / oesophagoscopy - Diagnostic + / - biopsy	Rigid oesophagoscopy - Diagnostic + / - biopsy	7700	D	Local Anesthesia/ General Anesthesia	None/ "+" 5500	Not applicable	SL023C
2519	Pediatric Surgery	Surgical	Deep neck abscess drainage/ Post trauma neck exploration	Deep neck abscess drainage	18500	2	Not applicable	Not applicable	Not applicable	SL028A

2520	Pediatric Surgery	Surgical	Deep neck abscess drainage/ Post trauma neck exploration	Post trauma neck exploration	23100	2	Not applicable	Not applicable	Not applicable	SL028B
2521	Pediatric Surgery	Surgical	Laparotomy and Proceed for Ovarian Cancers - Omentomy with Bilateral Salpingoophorectomy	Laparotomy and Proceed for Ovarian Cancers - Omentomy with Bilateral Salpingoophorectomy	41800	5	Not applicable	Not applicable	Not applicable	SO002A
2522	Pediatric Surgery	Surgical	Cleft Lip and Palate Surgery	Cleft Lip and Palate Surgery	25000	5	Not applicable	Not applicable	Not applicable	SS001A
2523	Pediatric Surgery	Surgical	Ankyloglossia	Minor	9900	D	Not applicable	Not applicable	Not applicable	SS002A
2524	Pediatric Surgery	Surgical	Ankyloglossia	Major	20700	3	Not applicable	Not applicable	Not applicable	SS002B
2525	Pediatric Surgery	Surgical	Anti GERD Surgery	Anti GERD Surgery	29500	2	Not applicable	Not applicable	Not applicable	SS003A
2526	Pediatric Surgery	Surgical	Gastrostomy	Gastrostomy + Esophagoscopy + Threading	30500	5	Not applicable	Not applicable	Not applicable	SS004A
2527	Pediatric Surgery	Surgical	Ladds Procedure	Ladds Procedure	53700	3	Not applicable	Not applicable	Not applicable	SS005A
2528	Pediatric Surgery	Surgical	Duplication Cyst Excision	Duplication Cyst Excision	33900	5	Not applicable	Not applicable	Not applicable	SS006A
2529	Pediatric Surgery	Surgical	Intussusception	Non Operative reduction in Infants	31200	5	Not applicable	Not applicable	Not applicable	SS007A
2530	Pediatric Surgery	Surgical	Intussusception	Operative in infants	34000	3	Not applicable	Not applicable	Not applicable	SS007B

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2531	Pediatric Surgery	Surgical	Surgery for Hirschsprung's Disease	Myectomy	56800	2	Not applicable	Not applicable	Not applicable	SS008A
2532	Pediatric Surgery	Surgical	Surgery for Hirschsprung's Disease	Pull Through	42200	5	Not applicable	Not applicable	Not applicable	SS008B
2533	Pediatric Surgery	Surgical	Surgery for Hirschsprung's Disease	Rectal Biopsy - Punch	56800	1	Not applicable	Not applicable	Not applicable	SS008C
2534	Pediatric Surgery	Surgical	Surgery for Hirschsprung's Disease	Rectal Biopsy - Open	56800	2	Not applicable	Not applicable	Not applicable	SS008D
2535	Pediatric Surgery	Surgical	Surgery for Hirschsprung's Disease	Sphincterotomy	21800	3	Not applicable	Not applicable	Not applicable	SS008E
2536	Pediatric Surgery	Surgical	Rectal Polypectomy	Sigmoidoscopic under GA	25300	2	Not applicable	Not applicable	Not applicable	SS009A
2537	Pediatric Surgery	Surgical	Rectal Polypectomy	Rectal Polypectomy	25300	2	Not applicable	Not applicable	Not applicable	SS009MLA
2538	Pediatric Surgery	Surgical	Ano Rectal Malformation	Abd perineal PSARP	46000	5	Not applicable	Not applicable	Not applicable	SS010A
2539	Pediatric Surgery	Surgical	Ano Rectal Malformation	Anoplasty	38600	5	Not applicable	Not applicable	Not applicable	SS010B
2540	Pediatric Surgery	Surgical	Ano Rectal Malformation	Cutback	34000	5	Not applicable	Not applicable	Not applicable	SS010C
2541	Pediatric Surgery	Surgical	Ano Rectal Malformation	PSARP	34000	5	Not applicable	Not applicable	Not applicable	SS010D
2542	Pediatric Surgery	Surgical	Ano Rectal Malformation	Redo - Pullthrough	37500	5	Not applicable	Not applicable	Not applicable	SS010E

2543	Pediatric Surgery	Surgical	Ano Rectal Malformation	Transposition	31500	3	Not applicable	Not applicable	Not applicable	SS010F
2544	Pediatric Surgery	Surgical	Fecal Fistula Closure	Fecal Fistula Closure	38900	3	Not applicable	Not applicable	Not applicable	SS011A
2545	Pediatric Surgery	Surgical	GI Tumor Excision	GI Tumor Excision	45900	7	Not applicable	Not applicable	Not applicable	SS012A
2546	Pediatric Surgery	Surgical	Congenital Diaphragmatic Hernia	Congenital Diaphragmatic Hernia	55400	5	Not applicable	Not applicable	Not applicable	SS013A
2547	Pediatric Surgery	Surgical	Hernia Repair	Inguinal	18500	5	Not applicable	Not applicable	Not applicable	SS013MLA
2548	Pediatric Surgery	Surgical	Hernia Repair	Diaphragmatic	27900	5	Not applicable	Not applicable	Not applicable	SS013MLB
2549	Pediatric Surgery	Surgical	Exomphalos/ Gastroschisis	Exomphalos	42400	5	Not applicable	Not applicable	Not applicable	SS014A
2550	Pediatric Surgery	Surgical	Exomphalos/ Gastroschisis	Gastroschisis	42400	5	Not applicable	Not applicable	Not applicable	SS014B
2551	Pediatric Surgery	Surgical	Hernia & Hydrocele	Hernia & Hydrocele	27500	5	Not applicable	Not applicable	Not applicable	SS015A
2552	Pediatric Surgery	Surgical	Retro - Peritoneal Lymphangioma Excision	Retro - Peritoneal Lymphangioma Excision	36200	5	Not applicable	Not applicable	Not applicable	SS016A
2553	Pediatric Surgery	Surgical	Sacrococcygeal Teratoma	Sacrococcygeal Teratoma	33600	5	Not applicable	Not applicable	Not applicable	SS017A
2554	Pediatric Surgery	Surgical	Surgery for Congenital Lobar Emphysema	Surgery for Congenital Lobar Emphysema	44600	5	Not applicable	Not applicable	Not applicable	SS018A

2555	Pediatric Surgery	Surgical	Undescended Testis	Palpable + Nonpalpable	24000	4	Not applicable	Not applicable	Not applicable	SS019A
2556	Pediatric Surgery	Surgical	Undescended Testis	Palpable	24000	4	Not applicable	Not applicable	Not applicable	SS019B
2557	Pediatric Surgery	Surgical	Undescended Testis	Non - Palpable	27400	4	Not applicable	Not applicable	Not applicable	SS019C
2558	Pediatric Surgery	Surgical	Undescended Testis	Reexploration / Second Stage	27400	4	Not applicable	Not applicable	Not applicable	SS019E
2559	Pediatric Surgery	Surgical	Excision of accessory auricle	Excision of accessory auricle	26200	4	Not applicable	Not applicable	Not applicable	SS020A
2560	Pediatric Surgery	Surgical	Anal transposition for ectopic anus	Anal transposition for ectopic anus	33200	1	Not applicable	Not applicable	Not applicable	SS020MLA
2561	Pediatric Surgery	Surgical	MACROSTOMIA REPAIR	Repair of macrostomia	53700	4	Not applicable	Not applicable	Not applicable	SS021A
2562	Pediatric Surgery	Surgical	Chordee Correction	Chordee Correction	19600	5	Not applicable	Not applicable	Not applicable	SS021MLA
2563	Pediatric Surgery	Surgical	PARATHYROIDECTOMY	Parathyroidectomy	53700	4	Not applicable	Not applicable	Not applicable	SS022A
2564	Pediatric Surgery	Surgical	Colon Transplant	Colon Transplant	22300	5	Not applicable	Not applicable	Not applicable	SS022MLA
2565	Pediatric Surgery	Surgical	STENSON'S DUCT DILATATION	Dilatation of Stenson's duct	15200	4	Not applicable	Not applicable	Not applicable	SS023A
2566	Pediatric Surgery	Surgical	Congenital Pyloric Stenosis	Congenital Pyloric Stenosis	15300	5	Not applicable	Not applicable	Not applicable	SS023MLA
2567	Pediatric Surgery	Surgical	SUPERNUMMERY DIGIT EXISION	Excision of supernumerary digit	19300	4	Not applicable	Not applicable	Not applicable	SS024A
2568	Pediatric Surgery	Surgical	SYNDACTYLY	Syndactyly repair	48200	4	Not applicable	Not applicable	Not applicable	SS025A

2569	Pediatric Surgery	Surgical	Laparotomy lavage & drainage	Laparotomy lavage & drainage	12700	3	Not applicable	Not applicable	Not applicable	SS025MLA
2570	Pediatric Surgery	Surgical	TONGUE LACERATION	Repair of tongue laceration	19300	4	Not applicable	Not applicable	Not applicable	SS026A
2571	Pediatric Surgery	Surgical	TORTICOLLIS	Sternomastoid division	20700	4	Not applicable	Not applicable	Not applicable	SS027A
2572	Pediatric Surgery	Surgical	Pyloric Stenosis (Ramsted Op)	Pyloric Stenosis (Ramsted Op)	18500	3	Not applicable	Not applicable	Not applicable	SS027MLA
2573	Pediatric Surgery	Surgical	LIVER TRAUMA NON-OP	Non-operative management of liver trauma	55000	4	Not applicable	Not applicable	Not applicable	SS028A
2574	Pediatric Surgery	Surgical	Resection anastomosis of Intestine	Resection anastomosis of Intestine	27100	2	Not applicable	Not applicable	Not applicable	SS028MLA
2575	Pediatric Surgery	Surgical	PORTAL HYPERTENSION	NON-SHUNTS	61900	4	Not applicable	Not applicable	Not applicable	SS029A
2576	Pediatric Surgery	Surgical	CONJOINED TWINS	Separation of twins	130700	4	Not applicable	Not applicable	Not applicable	SS030A
2577	Pediatric Surgery	Surgical	ESOPHAGEAL ATRESIA/TEF	PRIMARY REPAIR	89400	4	Not applicable	Not applicable	Not applicable	SS031A
2578	Pediatric Surgery	Surgical	MALROTATION	Ladd's procedure	53700	4	Not applicable	Not applicable	Not applicable	SS032A
2579	Pediatric Surgery	Surgical	POSTERIOR URETHRAL VALVES	VESICOSTOMY	56400	4	Not applicable	Not applicable	Not applicable	SS033A
2580	Pediatric Surgery	Surgical	SPLENORRHAPHY	Splenorrhaphy	42700	4	Not applicable	Not applicable	Not applicable	SS034A
2581	Pediatric Surgery	Surgical	ESOPHAGEAL DILATATION	Esophageal dilatation	41300	4	Not applicable	Not applicable	Not applicable	SS035A

2582	Pediatric Surgery	Surgical	OPEN KIDNEY BIOPSY	Kiidney biopsy	45400	4	Not applicable	Not applicable	Not applicable	SS036A
2583	Pediatric Surgery	Surgical	APPENDICO-VESICOSTOMY/Mitraffanof	Appendicovesicostomy or Monti procedure	59200	4	Not applicable	Not applicable	Not applicable	SS037A
2584	Pediatric Surgery	Surgical	VESICOSTOMY	Vesicostomy	38500	4	Not applicable	Not applicable	Not applicable	SS038A
2585	Pediatric Surgery	Surgical	SUPRAGLOTTOPLASTY	Supra-glotoplasty	37200	4	Not applicable	Not applicable	Not applicable	SS039A
2586	Pediatric Surgery	Surgical	SINGLE STAGE AIRWAY RECONSTRUCTION	Airway reconstruction	75700	4	Not applicable	Not applicable	Not applicable	SS040A
2587	Pediatric Surgery	Surgical	STAGED AIRWAY RECONSTRUCTION	Staged airway reconstruction	68800	4	Not applicable	Not applicable	Not applicable	SS041A
2588	Pediatric Surgery	Surgical	SLIDE TRACHEOPLASTY	Slide tracheoplasty	82500	4	Not applicable	Not applicable	Not applicable	SS042A
2589	Pediatric Surgery	Surgical	Adrenalectomy	Open	30300	2	Unilateral/ Bilateral	None/ "+" 5500	Not applicable	SU001A
2590	Pediatric Surgery	Surgical	Adrenalectomy	Lap	30300	2	Unilateral/ Bilateral	None/ "+" 5500	Not applicable	SU001B
2591	Pediatric Surgery	Surgical	Renal Cyst Deroofing or Marsupialization	Open	33000	2	Not applicable	Not applicable	Not applicable	SU002A
2592	Pediatric Surgery	Surgical	Renal Cyst Deroofing or Marsupialization	Lap.	33000	2	Not applicable	Not applicable	Not applicable	SU002B



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2593	Pediatric Surgery	Surgical	Nephrectomy	For Benign pathology - Open	45200	2	Not applicable	Not applicable	Not applicable	SU003A
2594	Pediatric Surgery	Surgical	Nephrectomy	For Benign pathology - Lap.	50400	2	Not applicable	Not applicable	Not applicable	SU003B
2595	Pediatric Surgery	Surgical	Nephrectomy	Radical (Renal tumor) - Open	45200	4	Not applicable	Not applicable	Not applicable	SU003C
2596	Pediatric Surgery	Surgical	Nephrectomy	Radical (Renal tumor) - Lap.	50400	3	Not applicable	Not applicable	Not applicable	SU003D
2597	Pediatric Surgery	Surgical	Nephrectomy	Partial or Hemi - Open	60000	4	Not applicable	Not applicable	Not applicable	SU003E
2598	Pediatric Surgery	Surgical	Nephrectomy	Partial or Hemi - Lap	60000	3	Not applicable	Not applicable	Not applicable	SU003F
2599	Pediatric Surgery	Surgical	Nephrostomy	Percutaneous - Ultrasound Guided	40000	1	Not applicable	Not applicable	Not applicable	SU008A
2600	Pediatric Surgery	Surgical	Nephrostomy	Open	22000	3	Not applicable	Not applicable	Not applicable	SU008C
2601	Pediatric Surgery	Surgical	Nephro Ureterectomy	Benign - Open	42000	4	Not applicable	Not applicable	Not applicable	SU010A
2602	Pediatric Surgery	Surgical	Nephro Ureterectomy	Benign - Lap.	50400	3	Not applicable	Not applicable	Not applicable	SU010B
2603	Pediatric Surgery	Surgical	Nephro Ureterectomy	With Cuff of Bladder - Open	57500	4	Not applicable	Not applicable	Not applicable	SU010C
2604	Pediatric Surgery	Surgical	Nephro Ureterectomy	With Cuff of Bladder - Lap.	57500	3	Not applicable	Not applicable	Not applicable	SU010D
2605	Pediatric Surgery	Surgical	Ureterolithotomy	Open	33000	3	Not applicable	Not applicable	Not applicable	SU018A
2606	Pediatric Surgery	Surgical	Ureterolithotomy	Lap.	33000	2	Not applicable	Not applicable	Not applicable	SU018B

2607	Pediatric Surgery	Surgical	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyeloplasty - Open	42600	3	Not applicable	Not applicable	Not applicable	SU021A
2608	Pediatric Surgery	Surgical	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyeloplasty - Laparoscopic	47700	2	Not applicable	Not applicable	Not applicable	SU021B
2609	Pediatric Surgery	Surgical	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyeloureterostomy - Open	42600	3	Not applicable	Not applicable	Not applicable	SU021C
2610	Pediatric Surgery	Surgical	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyeloureterostomy - Laparoscopic	47700	2	Not applicable	Not applicable	Not applicable	SU021D
2611	Pediatric Surgery	Surgical	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyelopyelostomy - Open	42600	3	Not applicable	Not applicable	Not applicable	SU021E
2612	Pediatric Surgery	Surgical	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyelopyelostomy - Laparoscopic	47700	2	Not applicable	Not applicable	Not applicable	SU021F

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2613	Pediatric Surgery	Surgical	Pyelolithotomy	Open	41300	3	Not applicable	Not applicable	Not applicable	SU024A
2614	Pediatric Surgery	Surgical	Pyelolithotomy	Lap.	41300	2	Not applicable	Not applicable	Not applicable	SU024B
2615	Pediatric Surgery	Surgical	Ureterostomy (Cutaneous)	Ureterostomy (Cutaneous)	27700	2	Not applicable	Not applicable	Not applicable	SU027A
2616	Pediatric Surgery	Surgical	Uretero-ureterostomy	Open	38500	3	Not applicable	Not applicable	Not applicable	SU028A
2617	Pediatric Surgery	Surgical	Uretero-ureterostomy	Lap.	46400	3	Not applicable	Not applicable	Not applicable	SU028B
2618	Pediatric Surgery	Surgical	Ureteric Reimplantation	Open	33000	3	Unilateral/ Bilateral	None/ "+" 11000	Not applicable	SU030A
2619	Pediatric Surgery	Surgical	Ureteric Reimplantation	Lap.	33000	3	Unilateral/ Bilateral	None/ "+" 11000	Not applicable	SU030B
2620	Pediatric Surgery	Surgical	Diagnostic Cystoscopy	Diagnostic Cystoscopy	35000	1	Not applicable	Not applicable	Not applicable	SU042A
2621	Pediatric Surgery	Surgical	Partial Cystectomy	Open	33000	3	Not applicable	Not applicable	Not applicable	SU043A
2622	Pediatric Surgery	Surgical	Partial Cystectomy	Lap.	33000	2	Not applicable	Not applicable	Not applicable	SU043B
2623	Pediatric Surgery	Surgical	Augmentation Cystoplasty	Open	44000	4	Not applicable	Not applicable	Not applicable	SU045A
2624	Pediatric Surgery	Surgical	Augmentation Cystoplasty	Lap.	49100	4	Not applicable	Not applicable	Not applicable	SU045B

2625	Pediatric Surgery	Surgical	Bladder Injury Repair (With or Without Urethral Injury)	Bladder Injury Repair (With or Without Urethral Injury)	35100	3	Not applicable	Not applicable	Not applicable	SU049A
2626	Pediatric Surgery	Surgical	Y V Plasty Of Bladder Neck / Bladder Neck Reconstruction	Y V Plasty Of Bladder Neck / Bladder Neck Reconstruction	46500	4	Not applicable	Not applicable	Not applicable	SU053A
2627	Pediatric Surgery	Surgical	Supra Pubic Drainage	Open	12400	5	Not applicable	Not applicable	Not applicable	SU061A
2628	Pediatric Surgery	Medical	Emergency Management of Acute Retention of Urine	Emergency Management of Acute Retention of Urine	0	2	Routine Ward	2000	Not applicable	SU064A
2629	Pediatric Surgery	Surgical	Meatotomy / Meatoplasty	Meatotomy	5700	D	Not applicable	Not applicable	Not applicable	SU065A
2630	Pediatric Surgery	Surgical	Meatotomy / Meatoplasty	Meatoplasty	6500	D	Not applicable	Not applicable	Not applicable	SU065B
2631	Pediatric Surgery	Surgical	Perineal Urethrostomy Without Closure	Perineal Urethrostomy Without Closure	27900	2	Not applicable	Not applicable	Not applicable	SU069A
2632	Pediatric Surgery	Surgical	Hypospadias repair	Single Stage	55000	3	Not applicable	Not applicable	Not applicable	SU071A
2633	Pediatric Surgery	Surgical	Hypospadias repair	Two or more stage (First Stage)	33000	3	Not applicable	Not applicable	Not applicable	SU071B

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2634	Pediatric Surgery	Surgical	Hypospadias repair	Two or more stage (Intermediate Stage)	33000	5	Not applicable	Not applicable	Not applicable	SU071C
2635	Pediatric Surgery	Surgical	Hypospadias repair	Two or more stage (Final Stage)	33000	3	Not applicable	Not applicable	Not applicable	SU071D
2636	Pediatric Surgery	Surgical	Hypospadias repair	with Orchiopexy	46500	3	Not applicable	Not applicable	Not applicable	SU071MLA
2637	Pediatric Surgery	Medical	Emergency Management of Hematuria	Emergency Management of Hematuria	0	2	Routine Ward	2000	Not applicable	SU073A
2638	Pediatric Surgery	Surgical	Urethrovaginal Fistula Repair	Urethrovaginal Fistula Repair	55000	2	Not applicable	Not applicable	Not applicable	SU075A
2639	Pediatric Surgery	Surgical	Urethrorectal Fistula Repair	Urethrorectal Fistula Repair	68800	4	Not applicable	Not applicable	Not applicable	SU076A
2640	Pediatric Surgery	Surgical	Orchiectomy	Inguinal	51500	2	Not applicable	Not applicable	Not applicable	SU086A
2641	Pediatric Surgery	Surgical	Orchiectomy	Simple	45700	1	Not applicable	Not applicable	Not applicable	SU086B
2642	Pediatric Surgery	Surgical	Bilateral Orchidectomy for Hormone Ablation	Bilateral Orchidectomy for Hormone Ablation	42000	1	Not applicable	Not applicable	Not applicable	SU087A
2643	Pediatric Surgery	Surgical	Torsion Testis	Torsion Testis	46500	1	Not applicable	Not applicable	Not applicable	SU122MLA
2644	Pediatric Surgery	Surgical	Thromboembolectomy	Thromboembolectomy	42400	4	Not applicable	Not applicable	Not applicable	SV020A
2645	Pediatric Surgery	Surgical	Thoracotomy, Thoraco Abdominal Approach	Thoracotomy, Thoraco Abdominal Approach	45400	10	Not applicable	Not applicable	Not applicable	SV022A

2646	Pediatric Surgery	Surgical	Lung surgery including Thoracotomy	Lung cyst exision	68100	10	Not applicable	Not applicable	Not applicable	SV023A
2647	Pediatric Surgery	Surgical	Lung surgery including Thoracotomy	Decortication	68100	10	Not applicable	Not applicable	Not applicable	SV023B
2648	Pediatric Surgery	Surgical	Lung surgery including Thoracotomy	Hydatid cyst	68100	10	Not applicable	Not applicable	Not applicable	SV023C
2649	Pediatric Surgery	Surgical	Lung surgery including Thoracotomy	Other simple lung procedure excluding lung resection	68100	10	Not applicable	Not applicable	Not applicable	SV023D
2650	Pediatric Surgery	Surgical	Foreign Body Removal with scope	Foreign Body Removal with scope	30300	2	Not applicable	Not applicable	Not applicable	SV025A
2651	Pediatric Surgery	Surgical	Surgical Correction of Bronchopleural Fistula	Surgical Correction of Bronchopleural Fistula	98300	10	Not applicable	Not applicable	Not applicable	SV026A
2652	Pediatric Surgery	Surgical	Space - Occupying Lesion (SOL) mediastinum	Space - Occupying Lesion (SOL) mediastinum	99100	10	Not applicable	Not applicable	Not applicable	SV027A

2653	Pediatric Surgery	Surgical	Isolated Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy	Isolated Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy	15200	4	Not applicable	Not applicable	Not applicable	SV028A
2654	Pediatric Surgery	Surgical	Diaphragmatic Repair	Diaphragmatic Repair	45400	10	Not applicable	Not applicable	Mesh - 6 X 3 - Polypropylene - 2200	SV029A
2655	Pediatric Surgery	Surgical	Acute intestinal obstruction	Acute intestinal obstruction	31600	5	Not applicable	Not applicable	Not applicable	SL054MLA
2656	Pediatric Surgery	Surgical	Operation for Gastric / Duodenal Perforation	Gastric Perforation	31600	6	Not applicable	Not applicable	Not applicable	SG007A
2657	Pediatric Surgery	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Branchial Fistula Excision	22000	3	Not applicable	Not applicable	Not applicable	SL018E
2658	Pediatric Surgery	Surgical	Surgical removal of Branchial Cyst	Surgical removal of Branchial Cyst	22000	2	Not applicable	Not applicable	Not applicable	SG068A
2659	Pediatric Surgery	Surgical	Meningocele	Meningocele Anterior	161400	10	Not applicable	Not applicable	Not applicable	SN005A
2660	Pediatric Surgery	Surgical	Meningocele	Meningocele Lumbar	128800	10	Not applicable	Not applicable	Not applicable	SN005B

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2661	Pediatric Surgery	Surgical	Meningocele	Meningocele Occipital	160200	10	Not applicable	Not applicable	Not applicable	SN005C
2662	Pediatric Surgery	Surgical	Anterior Encephalocele	Anterior Encephalocele	160200	8	Not applicable	Not applicable	Not applicable	SN052A
2663	Pediatric Surgery	Surgical	Encephalocele Repair	Encephalocele Repair	50700	10	Not applicable	Not applicable	Not applicable	SN071MLA
2664	Pediatric Surgery	Surgical	Preauricular Sinus	Preauricular Sinus	9100	D	Not applicable	Not applicable	Not applicable	SL059MLA
2665	Pediatric Surgery	Surgical	Parotidectomy	Parotidectomy Total	35700	2	Not applicable	Not applicable	Not applicable	SL021A
2666	Pediatric Surgery	Surgical	Parotidectomy	Parotidectomy Superficial	36900	3	Not applicable	Not applicable	Not applicable	SL021B
2667	Pediatric Surgery	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Thyroglossal Cyst Excision	22000	2	Not applicable	Not applicable	Not applicable	SL018A
2668	Pediatric Surgery	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Thyroglossal Sinus Excision	22000	2	Not applicable	Not applicable	Not applicable	SL018B
2669	Pediatric Surgery	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Thyroglossal Fistula Excision	22000	2	Not applicable	Not applicable	Not applicable	SL018C



2670	Pediatric Surgery	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Branchial Sinus Excision	22000	3	Not applicable	Not applicable	Not applicable	SL018D
2671	Pediatric Surgery	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Branchial Fistula Excision	22000	3	Not applicable	Not applicable	Not applicable	SL018E
2672	Pediatric Surgery	Surgical	Achalasia Cardia Abdominal, Per Oral Endoscopic Myotomy (Poem)	Achalasia Cardia Abdominal, Per Oral Endoscopic Myotomy (Poem)	10900	3	Not applicable	Not applicable	Not applicable	SG107MLA
2673	Pediatric Surgery	Surgical	Removal of Submandibular Salivary Gland/ Lymph Node/ Ranula	Removal of Ranula	31900	3	Local Anesthesia/ General Anesthesia	None/ "+" 6600	Not applicable	SL022B
2674	Pediatric Surgery	Surgical	Removal of Submandibular Salivary Gland/ Lymph Node/ Ranula	Removal of Ranula	31900	3	Local Anesthesia/ General Anesthesia	None/ "+" 6600	Not applicable	SL022B
2675	Pediatric Surgery	Medical	Nephrostomy	Nephrostomy (PCN) - Follow Up	1200	D	Not applicable	Not applicable	Not applicable	SU008B

2676	Pediatric Surgery	Medical	Ureterolithotomy	Lap Ureterolithotomy - Follow Up	1000	D	Not applicable	Not applicable	Not applicable	SU018C
2677	Pediatric Surgery	Medical	Ureterolithotomy	Open Ureterolithotomy - Follow Up	1000	D	Not applicable	Not applicable	Not applicable	SU018D
2678	Pediatric Surgery	Surgical	Ureterocalycostomy	Open	43900	4	Not applicable	Not applicable	Not applicable	SU023A
2679	Pediatric Surgery	Surgical	Ureterocalycostomy	Lap.	49100	3	Not applicable	Not applicable	Not applicable	SU023B
2680	Pediatric Surgery	Medical	DJ Stent Removal	DJ Stent Removal	5000	D	Not applicable	Not applicable	Not applicable	SU034A
2681	Pediatric Surgery	Surgical	Acute management of Upper Urinary Tract Trauma – Conservative	Acute management of Upper Urinary Tract Trauma – Conservative	0	5	Routine Ward	2000	Not applicable	SU037A
2682	Pediatric Surgery	Surgical	Cystolithotomy - Open including Cystoscopy	Cystolithotomy - Open including Cystoscopy	36900	2	Not applicable	Not applicable	Not applicable	SU040A
2683	Pediatric Surgery	Surgical	Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy	Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy	27700	1	Not applicable	Not applicable	Not applicable	SU041A
2684	Pediatric Surgery	Surgical	Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy	Urethral Stone removal endoscopic, including cystoscopy	27400	4	Not applicable	Not applicable	Not applicable	SU041B

2685	Pediatric Surgery	Medical	Partial Cystectomy - Follow Up	Partial Cystectomy - Follow Up	1000	D	Not applicable	Not applicable	Not applicable	SU043C
2686	Pediatric Surgery	Surgical	Extrophy Bladder Repair +/- Osteotomy with Epispadias Repair and Ureteric Reimplant	Extrophy Bladder Repair +/- Osteotomy with Epispadias Repair and Ureteric Reimplant	123800	4	Not applicable	Not applicable	Not applicable	SU051A
2687	Pediatric Surgery	Surgical	Neurogenic Bladder - Package For Evaluation / Investigation (Catheter With Ultrasound With Culture With Rgu/ Mcu) For 1 Month (Medicines - Antibiotics)	Neurogenic Bladder - Package For Evaluation / Investigation (Catheter With Ultrasound With Culture With Rgu/ Mcu) For 1 Month (Medicines - Antibiotics)	54900	1	Not applicable	Not applicable	Not applicable	SU052A
2688	Pediatric Surgery	Surgical	Urethroplasty	End to End	41300	2	Not applicable	Not applicable	Not applicable	SU066A
2689	Pediatric Surgery	Surgical	Urethroplasty	Substitution - Single Stage	41300	4	Not applicable	Not applicable	Not applicable	SU066B
2690	Pediatric Surgery	Surgical	Urethroplasty	Substitution - Two Stage	82500	4	Not applicable	Not applicable	Not applicable	SU066C
2691	Pediatric Surgery	Surgical	Urethroplasty	Transpubic	47500	4	Not applicable	Not applicable	Not applicable	SU066D

2692	Pediatric Surgery	Medical	Urethroplasty Follow Up	Urethroplasty Follow Up	1000	D	Not applicable	Not applicable	Not applicable	SU066E
2693	Pediatric Surgery	Surgical	Urethral Dilatation	Non endoscopic	5500	1	Not applicable	Not applicable	Not applicable	SU068A
2694	Pediatric Surgery	Medical	Urethral Dilatation	Endoscopic	37000	1	Not applicable	Not applicable	Not applicable	SU068B
2695	Pediatric Surgery	Medical	Hypospadias Repair - Follow Up	Hypospadias Repair - Follow Up	1000	D	Not applicable	Not applicable	Not applicable	SU071E
2696	Pediatric Surgery	Surgical	Orchiopexy	Lap.	41300	3	Unilateral/ Bilateral	None/ "+" 5500	Not applicable	SU088A
2697	Pediatric Surgery	Surgical	Orchiopexy	Open	33000	2	Unilateral/ Bilateral	None/ "+" 5500	Not applicable	SU088B
2698	Pediatric Surgery	Surgical	Bladder Calculi Removal	Bladder Calculi Removal	25300	1	Not applicable	Not applicable	Not applicable	SU099MLA
2699	Pediatric Surgery	Surgical	Ultra Sound Guided Biopsy	Ultra Sound Guided Biopsy	2700	D	Not applicable	Not applicable	Not applicable	SU125MLA
2700	Pediatric Surgery	Surgical	Vesicolithotomy	Vesicolithotomy	25200	3	Not applicable	Not applicable	Not applicable	SU137MLA
2701	Pediatric Surgery	Surgical	Meningomyelocele	Meningomyelocele	95000	7	Not applicable	Not applicable	Not applicable	SN093MLA
2702	Plastic & Reconstructive Surgery	Surgical	Thermal burns	% Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing	7700	D	Not applicable	Not applicable	Not applicable	BM001A
2703	Plastic & Reconstructive Surgery	Surgical	Thermal burns	% Total Body Surface Area Burns (TBSA): Upto 40 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	55000	12	Not applicable	Not applicable	Not applicable	BM001B

2704	Plastic & Reconstructive Surgery	Surgical	Thermal burns	% Total Body Surface Area Burns (TBSA): 40% - 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	88400	12	Not applicable	Not applicable	Not applicable	BM001C
2705	Plastic & Reconstructive Surgery	Surgical	Thermal burns	% Total Body Surface Area Burns (TBSA): > 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	110000	12	Not applicable	Not applicable	Not applicable	BM001D
2706	Plastic & Reconstructive Surgery	Surgical	Thermal burns	Criteria 5: % Total Body Surface Area Burns (TBSA):60-80 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	110000	12	Not applicable	Not applicable	Not applicable	BM001E
2707	Plastic & Reconstructive Surgery	Surgical	Scald burns	% Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing	7700	D	Not applicable	Not applicable	Not applicable	BM002A
2708	Plastic & Reconstructive Surgery	Surgical	Scald burns	% Total Body Surface Area Burns (TBSA): Upto 40 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	55000	12	Not applicable	Not applicable	Not applicable	BM002B

2709	Plastic & Reconstructive Surgery	Surgical	Scald burns	% Total Body Surface Area Burns (TBSA): 40% - 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	88400	12	Not applicable	Not applicable	Not applicable	BM002C
2710	Plastic & Reconstructive Surgery	Surgical	Scald burns	% Total Body Surface Area Burns (TBSA): > 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	110000	12	Not applicable	Not applicable	Not applicable	BM002D
2711	Plastic & Reconstructive Surgery	Surgical	Scald burns	Criteria 5: % Total Body Surface Area Burns (TBSA):60-80 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	110000	12	Not applicable	Not applicable	Not applicable	BM002E
2712	Plastic & Reconstructive Surgery	Surgical	Flame burns	% Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing	7700	D	Not applicable	Not applicable	Not applicable	BM003A
2713	Plastic & Reconstructive Surgery	Surgical	Flame burns	% Total Body Surface Area Burns (TBSA): Upto 40 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	55000	12	Not applicable	Not applicable	Not applicable	BM003B

2714	Plastic & Reconstructive Surgery	Surgical	Flame burns	% Total Body Surface Area Burns (TBSA): 40 % - 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	88400	12	Not applicable	Not applicable	Not applicable	BM003C
2715	Plastic & Reconstructive Surgery	Surgical	Flame burns	% Total Body Surface Area Burns (TBSA): > 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	110000	12	Not applicable	Not applicable	Not applicable	BM003D
2716	Plastic & Reconstructive Surgery	Surgical	Electrical contact burns	Electrical contact burns: Low voltage - without part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	41300	12	Not applicable	Not applicable	Not applicable	BM004A
2717	Plastic & Reconstructive Surgery	Surgical	Electrical contact burns	Electrical contact burns: Low voltage - with part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	55000	12	Not applicable	Not applicable	Not applicable	BM004B
2718	Plastic & Reconstructive Surgery	Surgical	Electrical contact burns	Electrical contact burns: High voltage - with part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	82500	12	Not applicable	Not applicable	Not applicable	BM004C

2719	Plastic & Reconstructive Surgery	Surgical	Electrical contact burns	Electrical contact burns: High voltage - without part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	68800	12	Not applicable	Not applicable	Not applicable	BM004D
2720	Plastic & Reconstructive Surgery	Surgical	Chemical burns	Chemical burns: Without significant facial scarring and/or loss of function; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	55000	12	Not applicable	Not applicable	Not applicable	BM005A
2721	Plastic & Reconstructive Surgery	Surgical	Chemical burns	Chemical burns: With significant facial scarring and/or loss of function; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	82500	12	Not applicable	Not applicable	Not applicable	BM005B
2722	Plastic & Reconstructive Surgery	Surgical	Post Burn Contracture surgeries for Functional Improvement	Post Burn Contracture surgeries for Functional Improvement (Package including splints, pressure garments, silicone - gel sheet and physiotherapy): Excluding Neck contracture; Contracture release with - Split thickness Skin Graft (STSG) / Full Thickness Skin Graft (FTSG) / Flap cover is done for each joint with post - operative regular dressings for STSG / FTSG / Flap cover.	68800	8	Not applicable	Not applicable	Not applicable	BM006A



2723	Plastic & Reconstructive Surgery	Surgical	Post Burn Contracture surgeries for Functional Improvement	Post Burn Contracture surgeries for Functional Improvement (Package including splints, pressure garments, silicone - gel sheet and physiotherapy): Neck contracture; Contracture release with - Split thickness Skin Graft (STSG) / Full Thickness Skin Graft (FTSG) / Flap cover is done for each joint with post-operative regular dressings for STSG / FTSG / Flap cover.	68800	8	Not applicable	Not applicable	Not applicable	BM006B
2724	Plastic & Reconstructive Surgery	Surgical	Regional flap	Myocutaneous flap	71800	5	Not applicable	Not applicable	Not applicable	SC068A
2725	Plastic & Reconstructive Surgery	Surgical	Regional flap	Fasciocutaneous flap	71800	5	Not applicable	Not applicable	Not applicable	SC068B
2726	Plastic & Reconstructive Surgery	Surgical	Microvascular reconstruction (free flaps)	Microvascular reconstruction (free flaps)	74800	7	Not applicable	Not applicable	Not applicable	SC073A
2727	Plastic & Reconstructive Surgery	Surgical	Vascular reconstruction	Vascular reconstruction	105600	9	Not applicable	Not applicable	Not applicable	SC074A
2728	Plastic & Reconstructive Surgery	Surgical	Resuturing of Any Wound gap Surgeries	Resuturing of Any Wound gap Surgeries	4200	NA	Not applicable	Not applicable	Not applicable	SC080A
2729	Plastic & Reconstructive Surgery	Surgical	Free Grafts - Wolfe Grafts	Free Grafts - Wolfe Grafts	34400	1	Not applicable	Not applicable	Not applicable	SG088A
2730	Plastic & Reconstructive Surgery	Surgical	Split thickness skin grafts	Split skin grafts <= 5%	20700	1	Not applicable	Not applicable	Not applicable	SG090A

2731	Plastic & Reconstructive Surgery	Surgical	Split thickness skin grafts	Split skin grafts 5 - 10%	19900	1	Not applicable	Not applicable	Not applicable	SG090B
2732	Plastic & Reconstructive Surgery	Surgical	Split thickness skin grafts	Spit skin graft small >= 10 %	22400	1	Not applicable	Not applicable	Not applicable	SG090C
2733	Plastic & Reconstructive Surgery	Surgical	Skin Flaps - Rotation Flaps	Skin Flaps - Rotation Flaps	31700	2	Not applicable	Not applicable	Not applicable	SG091A
2734	Plastic & Reconstructive Surgery	Surgical	Fournier Gangrene	Fournier Gangrene	11000	1	Not applicable	Not applicable	Not applicable	SG099B
2735	Plastic & Reconstructive Surgery	Surgical	Open reduction and internal fixation of maxilla / mandible / zygoma	Open reduction and internal fixation of maxilla	15400	2	Single/ Multiple	None/ "+" 7700	Implant for Open reduction and internal fixation of maxilla / mandible / zygoma/Or bital fracture (Plates / Screws) - 4400	SL034A
2736	Plastic & Reconstructive Surgery	Surgical	Open reduction and internal fixation of maxilla / mandible / zygoma	Open reduction and internal fixation of mandible	15400	2	Single/ Multiple	None/ "+" 7700	Implant for Open reduction and internal fixation of maxilla / mandible / zygoma/Or bital fracture (Plates /	SL034B

									Screws) - 4400	
2737	Plastic & Reconstructive Surgery	Surgical	Open reduction and internal fixation of maxilla / mandible / zygoma	Open reduction and internal fixation of zygoma	15400	2	Single/ Multiple	None/ "+" 7700	Implant for Open reduction and internal fixation of maxilla / mandible / zygoma/Orbital fracture (Plates / Screws) - 4400	SL034C
2738	Plastic & Reconstructive Surgery	Surgical	Pressure Sore – Surgery	Pressure Sore – Surgery	46400	3	Not applicable	Not applicable	Not applicable	SP001A
2739	Plastic & Reconstructive Surgery	Surgical	Diabetic Foot – Surgery	Diabetic Foot – Surgery	62000	3	Not applicable	Not applicable	Not applicable	SP002A
2740	Plastic & Reconstructive Surgery	Surgical	Revascularization of Limb/ Digit	Revascularization of Limb/ Digit	123800	5	One digit/ More than 1 digit	None/ "+" 90000	Not applicable	SP003A

2741	Plastic & Reconstructive Surgery	Surgical	Ear Pinna Reconstruction With Costal Cartilage / Prosthesis (Including The Cost of Prosthesis / Implants)	Ear Pinna Reconstruction With Costal Cartilage / Prosthesis (Including The Cost of Prosthesis / Implants)	110000	5	Not applicable	Not applicable	Not applicable	SP004A
2742	Plastic & Reconstructive Surgery	Surgical	Scalp Avulsion Reconstruction	Scalp Avulsion Reconstruction	82500	5	Not applicable	Not applicable	Not applicable	SP005A
2743	Plastic & Reconstructive Surgery	Surgical	Tissue Expander For Disfigurement Following Burns / Trauma / Congenital Deformity (Including Cost of Expander / Implant)	Tissue Expander for disfigurement following Burns	68800	5	Not applicable	Not applicable	Not applicable	SP006A

2744	Plastic & Reconstructive Surgery	Surgical	Tissue Expander For Disfigurement Following Burns / Trauma / Congenital Deformity (Including Cost of Expander / Implant)	Tissue Expander for disfigurement following Trauma	68800	5	Not applicable	Not applicable	Not applicable	SP006B
2745	Plastic & Reconstructive Surgery	Surgical	Tissue Expander For Disfigurement Following Burns / Trauma / Congenital Deformity (Including Cost of Expander / Implant)	Tissue Expander for disfigurement following Congenital Deformity	68800	5	Not applicable	Not applicable	Not applicable	SP006C
2746	Plastic & Reconstructive Surgery	Surgical	Hemangioma	Sclerotherapy (Under GA)	38500	3	Not applicable	Not applicable	Not applicable	SP007A
2747	Plastic & Reconstructive Surgery	Surgical	Hemangioma	Debulking	55000	4	Not applicable	Not applicable	Not applicable	SP007B
2748	Plastic & Reconstructive Surgery	Surgical	Hemangioma	Excision	55400	3	Not applicable	Not applicable	Not applicable	SP007C

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2749	Plastic & Reconstructive Surgery	Surgical	NPWT	NPWT	25000	3	Not applicable	Not applicable	Not applicable	SP008A
2750	Plastic & Reconstructive Surgery	Surgical	Cleft Lip and Palate Surgery	Cleft Lip and Palate Surgery	25000	5	Not applicable	Not applicable	Not applicable	SS001A
2751	Plastic & Reconstructive Surgery	Surgical	Hypospadias repair	Single Stage	55000	3	Not applicable	Not applicable	Not applicable	SU071A
2752	Plastic & Reconstructive Surgery	Surgical	Hypospadias repair	Two or more stage (First Stage)	33000	3	Not applicable	Not applicable	Not applicable	SU071B
2753	Plastic & Reconstructive Surgery	Surgical	Hypospadias repair	Two or more stage (Intermediate Stage)	33000	5	Not applicable	Not applicable	Not applicable	SU071C
2754	Plastic & Reconstructive Surgery	Surgical	Hypospadias repair	Two or more stage (Final Stage)	33000	3	Not applicable	Not applicable	Not applicable	SU071D
2755	Plastic & Reconstructive Surgery	Surgical	Hypospadias repair	with Orchiopexy	46500	3	Not applicable	Not applicable	Not applicable	SU071MLA
2756	Plastic & Reconstructive surgery	Medical	Hypospadias Repair - Follow Up	Hypospadias Repair - Follow Up	1000	D	Not applicable	Not applicable	Not applicable	SU071E
2757	Polytrauma	Surgical	Resuturing of Any Wound gap Surgeries	Resuturing of Any Wound gap Surgeries	4200	NA	Not applicable	Not applicable	Not applicable	SC080A
2758	Polytrauma	Medical	Conservative management of high cervical injury	Complex spine injury	0	30	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	SN063A

2759	Polytrauma	Medical	Conservative management of high cervical injury	Moderate head injury	0	14	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	SN063B
2760	Polytrauma	Medical	Conservative management of high cervical injury	Severe head injury	0	14	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	SN063C
2761	Polytrauma	Medical	Conservative management of high cervical injury	Simple head injury	0	14	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	SN063D
2762	Polytrauma	Medical	Conservative management of high cervical injury	Simple spine injury	0	14	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable	SN063E
2763	Polytrauma	Medical	Conservative Management of Head Injury	Severe	0	5	Routine Ward	1000	Not applicable	ST001A
2764	Polytrauma	Surgical	Conservative Management of Head Injury	Depressed Fracture	0	5	Routine Ward	5000	Not applicable	ST001B

2765	Polytrauma	Surgical	Head Injury with repair of Facio-Maxillary Injury & Fixations (Including Implants)	Head Injury with repair of Facio-Maxillary Injury & Fixations (Including Implants)	42700	5	Not applicable	Not applicable	Not applicable	ST002A
2766	Polytrauma	Surgical	Craniotomy and Evacuation of Haematoma with Fixation of Fracture of Long Bone	Subdural Hematoma along with Fixation of Fracture of Single Long Bone	82500	5	Not applicable	Not applicable	Not applicable	ST003A
2767	Polytrauma	Surgical	Craniotomy and Evacuation of Haematoma with Fixation of Fracture of Long Bone	Extradural Hematoma along with Fixation of Fracture of Single Long Bone	82500	5	Not applicable	Not applicable	Not applicable	ST003B
2768	Polytrauma	Surgical	Craniotomy and Evacuation of Haematoma with Fixation of Fracture of Long Bone	Subdural Hematoma along with Fixation of Fracture of 2 or more Long Bones	103200	5	Not applicable	Not applicable	Not applicable	ST003C



2769	Polytrauma	Surgical	Craniotomy and Evacuation of Haematoma with Fixation of Fracture of Long Bone	Extradural Hematoma along with Fixation of Fracture of 2 or more Long Bones	103200	5	Not applicable	Not applicable	Not applicable	ST003D
2770	Polytrauma	Surgical	Management of Chest Injury with Fracture of Long Bone	Management of Chest Injury with Fixation of Single Long Bone	38500	5	Not applicable	Not applicable	Not applicable	ST004A
2771	Polytrauma	Surgical	Management of Chest Injury with Fracture of Long Bone	Management of Chest Injury with Fixation of 2 or More Long Bones	49500	5	Not applicable	Not applicable	Not applicable	ST004B
2772	Polytrauma	Surgical	Management of Visceral Injury and Fracture Long Bone	Surgical Intervention for Visceral Injury and Fixation of Fracture of Single Long Bone	41300	5	Not applicable	Not applicable	Not applicable	ST005A
2773	Polytrauma	Surgical	Management of Visceral Injury and Fracture Long Bone	Surgical Intervention for Visceral Injury and Fixation of Fracture of 2 or More Long Bones	61900	5	Not applicable	Not applicable	Not applicable	ST005B
2774	Polytrauma	Surgical	Internal Fixation of Pelviacetabular Fracture	Internal Fixation of Pelviacetabular Fracture	44000	5	Not applicable	Not applicable	Not applicable	ST006A

2775	Polytrauma	Surgical	Internal Fixation with Flap Cover Surgery for Wound in Compound Fracture	Internal Fixation with Flap Cover Surgery for Wound in Compound Fracture	44000	5	Not applicable	Not applicable	Not applicable	ST007A
2776	Polytrauma	Medical	Emergency tendons repair ± Peripheral Nerve repair/ reconstructive surgery	Emergency tendons repair ± Peripheral Nerve repair/ reconstructive surgery	41300	5	Not applicable	Not applicable	Not applicable	ST008A
2777	Polytrauma	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Nerve Plexus injury repair	55000	5	Not applicable	Not applicable	Not applicable	ST009A
2778	Polytrauma	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Nerve Plexus injury reconstruction	55000	5	Not applicable	Not applicable	Not applicable	ST009B
2779	Polytrauma	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Tendon injury repair	55000	5	Not applicable	Not applicable	Not applicable	ST009C

2780	Polytrauma	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Tendon injury reconstruction	55000	5	Not applicable	Not applicable	Not applicable	ST009D
2781	Polytrauma	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Tendon transfer	55000	5	Not applicable	Not applicable	Not applicable	ST009E
2782	Polytrauma	Surgical	Plexus Injury along with Vascular Injury Repair/ Graft	Plexus Injury along With Vascular Injury Repair	66000	5	Not applicable	Not applicable	Not applicable	ST010A
2783	Polytrauma	Surgical	Plexus Injury along with Vascular Injury Repair/ Graft	Plexus Injury along with Vascular Injury Graft	82500	5	Not applicable	Not applicable	Not applicable	ST010B
2784	Radiation Oncology	Medical	2D External Beam Radiotherapy (6 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	25400	D	Not applicable	Not applicable	Not applicable	MR001A

2785	Radiation Oncology	Medical	2D External Beam Radiotherapy (6 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	12100	D	Not applicable	Not applicable	Not applicable	MR001B
2786	Radiation Oncology	Medical	2D External Beam Radiotherapy (6 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	12100	D	Not applicable	Not applicable	Not applicable	MR001C
2787	Radiation Oncology	Medical	2D External Beam Radiotherapy (6 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 1	10900	D	Not applicable	Not applicable	Additional fraction for 2D External Beam Radiotherapy - 550	MR001D

2788	Radiation Oncology	Medical	2D External Beam Radiotherapy - Palliative (Upto 10 Fractions) (Inclusive of Simulation & Planning Cost)	Palliative	11000	D	Not applicable	Not applicable	Not applicable	MR002A
2789	Radiation Oncology	Medical	2D External Beam Radiotherapy (25 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	22000	D	Not applicable	Not applicable	Not applicable	MR003A
2790	Radiation Oncology	Medical	2D External Beam Radiotherapy (25 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	22000	D	Not applicable	Not applicable	Not applicable	MR003B

2791	Radiation Oncology	Medical	2D External Beam Radiotherapy (25 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	22000	D	Not applicable	Not applicable	Not applicable	MR003C
2792	Radiation Oncology	Medical	2D External Beam Radiotherapy (25 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 2	6100	D	Not applicable	Not applicable	Additional fraction for 2D External Beam Radiotherapy - 550	MR003D
2793	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	23100	D	Not applicable	Not applicable	Not applicable	MR004A

2794	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	23100	D	Not applicable	Not applicable	Not applicable	MR004B
2795	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	23100	D	Not applicable	Not applicable	Not applicable	MR004C
2796	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 3	21800	D	Not applicable	Not applicable	Additional Fraction for Linear Accelerator, External Beam Radiotherapy 3D CRT - 1100	MR004D

2797	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	44000	D	Not applicable	Not applicable	Not applicable	MR005A
2798	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	44000	D	Not applicable	Not applicable	Not applicable	MR005B
2799	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	44000	D	Not applicable	Not applicable	Not applicable	MR005C



2800	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 4	12100	D	Not applicable	Not applicable	Additional Fraction for Linear Accelerator, External Beam Radiotherapy 3D CRT - 1100	MR005D
2801	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (20 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	77000	D	Not applicable	Not applicable	Not applicable	MR006A

2802	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (20 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	77000	D	Not applicable	Not applicable	Not applicable	MR006B
2803	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (20 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	77000	D	Not applicable	Not applicable	Not applicable	MR006C

2804	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (20 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 5	36300	D	Not applicable	Not applicable	Additional Fraction for Linear Accelerator, External Beam Radiotherapy IMRT - 2200	MR006D
2805	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (6 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	46200	D	Not applicable	Not applicable	Not applicable	MR007A

2806	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (6 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	46200	D	Not applicable	Not applicable	Not applicable	MR007B
2807	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (6 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	46200	D	Not applicable	Not applicable	Not applicable	MR007C

2808	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (6 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 6	43600	D	Not applicable	Not applicable	Additional Fraction for Linear Accelerator, External Beam Radiotherapy IMRT - 2200	MR007D
2809	Radiation Oncology	Medical	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (20 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	99000	D	Not applicable	Not applicable	Not applicable	MR008A

2810	Radiation Oncology	Medical	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (20 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	99000	D	Not applicable	Not applicable	Not applicable	MR008B
2811	Radiation Oncology	Medical	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (20 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	99000	D	Not applicable	Not applicable	Not applicable	MR008C

2812	Radiation Oncology	Medical	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (20 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 7	45400	D	Not applicable	Not applicable	Additional Fraction for Linear Accelerator External Beam Radiotherapy IGRT with 3D CRT or IMRT - 2750	MR008D
2813	Radiation Oncology	Medical	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	60500	D	Not applicable	Not applicable	Not applicable	MR009A

2814	Radiation Oncology	Medical	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	60500	D	Not applicable	Not applicable	Not applicable	MR009B
2815	Radiation Oncology	Medical	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	60500	D	Not applicable	Not applicable	Not applicable	MR009C



2816	Radiation Oncology	Medical	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 8	54500	D	Not applicable	Not applicable	Additional Fraction for Linear Accelerator External Beam Radiotherapy IGRT with 3D CRT or IMRT - 2750	MR009D
2817	Radiation Oncology	Medical	SRT / SBRT with IGRT (Stereotactic radiotherapy) (4 Fractions) (Inclusive of Simulation & Planning Cost)	SRT / SBRT with IGRT (Stereotactic radiotherapy)	97900	D	Not applicable	Not applicable	Not applicable	MR010A

2818	Radiation Oncology	Medical	SRT / SBRT with IGRT (Stereotacatic radiotherapy) (4 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 9	53200	D	Not applicable	Not applicable	Additional Fraction for SRT/ SBRT with IGRT - 12100	MR010B
2819	Radiation Oncology	Medical	SRS with IGRT (Stereotacatic radiotherapy) (Inclusive of Simulation & Planning Cost)	SRS with IGRT (Stereotacatic radiotherapy)	77000	D	Not applicable	Not applicable	Not applicable	MR011A
2820	Radiation Oncology	Medical	Respiratory Gating along with Linear Accelerator planning (5 Fractions) (Inclusive of Simulation & Planning Cost)	Respiratory Gating along with Linear Accelerator planning	71500	D	Not applicable	Not applicable	Not applicable	MR012A

2821	Radiation Oncology	Medical	Respiratory Gating along with Linear Accelerator planning (5 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 10	42400	D	Not applicable	Not applicable	Additional Fraction for Respiratory Gating along with Linear Accelerator planning - 3850	MR012B
2822	Radiation Oncology	Medical	Brachytherapy High Dose Radiation	Intracavitary	3900	D	Not applicable	Not applicable	Not applicable	MR013A
2823	Radiation Oncology	Medical	Brachytherapy High Dose Radiation	Intraluminal	3900	D	Not applicable	Not applicable	Not applicable	MR013B
2824	Radiation Oncology	Medical	Brachytherapy High Dose Radiation	Endobiliary	3900	D	Not applicable	Not applicable	Not applicable	MR013C
2825	Radiation Oncology	Medical	Brachytherapy High Dose Radiation	Endobronchial	3900	D	Not applicable	Not applicable	Not applicable	MR013D
2826	Radiation Oncology	Medical	Brachytherapy High Dose Radiation	CVS	3900	D	Not applicable	Not applicable	Not applicable	MR013E
2827	Radiation Oncology	Medical	Brachytherapy High Dose Radiation	Interstitial	49500	D	Not applicable	Not applicable	Not applicable	MR014A

2828	Radiation Oncology	Medical	Brachytherapy High Dose Radiation	Surface Mould	49500	D	Not applicable	Not applicable	Not applicable	MR014B
2829	Radiation Oncology	Medical	Brachytherapy High Dose Radiation	Additional fractions - 11	22800	D	Not applicable	Not applicable	Additional Fraction for Brachytherapy High Dose Radiation - 1400	MR014C
2830	Radiation Oncology	Medical	Iodine treatment 30 mCi	large Dose scan/ Pre Ablation - calculation of treatment	12500	3	Not applicable	Not applicable	Not applicable	MR015A
2831	Radiation Oncology	Medical	Iodine treatment 30 mCi	Ablation residual disease any risk	18600	3	Not applicable	Not applicable	Not applicable	MR015B
2832	Radiation Oncology	Medical	Iodine treatment 50 mCi	Ablation of residual neck disease low/intermediate	19800	3	Not applicable	Not applicable	Not applicable	MR016A
2833	Radiation Oncology	Medical	Iodine treatment 100 mCi	Ablation for metastatic disease, High risk	24600	3	Not applicable	Not applicable	Not applicable	MR017A
2834	Radiation Oncology	Medical	Iodine treatment 150 mCi	Ablation for metastatic disease, High risk	33100	3	Not applicable	Not applicable	Not applicable	MR018A
2835	Radiation Oncology	Medical	Iodine treatment 200 mCi	Ablation for metastatic disease, High risk	38000	3	Not applicable	Not applicable	Not applicable	MR019A
2836	Radiation Oncology	Medical	Iodine treatment 250 mCi	Ablation for metastatic disease, High risk	44000	3	Not applicable	Not applicable	Not applicable	MR020A
2837	Surgical Follow-up	Medical	Follow-up - Abscess Tapping	Follow-up - Abscess Tapping	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF001MLA

2838	Surgical Follow-up	Medical	Follow-up - Aneurysm Clipping	Follow-up - Aneurysm Clipping	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF002MLA
2839	Surgical Follow-up	Medical	Follow-up - Aortic Valve Replacement (With Valve)	Follow-up - Aortic Valve Replacement (With Valve)	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF003MLA
2840	Surgical Follow-up	Medical	Follow-up - Atrial Shunt	Follow-up - Atrial Shunt	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF004MLA
2841	Surgical Follow-up	Medical	Follow-up - CABG With Aneurismal Repair	Follow-up - CABG With Aneurismal Repair	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF005MLA
2842	Surgical Follow-up	Medical	Follow-up - CABG With IABP	Follow-up - CABG With IABP	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF006MLA
2843	Surgical Follow-up	Medical	Follow-up - With Prosthetic Ring	Follow-up - With Prosthetic Ring	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF007MLA
2844	Surgical Follow-up	Medical	Follow-up - Carotid Embolectomy	Follow-up - Carotid Embolectomy	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF008MLA
2845	Surgical Follow-up	Medical	Follow-up - Closed Mitral Valvotomy	Follow-up - Closed Mitral Valvotomy	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF009MLA
2846	Surgical Follow-up	Medical	Follow-up - Coronary Balloon Angioplasty	Follow-up - Coronary Balloon Angioplasty	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF010MLA

2847	Surgical Follow-up	Medical	Follow-up - Coronary Bypass Surgery	Follow-up - Coronary Bypass Surgery	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF011MLA
2848	Surgical Follow-up	Medical	Follow-up - Coronary Bypass Surgery-Post Angioplasty	Follow-up - Coronary Bypass Surgery-Post Angioplasty	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF012MLA
2849	Surgical Follow-up	Medical	Follow-up - Craniotomy and Evacuation of Haematoma (Extra Dural)	Follow-up - Craniotomy and Evacuation of Haematoma (Extra Dural)	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF013MLA
2850	Surgical Follow-up	Medical	Follow-up - Craniotomy and Evacuation of Haematoma (Subdural)	Follow-up - Craniotomy and Evacuation of Haematoma (Subdural)	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF014MLA
2851	Surgical Follow-up	Medical	Follow-up - Cystolithotripsy	Follow-up - Cystolithotripsy	0	D	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable	SF015MLA
2852	Surgical Follow-up	Medical	Follow-up - Double Valve Replacement (With Valve)	Follow-up - Double Valve Replacement (With Valve)	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF016MLA
2853	Surgical Follow-up	Medical	Follow-up - Encephalocele	Follow-up - Encephalocele	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1200/ 1200/ 1200	Not applicable	SF017MLA

2854	Surgical Follow-up	Medical	Follow-up - Endoscope Removal of Stone in Bladder	Follow-up - Endoscope Removal of Stone in Bladder	0	D	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable	SF018MLA
2855	Surgical Follow-up	Medical	Follow-up - Endoscopy Procedures	Follow-up - Endoscopy Procedures	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF019MLA
2856	Surgical Follow-up	Medical	Follow-up - ESWL	Follow-up - ESWL	0	D	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable	SF020MLA
2857	Surgical Follow-up	Medical	Follow-up - Evacuation of Brain Abscess - Burr Hole	Follow-up - Evacuation of Brain Abscess - Burr Hole	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF021MLA
2858	Surgical Follow-up	Medical	Follow-up - Excision of Brain Abscess	Follow-up - Excision of Brain Abscess	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF022MLA
2859	Surgical Follow-up	Medical	Follow-up - Excision of Brain Tumor - Basal	Follow-up - Excision of Brain Tumor - Basal	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF023MLA
2860	Surgical Follow-up	Medical	Follow-up - Excision of Brain Tumor - Brain Stem	Follow-up - Excision of Brain Tumor - Brain Stem	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF024MLA
2861	Surgical Follow-up	Medical	Follow-up - Excision of Brain Tumor - C.P. Angle Tumor	Follow-up - Excision of Brain Tumor - C.P. Angle Tumor	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF025MLA

2862	Surgical Follow-up	Medical	Follow-up - Excision of Brain Tumor - Other Tumors	Follow-up - Excision of Brain Tumor - Other Tumors	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF026MLA
2863	Surgical Follow-up	Medical	Follow-up - Excision of Brain Tumor - Parasagittal	Follow-up - Excision of Brain Tumor - Parasagittal	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF027MLA
2864	Surgical Follow-up	Medical	Follow-up - Excision of Brain Tumor - Subtentorial	Follow-up - Excision of Brain Tumor - Subtentorial	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF028MLA
2865	Surgical Follow-up	Medical	Follow-up - Excision of Brain Tumor - Supratentorial	Follow-up - Excision of Brain Tumor - Supratentorial	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF029MLA
2866	Surgical Follow-up	Medical	Follow-up - Excision of Lobe (Frontal, Temporal, Cerebellum etc)	Follow-up - Excision of Lobe (Frontal, Temporal, Cerebellum etc)	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF030MLA
2867	Surgical Follow-up	Medical	Follow-up - External Ventricular Drainage (EVD)	Follow-up - External Ventricular Drainage (EVD)	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF031MLA



2868	Surgical Follow-up	Medical	Follow-up - Intra-Cerebral Hematoma Evacuation	Follow-up - Intra-Cerebral Hematoma Evacuation	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF032MLA
2869	Surgical Follow-up	Medical	Follow-up - Laparoscopic Pyelolithotomy	Follow-up - Laparoscopic Pyelolithotomy	0	D	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable	SF033MLA
2870	Surgical Follow-up	Medical	Follow-up - Lesionectomy Type 1	Follow-up - Lesionectomy Type 1	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF034MLA
2871	Surgical Follow-up	Medical	Follow-up - Lesionectomy Type 2	Follow-up - Lesionectomy Type 2	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF035MLA
2872	Surgical Follow-up	Medical	Follow-up - Meningo Encephalocele	Follow-up - Meningo Encephalocele	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF036MLA
2873	Surgical Follow-up	Medical	Follow-up - Meningomyelocele	Follow-up - Meningomyelocele	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF037MLA
2874	Surgical Follow-up	Medical	Follow-up - Mitral Valve Replacement (With Valve)	Follow-up - Mitral Valve Replacement (With Valve)	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF038MLA
2875	Surgical Follow-up	Medical	Follow-up - Mitral Valvotomy (Open)	Follow-up - Mitral Valvotomy (Open)	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF039MLA
2876	Surgical Follow-up	Medical	Follow-up - Open Cystolithotomy	Follow-up - Open Cystolithotomy	0	D	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable	SF040MLA

2877	Surgical Follow-up	Medical	Follow-up - Open Nephrolithotomy	Follow-up - Open Nephrolithotomy	0	D	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable	SF041MLA
2878	Surgical Follow-up	Medical	Follow-up - Open Prostatectomy	Follow-up - Open Prostatectomy	0	D	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable	SF042MLA
2879	Surgical Follow-up	Medical	Follow-up - Open Pulmonary Valvotomy	Follow-up - Open Pulmonary Valvotomy	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF043MLA
2880	Surgical Follow-up	Medical	Follow-up - Open Pyelolithotomy	Follow-up - Open Pyelolithotomy	0	D	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable	SF044MLA
2881	Surgical Follow-up	Medical	Follow-up - Operation of adrenal glands	Follow-up - Operation of adrenal glands	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1200/ 1200/ 1200	Not applicable	SF045MLA
2882	Surgical Follow-up	Medical	Follow-up - Pancreatic Necrosectomy (Lap)	Follow-up - Pancreatic Necrosectomy (Lap)	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable	SF046MLA
2883	Surgical Follow-up	Medical	Follow-up - Pancreatic Necrosectomy (Open)	Follow-up - Pancreatic Necrosectomy (Open)	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable	SF047MLA
2884	Surgical Follow-up	Medical	Follow-up - PCNL	Follow-up - PCNL	0	D	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable	SF048MLA
2885	Surgical Follow-up	Medical	Follow-up - Peripheral Angioplasty	Follow-up - Peripheral Angioplasty	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF049MLA
2886	Surgical Follow-up	Medical	Follow-up - Peritoneal Shunt	Follow-up - Peritoneal Shunt	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF050MLA

2887	Surgical Follow-up	Medical	Follow-up - Portocaval Anastomosis	Follow-up - Portocaval Anastomosis	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF051MLA
2888	Surgical Follow-up	Medical	Follow-up - Renal Angioplasty	Follow-up - Renal Angioplasty	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF052MLA
2889	Surgical Follow-up	Medical	Follow-up - Splenectomy with Devascularisation with Spleno Renal Shunt	Follow-up - Splenectomy with Devascularisation with Spleno Renal Shunt	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF053MLA
2890	Surgical Follow-up	Medical	Follow-up - Splenorenal Anastomosis	Follow-up - Splenorenal Anastomosis	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF054MLA
2891	Surgical Follow-up	Medical	Follow-up - Subdural Tapping	Follow-up - Subdural Tapping	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF055MLA
2892	Surgical Follow-up	Medical	Follow-up - Surgeries on adrenal gland in children	Follow-up - Surgeries on adrenal gland in children	0	D	1st Visit/ 2nd Visit/ 3rd Visit	1200/ 1200/ 1200	Not applicable	SF056MLA
2893	Surgical Follow-up	Medical	Follow-up - Temporal Lobectomy	Follow-up - Temporal Lobectomy	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF057MLA
2894	Surgical Follow-up	Medical	Follow-up - Temporal Lobectomy Plus Depth Electrodes	Follow-up - Temporal Lobectomy Plus Depth Electrodes	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF058MLA

2895	Surgical Follow-up	Medical	Follow-up - Total Thyroidectomy	Follow-up - Total Thyroidectomy	0	D	1st Visit/ 2nd Visit/ 3rd Visit	900/ 900/ 900	Not applicable	SF059MLA
2896	Surgical Follow-up	Medical	Follow-up - Trans-oral Surgery	Follow-up - Trans-oral Surgery	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF060MLA
2897	Surgical Follow-up	Medical	Follow-up - Trans-sphenoidal Surgery	Follow-up - Trans-sphenoidal Surgery	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF061MLA
2898	Surgical Follow-up	Medical	Follow-up - Transurethral Resection of Prostate (TURP)	Follow-up - Transurethral Resection of Prostate (TURP)	0	D	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable	SF062MLA
2899	Surgical Follow-up	Medical	Follow-up - Tricuspid Valve Replacement	Follow-up - Tricuspid Valve Replacement	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF063MLA
2900	Surgical Follow-up	Medical	Follow-up - TURP Cyst Lithotripsy	Follow-up - TURP Cyst Lithotripsy	0	D	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable	SF064MLA
2901	Surgical Follow-up	Medical	Follow-up - URSL	Follow-up - URSL	0	D	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable	SF065MLA
2902	Surgical Follow-up	Medical	Follow-up - Vascular Malformations	Follow-up - Vascular Malformations	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF066MLA
2903	Surgical Follow-up	Medical	Follow-up - Ventricular Tapping	Follow-up - Ventricular Tapping	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF067MLA
2904	Surgical Follow-up	Medical	Follow-up - Ventriculo-Atrial Shunt	Follow-up - Ventriculo-Atrial Shunt	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF068MLA

2905	Surgical Follow-up	Medical	Follow-up - Ventriculoatrial/ Ventriculoperitoneal Shunt	Follow-up - Ventriculoatrial/ Ventriculoperitoneal Shunt	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable	SF069MLA
2906	Surgical Follow-up	Medical	Follow-up - Vertebral Angioplasty	Follow-up - Vertebral Angioplasty	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF070MLA
2907	Surgical Follow-up	Medical	Follow-up - Warren's Shunt	Follow-up - Warren's Shunt	0	D	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable	SF071MLA
2908	Surgical Oncology	Surgical	Arthrodesis	Hand	29700	4	Not applicable	Not applicable	Not applicable	SB026E
2909	Surgical Oncology	Surgical	Arthrodesis	Foot	29700	4	Not applicable	Not applicable	Not applicable	SB026F
2910	Surgical Oncology	Surgical	Glossectomy	Hemi Glossectomy	77700	6	Not applicable	Not applicable	Not applicable	SC001A
2911	Surgical Oncology	Surgical	Glossectomy	Total Glossectomy	88000	11	Not applicable	Not applicable	Not applicable	SC001B
2912	Surgical Oncology	Surgical	Palatectomy	Soft palate	49600	4	Not applicable	Not applicable	Not applicable	SC002A
2913	Surgical Oncology	Surgical	Palatectomy	Hard palate	56000	6	Not applicable	Not applicable	Not applicable	SC002B
2914	Surgical Oncology	Surgical	Maxillectomy	Partial	66900	6	Not applicable	Not applicable	Not applicable	SC003A
2915	Surgical Oncology	Surgical	Maxillectomy	Radical	70700	8	Not applicable	Not applicable	Not applicable	SC003B
2916	Surgical Oncology	Surgical	Maxillectomy	Total	70700	8	Not applicable	Not applicable	Not applicable	SC003C
2917	Surgical Oncology	Surgical	Composite resection (Oral Cavity)	Composite resection (Oral Cavity)	55000	8	Not applicable	Not applicable	Not applicable	SC004A

2918	Surgical Oncology	Surgical	Oesophageal / Tracheal stenting	Oesophageal stenting	91000	4	Not applicable	Not applicable	Not applicable	SC005A
2919	Surgical Oncology	Surgical	Oesophageal / Tracheal stenting	Tracheal stenting	91000	4	Not applicable	Not applicable	Not applicable	SC005B
2920	Surgical Oncology	Surgical	Transthoracic esophagectomy: 2F / 3F	Open	141800	7	Not applicable	Not applicable	Not applicable	SC006A
2921	Surgical Oncology	Surgical	Transthoracic esophagectomy: 2F / 3F	MIS	141800	7	Not applicable	Not applicable	Not applicable	SC006B
2922	Surgical Oncology	Surgical	Gastric pull-up / Jejunum Graft	Gastric pull-up / Jejunum Graft	112200	11	Not applicable	Not applicable	Not applicable	SC007A
2923	Surgical Oncology	Surgical	Radical Small Bowel Resection	Open	106800	7	Not applicable	Not applicable	Not applicable	SC008A
2924	Surgical Oncology	Surgical	Radical Small Bowel Resection	Lap.	142500	7	Not applicable	Not applicable	Not applicable	SC008B
2925	Surgical Oncology	Surgical	Intersphincteric resection	Open	96600	6	Not applicable	Not applicable	Not applicable	SC009A
2926	Surgical Oncology	Surgical	Intersphincteric resection	Lap.	96600	6	Not applicable	Not applicable	Not applicable	SC009B
2927	Surgical Oncology	Surgical	Surgery for Abdominal wall tumour	Abdominal wall tumour resection	63500	3	Not applicable	Not applicable	Not applicable	SC010A
2928	Surgical Oncology	Surgical	Surgery for Abdominal wall tumour	Abdominal wall tumour resection with reconstruction	93500	6	Not applicable	Not applicable	Not applicable	SC010B

2929	Surgical Oncology	Surgical	Exploratory laparotomy f / b diversion stoma / bypass	Exploratory laparotomy f / b diversion stoma	83700	8	Not applicable	Not applicable	Not applicable	SC011A
2930	Surgical Oncology	Surgical	Exploratory laparotomy f / b diversion stoma / bypass	Exploratory laparotomy f / b diversion bypass	83700	8	Not applicable	Not applicable	Not applicable	SC011B
2931	Surgical Oncology	Surgical	Abdominoperineal resection	Open	95600	6	Not applicable	Not applicable	Not applicable	SC012A
2932	Surgical Oncology	Surgical	Abdominoperineal resection	Lap.	95600	6	Not applicable	Not applicable	Not applicable	SC012B
2933	Surgical Oncology	Surgical	Omentectomy	Omentectomy	38500	6	Not applicable	Not applicable	Not applicable	SC013A
2934	Surgical Oncology	Surgical	Procedures Requiring Bypass Techniques	Procedures Requiring Bypass Techniques	67500	4	Not applicable	Not applicable	Not applicable	SC014A
2935	Surgical Oncology	Surgical	Segmentectomy - hepatobiliary system	Segmentectomy - hepatobiliary system	77000	5	Not applicable	Not applicable	Not applicable	SC015A
2936	Surgical Oncology	Surgical	Cholecystectomy	Radical	95600	6	Not applicable	Not applicable	Not applicable	SC016A
2937	Surgical Oncology	Surgical	Cholecystectomy	Revision	95600	6	Not applicable	Not applicable	Not applicable	SC016B
2938	Surgical Oncology	Surgical	Enucleation of pancreatic neoplasm	Enucleation of pancreatic neoplasm	72600	6	Not applicable	Not applicable	Not applicable	SC017A

2939	Surgical Oncology	Surgical	Hepatoblastoma Excision	Hepatoblastoma Excision	95700	8	Not applicable	Not applicable	Not applicable	SC018A
2940	Surgical Oncology	Surgical	Hemipelvectomy - Internal	Hemipelvectomy - Internal	99000	11	Not applicable	Not applicable	Not applicable	SC019A
2941	Surgical Oncology	Surgical	Pelvic Exenteration	Anterior - Open	142600	5	Not applicable	Not applicable	Not applicable	SC020A
2942	Surgical Oncology	Surgical	Pelvic Exenteration	Anterior - Lap.	142600	5	Not applicable	Not applicable	Not applicable	SC020B
2943	Surgical Oncology	Surgical	Pelvic Exenteration	Total - Open	142600	5	Not applicable	Not applicable	Not applicable	SC020C
2944	Surgical Oncology	Surgical	Pelvic Exenteration	Total - Lap.	142600	5	Not applicable	Not applicable	Not applicable	SC020D
2945	Surgical Oncology	Surgical	Wilms tumors: surgery	Wilms tumors: surgery	60500	8	Not applicable	Not applicable	Not applicable	SC021A
2946	Surgical Oncology	Surgical	Ureteric end to end anastomosis	Ureteric end to end anastomosis	44000	6	Not applicable	Not applicable	Not applicable	SC022A
2947	Surgical Oncology	Surgical	Distal ureterectomy with reimplantation	Distal ureterectomy with reimplantation	55000	6	Not applicable	Not applicable	Not applicable	SC023A
2948	Surgical Oncology	Surgical	Radical cystectomy	With continent diversion - Open	137600	8	Not applicable	Not applicable	Not applicable	SC024A
2949	Surgical Oncology	Surgical	Radical cystectomy	With Ileal Conduit - Open	178400	8	Not applicable	Not applicable	Not applicable	SC024B
2950	Surgical Oncology	Surgical	Radical cystectomy	With Ileal Conduit - Lap.	178400	8	Not applicable	Not applicable	Not applicable	SC024C
2951	Surgical Oncology	Surgical	Radical cystectomy	With neobladder - Open	204300	11	Not applicable	Not applicable	Not applicable	SC024D
2952	Surgical Oncology	Surgical	Radical cystectomy	With neobladder - Lap	204300	11	Not applicable	Not applicable	Not applicable	SC024E



2953	Surgical Oncology	Surgical	Radical cystectomy	With ureterosigmoidostomy - Open	159200	8	Not applicable	Not applicable	Not applicable	SC024F
2954	Surgical Oncology	Surgical	Radical cystectomy	With ureterosigmoidostomy - Lap	107800	8	Not applicable	Not applicable	Not applicable	SC024G
2955	Surgical Oncology	Surgical	Radical cystectomy	With ureterostomy - Open	107800	8	Not applicable	Not applicable	Not applicable	SC024H
2956	Surgical Oncology	Surgical	Radical cystectomy	With ureterostomy - Lap.	107800	8	Not applicable	Not applicable	Not applicable	SC024I
2957	Surgical Oncology	Surgical	Channel TURP	Channel TURP	41800	4	Not applicable	Not applicable	Not applicable	SC025A
2958	Surgical Oncology	Surgical	Radical Urethrectomy	Radical Urethrectomy	55000	5	Not applicable	Not applicable	Not applicable	SC026A
2959	Surgical Oncology	Surgical	Penile preserving surgery (WLE, Glansctomy, Laser)	Penile preserving surgery (WLE, Glansctomy, Laser)	41800	5	Not applicable	Not applicable	Not applicable	SC027A
2960	Surgical Oncology	Surgical	Excision of undescended testicular mass	Excision of undescended testicular mass	44000	5	Not applicable	Not applicable	Not applicable	SC028A
2961	Surgical Oncology	Surgical	Germ Cell Tumour Excision	Germ Cell Tumour Excision	55000	6	Not applicable	Not applicable	Not applicable	SC029A
2962	Surgical Oncology	Surgical	Leiomyoma excision	Open	108100	6	Not applicable	Not applicable	Not applicable	SC031A
2963	Surgical Oncology	Surgical	Leiomyoma excision	MIS	108100	6	Not applicable	Not applicable	Not applicable	SC031B
2964	Surgical Oncology	Surgical	Radical Hysterectomy	Class I radical hysterectomy + bilateral salpingoophorectomy + BPLND - Lap.	66000	11	Not applicable	Not applicable	Not applicable	SC032A
2965	Surgical Oncology	Surgical	Radical Hysterectomy	Class I radical hysterectomy + bilateral salpingoophorectomy + BPLND - Open	66000	11	Not applicable	Not applicable	Not applicable	SC032B

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2966	Surgical Oncology	Surgical	Radical Hysterectomy	Class I radical Hysterectomy +/- bilateral salpingoophorectomy - Lap.	49500	6	Not applicable	Not applicable	Not applicable	SC032C
2967	Surgical Oncology	Surgical	Radical Hysterectomy	Class I radical Hysterectomy +/- bilateral salpingoophorectomy - Open	49500	6	Not applicable	Not applicable	Not applicable	SC032D
2968	Surgical Oncology	Surgical	Radical Hysterectomy	Class II radical hysterctomy + BPLND	70400	11	Not applicable	Not applicable	Not applicable	SC032E
2969	Surgical Oncology	Surgical	Radical Hysterectomy	Class III radical hysterctomy + BPLND	70400	11	Not applicable	Not applicable	Not applicable	SC032F
2970	Surgical Oncology	Surgical	Radical Hysterectomy	Hysterectomy + bilateral salpingoophorectomy + omentectomy + peritonectomy and organ resections	99000	13	Not applicable	Not applicable	Not applicable	SC032G
2971	Surgical Oncology	Surgical	Radical vaginectomy	Radical vaginectomy	55000	6	Not applicable	Not applicable	Not applicable	SC033A
2972	Surgical Oncology	Surgical	Vulvectomy + reconstruction procedures	Vulvectomy + reconstruction procedures	79800	11	Not applicable	Not applicable	Not applicable	SC034A
2973	Surgical Oncology	Surgical	Radical Trachelectomy	Radical Trachelectomy	66000	11	Not applicable	Not applicable	Not applicable	SC035A
2974	Surgical Oncology	Surgical	Sacral Tumour Excision	Anterior + Posterior approach	157300	13	Not applicable	Not applicable	Not applicable	SC036A
2975	Surgical Oncology	Surgical	Sacral Tumour Excision	Posterior approach	134600	11	Not applicable	Not applicable	Not applicable	SC036B
2976	Surgical Oncology	Surgical	Resection of nasopharyngeal tumour	Resection of nasopharyngeal tumour	77100	8	Not applicable	Not applicable	Not applicable	SC037A

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2977	Surgical Oncology	Surgical	Total Pharyngectomy	Total Pharyngectomy	74100	8	Not applicable	Not applicable	Not applicable	SC038A
2978	Surgical Oncology	Surgical	Parapharyngeal Tumour Excision	Parapharyngeal Tumour Excision	52600	3	Not applicable	Not applicable	Not applicable	SC039A
2979	Surgical Oncology	Surgical	Laryngectomy	Partial laryngectomy (voice preserving)	104000	6	Not applicable	Not applicable	Not applicable	SC040A
2980	Surgical Oncology	Surgical	Laryngectomy	Total Laryngectomy	103500	11	Not applicable	Not applicable	Not applicable	SC040B
2981	Surgical Oncology	Surgical	Tracheal resection	Tracheal resection	66000	8	Not applicable	Not applicable	Not applicable	SC041A
2982	Surgical Oncology	Surgical	Tracheal / Carinal resection	Tracheal / Carinal resection	107800	8	Not applicable	Not applicable	Not applicable	SC042A
2983	Surgical Oncology	Surgical	Tracheal Stenosis (End to end Anastamosis) (Throat)	Tracheal Stenosis (End to end Anastamosis) (Throat)	66000	6	Not applicable	Not applicable	Not applicable	SC043A
2984	Surgical Oncology	Surgical	Central airway tumour debulking	Central airway tumour debulking	41800	5	Not applicable	Not applicable	Not applicable	SC044A
2985	Surgical Oncology	Surgical	Diagnostic thoracoscopy	Diagnostic thoracoscopy	27500	3	Not applicable	Not applicable	Not applicable	SC045A
2986	Surgical Oncology	Surgical	Sleeve resection of lung cancer	Sleeve resection of lung cancer	121000	7	Not applicable	Not applicable	Not applicable	SC046A
2987	Surgical Oncology	Surgical	Mediastinoscopy	Diagnostic	47500	2	Not applicable	Not applicable	Not applicable	SC047A
2988	Surgical Oncology	Surgical	Mediastinoscopy	Staging	47500	2	Not applicable	Not applicable	Not applicable	SC047B

2989	Surgical Oncology	Surgical	Removal of Chest Wall Tumour	Chest Wall Tumour Excision	120800	6	Not applicable	Not applicable	Not applicable	SC048A
2990	Surgical Oncology	Surgical	Removal of Chest Wall Tumour	Removal of chest wall tumour with reconstruction	136600	6	Not applicable	Not applicable	Not applicable	SC048B
2991	Surgical Oncology	Surgical	Pleurectomy Decortication	Pleurectomy Decortication	71500	5	Not applicable	Not applicable	Not applicable	SC049A
2992	Surgical Oncology	Surgical	Chamberlain procedure	Chamberlain procedure	40700	2	Not applicable	Not applicable	Not applicable	SC050A
2993	Surgical Oncology	Surgical	Extrapleural pneumonectomy	Extrapleural pneumonectomy	121000	7	Not applicable	Not applicable	Not applicable	SC051A
2994	Surgical Oncology	Surgical	Pneumonectomy	Pneumonectomy	99000	6	Not applicable	Not applicable	Not applicable	SC052A
2995	Surgical Oncology	Surgical	Lung metastectomy	Open	81300	4	Not applicable	Not applicable	Not applicable	SC053A
2996	Surgical Oncology	Surgical	Lung metastectomy	VATS	81300	4	Not applicable	Not applicable	Not applicable	SC053B
2997	Surgical Oncology	Surgical	Thoracostomy	Thoracostomy	36300	2	Not applicable	Not applicable	Not applicable	SC054A
2998	Surgical Oncology	Surgical	Mediastinal lymphadenectomy	Open	108200	4	Not applicable	Not applicable	Not applicable	SC055A
2999	Surgical Oncology	Surgical	Mediastinal lymphadenectomy	Video - assisted	108200	4	Not applicable	Not applicable	Not applicable	SC055B
3000	Surgical Oncology	Surgical	Mediastinal mass excision with lung resection	Mediastinal mass excision with lung resection	110000	6	Not applicable	Not applicable	Not applicable	SC056A

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3001	Surgical Oncology	Surgical	Segmental resection of lung	Open	95700	6	Not applicable	Not applicable	Not applicable	SC057A
3002	Surgical Oncology	Surgical	Segmental resection of lung	Thoracoscopic	95700	6	Not applicable	Not applicable	Not applicable	SC057B
3003	Surgical Oncology	Surgical	Wedge resection lung	Open	110000	6	Not applicable	Not applicable	Not applicable	SC058A
3004	Surgical Oncology	Surgical	Wedge resection lung	Thoracoscopic	110000	6	Not applicable	Not applicable	Not applicable	SC058B
3005	Surgical Oncology	Surgical	Breast conserving surgery	Breast conserving surgery (lumpectomy + axillary surgery)	54100	3	Not applicable	Not applicable	Not applicable	SC059A
3006	Surgical Oncology	Surgical	Breast conserving surgery	Breast conserving surgery with Oncoplasty	49400	4	Not applicable	Not applicable	Not applicable	SC059B
3007	Surgical Oncology	Surgical	Axillary Sampling / Sentinel Node Biopsy	Axillary Sampling / Sentinel Node Biopsy	29700	3	Not applicable	Not applicable	Not applicable	SC060A
3008	Surgical Oncology	Surgical	Axillary dissection	Axillary dissection	36300	3	Not applicable	Not applicable	Not applicable	SC061A
3009	Surgical Oncology	Surgical	Scalp tumour excision with skull bone excision	Scalp tumour excision with skull bone excision	55000	6	Not applicable	Not applicable	Not applicable	SC062A
3010	Surgical Oncology	Surgical	Neuroblastoma Excision	Neuroblastoma Excision	110000	8	Not applicable	Not applicable	Not applicable	SC063A

3011	Surgical Oncology	Surgical	Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus	Growth - Squamous	61900	2	Not applicable	Not applicable	Not applicable	SC064A
3012	Surgical Oncology	Surgical	Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus	Growth - Basal	61900	2	Not applicable	Not applicable	Not applicable	SC064B
3013	Surgical Oncology	Surgical	Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus	Injury	61900	2	Not applicable	Not applicable	Not applicable	SC064C
3014	Surgical Oncology	Surgical	Comprehensive Neck Dissection	Comprehensive Neck Dissection	36900	8	Not applicable	Not applicable	Not applicable	SC065A

3015	Surgical Oncology	Surgical	Benign Soft Tissue Tumour - Excision	Benign Soft Tissue Tumour - Excision	27500	3	Not applicable	Not applicable	Not applicable	SC066A
3016	Surgical Oncology	Surgical	Malignant Soft Tissue Tumour - Excision	Malignant Soft Tissue Tumour - Excision	66000	5	Not applicable	Not applicable	Not applicable	SC067A
3017	Surgical Oncology	Surgical	Regional flap	Myocutaneous flap	71800	5	Not applicable	Not applicable	Not applicable	SC068A
3018	Surgical Oncology	Surgical	Regional flap	Fasciocutaneous flap	71800	5	Not applicable	Not applicable	Not applicable	SC068B
3019	Surgical Oncology	Surgical	Rotationplasty	Rotationplasty	82500	7	Not applicable	Not applicable	Not applicable	SC069A
3020	Surgical Oncology	Surgical	Bone tumors / soft tissue sarcomas: surgery	Bone tumors / soft tissue sarcomas: surgery	55000	6	Not applicable	Not applicable	Not applicable	SC070A
3021	Surgical Oncology	Surgical	Endoprosthesis Revision	Complete	106800	7	Not applicable	Not applicable	Not applicable	SC071A
3022	Surgical Oncology	Surgical	Endoprosthesis Revision	Partial	74400	4	Not applicable	Not applicable	Not applicable	SC071B
3023	Surgical Oncology	Surgical	Vertebral Tumour Excision and Reconstruction	Vertebral Tumour Excision and Reconstruction	110000	11	Not applicable	Not applicable	Not applicable	SC072A
3024	Surgical Oncology	Surgical	Microvascular reconstruction (free flaps)	Microvascular reconstruction (free flaps)	74800	7	Not applicable	Not applicable	Not applicable	SC073A
3025	Surgical Oncology	Surgical	Vascular reconstruction	Vascular reconstruction	105600	9	Not applicable	Not applicable	Not applicable	SC074A

3026	Surgical Oncology	Surgical	Cuopsy / Sclerotherapy	Cuopsy / Sclerotherapy	35200	3	Not applicable	Not applicable	Not applicable	SC075A
3027	Surgical Oncology	Surgical	Chemo Port Insertion	Chemo Port Insertion	33000	2	Not applicable	Not applicable	Chemo Port - Adult - 16500 Chemo Port - Pediatric - 27500	SC076A
3028	Surgical Oncology	Surgical	Posterior Exenteration	Posterior Exenteration	111200	5	Not applicable	Not applicable	Not applicable	SC077A
3029	Surgical Oncology	Surgical	Bilateral Pelvic Lymph Node Dissection (BPLND)	Bilateral Pelvic Lymph Node Dissection (BPLND)	49400	3	Not applicable	Not applicable	Not applicable	SC078A
3030	Surgical Oncology	Surgical	Plastic surgery flap division	Head & Neck Flap Cutting any type	26400	4	Not applicable	Not applicable	Not applicable	SC079A
3031	Surgical Oncology	Surgical	Resuturing of Any Wound gap Surgeries	Resuturing of Any Wound gap Surgeries	4200	NA	Not applicable	Not applicable	Not applicable	SC080A
3032	Surgical Oncology	Surgical	Cytoreductive surgery for ovarian cancer	Cytoreductive surgery for ovarian cancer	79900	5	Not applicable	Not applicable	Not applicable	SC081A
3033	Surgical Oncology	Surgical	Wide Excision- Oral Cavity Malignancy	Wide Excision- Oral Cavity Malignancy	53900	5	Not applicable	Not applicable	Not applicable	SC082A
3034	Surgical Oncology	Surgical	Exenteration	Exenteration	28000	NA	Not applicable	Not applicable	Not applicable	SE037A
3035	Surgical Oncology	Surgical	Oesophagectomy	Oesophagectomy	137500	5	Not applicable	Not applicable	Not applicable	SG001A



3036	Surgical Oncology	Surgical	Gastrectomy	Partial Gastrectomy for carcinoma	70500	5	Not applicable	Not applicable	Not applicable	SG003C
3037	Surgical Oncology	Surgical	Gastrectomy	Subtotal Gastrectomy for Carcinoma	89400	3	Not applicable	Not applicable	Not applicable	SG003D
3038	Surgical Oncology	Surgical	Gastrectomy	Total Gastrectomy - Lap.	89400	5	Not applicable	Not applicable	Not applicable	SG003E
3039	Surgical Oncology	Surgical	Gastrectomy	Total Gastrectomy - Open	89400	5	Not applicable	Not applicable	Not applicable	SG003F
3040	Surgical Oncology	Surgical	Gastrojejunostomy	Gastrojejunostomy	33000	5	Not applicable	Not applicable	Not applicable	SG010A
3041	Surgical Oncology	Surgical	Feeding Jejunostomy	Feeding Jejunostomy	24600	6	Not applicable	Not applicable	Not applicable	SG012A
3042	Surgical Oncology	Surgical	Colectomy	Total Colectomy - Open	53100	6	Not applicable	Not applicable	Not applicable	SG020A
3043	Surgical Oncology	Surgical	Colectomy	Total Colectomy - Lap.	53100	6	Not applicable	Not applicable	Not applicable	SG020B
3044	Surgical Oncology	Surgical	Closure of colostomy	Closure of colostomy	24600	3	Not applicable	Not applicable	Not applicable	SG023A
3045	Surgical Oncology	Surgical	Closure of stoma	Closure of stoma	18400	3	Not applicable	Not applicable	Not applicable	SG024A
3046	Surgical Oncology	Surgical	Anterior Resection of rectum	Open	55000	3	Not applicable	Not applicable	Not applicable	SG029A
3047	Surgical Oncology	Surgical	Anterior Resection of rectum	Lap.	55000	3	Not applicable	Not applicable	Not applicable	SG029B
3048	Surgical Oncology	Surgical	Distal Pancreatectomy with Pancreatico Jejunostomy	Distal Pancreatectomy with Pancreatico Jejunostomy	79800	7	Not applicable	Not applicable	Not applicable	SG044A
3049	Surgical Oncology	Surgical	Pancreaticoduodenectomy (Whipple's)	Pancreaticoduodenectomy (Whipple's)	137500	7	Not applicable	Not applicable	Not applicable	SG045A

3050	Surgical Oncology	Surgical	Retroperitoneal Tumor - Excision	Retroperitoneal Tumor - Excision	43100	5	Not applicable	Not applicable	Not applicable	SG049A
3051	Surgical Oncology	Surgical	Orchidectomy	Orchidectomy	12900	2	Not applicable	Not applicable	Not applicable	SG059A
3052	Surgical Oncology	Surgical	Operation for Carcinoma Lip	Wedge Excision	27600	6	Not applicable	Not applicable	Not applicable	SG062A
3053	Surgical Oncology	Surgical	Operation for Carcinoma Lip	Wedge Excision and Vermilionectomy	41300	6	Not applicable	Not applicable	Not applicable	SG062B
3054	Surgical Oncology	Surgical	Operation for Carcinoma Lip	Cheek advancement	41300	6	Not applicable	Not applicable	Not applicable	SG062C
3055	Surgical Oncology	Surgical	Excision of Growth from Tongue	Tongue only	26300	1	Not applicable	Not applicable	Not applicable	SG063A
3056	Surgical Oncology	Surgical	Radical Neck Dissection	Radical Neck Dissection	36900	8	Not applicable	Not applicable	Not applicable	SG067A
3057	Surgical Oncology	Surgical	Radical Neck Dissection	Radical Neck Dissection - Excision	36900	8	Not applicable	Not applicable	Not applicable	SG067B
3058	Surgical Oncology	Surgical	Carotid Body tumour - Excision	Carotid Body tumour - Excision	49200	7	Not applicable	Not applicable	Not applicable	SG069A
3059	Surgical Oncology	Surgical	Thyroidectomy	Hemi thyroidectomy	30300	2	Not applicable	Not applicable	Not applicable	SG070A
3060	Surgical Oncology	Surgical	Thyroidectomy	Total thyroidectomy	72500	4	Not applicable	Not applicable	Not applicable	SG070B
3061	Surgical Oncology	Surgical	Thyroidectomy	Total Thyroidectomy with Block Dissection	80500	5	Not applicable	Not applicable	Not applicable	SG070C

3062	Surgical Oncology	Surgical	Excision of Parathyroid Adenoma / Carcinoma	Excision of Parathyroid Adenoma	27500	3	Not applicable	Not applicable	Not applicable	SG071A
3063	Surgical Oncology	Surgical	Excision of Parathyroid Adenoma / Carcinoma	Excision of Parathyroid Carcinoma	22400	3	Not applicable	Not applicable	Not applicable	SG071B
3064	Surgical Oncology	Surgical	Lobectomy	Thoracoscopic	49600	5	Not applicable	Not applicable	Not applicable	SG081A
3065	Surgical Oncology	Surgical	Lobectomy	Open	49600	5	Not applicable	Not applicable	Not applicable	SG081B
3066	Surgical Oncology	Surgical	Flap Reconstructive Surgery	Flap Reconstructive Surgery	43500	4	Not applicable	Not applicable	Not applicable	SG087A
3067	Surgical Oncology	Surgical	Percutaneous Transhepatic Biliary Drainage (PTBD)	Percutaneous Transhepatic Biliary Drainage (PTBD)	22200	NA	Not applicable	Not applicable	For PTBD - 33000	SG105A
3068	Surgical Oncology	Surgical	Pancreatectomy	Pancreatectomy	91800	3	Not applicable	Not applicable	Not applicable	SG170MLB
3069	Surgical Oncology	Surgical	Pancreatectomy	Pancreatectomy Central	71300	3	Not applicable	Not applicable	Not applicable	SG170MLC
3070	Surgical Oncology	Surgical	Pinna surgery for tumour / trauma	Pinna surgery for tumour	9500	2	Not applicable	Not applicable	Not applicable	SL001A
3071	Surgical Oncology	Surgical	Mastoidectomy	Simple	30800	2	Not applicable	Not applicable	Not applicable	SL004A
3072	Surgical Oncology	Surgical	Mastoidectomy	Radical	30800	2	Not applicable	Not applicable	Not applicable	SL004B

3073	Surgical Oncology	Surgical	Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with or without reconstruction	Excision of tumour of oral cavity / paranasal sinus / laryngopharynx without reconstruction	13800	5	Not applicable	Not applicable	Not applicable	SL020A
3074	Surgical Oncology	Surgical	Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with or without reconstruction	Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with pedicled flap reconstruction	50300	6	Not applicable	Not applicable	Not applicable	SL020B
3075	Surgical Oncology	Surgical	Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with or without reconstruction	Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with free flap reconstruction	34400	7	Not applicable	Not applicable	Not applicable	SL020C
3076	Surgical Oncology	Surgical	Parotidectomy	Total	35700	2	Not applicable	Not applicable	Not applicable	SL021A
3077	Surgical Oncology	Surgical	Parotidectomy	Radical	36900	5	Not applicable	Not applicable	Not applicable	SL021MLA
3078	Surgical Oncology	Surgical	Parotidectomy	Conservative	31000	5	Not applicable	Not applicable	Not applicable	SL021MLB

3079	Surgical Oncology	Surgical	Open laryngeal framework surgery / Thyroplasty	Open laryngeal framework surgery / Thyroplasty	5500	1	Not applicable	Not applicable	Implant for Open laryngeal framework surgery / Thyroplasty (Keel / Stent) - 16500	SL025A
3080	Surgical Oncology	Surgical	Neck dissection	Selective Benign neck tumour excision	25900	3	Not applicable	Not applicable	Not applicable	SL027A
3081	Surgical Oncology	Surgical	Neck dissection	Comprehensive Benign neck tumour excision	25900	3	Not applicable	Not applicable	Not applicable	SL027B
3082	Surgical Oncology	Surgical	Neck dissection	Selective Pharyngeal diverticulum excision	25900	3	Not applicable	Not applicable	Not applicable	SL027C
3083	Surgical Oncology	Surgical	Neck dissection	Comprehensive Pharyngeal diverticulum excision	25900	3	Not applicable	Not applicable	Not applicable	SL027D
3084	Surgical Oncology	Surgical	Anterior skull base surgery	Endoscopic CSF Rhinorrhea Repair	52300	6	Not applicable	Not applicable	Fibrin Glue - 9900	SL029A
3085	Surgical Oncology	Surgical	Anterior skull base surgery	Optic nerve decompression	40500	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL029B
3086	Surgical Oncology	Surgical	Anterior skull base surgery	Orbital decompression	40500	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL029C
3087	Surgical Oncology	Surgical	Anterior skull base surgery	Craniofacial Resection	40500	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL029D
3088	Surgical Oncology	Surgical	Anterior skull base surgery	Maxillary swing	35100	6	Not applicable	Not applicable	Fibrin Glue - 9900	SL029E
3089	Surgical Oncology	Surgical	Advanced anterior skull base surgery	Endoscopic Hypophysectomy	54800	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL030A

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3090	Surgical Oncology	Surgical	Advanced anterior skull base surgery	Clival tumour excision	54800	7	Not applicable	Not applicable	Fibrin Glue - 9900	SL030B
3091	Surgical Oncology	Surgical	Lateral skull base procedures	Subtotal petrosectomy	34000	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL031A
3092	Surgical Oncology	Surgical	Lateral skull base procedures	Post-traumatic facial nerve decompression	34000	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL031B
3093	Surgical Oncology	Surgical	Lateral skull base procedures	CSF Otorrhoea repair	34000	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL031C
3094	Surgical Oncology	Surgical	Advanced lateral skull base surgery	Fisch approach	54900	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL032A
3095	Surgical Oncology	Surgical	Advanced lateral skull base surgery	Translabyrinthine approach	54900	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL032B
3096	Surgical Oncology	Surgical	Advanced lateral skull base surgery	Transcochlear approach	54900	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL032C
3097	Surgical Oncology	Surgical	Advanced lateral skull base surgery	Temporal Bone resection	54900	2	Not applicable	Not applicable	Fibrin Glue - 9900	SL032D
3098	Surgical Oncology	Surgical	Salpingoophorectomy	Open	27500	3	Not applicable	Not applicable	Not applicable	SO001MLA

3099	Surgical Oncology	Surgical	Laparotomy and Proceed for Ovarian Cancers - Omentomy with Bilateral Salpingoophorectomy	Laparotomy and Proceed for Ovarian Cancers - Omentomy with Bilateral Salpingoophorectomy	41800	5	Not applicable	Not applicable	Not applicable	SO002A
3100	Surgical Oncology	Surgical	Hysterectomy	Abdominal Hysterectomy	25700	3	Not applicable	Not applicable	Not applicable	SO010A
3101	Surgical Oncology	Surgical	Vulvectomy Simple	Vulvectomy Simple	22000	3	Not applicable	Not applicable	Not applicable	SO035A
3102	Surgical Oncology	Surgical	Radical Vulvectomy	Radical Vulvectomy with Inguinal and Pelvic lymph node dissection	55000	3	Not applicable	Not applicable	Not applicable	SO036A
3103	Surgical Oncology	Surgical	Nephrectomy	For Benign pathology - Open	45200	2	Not applicable	Not applicable	Not applicable	SU003A
3104	Surgical Oncology	Surgical	Nephrectomy	For Benign pathology - Lap.	50400	2	Not applicable	Not applicable	Not applicable	SU003B
3105	Surgical Oncology	Surgical	Nephrectomy	Radical (Renal tumor) - Open	45200	4	Not applicable	Not applicable	Not applicable	SU003C
3106	Surgical Oncology	Surgical	Nephrectomy	Radical (Renal tumor) - Lap.	50400	3	Not applicable	Not applicable	Not applicable	SU003D
3107	Surgical Oncology	Surgical	Nephrectomy	Partial or Hemi - Open	60000	4	Not applicable	Not applicable	Not applicable	SU003E
3108	Surgical Oncology	Surgical	Nephrectomy	Partial or Hemi - Lap	60000	3	Not applicable	Not applicable	Not applicable	SU003F
3109	Surgical Oncology	Surgical	Nephro Ureterectomy	Benign - Open	42000	4	Not applicable	Not applicable	Not applicable	SU010A
3110	Surgical Oncology	Surgical	Nephro Ureterectomy	Benign - Lap.	50400	3	Not applicable	Not applicable	Not applicable	SU010B
3111	Surgical Oncology	Surgical	Nephro Ureterectomy	With Cuff of Bladder - Open	57500	4	Not applicable	Not applicable	Not applicable	SU010C

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3112	Surgical Oncology	Surgical	Nephro Ureterectomy	With Cuff of Bladder - Lap.	57500	3	Not applicable	Not applicable	Not applicable	SU010D
3113	Surgical Oncology	Surgical	Partial Cystectomy	Open	33000	3	Not applicable	Not applicable	Not applicable	SU043A
3114	Surgical Oncology	Surgical	Partial Cystectomy	Lap.	33000	2	Not applicable	Not applicable	Not applicable	SU043B
3115	Surgical Oncology	Surgical	TURBT - Restage	TURBT - Restage	27300	2	Not applicable	Not applicable	Not applicable	SU056A
3116	Surgical Oncology	Surgical	Stress Incontinence Surgery	Stress Incontinence Surgery - Open	32500	3	Not applicable	Not applicable	Not applicable	SU062A
3117	Surgical Oncology	Surgical	Penectomy	Partial Penectomy	27500	2	Not applicable	Not applicable	Not applicable	SU082A
3118	Surgical Oncology	Surgical	Orchiectomy	Inguinal	51500	2	Not applicable	Not applicable	Not applicable	SU086A
3119	Surgical Oncology	Surgical	Orchiectomy	Simple	45700	1	Not applicable	Not applicable	Not applicable	SU086B
3120	Surgical Oncology	Surgical	Bilateral Orchiectomy for Hormone Ablation	Bilateral Orchiectomy for Hormone Ablation	42000	1	Not applicable	Not applicable	Not applicable	SU087A
3121	Surgical Oncology	Surgical	Radical Retroperitoneal lymph node dissection	Open	54800	3	Not applicable	Not applicable	Not applicable	SU090A
3122	Surgical Oncology	Surgical	Radical Retroperitoneal lymph node dissection	Lap	55800	3	Not applicable	Not applicable	Not applicable	SU090B



3123	Surgical Oncology	Surgical	Pelvic lymphadenectomy, after prior cancer surgery	Open	41300	3	Not applicable	Not applicable	Not applicable	SU098A
3124	Surgical Oncology	Surgical	Pelvic lymphadenectomy, after prior cancer surgery	Laparoscopic	41800	3	Not applicable	Not applicable	Not applicable	SU098B
3125	Surgical Oncology	Surgical	Surgical Correction of Bronchopleural Fistula	Surgical Correction of Bronchopleural Fistula	98300	10	Not applicable	Not applicable	Not applicable	SV026A
3126	Surgical Oncology	Surgical	Surgery for Cardiac Tumour	Surgery for Cardiac Tumour	143800	10	Not applicable	Not applicable	Not applicable	SV030A
3127	Unspecified Surgical Package	Surgical	Unspecified Surgical Package	Unspecified Surgical Package	upto 1,00,000	NA	Not applicable	Not applicable	Not applicable	US001A
3128	Unspecified Surgical Package	Surgical	Unspecified Surgical Package	Unspecified Surgical Package	upto 5,00,000	NA	Not applicable	Not applicable	Not applicable	US001B
3129	Urology	Surgical	Distal ureterectomy with reimplantation	Distal ureterectomy with reimplantation	55000	6	Not applicable	Not applicable	Not applicable	SC023A
3130	Urology	Surgical	Radical cystectomy	With continent diversion - Open	137600	8	Not applicable	Not applicable	Not applicable	SC024A
3131	Urology	Surgical	Radical cystectomy	With Ileal Conduit - Open	178400	8	Not applicable	Not applicable	Not applicable	SC024B
3132	Urology	Surgical	Radical cystectomy	With Ileal Conduit - Lap.	178400	8	Not applicable	Not applicable	Not applicable	SC024C

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3133	Urology	Surgical	Radical cystectomy	With neobladder - Open	204300	11	Not applicable	Not applicable	Not applicable	SC024D
3134	Urology	Surgical	Radical cystectomy	With neobladder - Lap	204300	11	Not applicable	Not applicable	Not applicable	SC024E
3135	Urology	Surgical	Radical cystectomy	With ureterosigmoidostomy - Open	159200	8	Not applicable	Not applicable	Not applicable	SC024F
3136	Urology	Surgical	Radical cystectomy	With ureterosigmoidostomy - Lap	107800	8	Not applicable	Not applicable	Not applicable	SC024G
3137	Urology	Surgical	Radical Urethrectomy	Radical Urethrectomy	55000	5	Not applicable	Not applicable	Not applicable	SC026A
3138	Urology	Surgical	Penile preserving surgery (WLE, Glansectomy, Laser)	Penile preserving surgery (WLE, Glansectomy, Laser)	41800	5	Not applicable	Not applicable	Not applicable	SC027A
3139	Urology	Surgical	Resuturing of Any Wound gap Surgeries	Resuturing of Any Wound gap Surgeries	4200	NA	Not applicable	Not applicable	Not applicable	SC080A
3140	Urology	Surgical	Vasovasostomy	Vasovasostomy	13200	2	Not applicable	Not applicable	Not applicable	SG058A
3141	Urology	Surgical	Repair of renal artery stenosis	Repair of renal artery stenosis	83600	7	Not applicable	Not applicable	Not applicable	SG102A
3142	Urology	Surgical	Circumcision	Circumcision - Phimosis / Paraphimosis or any other clinical condition	22000	D	Not applicable	Not applicable	Not applicable	SG104A
3143	Urology	Surgical	Sacrocolpopexy (Abdominal)	Open	40000	7	Not applicable	Not applicable	Mesh - 15 X 15 - 5500	SO025A
3144	Urology	Surgical	Sacrocolpopexy (Abdominal)	Lap.	40000	7	Not applicable	Not applicable	Mesh - 15 X 15 - 5500	SO025B

3145	Urology	Surgical	Adrenalectomy	Open	30300	2	Unilateral/ Bilateral	None/ "+" 5500	Not applicable	SU001A
3146	Urology	Surgical	Adrenalectomy	Lap	30300	2	Unilateral/ Bilateral	None/ "+" 5500	Not applicable	SU001B
3147	Urology	Surgical	Renal Cyst Deroofing or Marsupialization	Open	33000	2	Not applicable	Not applicable	Not applicable	SU002A
3148	Urology	Surgical	Renal Cyst Deroofing or Marsupialization	Lap.	33000	2	Not applicable	Not applicable	Not applicable	SU002B
3149	Urology	Surgical	Nephrectomy	For Benign pathology - Open	45200	2	Not applicable	Not applicable	Not applicable	SU003A
3150	Urology	Surgical	Nephrectomy	For Benign pathology - Lap.	50400	2	Not applicable	Not applicable	Not applicable	SU003B
3151	Urology	Surgical	Nephrectomy	Radical (Renal tumor) - Open	45200	4	Not applicable	Not applicable	Not applicable	SU003C
3152	Urology	Surgical	Nephrectomy	Radical (Renal tumor) - Lap.	50400	3	Not applicable	Not applicable	Not applicable	SU003D
3153	Urology	Surgical	Nephrectomy	Partial or Hemi - Open	60000	4	Not applicable	Not applicable	Not applicable	SU003E
3154	Urology	Surgical	Nephrectomy	Partial or Hemi - Lap	60000	3	Not applicable	Not applicable	Not applicable	SU003F
3155	Urology	Surgical	Nephrolithotomy	Open	41800	4	Not applicable	Not applicable	Not applicable	SU005A
3156	Urology	Surgical	Nephrolithotomy	Anatrophic	41800	4	Not applicable	Not applicable	Not applicable	SU005B
3157	Urology	Surgical	PCNL (Percutaneous Nephrolithotomy)	PCNL (Percutaneous Nephrolithotomy)	49500	2	Unilateral/ Bilateral	None/ "+" 5500	Not applicable	SU007A
3158	Urology	Surgical	Nephrostomy	Percutaneous - Ultrasound Guided	40000	1	Not applicable	Not applicable	Not applicable	SU008A

3159	Urology	Medical	Nephrostomy	Nephrostomy (PCN) - Follow Up	1200	D	Not applicable	Not applicable	Not applicable	SU008B
3160	Urology	Surgical	Nephrostomy	Open	22000	3	Not applicable	Not applicable	Not applicable	SU008C
3161	Urology	Surgical	Follow up for urological procedures	Follow up for urological procedures	2100	4	Not applicable	Not applicable	Not applicable	SU0101A
3162	Urology	Surgical	Nephro Ureterectomy	Benign - Open	42000	4	Not applicable	Not applicable	Not applicable	SU010A
3163	Urology	Surgical	Nephro Ureterectomy	Benign - Lap.	50400	3	Not applicable	Not applicable	Not applicable	SU010B
3164	Urology	Surgical	Nephro Ureterectomy	With Cuff of Bladder - Open	57500	4	Not applicable	Not applicable	Not applicable	SU010C
3165	Urology	Surgical	Nephro Ureterectomy	With Cuff of Bladder - Lap.	57500	3	Not applicable	Not applicable	Not applicable	SU010D
3166	Urology	Surgical	Perinephric Abscess drainage	Open	51500	2	Not applicable	Not applicable	Not applicable	SU013A
3167	Urology	Surgical	Perinephric Abscess drainage	Percutaneous	51500	2	Not applicable	Not applicable	Not applicable	SU013B
3168	Urology	Surgical	Ureteroscopy	Stone removal with lithotripsy - Lower Ureter	41300	1	Unilateral/ Bilateral	None/ "+" 16500	Not applicable	SU014A
3169	Urology	Surgical	Ureteroscopy	Stone removal with lithotripsy - Upper Ureter	41300	1	Unilateral/ Bilateral	None/ "+" 16500	Not applicable	SU014B
3170	Urology	Surgical	Ureteroscopy	With Endolitholopexy	18500	1	Not applicable	Not applicable	Not applicable	SU014MLA
3171	Urology	Surgical	Ureteroscopy	Ureteroscopy Urethroplasty	25200	3	Not applicable	Not applicable	Not applicable	SU014MLB
3172	Urology	Surgical	Ureteroscopy	With Percutaneous Nephrolithotomy (PCNL)	25200	3	Not applicable	Not applicable	Not applicable	SU014MLC

3173	Urology	Surgical	Extracorporeal shock - wave Lithotripsy (ESWL)	Extracorporeal shock - wave Lithotripsy (ESWL) stone, with or without stent (one side)	27700	2	Not applicable	Not applicable	Not applicable	SU016A
3174	Urology	Surgical	Ureterolithotomy	Open	33000	3	Not applicable	Not applicable	Not applicable	SU018A
3175	Urology	Surgical	Ureterolithotomy	Lap.	33000	2	Not applicable	Not applicable	Not applicable	SU018B
3176	Urology	Medical	Ureterolithotomy	Lap Ureterolithotomy - Follow Up	1000	D	Not applicable	Not applicable	Not applicable	SU018C
3177	Urology	Medical	Ureterolithotomy	Open Ureterolithotomy - Follow Up	1000	D	Not applicable	Not applicable	Not applicable	SU018D
3178	Urology	Surgical	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyeloplasty - Open	42600	3	Not applicable	Not applicable	Not applicable	SU021A
3179	Urology	Surgical	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyeloplasty - Laparoscopic	47700	2	Not applicable	Not applicable	Not applicable	SU021B
3180	Urology	Surgical	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyeloureterostomy - Open	42600	3	Not applicable	Not applicable	Not applicable	SU021C

3181	Urology	Surgical	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyeloureterostomy - Laparoscopic	47700	2	Not applicable	Not applicable	Not applicable	SU021D
3182	Urology	Surgical	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyelopyelostomy - Open	42600	3	Not applicable	Not applicable	Not applicable	SU021E
3183	Urology	Surgical	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyelopyelostomy - Laparoscopic	47700	2	Not applicable	Not applicable	Not applicable	SU021F
3184	Urology	Surgical	Ureterocalycostomy	Open	43900	4	Not applicable	Not applicable	Not applicable	SU023A
3185	Urology	Surgical	Ureterocalycostomy	Lap.	49100	3	Not applicable	Not applicable	Not applicable	SU023B
3186	Urology	Surgical	Pyelolithotomy	Open	41300	3	Not applicable	Not applicable	Not applicable	SU024A
3187	Urology	Surgical	Pyelolithotomy	Lap.	41300	2	Not applicable	Not applicable	Not applicable	SU024B
3188	Urology	Surgical	Internal Ureterotomy including cystoscopy as an independent procedure	Internal Ureterotomy including cystoscopy as an independent procedure	14000	2	Not applicable	Not applicable	Not applicable	SU025A

3189	Urology	Surgical	Ureterolysis for Retroperitoneal Fibrosis +/- Omental Wrapping	Open	43500	3	Not applicable	Not applicable	Not applicable	SU026A
3190	Urology	Surgical	Ureterolysis for Retroperitoneal Fibrosis +/- Omental Wrapping	Lap.	43500	2	Not applicable	Not applicable	Not applicable	SU026B
3191	Urology	Surgical	Ureterostomy (Cutaneous)	Ureterostomy (Cutaneous)	27700	2	Not applicable	Not applicable	Not applicable	SU027A
3192	Urology	Surgical	Uretero-ureterostomy	Open	38500	3	Not applicable	Not applicable	Not applicable	SU028A
3193	Urology	Surgical	Uretero-ureterostomy	Lap.	46400	3	Not applicable	Not applicable	Not applicable	SU028B
3194	Urology	Surgical	Uretero-Vaginal / Uterine Fistula Repair	Uretero - vaginal fistula repair - Open	40700	3	Not applicable	Not applicable	Not applicable	SU029A
3195	Urology	Surgical	Uretero-Vaginal / Uterine Fistula Repair	Uretero - Uterine fistula repair - Open	40700	2	Not applicable	Not applicable	Not applicable	SU029B
3196	Urology	Surgical	Uretero-Vaginal / Uterine Fistula Repair	Uretero - vaginal fistula repair - Laparoscopic	40700	3	Not applicable	Not applicable	Not applicable	SU029C

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3197	Urology	Surgical	Uretero-Vaginal / Uterine Fistula Repair	Uretero - Uterine fistula repair - Laparoscopic	40700	2	Not applicable	Not applicable	Not applicable	SU029D
3198	Urology	Surgical	Ureteric Reimplantation	Open	33000	3	Unilateral/ Bilateral	None/ "+" 11000	Not applicable	SU030A
3199	Urology	Surgical	Ureteric Reimplantation	Lap.	33000	3	Unilateral/ Bilateral	None/ "+" 11000	Not applicable	SU030B
3200	Urology	Surgical	Boari Flap for Ureteric Stricture	Open	40300	3	Not applicable	Not applicable	Not applicable	SU031A
3201	Urology	Surgical	Boari Flap for Ureteric Stricture	Lap.	46400	2	Not applicable	Not applicable	Not applicable	SU031B
3202	Urology	Surgical	Ileal Replacement for Ureteric Stricture	Ileal Replacement for Ureteric Stricture	89400	4	Not applicable	Not applicable	Not applicable	SU032A
3203	Urology	Surgical	DJ Stent including Cystoscopy Ureteric Catheterization Retrograde Pyelogram	DJ Stent including Cystoscopy Ureteric Catheterization Retrograde Pyelogram	40200	1	Not applicable	Not applicable	Not applicable	SU033A
3204	Urology	Medical	DJ Stent Removal	DJ Stent Removal	5000	D	Not applicable	Not applicable	Not applicable	SU034A



3205	Urology	Surgical	Ureterocele incision including Cystoscopy Ureteric Catheterization Retrograde Pyelogram	Ureterocele incision including Cystoscopy Ureteric Catheterization Retrograde Pyelogram	71500	1	Not applicable	Not applicable	Not applicable	SU035A
3206	Urology	Surgical	Ureteric Sampling including Cystoscopy Ureteric Catheterization Retrograde Pyelogram	Ureteric Sampling including Cystoscopy Ureteric Catheterization Retrograde Pyelogram	57500	1	Not applicable	Not applicable	Not applicable	SU036A
3207	Urology	Surgical	Acute management of Upper Urinary Tract Trauma – Conservative	Acute management of Upper Urinary Tract Trauma – Conservative	0	5	Routine Ward	2000	Not applicable	SU037A
3208	Urology	Surgical	Endopyelotomy	Retrograde with Laserbugbee	41300	1	Not applicable	Not applicable	Not applicable	SU038A
3209	Urology	Surgical	Endopyelotomy	Antegrade with Laserbugbee	41300	2	Not applicable	Not applicable	Not applicable	SU038B
3210	Urology	Surgical	Cystolithotomy - Open including Cystoscopy	Cystolithotomy - Open including Cystoscopy	36900	2	Not applicable	Not applicable	Not applicable	SU040A

3211	Urology	Surgical	Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy	Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy	27700	1	Not applicable	Not applicable	Not applicable	SU041A
3212	Urology	Surgical	Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy	Urethral Stone removal endoscopic, including cystoscopy	27400	4	Not applicable	Not applicable	Not applicable	SU041B
3213	Urology	Surgical	Diagnostic Cystoscopy	Diagnostic Cystoscopy	35000	1	Not applicable	Not applicable	Not applicable	SU042A
3214	Urology	Surgical	Partial Cystectomy	Open	33000	3	Not applicable	Not applicable	Not applicable	SU043A
3215	Urology	Surgical	Partial Cystectomy	Lap.	33000	2	Not applicable	Not applicable	Not applicable	SU043B
3216	Urology	Medical	Partial Cystectomy - Follow Up	Partial Cystectomy - Follow Up	1000	D	Not applicable	Not applicable	Not applicable	SU043C
3217	Urology	Surgical	Augmentation Cystoplasty	Open	44000	4	Not applicable	Not applicable	Not applicable	SU045A
3218	Urology	Surgical	Augmentation Cystoplasty	Lap.	49100	4	Not applicable	Not applicable	Not applicable	SU045B
3219	Urology	Surgical	Deflux for VUR	Deflux for VUR	5800	D	Not applicable	Not applicable	Not applicable	SU046A
3220	Urology	Medical	Bladder Diverticulectomy	Bladder Diverticulectomy - Follow Up	1100	D	Not applicable	Not applicable	Not applicable	SU047A

3221	Urology	Surgical	Open Bladder Diverticulectomy +/- Ureteric Re-Implantation	Open Bladder Diverticulectomy +/- Ureteric Re-Implantation	36200	3	Not applicable	Not applicable	Not applicable	SU048A
3222	Urology	Surgical	Bladder Injury Repair (With or Without Urethral Injury)	Bladder Injury Repair (With or Without Urethral Injury)	35100	3	Not applicable	Not applicable	Not applicable	SU049A
3223	Urology	Surgical	Bladder Injury Repair (With or Without Urethral Injury)	with Colostomy (With or Without Urethral Injury)	40000	4	Not applicable	Not applicable	Not applicable	SU050A
3224	Urology	Surgical	Extrophy Bladder Repair +/- Osteotomy with Epispadias Repair and Ureteric Reimplant	Extrophy Bladder Repair +/- Osteotomy with Epispadias Repair and Ureteric Reimplant	123800	4	Not applicable	Not applicable	Not applicable	SU051A

3225	Urology	Surgical	Neurogenic Bladder - Package For Evaluation / Investigation (Catheter With Ultrasound With Culture With Rgu/ Mcu) For 1 Month (Medicines - Antibiotics)	Neurogenic Bladder - Package For Evaluation / Investigation (Catheter With Ultrasound With Culture With Rgu/ Mcu) For 1 Month (Medicines - Antibiotics)	54900	1	Not applicable	Not applicable	Not applicable	SU052A
3226	Urology	Surgical	Y V Plasty Of Bladder Neck / Bladder Neck Reconstruction	Y V Plasty Of Bladder Neck / Bladder Neck Reconstruction	46500	4	Not applicable	Not applicable	Not applicable	SU053A
3227	Urology	Medical	Bladder Neck Incision	Endoscopic	22800	1	Not applicable	Not applicable	Not applicable	SU054A
3228	Urology	Surgical	Bladder Neck Incision	Open	18500	3	Not applicable	Not applicable	Not applicable	SU054B
3229	Urology	Surgical	TURBT (Transurethral Resection of Bladder Tumor)	TURBT (Transurethral Resection of Bladder Tumor)	40000	2	Not applicable	Not applicable	Not applicable	SU055A
3230	Urology	Surgical	TURBT - Restage	TURBT - Restage	27300	2	Not applicable	Not applicable	Not applicable	SU056A

3231	Urology	Surgical	Post TURBT - Check Cystoscopy +/- Coldcup Biopsy	Post TURBT - Check Cystoscopy +/- Coldcup Biopsy	13800	1	Not applicable	Not applicable	Not applicable	SU057A
3232	Urology	Surgical	Urachal Cyst excision	Open	47500	2	Not applicable	Not applicable	Not applicable	SU058A
3233	Urology	Surgical	Urachal Cyst excision	Lap	47500	2	Not applicable	Not applicable	Not applicable	SU058B
3234	Urology	Medical	VVF Repair - Follow Up	VVF Repair - Follow Up	1500	D	Not applicable	Not applicable	Not applicable	SU059A
3235	Urology	Surgical	Intravesical BCG / Mitomycin	Intravesical BCG / Mitomycin	3500	4	Not applicable	Not applicable	Not applicable	SU060A
3236	Urology	Surgical	Supra Pubic Drainage	Open	12400	5	Not applicable	Not applicable	Not applicable	SU061A
3237	Urology	Surgical	Supra Pubic Drainage	Closed / Trocar	40400	1	Not applicable	Not applicable	Not applicable	SU061B
3238	Urology	Surgical	Stress Incontinence Surgery	Stress Incontinence Surgery - Open	32500	3	Not applicable	Not applicable	Not applicable	SU062A
3239	Urology	Medical	Repair of stress incontinence - Follow Up	Repair of stress incontinence - Follow Up	1000	D	Not applicable	Not applicable	Not applicable	SU063A
3240	Urology	Medical	Emergency Management of Acute Retention of Urine	Emergency Management of Acute Retention of Urine	0	2	Routine Ward	2000	Not applicable	SU064A
3241	Urology	Surgical	Meatotomy / Meatoplasty	Meatotomy	5700	D	Not applicable	Not applicable	Not applicable	SU065A

3242	Urology	Surgical	Meatotomy / Meatoplasty	Meatoplasty	6500	D	Not applicable	Not applicable	Not applicable	SU065B
3243	Urology	Surgical	Urethroplasty	End to End	41300	2	Not applicable	Not applicable	Not applicable	SU066A
3244	Urology	Surgical	Urethroplasty	Substitution - Single Stage	41300	4	Not applicable	Not applicable	Not applicable	SU066B
3245	Urology	Surgical	Urethroplasty	Substitution - Two Stage	82500	4	Not applicable	Not applicable	Not applicable	SU066C
3246	Urology	Surgical	Urethroplasty	Transpubic	47500	4	Not applicable	Not applicable	Not applicable	SU066D
3247	Urology	Medical	Urethroplasty Follow Up	Urethroplasty Follow Up	1000	D	Not applicable	Not applicable	Not applicable	SU066E
3248	Urology	Surgical	Urethral Dilatation	Non endoscopic	5500	1	Not applicable	Not applicable	Not applicable	SU068A
3249	Urology	Medical	Urethral Dilatation	Endoscopic	37000	1	Not applicable	Not applicable	Not applicable	SU068B
3250	Urology	Surgical	Perineal Urethrostomy Without Closure	Perineal Urethrostomy Without Closure	27900	2	Not applicable	Not applicable	Not applicable	SU069A
3251	Urology	Surgical	Post Urethral Valve Fulguration	Post Urethral Valve Fulguration	27500	1	Not applicable	Not applicable	Not applicable	SU070A
3252	Urology	Surgical	Hypospadias repair	Single Stage	55000	3	Not applicable	Not applicable	Not applicable	SU071A
3253	Urology	Surgical	Hypospadias repair	Two or more stage (First Stage)	33000	3	Not applicable	Not applicable	Not applicable	SU071B
3254	Urology	Surgical	Hypospadias repair	Two or more stage (Intermediate Stage)	33000	5	Not applicable	Not applicable	Not applicable	SU071C
3255	Urology	Surgical	Hypospadias repair	Two or more stage (Final Stage)	33000	3	Not applicable	Not applicable	Not applicable	SU071D
3256	Urology	Medical	Hypospadias Repair - Follow Up	Hypospadias Repair - Follow Up	1000	D	Not applicable	Not applicable	Not applicable	SU071E

3257	Urology	Surgical	Hypospadias repair	with Orchiopexy	46500	3	Not applicable	Not applicable	Not applicable	SU071MLA
3258	Urology	Medical	Emergency Management of Hematuria	Emergency Management of Hematuria	0	2	Routine Ward	2000	Not applicable	SU073A
3259	Urology	Surgical	Excision of Urethral Caruncle	Excision of Urethral Caruncle	9400	1	Not applicable	Not applicable	Not applicable	SU074A
3260	Urology	Surgical	Urethrovaginal Fistula Repair	Urethrovaginal Fistula Repair	55000	2	Not applicable	Not applicable	Not applicable	SU075A
3261	Urology	Surgical	Urethrorectal Fistula Repair	Urethrorectal Fistula Repair	68800	4	Not applicable	Not applicable	Not applicable	SU076A
3262	Urology	Surgical	Open Simple Prostatetctomy for BPH	Open Simple Prostatetctomy for BPH	41000	3	Not applicable	Not applicable	Not applicable	SU077A
3263	Urology	Surgical	Radical Prostatectomy	Open	77000	4	Not applicable	Not applicable	Not applicable	SU078A
3264	Urology	Surgical	Radical Prostatectomy	Lap.	77000	4	Not applicable	Not applicable	Not applicable	SU078B
3265	Urology	Surgical	Holmium Laser Prostatectomy	Holmium Laser Prostatectomy	44000	2	Not applicable	Not applicable	Not applicable	SU079A
3266	Urology	Surgical	TURP	Monopolar	42600	2	Not applicable	Not applicable	Not applicable	SU080A
3267	Urology	Surgical	TURP	Bipolar	42600	2	Not applicable	Not applicable	Not applicable	SU080B
3268	Urology	Surgical	TURP	With Vesicolithotripsy	27700	3	Not applicable	Not applicable	Not applicable	SU080MLA
3269	Urology	Surgical	TURP	With Nephrectomy	42300	1	Not applicable	Not applicable	Not applicable	SU080MLB

3270	Urology	Surgical	TURP	With Removal of Verical Calculi	42300	1	Not applicable	Not applicable	Not applicable	SU080MLC
3271	Urology	Surgical	TURP	With Closure Of Urinary Fistula	25200	3	Not applicable	Not applicable	Not applicable	SU080MLD
3272	Urology	Surgical	TURP	With Cystolithopexy	25200	3	Not applicable	Not applicable	Not applicable	SU080MLE
3273	Urology	Surgical	TURP	With Cystoscopic Removal of Stone	25200	3	Not applicable	Not applicable	Not applicable	SU080MLF
3274	Urology	Surgical	TURP	With Fissurectomy	25200	3	Not applicable	Not applicable	Not applicable	SU080MLG
3275	Urology	Surgical	TURP	With Haemorrhoidectomy	25200	3	Not applicable	Not applicable	Not applicable	SU080MLH
3276	Urology	Surgical	TURP	With Herniorraphy	25200	3	Not applicable	Not applicable	Not applicable	SU080MLI
3277	Urology	Surgical	TURP	With Repair of Urethra	25200	3	Not applicable	Not applicable	Not applicable	SU080MLJ
3278	Urology	Surgical	TURP	With Suprapubic Cystolithotomy	25200	3	Not applicable	Not applicable	Not applicable	SU080MLK
3279	Urology	Surgical	TURP	With Urethrolithotomy	25200	3	Not applicable	Not applicable	Not applicable	SU080MLL
3280	Urology	Surgical	TURP	With URS	25200	3	Not applicable	Not applicable	Not applicable	SU080MLM
3281	Urology	Surgical	TURP	With Vesicolithotomy	25200	3	Not applicable	Not applicable	Not applicable	SU080MLN
3282	Urology	Surgical	TURP	With Fistulectomy	36900	4	Not applicable	Not applicable	Not applicable	SU080MLO
3283	Urology	Surgical	Transrectal Ultrasound Guided Prostate Biopsy (Minimum 12 Core)	Transrectal Ultrasound Guided Prostate Biopsy (Minimum 12 Core)	40000	1	Not applicable	Not applicable	Not applicable	SU081A
3284	Urology	Surgical	Penectomy	Partial Penectomy	27500	2	Not applicable	Not applicable	Not applicable	SU082A



3285	Urology	Surgical	Penectomy	Total Penectomy with Perineal Urethrostomy	41300	2	Not applicable	Not applicable	Not applicable	SU082B
3286	Urology	Surgical	Surgery for Priapism	Aspiration	47500	2	Not applicable	Not applicable	Not applicable	SU083A
3287	Urology	Surgical	Surgery for Priapism	Shunt	47500	2	Not applicable	Not applicable	Not applicable	SU083B
3288	Urology	Medical	Surgery for Priapism - Follow Up	Surgery for Priapism - Follow Up	1000	D	Not applicable	Not applicable	Not applicable	SU083C
3289	Urology	Surgical	Penile Prosthesis Insertion	Penile Prosthesis Insertion	48200	2	Not applicable	Not applicable	Penile Prosthesis - Malleable - Indian Implant - Part of package cost	SU085A
3290	Urology	Surgical	Orchiectomy	Inguinal	51500	2	Not applicable	Not applicable	Not applicable	SU086A
3291	Urology	Surgical	Orchiectomy	Simple	45700	1	Not applicable	Not applicable	Not applicable	SU086B
3292	Urology	Surgical	Bilateral Orchiectomy for Hormone Ablation	Bilateral Orchiectomy for Hormone Ablation	42000	1	Not applicable	Not applicable	Not applicable	SU087A
3293	Urology	Surgical	Orchiopexy	Lap.	41300	3	Unilateral/ Bilateral	None/ "+" 5500	Not applicable	SU088A
3294	Urology	Surgical	Orchiopexy	Open	33000	2	Unilateral/ Bilateral	None/ "+" 5500	Not applicable	SU088B
3295	Urology	Surgical	Surgical Correction of Varicocele	Non Microsurgical	40000	1	Unilateral/ Bilateral	None/ "+" 5500	Not applicable	SU089A

3296	Urology	Surgical	Surgical Correction of Varicocele	Microsurgical	40000	1	Unilateral/ Bilateral	None/ "+" 5500	Not applicable	SU089B
3297	Urology	Surgical	Radical Retroperitoneal lymph node dissection	Open	54800	3	Not applicable	Not applicable	Not applicable	SU090A
3298	Urology	Surgical	Radical Retroperitoneal lymph node dissection	Lap	55800	3	Not applicable	Not applicable	Not applicable	SU090B
3299	Urology	Surgical	Ilioinguinal Lymphadenectomy	Ilioinguinal Lymphadenectomy - Single	32800	2	Unilateral/ Bilateral	None/ "+" 5500	Not applicable	SU091A
3300	Urology	Surgical	Ilioinguinal Lymphadenectomy	Ilioinguinal Lymphadenectomy - Multiple	44900	2	Unilateral/ Bilateral	None/ "+" 5500	Not applicable	SU091B
3301	Urology	Surgical	Hysterectomy as part of VVF/ Uterovaginal Fistula Repair	Hysterectomy as part of VVF/ Uterovaginal Fistula Repair	61300	1	Not applicable	Not applicable	Not applicable	SU092A

3302	Urology	Medical	Emergency Management of Ureteric Stone - Package For Evaluation / Investigation (Ultrasound With Culture) For 3 Weeks (Medicines)	Emergency Management of Ureteric Stone - Package For Evaluation / Investigation (Ultrasound With Culture) For 3 Weeks (Medicines)	3900	1	Not applicable	Not applicable	Not applicable	SU094A
3303	Urology	Surgical	Retrograde Intrarenal Surgery with Laser Lithotripsy	Retrograde Intrarenal Surgery with Laser Lithotripsy	41800	1	Not applicable	Not applicable	Not applicable	SU095A
3304	Urology	Surgical	VVF uterovaginal Repair	Open	37400	3	Not applicable	Not applicable	Not applicable	SU096A
3305	Urology	Surgical	VVF uterovaginal Repair	Lap.	41300	4	Not applicable	Not applicable	Not applicable	SU096B
3306	Urology	Surgical	Permanent tunnelled catheter placement as substitute for AV fistula in long term dialysis	Permanent tunnelled catheter placement as substitute for AV fistula in long term dialysis	33000	2	Not applicable	Not applicable	Not applicable	SU097A

3307	Urology	Surgical	Pelvic lymphadenectomy, after prior cancer surgery	Open	41300	3	Not applicable	Not applicable	Not applicable	SU098A
3308	Urology	Surgical	Pelvic lymphadenectomy, after prior cancer surgery	Laparoscopic	41800	3	Not applicable	Not applicable	Not applicable	SU098B
3309	Urology	Surgical	Botulinum toxin injection for Neuropathic bladder	Botulinum toxin injection for Neuropathic bladder	13800	4	Not applicable	Not applicable	Not applicable	SU099A
3310	Urology	Surgical	Bladder Calculi Removal	Bladder Calculi Removal	25300	1	Not applicable	Not applicable	Not applicable	SU099MLA
3311	Urology	Surgical	Chronic Prostatitis – Package for Evaluation/ Investigation (Ultrasound with Culture with Prostate Massage) for 1 Month (Medicines). Follow Up Visit Once in 3 Months	Chronic Prostatitis – Package for Evaluation/ Investigation (Ultrasound with Culture with Prostate Massage) for 1 Month (Medicines). Follow Up Visit Once in 3 Months	34300	5	Not applicable	Not applicable	Not applicable	SU100MLA

3312	Urology	Surgical	Correction of Extrophy of Bladder	Correction of Extrophy of Bladder	107800	1	Not applicable	Not applicable	Not applicable	SU101MLA
3313	Urology	Surgical	Cystolithopexy	Cystolithopexy	18500	3	Not applicable	Not applicable	Not applicable	SU102MLA
3314	Urology	Surgical	Dormia Extraction of Calculus	Dormia Extraction of Calculus	35000	1	Not applicable	Not applicable	Not applicable	SU103MLA
3315	Urology	Surgical	Drainage of Abscess	Psoas Abscess	37500	1	Not applicable	Not applicable	Not applicable	SU104MLB
3316	Urology	Surgical	Exploration of Epididymus	Exploration of Epididymus	18500	3	Not applicable	Not applicable	Not applicable	SU105MLA
3317	Urology	Surgical	Internal Urethrotomy	Internal Urethrotomy	27700	3	Not applicable	Not applicable	Not applicable	SU106MLA
3318	Urology	Surgical	Internal Urethrotomy	Internal Urethrotomy with Cystoscopy	38100	1	Not applicable	Not applicable	Not applicable	SU106MLB
3319	Urology	Surgical	Visual Internal Urethrotomy with TURP	Visual Internal Urethrotomy with TURP	25300	1	Not applicable	Not applicable	Not applicable	SU107MLA
3320	Urology	Surgical	Litholapexy	Litholapexy	18500	1	Not applicable	Not applicable	Not applicable	SU108MLA
3321	Urology	Surgical	Lithotripsy	Lithotripsy	30800	1	Not applicable	Not applicable	Not applicable	SU109MLA
3322	Urology	Surgical	Neoblastoma	Neoblastoma	34300	4	Not applicable	Not applicable	Not applicable	SU110MLA
3323	Urology	Surgical	Nephropexy	Nephropexy	18500	1	Not applicable	Not applicable	Not applicable	SU111MLA
3324	Urology	Surgical	Operation for Double Ureter	Operation for Double Ureter	27700	3	Not applicable	Not applicable	Not applicable	SU113MLA
3325	Urology	Surgical	Operation for Ectopic Ureter	Operation for Ectopic Ureter	25200	3	Not applicable	Not applicable	Not applicable	SU113MLB

3326	Urology	Surgical	Operations for Cyst of Kidney	Open	43500	3	Not applicable	Not applicable	Not applicable	SU114MLA
3327	Urology	Surgical	Operations for Cyst of Kidney	Lap.	43500	3	Not applicable	Not applicable	Not applicable	SU114MLB
3328	Urology	Surgical	Prostatic Biopsy	Prostatic Biopsy	33000	2	Not applicable	Not applicable	Not applicable	SU115MLA
3329	Urology	Surgical	Reimplantation of Bladder	Reimplantation of Bladder	42300	3	Not applicable	Not applicable	Not applicable	SU116MLA
3330	Urology	Surgical	Repair of Ureterocele	Open	40300	1	Not applicable	Not applicable	Not applicable	SU117MLA
3331	Urology	Surgical	Repair of Ureterocele	Lap.	40300	1	Not applicable	Not applicable	Not applicable	SU117MLB
3332	Urology	Surgical	Retroperitoneal Fibrosis – Renal	Retroperitoneal Fibrosis – Renal	42300	3	Not applicable	Not applicable	Not applicable	SU118MLA
3333	Urology	Surgical	Retropubic Prostatectomy	Retropubic Prostatectomy	36900	3	Not applicable	Not applicable	Not applicable	SU119MLA
3334	Urology	Surgical	Splenorenal Anastomosis	Splenorenal Anastomosis	77000	2	Not applicable	Not applicable	Not applicable	SU120MLA
3335	Urology	Surgical	Stricture Urethra	Stricture Urethra	35300	1	Not applicable	Not applicable	Not applicable	SU121MLA
3336	Urology	Surgical	Torsion Testis	Torsion Testis	46500	1	Not applicable	Not applicable	Not applicable	SU122MLA
3337	Urology	Surgical	Trans Vesical Prostatectomy	Trans Vesical Prostatectomy	18500	1	Not applicable	Not applicable	Not applicable	SU123MLA
3338	Urology	Surgical	Transurethral Fulguration	Transurethral Fulguration	33000	1	Not applicable	Not applicable	Not applicable	SU124MLA

3339	Urology	Surgical	TUR Fulgration (Transurethral Fulgration of Bladder Tumor)	TUR Fulgration (Transurethral Fulgration of Bladder Tumor)	27700	1	Not applicable	Not applicable	Not applicable	SU124MLB
3340	Urology	Surgical	Ultra Sound Guided Biopsy	Ultra Sound Guided Biopsy	2700	D	Not applicable	Not applicable	Not applicable	SU125MLA
3341	Urology	Surgical	Ureteric Catheterization - Cystoscopy	Ureteric Catheterization - Cystoscopy	9400	D	Not applicable	Not applicable	Not applicable	SU126MLA
3342	Urology	Surgical	Ureteroscopic Removal of Ureteric Calculi	Ureteroscopic Removal of Ureteric Calculi	18500	1	Not applicable	Not applicable	Not applicable	SU127MLA
3343	Urology	Surgical	Ureteroscopic Stone Removal and DJ Stenting	Ureteroscopic Stone Removal and DJ Stenting	25200	3	Not applicable	Not applicable	Not applicable	SU127MLB
3344	Urology	Surgical	Urethral Injury	Urethral Injury	42300	1	Not applicable	Not applicable	Not applicable	SU128MLA
3345	Urology	Surgical	Urethral Reconstuction	Urethral Reconstuction	27700	3	Not applicable	Not applicable	Not applicable	SU129MLA
3346	Urology	Surgical	URS	Stone Removal	20400	1	Not applicable	Not applicable	Not applicable	SU130MLA
3347	Urology	Surgical	URS	With DJ Stenting With ESWL	25200	3	Not applicable	Not applicable	Not applicable	SU131MLA
3348	Urology	Surgical	URS	With Lithotripsy With DJ Stenting	25200	3	Not applicable	Not applicable	Not applicable	SU132MLA
3349	Urology	Surgical	URS	Cystolithotomy	25200	3	Not applicable	Not applicable	Not applicable	SU133MLA

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3350	Urology	Surgical	URS	With Lithotripsy	27600	2	Not applicable	Not applicable	Not applicable	SU134MLA
3351	Urology	Surgical	URS	Extraction of Stone Ureter	30800	3	Not applicable	Not applicable	Not applicable	SU135MLA
3352	Urology	Surgical	Vesico Uretero Reflux	Vesico Uretero Reflux	1300	D	Not applicable	Not applicable	Not applicable	SU136MLA
3353	Urology	Surgical	Vesicolithotomy	Vesicolithotomy	25200	3	Not applicable	Not applicable	Not applicable	SU137MLA
3354	Urology	Surgical	Visual Internal Urethrotomy	Hydrocelectomy	18500	1	Not applicable	Not applicable	Not applicable	SU138MLA
3355	Urology	Surgical	Visual Internal Urethrotomy	with Meatoplasty	18500	1	Not applicable	Not applicable	Not applicable	SU138MLB
3356	Urology	Surgical	Visual Internal Urethrotomy	For Stricture Urethra	18500	1	Not applicable	Not applicable	Not applicable	SU138MLC
3357	Urology	Surgical	Visual Internal Urethrotomy	Visual Internal Urethrotomy	27700	3	Not applicable	Not applicable	Not applicable	SU138MLD
3358	Urology	Surgical	Visual Internal Urethrotomy	With Cystoscopy	38100	1	Not applicable	Not applicable	Not applicable	SU138MLE
3359	Urology	Surgical	Visual Internal Urethrotomy	With Cystolithopexy	25200	3	Not applicable	Not applicable	Not applicable	SU138MLF



**Implants, Diagnostic/Diagnostic-Laboratory/Diagnostic-Radiological and High End Drugs**

Specialty	Stratification Options	Procedure Price	OPD/IPD	HOSP TYPE	Maximum permissible multiplier per Hospitalisation/per regime	PROCEDURE CODE
DIAGNOSTIC - LABORATORY	11 cells panel for antibody identification	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	131-Iodine Therapy	1500	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	131-Iodine Therapy - <15mCi	3900	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	131-Iodine Therapy - >100mCi	15000	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	131-Iodine Therapy - 15-50mCi	5000	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	131-Iodine Therapy - 51-100mCi	12000	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	17 Hydroxyprogesterone (17 OH Progesterone)	400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	24 hour urinary - Aldostrone	900	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	24 hour urinary - Free cortisol	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	24 hour urinary - Proteins, sodium, creatinine	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	3 cell panel - antibody screening for pregnant female	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Abdominal Aspiration - Diagnostic	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Acetylcholine receptor (AChR) antibody titre	1800	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Acid Phosphatase	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Adrenocorticotrophic Hormone (ACTH)	500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Alkaline Phosphatase	100	IPD & OPD	PUBLIC	1	MG888ML

DIAGNOSTIC - LABORATORY	Alpha Fetoprotein (AFP)	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Androstenedione	600	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Angiotensin converting enzyme (ACE)	900	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Anorectal manometry	6800	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Anti HAV IgM	600	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Anti Hbs	600	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Anti HEV IgM	900	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Anti-Cyclic Citrullinated Peptide (Anti CCP)	500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Anti-double stranded DNA (anti-dsDNA)	400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Antinuclear antibody (ANA)	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Anti-tissue Transglutaminase antibody (Anti TTG Antibody)	400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Apolipoprotein - A1 (ApoA1)	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Apolipoprotein - B (Apo B)	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Arterial Colour Doppler	700	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Aspiration Pleural Effusion - Diagnostic	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Bacterial culture and sensitivity	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Barium Enema (Single contrast/double contrast)	900	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Barium Meal follow through	900	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Barium Swallow	500	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Barium Upper GI study (Double contrast)	900	IPD	PUBLIC & PRIVATE	1	MG888ML

DIAGNOSTIC - LABORATORY	Basic studies including cell count, protein, sugar, gram stain, India Ink preparation and smear for AFP	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Beta 2 microglobulin (B2M) / $\beta$ 2 microglobulin	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Biophysical score	600	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Biopsy - Eye	500	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Biopsy - Skin	200	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Bleeding Disorder panel- PT, APTT, Thrombin Time, Fibrinogen, D-Dimer/ Fibrinogen Degradation Products (FDP)	400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Blood gas analysis - Arterial Blood Gas (ABG) with electrolytes	500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Body fluid (CSF/Ascitic Fluid etc) Sugar, Protein etc.	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Body fluid for Malignant cells	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Bone Marrow Smear Examination - Smear Examination	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Bone Marrow Smear Examination - Smear Examination with cytochemistry	400	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Bone Marrow Smear Examination - Smear Examination with iron stain	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Brachial plexus study	600	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Breath tests	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Brucella serology	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	C ANCA-IFA	1300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	C3-Complement	600	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	C4-Complement	600	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Calcidiol / 25-hydroxycholecalciferol / Vitamin D3 assay (Vit D3)	600	IPD & OPD	PUBLIC	1	MG888ML

DIAGNOSTIC - LABORATORY	Calcitonin	500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Cancer Antigen - 125 (CA 125)	400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Cancer Antigen - 15.3 (CA 15.3)	600	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Cancer Antigen - 19.9 (CA 19.9)	600	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Carbamazepine	400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Carcinoembryonic Antigen (CEA)	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Carotid Doppler	900	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Catecholamines - Catecholamines.	1100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Cephalography	200	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Chlamydae - Antibody	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Chlamydae - Antigen	900	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Chloride	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Chromogranin A	4300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	CK MB Mass/CPK MB Mass	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Coagulation profile	600	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Cold Calorie Test for Vestibular function	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Colour Doppler, renal arteries/any other organ	800	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Contrast Hystero-Salpingography (HSG)	1000	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Coomb's Test - Direct	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Coomb's Test - Indirect	100	IPD & OPD	PUBLIC	1	MG888ML

DIAGNOSTIC	Corneal endothelial cell count with specular microscopy	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Corneal pachymetry	200	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC	Corneal topography	300	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Cortisol	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	C-Peptide (C Peptide / Connecting Peptide)	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	CPK MB/CK MB	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	C-reactive Protein (CRP)	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	C-reactive Protein (CRP) Quantitative	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Creatinine clearance	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Cross match	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Cryptococcal antigen	1100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Dacryocystography	300	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Dehydroepiandrosterone sulfate (DHEAS)	400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Dengue Serology	500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Dexa Scan Bone Densitometry - Three sites (Spine, Hip &extremity)	2000	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Dexa Scan Bone Densitometry - Two sites	1500	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Dexa Scan Bone Densitometry - Whole body	2500	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Diagnostic angiography	2000	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Diagnostic Digital Subtraction Angiography (DSA)	1700	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Dilantin (phenytoin).	400	IPD & OPD	PUBLIC	1	MG888ML

DIAGNOSTIC - RADIOLOGICAL	Double balloon enteroscopy	3500	IPD & OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	D-xylose test	900	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Dynamic Renography with Captopril	2000	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Dynamic Renography with Diuretic.	3400	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Dynamic Renography.	3400	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Echocardiography - 2D	1200	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Echocardiography - 3D	1400	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Electromyography (EMG)	600	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Endometrial aspiration cytology/biopsy	600	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	EOG- electro-oculogram	900	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	ERG- Electro-retinogram	800	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Erythropoietin Level	400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Estradiol (E2)	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Extended Lipid Profile. (Total cholesterol, LDL, HDL, Triglycerides Apo A1,Apo B,Lp (a) )	600	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	External Loop/event recording	2800	IPD & OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Extractable Nuclear Antigens (ENA) - Quantitative	3900	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Extremities, bones & Joints AP & Lateral views (Two films)	300	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Factor Assays - Factor IX	700	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Factor Assays - Factor VII	700	IPD & OPD	PUBLIC	1	MG888ML

DIAGNOSTIC - LABORATORY	Faecal / Fecal fat test/ fecal chymotrypsin/ fecal elastase	400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Faecal calprotectin (fecal calprotectin)	2300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Fetal Doppler/Umbilical Doppler/Uterine Vessel Doppler	900	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Fetal Echo	1400	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Fetal nuchal Translucency	300	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Fibrinogen.	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Fibroscan Liver	1000	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Fine Needle Aspiration Cytology (FNAC)	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Fluorescein angiography for fundus or iris	900	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Fluorescent in situ hybridization (FISH)	500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Foetal Haemoglobin (HbF)	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Folic Acid assay.	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Follicle stimulating hormone (FSH)	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Free Thyroxine (FT4)	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Free Triiodothyronine (FT3)	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Frozen section	800	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Fructosamine.	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Fundus Photo Test	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Fungal culture	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Gamma-Glutamyl Transpeptidase (GGTP)	100	IPD & OPD	PUBLIC	1	MG888ML

DIAGNOSTIC - LABORATORY	Gastric & Duodenal Biopsy (Endoscopic)	2000	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Gastric emptying	1300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Gastro esophageal Reflux Study (GER Study)	2000	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Gastro intestinal Bleed (GloB.) Study with Technetium 99m labeled RBCs.	3400	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Gastroscopy	1700	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	GDx Nerve fibre layer analysis	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Genetic workup	22000	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Genexpert Test	900	IPD & OPD	PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Glucose Tolerance Test (GTT)	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Glucose-6-Phosphate Dehydrogenase (G6PD)	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Glutamic Acid Decarboxylase Autoantibodies test (GAD antibodies)	1300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Glycosylated Haemoglobin (HbA1c)	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Gonioscopy	100	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Growth Hormone	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	H pylori serology for Coeliac disease /Celiac disease	500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	H1N1 (RT-PCR)	900	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Haemoglobin Electrophoresis/ Hb HPLC	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	HBV genotyping	2500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	HCV genotyping	4900	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	HCV RNA Quantitative	1500	IPD & OPD	PUBLIC	1	MG888ML



DIAGNOSTIC	Head -up tilt test (HUTT)	2200	IPD & OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Hepatitis B Core Antibody (HBcAb) Level (Hepatitis B Core IgM Antibody)	400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Hepatitis B Virus (HBV) DNA Quantitative.	1500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Hepatitis C virus (HCV)	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Hepatitis C Virus (HCV) RNA Qualitative.	1700	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Hepatobiliary Scintigraphy.	2400	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Hepatosplenic scintigraphy with Technetium-99m radiopharmaceuticals	1900	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC	HLA B27 (PCR)	500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Holter analysis	900	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC	HRT- Heidelberg's retinal tomogram	200	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Human chorionic gonadotropin (HCG)	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Human papillomaviruse (HPV) Serology	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Hydatic Serology	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Immunofluorescence	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Immunoglobulin A (IgA)	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Immunoglobulin G (IgG)	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Immunoglobulin M (IgM)	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Immunohistochemistry (IHC)	800	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Impedence with stepedeal reflex	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Imprint Smear From Endoscopy	200	IPD & OPD	PUBLIC	1	MG888ML

DIAGNOSTIC - LABORATORY	Indirect (antids DNA Anti Smith ANCA)	400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Indirect Ophthalmoscopy	100	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Indocyanin green angiography	900	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Influenza A serology	900	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Insulin	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Insulin associated antibody	400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Insulin-like growth factor binding protein 3 (IGF-BP3)	1700	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Insulin-like growth factor-1 (IGF-1)	1500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Interleukin 6 (IL 6)	1400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Interventional Ultrasonography- Chorionic villus sampling (CVS)	900	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Intravenous Pyelography (IVP)	1200	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC	IOP measurement with applanation tonometry	100	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Islet cell antibody	800	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	IVUS(Intravascular Ultrasound)	18200	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Joints Aspiration	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Junction biopsy	2000	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Kappa Lambda Light Chains, Free, Serum/ Serum free light chains (SFLC)	3500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Karyotyping	800	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Kidney Function Test (KFT)	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Lactate	100	IPD & OPD	PUBLIC	1	MG888ML

DIAGNOSTIC - LABORATORY	Lactate dehydrogenase (LDH)	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Laser interferometry	200	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC	Lees' charting or Hess' charting	100	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Leukemia panel /Lymphoma panel	1500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Lipoprotein A / Lp A	400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Lithium	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Liver biopsy	1400	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Low density lipoprotein (LDL)	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Lumbar puncture	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Lung Perfusion Scan	2000	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Lung Ventilation & Perfusion Scan (V/Q Scan)	3600	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Luteinizing hormone (LH)	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Lymph angiography	1600	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Malignant cells	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Manometry and PH metry	1600	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Mantoux Test	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Mastoids: Towne view, oblique views (3 films)	300	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Meckel's Scan	2000	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Micturating Cystourethrography (MCU)	700	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC	Multiple hearing assessment test to Adults	100	IPD	PUBLIC	1	MG888ML

DIAGNOSTIC - LABORATORY	Muscle Biopsy	400	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Mycobacterial culture and sensitivity	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Myelin Basic protein	1900	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Myelography	2800	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Neonatal head (Tranfontanellar)	400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Neonatal spine	500	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Nerve Conduction Velocity(NCV) (at least 2 limbs)	600	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Non Contact tonometry (NCT)	100	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	NT-Pro BNP	1800	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	OCT-Optical coherence tomography	2100	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Oesophageal manometry	5000	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Oesophageal PH metry	5000	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Oligoclonal band	1200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Orbital angio-graphical studies	1500	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Osmolality serum	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Osmolality urine	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Osmotic fragility Test	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	P ANCA-IFA	1300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Paraffin section	300	IPD & OPD	PUBLIC	1	MG888ML

DIAGNOSTIC - RADIOLOGICAL	Parathyroid Scan	4900	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Paroxysmal Nocturnal Hemoglobinuria (PNH) Panel- CD55,CD59	1000	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	PCR - for Herpes simplex	1200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	PCR - for Human immunodeficiency virus (HIV)	600	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	PCR - for Tuberculosis (TB)	900	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Percutaneous transhepatic cholangiography (PTC)	1400	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Pericardial Aspiration	400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Perimetry/field test	100	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	PET - Cardiac	1500	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Phosphorus-32 therapy for metastatic bone pain palliation	5000	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Plasma renin activity	1000	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Platelet Concentrate	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Platelet Function test	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Polysomnography (PSG) / Sleep study	600	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Portal haemodynamic studies	1900	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Potential acuity metry	100	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Procalcitonin	1800	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Progesterone	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Prolactin	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Prostate Specific antigen (PSA) - Free	400	IPD & OPD	PUBLIC	1	MG888ML

DIAGNOSTIC - LABORATORY	Prostate Specific antigen (PSA) - Total	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Protein Creatinine Ratio (PCR), Urine / Albumen Creatinine Ratio (ACR), Urine	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	PTH(Parathormone)	500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Pulmonary Function Test	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Pure Tone Audiogram	200	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC	Quadruple test	2000	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Radionuclide Cisternography for CSF leak	3700	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC	Random Donor Platelet(RDP)	400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Renal Cortical Scintigraphy with Technetium 99m Dimercaptosuccinic acid (DMSA)	3400	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Repetitive nerve stimulation (RNS) - Decremental response (before and after neostigmine)	600	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Repetitive nerve stimulation (RNS) - Incremental response	600	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Rest thallium / Myocardial Perfusion Scintigraphy	8000	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Retrograde Urethrography (RGU)	700	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	RH Antibody titer	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Rheumatoid Factor / Rh Factor test	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Rota Virus serology	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Routine - H&E	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Scintimammography	4800	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Aldostrone	1100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Aldostrone/ Renin ratio	1200	IPD & OPD	PUBLIC	1	MG888ML

DIAGNOSTIC - LABORATORY	Serum - Ammonia	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - amylase	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Calcium –Total	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Ceruloplasmin	500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Cholesterol	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Copper	500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Electrophoresis	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Ferritin	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Glutamic oxaloacetic transaminase (SGOT) / Aspartate Aminotransferase (AST)	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Iron	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Lactate	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Lipase	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Magnesium	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Phenorbrito Serum phenobarbitone level	400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Phosphorus	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Potassium	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Sodium	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Testosterone	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Uric Acid	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Valprote level	300	IPD & OPD	PUBLIC	1	MG888ML

DIAGNOSTIC - LABORATORY	Sex hormone binding globulin	1300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Short Increment Sensitivity Index (SISI) Tone Decay	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Single balloon enteroscopy	4000	IPD & OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC	Single Donor Platelet (SDP- Apheresis)	11000	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Somatosensory evoked potentials (SSEP)	600	IPD & OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	special stain	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	Speech Assessment	100	IPD & OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC	Speech Discrimination Score	100	IPD & OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC	Stress Echo - Exercise	1500	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC	Stress Echo - Pharmacological	2500	IPD & OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Stress Myocardial Perfusion Imaging (MPI) - Pharmacological	2500	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Stress thallium / Myocardial Perfusion Scintigraphy	9500	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Tacrolimus	2300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Testicular Scan	1500	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Tests for Antiphospholipid antibodies syndrome.	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Tests for Antiphospholipid antibody IgG, IgM (for cardiolipin and B2 Glycoprotein 1)	500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Tests for hypercoagulable states- Protein C, Protein S, Antithrombin	400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Tests for lupus anticoagulant	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Tests for Sickling / Hb HPLC)	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Thalassemia studies (Red Cell indices and Hb HPLC)	600	IPD & OPD	PUBLIC	1	MG888ML



DIAGNOSTIC	Three mirror examination for retina	100	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Three phase whole body Bone Scan	3400	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Thyroglobulin antibody	600	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Thyroid binding globulin	500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Thyroid peroxidase antibody (TPO)	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Thyroid Scan with Technetium 99m Pertechnetate.	1500	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Thyroid stimulating hormone (TSH)	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Thyroid Uptake measurements with 131-Iodine.	1600	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	TORCH Test	1100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Total Iron Binding Capacity (TIBC)	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Total Protein Alb/Glo Ratio	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Transesophageal Echocardiography (TEE) - 2D	1400	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Transesophageal Echocardiography (TEE) - 3D	1400	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC	Treadmill Test (TMT)	500	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Triglycerides	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Triple Marker.	800	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Troponin I	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Troponin T	600	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Typhidot IgM	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	UBM- Ultrasound bio microscopy	200	IPD	PUBLIC & PRIVATE	1	MG888ML

DIAGNOSTIC - LABORATORY	Urinary calcium	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Urinary copper	500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Urinary free catecholamine	1700	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Urinary metanephrine/Normetanephrine	1100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Urinary potassium	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Urinary sodium	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Urinary vanillylmandelic acid (VMA)	1500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Urine Microalbumin	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Valproic acid	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Venography	3300	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Venous Colour Doppler	700	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC	VEP- visually evoked potential	800	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC	Video Laryngoscopy	5100	IPD & OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Viral culture	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Vitamin B12 assay	300	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	WBC cytochemistry for leukemia -Complete panel	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Whole Body Bone Scan with SPECT	3400	IPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Hepatitis B surface antigen (HBsAg)	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Anti HCV IgG	350	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Blood Urea Nitrogen	100	IPD & OPD	PUBLIC	1	MG888ML

DIAGNOSTIC - RADIOLOGICAL	C.T. guided percutaneous biopsy	4100	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. guided percutaneous FNAC	3400	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. guided percutaneous needle aspiration	3400	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Angiography - Abdomen/ Chest	4500	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Angiography - Coronary	6000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Angiography - Neck vessels	5100	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Cardiac	2300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - CECT Chest (Including CD)	2500	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Cervical C.T. 3D reconstruction only	3700	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Chest - with contrast	3700	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Chest - without contrast	3100	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Chest HRCT - with contrast	2400	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Chest HRCT - without contrast	2400	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Dental	1300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Enteroclysis	6000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Guided biopsy	1000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Guided intervention - FNAC	1200	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Guided percutaneous catheter drainage	1000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Head - Brain - with contrast	2400	OPD	PUBLIC & PRIVATE	1	MG888ML

DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Head - Brain - without contrast	1500	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Head scan involving special investigation - with contrast	2400	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Head scan involving special investigation - without contrast	2400	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Limbs - with contrast	4700	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Limbs - without contrast	3500	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Lower abdomen - with contrast	4000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Lower abdomen - without contrast	3100	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Myelogram (Cervical spine) - with contrast	1000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Myelogram (Cervical spine) - without contrast	1000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Myelogram (Lumbar spine or D/S) - with contrast	1000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Myelogram (Lumbar spine or D/S) - without contrast	1000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Neck - Thyroid soft tissue - with contrast	4300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Neck - Thyroid soft tissue - without contrast	2800	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Orbits - with contrast	3100	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Orbits - without contrast	3100	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Paranasal sinus - with contrast	4300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Paranasal sinus - without contrast	3100	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Spine (Cervical, dorsal, lumbar, sacral) - with contrast	4000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Spine (Cervical, dorsal, lumbar, sacral) - without contrast	3900	OPD	PUBLIC & PRIVATE	1	MG888ML

DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Temporal Bone - without contrast	900	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Trucut biopsy	1200	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Upper abdomen - with contrast	4300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Upper abdomen - without contrast	3100	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Urography	3800	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Whole abdomen - with contrast	6700	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Whole abdomen - without contrast	4300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Whole body - with contrast	4300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Whole body - without contrast	4400	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	CD4 (T-Cell Lymphocyte) count	500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Complete Haemogram/CBC, Hb,RBC count and indices,TLC, DLC, Platelet, ESR, Peripheral smear examination	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC	COVID-19 testing - CB - NAT	3000	OPD	PRIVATE	1	MG888ML
DIAGNOSTIC	COVID-19 testing - Rapid Antigen Test	250	OPD	PRIVATE	1	MG888ML
DIAGNOSTIC	COVID-19 testing - RT - PCR	500	OPD	PRIVATE	1	MG888ML
DIAGNOSTIC	COVID-19 testing - TRU - NAT	1500	OPD	PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Cystoscopy Diagnostic	5500	IPD & OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Diskography	6000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Endoscopic biopsy	300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	ERCP (Endoscopic Retrograde Cholangio – Pancreatography)	2500	IPD & OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Fasting Blood Sugar	70	IPD & OPD	PUBLIC	1	MG888ML

DIAGNOSTIC - RADIOLOGICAL	Fiberoptic Bronchoscopy with Washing biopsy	2700	IPD & OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC	HBsAg Quantitative	600	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Human immunodeficiency virus- HIV I and II	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	IgG/ IgM test (After scrub typhus recovery)	500	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Abdomen - with contrast	5600	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Abdomen - without contrast	4000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Angiography - with contrast	5900	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Angiography - without contrast	4300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Ankle (both) - with contrast	5800	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Ankle (both) - without contrast	4300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Ankle (single) - with contrast	6100	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Ankle (single) - without contrast	4300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Breast - with contrast	5500	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Breast - without contrast	4100	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Cardiac	2400	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Cervical spine - with contrast	5600	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Cervical spine - without contrast	3900	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Chest - with contrast	4700	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Chest - without contrast	3700	OPD	PUBLIC & PRIVATE	1	MG888ML

DIAGNOSTIC - RADIOLOGICAL	MRI - Extremities - with contrast	5900	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Extremities - without contrast	3900	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Head - with contrast	5900	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Head - without contrast	4700	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Hip - with contrast	6400	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Hip - without contrast	4000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Knee (both joints) - with contrast	6000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Knee (both joints) - without contrast	4400	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Knee (single joint) - with contrast	6100	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Knee (single joint) - without contrast	4700	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Lumber spine - with contrast	6100	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Lumber spine - without contrast	4300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Mammography	2600	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - MR angiography	5600	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - MR cholecysto-pancreatography (MRCP)	5500	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - MR Enteroclysis	2100	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - MR for Salivary Glands with Sialography	3000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - MR Temporal Bone/ Inner ear with contrast	4000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - MR Temporal Bone/ Inner ear without contrast	2500	OPD	PUBLIC & PRIVATE	1	MG888ML

DIAGNOSTIC - RADIOLOGICAL	MRI - Nasopharynx and PNS - with contrast	5900	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Nasopharynx and PNS - without contrast	4300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Neck - with contrast	5100	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Neck - without contrast	4000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Orbits - with contrast	5200	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Orbits - without contrast	5500	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Pelvis - with contrast	5500	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Pelvis - without contrast	4300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Prostate (Multi-parametric) including CD	6000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Screening - with contrast	5900	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Screening - without contrast	4000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Shoulder - with contrast	5900	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Shoulder - without contrast	4300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Shoulder (both joints) - with contrast	5500	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Shoulder (both joints) - without contrast	4400	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Spine screening - with contrast	5200	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Spine screening - without contrast	3700	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Stress Cardiac	3000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Temporomandibular (double joints) - with contrast	6100	OPD	PUBLIC & PRIVATE	1	MG888ML



DIAGNOSTIC - RADIOLOGICAL	MRI - Temporomadibular (double joints) - without contrast	4400	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Temporomadibular (single joint) - with contrast	5900	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Temporomadibular (single joint) - without contrast	4300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Wrist (both joints) - with contrast	6200	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Wrist (both joints) - without contrast	4300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Wrist (single joint) - with contrast	6100	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	MRI - Wrist (single joint) - without contrast	4900	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Pap Smear	200	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	PET scan - Brain	14663	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	PET scan - Cardiac	1500	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	PET scan - Gallium peptide	15000	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	PET scan - Whole body	20528	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	rk39 strip test	700	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - Bilirubin total & direct	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - LABORATORY	Serum - glutamic pyruvic transaminase (SGPT) / Alanine Aminotransferase (ALT)	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	USG guided percutaneous biopsy	2800	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	USG guided percutaneous needle aspiration	800	IPD & OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	VRDL (Venereal Disease Research Laboratory) Test	400	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Whole body MRI (For oncological workup) - Whole body (For oncological workup)	5100	OPD	PUBLIC & PRIVATE	1	MG888ML

DIAGNOSTIC	Electrocardiogram (ECG)	100	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC	Electroencephalogram (EEG)/ Video EEG	3600	IPD & OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC	Sleep deprived EEG	300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Breast	300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Guided FNAC thyroid gland	400	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Guided intervention - biopsy	700	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Hysterosalpingography (HSG)	300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - KUB abdomen	800	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Lower abdomen	800	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Obstetrics	800	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Pelvic	300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Small Parts	300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Upper abdomen	800	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Whole abdomen	1100	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Ultrasonography Level II scan/Anomaly Scan	500	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Ultrasound - A- Scan	900	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Ultrasound - B- Scan	200	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Ultrasound - Guided FNAC	600	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	Urodynamic Study (Cystometry)	1000	OPD	PUBLIC & PRIVATE	1	MG888ML

DIAGNOSTIC - RADIOLOGICAL	Uroflow Study (Micrometry)	1200	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - LABORATORY	Widal Test	100	IPD & OPD	PUBLIC	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	X-ray - 90 D lens examination	200	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	X-ray - Abdomen AP Supine or Erect (One film)	200	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	X-ray - Abdomen Lateral view (one film)	200	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	X-ray - Arthrography	700	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	X-ray - Chest lateral (one film)	200	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	X-ray - Chest PA view (one film)	200	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	X-ray - Mammography	300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	X-ray - Occlusal	200	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	X-ray - OPG	200	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	X-ray - Orbits	200	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	X-ray - Pelvis AP (one film)	200	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	X-ray - PNS view (1 film)	200	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	X-ray - Skull AP & Lateral (2 films)	300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	X-ray - Spine AP & Lateral (2 films)	300	OPD	PUBLIC & PRIVATE	1	MG888ML
DIAGNOSTIC - RADIOLOGICAL	X-ray - Temporomandibular (TM) Joints (one film)	200	OPD	PUBLIC & PRIVATE	1	MG888ML
RADIATION ONCOLOGY	Additional fraction for 2D External Beam Radiotherapy	550	IPD	PUBLIC & PRIVATE	10	FRA0001
RADIATION ONCOLOGY	Additional Fraction for Linear Accelerator, External Beam Radiotherapy 3D CRT	1100	IPD	PUBLIC & PRIVATE	10	FRA0003

RADIATION ONCOLOGY	Additional Fraction for Linear Accelerator, External Beam Radiotherapy IMRT	2200	IPD	PUBLIC & PRIVATE	15	FRA0005
RADIATION ONCOLOGY	Additional Fraction for Linear Accelerator External Beam Radiotherapy IGRT with 3D CRT or IMRT	2750	IPD	PUBLIC & PRIVATE	15	FRA0007
RADIATION ONCOLOGY	Additional Fraction for SRT/ SBRT with IGRT	12100	IPD	PUBLIC & PRIVATE	4	FRA0009
RADIATION ONCOLOGY	Additional Fraction for Respiratory Gating along with Linear Accelerator planning	3850	IPD	PUBLIC & PRIVATE	10	FRA0010
RADIATION ONCOLOGY	Additional Fraction for Brachytherapy High Dose Radiation	1400	IPD	PUBLIC & PRIVATE	15	FRA0011
HIGH-END DRUGS	Antibiotics - Inj colistin 1 million units	1200	IPD	PUBLIC & PRIVATE	42	HED002ML
HIGH-END DRUGS	Antibiotics - Inj colistin 3 million	1450	IPD	PUBLIC & PRIVATE	42	HED003ML
HIGH-END DRUGS	Antibiotics - Inj linezolid 600mg	435	IPD	PUBLIC & PRIVATE	30	HED004ML
HIGH-END DRUGS	Antibiotics - Inj tigecycline 50 mg	1600	IPD	PUBLIC & PRIVATE	28	HED005ML
HIGH-END DRUGS	GIT/ Endocrine disorders (Emergency ICU) - Inj octreotide 50 mg	700	IPD	PUBLIC & PRIVATE	30	HED006ML
HIGH-END DRUGS	Haematenics - Inj iron maltose 500 mg	2679	IPD	PUBLIC & PRIVATE	5	HED007ML
HIGH-END DRUGS	Antibiotics - Inj doxycycline 100 mg	680	IPD	PUBLIC & PRIVATE	15	HED008ML
HIGH-END DRUGS	Haematenics - Inj erythroprotein 4000/1000s	1271	IPD	PUBLIC & PRIVATE	3	HED009ML
HIGH-END DRUGS	Immunosuppressant/Immunomodulator - Teriflunomide tablet	114	IPD	PUBLIC & PRIVATE	10	HED010ML
HIGH-END DRUGS	Anticancer - OXALIPLATIN Inj IP 50mg Vial	300	IPD	PUBLIC & PRIVATE	10	HED011ML
HIGH-END DRUGS	Anticancer - Inj.TEICOPLANIN 200MG	300	IPD	PUBLIC & PRIVATE	28	HED012ML
HIGH-END DRUGS	Antibiotics - Inj.MEROPENAM 1GM	300	IPD	PUBLIC & PRIVATE	63	HED013ML
HIGH-END DRUGS	Immunosuppressant (Steroids) ICU - SOLU MEDROL 125 MG Inj	300	IPD	PUBLIC & PRIVATE	7	HED015ML
HIGH-END DRUGS	Antibiotics - COLISTIMETHASTE SODIUM Inj	300	IPD	PUBLIC & PRIVATE	2	HED016ML

HIGH-END DRUGS	Anticancer - Inj.METHOTREXATE 500MG	300	IPD	PUBLIC & PRIVATE	20	HED017ML
HIGH-END DRUGS	Anticancer - Inj.IFOSFAMIDE WITH MESNA 1GM	400	IPD	PUBLIC & PRIVATE	35	HED018ML
HIGH-END DRUGS	Anticancer - PACLITAXEL Inj IP WITH CODON SET 100mg Vial	400	IPD	PUBLIC & PRIVATE	7	HED019ML
HIGH-END DRUGS	Anticancer - Inj.MITOXANTHRONE 20MG	400	IPD	PUBLIC & PRIVATE	3	HED020ML
HIGH-END DRUGS	Anticancer - Inj.EPIRUBICIN 50MG	400	IPD	PUBLIC & PRIVATE	10	HED022ML
HIGH-END DRUGS	Antibiotics - Inj.AZTROENAM 1 gm	400	IPD	PUBLIC & PRIVATE	84	HED024ML
HIGH-END DRUGS	Anticancer - Inj.CARBOPLATIN 150MG	400	IPD	PUBLIC & PRIVATE	12	HED025ML
HIGH-END DRUGS	Antifungal - TAB.VORICANAZOLE	400	IPD	PUBLIC & PRIVATE	16	HED026ML
HIGH-END DRUGS	Anticancer - MITOMYCIN FOR Inj USP 10mg Vial	400	IPD	PUBLIC & PRIVATE	8	HED028ML
HIGH-END DRUGS	Anticancer - BLEOMYCIN Inj IP 15 Units Vial	400	IPD	PUBLIC & PRIVATE	16	HED029ML
HIGH-END DRUGS	Antiemetic (Chemotherapy Induced) - CAP.APREPITANT	400	IPD	PUBLIC & PRIVATE	2	HED030ML
HIGH-END DRUGS	Anticancer - Inj.DOCETAXEL 80MG	400	IPD	PUBLIC & PRIVATE	5	HED032ML
HIGH-END DRUGS	Anticancer - IRINOTECAN Inj IP 40mg Vial	400	IPD	PUBLIC & PRIVATE	34	HED035ML
HIGH-END DRUGS	Antibiotics - IMIPENEM+CILASTATIN (IME-CILA 500 MG)Inj Inj	500	IPD	PUBLIC & PRIVATE	112	HED036ML
HIGH-END DRUGS	Anticancer - GEMCITABINE Inj IP	500	IPD	PUBLIC & PRIVATE	50	HED037ML
HIGH-END DRUGS	Anticancer - Edavarone Injection	500	IPD	PUBLIC & PRIVATE	10	HED040ML
HIGH-END DRUGS	Anticancer - OXALIPLATIN Inj IP 100mg Vial	500	IPD	PUBLIC & PRIVATE	7	HED042ML
HIGH-END DRUGS	Anticancer - TAB.GEFITINIB 250MG / -	500	IPD	PUBLIC & PRIVATE	60	HED043ML
HIGH-END DRUGS	Anticoagulants - DALTEPARIN SODIUM Inj 5000IU	500	IPD	PUBLIC & PRIVATE	180	HED045ML

HIGH-END DRUGS	Anticancer - L.ASPARAGINASE Inj 5000 IU Vial	500	IPD	PUBLIC & PRIVATE	55	HED046ML
HIGH-END DRUGS	Anticancer - Inj.TEICOPLANIN 400MG	500	IPD	PUBLIC & PRIVATE	51	HED047ML
HIGH-END DRUGS	Immunosuppressant (Steroids) ICU - Inj.METHYL PREDNISOLONE	600	IPD	PUBLIC & PRIVATE	20	HED048ML
HIGH-END DRUGS	Anticancer - PEMETREXED Inj IP 100mg Vial	600	IPD	PUBLIC & PRIVATE	19	HED050ML
HIGH-END DRUGS	Anticancer - BORTEZOMIB Inj IP	600	IPD	PUBLIC & PRIVATE	8	HED051ML
HIGH-END DRUGS	Immunosuppressant (Steroids) ICU - NEODROL 1 GM Inj	600	IPD	PUBLIC & PRIVATE	15	HED052ML
HIGH-END DRUGS	Anticancer - DOCETAXEL Inj IP 120mg Vial	700	IPD	PUBLIC & PRIVATE	15	HED054ML
HIGH-END DRUGS	Anticancer - Inj.METHOTREXATE 1GM	700	IPD	PUBLIC & PRIVATE	19	HED055ML
HIGH-END DRUGS	Anticancer - Inj.IFOSFAMIDE WITH MESNA 2GM	700	IPD	PUBLIC & PRIVATE	15	HED056ML
HIGH-END DRUGS	Anticancer - Inj. BENDAMUSTIN 100MG	700	IPD	PUBLIC & PRIVATE	8	HED057ML
HIGH-END DRUGS	Anticancer - TAB.EVEROLIMUS 10MG	700	IPD	PUBLIC & PRIVATE	60	HED058ML
HIGH-END DRUGS	Anticancer - Inj.IRINOTECAN 100MG	700	IPD	PUBLIC & PRIVATE	19	HED060ML
HIGH-END DRUGS	Anticancer - PACLITAXEL Inj IP WITH CODON SET 260mg Vial	800	IPD	PUBLIC & PRIVATE	3	HED062ML
HIGH-END DRUGS	Anticancer - L.ASPARAGINASE Inj 10000 IU Vial	900	IPD	PUBLIC & PRIVATE	28	HED063ML
HIGH-END DRUGS	Anticancer - BENDAMUSTINE Inj IP 100mg Vial	1000	IPD	PUBLIC & PRIVATE	8	HED064ML
HIGH-END DRUGS	Antifungal - IV Voriconazole	1000	IPD	PUBLIC & PRIVATE	30	HED065ML
HIGH-END DRUGS	Anticancer - PEMETREXED Inj IP 500mg Vial	1100	IPD	PUBLIC & PRIVATE	4	HED066ML
HIGH-END DRUGS	Antibiotics - ERTAPENAM 1GM	1200	IPD	PUBLIC & PRIVATE	28	HED067ML
HIGH-END DRUGS	Anticancer - CARBOPLATIN Inj IP 450mg Vial	1200	IPD	PUBLIC & PRIVATE	4	HED068ML

HIGH-END DRUGS	Anticancer - Inj.BORTEZOMIB 2MG	1300	IPD	PUBLIC & PRIVATE	6	HED069ML
HIGH-END DRUGS	Immunosuppressant (Steroids) ICU - SOLU MEDROL 1000 MG Inj	1400	IPD	PUBLIC & PRIVATE	7	HED070ML
HIGH-END DRUGS	Anticancer - Inj.VINORELBIN 50MG	1500	IPD	PUBLIC & PRIVATE	2	HED071ML
HIGH-END DRUGS	Cytoprotective in Chemotherapy - Inj.AMIPHOSTINE 500MG	1000	IPD	PUBLIC & PRIVATE	10	HED072ML
HIGH-END DRUGS	Anticancer - PEGFILGRASTIM Inj 6mg Vial/PFS	1600	IPD	PUBLIC & PRIVATE	2	HED073ML
HIGH-END DRUGS	Anticancer - BUSULPHAN Inj 60 mg Vial	1700	IPD	PUBLIC & PRIVATE	26	HED074ML
HIGH-END DRUGS	Anticancer - MELPHALAN FOR Inj BP 50 mg Vial	1700	IPD	PUBLIC & PRIVATE	3	HED075ML
HIGH-END DRUGS	Anticancer/ Gynaecological disorders - LEUPROLIDE ACETATE Inj 3.75mg Vial	1800	IPD	PUBLIC & PRIVATE	12	HED077ML
HIGH-END DRUGS	Bleeding Disorder ITP - TAB.ELTROMBOPAG OLAMINE 50MG	500	IPD	PUBLIC & PRIVATE	28	HED078ML
HIGH-END DRUGS	Anticancer - DOXORUBICIN LIPOSOMAL Inj 20mg Vial	1900	IPD	PUBLIC & PRIVATE	6	HED079ML
HIGH-END DRUGS	Anticancer - Inj.FLUDARABINE 50MG	2100	IPD	PUBLIC & PRIVATE	12	HED080ML
HIGH-END DRUGS	Anticancer - CARMUSTINE Inj IP 100 mg Vial	2700	IPD	PUBLIC & PRIVATE	4	HED084ML
HIGH-END DRUGS	Anticancer - DECITABINE Inj 50 mg Vial	2800	IPD	PUBLIC & PRIVATE	8	HED085ML
HIGH-END DRUGS	Antifungal - AMPHOTERICIN B LIPOSOMAL(ABHOPE 50 MG) Inj VIAL	3200	IPD	PUBLIC & PRIVATE	40	HED088ML
HIGH-END DRUGS	Antifungal - CASPOFUNGIN Inj 70MG	3500	IPD	PUBLIC & PRIVATE	14	HED090ML
HIGH-END DRUGS	Anticancer - CYCLOSPORINE SYRUP 50ML	3800	IPD	PUBLIC & PRIVATE	1	HED091ML
HIGH-END DRUGS	Volume Expander - HUMAN ALBUMIN (BUMINATE 20%) 100ML	6970	IPD	PUBLIC & PRIVATE	7	HED094ML
HIGH-END DRUGS	Anticancer - PROTEIN BOUND PACLITAXEL Inj 100mg Vial	4500	IPD	PUBLIC & PRIVATE	11	HED096ML
HIGH-END DRUGS	Anticancer - TAB.LAPATINIB 250MG	167	IPD	PUBLIC & PRIVATE	210	HED097ML

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HIGH-END DRUGS	Anticancer - Inj.GOSERELIN 3.6MG	4800	IPD	PUBLIC & PRIVATE	20	HED098ML
HIGH-END DRUGS	Plasmapheresis kit - Fresenius Plasmapheresis kit	350	IPD	PUBLIC & PRIVATE	5	HED099ML
HIGH-END DRUGS	Anticancer/ Gynaecological disorders - LEUPROLIDE ACETATE Inj 11.25mg Vial	5200	IPD	PUBLIC & PRIVATE	2	HED101ML
HIGH-END DRUGS	Anticancer/ Immunomodulators - BEVACIZUMAB Inj 100mg Vial	6400	IPD	PUBLIC & PRIVATE	24	HED102ML
HIGH-END DRUGS	Immunoglobulin - GAMMAREN 5% IV INF (HUMAN NORMAL IMMUNOGLOBULIN(IVIG)5GM/VIAL	17985	IPD	PUBLIC & PRIVATE	10	HED104ML
HIGH-END DRUGS	Anticancer/ Immunomodulators - FULVESTRANT Inj 250mg Vial	7100	IPD	PUBLIC & PRIVATE	4	HED107ML
HIGH-END DRUGS	Anticancer - Interferon Beta 1a	7000	IPD	PUBLIC & PRIVATE	8	HED108ML
HIGH-END DRUGS	Anticancer - CABAZITAXEL Inj 60 mg Vial	8300	IPD	PUBLIC & PRIVATE	3	HED110ML
HIGH-END DRUGS	Anticancer/ Immunomodulators - Inj.BEVACIZUMAB 100MG	9900	IPD	PUBLIC & PRIVATE	18	HED111ML
HIGH-END DRUGS	Anticancer/ Immunomodulators - RITUXIMAB Inj 500mg Vial	10200	IPD	PUBLIC & PRIVATE	3	HED112ML
HIGH-END DRUGS	Anticancer - TAB.PAZOPANIB400MG	580	IPD	PUBLIC & PRIVATE	60	HED114ML
HIGH-END DRUGS	Overactive Bladder, Migranes, Eye problems - BOTOX Inj 100 UNITS (BOTULINUM TOXIN TYPE A 100)	14600	IPD	PUBLIC & PRIVATE	20	HED116ML
HIGH-END DRUGS	Anticancer/ Immunomodulators - Inj.TRASTUZUMAB 440MG	18200	IPD	PUBLIC & PRIVATE	5	HED118ML
HIGH-END DRUGS	Anticancer/ Immunomodulators - Inj.TRASTUZUMAB 150MG	18200	IPD	PUBLIC & PRIVATE	3	HED119ML
HIGH-END DRUGS	Multiple Scelerosis - Dimethyl Fumarate	83	IPD	PUBLIC & PRIVATE	8	HED121ML
HIGH-END DRUGS	Anticancer - Inj.GOSERELIN 10.8MG	22500	IPD	PUBLIC & PRIVATE	20	HED122ML
HIGH-END DRUGS	Anticancer/ Immunomodulators - Inj.DENOSUMAB 120MG	24600	IPD	PUBLIC & PRIVATE	2	HED123ML
HIGH-END DRUGS	Anticancer - TAB.REGORAFENIB 40MG	354	IPD	PUBLIC & PRIVATE	168	HED124ML
HIGH-END DRUGS	Thrombolytic Agents (For MI/Stroke) - ACTILYSE 50MG Inj	35500	IPD	PUBLIC & PRIVATE	3	HED125ML



HIGH-END DRUGS	Thrombolytic Agents (For MI/Stroke) - Recombinant tissue plasminogen activator	33146	IPD	PUBLIC & PRIVATE	3	HED126ML
HIGH-END DRUGS	Anticoagulants - Heparin	340	IPD	PUBLIC & PRIVATE	20	HED128ML
HIGH-END DRUGS	Immunosuppressant - Etanercept 50 gm	11000	IPD	PUBLIC & PRIVATE	7	HED129ML
HIGH-END DRUGS	Immunosuppressant - Etanercept 25 gm	5500	IPD	PUBLIC & PRIVATE	7	HED130ML
HIGH-END DRUGS	Anticancer/ Immunomodulators - Adalimumab 40 mg	16500	IPD	PUBLIC & PRIVATE	7	HED131ML
HIGH-END DRUGS	Immunosuppressant/Immunomodulator - Abatacept 250 mg	25300	IPD	PUBLIC & PRIVATE	7	HED132ML
HIGH-END DRUGS	Antibiotics - Piperacillin-Tazobactem	310	IPD	PUBLIC & PRIVATE	20	HED133ML
HIGH-END DRUGS	Antibiotics - Vancomycin	387	IPD	PUBLIC & PRIVATE	20	HED134ML
HIGH-END DRUGS	Antifungal - Amphotericin deoxycholate	326	IPD	PUBLIC & PRIVATE	20	HED135ML
HIGH-END DRUGS	Rabies Immunoglobulin	435	IPD	PUBLIC & PRIVATE	2	HED136ML
CARDIOLOGY	ASD Device	68200	IPD	PUBLIC & PRIVATE	1	IMP0001
CARDIOLOGY	Cardiac Balloon - Adult	15400	IPD	PUBLIC & PRIVATE	1	IMP0002
CARDIOLOGY	Cardiac Balloon - Pediatric	36300	IPD	PUBLIC & PRIVATE	1	IMP0003
CARDIOLOGY	Coronary Stent for PTCA - Bare Metal	9600	IPD	PUBLIC & PRIVATE	3	IMP0004
CARDIOLOGY	Coronary Stent for PTCA - Drug Eluting	34800	IPD	PUBLIC & PRIVATE	3	IMP0005
CARDIOLOGY	Double Chamber Pacemaker - Rate Responsive	82500	IPD	PUBLIC & PRIVATE	1	IMP0006
CARDIOLOGY	PDA Device	33000	IPD	PUBLIC & PRIVATE	1	IMP0007
CARDIOLOGY	Peripheral Stent - Bare Metal	23100	IPD	PUBLIC & PRIVATE	1	IMP0008
CARDIOLOGY	Single Chamber Pacemaker - Rate Responsive	49500	IPD	PUBLIC & PRIVATE	1	IMP0009

CARDIOLOGY	VSD Device	79200	IPD	PUBLIC & PRIVATE	1	IMP0010
CARDIOTHORACIC VASCULAR SURGERY	PTFE Patch - Thin	33000	IPD	PUBLIC & PRIVATE	1	IMP0011
CARDIOTHORACIC VASCULAR SURGERY	Arch Graft	93500	IPD	PUBLIC & PRIVATE	1	IMP0012
CARDIOTHORACIC VASCULAR SURGERY	Composite Aortic Valved conduit - Mechanical	110000	IPD	PUBLIC & PRIVATE	1	IMP0013
CARDIOTHORACIC VASCULAR SURGERY	Coselli Graft	93500	IPD	PUBLIC & PRIVATE	1	IMP0014
CARDIOTHORACIC VASCULAR SURGERY	Dacron Graft - Bifurcated	38500	IPD	PUBLIC & PRIVATE	1	IMP0015
CARDIOTHORACIC VASCULAR SURGERY	Dacron Graft - Straight	33000	IPD	PUBLIC & PRIVATE	1	IMP0016
CARDIOTHORACIC VASCULAR SURGERY	Mechanical Valve - Bileaflet	44000	IPD	PUBLIC & PRIVATE	1	IMP0017
CARDIOTHORACIC VASCULAR SURGERY	Mechanical Valve - Tilting Disc	30800	IPD	PUBLIC & PRIVATE	1	IMP0018
CARDIOTHORACIC VASCULAR SURGERY	Complex grafts other than Arch Graft & Coseli Graft	93500	IPD	PUBLIC & PRIVATE	1	IMP0019
CARDIOTHORACIC VASCULAR SURGERY	Pericardial Patch	19800	IPD	PUBLIC & PRIVATE	1	IMP0020
CARDIOTHORACIC VASCULAR SURGERY	PTFE Graft - Straight	55000	IPD	PUBLIC & PRIVATE	1	IMP0021
CARDIOTHORACIC VASCULAR SURGERY	RV - PA Conduit	132000	IPD	PUBLIC & PRIVATE	1	IMP0022
CARDIOTHORACIC VASCULAR SURGERY	Tissue Valve	77000	IPD	PUBLIC & PRIVATE	3	IMP0023
CARDIOTHORACIC VASCULAR SURGERY	Valve Ring - Mitral	38500	IPD	PUBLIC & PRIVATE	3	IMP0024
CARDIOTHORACIC VASCULAR SURGERY	Valve Ring - Tricuspid	38500	IPD	PUBLIC & PRIVATE	3	IMP0025
OTORHINOLARYNGOLOGY	Fibrin Glue	9900	IPD	PUBLIC & PRIVATE	1	IMP0026
OTORHINOLARYNGOLOGY	Implant for Open laryngeal framework surgery / Thyroplasty (Keel / Stent)	16500	IPD	PUBLIC & PRIVATE	1	IMP0027
OPHTHALMOLOGY	Implant for "Vitreoretinal Surgery" (IOL & Per flouro carbon liquid)	6600	IPD	PUBLIC & PRIVATE	1	IMP0028

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OTORHINOLARYNGOLOGY	Piston for Stapedectomy / Tympanotomy	5500	IPD	PUBLIC & PRIVATE	1	IMP0029
OTORHINOLARYNGOLOGY	Partial Ossicular Replacement Prosthesis - Indian Titanium	7700	IPD	PUBLIC & PRIVATE	1	IMP0030
OTORHINOLARYNGOLOGY	Total Ossicular Replacement Prosthesis - Indian Titanium	7700	IPD	PUBLIC & PRIVATE	1	IMP0031
ORAL & MAXILLOFACIAL SURGERY	Implant for Open reduction and internal fixation of maxilla / mandible / zygoma/Orbital fracture (Plates / Screws)	4400	IPD	PUBLIC & PRIVATE	1	IMP0032
GENERAL SURGERY	Tackers	16500	IPD	PUBLIC & PRIVATE	1	IMP0033
GENERAL SURGERY	Haemorrhoid Stapler	18700	IPD	PUBLIC & PRIVATE	1	IMP0034
GENERAL SURGERY	Mesh - 30 X 30	16500	IPD	PUBLIC & PRIVATE	1	IMP0035
CARDIOTHORACIC VASCULAR SURGERY	Mesh - 6 X 3 - Polypropylene	2200	IPD	PUBLIC & PRIVATE	1	IMP0036
GENERAL SURGERY	Mesh - 15 X 15	5500	IPD	PUBLIC & PRIVATE	1	IMP0037
OBSTETRICS & GYNECOLOGY	Sling	5500	IPD	PUBLIC & PRIVATE	1	IMP0038
OBSTETRICS & GYNECOLOGY	Trans Obturator Tape	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0039
OBSTETRICS & GYNECOLOGY	Tension free Vaginal Tape	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0040
OPHTHALMOLOGY	Implant for "Enucleation" (Conformers + Plastic / silicon ball type implant)	1100	IPD	PUBLIC & PRIVATE	1	IMP0041
OPHTHALMOLOGY	Implant for "Evisceration" (Conformers + Plastic / silicon ball type implant)	1100	IPD	PUBLIC & PRIVATE	1	IMP0042
OPHTHALMOLOGY	Foldable Hydrophobic intraocular lens	3300	IPD	PUBLIC & PRIVATE	1	IMP0043
OPHTHALMOLOGY	IOL	3300	IPD	PUBLIC & PRIVATE	1	IMP0044
OPHTHALMOLOGY	Glue for Scleral fixated IOL	3300	IPD	PUBLIC & PRIVATE	1	IMP0045
OPHTHALMOLOGY	Non foldable IOL	1100	IPD	PUBLIC & PRIVATE	1	IMP0046

OPHTHALMOLOGY	Silicon Tube / Silicon stent	2200	IPD	PUBLIC & PRIVATE	1	IMP0048
OPHTHALMOLOGY	Valved / Non Valved Glaucoma tube - shunt	7700	IPD	PUBLIC & PRIVATE	1	IMP0049
OPHTHALMOLOGY	Tissue graft - Cornea / Sclera	3300	IPD	PUBLIC & PRIVATE	1	IMP0051
OPHTHALMOLOGY	Tissue graft- amniotic membrane	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0052
UROLOGY	BIS standard sling for women	5500	IPD	PUBLIC & PRIVATE	1	IMP0053
UROLOGY	Penile Prosthesis - Malleable - Indian Implant	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0054
UROLOGY	DJ Stent	200	IPD	PUBLIC & PRIVATE	1	IMP0055
CARDIOLOGY	Balloon & Accessories	60500	IPD	PUBLIC & PRIVATE	1	IMP0056
CARDIOLOGY	Implant for "Electrophysiological Study" includes - Steerable decapolar catheter, Quadripolar Catheter	50600	IPD	PUBLIC & PRIVATE	1	IMP0057
CARDIOLOGY	Implant for "Electrophysiological Study with Radio Frequency Ablation" includes includes - Steerable decapolar catheter, Quadripolar Catheter, Radio Frequency Catheter	83600	IPD	PUBLIC & PRIVATE	1	IMP0058
ORTHOPEDICS	Cannulated Screws for Closed Reduction and Percutaneous Screw Fixation (neck femur)	5500	IPD	PUBLIC & PRIVATE	1	IMP0060
ORTHOPEDICS	Dynamic Hip Screw for Intertrochanteric Fracture	5500	IPD	PUBLIC & PRIVATE	1	IMP0061
ORTHOPEDICS	External Fixator	5500	IPD	PUBLIC & PRIVATE	1	IMP0062
ORTHOPEDICS	Proximal Femoral Nail	8800	IPD	PUBLIC & PRIVATE	1	IMP0063
ORTHOPEDICS	Implant for "Fracture - Acetabulum - Single Approach" - Recon Plate (2)	11000	IPD	PUBLIC & PRIVATE	1	IMP0065
ORTHOPEDICS	Implant for "Fracture - Acetabulum - Combined Approach" - Recon Plate (3)	16500	IPD	PUBLIC & PRIVATE	1	IMP0066
ORTHOPEDICS	Modular Custom Prosthesis for Bone Tumour Excision - malignant including GCT + Joint replacement	132000	IPD	PUBLIC & PRIVATE	1	IMP0067
SURGICAL ONCOLOGY	Voice prosthesis	33000	IPD	PUBLIC & PRIVATE	1	IMP0068

SURGICAL ONCOLOGY	Oesophageal stent	300	IPD	PUBLIC & PRIVATE	1	IMP0069
SURGICAL ONCOLOGY	Tracheal stent	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0070
SURGICAL ONCOLOGY	Chemo Port - Adult	16500	IPD	PUBLIC & PRIVATE	1	IMP0071
SURGICAL ONCOLOGY	Chemo Port - Pediatric	27500	IPD	PUBLIC & PRIVATE	1	IMP0072
SURGICAL ONCOLOGY	Implant for Microvascular reconstruction	16500	IPD	PUBLIC & PRIVATE	1	IMP0073
NEUROSURGERY	Implant for "Cranioplasty with Exogenous graft"	On case to case basis	IPD	PUBLIC & PRIVATE	1	IMP0074
NEUROSURGERY	Implant for "Duroplasty - Exogenous"	On case to case basis	IPD	PUBLIC & PRIVATE	1	IMP0075
NEUROSURGERY	Clip for Aneurysm	16500	IPD	PUBLIC & PRIVATE	1	IMP0076
NEUROSURGERY	Implant for "Posterior Cervical Fusion with implant (Lateral mass fixation)"	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0077
NEUROSURGERY	Implant for "Thoracic Corpectomy with fusion"	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0078
NEUROSURGERY	Implant for "Lumbar Corpectomy with fusion"	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0079
NEUROSURGERY	Implant for "Transoral surgery (Anterior) and CV Junction (Posterior Sterilization)"	On case to case basis	IPD	PUBLIC & PRIVATE	1	IMP0080
POLYTRAUMA	Implant for "One fracture of long bone (with implants)"	11000	IPD	PUBLIC & PRIVATE	1	IMP0081
PLASTIC SURGERY	Tissue Expander / Implant for disfigurement following burns / trauma / congenital deformity	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0082
PLASTIC SURGERY	Prosthesis for Ear Pinna Reconstruction	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0083
INTERVENTIONAL NEURORADIOLOGY	Coil for embolization of aneurysms	26400	IPD	PUBLIC & PRIVATE	14	IMP0084
INTERVENTIONAL NEURORADIOLOGY	Glue for AVMs / AVFs	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0085
INTERVENTIONAL NEURORADIOLOGY	Onyx for AVMs / AVFs	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0086
INTERVENTIONAL NEURORADIOLOGY	Balloon for Embolization	12100	IPD	PUBLIC & PRIVATE	1	IMP0087

ORTHOPEDICS	Implant for Arthrodesis of Shoulder (Screw / Plate)	5500	IPD	PUBLIC & PRIVATE	1	IMP0089
ORTHOPEDICS	Implant for Arthrodesis of Wrist (Plate)	5500	IPD	PUBLIC & PRIVATE	1	IMP0090
ORTHOPEDICS	Implant for Ankle Fracture ORIF (Tension Band Wire + Plate)	5500	IPD	PUBLIC & PRIVATE	1	IMP0092
ORTHOPEDICS	Implant for Bone Tumour Excision + reconstruction(Plate)	11000	IPD	PUBLIC & PRIVATE	1	IMP0093
ORTHOPEDICS	Plate for ORIF - Diaphyseal fracture - Long Bone	6600	IPD	PUBLIC & PRIVATE	1	IMP0094
ORTHOPEDICS	IM Nail for CR&F - Diaphyseal fracture - Long Bone	7700	IPD	PUBLIC & PRIVATE	1	IMP0095
ORTHOPEDICS	Plate for Comminuted Fracture - Olecranon of Ulna	8800	IPD	PUBLIC & PRIVATE	1	IMP0096
ORTHOPEDICS	Implants for Fracture - Both Bones - Forearm - ORIF (Plates & / or Nails)	7700	IPD	PUBLIC & PRIVATE	1	IMP0098
ORTHOPEDICS	Locking Plate for Metaphyseal fracture - Long Bone	7700	IPD	PUBLIC & PRIVATE	2	IMP0099
ORTHOPEDICS	Implant for Fracture - Single Bones - Forearm - ORIF (Plate / Nail)	3900	IPD	PUBLIC & PRIVATE	1	IMP0100
ORTHOPEDICS	Implant for Fracture Head radius (Plate / Screw)	5500	IPD	PUBLIC & PRIVATE	1	IMP0101
ORTHOPEDICS	Plate for High Tibial Osteotomy	7700	IPD	PUBLIC & PRIVATE	1	IMP0102
ORTHOPEDICS	Implant for Fracture Condyle - Humerus - ORIF	1700	IPD	PUBLIC & PRIVATE	1	IMP0103
ORTHOPEDICS	Implant for Internal Fixation of Small Bones	1700	IPD	PUBLIC & PRIVATE	1	IMP0104
ORTHOPEDICS	Implant for Limb Lengthening / Bone Transport by Ilizarov	13200	IPD	PUBLIC & PRIVATE	1	IMP0105
ORTHOPEDICS	Implant for Ilizarov fixation	11000	IPD	PUBLIC & PRIVATE	1	IMP0106
ORTHOPEDICS	Implant for Open Reduction of Small joints (K - Wire)	1700	IPD	PUBLIC & PRIVATE	1	IMP0107
ORTHOPEDICS	Implant for Osteotomy - Long Bone (Screw)	5500	IPD	PUBLIC & PRIVATE	1	IMP0108
ORTHOPEDICS	Implant for Percutaneous - Fixation of Fracture (K - Wire / Screw)	2200	IPD	PUBLIC & PRIVATE	1	IMP0109

ORTHOPEDICS	Implant & brace for Reconstruction of ACL / PCL (Bio screw / Endobutton / Suture disc + Ethibond)	18700	IPD	PUBLIC & PRIVATE	1	IMP0110
ORTHOPEDICS	Implant for Fracture intercondylar Humerus + olecranon osteotomy (TBW + 2 Plates)	12100	IPD	PUBLIC & PRIVATE	1	IMP0111
ORTHOPEDICS	Implant for Total Hip Replacement - Cemented	38500	IPD	PUBLIC & PRIVATE	1	IMP0112
ORTHOPEDICS	Implant for Total Hip Replacement - Cementless	66000	IPD	PUBLIC & PRIVATE	1	IMP0113
ORTHOPEDICS	Implant for Total Hip Replacement - Hybrid	49500	IPD	PUBLIC & PRIVATE	1	IMP0114
ORTHOPEDICS	Implant for Revision Total Hip Replacement	110000	IPD	PUBLIC & PRIVATE	1	IMP0115
ORTHOPEDICS	Implant for Unipolar Hemiarthroplasty	3300	IPD	PUBLIC & PRIVATE	1	IMP0116
ORTHOPEDICS	Non - Modular - Non - Cemented	7700	IPD	PUBLIC & PRIVATE	1	IMP0117
ORTHOPEDICS	Modular - Cemented	22000	IPD	PUBLIC & PRIVATE	1	IMP0118
ORTHOPEDICS	Implant for Total Knee Replacement	60500	IPD	PUBLIC & PRIVATE	1	IMP0119
ORTHOPEDICS	Implant for Revision Total Knee Replacement	110000	IPD	PUBLIC & PRIVATE	1	IMP0120
ORTHOPEDICS	Implant for Elbow Replacement	34100	IPD	PUBLIC & PRIVATE	1	IMP0121
ORTHOPEDICS	Implant for Elastic Nailing of Femur / Humerus / Forearm (Elastic Nail)	5500	IPD	PUBLIC & PRIVATE	1	IMP0122
ORTHOPEDICS	Implant for Growth Modulation & Fixation (Plate)	5500	IPD	PUBLIC & PRIVATE	6	IMP0123
ORTHOPEDICS	Implant for AC Joint reconstruction / Stabilization (Plate/ screw / Fibre wire / reconstruction by tendon etc)	11000	IPD	PUBLIC & PRIVATE	1	IMP0124
ORTHOPEDICS	Implant for Cervical spine fixation including odontoid (Screw)	5500	IPD	PUBLIC & PRIVATE	1	IMP0125
ORTHOPEDICS	Implant for Cervical spine fixation including odontoid (Odontoid Screw)	22000	IPD	PUBLIC & PRIVATE	1	IMP0126
ORTHOPEDICS	Implant for Cervical spine fixation including odontoid (Cage)	11000	IPD	PUBLIC & PRIVATE	1	IMP0127

ORTHOPEDICS	JESS Fixator	8800	IPD	PUBLIC & PRIVATE	1	IMP0128
ORTHOPEDICS	Implant for Displaced Clavicle Fracture (Plate)	3300	IPD	PUBLIC & PRIVATE	1	IMP0129
ORTHOPEDICS	Implant for Dorsal and lumbar spine fixation (Plate including screw)	5500	IPD	PUBLIC & PRIVATE	6	IMP0130
ORTHOPEDICS	Implant for Dorsal and lumbar spine fixation (Cage)	11000	IPD	PUBLIC & PRIVATE	1	IMP0131
ORTHOPEDICS	Implant for Spine deformity correction (Plate including screw)	5500	IPD	PUBLIC & PRIVATE	6	IMP0132
ORTHOPEDICS	Implant for Spine deformity correction (Cage)	11000	IPD	PUBLIC & PRIVATE	1	IMP0133
ORTHOPEDICS	Implant for Tension Band Wiring (Wire)	2200	IPD	PUBLIC & PRIVATE	1	IMP0134
NEUROSURGERY	Implant for Laminectomy with Fusion and fixation	11000	IPD	PUBLIC & PRIVATE	1	IMP0135
NEUROSURGERY	Implant for Spine - Decompression & Fusion with fixation	11000	IPD	PUBLIC & PRIVATE	1	IMP0136
NEUROSURGERY	Implant for Spine - Extradural Tumour with fixation	11000	IPD	PUBLIC & PRIVATE	1	IMP0137
NEUROSURGERY	Implant for Spine - Extradural Haematoma with fixation	11000	IPD	PUBLIC & PRIVATE	1	IMP0138
NEUROSURGERY	Implant for Spine - Intradural Tumour with fixation	11000	IPD	PUBLIC & PRIVATE	1	IMP0139
NEUROSURGERY	Implant for Spine - Intradural Haematoma with fixation	11000	IPD	PUBLIC & PRIVATE	1	IMP0140
NEUROSURGERY	Implant for Spine - Intramedullar Tumour with fixation	11000	IPD	PUBLIC & PRIVATE	1	IMP0141
OTORHINOLARYNGOLOGY	Implant for Excision of tumour of oral cavity / paranasal sinus / laryngopharynx	22000	IPD	PUBLIC & PRIVATE	1	IMP0142
ORTHOPEDICS	Implant for Arthrodesis of Knee (Compression Assembly / Ilizarov)	11000	IPD	PUBLIC & PRIVATE	1	IMP0143
ORTHOPEDICS	Non - Modular - Cemented	11000	IPD	PUBLIC & PRIVATE	1	IMP0144
CARDIOLOGY	Coronary Stent for PDA stenting - Bare Metal	9600	IPD	PUBLIC & PRIVATE	1	IMP0145
CARDIOLOGY	Coronary Stent for PDA stenting - Drug Eluting	34800	IPD	PUBLIC & PRIVATE	1	IMP0146



INTERVENTIONAL NEURORADIOLOGY	Implant for "Carotico-cavernous Fistula (CCF) embolization with coils. [5 coils, guide catheter, micro-catheter, micro-guidewire, general items]Coil for embolization of aneurysms"	132000	IPD	PUBLIC & PRIVATE	1	IMP0147
CARDIOLOGY	Implant for "Embolization - Arteriovenous Malformation (AVM) in the Limbs"	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0211
INTERVENTIONAL NEURORADIOLOGY	Coil for Parent Vessel Occlusion	26400	IPD	PUBLIC & PRIVATE	1	IMP0212
INTERVENTIONAL NEURORADIOLOGY	Balloon for Parent Vessel Occlusion	12100	IPD	PUBLIC & PRIVATE	1	IMP0213
GENERAL SURGERY	Specialised Vascular Graft	55000	IPD	PUBLIC & PRIVATE	1	IMP0214
GENERAL SURGERY	ERCP stent - Plastic	8800	IPD	PUBLIC & PRIVATE	1	IMP0216
NEUROSURGERY	Implant for "Discectomy - Dorsal"	11000	IPD	PUBLIC & PRIVATE	1	IMP0217
INTERVENTIONAL NEURORADIOLOGY	Additional coil for coil embolization for aneurysms	26400	IPD	PUBLIC & PRIVATE	1	IMP0218
INTERVENTIONAL RADIOLOGY	LABS set	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0250
INTERVENTIONAL RADIOLOGY	Lipoidol+coils(Vascular plug separate additional cost	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0251
INTERVENTIONAL RADIOLOGY	Chemoport	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0252
INTERVENTIONAL RADIOLOGY	Permcath	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0253
INTERVENTIONAL RADIOLOGY	RF Probe for Tumor ablation	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0254
INTERVENTIONAL RADIOLOGY	Microwave antenna	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0255
INTERVENTIONAL RADIOLOGY	Lipidol+Coils(2)	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0256
INTERVENTIONAL RADIOLOGY	Coils(3 )	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0257
INTERVENTIONAL RADIOLOGY	Microcatheter+Coil (3)	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0258

INTERVENTIONAL RADIOLOGY	Microcatheter	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0259
INTERVENTIONAL RADIOLOGY	Balloon	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0260
INTERVENTIONAL RADIOLOGY	Lipidol+Microcatheter+Coil	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0261
INTERVENTIONAL RADIOLOGY	Vascular Plug+Coils	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0262
INTERVENTIONAL RADIOLOGY	Balloon + metallic stent	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0265
INTERVENTIONAL RADIOLOGY	Balloon + Covered stent	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0266
INTERVENTIONAL RADIOLOGY	multiside hole thrombolysis catheter), r TPA , balloon	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0267
INTERVENTIONAL RADIOLOGY	multiside hole thrombolysis catheter), r TPA , Thrombectomy Catheter	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0268
INTERVENTIONAL RADIOLOGY	Balloon+Metallic stent	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0270
INTERVENTIONAL RADIOLOGY	High Pressure large Balloon	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0271
INTERVENTIONAL RADIOLOGY	Balloon+High Pressure large Balloon+metallic stent	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0272
INTERVENTIONAL RADIOLOGY	below knee Balloon	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0273
INTERVENTIONAL RADIOLOGY	Drug Coated balloon/Cutting Balloon	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0274
INTERVENTIONAL RADIOLOGY	Graft	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0275
INTERVENTIONAL RADIOLOGY	multiside hole thrombolysis catheter), r TPA , IVC filter	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0276
INTERVENTIONAL RADIOLOGY	Retrieval kit	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0277
INTERVENTIONAL RADIOLOGY	Snare	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0278
INTERVENTIONAL RADIOLOGY	Nucleotome set	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0279
INTERVENTIONAL RADIOLOGY	RF probe	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0280

INTERVENTIONAL RADIOLOGY	Microwave probe	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0281
INTERVENTIONAL RADIOLOGY	Biopsy Gun	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0282
INTERVENTIONAL RADIOLOGY	High Pressure large Ballon+ specialised venous stent	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0283
INTERVENTIONAL RADIOLOGY	Gastrostomy set	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0286
INTERVENTIONAL RADIOLOGY	lipiodol+Microcather	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0287
INTERVENTIONAL RADIOLOGY	DEB+Microcather	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0288
INTERVENTIONAL RADIOLOGY	RUPS set,covered stent, uncovered stent,Balloon catheter	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0289
INTERVENTIONAL RADIOLOGY	lipiodol+Ballon+coils 2	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0290
INTERVENTIONAL RADIOLOGY	Vascular Plu+coil+lipiodol	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0291
INTERVENTIONAL RADIOLOGY	Pleurex kit	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0292
INTERVENTIONAL RADIOLOGY	PICC line	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0293
INTERVENTIONAL RADIOLOGY	Silicon Stent	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0294
INTERVENTIONAL RADIOLOGY	Vertebroplasty kit including cement	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0295
INTERVENTIONAL RADIOLOGY	Kyphoplasty kit+Cement	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0296
INTERVENTIONAL RADIOLOGY	VABB gun	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0297
INTERVENTIONAL RADIOLOGY	Lipidol	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0298
INTERVENTIONAL RADIOLOGY	2 PVA particle	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0299
INTERVENTIONAL RADIOLOGY	PVA particle+Microcathetr	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0300
INTERVENTIONAL RADIOLOGY	Coils(4 ), microcatheter	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0301

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INTERVENTIONAL RADIOLOGY	Balloon+Drug Coated ballon/Cutting Ballon	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0302
INTERVENTIONAL RADIOLOGY	IVC filter	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0303
INTERVENTIONAL RADIOLOGY	Balloon +metallic stent	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0305
INTERVENTIONAL RADIOLOGY	High Pressure large Ballon+Covered stent	Part of package cost	IPD	PUBLIC & PRIVATE	1	IMP0307
ORTHOPEDICS	Implant for "Replacement with Head Radius Prosthesis"	10000	IPD	PUBLIC & PRIVATE	1	IMP0308
ORTHOPEDICS	Implant for Fracture - Humerus - ORIF - plate	12000	IPD	PUBLIC & PRIVATE	1	IMP0309
ORTHOPEDICS	Implant for Total Hip Replacement	40250	IPD	PUBLIC & PRIVATE	1	IMP0310
ORTHOPEDICS	Implant for Spine deformity correction (Plates)	4000	IPD	PUBLIC & PRIVATE	16	IMP0311
CARDIOTHORACIC VASCULAR SURGERY	Aortic stent	350000	IPD	PUBLIC & PRIVATE	1	IMP0313
GENERAL SURGERY	For PTBD	33000	IPD	PUBLIC & PRIVATE	1	IMP0333
GENERAL SURGERY	ERCP stent - Metal	44000	IPD	PUBLIC & PRIVATE	1	IMP0334
CARDIOTHORACIC VASCULAR SURGERY	Implant for "BT Shunt (inclusives of grafts)"	55000	IPD	PUBLIC & PRIVATE	1	IMP0500ML

### Codes for Implants and Procedures

The following table represents the list of Procedure Codes (where Implants are applicable for certain procedures given in the Table under Procedure Head) and the corresponding Implant Codes (given in the Table under Implants, Diagnostic/Diagnostic-Laboratory/Diagnostic-Radiological and High End Drugs head)

Procedure Code	Implant Code	Procedure Code	Implant Code	Procedure Code	Implant Code
MR003D	FRA0001	MG999MLA	HED056ML	MG999MLA	HED124ML
MR005D	FRA0003	MG999MLA	HED057ML	MG999MLA	HED125ML
MR006D	FRA0005	MG999MLA	HED058ML	MG999MLA	HED126ML
MR008D	FRA0007	MG999MLA	HED060ML	MG999MLA	HED128ML
MR010B	FRA0009	MG999MLA	HED062ML	MG999MLA	HED129ML
MR012B	FRA0010	MG999MLA	HED063ML	MG999MLA	HED130ML
MR014C	FRA0011	MG999MLA	HED064ML	MG999MLA	HED131ML
MG999MLA	HED001ML	MG999MLA	HED065ML	MG999MLA	HED132ML
MG999MLA	HED002ML	MG999MLA	HED066ML	MG999MLA	HED133ML
MG999MLA	HED003ML	MG999MLA	HED067ML	MG999MLA	HED134ML
MG999MLA	HED004ML	MG999MLA	HED068ML	MG999MLA	HED135ML
MG999MLA	HED005ML	MG999MLA	HED069ML	MG999MLA	HED136ML
MG999MLA	HED006ML	MG999MLA	HED070ML	MC007A	IMP0001
MG999MLA	HED007ML	MG999MLA	HED071ML	MC003A	IMP0002
MG999MLA	HED008ML	MG999MLA	HED072ML	MC003B	IMP0002
MG999MLA	HED009ML	MG999MLA	HED073ML	MC004A	IMP0002
MG999MLA	HED010ML	MG999MLA	HED074ML	MC004B	IMP0002
MG999MLA	HED011ML	MG999MLA	HED075ML	MC003A	IMP0003
MG999MLA	HED012ML	MG999MLA	HED077ML	MC003B	IMP0003
MG999MLA	HED013ML	MG999MLA	HED078ML	MC004A	IMP0003
MG999MLA	HED015ML	MG999MLA	HED079ML	MC004B	IMP0003
MG999MLA	HED016ML	MG999MLA	HED080ML	MC011A	IMP0004
MG999MLA	HED017ML	MG999MLA	HED084ML	MC011A	IMP0005
MG999MLA	HED018ML	MG999MLA	HED085ML	MC014C	IMP0006
MG999MLA	HED019ML	MG999MLA	HED088ML	MC009A	IMP0007

MG999MLA	HED020ML	MG999MLA	HED090ML	MC017A	IMP0008
MG999MLA	HED022ML	MG999MLA	HED091ML	MC014B	IMP0009
MG999MLA	HED024ML	MG999MLA	HED094ML	MC008A	IMP0010
MG999MLA	HED025ML	MG999MLA	HED096ML	SV001E	IMP0011
MG999MLA	HED026ML	MG999MLA	HED097ML	SV002A	IMP0011
MG999MLA	HED028ML	MG999MLA	HED098ML	SV002B	IMP0011
MG999MLA	HED029ML	MG999MLA	HED099ML	SV002C	IMP0011
MG999MLA	HED030ML	MG999MLA	HED101ML	SV002D	IMP0011
MG999MLA	HED032ML	MG999MLA	HED102ML	SV002E	IMP0011
MG999MLA	HED035ML	MG999MLA	HED103ML	SV002F	IMP0011
MG999MLA	HED036ML	MG999MLA	HED104ML	SV002G	IMP0011
MG999MLA	HED037ML	MG999MLA	HED106ML	SV002H	IMP0011
MG999MLA	HED040ML	MG999MLA	HED107ML	SV002I	IMP0011
MG999MLA	HED042ML	MG999MLA	HED108ML	SV002J	IMP0011
MG999MLA	HED043ML	MG999MLA	HED110ML	SV002K	IMP0011
MG999MLA	HED045ML	MG999MLA	HED111ML	SV002L	IMP0011
MG999MLA	HED046ML	MG999MLA	HED112ML	SV002M	IMP0011
MG999MLA	HED047ML	MG999MLA	HED114ML	SV002N	IMP0011
MG999MLA	HED048ML	MG999MLA	HED116ML	SV002O	IMP0011
MG999MLA	HED050ML	MG999MLA	HED118ML	SV003A	IMP0011
MG999MLA	HED051ML	MG999MLA	HED119ML	SV003B	IMP0011
MG999MLA	HED052ML	MG999MLA	HED121ML	SV003C	IMP0011
MG999MLA	HED054ML	MG999MLA	HED122ML	SV003D	IMP0011
MG999MLA	HED055ML	MG999MLA	HED123ML	SV003E	IMP0011
SV003F	IMP0011	SV019E	IMP0016	SV003T	IMP0017
SV003G	IMP0011	SV019F	IMP0016	SV003U	IMP0017
SV003H	IMP0011	SV019G	IMP0016	SV003V	IMP0017
SV003I	IMP0011	SV019H	IMP0016	SV003W	IMP0017
SV003J	IMP0011	SV019I	IMP0016	SV003X	IMP0017
SV003K	IMP0011	SV019J	IMP0016	SV003Y	IMP0017

SV003L	IMP0011	SV019K	IMP0016	SV003Z	IMP0017
SV003M	IMP0011	SV019L	IMP0016	SV005A	IMP0017
SV003N	IMP0011	SV019M	IMP0016	SV005B	IMP0017
SV003O	IMP0011	SV019N	IMP0016	SV005C	IMP0017
SV003P	IMP0011	SV019O	IMP0016	SV006A	IMP0017
SV003Q	IMP0011	SV019P	IMP0016	SV007A	IMP0017
SV003R	IMP0011	SV019Q	IMP0016	SV014A	IMP0017
SV003S	IMP0011	SV019R	IMP0016	SV014B	IMP0017
SV003T	IMP0011	SV019S	IMP0016	SV014C	IMP0017
SV003U	IMP0011	SV019V	IMP0016	SV014D	IMP0017
SV003V	IMP0011	SV002A	IMP0017	SV014E	IMP0017
SV003W	IMP0011	SV002B	IMP0017	SV031A	IMP0017
SV003X	IMP0011	SV002C	IMP0017	SV031B	IMP0017
SV003Y	IMP0011	SV002D	IMP0017	SV031C	IMP0017
SV003Z	IMP0011	SV002E	IMP0017	SV031D	IMP0017
SV019Q	IMP0011	SV002F	IMP0017	SV031E	IMP0017
SV031A	IMP0011	SV002G	IMP0017	SV031F	IMP0017
SV015A	IMP0012	SV002H	IMP0017	SV002A	IMP0018
SV015B	IMP0012	SV002I	IMP0017	SV002B	IMP0018
SV014A	IMP0013	SV002J	IMP0017	SV002C	IMP0018
SV014B	IMP0013	SV002K	IMP0017	SV002D	IMP0018
SV014C	IMP0013	SV002L	IMP0017	SV002E	IMP0018
SV014D	IMP0013	SV002M	IMP0017	SV002F	IMP0018
SV014E	IMP0013	SV002N	IMP0017	SV002G	IMP0018
SV015A	IMP0014	SV002O	IMP0017	SV002H	IMP0018
SV015B	IMP0014	SV003A	IMP0017	SV002I	IMP0018
SV017A	IMP0015	SV003B	IMP0017	SV002J	IMP0018
SV017B	IMP0015	SV003C	IMP0017	SV002K	IMP0018
SV017C	IMP0015	SV003D	IMP0017	SV002L	IMP0018
SV017D	IMP0015	SV003E	IMP0017	SV002M	IMP0018

SV001G	IMP0016	SV003F	IMP0017	SV002N	IMP0018
SV014A	IMP0016	SV003G	IMP0017	SV002O	IMP0018
SV014B	IMP0016	SV003H	IMP0017	SV003A	IMP0018
SV014C	IMP0016	SV003I	IMP0017	SV003B	IMP0018
SV014D	IMP0016	SV003J	IMP0017	SV003C	IMP0018
SV014E	IMP0016	SV003K	IMP0017	SV003D	IMP0018
SV016A	IMP0016	SV003L	IMP0017	SV003E	IMP0018
SV016B	IMP0016	SV003M	IMP0017	SV003F	IMP0018
SV016C	IMP0016	SV003N	IMP0017	SV003G	IMP0018
SV016D	IMP0016	SV003O	IMP0017	SV003H	IMP0018
SV019A	IMP0016	SV003P	IMP0017	SV003I	IMP0018
SV019B	IMP0016	SV003Q	IMP0017	SV003J	IMP0018
SV019C	IMP0016	SV003R	IMP0017	SV003K	IMP0018
SV019D	IMP0016	SV003S	IMP0017	SV003L	IMP0018
SV003M	IMP0018	SV003D	IMP0020	SV003C	IMP0022
SV003N	IMP0018	SV003E	IMP0020	SV003D	IMP0022
SV003O	IMP0018	SV003F	IMP0020	SV003E	IMP0022
SV003P	IMP0018	SV003G	IMP0020	SV003F	IMP0022
SV003Q	IMP0018	SV003H	IMP0020	SV003G	IMP0022
SV003R	IMP0018	SV003I	IMP0020	SV003H	IMP0022
SV003S	IMP0018	SV003J	IMP0020	SV003I	IMP0022
SV003T	IMP0018	SV003K	IMP0020	SV003J	IMP0022
SV003U	IMP0018	SV003L	IMP0020	SV003K	IMP0022
SV003V	IMP0018	SV003M	IMP0020	SV003L	IMP0022
SV003W	IMP0018	SV003N	IMP0020	SV003M	IMP0022
SV003X	IMP0018	SV003O	IMP0020	SV003N	IMP0022
SV003Y	IMP0018	SV003P	IMP0020	SV003O	IMP0022
SV003Z	IMP0018	SV003Q	IMP0020	SV003P	IMP0022
SV005A	IMP0018	SV003R	IMP0020	SV003Q	IMP0022
SV005B	IMP0018	SV003S	IMP0020	SV003R	IMP0022



SV005C	IMP0018	SV003T	IMP0020	SV003S	IMP0022
SV006A	IMP0018	SV003U	IMP0020	SV003T	IMP0022
SV007A	IMP0018	SV003V	IMP0020	SV003U	IMP0022
SV014A	IMP0018	SV003W	IMP0020	SV003V	IMP0022
SV014B	IMP0018	SV003X	IMP0020	SV003W	IMP0022
SV014C	IMP0018	SV003Y	IMP0020	SV003X	IMP0022
SV014D	IMP0018	SV003Z	IMP0020	SV003Y	IMP0022
SV014E	IMP0018	SV031A	IMP0020	SV003Z	IMP0022
SV031A	IMP0018	SV017C	IMP0021	SV009A	IMP0022
SV031B	IMP0018	SV017D	IMP0021	SV031A	IMP0022
SV031C	IMP0018	SV019A	IMP0021	SV002A	IMP0023
SV031D	IMP0018	SV019B	IMP0021	SV002B	IMP0023
SV031E	IMP0018	SV019C	IMP0021	SV002C	IMP0023
SV031F	IMP0018	SV019D	IMP0021	SV002D	IMP0023
SV015A	IMP0019	SV019E	IMP0021	SV002E	IMP0023
SV015B	IMP0019	SV019F	IMP0021	SV002F	IMP0023
SV002A	IMP0020	SV019G	IMP0021	SV002G	IMP0023
SV002B	IMP0020	SV019H	IMP0021	SV002H	IMP0023
SV002C	IMP0020	SV019I	IMP0021	SV002I	IMP0023
SV002D	IMP0020	SV019J	IMP0021	SV002J	IMP0023
SV002E	IMP0020	SV019K	IMP0021	SV002K	IMP0023
SV002F	IMP0020	SV019L	IMP0021	SV002L	IMP0023
SV002G	IMP0020	SV019M	IMP0021	SV002M	IMP0023
SV002H	IMP0020	SV019N	IMP0021	SV002N	IMP0023
SV002I	IMP0020	SV019O	IMP0021	SV002O	IMP0023
SV002J	IMP0020	SV019P	IMP0021	SV003A	IMP0023
SV002K	IMP0020	SV019Q	IMP0021	SV003B	IMP0023
SV002L	IMP0020	SV019Q	IMP0021	SV003C	IMP0023
SV002M	IMP0020	SV019R	IMP0021	SV003D	IMP0023
SV002N	IMP0020	SV019S	IMP0021	SV003E	IMP0023

SV002O	IMP0020	SV019V	IMP0021	SV003F	IMP0023
SV003A	IMP0020	SV040A	IMP0021	SV003G	IMP0023
SV003B	IMP0020	SV003A	IMP0022	SV003H	IMP0023
SV003C	IMP0020	SV003B	IMP0022	SV003I	IMP0023
SV003J	IMP0023	SV003H	IMP0024	SV003E	IMP0025
SV003K	IMP0023	SV003I	IMP0024	SV003F	IMP0025
SV003L	IMP0023	SV003J	IMP0024	SV003G	IMP0025
SV003M	IMP0023	SV003K	IMP0024	SV003H	IMP0025
SV003N	IMP0023	SV003L	IMP0024	SV003I	IMP0025
SV003O	IMP0023	SV003M	IMP0024	SV003J	IMP0025
SV003P	IMP0023	SV003N	IMP0024	SV003K	IMP0025
SV003Q	IMP0023	SV003O	IMP0024	SV003L	IMP0025
SV003R	IMP0023	SV003P	IMP0024	SV003M	IMP0025
SV003S	IMP0023	SV003Q	IMP0024	SV003N	IMP0025
SV003T	IMP0023	SV003R	IMP0024	SV003O	IMP0025
SV003U	IMP0023	SV003S	IMP0024	SV003P	IMP0025
SV003V	IMP0023	SV003T	IMP0024	SV003Q	IMP0025
SV003W	IMP0023	SV003U	IMP0024	SV003R	IMP0025
SV003X	IMP0023	SV003V	IMP0024	SV003S	IMP0025
SV003Y	IMP0023	SV003W	IMP0024	SV003T	IMP0025
SV003Z	IMP0023	SV003X	IMP0024	SV003U	IMP0025
SV005A	IMP0023	SV003Y	IMP0024	SV003V	IMP0025
SV005B	IMP0023	SV003Z	IMP0024	SV003W	IMP0025
SV005C	IMP0023	SV005B	IMP0024	SV003X	IMP0025
SV006A	IMP0023	SV006A	IMP0024	SV003Y	IMP0025
SV007A	IMP0023	SV007A	IMP0024	SV003Z	IMP0025
SV031A	IMP0023	SV014A	IMP0024	SV005C	IMP0025
SV031B	IMP0023	SV014B	IMP0024	SV006A	IMP0025
SV031C	IMP0023	SV014C	IMP0024	SV007A	IMP0025
SV031D	IMP0023	SV014D	IMP0024	SV031A	IMP0025

SV031E	IMP0023	SV014E	IMP0024	SV031D	IMP0025
SV031F	IMP0023	SV031A	IMP0024	SV031E	IMP0025
SV002A	IMP0024	SV031C	IMP0024	SV031F	IMP0025
SV002B	IMP0024	SV031E	IMP0024	SL029A	IMP0026
SV002C	IMP0024	SV031F	IMP0024	SL029B	IMP0026
SV002D	IMP0024	SV002A	IMP0025	SL029C	IMP0026
SV002E	IMP0024	SV002B	IMP0025	SL029D	IMP0026
SV002F	IMP0024	SV002C	IMP0025	SL029E	IMP0026
SV002G	IMP0024	SV002D	IMP0025	SL030A	IMP0026
SV002H	IMP0024	SV002E	IMP0025	SL030B	IMP0026
SV002I	IMP0024	SV002F	IMP0025	SL031A	IMP0026
SV002J	IMP0024	SV002G	IMP0025	SL031B	IMP0026
SV002K	IMP0024	SV002H	IMP0025	SL031C	IMP0026
SV002L	IMP0024	SV002I	IMP0025	SL032A	IMP0026
SV002M	IMP0024	SV002J	IMP0025	SL032B	IMP0026
SV002N	IMP0024	SV002K	IMP0025	SL032C	IMP0026
SV002O	IMP0024	SV002L	IMP0025	SL032D	IMP0026
SV003A	IMP0024	SV002M	IMP0025	SL025A	IMP0027
SV003B	IMP0024	SV002N	IMP0025	SE032A	IMP0028
SV003C	IMP0024	SV002O	IMP0025	SL003A	IMP0029
SV003D	IMP0024	SV003A	IMP0025	SL003B	IMP0029
SV003E	IMP0024	SV003B	IMP0025	SL002A	IMP0030
SV003F	IMP0024	SV003C	IMP0025	SL002A	IMP0031
SV003G	IMP0024	SV003D	IMP0025	SL034A	IMP0032
SL034B	IMP0032	SU016A	IMP0055	SB014A	IMP0098
SL034C	IMP0032	SU033A	IMP0055	SB009A	IMP0099
SM013A	IMP0032	MC004C	IMP0056	SB013A	IMP0100
ST002A	IMP0032	MC012A	IMP0057	SB012A	IMP0101
SG050C	IMP0033	MC012B	IMP0057	SB057A	IMP0102
SG032B	IMP0034	MC012A	IMP0058	SB015A	IMP0103

SG050H	IMP0035	MC012B	IMP0058	SB015B	IMP0103
SG050I	IMP0035	SB019A	IMP0060	SB008A	IMP0104
SG050J	IMP0035	SB019B	IMP0061	SB059A	IMP0105
SG159MLA	IMP0035	SB005A	IMP0062	SB058A	IMP0106
SG159MLB	IMP0035	SB005B	IMP0062	SB029A	IMP0107
SG050A	IMP0036	SB005C	IMP0062	SB055A	IMP0108
SG050B	IMP0036	SB005D	IMP0062	SB006A	IMP0109
SG050D	IMP0036	SB019C	IMP0063	SB049A	IMP0110
SG050I	IMP0036	SB018A	IMP0065	SB049B	IMP0110
SG050J	IMP0036	SB018B	IMP0066	SB016A	IMP0111
SG159MLA	IMP0036	SB040A	IMP0067	SB038A	IMP0112
SG159MLB	IMP0036	SC040A	IMP0068	SB038B	IMP0113
SV029A	IMP0036	SC005A	IMP0069	SB038C	IMP0114
SG050C	IMP0037	SC005B	IMP0070	SB038D	IMP0115
SG050D	IMP0037	SC076A	IMP0071	SB031A	IMP0116
SG050E	IMP0037	SC076A	IMP0072	SB031B	IMP0117
SG050F	IMP0037	SC073A	IMP0073	SB031C	IMP0118
SG050G	IMP0037	SN002B	IMP0074	SB039A	IMP0119
SG050H	IMP0037	SN007B	IMP0075	SB039B	IMP0120
SG050I	IMP0037	SN023A	IMP0076	SB037A	IMP0121
SG050J	IMP0037	SN029A	IMP0077	SB007A	IMP0122
SG159MLA	IMP0037	SN032A	IMP0078	SB007B	IMP0122
SG159MLB	IMP0037	SN032B	IMP0079	SB007C	IMP0122
SO025A	IMP0037	SN019A	IMP0080	SB060A	IMP0123
SO025B	IMP0037	ST004A	IMP0081	SB032A	IMP0124
SO013A	IMP0038	SP006A	IMP0082	SB032B	IMP0124
SO024B	IMP0039	SP006B	IMP0082	SB032C	IMP0124
SO024A	IMP0040	SP006C	IMP0082	SB032D	IMP0124
SE035B	IMP0041	SP004A	IMP0083	SB032E	IMP0124
SE036A	IMP0042	IN003A	IMP0084	SB032F	IMP0124

SE020A	IMP0043	IN001A	IMP0085	SB021A	IMP0125
SE021A	IMP0043	IN001B	IMP0085	SB021A	IMP0126
SE021B	IMP0043	IN001C	IMP0086	SB021A	IMP0127
SE021C	IMP0043	IN001D	IMP0086	SB063A	IMP0128
SE024A	IMP0044	IN004B	IMP0087	SB017A	IMP0129
SE023A	IMP0045	SB026B	IMP0089	SB022A	IMP0130
SE020B	IMP0046	SB026C	IMP0090	SB022B	IMP0130
SE010A	IMP0048	SB020A	IMP0092	SB022A	IMP0131
SE010C	IMP0048	SB073A	IMP0092	SB022B	IMP0131
SE027C	IMP0049	SB073B	IMP0092	SB054A	IMP0132
SE019A	IMP0051	SB041A	IMP0093	SB054A	IMP0133
SE009A	IMP0052	SB010A	IMP0094	SB030A	IMP0134
SU062A	IMP0053	SB010B	IMP0095	SN034B	IMP0135
SU085A	IMP0054	SB011A	IMP0096	SN038B	IMP0136
SN041B	IMP0137	IN057A	IMP0286		
SN039B	IMP0138	IN058A	IMP0287		
SN042B	IMP0139	IN059A	IMP0288		
SN040B	IMP0140	IN060A	IMP0289		
SN043B	IMP0141	IN061A	IMP0290		
SL020A	IMP0142	IN062A	IMP0291		
SL020C	IMP0142	IN063A	IMP0292		
SB026D	IMP0143	IN064A	IMP0293		
SB031B	IMP0144	IN065A	IMP0294		
MC010A	IMP0145	IN067A	IMP0295		
MC010A	IMP0146	IN068A	IMP0296		
IN004A	IMP0147	IN069A	IMP0297		
MC021A	IMP0211	IN070A	IMP0298		
IN009A	IMP0212	IN073A	IMP0299		
IN009A	IMP0213	IN073B	IMP0300		
SG102A	IMP0214	IN075A	IMP0301		

SG103A	IMP0216	IN076A	IMP0302
SN060A	IMP0217	IN077A	IMP0303
IN009A	IMP0218	IN083A	IMP0305
IN012A	IMP0250	IN086A	IMP0307
IN013A	IMP0251	SB077A	IMP0308
IN014A	IMP0252	SB078A	IMP0309
IN014B	IMP0253	SB079A	IMP0310
IN015B	IMP0254	SB080A	IMP0311
IN016A	IMP0255	SV040A	IMP0313
IN017A	IMP0256	SG105A	IMP0333
IN018A	IMP0257	SG103A	IMP0334
IN018B	IMP0258	SV001H	IMP0500ML
IN019A	IMP0259		
IN019B	IMP0260		
IN020A	IMP0261		
IN021A	IMP0262		
IN025B	IMP0265		
IN025C	IMP0266		
IN025D	IMP0267		
IN025E	IMP0268		
IN027A	IMP0270		
IN027B	IMP0271		
IN027C	IMP0272		
IN027D	IMP0273		
IN028A	IMP0274		
IN029A	IMP0275		
IN032A	IMP0276		
IN032B	IMP0277		
IN033A	IMP0278		
IN039A	IMP0279		

Dated 18 July 2023

IN041A	IMP0280
IN041B	IMP0281
IN043A	IMP0282
IN044A	IMP0283

**ANNEX 1****ADDITIONAL CONDITIONS ON UTILISATION OF CERTAIN PACKAGES****1. Conditions on Packages Listed Under Specialities IPD Diagnostic, High-End Drugs and Implants:**

Packages under specialities of Diagnostic/Diagnostic-Laboratory/Diagnostic-Radiological (type IPD/IPD&OPD), High-end Drugs and Implants (as applicable to certain specialities) provides benefits for payment of expenses incurred by a Beneficiary for packages under these specialities by an EHCP on an in-patient basis as an add on (s) package, subject only to the Exclusions given in Schedule 1. These packages can be blocked as add-on (s) to a primary medical or surgical treatment as applicable, that is provided by an EHCP pursuant to an approval by the insurer. The Insurer shall require to honour all add on packages at 100%. These benefits are limited to a maximum of available sum insured of ₹ 5,00,000/- in each policy cover period. The EHCP can add such add on packages as per the number of multipliers mention in Schedule 3 of the Insurance Contract.

**2. Maternity Care, Child Care, Cardiac and Diabetes Preventive OPD, OPD Diagnostics and Follow-up care Packages**

The following packages shall be made available to all Beneficiaries through the additional cover of ₹ 30,000 subjected to the limits as given in **clause 3 B** of the Insurance Contract.

<b>Specialty</b>	<b>Package Name/Procedure Name</b>
Medical Follow-up	Follow-up - Acquired heart disease with congestive cardiac failure
Medical Follow-up	Follow-up - Acute MI (conservative management without angiogram)
Medical Follow-up	Follow-up - Acute MI requiring IABP
Medical Follow-up	Follow-up - Acute MI with cardiogenic shock
Medical Follow-up	Follow-up - Acute severe asthma
Medical Follow-up	Follow-up - Acute severe asthma with acute respiratory failure
Medical Follow-up	Follow-up - Acute severe asthma with ventilation
Medical Follow-up	Follow-up - ADEM or relapse in multiple sclerosis
Medical Follow-up	Follow-up - Anaemia of unknown cause
Medical Follow-up	Follow-up - Chronic pancreatitis with severe pain
Medical Follow-up	Follow-up - Cirrhosis with hepatic encephalopathy
Medical Follow-up	Follow-up - Cirrhosis with hepato renal syndrome
Medical Follow-up	Follow-up - Complex arrhythmias
Medical Follow-up	Follow-up - Congenital heart disease with congestive cardiac failure
Medical Follow-up	Follow-up - Convulsive disorders/ status epilepticus (fits)
Medical Follow-up	Follow-up - COPD respiratory failure (infective exacerbation)
Medical Follow-up	Follow-up - Delayed puberty hypogonadism
Medical Follow-up	Follow-up - Delayed puberty hypogonadism (ex. Turners syndrome, Klinefelter Syndrome)
Medical Follow-up	Follow-up - Encephalitis/ Encephalopathy
Medical Follow-up	Follow-up - Gastric varices
Medical Follow-up	Follow-up - Hemorrhagic stroke/ Strokes
Medical Follow-up	Follow-up - Hypopituitarism
Medical Follow-up	Follow-up - Infective endocarditis
Medical Follow-up	Follow-up - Interstitial lung diseases
Medical Follow-up	Follow-up - Intracranial bleed
Medical Follow-up	Follow-up - Ischemic strokes
Medical Follow-up	Follow-up - Meningo-encephalitis
Medical Follow-up	Follow-up - Meningo-encephalitis with ventilation



Medical Follow-up	Follow-up - Mixed connective tissue disorder
Medical Follow-up	Follow-up - Nephrotic syndrome
Medical Follow-up	Follow-up - Neuro tuberculosis
Medical Follow-up	Follow-up - Neuro tuberculosis with ventilation
Medical Follow-up	Follow-up - Neuroinfections - Fungal meningitis
Medical Follow-up	Follow-up - Neuroinfections - Pyogenic meningitis
Medical Follow-up	Follow-up - Neuroinfections - Viral Meningoencephalitis (including herpes encephalitis)
Medical Follow-up	Follow-up - Neuromuscular (myasthenia gravis)
Medical Follow-up	Follow-up - Pemphigus/ Pemphigoid
Medical Follow-up	Follow-up - Pituitary – acromegaly
Medical Follow-up	Follow-up - Refractory cardiac failure
Medical Follow-up	Follow-up - Scleroderma
Medical Follow-up	Follow-up - Status epilepticus
Medical Follow-up	Follow-up - Steroid resistant nephritic syndrome
Medical Follow-up	Follow-up - Steroid resistant nephritic syndrome with complicated or resistant
Medical Follow-up	Follow-up - Systemic lupus erythmatous (SLE)
Medical Follow-up	Follow-up - Term baby with persistent pulmonary hypertension ventilation-hfo hyperbilirubinemia clinical sepsis
Medical Follow-up	Follow-up - Term baby with seizures ventilated
Medical Follow-up	Follow-up - Vasculitis
Medical Follow-up	Follow-up - Cirrhosis with portal hypertension
Medical Follow-up	Follow-up - Chronic kidney disease not requiring dialysis
Medical Follow-up	Follow-up - Acute exacerbation of Inflammatory bowel disease
Medical Follow-up	Follow-up - Peripheral neuropathy

<b>Specialty</b>	<b>Package Name/Procedure Name</b>
Surgical Follow-up	Follow-up - Abscess Tapping
Surgical Follow-up	Follow-up - Aneurysm Clipping
Surgical Follow-up	Follow-up - Aortic Valve Replacement (With Valve)
Surgical Follow-up	Follow-up - Atrial Shunt
Surgical Follow-up	Follow-up - CABG With Aneurismal Repair
Surgical Follow-up	Follow-up - CABG With IABP
Surgical Follow-up	Follow-up - With Prosthetic Ring
Surgical Follow-up	Follow-up - Carotid Embolectomy
Surgical Follow-up	Follow-up - Closed Mitral Valvotomy
Surgical Follow-up	Follow-up - Coronary Balloon Angioplasty
Surgical Follow-up	Follow-up - Coronary Bypass Surgery
Surgical Follow-up	Follow-up - Coronary Bypass Surgery-Post Angioplasty
Surgical Follow-up	Follow-up - Craniotomy and Evacuation of Haematoma (Extra Dural)
Surgical Follow-up	Follow-up - Craniotomy and Evacuation of Haematoma (Subdural)
Surgical Follow-up	Follow-up - Cystolithotripsy
Surgical Follow-up	Follow-up - Double Valve Replacement (With Valve)
Surgical Follow-up	Follow-up - Encephalocele

Surgical Follow-up	Follow-up - Endoscope Removal of Stone in Bladder
Surgical Follow-up	Follow-up - Endoscopy Procedures
Surgical Follow-up	Follow-up - ESWL
Surgical Follow-up	Follow-up - Evacuation of Brain Abscess - Burr Hole
Surgical Follow-up	Follow-up - Excision of Brain Abscess
Surgical Follow-up	Follow-up - Excision of Brain Tumor - Basal
Surgical Follow-up	Follow-up - Excision of Brain Tumor - Brain Stem
Surgical Follow-up	Follow-up - Excision of Brain Tumor - C.P. Angle Tumor
Surgical Follow-up	Follow-up - Excision of Brain Tumor - Other Tumors
Surgical Follow-up	Follow-up - Excision of Brain Tumor - Parasagittal
Surgical Follow-up	Follow-up - Excision of Brain Tumor - Subtentorial
Surgical Follow-up	Follow-up - Excision of Brain Tumor - Supratentorial
Surgical Follow-up	Follow-up - Excision of Lobe (Frontal, Temporal, Cerebellum etc)
Surgical Follow-up	Follow-up - External Ventricular Drainage (EVD)
Surgical Follow-up	Follow-up - Intra-Cerebral Hematoma Evacuation
Surgical Follow-up	Follow-up - Laparoscopic Pyelolithotomy
Surgical Follow-up	Follow-up - Lesionectomy Type 1
Surgical Follow-up	Follow-up - Lesionectomy Type 2
Surgical Follow-up	Follow-up - Meningo Encephalocele
Surgical Follow-up	Follow-up - Meningomyelocele
Surgical Follow-up	Follow-up - Mitral Valve Replacement (With Valve)
Surgical Follow-up	Follow-up - Mitral Valvotomy (Open)
Surgical Follow-up	Follow-up - Open Cystolithotomy
Surgical Follow-up	Follow-up - Open Nephrolithotomy
Surgical Follow-up	Follow-up - Open Prostatectomy
Surgical Follow-up	Follow-up - Open Pulmonary Valvotomy
Surgical Follow-up	Follow-up - Open Pyelolithotomy
Surgical Follow-up	Follow-up - Operation of adrenal glands
Surgical Follow-up	Follow-up - Pancreatic Necrosectomy (Lap)
Surgical Follow-up	Follow-up - Pancreatic Necrosectomy (Open)
Surgical Follow-up	Follow-up - PCNL
Surgical Follow-up	Follow-up - Peripheral Angioplasty
Surgical Follow-up	Follow-up - Peritoneal Shunt
Surgical Follow-up	Follow-up - Portocaval Anastomosis
Surgical Follow-up	Follow-up - Renal Angioplasty
Surgical Follow-up	Follow-up - Splenectomy with Devascularisation with Spleno Renal Shunt
Surgical Follow-up	Follow-up - Splenorenal Anastomosis
Surgical Follow-up	Follow-up - Subdural Tapping
Surgical Follow-up	Follow-up - Surgeries on adrenal gland in children
Surgical Follow-up	Follow-up - Temporal Lobectomy
Surgical Follow-up	Follow-up - Temporal Lobectomy Plus Depth Electrodes
Surgical Follow-up	Follow-up - Total Thyroidectomy
Surgical Follow-up	Follow-up - Trans-oral Surgery
Surgical Follow-up	Follow-up - Trans-sphenoidal Surgery
Surgical Follow-up	Follow-up - Transurethral Resection of Prostate (TURP)
Surgical Follow-up	Follow-up - Tricuspid Valve Replacement

Surgical Follow-up	Follow-up - TURP Cyst Lithotripsy
Surgical Follow-up	Follow-up - URSL
Surgical Follow-up	Follow-up - Vascular Malformations
Surgical Follow-up	Follow-up - Ventricular Tapping
Surgical Follow-up	Follow-up - Ventriculo-Atrial Shunt
Surgical Follow-up	Follow-up - Ventriculoatrial/ Ventriculoperitoneal Shunt
Surgical Follow-up	Follow-up - Vertebral Angioplasty
Surgical Follow-up	Follow-up - Warren's Shunt

Specialty	Procedure Name
OPD Benefits	Cardiac and diabetes preventive care
OPD Benefits	ANC Check-up
OPD Benefits	Postnatal OPD Package within 30 days of delivery
OPD Benefits	Infant Package - 2 (0 - 6 months)
OPD Benefits	Infant Package - 1 (6 - 12 months)
OPD Benefits	Toddler Package-2 (1 - 5 year)

Specialty	Diagnostics/Test Name	OPD/IPD	HOSP TYPE
DIAGNOSTIC - LABORATORY	11 cells panel for antibody identification	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	17 Hydroxyprogesterone (17 OH Progesterone)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	24 hour urinary - Aldostrone	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	24 hour urinary - Free cortisol	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	24 hour urinary - Proteins, sodium, creatinine	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	3 cell panel - antibody screening for pregnant female	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Abdominal Aspiration - Diagnostic	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Acetylcholine receptor (AChR) antibody titre	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Acid Phosphatase	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Adrenocorticotrophic Hormone (ACTH)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Alkaline Phosphatase	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Alpha Fetoprotein (AFP)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Androstenedione	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Angiotensin converting enzyme (ACE)	IPD & OPD	PUBLIC
DIAGNOSTIC - RADIOLOGICAL	Anti HAV IgM	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Anti Hbs	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Anti HEV IgM	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Anti-Cyclic Citrullinated Peptide (Anti CCP)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Anti-double stranded DNA (anti-dsDNA)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Antinuclear antibody (ANA)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Anti-tissue Transglutaminase antibody (Anti TTG Antibody)	IPD & OPD	PUBLIC

DIAGNOSTIC - LABORATORY	Apolipoprotein - A1 (ApoA1)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Apolipoprotein - B (Apo B)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Aspiration Pleural Effusion - Diagnostic	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Bacterial culture and sensitivity	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Basic studies including cell count, protein, sugar, gram stain, India Ink preparation and smear for AFP	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Beta 2 microglobulin (B2M) / $\beta$ 2 microglobulin	IPD & OPD	PUBLIC
DIAGNOSTIC	Biophysical score	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Bleeding Disorder panel- PT, APTT, Thrombin Time, Fibrinogen, D-Dimer/ Fibrinogen Degradation Products (FDP)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Blood gas analysis - Arterial Blood Gas (ABG) with electrolytes	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Body fluid (CSF/Ascitic Fluid etc) Sugar, Protein etc.	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Body fluid for Malignant cells	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Bone Marrow Smear Examination - Smear Examination	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Bone Marrow Smear Examination - Smear Examination with iron stain	IPD & OPD	PUBLIC
DIAGNOSTIC - RADIOLOGICAL	Brachial plexus study	IPD & OPD	PUBLIC
DIAGNOSTIC	Breath tests	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Brucella serology	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	C ANCA-IFA	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	C3-Complement	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	C4-Complement	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Calcidiol / 25-hydroxycholecalciferol / Vitamin D3 assay (Vit D3)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Calcitonin	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Cancer Antigen - 125 (CA 125)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Cancer Antigen - 15.3 (CA 15.3)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Cancer Antigen - 19.9 (CA 19.9)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Carbamazepine	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Carcinoembryonic Antigen (CEA)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Catecholamines - Catecholamines.	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Chlamydae - Antibody	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Chlamydae - Antigen	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Chloride	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Chromogranin A	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	CK MB Mass/CPK MB Mass	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Coagulation profile	IPD & OPD	PUBLIC
DIAGNOSTIC	Cold Calorie Test for Vestibular function	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Coomb's Test - Direct	IPD & OPD	PUBLIC

DIAGNOSTIC - LABORATORY	Coomb's Test - Indirect	IPD & OPD	PUBLIC
DIAGNOSTIC	Corneal endothelial cell count with specular microscopy	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Cortisol	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	C-Peptide (C Peptide / Connecting Peptide)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	CPK MB/CK MB	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	C-reactive Protein (CRP)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	C-reactive Protein (CRP) Quantitative	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Creatinine clearance	IPD & OPD	PUBLIC
DIAGNOSTIC	Cross match	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Cryptococcal antigen	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Dehydroepiandrosterone sulfate (DHEAS)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Dengue Serology	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Dilantin (phenytoin).	IPD & OPD	PUBLIC
DIAGNOSTIC - RADIOLOGICAL	Double balloon enteroscopy	IPD & OPD	PUBLIC & PRIVATE
DIAGNOSTIC - LABORATORY	D-xylase test	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Erythropoietin Level	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Estradiol (E2)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Extended Lipid Profile. (Total cholesterol, LDL, HDL, Triglycerides Apo A1, Apo B, Lp (a) )	IPD & OPD	PUBLIC
DIAGNOSTIC	External Loop/event recording	IPD & OPD	PUBLIC & PRIVATE
DIAGNOSTIC - LABORATORY	Extractable Nuclear Antigens (ENA) - Quantitative	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Factor Assays - Factor IX	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Factor Assays - Factor VII	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Faecal / Fecal fat test/ fecal chymotrypsin/ fecal elastase	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Faecal calprotectin (fecal calprotectin)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Fibrinogen.	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Fine Needle Aspiration Cytology (FNAC)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Fluorescent in situ hybridization (FISH)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Foetal Haemoglobin (HbF)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Folic Acid assay.	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Follicle stimulating hormone (FSH)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Free Thyroxine (FT4)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Free Triiodothyronine (FT3)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Frozen section	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Fructosamine.	IPD & OPD	PUBLIC
DIAGNOSTIC	Fundus Photo Test	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Fungal culture	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Gamma-Glutamyl Transpeptidase (GGTP)	IPD & OPD	PUBLIC

DIAGNOSTIC - RADIOLOGICAL	Gastric emptying	IPD & OPD	PUBLIC
DIAGNOSTIC - RADIOLOGICAL	GDx Nerve fibre layer analysis	IPD & OPD	PUBLIC
DIAGNOSTIC	Genetic workup	IPD & OPD	PUBLIC
DIAGNOSTIC	Genexpert Test	IPD & OPD	PRIVATE
DIAGNOSTIC - LABORATORY	Glucose Tolerance Test (GTT)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Glucose-6-Phosphate Dehydrogenase (G6PD)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Glutamic Acid Decarboxylase Autoantibodies test (GAD antibodies)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Glycosylated Haemoglobin (HbA1c)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Growth Hormone	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	H pylori serology for Coeliac disease /Celiac disease	IPD & OPD	PUBLIC
DIAGNOSTIC	H1N1 (RT-PCR)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Haemoglobin Electrophoresis/ Hb HPLC	IPD & OPD	PUBLIC
DIAGNOSTIC	HBV genotyping	IPD & OPD	PUBLIC
DIAGNOSTIC	HCV genotyping	IPD & OPD	PUBLIC
DIAGNOSTIC	HCV RNA Quantitative	IPD & OPD	PUBLIC
DIAGNOSTIC	Head -up tilt test (HUTT)	IPD & OPD	PUBLIC & PRIVATE
DIAGNOSTIC - LABORATORY	Hepatitis B Core Antibody (HBcAb) Level (Hepatitis B Core IgM Antibody)	IPD & OPD	PUBLIC
DIAGNOSTIC	Hepatitis B Virus (HBV) DNA Quantitative.	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Hepatitis C virus (HCV)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Hepatitis C Virus (HCV) RNA Qualitative.	IPD & OPD	PUBLIC
DIAGNOSTIC	HLA B27 (PCR)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Human chorionic gonadotropin (HCG)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Human papillomaviruse (HPV) Serology	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Hydatic Serology	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Immunofluorescence	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Immunoglobulin A (IgA)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Immunoglobulin G (IgG)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Immunoglobulin M (IgM)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Immunohistochemistry (IHC)	IPD & OPD	PUBLIC
DIAGNOSTIC	Impedence with stepedeal reflex	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Imprint Smear From Endoscopy	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Indirect (antids DNA Anti Smith ANCA)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Influenza A serology	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Insulin	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Insulin associated antibody	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Insulin-like growth factor binding protein 3 (IGF-BP3)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Insulin-like growth factor-1 (IGF-1)	IPD & OPD	PUBLIC

DIAGNOSTIC - LABORATORY	Interleukin 6 (IL 6)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Islet cell antibody	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Joints Aspiration	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Kappa Lambda Light Chains, Free, Serum/ Serum free light chains (SFLC)	IPD & OPD	PUBLIC
DIAGNOSTIC	Karyotyping	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Kidney Function Test (KFT)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Lactate	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Lactate dehydrogenase (LDH)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Leukemia panel /Lymphoma panel	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Lipoprotein A / Lp A	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Lithium	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Low density lipoprotein (LDL)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Lumbar puncture	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Luteinizing hormone (LH)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Malignant cells	IPD & OPD	PUBLIC
DIAGNOSTIC	Manometry and PH metry	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Mantoux Test	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Mycobacterial culture and sensitivity	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Myelin Basic protein	IPD & OPD	PUBLIC
DIAGNOSTIC - RADIOLOGICAL	Neonatal head (Tranfontanellar)	IPD & OPD	PUBLIC
DIAGNOSTIC - RADIOLOGICAL	NT-Pro BNP	IPD & OPD	PUBLIC
DIAGNOSTIC - RADIOLOGICAL	Oesophageal PH metry	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Oligoclonal band	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Osmolality serum	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Osmolality urine	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Osmotic fragility Test	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	P ANCA-IFA	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Paraffin section	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Paroxysmal Nocturnal Hemoglobinuria (PNH) Panel- CD55,CD59	IPD & OPD	PUBLIC
DIAGNOSTIC	PCR - for Herpes simplex	IPD & OPD	PUBLIC
DIAGNOSTIC	PCR - for Human immunodeficiency virus (HIV)	IPD & OPD	PUBLIC
DIAGNOSTIC	PCR - for Tuberculosis (TB)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Pericardial Aspiration	IPD & OPD	PUBLIC
DIAGNOSTIC - RADIOLOGICAL	Phosphorus-32 therapy for metastatic bone pain palliation	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Plasma renin activity	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Platelet Concentrate	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Platelet Function test	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Portal haemodynamic studies	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Procalcitonin	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Progesterone	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Prolactin	IPD & OPD	PUBLIC

DIAGNOSTIC - LABORATORY	Prostate Specific antigen (PSA) - Free	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Prostate Specific antigen (PSA) - Total	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Protein Creatinine Ratio (PCR), Urine / Albumen Creatinine Ratio (ACR), Urine	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	PTH(Parathormone)	IPD & OPD	PUBLIC
DIAGNOSTIC	Pulmonary Function Test	IPD & OPD	PUBLIC
DIAGNOSTIC	Quadruple test	IPD & OPD	PUBLIC
DIAGNOSTIC	Random Donor Platelet(RDP)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	RH Antibody titer	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Rheumatoid Factor / Rh Factor test	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Rota Virus serology	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Routine - H&E	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Aldostrone	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Aldostrone/ Renin ratio	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Ammonia	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - amylase	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Calcium –Total	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Ceruloplasmin	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Cholesterol	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Copper	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Electrophoresis	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Ferritin	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Glutamic oxaloacetic transaminase (SGOT) / Aspartate Aminotransferase (AST)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Iron	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Lactate	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Lipase	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Magnesium	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Phenobrito Serum phenobarbitone level	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Phosphorus	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Potassium	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Sodium	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Testosterone	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Uric Acid	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Valprote level	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Sex hormone binding globulin	IPD & OPD	PUBLIC
DIAGNOSTIC	Short Increment Sensitivity Index (SISI) Tone Decay	IPD & OPD	PUBLIC
DIAGNOSTIC - RADIOLOGICAL	Single balloon enteroscopy	IPD & OPD	PUBLIC & PRIVATE
DIAGNOSTIC	Single Donor Platelet (SDP- Apheresis)	IPD & OPD	PUBLIC
DIAGNOSTIC	Somatosensory evoked potentials (SSEP)	IPD & OPD	PUBLIC & PRIVATE
DIAGNOSTIC - LABORATORY	special stain	IPD & OPD	PUBLIC



DIAGNOSTIC	Speech Assessment	IPD & OPD	PUBLIC & PRIVATE
DIAGNOSTIC	Speech Discrimination Score	IPD & OPD	PUBLIC & PRIVATE
DIAGNOSTIC	Stress Echo - Pharmacological	IPD & OPD	PUBLIC & PRIVATE
DIAGNOSTIC - LABORATORY	Tacrolimus	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Tests for Antiphospholipid antibodies syndrome.	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Tests for Antiphospholipid antibody IgG, IgM (for cardiolipin and B2 Glycoprotein 1)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Tests for hypercoagulable states- Protein C, Protein S, Antithrombin	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Tests for lupus anticoagulant	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Tests for Sickling / Hb HPLC)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Thalassemia studies (Red Cell indices and Hb HPLC)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Thyroglobulin antibody	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Thyroid binding globulin	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Thyroid peroxidase antibody (TPO)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Thyroid stimulating hormone (TSH)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	TORCH Test	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Total Iron Binding Capacity (TIBC)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Total Protein Alb/Glo Ratio	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Triglycerides	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Triple Marker.	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Troponin I	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Troponin T	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Typhidot IgM	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Urinary calcium	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Urinary copper	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Urinary free catecholamine	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Urinary metanephrine/Normetanephrine	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Urinary potassium	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Urinary sodium	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Urinary vanillylmandelic acid (VMA)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Urine Microalbumin	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Valproic acid	IPD & OPD	PUBLIC
DIAGNOSTIC	Video Laryngoscopy	IPD & OPD	PUBLIC & PRIVATE
DIAGNOSTIC - LABORATORY	Viral culture	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Vitamin B12 assay	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	WBC cytochemistry for leukemia - Complete panel	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Hepatitis B surface antigen (HBsAg)	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Anti HCV IgG	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Blood Urea Nitrogen	IPD & OPD	PUBLIC
DIAGNOSTIC - RADIOLOGICAL	C.T. guided percutaneous biopsy	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. guided percutaneous FNAC	OPD	PUBLIC & PRIVATE

DIAGNOSTIC - RADIOLOGICAL	C.T. guided percutaneous needle aspiration	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Angiography - Abdomen/ Chest	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Angiography - Coronary	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Angiography - Neck vessels	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Cardiac	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - CECT Chest (Including CD)	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Cervical C.T. 3D reconstruction only	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Chest - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Chest - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Chest HRCT - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Chest HRCT - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Dental	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Enteroclysis	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Guided biopsy	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Guided intervention - FNAC	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Guided percutaneous catheter drainage	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Head - Brain - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Head - Brain - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Head scan involving special investigation - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Head scan involving special investigation - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Limbs - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Limbs - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Lower abdomen - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Lower abdomen - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Myelogram (Cervical spine) - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Myelogram (Cervical spine) - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Myelogram (Lumbar spine or D/S) - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Myelogram (Lumbar spine or D/S) - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Neck - Thyroid soft tissue - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Neck - Thyroid soft tissue - without contrast	OPD	PUBLIC & PRIVATE

DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Orbits - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Orbits - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Paranasal sinus - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Paranasal sinus - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Spine (Cervical, dorsal, lumbar, sacral) - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Spine (Cervical, dorsal, lumbar, sacral) - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Temporal Bone - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Trucut biopsy	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Upper abdomen - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Upper abdomen - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Urography	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Whole abdomen - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Whole abdomen - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Whole body - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	C.T. Scan - Whole body - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - LABORATORY	CD4 (T-Cell Lymphocyte) count	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Complete Haemogram/CBC, Hb,RBC count and indices,TLC, DLC, Platelet, ESR, Peripheral smear examination	IPD & OPD	PUBLIC
DIAGNOSTIC	COVID-19 testing - CB - NAT	OPD	PRIVATE
DIAGNOSTIC	COVID-19 testing - Rapid Antigen Test	OPD	PRIVATE
DIAGNOSTIC	COVID-19 testing - RT - PCR	OPD	PRIVATE
DIAGNOSTIC	COVID-19 testing - TRU - NAT	OPD	PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Cystoscopy Diagnostic	IPD & OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Diskography	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Endoscopic biopsy	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	ERCP (Endoscopic Retrograde Cholangio – Pancreatography)	IPD & OPD	PUBLIC & PRIVATE
DIAGNOSTIC - LABORATORY	Fasting Blood Sugar	IPD & OPD	PUBLIC
DIAGNOSTIC - RADIOLOGICAL	Fiberoptic Bronchoscopy with Washing biopsy	IPD & OPD	PUBLIC & PRIVATE
DIAGNOSTIC	HBSAg Quantitative	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Human immunodeficiency virus- HIV I and II	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	IgG/ IgM test (After scrub typhus recovery)	IPD & OPD	PUBLIC
DIAGNOSTIC - RADIOLOGICAL	MRI - Abdomen - with contrast	OPD	PUBLIC & PRIVATE

DIAGNOSTIC - RADIOLOGICAL	MRI - Abdomen - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Angiography - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Angiography - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Ankle (both) - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Ankle (both) - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Ankle (single) - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Ankle (single) - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Breast - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Breast - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Cardiac	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Cervical spine - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Cervical spine - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Chest - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Chest - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Extremities - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Extremities - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Head - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Head - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Hip - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Hip - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Knee (both joints) - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Knee (both joints) - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Knee (single joint) - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Knee (single joint) - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Lumbar spine - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Lumbar spine - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Mammography	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - MR angiography	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - MR cholecysto-pancreatography (MRCP)	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - MR Enteroclysis	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - MR for Salivary Glands with Sialography	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - MR Temporal Bone/ Inner ear with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - MR Temporal Bone/ Inner ear without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Nasopharynx and PNS - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Nasopharynx and PNS - without contrast	OPD	PUBLIC & PRIVATE

DIAGNOSTIC - RADIOLOGICAL	MRI - Neck - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Neck - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Orbits - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Orbits - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Pelvis - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Pelvis - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Prostate (Multi-parametric) including CD	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Screening - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Screening - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Shoulder - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Shoulder - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Shoulder (both joints) - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Shoulder (both joints) - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Spine screening - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Spine screening - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Stress Cardiac	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Temporomadibular (double joints) - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Temporomadibular (double joints) - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Temporomadibular (single joint) - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Temporomadibular (single joint) - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Wrist (both joints) - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Wrist (both joints) - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Wrist (single joint) - with contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	MRI - Wrist (single joint) - without contrast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - LABORATORY	Pap Smear	IPD & OPD	PUBLIC
DIAGNOSTIC - RADIOLOGICAL	PET scan - Brain	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	PET scan - Cardiac	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	PET scan - Gallium peptide	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	PET scan - Whole body	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - LABORATORY	rk39 strip test	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - Bilirubin total & direct	IPD & OPD	PUBLIC
DIAGNOSTIC - LABORATORY	Serum - glutamic pyruvic transaminase (SGPT) / Alanine Aminotransferase (ALT)	IPD & OPD	PUBLIC
DIAGNOSTIC - RADIOLOGICAL	USG guided percutaneous biopsy	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	USG guided percutaneous needle aspiration	IPD & OPD	PUBLIC & PRIVATE

DIAGNOSTIC - LABORATORY	VRDL (Venereal Disease Research Laboratory) Test	IPD & OPD	PUBLIC
DIAGNOSTIC - RADIOLOGICAL	Whole body MRI (For oncological workup) - Whole body (For oncological workup)	OPD	PUBLIC & PRIVATE
DIAGNOSTIC	Electrocardiogram (ECG)	OPD	PUBLIC & PRIVATE
DIAGNOSTIC	Electroencephalogram (EEG)/ Video EEG	IPD & OPD	PUBLIC & PRIVATE
DIAGNOSTIC	Sleep deprived EEG	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Breast	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Guided FNAC thyroid gland	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Guided intervention - biopsy	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Hysterosalpingography (HSG)	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - KUB abdomen	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Lower abdomen	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Obstetrics	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Pelvic	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Small Parts	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Upper abdomen	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Ultra Sonography test - Whole abdomen	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Ultrasonography Level II scan/Anomaly Scan	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Ultrasound - A- Scan	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Ultrasound - B- Scan	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Ultrasound - Guided FNAC	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Urodynamic Study (Cystometry)	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	Uroflow Study (Micrometry)	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - LABORATORY	Widal Test	IPD & OPD	PUBLIC
DIAGNOSTIC - RADIOLOGICAL	X-ray - 90 D lens examination	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	X-ray - Abdomen AP Supine or Erect (One film)	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	X-ray - Abdomen Lateral view (one film)	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	X-ray - Arthrography	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	X-ray - Chest lateral (one film)	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	X-ray - Chest PA view (one film)	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	X-ray - Mammography	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	X-ray - Occlusal	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	X-ray - OPG	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	X-ray - Orbits	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	X-ray - Pelvis AP (one film)	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	X-ray - PNS view (1 film)	OPD	PUBLIC & PRIVATE

DIAGNOSTIC - RADIOLOGICAL	X-ray - Skull AP & Lateral (2 films)	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	X-ray - Spine AP & Lateral (2 films)	OPD	PUBLIC & PRIVATE
DIAGNOSTIC - RADIOLOGICAL	X-ray - Temporomandibular (TM) Joints (one film)	OPD	PUBLIC & PRIVATE

**Conditions for Certain Specialities with regard to utilisation of the above packages:**

The insurer ensures that packages under speciality Diagnostic/Diagnostic-Laboratory/Diagnostic-Radiological (type IPD & OPD) shall also be available to any beneficiary on an in-patient basis. The benefits for these packages when utilised as in-patient shall be available through the insurance cover of ₹ 5,00,000/- and shall be available as an add on package, where the payment for such packages shall be at 100%.

Package Name: High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging) with the procedure code MG075A will be eligible under medical management at a maximum rate of ₹ 5,500 as an add on package which is also subjected to the actual package rate of such diagnostic-radiological speciality package however payable at a rate whichever is lesser at 100%. Illustration is given as follows:

Package Name	Package Rate	Rate Payable
High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging)	₹ 5,500/-	₹ 4,400/-
MRI - Temporomadibular (double joints) - without contrast	₹ 4,400/-	
High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging)	₹ 5,500/-	₹ 5,500/-
MRI - Wrist (single joint) - with contrast	₹ 6,100/-	

**SCHEDULE 4****NON-MEDICAL CONSUMABLES AND NON-PAYABLE ITEMS**

List of indicative non-medical consumables and non-payable items for which is not cover under MHIS 6.

ITEMS	
AIR MATTRESS (PNEUMATIC PRESSURE RELIEVING SYSTEM)	MOISTUREX (ALOEVERA PREP) CREAM
ALLEVYN SACRUM	MOLE CATH CONDOM
ALPHA TRANCEL	MORTURAY SHEET
ALPHA XCELL	OIL
ALPROSEPT HANDRUB	PLASTIC BOWL
AMBULANCE CHARGES	PLASTIC CONTAINER
APRON DISPOSABLE COT	PLASTIC JAR
AUTO SUTURE	PM-O-UNE
BACTO-RUB	POLY DRAPE SHEET
BANDAID WASHPROOF	RESPIROMETER
BED BATH TOWEL	RESTRAINT STRAP
BEDPAN PLASTIC	RUBBER WASHER
BLUE SHEET	SHAVING RAZOR DISPOSABLE
CAMERA COVER DISPOSABLE-(NOS)	SINGLE LUMBER
CAUTERY PENCIL	SOLUTION HAND RUB
CATHETER SUCTION WITH THUMB CONTROL	SOLUTION MICROSHIELD HANDRUB
CHLOROXIDINE MOUTHWASH	SOLUTION STERILLIUM
CLOHEX PLUS (CHLORHEXIDINE) MOUTHWASH	SPUTUM MUG DISPOSABLE
DENTAL KIT	SURGICAL UNDER PAD
DIAPER ADULT	THERMOMETER DIGITAL
DURAPURE PLUS	TIP CLEANER
DVD-R	URINE POT PLASTIC
DVT PUMP PER DAY	VICKS VAPORUB
EASY BATH SPONGING WET WIPES	CONTACT LENSES
FLOWTRON EXCEL COMPLETE WITH DVR 10/E (PER DAY)	HEARING AIDS
HARMONIC SCALP PLUS ERGONOMIC	HORMONE REPLACEMENT THERAPY
LEGBAG WITH STRAP MASK	CORRECTIVE SURGERY FOR REFRACTIVE ERROR
MEDICINE CONTAINER	TISSUE PAPER



## SCHEDULE 7

### MINIMUM EMPANELMENT CRITERIA

#### 1. Minimum Criteria for Empanelment of Health Care Providers:

All health care providers identified by the SEC & DEC shall be empanelled provided they possess the following minimum facilities and resources listed in the Hospital Empanelment Module (HEM) portal and below:

- a) At least 10 functioning in-patient beds.
  - i. Exemption may be given for dental and day-care procedure hospitals like Eye, ENT, and Standalone Dialysis Centers.
  - ii. General ward - @80sq ft per bed (not mandatory), or more in a Room with Basic amenities- bed, mattress, linen, water, electricity, cleanliness, patient friendly common washroom etc. Non-AC but with fan/Cooler and heater in winter
- b) Qualified Medical Practitioner(s) are in-charge around the clock; Qualified doctors are a MBBS **(Mandatory MCI Certificate: required for an Indian citizen who has a medical degree from a college outside India to practice medicine in the country)** approved as per the Clinical Establishment Act/ State government rules & regulations as applicable from time to time
- c) Qualified Nurses are under its employment around the clock; Qualified nurse per unit per shift shall be available as per requirement laid down by the Nursing Council/Clinical Establishment Act/ State government rules & regulations as applicable from time to time. Norm's vis a vis bed ratio may be spelt out
- d) If the health care provider undertakes Surgical Procedures or Day Care Treatments, it should have:
  - i. Fully equipped Operation Theatre of its own with qualified nursing staff under its employment round the clock.
  - ii. Post-op ward with ventilator and other required facilities.
- e) Hospital should have adequate arrangements for round-the-clock support systems required for the above services like Pharmacy, Blood Bank, Laboratory, Dialysis unit, Endoscopy investigation support, Post op, ICU care with ventilator support (mandatory for providing surgical packages), X-ray facility etc., either 'InHouse' or with 'Outsourcing arrangements' with appropriate agreements and in nearby vicinity.
- f) An operational pharmacy and diagnostic test services, or with an agreement to link to an operational pharmacy and diagnostic test services laboratory in close vicinity, so as to provide Cashless Access Services to the Beneficiaries;
- g) Separate male and female wards with toilet and other basic amenities.
- h) 24 hours emergency services managed by technically qualified staff wherever emergency services are offered or a minimum first aid/emergency medicine/oxygen availability
  - i. Casualty should be equipped with Monitors, Defibrillator, Nebulizer with accessories, Crash Cart, Resuscitation equipment, Oxygen cylinders with flow meter/ tubing/catheter/face mask/nasal prongs, Suction apparatus etc. and with attached toilet facility.
  - ii. Round the clock Ambulance Services (own or tie-up)
- i) Records maintenance: Maintain complete records as required on day-to-day basis and can provide necessary records of hospital/patients to the Society/Insurer or his representative as and when required:
  - i. Wherever automated systems are used it should comply with MoHFW/SNA/NHA EHR guidelines (as and when they are enforced).
  - ii. All MHIS AB PM-JAY cases must have complete records maintained.
  - iii. Share data with designated authorities for information as mandated.

- iv. Patient level cost data when needed.
- j) Wherever intensive care services are offered it is mandatory to be equipped with an Intensive Care Unit (for medical/surgical ICU/HDU) with requisite staff:
  - i. The unit is to be situated in proximity of operation theatre, acute care medical and surgical ward units.
  - ii. Suction, oxygen supply and compressed air should be provided for each bed.
- k) Further High Dependency Unit (HDU) - where such packages are mandated should have the following equipment:
  - a. Piped gases
  - b. Multi-sign monitoring equipment
  - c. Infusion of inotropic support
  - d. Equipment for maintenance of body temperature
  - e. Weighing scale
  - f. Manpower for 24x7 monitoring
  - g. Emergency cash cart
  - h. Defibrillator
  - i. Equipment for ventilation
  - j. In case there is common Pediatric ICU then paediatric equipments, e.g.: pediatric ventilator, pediatric probes, medicines, and equipment for resuscitation to be available
- l) Bank account which is operated by the public health care provider through Rogi Kalyan Samiti or equivalent body for Public Hospitals
- m) Bank account with NEFT enabled
- n) Telephone/Fax;
- o) Legal requirements as applicable by the local/state health authority.
- p) Adherence to Standard Treatment Guidelines/Clinical Pathways for procedures as mandated by SNA from time to time.
- q) Safe drinking water facilities.
- r) Uninterrupted (24 hour) supply of electricity and generator facility with required capacity suitable to the bed strength of the hospital.
- s) Waste management support services (General and Bio Medical) – in compliance with the bio-medical waste management act.
- t) Appropriate fire-safety measures.
- u) Provide space for a separate kiosk for MHI AB PM-JAY beneficiary management (AB PM-JAY **non-medical coordinator\***) at the hospital reception; with required office supplies and computer/camera/scanner/printer/other accessories as required
- v) Ensure a designated medical officer to work as a **medical coordinator\*\*** towards AB PM-JAY beneficiary management (including records for follow-up care as prescribed).
- w) Ensure appropriate promotion of MHIS AB PM-JAY in and around the hospital (display banners, brochures etc.) towards effective publicity of the scheme in co-ordination with the SNA/district level MHIS AB PM-JAY team
- x) IT hardware requirements (desktop/laptop with internet, printer, webcam, scanner/fax, bio-metric device etc.) as mandated by the SNA.

\*The non-medical coordinator will do a concierge and helpdesk role for the patients visiting the hospital, acting as a facilitator for beneficiaries and are the face of interaction for the beneficiaries. Their role will include

helping in preauthorization, claim settlement, follow-up, and kiosk-management (including proper communication of the scheme)

\*\*The medical coordinator will be an identified doctor in the hospital who will facilitate submission of online pre-authorization and claims requests, follow up for meeting any deficiencies and coordinating necessary and appropriate treatment in the hospital.

## **2. Additional Minimum Empanelment Criteria for Private - Health Care Providers / Stand-alone Day Care Centres.**

- a) Private health care provider shall be registered under the Meghalaya Nursing Homes (Licensing and Registration) Act, 1993, if it is situated within the Service Area; and under the Clinical Establishments (Registration and Regulation) Act, 2010 (Mandatory Document)
- b) Registration with the Income Tax Department and any other relevant tax authorities;
- c) Pharmacy Registration Certificate
- d) Lab/Diagnostic Registration
- e) Fire Department Clearance Certificate
- f) Pollution Control Board Certificate
- g) Lift Licence
- h) Building Plan Approval
- i) Occupancy Certificate
- j) Opium Licence
- k) State Medical Council/Association Registration
- l) Morphine Licence
- m) PCPNDT Act Registration
- n) Surgical Spirit Licence
- o) Bio-Medical Waste Management
- p) AERB
- q) TLD Badge
- r) Blood bank licence/ tie-up letter/ self-declaration
- s) Ambulance Registration Certificate/Tie-up Letter

## **3. Minimum Criteria for Empanelment of Health Care providers in Aspirational District**

Criterion for Aspirational Districts Criterion for HCPs empanelment in Aspirational Districts as per NITI Aayog (<https://www.niti.gov.in/aspirational-districts-programme/>). following relaxations are provided. All the criteria remain the same for Aspirational Districts as mentioned above apart from the following:

- i. Minimum number of inpatient beds required for empanelment, should have 5 inpatient beds with adequate spacing and supporting staff as per norms unless providing day-care packages covered under PM-JAY.
- ii. Minimum number of doctors and nursing staff required for empanelment, Doctor-1 (minimum Qualification MBBS).
- iii. Requirements of licenses and certificates – Hospital registration certificate as per state law is mandatory, if applicable.
- iv. Requirement of equipment according to the defined scope of services -Hospital needs to be fully equipped.

- v. Requirement of equipment and services in emergency- life saving and resuscitation equipment as required by facility.
- vi. Position of the ICU/HDU -The unit is to be situated in the same building or referral linkage with hospitals where ICU/HDU facility is available (mandatory self-declaration) through an MoU or tie up.
- vii. Requirement of space for AB PM-JAY kiosk - Provide space for a working desk for AB PM-JAY beneficiary management (AB PM-JAY non-medical coordinator) at the hospital main entrance area.
- viii. Criteria for dialysis services for nephrology and urology surgery facility - dialysis unit either inhouse or tie-up.
- ix. Criteria for OT Services with staff requirement- Fully equipped Operation Theatre of its own with qualified nursing staff (Minimum qualification - ANM Course) under its employment round the clock.
- x. Casualty should be equipped with minimum Emergency Tray.

#### 4. Minimum Criteria for Empanelment of Specialty Hospitals.

The Insurer shall empanel a willing specialty hospital or stand-alone day care centre having a Tertiary Care specialty, provided that:

- i. it meets the minimum empanelment criteria set out in **Schedule 7 (1,2,3 - above)**; and
- ii. possesses the minimum facilities and resources for the Tertiary Care specialty (specified in the table below) for which it is seeking empanelment.

Over and above the essential criteria required to provide basic services under MHIS AB PM-JAY (as mentioned in Category 1,2,3) those facilities undertaking defined specialty packages (as indicated in the benefit package for specialties mandated to qualify for advanced criteria) should have the following:

- A. These empanelled hospitals may provide specialized services such as Cardiology, Cardiothoracic surgery, Neurosurgery, Nephrology, Reconstructive surgery, Oncology, Neonatal/Paediatric, Surgery, Urology etc.
- B. A hospital could be empanelled for one or more specialties subject to it qualifying to the concerned specialty criteria.
- C. Such hospitals should be fully equipped with ICU/SICU/NICU/relevant Intensive Care Unit in addition to and in support of the OT facilities that they have.
- D. Such facilities should be of adequate capacity and numbers so that they can handle all the patients operated in emergencies:
  - i. The hospital should have sufficient experienced specialists with an advanced qualification in the specific identified fields for which the hospital is empanelled as per the requirements of professional and regulatory bodies/as specified in the clinical establishment act/State regulations.
  - ii. The hospital should have sufficient diagnostic equipment and support services in the specific identified fields for which the hospital is empanelled as per the requirements specified in the clinical establishment act/State regulations.
- E. Indicative specialty specific criteria are as under:

Tertiary Care Specialty	Additional Empanelment Criteria	
Oncosurgery and Cancer Care	a	The facility should have a tumor board which decides a comprehensive plan towards multi modal treatment of the patient or if not, then appropriate linkage mechanisms need to be established to the nearest regional cancer center (RCC). Tumor board should consist of a qualified team of Surgical, Radiation and Medical Oncologist to ensure the most appropriate treatment for the patient.
	b	Relapse/recurrence may sometimes occur during/after treatment. Retreatment is often possible which may be undertaken after evaluation by a Medical/Pediatric Oncologist/tumor board with prior approval and pre-authorization of treatment.
	c	For extending the treatment of chemotherapy and radiotherapy the hospital should have the requisite infrastructure for radiotherapy treatment viz. for cobalt therapy, linear accelerator radiation treatment and brachytherapy available in-house or through “outsourced facility”. In case of outsourced facility, the empanelled hospital for radiotherapy treatment and even for chemotherapy, shall not perform the approved surgical procedure alone, but refer the patients to other centres for follow-up treatments requiring chemotherapy and radiotherapy treatments. This should be indicated where appropriate in the treatment approval plan. A tie up in the form of MoU with an outsourced facility should be available with the EHCP.
	d	Further hospitals should have infrastructure capable for providing certain specialized radiation treatment packages such as stereotactic radiosurgery/therapy.
		i. Treatment machines which can deliver SRS/SRT
		ii. Associated treatment planning system
		i. Qualified oncology surgeon
		ii. Qualified medical oncologist and nuclear medicine specialist, radiation oncologist, Radiotherapist
		iii. Availability of Medical Practitioner and support staff
		iv. Well-equipped operation theatre
	v. Equipment for Cobalt therapy, Linear accelerator, and brachytherapy	
	vi. Evidence of a tumour board to decide comprehensive treatment plan	
Cardiothoracic surgery and Cardiology	a	CTVS theatre facility (Open Heart Tray, Gas pipelines Lung Machine with TCM, defibrillator, ABG Machine, ACT Machine, Hypothermia machine, IABP, cautery etc.).
	b	Post-op with ventilator support.
	c	ICU facility with cardiac monitoring and ventilator support.
	d	Hospital should facilitate round the clock cardiologist services.

	e	Availability of support specialty of General Physician & Pediatrician.
	f	Fully equipped Catheterization Laboratory Unit with qualified and trained paramedics.
	g	Cardiothoracic surgeon with MCh CTVS or equivalent degree Qualified cardiologist with DM or equivalent degree qualified cardiologist with DM or equivalent degree and experience in interventions and procedures Specialized CTVS operation theatre Fully equipped Cardiac Catheterization laboratory (cath lab) unit with qualified and trained paramedics Post-operative ICU with ventilator support ICCU/ICU facility with cardiac monitoring equipment and ventilator support Round the clock (24x7) cardiology services Facility must have done at least 100 interventions or cardiac surgeries in the previous 1 year
Neurosurgery and Neurology	a	Qualified neuro-surgeon with MCh neurosurgery or equivalent degree Qualified neurologist with DM neurology or equivalent degree
	b	Step down facility
	c	EEG, ENMG, Angio CT facility
	d	Well-equipped theatre with qualified paramedical staff, C-Arm, Microscope, neurosurgery compatible OT table with head holding frame (horseshoe, may field/sagittal or equivalent frame).
	e	Neuro ICU facility.
	f	Post-op with ventilator support.
	g	Facilitation for round the clock MRI, CT, and other support bio-chemical investigations.
Nephrology and Urology Surgery		Nephrologist with DM or equivalent degree Qualified urologist with MCh Urology or equivalent degree Dialysis unit For transplant surgery approval. Transplant facility available Facility should have done a minimum of 20 transplants in the previous 2 years Well-equipped operation theatre with C-ARM Endoscopy investigation support Post op ICU care with ventilator support Sew lithotripsy equipment
Orthopaedic		Specialist with MS (Ortho) degree Portable X-Ray Machine Modular OT Plaster room in OPD/indoor with equipment, Albee table OT Equipment like trauma fixation systems, Spine Fixation System Qualified paramedical staff

Tertiary Care Specialty	Additional Empanelment Criteria	
Specific Criteria for Burns, Plastic & Reconstructive surgery	a	The hospital should have full time/on-call services of qualified plastic surgeon and support staff with requisite infrastructure for corrective surgeries for post burn contractures.
	b	Isolation ward having monitor, defibrillator, central oxygen line and all OT equipment.
	c	Well-equipped theatre. support/Phycology support.

	<b>d</b>	<b>Surgical Intensive Care Unit.</b>
	<b>e</b>	<b>Post-op with ventilator support.</b>
	<b>f</b>	<b>Trained paramedics.</b>
	<b>g</b>	<b>Post-op rehab/Physiotherapy</b>

<b>Tertiary Care Specialty</b>	<b>Additional Empanelment Criteria</b>	
<b>Specific Criteria for Paediatric Surgery</b>	<b>a</b>	<b>The hospital should have full time/on call services of paediatric surgeons/plastic surgeons/urologist surgeons related to congenital malformation in the paediatric age group.</b>
	<b>b</b>	<b>Well-equipped theatre.</b>
	<b>c</b>	<b>Paediatric and Neonatal ICU support.</b>
	<b>d</b>	<b>Support services of paediatrician.</b>
	<b>e</b>	<b>Availability of mother rooms and feeding area.</b>
	<b>f</b>	<b>Availability of radiological/fluoroscopy services (including IITV), laboratory services and blood bank.</b>

<b>Tertiary Care Specialty</b>	<b>Additional Empanelment Criteria</b>	
<b>Specific Criteria for specialized new-born care</b>	<b>a</b>	<b>The hospital should have well developed and equipped neonatal nursery/Neonatal ICU (NICU) appropriate for the packages for which empanelled, as per norms.</b>
	<b>b</b>	<b>Availability of radiant warmer/incubator/pulse oximeter/photo therapy/weighing scale/infusion pump/ventilators/CPAP/monitoring systems/oxygen supply/suction/infusion pumps/resuscitation equipment/breast pumps/bolometer/KMC (Kangaroo Mother Care) chairs and transport incubator - in enough numbers and in functional state; access to haematological, biochemistry tests, imaging, and blood gases, using minimal sampling, as required for the service packages.</b>
	<b>c</b>	<b>For Advanced Care and Critical Care Packages, in addition to point b above: parenteral nutrition, laminar flow bench, invasive monitoring, in-house USG. Ophthalmologist on call.</b>
	<b>d</b>	<b>Trained nurses 24x7 as per norms.</b>
	<b>e</b>	<b>Trained Paediatrician(s) round the clock.</b>
	<b>f</b>	<b>Arrangement for 24x7 stay of the mother – to enable her to provide supervised care, breastfeeding and KMC to the baby in the nursery/NICU and upon transfer therefrom; provision of bedside KMC chairs.</b>
	<b>g</b>	<b>Provision for post-discharge follow up visits for counselling for feeding, growth/development assessment and early stimulation, ROP checks, hearing tests etc.</b>

<b>Tertiary Care Specialty</b>	<b>Additional Empanelment Criteria</b>	
<b>Specific criteria for Polytrauma</b>	<b>a</b>	<b>Shall have Emergency Room setup with round the clock dedicated duty doctors.</b>

	<b>b</b>	Shall have the full-time service availability of Orthopaedic Surgeon, General Surgeon, and anaesthetist services.
	<b>c</b>	The hospital shall provide round the clock services of Neurosurgeon, Orthopaedic Surgeon, CT Surgeon, General Surgeon, Vascular Surgeon, and other support specialists as and when required based on the need.
	<b>d</b>	Shall have dedicated round the clock Emergency Theatre with C-Arm facility, Surgical ICU, postop setup with qualified staff.
	<b>e</b>	Shall be able to provide necessary diagnostic support round the clock including specialized investigations such as CT, MRI, emergency biochemical investigations.

Tertiary Care Specialty	Additional Empanelment Criteria	
Specific criteria for Nephrology and Urology Surgery	<b>1</b>	Dialysis unit
	<b>2</b>	Well-equipped operation theatre with C-ARM
	<b>3</b>	Endoscopy investigation support
	<b>4</b>	Post-op ICU care with ventilator support
	<b>5</b>	Sew lithotripsy equipment either “in-house” or through outsourced facility

Tertiary Care Specialty	Additional Empanelment Criteria	
Specific Criteria for Standalone/Outsourced Dialysis Centres	In addition to existing guideline the medical institutions sought to be empaneled under “Dialysis Single Speciality Center” should be as follows:	
	<b>i.</b>	Standalone Center should be a separate physical and legal entity and should not be associated with or not be a part of any other multispecialty hospitals/medical college/government hospitals. A self-declaration for the same as per Annexure 5 (of the MoU to be signed between the SNA, Insurer and the EHCP) is mandatory for the dialysis centers to submit a signed and scanned copy of the same on the institutes letter head at the time of submission of application
	<b>ii.</b>	Dialysis Center associated (outsourced/PPP) with:
		a) Government hospitals - deemed empanelled if the hospital is empanelled under MHIS AB PM-JAY
		b) Private Empanelled HCPs - the HCPs can apply for enhancement of specialities
c) Non-empanelled private HCPs - The outsourced dialysis Center can get empanelled under MHIS AB PM-JAY		
	The outsourced dialysis Center should have separate parent company and legal entity. A self-declaration for the same as per Annexure 6 (of the MoU to be signed between the SNA, Insurer and the EHCP) is mandatory for the dialysis Centers to submit a signed and scanned copy of the same on the institutes letter head at the time of submission of application.	



iii.	Shall be registered under Nursing Home Act/Medical Establishment Act/State Authority and having necessary licences as per state laws/regulations.
iv.	<p><b>Space and facility requirement: Haemodialysis area:</b></p> <p>i. Each unit requires at least 11 x 10 ft (100 to 110 sq. feet).</p> <p>ii. Facility for monitoring ECG and other vitals like Blood Pressure and Heart Rate.</p> <p>iii. Each machine should be easily observed from the nursing station.</p> <p>iv. Head end of each bed should have a stable electric supply, oxygen supply, vacuum outlet, treated water inlet and drainage facility.</p> <p>v. Air conditioning to achieve 70 to 72-degree Fahrenheit temperature and 55 to 60% humidity.</p> <p>vi. Patients having viral diseases (HIV/HBV/HCV) should be separated from those patients not having any viral infections and separate machines must be used for their treatment.</p> <p>vii. Facilities for hand washing/hand rub; sterillium or alcohol-based hand rub/sterilant dispensers must be available in each patient area.</p> <p>viii. Shall have build-up area of 175 Sq. Mtr for Haemodialysis units with Registration Area (Reception, Waiting and Public Utilities) of 30 Sq. Mtr, Treatment Room (Procedure room, Staff Change room, Dirty Utility Room, Clean Utility, Dialyzer cleaning area, Toilet, Storeroom, CAPD training area, Store and Pharmacy) of 80 Sq. Mtr, Administrative Department (Account's office, medical office) of 20 Sq. Mtr, Water Treatment Area (RO Plant, Water Pump) of 20 Sq. Mtr and Generator Area of 5 Sq. Mtr</p>
v.	<p><b>Machinery/Physical facilities:</b></p> <p>i. Minimum 5 dialysis units should be available to empanel any standalone centre not associated with any hospital. However, depending on the requirement of and situation in the state, the SHA may change the criteria by recording reasons in writing.</p> <p>ii. All precautions required to prevent infection including infections from HIV, HBV and HCV should be taken.</p> <p>iii. Preparation, storage and work area.</p> <p>iv. independent area for reprocessing the dialyzers.</p> <p>iv.Two storage areas, one for storage of new supplies and one for reprocessed dialyzers.</p> <p>vi. Consulting room for doctor in-charge of the unit.</p> <p>vii. Office area for nurses and technicians.</p> <p>viii. Storage facility for individual patients' belongings.</p> <p>ix. Space for a water treatment unit.</p> <p>x. Patient and patient attendant waiting area.</p>
vi.	Human Resource requirements:

	<p><b>i. Qualified Nephrologist having DM or DNB in nephrology or MD/DNB Medicine with 2 years training in Nephrology from a recognized centre on full time or part time basis. Qualified Nephrologist shall be the head of the centre. In areas where there is no Qualified Nephrologist, a certified trained dialysis physician (as per local law and regulation) shall be the head of the centre.</b></p> <p><b>ii. Dialysis doctor (at least 1 in each shift)</b></p> <ul style="list-style-type: none"> <li>• M.B.B.S. with a valid registration in each shift.</li> <li>• One-year house job.</li> <li>• Certified in advanced cardiac life support (ACLS).</li> <li>• Experience in central line placement.</li> <li>• Experience in critical care management.</li> <li>• To be trained under the care of a nephrologist for a period of 6 months or more</li> <li>• To report to a nephrologist in the same institute or in case of a standalone unit- to a covering visiting nephrologist from the nearest facility.</li> </ul> <p><b>iii. Dialysis technician (Full time) One year or longer certificate course in dialysis technology (after high school) certified by a government authority or have sufficient verifiable hands-on experience.</b></p> <p><b>iv. Dialysis nurses (full time) The centre shall have qualified and/or trained nursing staff as per the scope of service provided and the nursing care shall be provided as per the requirements of professional and regulatory bodies.</b></p> <p><b>v. Dietician (optional), social worker (optional), dialysis attendants (full time) and housekeeping service (full time).</b></p>
<p><b>vii.</b></p>	<p><b>Should have following equipment's:</b></p> <p><b>i. Oxygen cylinders with flow meter/tubing/catheter/face mask/nasal prongs Suction apparatus Defibrillator with accessories Equipment for dressing/bandaging/suturing Basic diagnostic equipment- blood pressure apparatus, stethoscope, weighing machine, thermometer ECG machine Pulse Oximeter Nebulizer with accessories</b></p> <p><b>ii. Other equipment's for regular use: Stethoscope Sphygmomanometer Examining Light Oxygen unit with gauge Minor surgical instrument set Instrument table Goose neck lamp Standby rechargeable light ECG machine Suction machine Defibrillator with cardiac monitor Stretcher Wheelchair Hemodialysis equipment Hemodialysis set Monitor Pulse Oximeter</b></p> <p><b>iii. Machine and Dialyzer: HD machines Peritoneal Dialysis machine (if applicable) CRRT machine (optional) Dialyzers</b></p> <p><b>iv. RO Plant water plant/reverse osmosis (RO) system components: Feed water temperature control Backflow preventer Multimedia depth filter Water softener Brine tank Ultraviolet irradiator (optional) Carbon filters tanks</b></p>

## 5. Minimum Empanelment Criteria for Providing OPD Diagnostic Services.

The State Nodal Agency and/or NHA may from time-to-time issue MHIS PMJAY Guidelines and/or MHIS PMJAY Operational Manual stipulating the minimum empanelment criteria required to be complied with for the provision of the OPD diagnostic services that are covered under the Secondary Care Cover and the Tertiary/Critical Illness Care Cover. Such criteria may include KPIs and service quality indicators for providers of such OPD diagnostic services, including indicators such as, but not limited to quality and type of equipment, retention of films and other records, turnaround time, waiting time, reporting time and retest rates.

Upon issuance of such guidelines by the State Nodal Agency or NHA, the SEC & DEC shall ensure that it empanels only Specialty Hospitals and/or Diagnostics Labs meeting these guidelines for the provision of such OPD diagnostic services. Until such time, only Specialty Hospitals shall be permitted to provide OPD diagnostic services.

## 6. Minimum Empanelment Criteria for Stand-alone Out-patient Service Providers.

All out-patient services covered by the OPD Benefits may be provided by the Empanelled Health Care Providers meeting the minimum empanelment criteria set out in the above paragraphs.

In addition, the SEC & DEC may empanel standalone public or private health care providers providing solely out-patient services for the provision of the OPD services that are covered by the OPD Benefits. The Insurer shall empanel a willing stand-alone day care centre provided that it possesses the minimum facilities and resources specified below:

- a) The facility must be managed by a registered medical practitioner whose degree is recognized by a national board of medical sciences or equivalent body (**Mandatory MCI Certificate: required for an Indian citizen who has a medical degree from a college outside India to practice medicine in the country**).
- b) The doctor will be allowed to prescribe drugs only related to his qualification. For example, a doctor of AYUSH will not be eligible to prescribe allopathic medicines and vice versa.
- c) The clinics shall have the facility to dispense drugs at the clinic itself. If the clinic does not have such a facility, it is the doctor's responsibility to have an understanding with pharmacies to carry out the required function so as to provide 'cashless' service to the Beneficiaries.
- d) It has a system for maintaining and providing medical and other Beneficiary related records to the Insurer, the TPA or their representatives and the State Nodal Agency, as and when required.
- e) Registration with the Income Tax Department and any other relevant tax authorities.
- f) Bank account with NEFT Enabled.
- g) Telephone/fax.

## 7. Additional Compliance Requirements

At the time of conducting an inspection of the facilities and resources of a willing health care provider, the Empanelment Team shall review whether such health care provider has instituted internal mechanisms for:

- a) clinical audit protocols and monitoring
- b) infection control protocols and monitoring
- c) waste disposal policy and monitoring

- d) utilization reports (information about admission details with length of stay, diagnosis and procedures conducted for all in-patients)
- e) staff ratios and list of clinical specialists available.

The additional compliance requirements prescribed in this Section 5 are only for information regarding the desired quality processes of an Empanelled Health Care Provider and are not mandatory. The State Nodal Agency reserves the right to prescribe such additional conditions as a mandatory compliance requirement for the empanelment of health care providers or for Empanelled Health Care Providers at any time during the Term.

**SCHEDULE 5**  
**PROCESS FOR CASHLESS ACCESS SERVICE**

**GENERAL:**

- a) The beneficiaries under MHIS 6 shall be provided cashless treatment including drugs, diagnostics, transfusion, transplant, injectables, for all such ailments covered under the Scheme within the limits/sub-limits and sum insured, i.e., not specifically excluded under the Scheme.
  - i. Patients from any category admitted in General Routine Ward shall be completely cashless.
  - ii. Patient from any category admitted in Private ward shall only pay out of pocket for the room rent expenditure and any other facilities which is not part of the treatment or recovery process of the patient.
- b) The Services Agreement between the State Nodal Agency, the Insurer and the Empanelled Health Care Provider shall include the Package Rates determined in accordance with Clause 5 B (a) or Clause 5 B (b) or revised in accordance with Clause 5 B (c) for the Medical Treatments, Surgical Procedures, Day Care Treatments, Follow-up Care, OPD Benefits, OPD Diagnostics and High-End Drugs for which such Empanelled Health Care Provider is empanelled.
- c) The Empanelled Health Care Provider shall be reimbursed for the expenses of Hospitalization or Day Care Treatment for a Medical Treatment or Surgical Procedure, Follow-up Care, OPD Benefit, OPD Diagnostics and High-End Drugs as per the Package Rate specified in the Services Agreement that it executes with the Insurer.
- d) The Empanelled Health Care Provider shall, at the time of admission/raising pre auth, block the amount as per the agreed Package Rate. For all Unspecified Medical or Surgical packages, the rates for all such treatments shall be consider from the list below:
  - i. Closely related Packages within the TMS.
  - ii. PMJAY Rates of any other States.
  - iii. CGHS – North-Eastern States.
  - iv. Govt. Health Schemes of other North Eastern States.
  - v. Govt. Approved Rates of other North Eastern States.
- e) The Insurer shall ensure that the Hospital IT infrastructure is installed at the premises of each Empanelled Health Care Providers for usage of the e/paper cards conforming to the MHIS Guidelines and within 15 days of such empanelment. The software to be used on such equipment shall also be approved and certified by NHA.

**PRE-AUTHORISATION AND CLAIM PROCEDURES**

There are packages available under Schedule 3 that requires to undergo the process of pre-authorization and Claim procedures that are set out in the Medical Treatments, Surgical Procedures, Day Care Treatments, Follow-up Care and OPD Benefits is set out below:

SL No	Type of OPD/Medical/ Surgical Packages	TAT		Approver
		Emergency	Non-Emergency	
1	Ante- Natal and Post Natal Care	30 Minutes		Insurer
	Child Care			Insurer
	Preventive Care (Diabetes and Cardiac)			Insurer
	All OPD Diagnostics			Insurer
	Day Care Treatments			Insurer
2	All Medical and Surgical Procedures under Schedule 3 that require Pre-Authorisation	6 Hours		Insurer
3	All Treatments outside Service Area			Insurer

### Pre-Authorisation Process

The Pre-Authorisation process is subjected to the following terms:

- a) The insurer shall ensure that the sum insured is available before the beneficiary can avail the benefits.
- b) The insurer shall also ensure that the beneficiary shall avail benefits only up to the limits that are specified for certain packages such as Ante-Natal, Child Care, OPD Diagnostics, OPD for Cardiac and Diabetic for routine visits.
- c) The insurer shall ensure that for Unlisted Medical/Surgical Treatments or treatments where no package rate is determined in Schedule 3, the hospital shall provide that treatment up to ₹ 1,00,000 only to the beneficiary only after the same gets approved by the insurer and will be reflected as an unspecified package subjected to Schedule 5 (d).
- d) For all unlisted (unspecified) medical or surgical treatment beyond ₹ 1,00,000, subjected to the sum insured or available balance, the Insurer shall send all such request to the State Nodal Agency for the CEO approval, upon which the same shall be sent to the CEO of the NHA for final approval and backend change of the approved amount.
- e) The EHCP will send all documents required for pre-authorization to the insurance company via the TMS.
- f) The documents exchanged will be stored on the centralised portal/application server. The Insurer will process the pre-auth request or claims only via the TMS Portal.
- g) The pre-auth request and the approval of the pre-auth will be done using the TMS given by the NHA.

- h) The insurer will have to approve or reject the request as per the Turn-a-round Time (TAT) defined above. If the fails to reject or approve within the stipulated TAT, the request will be considered deemed to be approved by default.
- i) In case of any BIS issues, TMS issues, emergency or delay in getting the response for pre-authorization request due to technical issues, the EHCP can backdate the admission and pre-auth request to a maximum of 5 days for online TMS and 30 days for Offline TMS from the date of registration.
- j) Only preapproved Packages will be available in the Offline TMS.
- k) If pre-authorization request is rejected, the insurer will provide the reasons for rejection and suggest an alternate package to be block in the TMS.
- l) Insurer to check all necessary documents before requesting additional documents from the EHCP for pre-auth request or pre-approved packages.
- m) If a claim is rejected, the insurer will provide the reasons for rejection. Rejection details will be captured and stored in the TMS.
- n) All rejected cases will be audited by the Medical Officer of the State Nodal Agency as per Clause 28 g iv of this insurance Contract.
- o) If the beneficiary or the EHCP is not satisfied by the rejection reason by either or Insurer/SNA, they can appeal through grievance system.

**SCHEDULE 6**  
**LIST OF EMPANELLED HEALTH CARE PROVIDERS UNDER MHIS 5**

**List of empanelled Hospitals in Meghalaya MHIS 5**

HOSPITAL ID	Hospital Name	HOSPITAL TYPE	HOSPITAL TYPE	District
HS17002006	ADOKGRE PHC	PHC	PUBLIC	NORTH GARO HILLS
HS17001058	ALLAGRE CHC	CHC	PUBLIC	WEST GARO HILLS
HS17010001	AMPATI CIVIL HOSPITAL	CIVIL HOSPITAL	PUBLIC	SOUTH WEST GARO HILLS
HS17004032	ARADONGA PHC	PHC	PUBLIC	WEST KHASI HILLS
HS17001032	ASANANGRE PHC	PHC	PUBLIC	WEST GARO HILLS
HS17001060	BABADAM PHC	PHC	PUBLIC	WEST GARO HILLS
HS17003006	BAGHMARA CIVIL HOSPITAL	CIVIL HOSPITAL	PUBLIC	SOUTH GARO HILLS
HS17002002	BAJENGDOBA PHC	PHC	PUBLIC	NORTH GARO HILLS
HS17002007	BANSAMGRE PHC	PHC	PUBLIC	EAST GARO HILLS
HS17006035	BANSARA EYE CARE HOSPITAL	PRIVATE - IN MEGHALAYA	PRIVATE	EAST KHASI HILLS
HS17007025	BARATO PHC	PHC	PUBLIC	WEST JAINTIA HILLS
HS17007027	BATAW PHC	PHC	PUBLIC	EAST JAINTIA HILLS
HS17001049	BELBARI PHC	PHC	PUBLIC	SOUTH WEST GARO HILLS
HS17001048	BETASING PHC	PHC	PUBLIC	SOUTH WEST GARO HILLS
HS17006076	BETHANY HOSPITAL SHILLONG	PRIVATE - IN MEGHALAYA	PRIVATE	EAST KHASI HILLS
HS17005019	BETHANY OUTREACH	PRIVATE - IN MEGHALAYA	PRIVATE	RI BHOI
HS17001055	BHAITBARI PHC	PHC	PUBLIC	WEST GARO HILLS
HS17005016	BHOIRYMBONG CHC	CHC	PUBLIC	RI BHOI
HS17006027	BYRNIHAT PHC	PHC	PUBLIC	RI BHOI
HS17003007	CHOKPOT CHC	CHC	PUBLIC	SOUTH GARO HILLS
HS17001061	CHRISTIAN HOSPITAL TURA	PRIVATE - IN MEGHALAYA	PRIVATE	WEST GARO HILLS
HS17006024	CIVIL HOSPITAL SHILLONG	CIVIL HOSPITAL	PUBLIC	EAST KHASI HILLS
HS17001040	DADENGIRI CHC	CHC	PUBLIC	WEST GARO HILLS



HS17002005	DAGAL PHC	PHC	PUBLIC	EAST GARO HILLS
HS17009005	DAINADUBI PHC	PHC	PUBLIC	NORTH GARO HILLS
HS17001041	DALU CHC	CHC	PUBLIC	WEST GARO HILLS
HOSP17G91021	DAMAS PHC	PHC	PUBLIC	NORTH GARO HILLS
HS17006041	DANGAR PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17001033	DARENGRE PHC	PHC	PUBLIC	WEST GARO HILLS
HS17007021	DAWKI PHC	PHC	PUBLIC	WEST JAINTIA HILLS
HS17006046	DIENGIEI PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17006044	DIENGPASOH PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17002013	DOBU PHC	PHC	PUBLIC	EAST GARO HILLS
HS17004015	DONGKI-INGDING PHC	PHC	PUBLIC	WEST KHASI HILLS
HOSP17P115853	DR NORMAN TUNNEL HOSPITAL JOWAI	PRIVATE - IN MEGHALAYA	PRIVATE	WEST JAINTIA HILLS
HS17006061	DR.H GORDON ROBERT HOSPITAL	PRIVATE - IN MEGHALAYA	PRIVATE	EAST KHASI HILLS
HS17002015	GABIL PHC	PHC	PUBLIC	NORTH GARO HILLS
HS17006060	GANESH DAS HOSPITAL	MCH - PUBLIC	PUBLIC	EAST KHASI HILLS
HS17001034	GAROBADHA PHC	PHC	PUBLIC	SOUTH WEST GARO HILLS
HS17005020	HOLY CROSS HEALTH CENTRE UMSAWKHAN	PRIVATE - IN MEGHALAYA	PRIVATE	RI BHOI
HS17004026	HOLY CROSS MAIRANG	PRIVATE - IN MEGHALAYA	PRIVATE	WEST KHASI HILLS
HS17001059	HOLY CROSS TURA HOSPITAL	PRIVATE - IN MEGHALAYA	PRIVATE	WEST GARO HILLS
HS17006058	ICHAMATI CHC	CHC	PUBLIC	EAST KHASI HILLS
HS17007024	IOOKSI PHC	PHC	PUBLIC	WEST JAINTIA HILLS
HS17007034	JARAIN PHC	PHC	PUBLIC	WEST JAINTIA HILLS
HS17006053	JATAH PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17001054	JELDUPARA PHC	PHC	PUBLIC	WEST GARO HILLS
HOSP17G140902	JENGJAL SUB DIVISIONAL HOSPITAL	SUB DIVISIONAL DISTRICT HOSPITAL	PUBLIC	WEST GARO HILLS
HS17006051	JONGKSHA PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17007010	JOWAI CIVIL HOSPITAL	CIVIL HOSPITAL	PUBLIC	WEST JAINTIA HILLS
HS17001035	KALAICHAR PHC	PHC	PUBLIC	SOUTH WEST GARO HILLS

HS17009002	KHARKUTTA PHC	PHC	PUBLIC	NORTH GARO HILLS
HS17006074	KHATARSHNONG KHRANG PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17001053	KHERAPARA PHC	PHC	PUBLIC	WEST GARO HILLS
HS17007032	KHLIEHRIAT CIVIL HOSPITAL	CIVIL HOSPITAL	PUBLIC	EAST JAINTIA HILLS
HS17007016	KHLIEHTYRSHI PHC	PHC	PUBLIC	WEST JAINTIA HILLS
HS17006055	KYNRUD PHC	PHC	PUBLIC	WEST KHASI HILLS
HS17004008	KYNSHI PHC	PHC	PUBLIC	WEST KHASI HILLS
HS17005014	KYRDEM PHC	PHC	PUBLIC	RI BHOI
HS17006068	LAITKYNSEW PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17006025	LAITLYNGKOT PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17006026	LAI TRYNGEW PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17008004	LASKEIN CHC	CHC	PUBLIC	WEST JAINTIA HILLS
HS17008001	LUMSHNONG PHC	PHC	PUBLIC	EAST JAINTIA HILLS
HS17001042	MAHENDRAGANJ CHC	CHC	PUBLIC	SOUTH WEST GARO HILLS
HOSP17P103084	MAKARIOS MEDICAL CENTER	PRIVATE - IN MEGHALAYA	PRIVATE	WEST KHASI HILLS
HS17002009	MANGSANG PHC	PHC	PUBLIC	EAST GARO HILLS
HOSP17G91020	MANIKGANJ PHC	PHC	PUBLIC	NORTH GARO HILLS
HS17004007	MARKASA PHC	PHC	PUBLIC	WEST KHASI HILLS
HS17005011	MARNGAR PHC	PHC	PUBLIC	RI BHOI
HS17004012	MAROID PHC	PHC	PUBLIC	WEST KHASI HILLS
HS17004029	MAWEIT PHC	PHC	PUBLIC	WEST KHASI HILLS
HS17005012	MAWHATI PHC	PHC	PUBLIC	RI BHOI
HS17006028	MAWIONG CHC	CHC	PUBLIC	EAST KHASI HILLS
HS17006073	MAWKLIAW PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17006052	MAWKYNREW PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17011001	MAWKYRWAT CHC	CHC	PUBLIC	SOUTH WEST KHASI HILLS
HS17005013	MAWLASNAI PHC	PHC	PUBLIC	RI BHOI
HS17006040	MAWLONG PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17006048	MAWPHLANG CHC	CHC	PUBLIC	EAST KHASI HILLS
HS17006047	MAWROH PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17006043	MAWRYNGKNENG PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17006065	MAWSAHEW PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17006072	MAWSIATKHNAM PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17006059	MAWSYNRAM CHC	CHC	PUBLIC	EAST KHASI HILLS

HS17004021	MAWTHAWPDAH PHC	PHC	PUBLIC	SOUTH WEST KHASI HILLS
HS17001038	MCH HOSPITAL	MCH - PUBLIC	PUBLIC	WEST GARO HILLS
HOSP17G101079	MEGHALAYA INSTITUTE OF MENTAL HEALTH & NEURO SCIENCE	MENTAL HEALTH HOSPITAL - PUBLIC	PUBLIC	EAST KHASI HILLS
HS17001051	MELLIM PHC	PHC	PUBLIC	SOUTH WEST GARO HILLS
HS17002011	MENDIPATHAR PHC	PHC	PUBLIC	NORTH GARO HILLS
HOSP17P82895	MISSION TRUST	PRIVATE - IN MEGHALAYA	PRIVATE	EAST KHASI HILLS
HS17003001	MOHESHKOLA PHC	PHC	PUBLIC	SOUTH GARO HILLS
HS17007023	MYNSO PHC	PHC	PUBLIC	WEST JAINTIA HILLS
HS17004020	MYRIAW PHC	PHC	PUBLIC	WEST KHASI HILLS
HS17007015	NAMDONG PHC	PHC	PUBLIC	WEST JAINTIA HILLS
HS17003002	NANGALBIBRA PHC	PHC	PUBLIC	SOUTH GARO HILLS
HS17007033	NANGBAH PHC	PHC	PUBLIC	WEST JAINTIA HILLS
HS17007018	NARTIANG PHC	PHC	PUBLIC	WEST JAINTIA HILLS
HS17006034	NAZARETH HOSPITAL	PRIVATE - IN MEGHALAYA	PRIVATE	EAST KHASI HILLS
HOSP17G124348	NENGMANDALGRE PHC	PHC	PUBLIC	EAST GARO HILLS
HS17001036	NOGORPARA PHC	PHC	PUBLIC	SOUTH WEST GARO HILLS
HS17004009	NONGKHLAW CHC	CHC	PUBLIC	WEST KHASI HILLS
HS17004031	NONGLANG PHC	PHC	PUBLIC	WEST KHASI HILLS
HS17005007	NONGPOH CIVIL HOSPITAL	CIVIL HOSPITAL	PUBLIC	RI BHOI
HS17006045	NONGSPUNG PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17004010	NONGSTOIN CIVIL HOSPITAL	CIVIL HOSPITAL	PUBLIC	WEST KHASI HILLS
HS17007011	NONGTALANG CHC	CHC	PUBLIC	WEST JAINTIA HILLS
HS17004014	NONGTHLIEW PHC	PHC	PUBLIC	WEST KHASI HILLS
HS17004030	NONGUM PHC	PHC	PUBLIC	WEST KHASI HILLS
HS17006071	NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH AND MEDICAL SCIENCES	MEDICAL INSTITUTE - PUBLIC	PUBLIC	EAST KHASI HILLS

HS17008005	PAMRA PAITHLU PHC	PHC	PUBLIC	EAST JAINTIA HILLS
HS17004019	PARIONG PHC	PHC	PUBLIC	WEST KHASI HILLS
HS17006075	PASTEUR INSTITUTE SHILLONG	RESEARCH INSTITUTE - PUBLIC	PUBLIC	EAST KHASI HILLS
HS17005018	PATHARKHMAH CHC	CHC	PUBLIC	RI BHOI
HS17007020	PDENGSHAKAP PHC	PHC	PUBLIC	WEST JAINTIA HILLS
HS17001050	PEDALDOBA PHC	PHC	PUBLIC	WEST GARO HILLS
HS17001043	PHULBARI CHC	CHC	PUBLIC	WEST GARO HILLS
HS17006036	POMLUM PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17006049	PONGTUNG PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17001047	PURAKHASIA PHC	PHC	PUBLIC	WEST GARO HILLS
HS17006032	PYNURSLA CHC	CHC	PUBLIC	EAST KHASI HILLS
HS17006054	RAMBRAI PHC	PHC	PUBLIC	WEST KHASI HILLS
HS17001045	RANGSAKONA PHC	PHC	PUBLIC	SOUTH WEST GARO HILLS
HS17004016	RANGTHONG PHC	PHC	PUBLIC	SOUTH WEST KHASI HILLS
HS17004024	RANIKOR CHC	CHC	PUBLIC	SOUTH WEST KHASI HILLS
HS17002014	RARI PHC	PHC	PUBLIC	NORTH GARO HILLS
HS17007035	RASONGSLI NURSING HOME	PRIVATE - IN MEGHALAYA	PRIVATE	WEST JAINTIA HILLS
HS17006063	REID PROVINCIAL CHEST HOSPITAL	CHEST HOSPITAL - PUBLIC	PUBLIC	EAST KHASI HILLS
HS17009004	RESUBELPARA CHC	CHC	PUBLIC	NORTH GARO HILLS
HS17004023	RIANGDO CHC	CHC	PUBLIC	WEST KHASI HILLS
HS17002004	RONGARA PHC	PHC	PUBLIC	SOUTH GARO HILLS
HS17002018	RONGJENG CHC	CHC	PUBLIC	EAST GARO HILLS
HS17002016	RONGRONG PHC	PHC	PUBLIC	EAST GARO HILLS
HS17008002	RYMBAI PHC	PHC	PUBLIC	EAST JAINTIA HILLS
HS17006042	RYNGKU PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17007026	SAHSNIANG PHC	PHC	PUBLIC	WEST JAINTIA HILLS
HS17007030	SAIPUNG PHC	PHC	PUBLIC	EAST JAINTIA HILLS

HS17001056	SALMANPARA PHC	PHC	PUBLIC	SOUTH WEST GARO HILLS
HS17002010	SAMANDA PHC	PHC	PUBLIC	EAST GARO HILLS
HS17001044	SESELLA CHC	CHC	PUBLIC	WEST GARO HILLS
HS17004017	SHALLANG PHC	PHC	PUBLIC	WEST KHASI HILLS
HS17007022	SHANGPUNG PHC	PHC	PUBLIC	WEST JAINTIA HILLS
HS17006066	SHELLA PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17003004	SIBBARI PHC	PHC	PUBLIC	SOUTH GARO HILLS
HS17003003	SIJU PHC	PHC	PUBLIC	SOUTH GARO HILLS
HS17003005	SILKIGRE PHC	PHC	PUBLIC	SOUTH GARO HILLS
HS17006057	SMIT PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17006039	SOHBAR PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17006031	SOHIONG CHC	CHC	PUBLIC	EAST KHASI HILLS
HS17006056	SOHRA CHC	CHC	PUBLIC	EAST KHASI HILLS
HS17002003	SONGSAK PHC	PHC	PUBLIC	EAST GARO HILLS
HS17002001	SUALMARI PHC	PHC	PUBLIC	NORTH GARO HILLS
HS17006069	SUPERCARE HOSPITAL	PRIVATE - IN MEGHALAYA	PRIVATE	EAST KHASI HILLS
DIAG17P146344	SURAKSHA SALVIA LLP	DIAGNOSTIC CENTER	PUBLIC	EAST KHASI HILLS
HS17008003	SUTNGA CHC	CHC	PUBLIC	EAST JAINTIA HILLS
HS17006037	SWER PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17006067	THE CHILDREN HOSPITAL	PRIVATE - IN MEGHALAYA	PRIVATE	EAST KHASI HILLS
HS17001052	TIKRIKILLA PHC	PHC	PUBLIC	WEST GARO HILLS
HS17004011	TIROT SINGH MEMORIAL HOSPITAL	CIVIL HOSPITAL	PUBLIC	WEST KHASI HILLS
HS17001039	TURA CIVIL HOSPITAL	CIVIL HOSPITAL	PUBLIC	WEST GARO HILLS
HS17001066	TURA TUBERCULOSIS HOSPITAL	CHEST HOSPITAL - PUBLIC	PUBLIC	WEST GARO HILLS
HS17005010	UMDEN PHC	PHC	PUBLIC	RI BHOI
HS17007028	UMKIANG PHC	PHC	PUBLIC	EAST JAINTIA HILLS
HS17007031	UMMULONG CHC	CHC	PUBLIC	WEST JAINTIA HILLS
HS17005008	UMSNING CHC	CHC	PUBLIC	RI BHOI
HS17005015	UMTRAI PHC	PHC	PUBLIC	RI BHOI

HS17002008	WAGEASI PHC	PHC	PUBLIC	NORTH GARO HILLS
HOSP17G114562	WAHKAJI PHC	PHC	PUBLIC	SOUTH WEST KHASI HILLS
HS17004013	WAHRIT PHC	PHC	PUBLIC	WEST KHASI HILLS
HS17006050	WAHSHERKHMUT PHC	PHC	PUBLIC	EAST KHASI HILLS
HS17005017	WARMAWSAW PHC	PHC	PUBLIC	RI BHOI
HS17002017	WILLIAMNAGAR CIVIL HOSPITAL	CIVIL HOSPITAL	PUBLIC	EAST GARO HILLS
HOSP17P84324	WOODLAND HOSPITAL	PRIVATE - IN MEGHALAYA	PRIVATE	EAST KHASI HILLS
HOSP17P122752	WOODLAND WK HOSPITAL	PRIVATE - IN MEGHALAYA	PRIVATE	WEST JAINTIA HILLS
HS17001037	ZIKZAK PHC	PHC	PUBLIC	SOUTH WEST GARO HILLS
HOSP17G157783	100 BEDDED MCH HOSPITAL JOWAI	CIVIL HOSPITAL	PUBLIC	WEST JAINTIA HILLS
HOSP17G159983	CHIBINANG PHC	PHC	PUBLIC	WEST GARO HILLS
HOSP17G143093	NONGUR WEILYNGKUT PHC	PHC	PUBLIC	EAST KHASI HILLS
HOSP17G142438	LAITDOM PHC	PHC	PUBLIC	WEST KHASI HILLS

**SCHEDULE 8****SPECIFICATIONS FOR BENEFICIARY IDENTIFICATION SOFTWARE AND FOR HOSPITAL IT INFRASTRUCTURE**

The minimum specifications for the Beneficiary Identification Software, Hospital Empanelment Module and Transaction Management System that needs to be installed at the premises of an Empanelled Health Care Provider have been set out as follows:

<b>SNO</b>	<b>Device</b>	<b>Specification</b>
<b>1</b>	Computer	
	- Operating System (32/64 bit)	Recommended Windows 10 Minimum Windows 8.1
	RAM	Minimum 4/8 GB or above
	Hard disk (HDD)	Minimum 250 GB or above
	USB Ports	Minimum 6 ports
	Web Browser	Preferably Google Chrome latest version
<b>2</b>	Internet	Dedicated connection with 2 Mbps download/upload.
<b>3</b>	Web Camera	Minimum 2 megapixels or higher compatible with OS.
<b>4</b>	Flatbed document scanner	Minimum 200 dpi A4 size scan
<b>5</b>	Printer	Preferably Colour Printer
<b>6</b>	QR Code Reader	2D QR Code Reader
<b>7</b>	Finger Print Device (for Aadhaar authentication)	UIDAI complaint devices and tested with PMJAY IT systems.
<b>8</b>	IRIS Device (for Aadhaar authentication)	
<b>9</b>	UPS System	Power backup of 30 minutes supporting computer, printer, scanner etc.

**Note:**

- Biometric devices (Finger print and IRIS) need to be registered with UIDAI. RD service (Device Registry) is provided by vendors / suppliers of biometric device.
- Empanelled hospital has to ensure with vendor/supplier that biometric device is registered with UIDAI.
- List of UIDAI certified devices is available at [https://uidai.gov.in/images/resource/List\\_of\\_UIDAI\\_Certified\\_Biometric\\_Devices\\_13072017.pdf](https://uidai.gov.in/images/resource/List_of_UIDAI_Certified_Biometric_Devices_13072017.pdf)
- All devices like Scanner, Printers, Web Camera, Finger Print Device, IRIS etc. should be procured with relevant drivers compatible with Operating System on the PC.

*Dated 18 July 2023*

The MoHFW/NHA or the State Nodal Agency may issue MHIS Guidelines and/or MHIS Operational Manuals from time to time amending the minimum specifications for the Hospital IT Infrastructure. It shall be the responsibility of the Insurer to ensure that the Hospital IT Infrastructure installed and operated at the premises of each Empanelled Health Care Provider is at all times compliant with the latest MHIS Guidelines and/or the MHIS Operational Manual that are in force.



**SCHEDULE 9**  
**PROCESS NOTE FOR DE-EMPANELMENT OF EMPANELLED HEALTH CARE PROVIDERS**

**Background**

This process note provides broad operational guidelines regarding de-empanelment of Empanelled Health Care Providers by the Insurer. The process to be followed and roles of different stakeholders have been outlined.

**Process to be followed for De-Empanelment of Empanelled Health Care Providers**

**Step 1 – Putting the Empanelled Health Care Provider on "Watch-list"**

- a) If the Insurer believes that any of the events listed in Clause 16 F has occurred or if the Insurer believes that the performance of the Empanelled Health Care Provider raises any doubts, based on the Claims data analysis and/or the medical audit conducted by the Insurer, then the Insurer or its representative shall put that Empanelled Health Care Provider on the watch list.
- b) The data of such Empanelled Health Care Provider shall be analysed very closely on a daily basis by the Insurer or its representatives for patterns, trends and anomalies.
- c) The Insurer shall immediately inform the State Nodal Agency about the Empanelled Health Care Provider which has been put on the watch list, within 24 hours of taking such action.

**Step 2 - Suspension of the Hospital**

- a) An Empanelled Health Care Provider may be temporarily suspended in the following cases:
  - (i) If an Empanelled Health Care Provider which is on the "Watch-list", if the Insurer observes continuous patterns or strong evidence of irregularity based on either Claims data or medical audits.
  - (ii) If an Empanelled Health Care Provider is not on the "Watch-list", but the Insurer observes at any time that it has data/evidence that suggests that the Empanelled Health Care Provider is: (x) involved in any unethical practice; (y) in material breach of the provisions of the Services Agreement with the Insurer; or (z) its representative(s) is/are involved in financial fraud related to the Beneficiaries; or (aa) the Empanelled Health Care Provider is engaged in any other Fraudulent Activity.
  - (iii) If a directive is given by State Nodal Agency based on the complaints received by it or data analysis or field visits done by the State Nodal Agency.

In each of these cases, the Insurer may immediately suspend the Empanelled Health Care Provider from providing services to the Beneficiaries and institute a formal investigation in accordance with Step 3 below.

- b) The Empanelled Health Care Provider, the district authority and the State Nodal Agency should be informed of the decision of the Insurer to suspend an Empanelled Health Care Provider within 6 hours of taking such action so that no fresh admission of Beneficiaries may be undertaken. Further, at least 24 hours' prior notice should be given to the Empanelled Health Care Provider so that no fresh admissions are made.

- c) To ensure that suspension of the Empanelled Health Care Provider results in its being barred from making fresh admissions of Beneficiaries, the Insurer shall make a provision in the software installed at the Empanelled Health Care Provider premises so that the Empanelled Health Care Provider cannot send electronic Claims to the Insurer or its representatives.  
Notwithstanding the suspension of an Empanelled Health Care Provider, the Insurer shall ensure that it shall honour all Claims for any expenses that have been pre-authorized or blocked on the Transaction Management Software before the effectiveness of such suspension.
- d) The Insurer shall immediately notify the TPA or its representatives that are responsible for Claims processing of such suspension of an Empanelled Health Care Provider. Further, the Insurer shall not and shall instruct its TPA or representatives not to process any Claims received from the suspended Empanelled Health Care Provider during the period of such suspension.
- e) The Insurer shall promptly send a formal letter to the Empanelled Health Care Provider regarding its suspension. Such notice shall specify the timeframe within which the formal investigation will be completed by the Insurer.
- f) The Insurer shall issue an advertisement in the local newspaper specifying that the health care services will be temporarily stopped at the suspended Empanelled Health Care Provider within 24 hours of such suspension. The newspaper and the content of message will be jointly decided by the insurer and the district level administration of the State Nodal Authority.

### **Step 3 – Detailed Investigation**

- a) The Insurer may launch a detailed investigation into the activities of an Empanelled Health Care Provider in the following situations:
  - (i) If such Empanelled Health Care Provider has been suspended.
  - (ii) Upon receipt of a complaint of a serious nature from any of the stakeholders in MHIS 6.
- b) The detailed investigation may include field visits to the Empanelled Health Care Provider, examination of case papers, meetings with the Beneficiaries (if needed), examination of hospital records, etc. The Empanelled Health Care Provider shall be required to fully cooperate with and provide access to all information to the Insurer and its representatives that are conducting such investigation.
- c) If the investigation reveals that the report, complaint or allegation against the Empanelled Health Care Provider is not substantiated, then the Insurer shall immediately revoke the suspension notice (if the Empanelled Health Care Provider has been suspended) and inform the State Nodal Agency of the revocation of such suspension.
- d) A letter regarding revocation of suspension shall be sent to the Empanelled Health Care Provider within 24 hours of the Insurer taking such decision.
- e) The Insurer shall, within 24 hours of revoking the Empanelled Health Care Provider's suspension, issue an advertisement in the local newspaper notifying Beneficiaries of the re-commencement of

health care services at such Empanelled Health Care Provider's premises. The newspaper and the content of message will be jointly decided by the insurer and the district Authority.

- f) The Insurer shall activate the software installed at the Empanelled Health Care Provider premises so that the Empanelled Health Care Provider can send electronic Claims to the Insurer or its TPA or representatives. Such activation shall be done within 24 hours of the revocation of suspension.

#### **Step 4 - Action by the Insurer**

- a) If the investigation reveals that the report, complaint or allegation against the Empanelled Health Care Provider is correct then the following procedure shall be followed:
  - a. The Empanelled Health Care Provider shall be issued a "show-cause" notice seeking an explanation for the aberration and a copy of the show cause notice shall be sent to the State Nodal Agency.
  - b. After receipt of the explanation from the Empanelled Health Care Provider and its examination, the Insurer may either drop the charges or take any necessary action.
  - c. The Insurer shall be entitled to take any one or more of the following actions against the Empanelled Health Care Provider, based on the seriousness of the issue and other factors involved: (x) issue a warning to the concerned Empanelled Health Care Provider; or (y) de-empanel the concerned Empanelled Health Care Provider.
- b) The entire process shall be completed within 30 days from the date of suspension of the concerned Empanelled Health Care Provider.
- c) In addition to de-empanelment of an Empanelled Health Care Provider for cause, the Insurer shall have the right to de-empanel an Empanelled Health Care Provider at the end of a Policy Cover Period, provided that: (i) the Insurer has obtained the prior written consent of the State Nodal Agency for such de-empanelment; and (ii) the Insurer ensures that an adequate number of health care providers are available in the block/district in which such Empanelled Health Care Provider is situated.

#### **Step 5 - Actions to be taken after De-empanelment**

Once an Empanelled Health Care Provider has been de-empanelled under MHIS 6 (**De-empanelled Health Care Provider**), the following steps shall be taken:

- a) A letter shall be sent to the concerned De-Empanelled Health Care Provider regarding this decision with a copy to the State Nodal Agency, the relevant District Kiosk and the Insurer's representatives that are responsible for Claims processing.
- b) The insurer shall ensure that no transaction is undertaken in the hospital. In a situation where the hospital makes transaction during such period of de-empanelment, strict actions to be undertaken to the extent of imposing fines and penalties as decide by the insurer with the approval of the SNA.

- c) Details of the De-empanelled Health Care Provider shall be sent by the State Nodal Agency, to MoHFW/NHA, so that this information can be published on the MHIS website and may be published by the MoHFW/NHA as it may desire.
- d) This information shall be sent to National Nodal Officers of all the other insurers which are participating in the PMJAY.
- e) The Insurer and/or the State Nodal Agency shall lodge an FIR against the De-Empanelled Health Care Provider at the earliest, if the de-empanelment is on account of a Fraudulent Claim, a Fraudulent Activity or a potentially Fraudulent Activity.
- f) The Insurer shall publicise the fact of such de-empanelment in the local media, informing all Beneficiaries about the de-empanelment, so that the Beneficiaries do not utilize the services of the De-Empanelled Health Care Provider.
- g) If the De-Empanelled Health Care Provider appeals against the decision of the Insurer, all the aforementioned actions shall be subject to the decision of the concerned Grievance Redressal Committee.

#### **Grievance by the De-empanelled Health Care Provider**

The De-Empanelled Health Care Provider may approach the relevant Grievance Redressal Committee for redressal of its grievance against the actions of the Insurer. The Grievance Redressal Committee shall take a final view within 30 days of receipt of a representation from the De-Empanelled Health Care Provider. However, such health care provider shall continue to be de-empanelled until a final view is taken by the Grievance Redressal Committee. The Grievance Redressal Mechanism shall be as set out in the Insurance Contract.

#### **Special Cases for De-empanelment**

If at the end of the risk cover under the Policy for a district, the Insurer does not wish to continue with a particular Empanelled Health Care Provider in a district it can de-empanel that Empanelled Health Care Provider after prior approval from the State Nodal Agency and the District Key Manager. However, it should be ensured that adequate Empanelled Health Care Providers are available in the district for the Beneficiaries.

**SCHEDULE 10**  
**GUIDELINES FOR THE DISTRICT KIOSK**

The Insurer shall set up and operationalize the **District Kiosk** and in all districts within 15 days of the signing of this Insurance Contract.

**District Kiosk**

The Insurer shall set up a District Kiosk in each of the districts in the Service Area.

**Location of the District Kiosk**

The District Kiosk shall be located at the district headquarters at a place that is frequented and easily accessible. The State Nodal Agency or the Government of Meghalaya may provide a place at the district headquarters to the Insurer to set up the District Kiosk. It should be located at a prominent place which is easily accessible and locatable by Beneficiaries. Alternatively, the Insurer may set up the District Kiosk at its own District Office.

**Specifications of the District Kiosk**

The District Kiosk should be equipped with at least the following hardware and software (according to the specifications provided by the Government of India):

SNO	Device	Specification
1	Computer	
	- Operating System (32/64 bit)	Recommended Windows 10
	- RAM	Minimum 8 GB or above
	- Hard disk (HDD)	Minimum 1 TB
	- USB Ports	Minimum 6 ports
	- Web Browser	Preferably Google Chrome latest version
2	Internet	Dedicated connection with 10 Mbps or above to download/upload.
3	Web Camera	Minimum 2 megapixels or higher compatible with OS.
4	Flatbed document scanner	Minimum 200 dpi A4 size scan
5	Printer	Preferably Colour Printer
6	QR Code Reader	2D QR Code Reader
7	Finger Print Device (for Aadhaar authentication)	UIDAI complaint devices and tested with PMJAY IT systems.
8	IRIS Device (for Aadhaar authentication)	
9	UPS System	Power backup of 30 minutes supporting computer, printer, scanner etc.

**Purpose and Terms of the District Kiosk**

The purpose and terms of the District Kiosk is given in Clause 17 of the Insurance Contract.

## SCHEDULE 11

### BENEFICIARY IDENTIFICATION PROCESS

#### Identity Document for a Family Member

Aadhaar will be primary identity document for a family member that has to be produced under the MHIS/PMJAY scheme. When the beneficiary comes to a contact point, the QR code on the Aadhaar card is scanned (or an e-KYC is performed) to capture all the details of the Aadhaar. A demographic authentication is performed with UIDAI to ensure the information captured is authentic. A live photograph of the member is taken to be printed on the e-card.

If the MHIS/PMJAY family member does not have an Aadhaar card and the contact point is a location where no treatment is provided, the operator will inform the beneficiary that he is eligible and can get treatment only once without an Aadhaar or an Aadhaar registration slip. They may be requested to apply for an Aadhaar as quickly as possible.

- a. The beneficiary must produce an ID document from the list of approved ids by the State.
- b. The operator captures the type of ID and the fields as printed on the ID including the Name, Father's Name (if available), Age, Gender and Address fields.
- c. A scan of the ID produced is uploaded into the system for verification.
- d. A photo of the beneficiary is taken.
- e. The information from this alternate ID is used instead of Aadhaar for matching against the PMJAY record.

#### Searching the PMJAY Database

The MHIS/PMJAY database will be searched based on the information provided in the Member Identity document. MHIS/PMJAY is based on SECC and database provided by the state, and it is likely that spellings for Name, Fathers Name and even towns and villages will be different between the MHIS/PMJAY record and the identity document. A beneficiary will be eligible for PMJAY if the Name and Location parameters in the beneficiary identity document can be regarded as similar to the Name and Location parameters in the MHIS/PMJAY record.

The Search system automatically provides a confidence score between the two.

AADHAAR or OTHER GOVERNMENT ID		MHIS/PMJAY BENEFICIARY RECORD	
Beneficiary Identity Document			
Name	GeethaBandhopadhya	Name	Gita Banarjee
Age	33	Age	40
Gender	F	Gender	F
Father's Name	<Not Available>	Father's Name	ArghyaBanarjee
State	West Bengal	State:	West Bengal
District	Malda	District	Malda

Town / Village	DakshinChandipur	Town / Village	DakshenChandhipur
NAME MATCH CONFIDENCE SCORE: 94%			

The Search system will provide multiple ways to find the MHIS/PMJAY beneficiary record. If there are no results based on Name and Location, the operator should

- a) Search by Ration Card and Mobile No (Information captured during the Additional Data Collection Drive).
- b) Search using the ID printed on the letter sent by post to Beneficiaries (AHL\_HH\_ID).
- c) Reduce some of the parameters like Age, Gender, Sub district, etc. and trial with variation in the spelling of the Name if there are no matching results.
- d) Try adding the name of the father or family members if there are too many results.

The Search system will show the number of results matched if found < 100. The operator is expected to add more information to narrow results. The actual results will be displayed when the number matched is 100 or less. The operator has to select the correct record from the list shown.

#### Searching THE MHIS-PMJAY DATABASE FOR VALID RSBY/MHIS BENEFICIARIES

The operator is unable to find the person through search using Name and other methods described above, then he/she can search from the valid MHIS/RSBY database. The MHIS/RSBY URN printed on the beneficiary card is used to perform the search. The system fetches the record from the RSBY database. The operator is presented with the confidence score between the Beneficiary Identity document and the MHIS/RSBY record.

#### Linking the FAMILY IDENTIFICATION DOCUMENT WITH THE MHIS-PMJAY FAMILY

One or more Family Identity Cards can be linked with each MHIS-PMJAY Family. While Ration cards will be the primary family document, States can define additional family documents that can be used. SECC survey was conducted on the basis of households and there are possibilities where the household could have multiple ration cards.

Linking a family identification document strengthens the beneficiary identification process as a confidence score will be created based on the names in family identification document and MHIS-PMJAY record.

Ration Card or Other Government FAMILY ID Beneficiary Identity Document		MHIS/PMJAY BENEFICARY RECORD	
Names of family members	RAM, GEETHA, GOVIND, MEENAKUMARI	Names of family members	GEETHA, MEENAKUMARI, RAM
FAMILY MATCH CONFIDENCE SCORE: 92%			

Linking the family identification document will be mandatory ONLY if the same document (Ration Card) is also the ID used by the state to cover a larger base. Operators are encouraged to upload the family document if the name match confidence score is low but they believe the 2 records are the same.

Integration with an online family card database is recommended. In this scenario, the operator will enter the Family ID No (Ration Card No) and will be able to fetch the names of the family members from the online database. If integration is not possible, the operator will enter the names of the family members as written in the ID card and upload a scan of the ID card for verification.

### **Approval by Insurer**

The State can appoint the insurer to perform the verification of the data of identified beneficiaries. Approvals are expected to be provided within 30 minutes back to the operator on a 24x7 basis. The Approver is presented the Beneficiary Identity Document and the MHIS/PMJAY (or RSBY) record side by side for validation along with the confidence score. The lowest confidence score records are presented first. If the operator has uploaded the Family Identity document it is also displayed along with the Confidence Score.

The Approver has only 2 choices for each case – Approve or Recommend for Rejection with Reason. The System maintains a track of which Operator is Approving/Recommending for rejection. The Insurer can analyse the approval or rejection pattern of each of the operators.

### **Acceptance of Rejection Request by State**

The State should setup a team that reviews all the cases recommended for Rejection. The team reviews the data provided and the reason it has been recommended for rejection. If the State agrees with the Insurer, it can reject the case. If the State disagrees with the Insurer, it can approve the case. The person in the state making the decision is also tracked in the system. The State review role is also SLA based and a turnaround is expected in 24 hours on working hour basis.

### **Addition of Family Members**

The PMJAY scheme allows addition of new family members if they became part of the family either due to marriage or by birth. In order to add a family member, at least one of the existing family members needs to be verified and the identity document used for the verification must be Aadhaar.

To add the additional member the family must produce

- a) The name of the additional member in a State approved family document like Ration Card; or
- b) A birth certificate linking the member to the family; or
- c) A marriage certificate linking the member to the family.

In order to add a family member, at least one of the existing family members needs to be verified and the identity document used for the verification must be Aadhaar.

### **Monitoring of Beneficiary Identification and E Card Printing Process**



The SNA will need to have very close monitoring of the process in order to ascertain challenges, if any, being faced and resolution of the same. Monitoring of verification process may be based on following parameters:

- a)** Number of contact points and manpower deployed/ Number and type of manpower.
- b)** Time taken for issuance of e-card of each member.
- c)** Percentage of families with at least one member having issued e-card out of total eligible families in MHIS/PMJAY.
- d)** Percentage of members issued e-cards out of total eligible members in PMJAY.
- e)** Percentage of families with at least one member verified out of total eligible families in RSBY data (if applicable).
- f)** Percentage of members issued e-card out of total eligible members in RSBY data (if applicable).
- g)** Percentage of total members where Aadhaar was available and captured and percentage of members without Aadhaar number.
- h)** Percentage of total members where mobile was available and capture.

**SCHEDULE 12**  
**INDICATIVE LIST OF FRAUDS AND FRAUD CONTROL MEASURES**

**REGISTRATION/BENEFICIARY IDENTIFICATION RELATED FRAUDS**

Charging money in excess of ₹ 30 from any Beneficiary.

**HOSPITAL RELATED FRAUDS**

**INDICATIVE LIST OF HOSPITAL RELATED FRAUDS**

- Conversion of out-patient cases to in-patient cases.
- Deliberate blocking of higher-priced Package Rates to claim higher amounts.
- Blocking of multiple packages even though not required.
- Transaction description not clear.
- Unwarranted ICU admissions.
- Not dispensing post-hospitalization medication to Beneficiaries.
- Not making medicines available to Beneficiaries on utilization of OPD Benefits or Follow-up Care.
- Irregular or inordinately delayed synchronisation of transactions to avoid concurrent investigations.
- Treatment of diseases, illnesses or accidents for which an Empanelled Health Care Provider is not equipped or empanelled for.
- Showing admission in ICU though treatment is given in general ward.
- Huge number of complex surgeries likes amputation, joint reconstruction surgeries, abdominoperineal resection, spinal fixation etc. reported to be carried out by Empanelled Health Care Provider without having necessary infrastructure to conduct such complex high-end surgeries.
- Admission of Beneficiaries in excess of the bed capacity.
- Single Procedure done but multiple procedures selected e.g. Hysterectomy as Hysterectomy with oophorectomy etc.
- Substitution of packages e.g.- Hernia as Appendicitis, Conservative treatment as Surgical
- Part of the expenses collected from Beneficiary for medicines and Screening in addition to amounts received by the Insurer.
- Unnecessary surgery done, without actual requirement of the Beneficiaries.
- Fabricated medical/diagnostic reports and OT notes/ medical details.
- Diagnosis and treatment contradict each other.
- Excessive Screening.
- If Beneficiary can't explain disease or treatment when asked.
- Empanelled Health Care Provider making Claims for more than one OPD diagnostics services to one or more members of the same Beneficiary Family Unit in any consecutive 7 day period.
- Empanelled Health Care Provider paying a commission or fee to the Beneficiaries for making Claims in relation to any of the OPD Benefits.

## INDICATORS/TRIGGERS TO IDENTIFY HOSPITAL FRAUD

- High Bed vs. Occupancy ratio.
- Disease not related to gender/age.
- Frequent blocking of multiple disease codes.
- Frequent blocking of high-end disease codes.
- Hospitals having unusual high number of Day Care Treatments/procedures.
- Frequency and gaps in uploading data on server.
- High average Claim size.
- Gender v/s ailment mismatch.
- General Ward admissions v/s ICU.
- Hospital facilities v/s type of admissions.
- Normal Delivery Claims v/s LSCS.
- Empanelled Health Care Providers involving frequent incidents of customer grievances or malpractices.
- Claims from multiple hospitals with same owner.
- Number of members registered in particular panchayat / block v/s no of admissions.
- Repeated admissions in single URN.
- Treatment of diseases mismatching general health profile of a district / state.
- Same diagnosis for all Beneficiaries.
- ICU/Medical Treatment blocking done for more than 5 days stay, other than in the case of Critical Illness.
- Overall medical management exceeds more than 5 days, other than in the case of Critical Illness.
- Blocking packages during odd hours - between 10 pm to 6 am the next day.
- Members of the same Beneficiary Family Unit getting admitted and discharged together.
- Multiple Claims for same Beneficiary in different hospitals.

## EMBEDDING THE TRIGGERS IN THE SYSTEM (BY INSURER)

- Analytical reports to be generated through system
  - i. Current year Claim analysis for overall picture.
  - ii. Overall trend analysis of the district.
  - iii. Provider wise number/amount of Hospitalization.
  - iv. Provider wise average duration of stay in general ward.
  - v. Provider wise average delay in Claims submission following discharge.
  - vi. Provider wise Non-surgical/surgical ratio.
  - vii. Provider wise village utilization ratio.
  - viii. Provider card utilization ratio: Total number of Hospitalization with respect to card.
  - ix. Village wise number/amount of Hospitalization.
  - x. Village wise number/ amount of Hospitalization surgical procedure wise.
  - xi. Village wise number / amount of Hospitalization sex wise.
- Automated Queries/alerts
  - i. Analysis of the Daily Blocking data.

- ii. Analysis of the weekly & monthly blocking data.
- iii. Analysis on system generated triggers: Like overstaying, over billing etc.
- iv. Frequent Small Medical Blockings – OPD to IPD Conversion.
- v. Frequent use of same URN.
- vi. Frequent blocking of High amount packages – Hysterectomy, Appendectomy, etc.
- vii. Auto message to be generated when transaction upload is delayed for more than 24 hours.
- viii. Auto message if ICU or Medical Treatment blocking is done for more than 5 days stay, other than in the case of Critical Illness.
- ix. Discharge between 8pm and 8am: - Auto Generated message.

### **SCHEDULE 13**

#### **APPOINTMENT OF THIRD-PARTY ADMINISTRATORS**

#### **QUALIFICATION CRITERIA FOR TPAS**

The Insurer shall ensure that only one TPA should be appointed for the implementation of MHIS 6. The Insurer shall also ensure that the appointment of the TPA is subjected to the SNA's examination of the TPA's eligibility immediately preceding the signing of contract. The Insurer shall only utilise the services of the TPA as approved by the SNA. Further the Insurer shall share the MoU signed between the Insurer and the TPA with the SNA and give an undertaking that the TPA will fulfil the qualifying criteria as set down below.

The Insurer shall only appoint a TPA that meets the following qualification criteria:

- a) The TPA should be licensed by the IRDA for at least 3 years as on the date of the TPA's appointment.
- b) The TPA should be empanelled by the Quality Council of India in accordance with the MHIS Guidelines at the time of its appointment.
- c) The TPA should have completed a minimum of 3 financial years of operation prior to its appointment by the Insurer.
- d) The TPA should have a minimum of five years' experience in servicing health insurance.
- e) The TPA should have past experience in providing services in respect of at least 10 million lives cumulatively in the 3 financial years prior to its appointment by the Insurer.
- f) The TPA should have an annual turnover of more than ₹ 20 crores per year in the preceding three financial years and total revenue of more than ₹ 5 crores in the financial year immediately preceding its appointment.
- g) The TPA should have experience of working in an Information Technology intensive environment and must have experience in processing at least 50,000 medical reimbursement claims per annum in the previous year and in maintaining an online portal for tracking of claims.
- h) The TPA must carry the ISO Certification (ISO 9001:2015) for Quality Process, at the time of its appointment by the Insurer and such certification shall continue to be valid during such appointment.
- i) The TPA must have a network of minimum 1000 empanelled hospitals.
- j) The TPA should not be blacklisted or be issued a show cause by the IRDA at least 1 year preceding the bid due date.
- k) The TPA should have on roll as on the date of signing the contract with insurer the following on a regular basis:
  - a. 20 MBBS Doctors holding MCI Registration.
  - b. One Specialist each in specialties namely Oncosurgery and Cancer Therapy, Cardiothoracic surgery and Cardiology, Neurosurgery and Neurology, Nephrology and Urology Surgery, Orthopaedic.

#### **MINIMUM STANDARD CLAUSES TO BE INCLUDED IN THE SERVICES AGREEMENT BETWEEN INSURER AND THE TPA**

All the services rendered by the TPA shall be in accordance with the provisions of the Insurance Act and all Insurance Laws. The services agreement between the Insurer and the TPA should include, as a minimum, the following clauses and any other conditions that the IRDA may prescribe from time to time:

- a) The scope of services of the TPA and the manner of performance of these services, including procedure for provision of Cashless Access Services.
- b) The fee payable to the TPA for each of the services and the conditions upon which the amount becomes payable. Such fee payable to the TPA shall be based on the services rendered by the TPA to the Insurer and shall not be related to the Claims experience or the reduction of Claim costs or Pure Claim Ratio of the Insurer.

The TPA shall not be entitled to charge any additional amount from the State Nodal Agency, the Empanelled Health Care Provider or the beneficiaries.

- c) The turn-around time for each of the services rendered by the TPA and the consequences in case of default of services, provided that such turn-around times for the TPA shall always be in compliance with the Insurer's performance obligations under this Insurance Contract.
- d) The TPA shall provide the Insurer and the State Nodal Agency with inspection, audit and access rights, both on a regular and ad-hoc basis.
- e) The TPA shall be required to maintain the confidentiality of all information, data, documents and proprietary information (including medical records of Beneficiaries) received by it; provided that it shall provide the Insurer and the State Nodal Agency the right to inspect all such information, data and documents (including medical records).

Upon expiration or termination of the TPA's appointment for any reason whatsoever, it shall be obliged to hand over all such information, data, documents and proprietary information or to continue to hold such information, data, documents and proprietary information for a reasonable period after such expiration or termination.

- f) The TPA shall be bound to perform the Insurer's obligations or exercise its rights under this Insurance Contract (including Claims processing, Claims Payments, empanelment and de-empanelment) in accordance with all applicable Insurance Laws and such procedures and following such methodology that shall be acceptable to the State Nodal Agency.
- g) The TPA shall be required to have a strong system of customer services and relations. Without prejudice to the Insurer's rights as the TPA's direct client, the TPA shall be required to extend every courtesy and cooperation to the Beneficiaries, the Empanelled Health Care Providers and the State Nodal Agency for the monitoring and supervision of the implementation of MHIS 6 by the TPA (on behalf of the Insurer).
- h) The TPA shall provide qualified, experienced and dedicated personnel for the provision of services in relation to the implementation of MHIS 6. The TPA shall intimate both the Insurer and the State Nodal Agency of any changes in key personnel. Further, the TPA shall only appoint substitute persons exceeding or meeting the qualification and experience criteria specified by the Insurer.
- i) Events of default and manner of termination of services including consequences of termination shall be included in the services agreement. Prior to terminating the services agreement, the Insurer or the TPA, as the case may be, shall provide the State Nodal Agency at least 60 days' notice.
- j) The TPA should have a license at the time of its appointment and continue to maintain such license during the term of the services agreement. If the TPA's license is revoked or ceases to be valid at any time, the Insurer shall retain a right to terminate the TPA's appointment and appoint a substitute TPA within 60 days of such revocation or cession of such TPA's license.
- k) The TPA shall continue to provide the services until substituted by another TPA and ensure a seamless transition, without affecting the services to the Beneficiaries, Empanelled Health Care Providers or the Insurer. No inconvenience or hardship shall be caused to any Beneficiaries or any Empanelled Health Care Providers as a result of such change.

The contact details like helpline numbers, addresses, etc. of the new TPA shall be made immediately available to all the Beneficiaries, Empanelled Health Care Providers and the State Nodal Agency.

- l)** Upon termination of the services agreement by either party, the TPA shall within 10 days of a termination notice being issued, provide the following information to the Insurer and the State Nodal Agency:
  - a.** the status of cases where the pre-authorization has already been issued by the TPA;
  - b.** the status of cases where Claims have been submitted to the TPA for processing; and
  - c.** the status of Claims where processing has been completed by the TPA and Claims Payments are pending.
- m)** The TPA shall perform all services in accordance with the Code of Conduct issued by the IRDA from time to time and in full compliance with all applicable Insurance Laws.
- n)** Arbitration and dispute resolution, including a joinder of disputes permitting the State Nodal Agency to be joined as a necessary party to any dispute between the Insurer and the Appointed Actuary.

## **SCHEDULE 14**

### **KEY PERFORMANCE INDICATORS AND PENALTIES**

#### **1. INTRODUCTION**

The key performance indicators are for assessment of the Insurer's performance and for determining whether or not the Policies for the Service Area should be renewed annually (the Key Performance Indicators or KPIs).

The performance assessment of the Insurer against the KPIs, include an assessment of: the infrastructure, organizational se-up, registration, empanelment, claims management, grievance redressal and audit activities that are to be executed by the Insurer during the Policy Period.

The assessment of the Insurer's performance against the KPIs for the purpose of determining the annual renewal of the Policies for all districts in the Service Area, include but not limited to an assessment of: the number of Beneficiaries covered; reasonableness of the network of Empanelled Health Care Providers; installation of adequate hardware and software infrastructure for efficient provision of Cashless Access Services; disposal of grievances, execution of audit activities, information sharing by the Insurer with the State Nodal Agency on Claims; and timely Claim Payments by the Insurer to the Empanelled Health Care Providers.

In addition to the KPIs, the SNA shall also have the authority to impose penalties on certain parameters based on the performance of the insurer.

#### **2. PERFORMANCE/Renewal KPIs AND PENALTIES**

The Performance KPIs, the manner of determination of the Performance KPIs, the baseline requirements and Liquidated Damages/penalties payable for failure to demonstrate compliance with performance KPIs are set out in Table 1 and Table 2

#### **3. Renewal of Policies**

- a. The SNA may evaluate the Insurer's performance during the first 6 months of each policy period, no later than 190 days from the date of commencement of each policy cover period.
- b. The insurer's performance in each policy period for each renewal KPI will be evaluated in the manner set out in Table 1. The evaluation of the KPIs for renewal of policy shall be at the discretion of the SNA which includes but not limited to evaluation of all or some KPIs for the purpose of renewal, determination of a methodology for evaluation and determination of scoring parameters.
- c. If the insurer has achieved a score not desirable or does not meet the expectations of the SNA, then it shall be deemed that the insurer has not demonstrated performance against the Renewal KPIs to the reasonable satisfaction of the SNA. In such a circumstance, the SNA shall have the right to refuse the renewal of all the policies for the next policy cover period by issuing a notice to the insurer within 200 days from the date of commencement of the ongoing Policy Cover period and in any event prior to the date on which the insurer is required to renew a policy.



TABLE 1: PERFORMANCE/RENEWAL KPIS

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Liquidated Damages/Penalty	Cap on Liquidated Damages/ Penalties
1	E/paper Card Verification and Approval	30 minutes: Action on Verification Request from hospitals/District and Block Kiosk.	95%	The SNA shall extract a sample of 50 PMJAY IDs/Cards from the insurer. The 50 PMJAY IDs/Cards will be evaluated for the Time taken for Approval from the Beneficiary Identification Software.	Monthly	Penalty of ₹ 100/- per PMJAY IDs/Cards Audited (50).	–
2	E/paper Card Incorrect Verification/Approval	50 Approved PMJAY Cards in a month.	100%	The SNA shall extract a sample of 50 PMJAY IDs/Cards from the insurer. The 50 PMJAY IDs/Cards will be evaluated for Correct verification/Approval from the Beneficiary Identification Software.	Monthly	Penalty of ₹ 500/- per incorrect verification/approval.	–
3	Pre-Authorisation	Action within 6 Hours of Raising Pre-Authorisation Request	Compliance below 95% upto 91%	Weekly Evaluation of all Pre-Authorised Claims	Weekly	5% of the Total Amount of all Pre-Authorisation Claims Evaluated	–
			Compliance below 90% upto 85%			10% of the Total Amount of all Pre-Authorisation Claims Evaluated	–
			Compliance below 84%			20% of the Total Amount of all Pre-Authorisation Claims Evaluated	–

4	Claims Processing/Management	Action within 15 days of claim initiation/submission for claims within state and 30 days & for claims from outside state (Portability cases). (This is applicable if the Insurer fails to make the Claims Payment within a Turn-around Time of 15 days/30 days (Portability Claims) for a reason other than delay on the part of SHA/NAFU or SAFU Triggered Claims, if any)	100%	-	-	If the Insurer fails to make the Claim Payment within a Turn-around Time of 15 days for a reason other than a delay by the SHA in making payment of the Premium that is due and payable, then the Insurer shall be liable to pay a penal interest to the EHCP at the rate of 2% of the Claim amount for every 15 days of delay beyond the 30-day period.	-
5	Mortality Medical Audit	100% of Mortality Claims	100%	Evaluation will be done through the Weekly Reports submitted viz-a-viz the claims raised/initiated data from the Transaction Management Software extracted on the last day of the month following the assessing quarter.	Quarterly	₹ 1,000/- per Mortality Claim not Audited in a Quarter	-

TABLE 2: PERFORMANCE KPIS/PENALTIES

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Liquidated Damages/Penalty	Cap on Liquidated Damages/Penalties
1	Project Office and District office	Setting of Project Office within 15 Days after Signing of Insurance Contract	1	Physical Verification of the Project Office by SNA	Within 15 Days	₹ 25,000/- per week of delay beyond and part thereof in setting up Project Office as required	–
2	State Coordinator, State Operations Manager, State Medical Manager, District Medical Officers and District Coordinators	Appointment of Personnels under Organisational Set-up and Functions within 15 Days after Signing of Contract	As Applicable	Verification through Entry Interview to be Conducted by the SNA as per the methodology as desired by the SNA	Within 15 Days	₹ 5,000/- per week per personnel beyond and part thereof	–
3	Grievance Redressal	Delays in compliance to orders of the DGRC/SGRC	Beyond 30 Days	Evaluation and Verification through the Minutes of the Meetings. Days will be counted from the day the meeting was held.	Beyond 30 Days	Rs. 25,000 for the first month of delay in implementing the Grievance redressal Committee order, Rs. 50,000 per month for every subsequent month thereafter.	–
4	Medical Audit	3% of total Claims Raised/Quarter	100%	Evaluation will be done through the Weekly Reports submitted viz-a-viz the claims raised/initiated data from the Transaction Management Software extracted on the last	Quarterly	₹ 4,000/- per hospital where Medical Audit Conducted is less than 3% per Quarter.	–

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				day of the month following the assessing quarter.			
5	Beneficiary Audit	21 Beneficiary Audits/Week	100%	Evaluation will be done through the Weekly Reports submitted to the State Nodal Agency.	Weekly	₹ 400/- per Beneficiary Audit not Conducted	–
6	Beneficiary Outbound Calls		100%	Evaluation will be done through the Monthly Reports submitted to the State Nodal Agency.	Monthly	₹ 200/- per Beneficiary Feedback Call Not Conducted	–

**SCHEDULE 15**  
**CLASSIFICATION OF COMPLAINTS AND GRIEVANCES**

Sl. No	Aggrieved party	Grievance against	Indicative nature of grievances	Approach authority	Turn- around time	Grievance escalated to Committees (if either party is not satisfied)
1	Beneficiary	Empanelled Healthcare providers	<p><b>SOS (Emergency) Grievances (Grievances Registered during the period of hospitalization)</b></p> <ul style="list-style-type: none"> <li>• Denied treatment under MHIS /PMJAY by empaneled healthcare provider at the time of admission.</li> <li>• Demanding money for the services which are available for free in the scheme.</li> <li>• Not returning MHIS /PMJAY card at the time of discharge.</li> <li>• Prescribed medicines and diagnostics from outside, which are available for free in the scheme.</li> <li>• Non-availability of Arogya Mitra.</li> <li>• Non-Cooperation by Arogya Mitra.</li> <li>• Misconduct by Hospital Staff.</li> </ul>	SGNO	6 working hours (If the case is not resolved within TAT, CEO of SHA will be alerted through system generated Email).	<ul style="list-style-type: none"> <li>• SGRC decision shall be final &amp; binding.</li> </ul>

2	Beneficiary	Empanelled Healthcare providers	<p><b>Non-SOS (Non-Emergency) Grievances (Grievances Registered before admission or after discharge of the patient)</b></p> <ul style="list-style-type: none"> <li>• Denied treatment under MHIS/PMJAY.</li> <li>• Money sought for treatment, despite sum insured under MHIS/PMJAY cover being available.</li> <li>• Demanding more than Package Rate/ Pre-Authorized Amount.</li> <li>• MHIS/PMJAY Card retained by Empaneled Health Care Provider.</li> <li>• MHIS Card not provided despite eligibility.</li> <li>• Poor Quality of Treatment.</li> <li>• Poor facilities.</li> <li>• Non-availability of Arogya Mitra.</li> <li>• Non-Cooperation of Arogya Mitra.</li> <li>• Misconduct by Hospital Staff.</li> </ul>	DGNO	15 days (If no response received by stakeholder within 7 days of show cause notice, DGNO should send reminder).	<ul style="list-style-type: none"> <li>• DGRC (Within 30 days of the DGNO decision).</li> <li>• If either party is not satisfied with DGRC decision, then they can appeal to SGRC within 30 days.</li> <li>• SGRC shall have 30 days to resolve the grievance.</li> <li>• SGRC decision shall be final &amp; binding.</li> </ul>
3	Beneficiary	Insurance company / TPA	<ul style="list-style-type: none"> <li>• Demanding money for approval of pre-authorization.</li> <li>• Misconduct by IC/ISA/TPA representative.</li> </ul>	DGNO / SGNO	15 days of receipt of grievance for DGNO/SGNO  30 days of receipt of grievance for DGRC	<ul style="list-style-type: none"> <li>• If grievance is not resolved by DGNO/SGNO within 15 days, case shall be referred to DGRC/SGRC.</li> <li>• If either party is not satisfied with DGNO's/SGNO's decision, then they can appeal to DGRC/SGRC within 30 days</li> </ul>

						<p>of the DGNO/SGNO order.</p> <ul style="list-style-type: none"> <li>• DGRC/SGRC shall have 30 days to resolve the grievance.</li> <li>• If either party is not satisfied with DGRC decision, then they can appeal to SGRC within 30 days</li> <li>• SGRC shall have 30 days to resolve the grievance.</li> <li>• SGRC decision shall be final and binding.</li> </ul>
4	Beneficiary	Common Service Centre (CSC)	<ul style="list-style-type: none"> <li>• Demanding extra money (above the approved cost of Rs. 30) for issuing MHIS card.</li> <li>• Card issued to another family.</li> <li>• Card not provided to beneficiary.</li> <li>• Poor Quality of Service.</li> </ul>	DGNO	<p>15 days of receipt of grievance for DGNO.</p> <p>30 days of receipt of grievance for DGRC.</p>	<ul style="list-style-type: none"> <li>• If either party is not satisfied with DGNO's decision, then they can appeal to DGRC within 30 days of the DGNO.</li> <li>• DGRC shall have 30 days to resolve the grievance.</li> <li>• If either party is not satisfied with DGRC decision, then they can appeal to SGRC within 30 days.</li> <li>• SGRC shall have 30 days to resolve the grievance.</li> <li>• SGRC decision shall be final and binding.</li> </ul>

5	Beneficiary	District authorities	<ul style="list-style-type: none"> <li>Grievance not addressed by the concerned officer.</li> </ul>	SGNO	<p>15 days of receipt of grievance for SGNO.</p> <p>30 days of receipt of grievance for SGRC.</p>	<ul style="list-style-type: none"> <li>If either party is not satisfied with DGRC order, they shall approach the SGRC.</li> <li>Decision of SGRC on such cases shall be final and binding.</li> </ul>
6	Health Care Provider	Beneficiary	<ul style="list-style-type: none"> <li>Misconduct or harassment by the beneficiary.</li> <li>Any other.</li> </ul>	DGNO	<p>15 days of receipt of grievance for DGNO.</p> <p>30 days of receipt of grievance for DGRC.</p>	<ul style="list-style-type: none"> <li>If grievance is not resolved by DGNO within 15 days, case shall be referred to DGRC.</li> <li>If either party is not satisfied with DGNO's decision, then they can appeal to DGRC within 30 days of the DGNO order.</li> <li>DGRC shall have 30 days to resolve the grievance.</li> <li>If either party is not satisfied with DGRC decision, then they can appeal to the SGRC within 30 days.</li> <li>SGRC shall have 30 days to resolve the grievance.</li> </ul>



7	Health Care Provider	Insurance Company	<ul style="list-style-type: none"> <li>• Delay claims settlement</li> <li>• Incorrect rejection of claims</li> </ul>		<p>15 days of receipt of grievance for DGNO.</p> <p>30 days of receipt of grievance for DGRC.</p>	<ul style="list-style-type: none"> <li>• If grievance is not resolved by DGNO within 15 days, case shall be referred to DGRC.</li> <li>• If either party is not satisfied with DGNO's decision, then they can appeal to DGRC within 30 days of the DGNO order.</li> <li>• DGRC shall have 30 days to resolve the grievance.</li> <li>• If either party is not satisfied with DGRC decision, then they can appeal to the SGRC within 30 days.</li> <li>• SGRC shall have 30 days to resolve the grievance.</li> </ul>
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## **SCHEDULE 16 GUIDELINES ON PORTABILITY**

An Empanelled Health Care Provider (EHCP) under PMJAY in any state should provide services as per PMJAY guidelines to beneficiaries from any other state also participating in PMJAY. This means that a beneficiary will be able to get treatment outside the EHCP network of his/her Home State.

### **ENABLING PORTABILITY**

#### **Claim Processing:**

All empanelled hospitals under PMJAY explicitly agrees to provide PMJAY services to MHIS-PMJAY beneficiaries from both inside and outside the state and the insurer agrees to pay to the EHCP through the inter-agency claim settlement process i.e., the claims raised for MHIS-PMJAY beneficiaries that access care outside the state in MHIS PMJAY empanelled healthcare provider network.

#### **Grievance Redressal:**

The Grievance Redressal Mechanism will operate as in normal cases except for disputes between Beneficiary of Home State and EHCP or insurer of Treatment State and between Insurer of the Home State and insurer/trust of Treatment State. In case of dispute between Beneficiary and EHCP or IC, the matter shall be placed before the SNA of the treatment state. In cases of disputes between IC/Trust of the two states, the matter should be taken up by bilateral discussions between the SNA/SHAs and in case of non-resolution, brought to the NHA for mediation. The insurer of Home State should be able to raise real time flags for suspect activities with the Beneficiary State and the Beneficiary State shall be obligated to conduct a basic set of checks as requested by the Home State insurer. These clauses have to be built in into the agreement between the ICs and the Trusts. The NHA shall hold monthly mediation meetings for sorting out intra-agency issues as well as sharing portability related data analytics.

#### **Implementation Arrangements of Portability:**

##### **Packages and Package Rates:**

All beneficiaries shall be eligible to avail benefits in all empanelled health care providers under PMJAY. Packages and Package Rates shall be the rates as defined by the treatment state. The insurer shall have all obligations to process and settle the claims according to the package rates of the treatment state.

For Packages that are available exclusively under MHIS 6 i.e., the packages for certain tertiary care, OPD or OPD Diagnostic treatments shall only be available in hospitals that are empanelled under MHIS 6 within or outside the service area. The package rates shall be defined as per the rates as given in Schedule 3 of this Insurance Contract.

##### **Empanelment of Hospitals:**

The insurer shall empanel health care providers within and outside the service area. In a situation where a hospital outside the service area is already empanelled under PMJAY, the insurer shall not require to empanel that hospital.

##### **Beneficiary Identification:**

- a) In case of beneficiaries that have been verified by the home state, the treatment state EHCP shall only conduct an identity verification and admit the patient as per the case.

- b) In case of beneficiaries that have not been so verified, the treatment EHCP shall conduct the Beneficiary Identification Search Process and the documentation for family verification (ration card/family card of home state) shall be sent to the SNA for validation.
- c) The SNA shall validate and send back a response in priority with a service turnaround time of 30 minutes. In case the SNA does not send a final response (IC/Trust check), deemed verification of the beneficiary shall be undertaken and the record shall be included in the registry. The SNA software will create a balance for such a family entry.
- d) The empanelled hospital will determine beneficiary eligibility and send the linked beneficiary records for approval to the insurer of the home State of beneficiary. Upon approval, the insurer shall convey the same to the hospital. In case the beneficiary has an E-Card (that is, he/she has already undergone identification earlier), after a KYC check, the beneficiary shall be accepted by the EHCP.

**Balance Check:**

After identification and validation of the beneficiary, the balance check for the beneficiary will be done from the home state. The balance in the home state shall be blocked through the necessary API and updated once the claim is processed. The NHA may provide a centralised balance check facility.

The above guidelines may be modified from time to time by the SNA, MHIS or the National Health Authority and shall apply on all the states participating in the PMJAY.

**SCHEDULE 17**

**Format for non-Disclosure Agreement and Confidentiality Certificate**

**(Note: The Formats shall be separately provided by the State Nodal Agency)**

Dated 18 July 2023

**ANNEXURE 1**  
**FORMAT OF EMPANELMENT FORM**

The format of Empanelment Form is as per the format given in <https://pmjay.gov.in>. The specific link is given in <https://hospitals.pmjay.gov.in/empApplicationHome.htm?actionVal=loginPage>

*Dated 18 July 2023*

**ANNEXURE 2  
FORMAT OF SERVICES AGREEMENT**

[Note: To be separately provided by the State Nodal Agency.]

*Dated 18 July 2023*

**ANNEXURE 3**  
**FORMAT FOR SUBMITTING LIST OF EMPANELLED HEALTH CARE PROVIDERS FOR QUARTERLY INSPECTION**

[Note: To be separately provided by the State Nodal Agency.]

**ANNEXURE 4**  
**FORMAT OF MEDICAL AUDITS**

**PART 1: MEDICAL AUDIT FORMAT DAY CARE**

Sl No.	Particulars				
1	Hospital's Name				
2	Hospital's District				
3	Patient's Name				
4	Gender		Age		PMJAY ID
5	Case No.				
6	Date of Treatment/Surgery	TMS		Hospital Record	
7	Final Diagnosis				
8	Package Blocked				
9	Correct Blocking of Package	YES		No	

FORMAT OF MEDICAL AUDIT FOR DAYCARE						
<b>1</b>	<b>ON ADMISSION</b>		<b>Y</b>	<b>N</b>	<b>NA</b>	<b>REMARKS</b>
a	DATE OF ADMISSION					
b	CHIEF COMPLAINT					
c	H/O PRESENT ILLNESS					
d	RELEVANT PAST/FAMILY HISTORY					
e	GENERAL EXAMINATION					
f	VITALS					
g	SYSTEMIC EXAMINATION					
h	PROVISIONAL DIAGNOSIS					
i	PLAN OF TREATMENT					
j	DOCTOR'S SIGNATURE					
<b>2</b>	<b>SURGERY</b>		<b>Y</b>	<b>N</b>	<b>NA</b>	<b>REMARKS</b>
a	SIGNED CONSENT FOR TREATMENT					
b	PRE-OP DIAGNOSIS					
c	PROCEDURE DETAILS					
d	POST OP DISGNOSIS					
e	ANAESTHETIC NOTES					
f	DOCTORS NAME AND SIGN					
g	DATE OF PROCEDURE AND TIME					
h	SPECIFIC FINDINGS					
i	IMPLANTS STICKER (WHERE MANDATORY)					
<b>3</b>	<b>NURES' NOTES</b>		<b>Y</b>	<b>N</b>	<b>NA</b>	<b>REMARKS</b>
a	WRITTEN					
b	SIGNED					
c	DATED					
d	TIMED					
e	VITALS CHART MAINTAINED					
f	TREATMENT CHART MAINTAINED					
g	INPUT/OUTPUT CHART					
<b>4</b>	<b>DISCHARGE SUMMARY</b>		<b>Y</b>	<b>N</b>	<b>NA</b>	<b>REMARKS</b>
a	FINAL DIAGNOSIS					
b	SIGNIFICANT FINDINGS					



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c	PROCEDURE PERFORMED				
d	TREATMENT GIVEN				
e	PATIENT CONDITION ON DISCHARGE				
f	ADVICE ON DISCHARGE				
g	INSTRUCTION FOR FOLLOW UP				
<b>5</b>	<b>OTHERS</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>REMARKS</b>
a	MANDATORY INVESTIGATION AS PER PACKAGE				
c	OTHER INVESTIGATIONS (ORDERED/SUPPORTIVE OF DIAGNOSIS)				

ADDITIONAL FINDINGS:

Details of Auditor/Examiner		Details of Hospital Authority	
Name		Name	
Designation		Designation	
Signature		Signature & Seal	
Date			

**PART 2: MEDICAL AUDIT FORMAT OPD DIAGNOSTIC**

Sl No.	Particulars				
1	Hospital's Name				
2	Hospital's District				
3	Patient's Name				
4	Gender		Age		PMJAY ID
5	Case No.				
6	Date of Diagnostic	TMS		Hospital Record	
7	Final Diagnosis				
8	Package Blocked				
9	Correct Blocking of Package	YES		No	

MEDICAL AUDIT FOR OPD Diagnostic					
1	OUT PATIENT DETAILS	Y	N	NA	REMARKS
a	DATE OF OPD VISIT				
b	TIME OF OPD VISIT				
c	CHIEF COMPLAINT				
d	HISTORY OF PRESENT ILLNESS				
e	RELEVANT PAST HISTORY				
f	RELEVANT FAMILY HISTORY				
g	GENERAL EXAMINATION				
h	VITALS				
i	SYSTEMIC EXAMINATION				
j	PROVISIONAL/FINAL DIAGNOSIS				
k	ADVISED DIAGNOSTIC				
l	DOCTOR'S SIGNATURE				
2	DIAGNOSTIC CONDUCTED	Y	N	NA	REMARKS
a	FINAL DIAGNOSIS/IMPRESSION				
b	SIGNIFICANT FINDINGS				
c	TREATMENT GIVEN				
d	ADVICE ON DISCHARGE				
e	INSTRUCTION FOR FOLLOW UP				
3	OTHERS	Y	N	NA	REMARKS
a	INVESTIGATION REPORT AVAILABLE				

ADDITIONAL FINDINGS:

Details of Auditor/Examiner		Details of Hospital Authority	
Name		Name	
Designation		Designation	
Signature		Signature & Seal	
Date			

**PART 3: MEDICAL AUDIT FORMAT IPD**

SI No.	Particulars					
1	Hospital's Name					
2	Hospital District					
3	Patient's Name					
4	Gender		Age		PMJAY ID	
5	Case No.					
6	Date of Admission	TMS		Hospital Record		
7	Date of Surgery (if Applicable)	TMS		Hospital Record		
8	Date of Discharge	TMS		Hospital Record		
9	Final Diagnosis					
10	Package Blocked					
11	Correct Blocking of Package	YES		No		
12	Others	LAMA/DAMA/DOPR/REFERRED				

MEDICAL AUDIT FOR INPATIENT					
<b>1</b>	<b>ON ADMISSION</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>REMARKS</b>
a	DATE OF ADMISSION				
b	TIME OF ADMISSION				
c	CHIEF COMPLAINT				
d	HISTORY OF PRESENT ILLNESS				
e	RELEVANT PAST HISTORY				
f	RELEVANT FAMILY HISTORY				
g	GENERAL EXAMINATION				
h	VITALS				
i	SYSTEMIC EXAMINATION				
j	PROVISIONAL DIAGNOSIS				
k	ADVISED/PLANNED TREATMENT				
l	CONSENT FOR ADMISSION /TREATMENT				
<b>2</b>	<b>DOCTOR'S PROGRESS NOTES FROM ADMISSION TO DISCHARGE</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>REMARKS</b>
a	WRITTEN DAILY				
b	SIGNED DAILY				
c	DATED DAILY				
d	TIMED DAILY				
e	REFLECTIVE TO PATIENT CONDITION				
f	FINAL DISCHARGE NOTE				
<b>3</b>	<b>NURSES' NOTES</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>REMARKS</b>
a	WRITTEN DAILY				
b	SIGNED DAILY				
c	DATED DAILY				
d	TIMED DAILY				
e	VITALS CHART MAINTAINED				
f	TREATMENT CHART MAINTAINED				

g	INPUT/OUTPUT CHART				
<b>4</b>	<b>SURGERY</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>REMARKS</b>
a	PRE-ANAESTHETIC CHECK UP				
b	CONSENT FOR SURGERY				
c	DIAGNOSIS				
d	PROCEDURE PERFORMED				
e	PROCEDURE DETAILS				
f	DOCTORS NAME AND SIGN				
g	DATE OF PROCEDURE				
h	TIME OF PROCEDURE (START AND END TIME)				
i	SPECIFIC FINDINGS				
j	IMPLANTS STICKER (WHERE APPLICABLE)				
k	ANAESTHETIC NOTES				
l	POST OP ADVICE				
<b>5</b>	<b>DISCHARGE SUMMARY</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>REMARKS</b>
a	DISCHARGE SUMMARY				
b	FINAL DIAGNOSIS				
c	SIGNIFICANT FINDINGS				
d	PROCEDURE PERFORMED				
e	TREATMENT GIVEN				
f	PATIENT CONDITION ON DISCHARGE				
g	ADVICE ON DISCHARGE				
h	INSTRUCTION FOR FOLLOW UP				
<b>6</b>	<b>OTHERS</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>REMARKS</b>
a	MANDATORY INVESTIGATION AS PER PACKAGE				
b	OTHER INVESTIGATIONS (ORDERED/SUPPORTIVE OF DIAGNOSIS)				

ADDITIONAL FINDINGS:

Details of Auditor/Examiner		Details of Hospital Authority	
Name		Name	
Designation		Designation	
Signature		Signature & Seal	
Date			

**PART 4: MEDICAL AUDIT FORM AT MORTALITY IPD**

SI No.	Particulars				
1	Hospital's Name				
2	Hospital District				
3	Patient's Name				
4	Gender		Age		PMJAY ID
5	Case No.				
6	Date of Admission	TMS		Hospital Record	
7	Date of Surgery (if Applicable)	TMS		Hospital Record	
8	Date of Discharge/Death	TMS		Hospital Record	
9	Final Diagnosis				
10	Package Blocked				
11	Correct Blocking of Package	YES		No	

MEDICAL AUDIT FOR MORTALITY IPD					
<b>1</b>	<b>ON ADMISSION</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>REMARKS</b>
a	DATE OF ADMISSION				
b	TIME OF ADMISSION				
c	CHIEF COMPLAINT				
d	HISTORY OF PRESENT ILLNESS				
e	RELEVANT PAST HISTORY				
f	RELEVANT FAMILY HISTORY				
g	GENERAL EXAMINATION				
h	VITALS				
i	SYSTEMIC EXAMINATION				
j	PROVISIONAL DIAGNOSIS				
k	ADVISED/PLANNED TREATMENT				
l	CONSENT FOR ADMISSION/ TREATMENT				
<b>2</b>	<b>DOCTORS PROGRESS NOTES FROM ADMISSION TO DISCHARGE</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>REMARKS</b>
a	WRITTEN DAILY				
b	SIGNED DAILY				
c	DATED DAILY				
d	TIMED DAILY				
e	REFLECTIVE TO PATIENT CONDITION				
f	FINAL DISCHARGE NOTE				
<b>3</b>	<b>NURSES' NOTES</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>REMARKS</b>
a	WRITTEN DAILY				
b	SIGNED DAILY				
c	DATED DAILY				
d	TIMED DAILY				
e	VITALS CHART MAINTAINED				
f	TREATMENT CHART MAINTAINED				
g	INPUT/OUTPUT CHART				
<b>4</b>	<b>SURGERY</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>REMARKS</b>
a	PRE-ANAESTHETIC CHECK UP				

b	CONSENT FOR SURGERY				
c	DIAGNOSIS				
d	PROCEDURE PERFORMED				
e	PROCEDURE DETAILS				
f	DOCTORS NAME AND SIGN				
g	DATE OF PROCEDURE				
h	TIME OF PROCEDURE (START AND END TIME)				
i	SPECIFIC FINDINGS				
j	IMPLANTS STICKER (WHERE MANDATORY)				
k	ANAESTHETIC NOTES				
l	POST OP ADVICE				
<b>5</b>	<b>DEATH SUMMARY</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>REMARKS</b>
a	CPR NOTES/DNR CONSENT				
b	DATE OF DEATH				
c	TIME OF DEATH				
d	DEATH CERTIFICATE				
<b>6</b>	<b>OTHERS</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>REMARKS</b>
a	MANDATORY INVESTIGATION AS PER PACKAGE				
b	OTHER INVESTIGATIONS (ORDERED/SUPPORTIVE OF DIAGNOSIS)				

ADDITIONAL FINDINGS:

Details of Auditor/Examiner		Details of Hospital Authority	
Name		Name	
Designation		Designation	
Signature		Signature & Seal	
Date			

**ANNEXURE 5**  
FORMAT OF BENEFICIARY SURVEY QUESTIONNAIRE

**Beneficiary Survey Questionnaire**

1. Date of visit:
2. Name of village, block and district:
3. Name, designation & organization of Interviewer:
4. MHIS/AN-PMJAY Beneficiary ID:
5. Name of Head of the Household:
6. Name of Beneficiary:
7. Age of Beneficiary:
8. Ask the Beneficiary as to which hospital did, he/she visit:
9. What factors helped him/her on deciding which hospital to visit?
10. What was the mode of transportation and approximate travel time?
11. Did anybody accompany the Beneficiary, and if yes, the name and relationship of the attendant (it may or may not be a family member)?
12. What symptoms was the Beneficiary exhibiting when he/she visited the Hospital?
13. Was the PMAM/MHIS operator/hospital authority cordial to the patient's party while conducting the TMS process at the time of admission, during in patient stay and at the time of discharge?
14. Was the Beneficiary informed about the value of the package which was blocked by the hospital?
15. Was the Beneficiary informed about the residual value available on his/her card post the treatment?
16. What diagnostic tests (if any) were performed on the Beneficiary?
17. Was he/she operated upon, if yes, is there a scar on the body, which could help in verification of the surgery?
18. Was the Beneficiary/attendant asked to sign or put their thumb impression on any blank paper/ letterhead? If yes was the Beneficiary explained why this signature or thumb impression is being taken?
19. Was the Beneficiary given a discharge summary? Does the Beneficiary still possess that discharge summary? If yes can the team physically verify the same?
20. Was any message received by the beneficiary post discharge, mentioning the details of amount balance remaining? If yes can the team physically verify the same?
21. Was post-hospitalization medication provided to the Beneficiary? If yes, has he / she consumed it or is it still available with the Beneficiary?
22. Was any money asked by the hospital at any point of time? If yes then for what purpose?
23. Was Beneficiary or the attendant asked to purchase any of the medicine or carry on any of the diagnostic test at their own cost?
24. If the Beneficiary has been diagnosed with a chronic ailment, please verify with the Beneficiary if he/she still exhibits the symptoms. Has the Beneficiary been advised to come for any follow up visits?

Signature of Beneficiary: _____
Signature of Auditor: _____
Date: _____

**ANNEXURE 6**  
**FORMAT OF ACTUARIAL CERTIFICATE FOR DETERMINING REFUND OF PREMIUM**

*[On the letterhead of the Insurer/Insurer's Appointed Actuary]*

From:

*[Name of Appointed Actuary]*  
*[Designation of Appointed Actuary]*  
*[Address of Insurer/Appointed Actuary]*

Date: [●]

To:

Mr. ....,  
Chief Executive Officer,  
Megha Health Insurance Scheme  
State Nodal Agency,  
Government of Meghalaya.  
Shillong – 793003, Meghalaya

Dear Sir,

**Sub: Actuarial Certificate in respect of Pure Claim Ratio of [insert name of Insurer] for Policy Cover Period [●] to [●]**

I/We, [insert name of actuary], are/am a/an registered actuary under the laws of India and are/is licensed to provide actuarial services.

[Insert name of Insurer] (the **Insurer**) is an insurance company engaged in the business of providing general insurance (including health insurance) services in India for the last [●] years. I/We have been appointed by the Insurer as its Appointed Actuary in accordance with the IRDA (Appointed Actuary) Regulations, 2000.

The Insurer has executed a contract dated [●] with the State Nodal Agency for the implementation of the **Megha Health Insurance Scheme and Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (MHIS 6)** (the **Insurance Contract**). The Premium payable by the State Nodal Agency under the Insurance Contract for the Policy Cover Period from [●] to [●] (**Current Policy Cover Period**) is ₹ [●] (Rupees [insert sum in words] only) per Beneficiary Family Unit.

In accordance with Clause 8.B a. of the Insurance Contract, we are required to certify the Pure Claim Ratio for the full 12 months of the Previous Policy Cover Period for all the districts within the Service Area.

I, [insert name] designated as [insert title] at [insert location] of [insert name of actuary] do hereby certify that:

- (a) We have read the Insurance Contract and the terms and conditions contained therein.
- (b) In our fair and reasonable view and based on the information available to us, the Pure Claim Ratio for the full 12 months of the Previous Policy Cover Period has been determined by us in accordance with the formula below:

$$\text{Pure Claim Ratio} = \frac{\text{C}}{[\text{P}_T - \text{C}_{Ac}]} \times 100$$

= [insert calculation]  
= [insert result]%

For the purposes of the formula above:



Dated 18 July 2023

$P_T$  is the total Premium collected by the Insurer in the Current Policy Cover Period for all the Beneficiary Family Units identified under the scheme. It is calculated as the product of the Premium per Beneficiary Family Unit in the Current Policy Cover Period and the total number of Beneficiary Family Units identified under the Current Policy Cover Period, i.e., Rs. [●] (Rupees [insert sum in words] only).

$C$  is the total Claims paid by the Insurer to the Empanelled Health Care Providers in the twelve months of the Current Policy Cover Period, i.e., Rs. [●] (Rupees [insert sum in words] only);

$C_{AC}$  is the total administrative cost incurred by the Insurer in providing the Covers per Beneficiary Family Unit identified/registered by it in the Current Policy Cover Period (other than the cost of the e paper Card). The total administrative cost per Beneficiary Family Unit incurred by the Insurer is Rs. [●] (Rupees [insert sum in words] only).

**Provided that the  $C_{AC}$  shall be defined as follows**

- i. Administrative cost allowed at 10% if claim ratio is less than 65%.
- ii. Administrative cost allowed at 12% if claim ratio is between 66% and 75%.
- iii. Administrative cost allowed at 15% if claim ratio is between 76% and 85%.

$C_{AC}$  is Rs. [●] (Rupees [insert sum in words] only).

(c) In our fair and reasonable view and based on the information available to us, the Pure Claim Ratio of the Insurer in respect of all the districts within the Service Area for 12 months of the Current Policy Cover Period is [●]% ([insert sum in words] percentage).

At [insert place]

Date: [insert date]

---

**On behalf of [insert name of Appointed Actuary]**

[Name]

[title]

Name and Counter Signature of Principal Officer of Appointed Actuary, along with Appointed Actuary's name and seal

---

**On behalf of [insert name of Appointed Actuary]**

[Name]

[title]

[Note. This counter signature is only required if the Appointed Actuary is an external actuarial firm.]

**ANNEXURE 6 A**  
**FORMAT OF ACTUARIAL CERTIFICATE FOR DETERMINING LOADING OF PREMIUM**

[On the letterhead of the Insurer/Insurer's Appointed Actuary]

From:

[Name of Appointed Actuary]  
[Designation of Appointed Actuary]  
[Address of Insurer/Appointed Actuary]

Date: [●]

To:

Mr. \_\_\_\_\_  
Chief Executive Officer,  
Megha Health Insurance Scheme  
State Nodal Agency,  
Government of Meghalaya.  
Shillong – 793003, Meghalaya

Dear Sir,

**Sub: Actuarial Certificate in respect of Pure Claim Ratio of [insert name of Insurer] for Policy Cover Period [●] to [●]**

I/We, [insert name of actuary], are/am a/an registered actuary under the laws of India and are/is licensed to provide actuarial services.

[Insert name of Insurer] (the **Insurer**) is an insurance company engaged in the business of providing general insurance (including health insurance) services in India for the last [●] years. I/We have been appointed by the Insurer as its Appointed Actuary in accordance with the IRDA (Appointed Actuary) Regulations, 2000.

The Insurer has executed a contract dated [●] with the State Nodal Agency for the implementation of the **Megha Health Insurance Scheme and Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (MHIS 6)** (the **Insurance Contract**). The Premium payable by the State Nodal Agency under the Insurance Contract for the Policy Cover Period from [●] to [●] (**Current Policy Cover Period**) is ₹ [●] (Rupees [insert sum in words] only) per Beneficiary Family Unit.

In accordance with Clause 8 D a of the Insurance Contract, we are required to certify the Pure Claim Ratio for the first 6 months of the Current Policy Cover Period for all the districts within the Service Area.

I, [insert name] designated as [insert title] at [insert location] of [insert name of actuary] do hereby certify that:

- (a) We have read the Insurance Contract and the terms and conditions contained therein.
- (b) In our fair and reasonable view and based on the information available to us, the Pure Claim Ratio for the first 6 months of the Current Policy Cover Period has been determined by us in accordance with the formula below:

$$\text{Pure Claim Ratio} = \frac{\text{C}}{0.5 \times [P_T - C_{AC}]} \times 100$$

$$= [\textit{insert calculation}]$$
$$= [\textit{insert result}]\%$$

For the purposes of the formula above:

$P_T$  is the total Premium collected by the Insurer in the Current Policy Cover Period for all the Beneficiary Family Units identified under the scheme. It is calculated as the product of the Premium per Beneficiary Family Unit in the Current Policy Cover Period and the total number of Beneficiary Family Units identified under the Current Policy Cover Period, i.e., Rs. [●] (Rupees [insert sum in words] only).

$C$  is the total Claims paid by the Insurer to the Empanelled Health Care Providers in the first 6 months of the Current Policy Cover Period, i.e., Rs. [●] (Rupees [insert sum in words] only);

$C_{AC}$  is the total administrative cost incurred by the Insurer in providing the Covers per Beneficiary Family Unit registered by it in the Current Policy Cover Period (other than the cost of the e paper Card). The total administrative cost per Beneficiary Family Unit incurred by the Insurer is Rs. [●] (Rupees [insert sum in words] only).

**Provided that the  $C_{AC}$  shall be defined as follows:**

- i. Administrative cost allowed at 10% if claim ratio is less than 65%.
- ii. Administrative cost allowed at 12% if claim ratio is between 66% and 75%.
- iii. Administrative cost allowed at 15% if claim ratio is between 76% and 85%.

$C_{AC}$  is Rs. [●] (Rupees [insert sum in words] only).

- (c) In our fair and reasonable view and based on the information available to us, the Pure Claim Ratio of the Insurer in respect of all the districts within the Service Area for the first 6 months of the Current Policy Cover Period is [●]% ([insert sum in words] percentage).

At [insert place]

Date: [insert date]

---

On behalf of [insert name of Appointed Actuary]

[Name]

[title]

Name and Counter Signature of Principal Officer of Appointed Actuary, along with Appointed Actuary's name and seal

---

On behalf of [insert name of Appointed Actuary]

[Name]

[title]

[Note. This counter signature is only required if the Appointed Actuary is an external actuarial firm.]

**ANNEXURE 7****Minimum Qualification and Responsibilities required for the personnel to be recruited by the Insurance Company**

Sl. No.	Designation	No.	Location	Minimum Qualification and experience	Brief Roles and Responsibilities
1	State Project Manager	1	State Project Office of Insurance Company	Post-graduate with minimum 10 years of experience in implementing health insurance schemes.	<ul style="list-style-type: none"> <li>Overall coordinator of ICs operations in the state</li> <li>Single contact point for SNA for any coordination purpose</li> </ul>
2	State Medical Manager	1	State Project Office of Insurance Company	MBBS with minimum 10 years of total experience and minimum 7 years health insurance experience.	<ul style="list-style-type: none"> <li>Overall supervision and guidance to be provided to CPDs and PPDs, medical auditors and hospital empanelment</li> <li>Support SNA with related functions</li> </ul>
3	State Operations Manager	1	State Project Office of Insurance Company	Post-graduate with minimum 8 years of experience in health insurance operations.	Oversee operations in all the districts and regularly coordinate with the district coordinators for day-to-day functions including grievance redressals, hospital visits, audits etc.
4	District Coordinator	1 each in other districts	At district level	Graduate with 5 years of experience.	<ul style="list-style-type: none"> <li>Support the DPM for day-to-day operations</li> <li>To coordinate and ensure smooth implementation of the Scheme in the district.</li> </ul>

					<ul style="list-style-type: none"> <li>• To follow up with the EHCP to ensure smooth functioning</li> <li>• Liaise with the district officials of the SNA to addressing operational issues as and when they arise.</li> <li>• Liaise with DPM for resolution of grievances</li> <li>• Conduct beneficiary audit as and when required.</li> </ul>
5	District Medical Officers	7, as defined in Clause 15 c v	District level	MBBS/BAMS/BH MS/ BDS with 5-7 years of experience	<ul style="list-style-type: none"> <li>• Coordinate and conduct required medical audit</li> <li>• Finalize and submit audit report</li> <li>• Conduct hospitals visits for audit and for empanelment</li> </ul>

**ANNEXURE 8**  
**CLAIMS REPORTING FORMATS**

1. CPD Rejected Claims Reporting format: Weekly Basis.
2. Claims Paid Reporting Format: Weekly Basis.
3. Insurer Data Dump Year to Date Format: Weekly Basis.
4. Summary I – Weekly Hospital Wise Claims Report.
5. Summary II – Weekly Hospital Type Claims Report.
6. Summary III – Weekly Patient District Wise Claims Report.

**Note: All the Formats are listed above are to be separately provided by the State Nodal Agency.**



**ANNEXURE 10**  
**FORMAT OF REJECTED CLAIMS REPORT SUBMISSION**

Sl No.	PMJAY ID	Case No.	Patient Name	Gender	Age	Procedure Details	Hospital Name	Hospital District	Rejection Reason	Additional Remarks	Date of Rejection
1									Patient Admitted before Policy Period/Insufficient or No Medical Documents/Package or Procedure Blocked not as per Policy Guidelines/No Response from Hospital Authority/Incorrect or Wrong Package Selection/Any Other (Please Mention)		MM.DD.YY
2											
3											
4											



*Dated 18 July 2023*

**ANNEXURE 11**

**FORMAT OF CLAIMS REPORT**

The format shall be shared by the State Nodal Agency.