

Dated 16 April 2022

TENDER DOCUMENTS
For Implementation of
MEGHA HEALTH INSURANCE SCHEME
And
AYUSHMAN BHARAT PRADHAN MANTRI JAN
AROGYA YOJANA
MHIS 5
In the State of Meghalaya
VOLUME – II



Government of Meghalaya
Department of Health & Family Welfare
Dated 16th April 2022.

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

This Agreement for the implementation of Phase 5 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 _____:

BETWEEN:

- 1. THE GOVERNOR OF THE STATE OF MEGHALAYA**, represented by the **CEO, Megha Health Insurance Scheme and Director Health Services (MI), 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 MoHFW, GoI providing an insurance cover of ₹ 5, 00, 000 per household belonging to the SECC category of families. 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 empanelled health care providers.
- C.** The GoM has decided to evaluate the overall functionality of the Megha Health Insurance Scheme; and has now decided to implement a restructured scheme in convergence with PMJAY. The scheme shall be referred to as the Megha Health Insurance Scheme Phase 5 (hereinafter referred to as MHIS 5), providing an insurance cover of ₹ 5,30,000 for PMJAY eligible beneficiaries and ₹ 5,00,000 for MHIS eligible beneficiaries on a family floater basis to Beneficiary Family Units through a network of empanelled hospitals.
- D.** The objectives of the Megha Health Insurance Scheme Phase 5 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.
- E.** On (_____), 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 5. Pursuant to the Tender Documents, the bidders submitted their bids on (_____) for the implementation of the MHIS 5. The Insurer also submitted its bid to the State Nodal Agency on that date (the **Bid**).
- F.** 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 5. The State Nodal Agency issued a notification of award dated (_____) (the **NOA**) and requested the Insurer to execute this Insurance Contract. The Insurer accepted the NOA on (_____).
- G.** 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 (_____).

- H. 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 5 for the implementation of the MHIS 5 in all the districts in the State of Meghalaya.
- I. 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 4 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 5 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 5 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 5.

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 5, 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 5; 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 ante-natal and post-natal care benefit, the child care benefit, the cardiac and diabetes preventive care benefit and the OPD diagnostic care benefit available under the sum insured and under OPD Cover for PMJAY household's category.

OPD Cover in respect of each Beneficiary Family Unit that is registered by the Insurer means the benefits that are set out at Clause 4 A a).

OPD 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 the OPD Cover for PMJAY household's category.

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 Network Hospital means a hospital, nursing home, 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 5.

Pure Claim Ratio shall have the meaning given to it in Annexure 9 of 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.

SECC Beneficiary Family Units 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.

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 5 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) paid its contribution of ₹ 30 per beneficiary in a family unit, and 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 not be a Beneficiary for the subsequent Policy Cover Periods, unless the new born child has undertaken the beneficiary identification process 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 for PMJAY eligible category and ₹ 5,00,000 per family per policy year for MHIS category 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. ₹ 5,30,000 for PMJAY beneficiaries or ₹ 5,00,000 for MHIS beneficiaries 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)** 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 until its renewal, 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 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) Anaesthesia, blood transfusion, 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.
- 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) Anaesthesia, blood transfusion, 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. If the child is an infant between 0 and 12 months, this benefit can be availed either by identification of the child as a new-born by a registered Beneficiary or by registration of the child as a Beneficiary. If the child is between 1 and 5 years old, then the child must be registered as one of the Beneficiaries to avail this benefit. 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	1

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 care in any consecutive 7day period, i.e., the Insurer shall not be required to pay for more than

one instances of OPD diagnostic care provided by any Specialty Hospital or Diagnostics Lab to one or more Beneficiaries belonging to the same Beneficiary Family Unit in any consecutive 7day period.

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 ₹ 40,000 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 f) (ii) and (iii).

(ix) DOMICILIARY CARE EXPENSES:

No benefits shall be available for Domiciliary Care.

4. SUM INSURED

A. SUM INSURED FOR PMJAY CATEGORY 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 ₹ 5,00,000 for secondary and tertiary care porcedures (inclusive of Day -care treatment) and ₹ 30,000 for OPD Benefits. OPD Benefits would include Maternity benefit, Child Care benefit, Cardiac and Diabetic Preventive Care benefit and OPD Diagnostic benefit as given in Clause 3B iii, 3B iv, 3B v and 3B vi; 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. SUM INSURED FOR MHIS CATEGORY 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 ₹ 5,00,000, including OPD benefits specified under Clause 3B iii, 3B iv, 3B v and 3B iv; 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 Secondary Care Cover, for the remainder of such Policy Cover Period.

C. 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.

D. 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 for PMJAY category beneficiaries and ₹ 5,00,000 for MHIS category beneficiaries 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/OPD diagnostic benefit shall only be available to a Beneficiary through a Specialty 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. 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.
 - iv. 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) Upon the final fixation of the Package Rates, the packages rates applicable for CHCs and PHCs will be reduced by a flat rate of 30%.
- 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 entry 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 silver certification and entry 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 finalized 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 5.
- 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 applicable sub-limits or conditions specified in Clause 3, in relation to the utilization of such benefits;
- iii.** the Package Rate determined in accordance with Clause 5 B or the Pre-authorized Amount; and
- iv.** a maximum of ₹ 40,000 for all instances of follow up care and or upto 4 instances in one policy period as specified under Clause 3.
- v.** a maximum of ₹ 30,000 for OPD benefits; including ₹ 10,000 for OPD diagnostics as specified under Clause 3 for PMJAY category and ₹ 10,000 for OPD diagnostics for MHIS category.

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 5 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 31st 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 th March 2022	1 st April 2022	31 st March 2023
2	1 st April 2022	1 st April 2022	31 st March 2023
3	15 th April 2022	15 th April 2022**	31 st March 2023
4	1 st July 2022	1 st July 2022**	31 st 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 to meet expenses under secondary, tertiary and OPD care for eligible MHIS households and under secondary and tertiary care for PMJAY households.
- b. A Premium of ₹ ____/- per family per policy cover period for an additional Insurance cover of ₹ 30,000 to meet expenses under OPD care for PMJAY Households.

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 10 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 percentage that will need to be refunded is fixed at 10% till 60% claim ratio, a percentage of 1% will be added with increase in every 10% claims ratio. Therefore, the calculation will be as per the following:
 - i. Administrative cost allowed 10% if claim ratio less than 60%.
 - ii. Administrative cost allowed 11% if claim ratio between 60 - 70%.
 - iii. Administrative cost allowed 12% if claim ratio between 70 - 80%.

- 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 5. 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:

For one family belonging to PMJAY Category, premium is ₹ 1,020/- (A. Premium for ₹ 5,00,000 coverage = ₹ 1000/- and B. Premium for ₹ 30,000/- OPD Coverage for PMJAY eligible category = ₹ 20/- i.e., 2% of Premium at A) and one family belonging to MHIS Category, premium is ₹ 1,000/-. The calculation of premium per family for 1st Instalment shall be done as under:

1st Instalment of State Government's Share of Premium for ₹ 5,00,000 coverage for MHIS Household: ₹ 1000/- X 45%	450
1st Instalment of 10% State Government's Share of Premium for ₹ 5,00,000 coverage for PMJAY Household: ₹ 1000/- X 45%X10%	45
1st Instalment of 90% Central Government's Share of Premium for ₹ 5,00,000 coverage for PMJAY Household: ₹ 1000/- X 45%X90%	405
1st instalment of State Government's Share of OPD Premium of ₹ 30,000 for PMJAY Household: ₹ 20*45%	9

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:

For one family belonging to PMJAY Category, premium is ₹ 1,020/- (A. Premium for ₹ 5,00,000 coverage = ₹ 1000/- and B. Premium for ₹ 30,000/- OPD Coverage for PMJAY eligible category = ₹ 20/- i.e., 2% of Premium at A) and one family belonging to MHIS Category, premium is ₹ 1,000/-. The calculation of premium per family for 2nd Instalment shall be done as under:

2nd Instalment of State Government's Share of Premium for ₹ 5,00,000 coverage for MHIS Household: ₹ 1000/- X 45%	450
2nd Instalment of 10% State Government's Share of Premium for ₹ 5,00,000 coverage for PMJAY Household: ₹ 1000/- X 45%X10%	45

2nd Instalment of 90% Central Government's Share of Premium for ₹ 5,00,000 coverage for PMJAY Household: ₹ 1000/- X 45%X90%	405
2nd Instalment of State Government's Share of OPD Premium of ₹ 30,000 for PMJAY Household: ₹ 20*45%	9

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:

For one family belonging to PMJAY Category, premium is ₹ 1,020/- (A. Premium for ₹ 5,00,000 coverage = ₹ 1,000/- and B. Premium for ₹ 30,000/- OPD Coverage for PMJAY eligible category = ₹ 20/- i.e., 2% of Premium at A) and one family belonging to MHIS Category, premium is ₹ 1,000/-. The calculation of premium per family for 3rd Instalment shall be done as under:

3rd Instalment of State Government's Share of Premium for ₹ 50,0000 coverage for MHIS Household: ₹ 1000/- X 10%	100
3rd Instalment of 10% State Government's Share of Premium for ₹ 50,0000 coverage for PMJAY Household: ₹ 1000/- X 10% X 10%	10
3rd Instalment of 90% Central Government's Share of Premium for ₹ 50,0000 coverage for PMJAY Household: ₹ 1000/- X 10% X 90%	90
3rd instalment of State Government's Share of OPD Premium of ₹ 30,000 for PMJAY Household: ₹ 20 X 10%	2

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"> 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.
70% ≤ PCR < 90%	<ul style="list-style-type: none"> The renewal Premium for the next Policy Cover Period shall be loaded in the manner set out in Clause 8 D e.
30% < PCR < 70%	<ul style="list-style-type: none"> The renewal Premium for the next Policy Cover Period shall be the same as the Premium for the on-going Policy Cover Period.
PCR ≤ 30%	<ul style="list-style-type: none"> 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.

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

$$PCR = \frac{C}{0.5 \times [P_T - C_{AC}]} \times 100$$

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_T is the total Premium earned by the Insurer in the on-going Policy Cover Period;
C_{AC} 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_{AC} shall be defined as follows:

- i. Administrative cost allowed 10% if claim ratio less than 60%.
- ii. Administrative cost allowed 11% if claim ratio between 60 - 70%.
- iii. Administrative cost allowed 12% if claim ratio between 70 - 80%.

- 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:

$$P_n = P_{n-1} \times [1 + WPI_{av}/100]$$

Where

n is the renewal Policy Cover Period;

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

P_n is the renewal Premium for the renewal Policy Cover Period;

P_{n-1} is the Premium for the on-going Policy Cover Period; and

WPI_{av} 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:

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

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:

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

- 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 14th 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 5 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 5 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 5 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) The Insurer shall require the EHCPs to submit their Claims electronically within 21 days after the patient is discharged. If the EHCP fails to submit the claims within 21 days, the EHCP shall take a written permission from SNA for submission of claims or the claim may be rejected. Claims submitted beyond 21 days of discharge of patients will not be admissible.
- 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 once in 30 days 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 decide on the acceptance or rejection of any Claim received from an Empanelled Health Care Provider. 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) Insurer has to email all rejected cases on a weekly basis to the Medical Officer of the State Nodal Agency at doctor.claims@mhis.org.in as per the format given in Annexure 11.
- g) All rejected claims will be audited by the Medical Officer, SNA. If any rejected claims are found to be rejected incorrectly, the case will be revoked and send back to the Insurer for processing of such cases.

- 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 n), 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 h) 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.
- 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 and DPMs on the details of cases which are pending at the EHCP.
- 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 to the email id claims.officer@mhis.org.in

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 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 5 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.
- 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).
- l. 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 5 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 5 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 5 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	
11	South Garo Hills	7
Total		

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 5:
- 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 5, 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 5 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 5 so that all the relevant information related to MHIS 5 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 5:
- 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 5. 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 5 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 PMJAY.

- 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 5, 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 5 and that all beneficiaries under MHIS 5 will have access to avail benefits in such hospitals.

- o)** The SEC and DEC shall review the empanelment of each hospital on an annual 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 5.
- 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 5.
- 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 reports through the portal login assigned to him/her. The DEC can exercise the following options while forwarding the case to the state:
 - i. Recommend Approval DEC will review the documents and conduct a physical verification of the hospital within the stipulated time. If the findings are satisfactory, a recommendation may be sent to SNA along with the report findings for approval of the application, if found suitable.
 - ii. Recommend relaxation and approve: The DEC will also be responsible for recommending, if applicable, any relaxation in empanelment criteria (above the minimum empanelment criteria) that may be required to ensure that an adequate number of empanelled facilities are available in the district. All such relaxations need to be approved by the SNA with due rationale clearly documented.
 - iii. For healthcare providers where some minor lacunae are observed, DEC may intimate the hospital to rectify the lacunae within a 30-day period. During this time, the DEC can put the application in clarification required status; giving time to the healthcare provider to rectify and upload the additional documents within a period of 30 working days from the time the lacunae were communicated to the healthcare provider. During this period of 30 days, weekly auto generated reminders will be shared with the healthcare provider to upload the additional information required for the empanelment process. If the hospital does not provide proof of rectification within the stipulated time, the application is automatically rejected. If satisfactory proof of rectification is obtained, the DEC can then recommend approval of the application.
 - iv. Recommend rejection: For applications which do not meet the minimum standards, or the healthcare providers have been found to be misreporting information, DEC will recommend rejection. All rejections must be reviewed by SHA. All healthcare providers whose applications are rejected will be intimated within 3 working days of the decision being taken along with the reasons for rejection. The information will also be available on the Hospital Empanelment Module.
- h. Health Care providers where the application has been rejected will have the right to file a review against the rejection within 15 working days of rejection through the portal. In case the request for empanelment is rejected by the SNA, the healthcare providers can approach the SEC for remedy, i.e., redressal of their grievances.
- i. SNA will review the reports submitted by the DEC and will consider their recommendation to approve or deny or return the request to the hospital. Based on the review, SNA shall make the final decision on empanelment within 15 working days

- i. In case the empanelment is approved, the same will be updated on the PMJAY web-based portal and the healthcare provider will be notified through SMS/email of the final decision within 3 working days.
- 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-empanelment 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 4 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 procure and install such Hospital IT Infrastructure/peripherals as given in Schedule 8 of the Insurance Contract (except Computer/laptop, UPS and Printer) in the premises of such public Empanelled Health Care Provider. The Insurer shall complete such procurement and installation at its own cost.

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 5 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 5 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 4.
- 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 the beneficiary upon issuance of the E/Paper Card.
 - 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 registration percentage under MHIS-PMJAY stands at ____% as on 31st January, 2022. The SNA desires that this registration percentage is increased during the MHIS 5 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 5 and that the features of MHIS 5 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 5 (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-authorisation 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 5 and the Covers;
 - b. Process for utilizing the Covers under MHIS 5;
 - 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 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 5 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 5 in each district during the Policy Cover Period.

21. REGISTRATION OF BENEFICIARY FAMILY UNITS

a) REGISTRATION OF BENEFICIARIES AND REGISTRATION OBLIGATIONS

- a. The insurer shall register only those beneficiaries that have not yet registered under MHIS-PMJAY. As on 31st March, 2022, the number of households registered is 4,58,909.

- b. 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.
- c. 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.
- d. 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.
- e. The Insurer shall ensure mandatory issuance of the e/paper card to each beneficiary who has completed the beneficiary identification process.
- f. 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.
- g. 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.
- h. 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 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.
- 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 beneficiary upon the completion of the beneficiary identification process during the registration.
- 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 beneficiary will be applicable.
- 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 5 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 5**

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 5 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 5 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 5; 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 5 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 5 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 5, benefits available to Beneficiaries, information on the hospital network under the MHIS 5 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 for 5 days a week (Monday – Friday) throughout the year.

(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 5.
- 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 5 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 5 guidelines, the State Nodal Agency may constitute a Mortality Audit Committee that will also comprise of representation of the Insurer's representatives.

- vii. The insure 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.
- 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-empanelment 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
Total in Meghalaya		21

- 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 5, 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.

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 21st 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 5.
 - 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 5 (including feedback from Beneficiaries regarding awareness of MHIS 5), 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 5 and the Insurer's performance of its obligations:

- a) To organize periodic review meetings with the Insurer to review the implementation of the MHIS 5. 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 5.
- 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 5 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 5 and its key features;
 - ii.** Mobilise all eligible Beneficiary Family Units in all districts of the State for registration under MHIS 5 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 5 and facilitating their access to such services as may be needed;
 - v.** Provide publicity in their catchment areas on basic performance indicators of MHIS 5 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 5.

**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) The District Coordinator of 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) Additional Chief Secretary/Principal Secretary/Commissioner & Secretary/Secretary Health and Family Welfare Department, GoM.
- (ii) Chief Executive officer, MHIS – Convener.
- (iii) Joint Chief Executive Officer MHIS – Member.
- (iv) Director of Finance, MHIS – Member.
- (v) State Grievance Nodal officer – Member.
- (vi) Representatives of the State Nodal Agency: State Manager, Claims Officer and Monitoring and Control Officer – Members.

(vii) State Coordinator of the Insurance Company – Member.

(viii) SNA/GoM may co-opt more members for this purpose.

c) 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 5 (i.e. DKMs, State Nodal Officer, etc.); and any other person having an interest or participating in the implementation of MHIS 5 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.

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 5 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 5 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;
 - b. Specify the obligations affected by the Force Majeure Event and the extent to which the Affected Party cannot perform those obligations;
 - c. Estimate the time during which the Force Majeure Event will continue; and
 - d. Specify the measures proposed to be adopted to mitigate or minimise the effects of the Force Majeure Event.
- d. As soon as practicable after receipt of the Force Majeure Notice, the Parties shall consult with each other in good faith and use reasonable endeavours to agree appropriate mitigation measures to be taken to mitigate the effect of the Force Majeure Event and facilitate continued performance of this Insurance Contract.

If Parties are unable to arrive at a mutual agreement on the occurrence of a Force Majeure Event or the mitigation measures to be taken by the Affected Party within 15 days of receipt of the Force Majeure Notice, then the other Party shall have a right to refer such dispute to grievance redressal in accordance with Clause 30.
- e. Subject to the Affected Party having complied with its obligations under Clause 32 C and Clause 32 D, the Affected Party shall be excused from the performance of the obligations that is affected by such Force Majeure Event for the duration of such Force Majeure Event and the Affected Party shall not be in breach of this Insurance Contract for such failure to perform for such duration; provided however that no payment obligations (including Claim Payments) shall be excused by the occurrence of a Force Majeure Event.

D. MITIGATION OF FORCE MAJEURE EVENT

- a. Mitigate or minimise the effects of the Force Majeure Event to the extent reasonably practicable; and
- b. take all actions reasonably practicable to mitigate any loss suffered by the other Party as a result of the Affected Party's failure to carry out its obligations under this Insurance Contract.

E. RESUMPTION OF PERFORMANCE

When the Affected Party is able to resume performance of the obligations affected by the Force Majeure Event, it shall give the other Party a written notice to that effect and shall promptly resume performance of its affected obligations under this Insurance Contract.

F. TERMINATION UPON SUBSISTENCE OF FORCE MAJEURE EVENT

If a Force Majeure Event continues for a period of 4 weeks or more within a continuous period of 365 days, either Party may terminate this Insurance Contract by giving the other Party 90 days' written notice. On termination of this Insurance Contract under this Clause 32 F, the provisions of Clause 31 D, Clause 31 E, Clause 31 F and Clause 31 G shall apply.

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 Guidelines from time to time and the Insurer shall comply with all such MHIS Guidelines issued during the Term, whether or not the provisions or terms of such MHIS 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: Mr. / Ms. _____
E-Mail: _____
Phone: _____
Fax: _____

To: State Nodal Agency
Attn: Mr. / Ms. _____
E-Mail: _____
Phone: _____
Fax: _____

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 &
Director of Health Services (MI),
Government of Meghalaya.**

In the presence of:

1. _____

SIGNED, SEALED and DELIVERED

For and on behalf of

Represented by:

In the presence of:

1. _____

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 C (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.

Sterilization, Fertility and Sex Change procedures

- (a) Sterilization.
- (b) Any fertility, sub-fertility or assisted conception procedure.
- (c) Hormone replacement therapies, sex change or treatments which result from or are in any way related to sex change.

Vaccinations and Cosmetic Treatments

- (a) Vaccination or inoculation, other than such expenses that are included in the HBP as part of the OPD Benefits.

- (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) Lithotripsy (kidney stone removal)
- (6) Tonsillectomy
- (7) D&C
- (8) Dental surgery following an accident
- (9) Surgery of Hydrocele
- (10) Surgery of Prostrate
- (11) Gastrointestinal Surgeries
- (12) Genital Surgery
- (13) Surgery of Nose
- (14) Surgery of Throat
- (15) Surgery of Ear
- (16) Surgery of Urinary System
- (17) Treatment of fractures/dislocation (excluding hair line fracture), Contracture releases and minor reconstructive procedures of limbs which otherwise require Hospitalization
- (18) Laparoscopic therapeutic surgeries that can be done as a Day Care Treatment.
- (19) Identified surgeries under General Anaesthesia.
- (20) Psychiatric & Psychosomatic illness
- (21) Screening and Follow Up care including medicine cost without Diagnostic Tests
- (22) 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.

Speciality Summary

S. No.	Specialty	Specialty Code	Package Count	Procedure Count
1	Burns Management	BM	6	22
2	Cardiology	MC	23	36
3	Cardiothoracic Vascular Surgery	SV	41	139
4	Emergency Room Packages	ER	4	7
5	General Medicine	MG	154	217
6	General Surgery	SG	199	288
7	Infectious Diseases	ID	3	2
8	Interventional Neuroradiology	IN	84	116
9	Medical Follow-up	MF	48	48
10	Medical Oncology	MO	77	289
11	Mental Disorders	MM	14	22
12	Neo-natal Care	MN	14	14
13	Neurosurgery	SN	91	133
14	Obstetrics & Gynecology	SO	108	151
15	OPD Benefits	OD	5	6
16	Ophthalmology	SE	58	78
17	Oral & Maxillofacial Surgery	SM	27	40
18	Organ & Tissue Transplant	OT	2	9
19	Orthopedics	SB	123	221
20	Otorhinolaryngology	SL	69	123
21	Palliative Medicine	PM	41	41
22	Pediatric Medical Management	MP	53	82
23	Pediatric Surgery	SS	52	72
24	Plastic & Reconstructive Surgery	SP	8	12
25	Polytrauma	ST	10	21
26	Radiation Oncology	MR	20	53
27	Surgical Follow-up	SF	71	71
28	Surgical Oncology	SC	81	124
29	Urology	SU	123	216
30	Unspecified Surgical Package	US	1	1
31	High end drugs	HED	125	125
32	Diagnostic Laboratory	DL	494	494
33	OPD Benefits	DL	37	37
Total			2,266	3,310

Procedures:

S. No.	Specialty	Specialty type	Package Name	Procedure Name	Rate	Average - LoS	Stratification Options	Stratification on Rate	Implants
1	Burns Management	Surgical	Thermal burns	% Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing	7,700	NA	Not applicable	Not applicable	Not applicable
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.	55,000	12	Not applicable	Not applicable	Not applicable
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.	88,400	12	Not applicable	Not applicable	Not applicable
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.	1,10,000	12	Not applicable	Not applicable	Not applicable
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	1,10,000	12	Not applicable	Not applicable	Not applicable

				procedures are required for deep burns that are not amenable to heal with dressings alone.					
6	Burns Management	Surgical	Scald burns	% Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing	7,700	NA	Not applicable	Not applicable	Not applicable
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.	55,000	12	Not applicable	Not applicable	Not applicable
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.	88,400	12	Not applicable	Not applicable	Not applicable
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.	1,10,000	12	Not applicable	Not applicable	Not applicable

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.	1,10,000	12	Not applicable	Not applicable	Not applicable
11	Burns Management	Surgical	Flame burns	% Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing	7,700	NA	Not applicable	Not applicable	Not applicable
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.	55,000	12	Not applicable	Not applicable	Not applicable
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.	88,400	12	Not applicable	Not applicable	Not applicable
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.	1,10,000	12	Not applicable	Not applicable	Not applicable

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.	41,300	12	Not applicable	Not applicable	Not applicable
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.	55,000	12	Not applicable	Not applicable	Not applicable
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.	82,500	12	Not applicable	Not applicable	Not applicable
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.	68,800	12	Not applicable	Not applicable	Not applicable

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.	55,000	12	Not applicable	Not applicable	Not applicable
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.	82,500	12	Not applicable	Not applicable	Not applicable
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.	68,800	8	Not applicable	Not applicable	Not applicable

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.	68,800	8	Not applicable	Not applicable	Not applicable
23	Infectious Diseases	Medical	Treatment of COVID-19 Infection	Private hospitals	-	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
24	Infectious Diseases	Medical	Treatment of COVID-19 Infection	Public hospitals	-	7	General ward without oxygen requirement/ General ward with oxygen requirement/ ICU - with non-	1200/ 1500/ 2500/ 3000	Not applicable

							invasive ventilator/ ICU - with invasive ventilator		
25	Emergency Room Packages	Medical	Laceration	Suturing/ Dressing	2,200	NA	Not applicable	Not applicable	Not applicable
26	Emergency Room Packages	Medical	Laceration	Dressing Under GA	1,200	NA	Not applicable	Not applicable	Not applicable
27	Emergency Room Packages	Medical	Cardiopulmonary emergency	with stable cardiopulmonary status	2,200	NA	Not applicable	Not applicable	Not applicable
28	Emergency Room Packages	Medical	Cardiopulmonary emergency	with unstable cardiopulmonary status with resuscitation	11,000	NA	Not applicable	Not applicable	Not applicable
29	Emergency Room Packages	Medical	Animal bites	Dog/ Cat/ Rat Bites	500	NA	Not applicable	Not applicable	Not applicable
30	Emergency Room Packages	Medical	Animal bites	Insect Bite	18,500	NA	Not applicable	Not applicable	Not applicable
31	Emergency Room Packages	Medical	Animal bites	Other bites	2,300	NA	Not applicable	Not applicable	Not applicable
32	Infectious Diseases	Medical	Treatment of systemic fungal infections	Treatment of systemic fungal infections	-	7	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
33	Interventional Neuroradiology	Medical	Dural AVMs/AVFs	Dural AVMs with glue	77,000	5	Not applicable	Not applicable	Not applicable
34	Interventional Neuroradiology	Medical	Dural AVMs/AVFs	Dural AVFs with glue	77,000	5	Not applicable	Not applicable	Not applicable
35	Interventional Neuroradiology	Medical	Dural AVMs/AVFs	Dural AVMs with onyx	1,65,000	5	Not applicable	Not applicable	Not applicable
36	Interventional Neuroradiology	Medical	Dural AVMs/AVFs	Dural AVFs with onyx	1,65,000	5	Not applicable	Not applicable	Not applicable

37	Interventional Neuroradiology	Medical	Cerebral & spinal AVM embolization	using histoacryl cerebral & spinal AVM embolization	1,10,000	5	Not applicable	Not applicable	Not applicable
38	Interventional Neuroradiology	Medical	Cerebral & spinal AVM embolization	Using histoacryl	1,10,000	5	Not applicable	Not applicable	Not applicable
39	Interventional Neuroradiology	Medical	Coil embolization for aneurysms	Coil embolization for aneurysms	1,10,000	5	Not applicable	Not applicable	Not applicable
40	Interventional Neuroradiology	Medical	Carotico-cavernous fistula (CCF) embolization	With coil	2,06,300	5	Not applicable	Not applicable	Not applicable
41	Interventional Neuroradiology	Medical	Carotico-cavernous fistula (CCF) embolization	With balloon	1,03,200	5	Not applicable	Not applicable	Not applicable
42	Interventional Neuroradiology	Medical	Preoperative tumour embolization	Preoperative tumour embolization	44,000	5	Not applicable	Not applicable	Not applicable
43	Interventional Neuroradiology	Medical	Intracranial balloon angioplasty with stenting	Intracranial balloon angioplasty with stenting	2,20,000	5	Not applicable	Not applicable	Not applicable
44	Interventional Neuroradiology	Medical	Intracranial thrombolysis / clot retrieval	Intracranial thrombolysis / clot retrieval	2,20,000	5	Not applicable	Not applicable	Not applicable
45	Interventional Neuroradiology	Medical	Balloon test occlusion	Balloon test occlusion	96,300	5	Not applicable	Not applicable	Not applicable
46	Interventional Neuroradiology	Medical	Parent vessel occlusion - basic	Parent vessel occlusion - basic	41,300	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
47	Interventional Neuroradiology	Medical	Vertebroplasty	Vertebroplasty	55,800	5	Not applicable	Not applicable	Not applicable
48	Interventional Neuroradiology	Medical	Vertebroplasty	Percutaneous transhepatic biliary stenting (SEMS) after prior PTBD	39,100	7	Not applicable	Not applicable	Not applicable
49	Interventional Neuroradiology	Medical	Percutaneous cholangioplasty	Percutaneous cholangioplasty	16,700	7	Not applicable	Not applicable	Not applicable
50	Interventional Neuroradiology	Medical	Hepatic venous wedge pressure measurement (HVPG)	Hepatic venous wedge pressure measurement (HVPG)	19,100	7	Not applicable	Not applicable	LABS set - 0

51	Interventional Neuroradiology	Medical	Plug-assisted retrograde transvenous obliteration (PARTO)	Plug-assisted retrograde transvenous obliteration (PARTO)	63,400	7	Not applicable	Not applicable	Lipoidol+coils(Vascular plug separate additional cost - 0
52	Interventional Neuroradiology	Medical	Tunnelled long-term venous catheter	Tunnelled long-term venous catheter	16,100	7	Not applicable	Not applicable	Chemoport - 0
53	Interventional Neuroradiology	Medical	Tunnelled longterm indwelling catheter for refractory ascites/pleural effusion	Tunnelled longterm indwelling catheter for refractory ascites/pleural effusion	18,400	7	Not applicable	Not applicable	Permcath - 0
54	Interventional Neuroradiology	Medical	Peripherally inserted central catheter (PICC)	Peripherally inserted central catheter (PICC)	9,800	7	Not applicable	Not applicable	Not applicable
55	Interventional Neuroradiology	Medical	Percutaneous antegrade uretric stenting after prior PCN	Percutaneous antegrade uretric stenting after prior PCN	18,300	7	Not applicable	Not applicable	RF Probe for Tumor ablation - 0
56	Interventional Neuroradiology	Medical	Lymphatic occlusion of chylous leak	Lymphatic occlusion of chylous leak	23,400	7	Not applicable	Not applicable	Microwave antenna - 0
57	Interventional Neuroradiology	Medical	PVA particle embolization (without microcatheter)	PVA particle embolization (without microcatheter)	17,400	7	Not applicable	Not applicable	Lipidol+Coils(2) - 0
58	Interventional Neuroradiology	Medical	Glue embolization (without microcatheter)	Glue embolization (without microcatheter)	27,700	7	Not applicable	Not applicable	Coils(3) - 0
59	Interventional Neuroradiology	Medical	Glue embolization (with microcatheter)	Glue embolization (with microcatheter)	44,600	7	Not applicable	Not applicable	Microcatheter+Coil (3) - 0
60	Interventional Neuroradiology	Medical	Coil embolization	Coil embolization (without microcatheter)	22,000	7	Not applicable	Not applicable	Microcatheter - 0
61	Interventional Neuroradiology	Medical	Alcohol embolisation	Alcohol embolisation	32,300	7	Not applicable	Not applicable	Balloon - 0
62	Interventional Neuroradiology	Medical	PVA embolization (with microcatheter)	PVA embolization (with microcatheter)	41,800	7	Not applicable	Not applicable	Lipidol+Microcatheter +Coil - 0
63	Interventional Neuroradiology	Medical	Coil embolization (with microcatheter)	Coil embolization (with microcatheter)	41,800	7	Not applicable	Not applicable	Vascular Plug+Coils - 0
64	Interventional Neuroradiology	Medical	Vascular plug assisted embolization	Vascular plug assisted embolization	54,000	7	Not applicable	Not applicable	Microcatheter - 0
65	Interventional Neuroradiology	Medical	Angioplasty (arterial)	Angioplasty (arterial)	39,500	7	Not applicable	Not applicable	Balloon - 0
66	Interventional Neuroradiology	Medical	Angioplasty (arterial)	Angioplasty (arterial) using microguidewire and guiding catheter	61,300	7	Not applicable	Not applicable	Balloon +metallic stent - 0
67	Interventional Neuroradiology	Medical	Angioplasty (arterial)	Angioplasty and bare metal stenting (arterial) CTO lesion	83,700	7	Not applicable	Not applicable	Balloon + Covered stent - 0
68	Interventional Neuroradiology	Medical	Angioplasty (arterial)	Angioplasty and covered stent placement (arterial)	69,000	7	Not applicable	Not applicable	multiside hole thrombolysis catheter), r TPA , balloon - 0
69	Interventional Neuroradiology	Medical	Angioplasty (arterial)	Catheter directed thrombolysis (arterial/venous)	48,500	7	Not applicable	Not applicable	multiside hole thrombolysis

									catheter), r TPA , Thrombectomy Catheter - 0
70	Interventional Neuroradiology	Medical	Thrombectomy followed by thrombolysis (arterial/venous)	Thrombectomy followed by thrombolysis (arterial/venous)	60,100	7	Not applicable	Not applicable	Balloon - 0
71	Interventional Neuroradiology	Medical	Angioplasty (venous)	Angioplasty (venous)	27,600	7	Not applicable	Not applicable	Balloon+Metallic stent - 0
72	Interventional Neuroradiology	Medical	Angioplasty (venous)	Angioplasty and stenting hepatic vein	69,100	7	Not applicable	Not applicable	High Pressure large Ballon - 0
73	Interventional Neuroradiology	Medical	Angioplasty (venous)	Angioplasty (IVC/central vein) with high pressure balloon	64,100	7	Not applicable	Not applicable	Ballon+High Pressure large Ballon+metallic stent - 0
74	Interventional Neuroradiology	Medical	Angioplasty (venous)	Angioplasty and covered stent placement (venous)	62,000	7	Not applicable	Not applicable	below knee Balloon - 0
75	Interventional Neuroradiology	Medical	Angioplasty Below knee angioplasty	Angioplasty Below knee angioplasty	73,300	7	Not applicable	Not applicable	Drug Coated balloon/Cutting Ballon - 0
76	Interventional Neuroradiology	Medical	Angioplasty (complex): cutting balloon/drug coated balloon	Angioplasty (complex): cutting balloon/drug coated balloon	73,200	7	Not applicable	Not applicable	Graft - 0
77	Interventional Neuroradiology	Medical	Fenestration of dissecting aneurysm	Fenestration of dissecting aneurysm	41,000	7	Not applicable	Not applicable	Not applicable
78	Interventional Neuroradiology	Medical	Post EVAR endoleak management	Post EVAR endoleak management	30,000	7	Not applicable	Not applicable	Not applicable
79	Interventional Neuroradiology	Medical	IVC filter placement	IVC filter placement	21,300	7	Not applicable	Not applicable	multiside hole thrombolysis catheter), r TPA , IVC filter - 0
80	Interventional Neuroradiology	Medical	IVC filter Placemnt with Catheter directed thrombolysis (arterial/venous)	IVC filter Placemnt with Catheter directed thrombolysis (arterial/venous)	39,800	7	Not applicable	Not applicable	Retrieval kit - 0
81	Interventional Neuroradiology	Medical	IVC filter retrival	IVC filter retrival	15,800	7	Not applicable	Not applicable	Not applicable
82	Interventional Neuroradiology	Medical	Miscellaneous vacular IR procedure	Miscellaneous vascular IR procedure	13,100	7	Not applicable	Not applicable	Snare - 0
83	Interventional Neuroradiology	Medical	Retrival of intravascular foreign body	Retrival of intravascular foreign body	18,600	7	Not applicable	Not applicable	Not applicable
84	Interventional Neuroradiology	Medical	Joint/bursa intervention	Joint/bursa intervention	7,600	7	Not applicable	Not applicable	Not applicable
85	Interventional Neuroradiology	Medical	Sacroiliac joint denervation	Sacroiliac joint denervation	20,800	7	Not applicable	Not applicable	Not applicable
86	Interventional Neuroradiology	Medical	Facet joint intra-articular intervention- CS/Thoracic/LS	Facet joint intra-articular intervention- CS/Thoracic/LS	7,600	7	Not applicable	Not applicable	Not applicable

87	Interventional Neuroradiology	Medical	median branch rhizotomy- CS/Thoracic/LS	median branch rhizotomy- CS/Thoracic/LS	20,800	7	Not applicable	Not applicable	Not applicable
88	Interventional Neuroradiology	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)	20,800	7	Not applicable	Not applicable	Not applicable
89	Interventional Neuroradiology	Medical	PRP -suprascapular /tennis elbow/other tendon	PRP -suprascapular /tennis elbow/other tendon	7,600	7	Not applicable	Not applicable	Nucleotome set - 0
90	Interventional Neuroradiology	Medical	Percutaneous Discotomy/nucleotomy using laser or nucleuotome	Percutaneous Discotomy/nucleotomy using laser or nucleuotome	18,600	7	Not applicable	Not applicable	Not applicable
91	Interventional Neuroradiology	Medical	Neural foraminal block	Neural foraminal block	7,600	7	Not applicable	Not applicable	RF probe - 0
92	Interventional Neuroradiology	Medical	Radiofrequency Ablation (RFA) of bone tumor /metastases/osteoid osteoma	Radiofrequency Ablation (RFA) of bone tumor /metastases/osteoid osteoma	35,000	7	Not applicable	Not applicable	Microwave probe - 0
93	Interventional Neuroradiology	Medical	Microwave ablation of bone tumor /osteoid osteoma	Microwave ablation of bone tumor /osteoid osteoma	43,800	7	Not applicable	Not applicable	Not applicable
94	Interventional Neuroradiology	Medical	Diskography	Diskography	7,600	7	Not applicable	Not applicable	Biopsy Gun - 0
95	Interventional Neuroradiology	Medical	Angioplasty with medicated SFA stent /Specialised stent (arterial) CTO lesion	Angioplasty with medicated SFA stent /Specialised stent (arterial) CTO lesion	3,27,400	7	Not applicable	Not applicable	High Pressure large Ballon+ specialised venous stent - 0
96	Interventional Neuroradiology	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	2,28,600	7	Not applicable	Not applicable	Not applicable
97	Interventional Neuroradiology	Medical	Stent Retriever	Stroke-Stent Retreiver	3,20,100	7	Not applicable	Not applicable	Not applicable
98	Interventional Neuroradiology	Medical	Aspiration	Stroke-Aspiration Catheter	3,41,300	7	Not applicable	Not applicable	Not applicable
99	Interventional Neuroradiology	Medical	Intervention for Acute stroke (Aspiration & stent retrieval)	Intervention for Acute stroke (Aspiration & stent retrieval)	4,32,500	7	Not applicable	Not applicable	Not applicable
100	Interventional Neuroradiology	Medical	Endovascular therapy for intracranial aneurysm	Aneurysm-5 Coil	2,97,400	7	Not applicable	Not applicable	Not applicable
101	Interventional Neuroradiology	Medical	Endovascular therapy for intracranial aneurysm	Aneurysm-7 Coil	3,53,900	7	Not applicable	Not applicable	Not applicable

102	Interventional Neuroradiology	Medical	Endovascular therapy for intracranial aneurysm	5 Coil + Balloon	3,79,900	7	Not applicable	Not applicable	Not applicable
103	Interventional Neuroradiology	Medical	Endovascular therapy for intracranial aneurysm	5 Coil + Balloon+Stent	4,75,500	7	Not applicable	Not applicable	Not applicable
104	Interventional Neuroradiology	Medical	Endovascular therapy for intracranial aneurysm	7 Coil + Balloon+Stent	5,21,700	7	Not applicable	Not applicable	Not applicable
105	Interventional Neuroradiology	Medical	Arteriovenous fistula (AVF)/Arteriovenous Malformation (AVM)	Pial AVF (Single hole)	1,32,400	7	Not applicable	Not applicable	Not applicable
106	Interventional Neuroradiology	Medical	Arteriovenous fistula (AVF)/Arteriovenous Malformation (AVM)	AVF	1,43,400	7	Not applicable	Not applicable	Not applicable
107	Interventional Neuroradiology	Medical	Arteriovenous fistula (AVF)/Arteriovenous Malformation (AVM)	AVM (nidus upto 3 cm)	1,72,400	7	Not applicable	Not applicable	Not applicable
108	Interventional Neuroradiology	Medical	Carotid angioplasty & stenting	Carotid stenting	1,37,500	7	Not applicable	Not applicable	Not applicable
109	Interventional Neuroradiology	Medical	Carotid angioplasty & stenting	Carotid stenting-membrane layered	1,94,400	7	Not applicable	Not applicable	Not applicable
110	Interventional Neuroradiology	Medical	Intracranial stenting for Intracranialatherosclerolosis disease (ICAD)	Intracranial stenting for Intracranialatherosclerolosis disease (ICAD)	4,00,700	7	Not applicable	Not applicable	Not applicable
111	Interventional Neuroradiology	Medical	Dural sinus stenting	Dural sinus stenting	1,46,200	7	Not applicable	Not applicable	Not applicable
112	Interventional Neuroradiology	Medical	Carotid stenting with protection device	Carotid stenting with protection device	2,28,700	7	Not applicable	Not applicable	Not applicable
113	Interventional Neuroradiology	Medical	Vasospasm management-post coiling/clipping *Cost per session	Vasospasm management-post coiling/clipping *Cost pe	89,000	7	Not applicable	Not applicable	Not applicable
114	Interventional Neuroradiology	Medical	Retinoblastoma package	Retinoblastoma under GA	99,200	7	Not applicable	Not applicable	Not applicable
115	Interventional Neuroradiology	Medical	Percutaneous cholecystostomy	Percutaneous cholecystostomy	24,300	7	Not applicable	Not applicable	Balloon - 0
116	Interventional Neuroradiology	Medical	PAIR / percutaneous sclerotherapy for Hydatid cyst	PAIR / percutaneous sclerotherapy for Hydatid cyst	10,100	7	Not applicable	Not applicable	Balloon+Metallic stent - 0
117	Interventional Neuroradiology	Medical	Oesophageal /gastric / duodenal / colonic stenting/balloon dilatation	Oesophageal /gastric / duodenal / colonic stenting/balloon dilatation	26,300	7	Not applicable	Not applicable	Not applicable

118	Interventional Neuroradiology	Medical	Transjugular Liver biopsy	Transjugular Liver biopsy	19,400	7	Not applicable	Not applicable	Gastrostomy set - 0
119	Interventional Neuroradiology	Medical	Percutaneous gastrostomy	Percutaneous gastrostomy	8,700	7	Not applicable	Not applicable	lipiodol+Microcather - 0
120	Interventional Neuroradiology	Medical	Transarterial chemoembolization - conventional (cTACE)	Transarterial chemoembolization - conventional (cTACE)	66,000	7	Not applicable	Not applicable	DEB+Microcather - 0
121	Interventional Neuroradiology	Medical	Transarterial chemoembolization - Drug eluting beads (DEB-TACE)	Transarterial chemoembolization - Drug eluting beads (DEB-TACE)	56,700	7	Not applicable	Not applicable	RUPS set, covered stent, uncovered stent, Balloon catheter - 0
122	Interventional Neuroradiology	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)	1,04,200	7	Not applicable	Not applicable	lipiodol+Ballon+coils 2 - 0
123	Interventional Neuroradiology	Medical	Balloon-occluded retrograde transvenous obliteration (BRTO)	Balloon-occluded retrograde transvenous obliteration (BRTO)	56,100	7	Not applicable	Not applicable	Vascular Plu+coil+lipiodol - 0
124	Interventional Neuroradiology	Medical	Pre-operative portal vein embolization	Pre-operative portal vein embolization	36,700	7	Not applicable	Not applicable	Pleurex kit - 0
125	Interventional Neuroradiology	Medical	Chemoport/implantable lines	Chemoport/implantable lines	16,100	7	Not applicable	Not applicable	PICC line - 0
126	Interventional Neuroradiology	Medical	Primary percutaneous antegrade uretric stenting	Primary percutaneous antegrade uretric stenting	26,600	7	Not applicable	Not applicable	Silicon Stent - 0
127	Interventional Neuroradiology	Medical	USG guided percutaneous ganglion/plexus block (Neuronolysis)	USG guided percutaneous ganglion/plexus block (Neuronolysis)	12,500	7	Not applicable	Not applicable	Not applicable
128	Interventional Neuroradiology	Medical	CT guided percutaneous ganglion/plexus block (Neuronolysis)	CT guided percutaneous ganglion/plexus block (Neuronolysis)	15,800	7	Not applicable	Not applicable	Vertebroplasty kit including cement - 0
129	Interventional Neuroradiology	Medical	Vertebroplasty/Cementoplasty	Vertebroplasty/Cementoplasty	30,400	7	Not applicable	Not applicable	Kyphoplasty kit+Cement - 0
130	Interventional Neuroradiology	Medical	Kyphoplasty	Kyphoplasty	43,700	7	Not applicable	Not applicable	VABB gun - 0
131	Interventional Neuroradiology	Medical	Vaccum assisted breast biopsy	Vaccum assisted breast biopsy	11,800	7	Not applicable	Not applicable	Lipiodol - 0
132	Interventional Neuroradiology	Medical	USG guided percutaneous Microwave Ablation (MWA)- benign breast /thyroid tumor	USG guided percutaneous Microwave Ablation (MWA)- benign breast /thyroid tumor	40,500	7	Not applicable	Not applicable	Not applicable
133	Interventional Neuroradiology	Medical	Diagnostic angiography (DSA)	Diagnostic angiography (DSA)	9,600	7	Not applicable	Not applicable	Not applicable
134	Interventional Neuroradiology	Medical	Gelfoam embolization (without microcatheter)	Gelfoam embolization (without microcatheter)	16,100	7	Not applicable	Not applicable	2 PVA particle - 0

135	Interventional Neuroradiology	Medical	Gelfoam embolization (with microcatheter)	Gelfoam embolization (with microcatheter)	32,300	7	Not applicable	Not applicable	PVA particle+Microcatheter - 0
136	Interventional Neuroradiology	Medical	Varicose vein: endovenous treatment (for one limb)	Varicose vein: endovenous treatment (for one limb)	16,900	7	Not applicable	Not applicable	Not applicable
137	Interventional Neuroradiology	Medical	Percutaneous Injection sclerotherapy for low flow vascular malformation	Percutaneous Injection sclerotherapy for low flow vascular malformation	12,500	7	Not applicable	Not applicable	Coils(4), microcatheter - 0
138	Interventional Neuroradiology	Medical	Varicocele embolization	Varicocele embolization	25,000	7	Not applicable	Not applicable	Balloon+Drug Coated ballon/Cutting Ballon - 0
139	Interventional Neuroradiology	Medical	Fistuloplasty / Thrombectomy of dialysis fistula	Fistuloplasty / Thrombectomy of dialysis fistula	44,700	7	Not applicable	Not applicable	IVC filter - 0
140	Interventional Neuroradiology	Medical	EVOH Package	AVM (1 vial)	1,47,600	7	Not applicable	Not applicable	Not applicable
141	Interventional Neuroradiology	Medical	Tumor Embolization	Tumor Embolization	99,100	7	Not applicable	Not applicable	Not applicable
142	Interventional Neuroradiology	Medical	3 Coil + Balloon+Stent Package	3 Coil + Balloon+Stent Package	2,43,500	7	Not applicable	Not applicable	Not applicable
143	Interventional Neuroradiology	Medical	Percutaneous nephrostomy	Percutaneous nephrostomy	24,300	7	Not applicable	Not applicable	Silicon Stent - 0
144	Interventional Neuroradiology	Medical	3 Coil + Balloon Package	3 Coil + Balloon Package	1,68,700	7	Not applicable	Not applicable	Not applicable
145	Interventional Neuroradiology	Medical	Angioplasty and bare metal stenting (arterial)	Angioplasty and bare metal stenting (arterial)	53,000	7	Not applicable	Not applicable	Balloon +metallic stent - 0
146	Interventional Neuroradiology	Medical	TEVAR for aortic aneurysm/ dissection	TEVAR for aortic aneurysm/ dissection	92,200	7	Not applicable	Not applicable	Balloon - 0
147	Interventional Neuroradiology	Medical	Coil Package	Aneurysm-3 Coil	1,51,000	7	Not applicable	Not applicable	Not applicable
148	Interventional Neuroradiology	Medical	Angioplasty and bare metal stenting (venous)	Angioplasty and bare metal stenting (venous)	48,700	7	Not applicable	Not applicable	High Pressure large Ballon+Covered stent - 0
149	Cardiology	Medical	Right / Left Heart Catheterization	Right Heart Catheterization	13,800	1	Not applicable	Not applicable	Not applicable
150	Cardiology	Medical	Right / Left Heart Catheterization	Left Heart Catheterization	13,800	1	Not applicable	Not applicable	Not applicable
151	Cardiology	Medical	Catheter directed Thrombolysis	For Deep vein thrombosis (DVT)	57,500	2	Not applicable	Not applicable	Not applicable
152	Cardiology	Medical	Catheter directed Thrombolysis	For Mesenteric Thrombosis	57,500	2	Not applicable	Not applicable	Not applicable

153	Cardiology	Medical	Catheter directed Thrombolysis	For Peripheral vessels	57,500	2	Not applicable	Not applicable	Not applicable
154	Cardiology	Medical	Balloon Dilatation	Coartication of Aorta	53,100	2	Not applicable	Not applicable	Cardiac Balloon - Adult - 15400 Cardiac Balloon - Pediatric - 36300
155	Cardiology	Medical	Balloon Dilatation	Pulmonary Artery Stenosis	53,100	2	Not applicable	Not applicable	Cardiac Balloon - Adult - 15400 Cardiac Balloon - Pediatric - 36300
156	Cardiology	Medical	Valvotomy	Balloon Pulmonary Valvotomy	32,200	2	Not applicable	Not applicable	Cardiac Balloon - Adult - 15400 Cardiac Balloon - Pediatric - 36300
157	Cardiology	Medical	Valvotomy	Balloon Aortic Valvotomy	32,200	2	Not applicable	Not applicable	Cardiac Balloon - Adult - 15400 Cardiac Balloon - Pediatric - 36300
158	Cardiology	Medical	Valvotomy	Balloon Mitral Valvotomy	39,300	2	Not applicable	Not applicable	Not applicable
159	Cardiology	Medical	Balloon Atrial Septostomy	Balloon Atrial Septostomy	33,600	2	Not applicable	Not applicable	Not applicable
160	Cardiology	Medical	ASD device closure	ASD device closure	50,800	2	Not applicable	Not applicable	ASD Device - 68200
161	Cardiology	Medical	VSD device closure	VSD device closure	52,100	2	Not applicable	Not applicable	VSD Device - 79200
162	Cardiology	Medical	PDA device closure	PDA device closure	44,900	2	Not applicable	Not applicable	PDA Device - 33000
163	Cardiology	Medical	PDA stenting	PDA stenting	54,800	2	Not applicable	Not applicable	Coronary Stent for PDA stenting - Bare Metal - 9600 Coronary Stent for PDA stenting - Drug Eluting - 34800
164	Cardiology	Medical	PTCA, inclusive of diagnostic angiogram	PTCA, inclusive of diagnostic angiogram	55,900	3	Not applicable	Not applicable	Coronary Stent for PTCA - Bare Metal - 9600 Coronary Stent for PTCA - Drug Eluting - 34800

165	Cardiology	Medical	Electrophysiological Study	Electrophysiological Study	38,200	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 includes - Steerable decapolar catheter, Quadripolar Catheter, Radio Frequency Catheter - 83600
166	Cardiology	Medical	Electrophysiological Study	Electrophysiological Study with Radio Frequency Ablation	38,200	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 includes - Steerable decapolar catheter, Quadripolar Catheter, Radio Frequency Catheter - 83600
167	Cardiology	Medical	Percutaneous Transluminal Septal Myocardial Ablation	Percutaneous Transluminal Septal Myocardial Ablation	46,800	2	Not applicable	Not applicable	Not applicable
168	Cardiology	Medical	Pacemaker implantation	Temporary Pacemaker implantation	26,400	2	Not applicable	Not applicable	Not applicable
169	Cardiology	Medical	Pacemaker implantation	Permanent Pacemaker Implantation - Single Chamber	27,000	2	Not applicable	Not applicable	Single Chamber Pacemaker - Rate Responsive - 49500
170	Cardiology	Medical	Pacemaker implantation	Permanent Pacemaker Implantation - Double Chamber	36,300	2	Not applicable	Not applicable	Double Chamber Pacemaker - Rate Responsive - 82500

171	Cardiology	Medical	Peripheral Angioplasty	Peripheral Angioplasty	47,500	2	Not applicable	Not applicable	Peripheral Stent - Bare Metal - 23100
172	Cardiology	Medical	Bronchial artery Embolisation (for Haemoptysis)	Bronchial artery Embolisation (for Haemoptysis)	45,100	3	Not applicable	Not applicable	Not applicable
173	Cardiology	Medical	Pericardiocentesis	Pericardiocentesis	16,700	1	Not applicable	Not applicable	Not applicable
174	Cardiology	Medical	Systemic Thrombolysis (for MI)	Systemic Thrombolysis (for MI)	24,600	3	Not applicable	Not applicable	Not applicable
175	Cardiology	Medical	Embolization	Arteriovenous Malformation (AVM) in the Limbs	55,900	2	Not applicable	Not applicable	Implant for "Embolization - Arteriovenous Malformation (AVM) in the Limbs" - Part of package cost
176	Cardiology	Medical	Follow up - Cardiology	First Follow-up- 2-4 weeks after discharge - At network hospital	-	NA	Not applicable	Not applicable	Not applicable
177	Cardiology	Medical	Follow up - Cardiology	Second Follow-up- After 3 months	4,800	NA	Not applicable	Not applicable	Not applicable
178	Cardiology	Medical	Follow up - Cardiology	Third Follow-up- After 3 months	2,400	NA	Not applicable	Not applicable	Not applicable
179	Cardiology	Medical	Follow up - Cardiology	fourth Follow-up- After 3 months	2,400	NA	Not applicable	Not applicable	Not applicable
180	Cardiology	Medical	Follow up - Cardiology	Fifth Follow-up - After 3 months	2,400	NA	Not applicable	Not applicable	Not applicable
181	Cardiology	Medical	Acute and subacute endocarditis	Acute and subacute endocarditis	55,000	3	Not applicable	Not applicable	Not applicable
182	Cardiology	Medical	Acute coronary syndrome	Acute coronary syndrome	75,000	2	Not applicable	Not applicable	Not applicable
183	Cardiology	Medical	Myocarditis	Myocarditis	70,700	3	Not applicable	Not applicable	Not applicable
184	Cardiology	Medical	Rotablation	Rotablation	71,500	2	Not applicable	Not applicable	Not applicable
185	Medical Follow-up	Medical	Follow-up - Acquired heart disease with congestive cardiac failure	Follow-up - Acquired heart disease with congestive cardiac failure	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable
186	Medical Follow-up	Medical	Follow-up - Acute MI (conservative management without angiogram)	Follow-up - Acute MI (conservative management without angiogram)	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
187	Medical Follow-up	Medical	Follow-up - Acute MI requiring IABP	Follow-up - Acute MI requiring IABP	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable

188	Medical Follow-up	Medical	Follow-up - Acute MI with cardiogenic shock	Follow-up - Acute MI with cardiogenic shock	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
189	Medical Follow-up	Medical	Follow-up - Acute severe asthma	Follow-up - Acute severe asthma	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1200/ 1200/ 1200	Not applicable
190	Medical Follow-up	Medical	Follow-up - Acute severe asthma	Follow-up - Acute severe asthma	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1200/ 1200/ 1200	Not applicable
191	Medical Follow-up	Medical	Follow-up - Acute severe asthma with acute respiratory failure	Follow-up - Acute severe asthma with acute respiratory failure	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
192	Medical Follow-up	Medical	Follow-up - Acute severe asthma with ventilation	Follow-up - Acute severe asthma with ventilation	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable
193	Medical Follow-up	Medical	Follow-up - ADEM or relapse in multiple sclerosis	Follow-up - ADEM or relapse in multiple sclerosis	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable
194	Medical Follow-up	Medical	Follow-up - Anaemia of unknown cause	Follow-up - Anaemia of unknown cause	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable
195	Medical Follow-up	Medical	Follow-up - Chronic pancreatitis with severe pain	Follow-up - Chronic pancreatitis with severe pain	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable
196	Medical Follow-up	Medical	Follow-up - Cirrhosis with hepatic encephalopathy	Follow-up - Cirrhosis with hepatic encephalopathy	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable
197	Medical Follow-up	Medical	Follow-up - Cirrhosis with hepato renal syndrome	Follow-up - Cirrhosis with hepato renal syndrome	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable
198	Medical Follow-up	Medical	Follow-up - Complex arrhythmias	Follow-up - Complex arrhythmias	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
199	Medical Follow-up	Medical	Follow-up - Congenital heart disease with congestive cardiac failure	Follow-up - Congenital heart disease with congestive cardiac failure	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable
200	Medical Follow-up	Medical	Follow-up - Convulsive disorders/ status epilepticus (fits)	Follow-up - Convulsive disorders/ status epilepticus (fits)	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable
201	Medical Follow-up	Medical	Follow-up - COPD respiratory failure (infective exacerbation)	Follow-up - COPD respiratory failure (infective exacerbation)	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable

202	Medical Follow-up	Medical	Follow-up - Delayed puberty hypogonadism	Follow-up - Delayed puberty hypogonadism	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable
203	Medical Follow-up	Medical	Follow-up - Delayed puberty hypogonadism (ex. Turners syndrome, Klinefelter Syndrome)	Follow-up - Delayed puberty hypogonadism (ex. Turners syndrome, Klinefelter Syndrome)	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2200/ 2200/ 2200	Not applicable
204	Medical Follow-up	Medical	Follow-up - Encephalitis/ Encephalopathy	Follow-up - Encephalitis/ Encephalopathy	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable
205	Medical Follow-up	Medical	Follow-up - Gastric varices	Follow-up - Gastric varices	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable
206	Medical Follow-up	Medical	Follow-up - Hemorrhagic stroke/ Strokes	Follow-up - Hemorrhagic stroke/ Strokes	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable
207	Medical Follow-up	Medical	Follow-up - Hypopituitarism	Follow-up - Hypopituitarism	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable
208	Medical Follow-up	Medical	Follow-up - Infective endocarditis	Follow-up - Infective endocarditis	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
209	Medical Follow-up	Medical	Follow-up - Interstitial lung diseases	Follow-up - Interstitial lung diseases	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
210	Medical Follow-up	Medical	Follow-up - Intracranial bleed	Follow-up - Intracranial bleed	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable
211	Medical Follow-up	Medical	Follow-up - Ischemic strokes	Follow-up - Ischemic strokes	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable
212	Medical Follow-up	Medical	Follow-up - Meningo-encephalitis	Follow-up - Meningo-encephalitis	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable
213	Medical Follow-up	Medical	Follow-up - Meningo-encephalitis with ventilation	Follow-up - Meningo-encephalitis with ventilation	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2200/ 2200/ 2200	Not applicable
214	Medical Follow-up	Medical	Follow-up - Mixed connective tissue disorder	Follow-up - Mixed connective tissue disorder	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1600/ 1600/ 1600	Not applicable
215	Medical Follow-up	Medical	Follow-up - Nephrotic syndrome	Follow-up - Nephrotic syndrome	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable

216	Medical Follow-up	Medical	Follow-up - Neuro tuberculosis	Follow-up - Neuro tuberculosis	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable
217	Medical Follow-up	Medical	Follow-up - Neuro tuberculosis with ventilation	Follow-up - Neuro tuberculosis with ventilation	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable
218	Medical Follow-up	Medical	Follow-up - Neuroinfections - Fungal meningitis	Follow-up - Neuroinfections - Fungal meningitis	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable
219	Medical Follow-up	Medical	Follow-up - Neuroinfections - Pyogenic meningitis	Follow-up - Neuroinfections - Pyogenic meningitis	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable
220	Medical Follow-up	Medical	Follow-up - Neuroinfections - Viral Meningoencephalitis (including herpes encephalitis)	Follow-up - Neuroinfections - Viral Meningoencephalitis (including herpes encephalitis)	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable
221	Medical Follow-up	Medical	Follow-up - Neuromuscular (myasthenia gravis)	Follow-up - Neuromuscular (myasthenia gravis)	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1200/ 1200/ 1200	Not applicable
222	Medical Follow-up	Medical	Follow-up - Pemphigus/ Pemphigoid	Follow-up - Pemphigus/ Pemphigoid	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1000/ 1000/ 1000	Not applicable
223	Medical Follow-up	Medical	Follow-up - Pituitary – acromegaly	Follow-up - Pituitary – acromegaly	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable
224	Medical Follow-up	Medical	Follow-up - Refractory cardiac failure	Follow-up - Refractory cardiac failure	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
225	Medical Follow-up	Medical	Follow-up - Scleroderma	Follow-up - Scleroderma	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1600/ 1600/ 1600	Not applicable
226	Medical Follow-up	Medical	Follow-up - Status epilepticus	Follow-up - Status epilepticus	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable
227	Medical Follow-up	Medical	Follow-up - Steroid resistant nephritic syndrome	Follow-up - Steroid resistant nephritic syndrome	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable
228	Medical Follow-up	Medical	Follow-up - Steroid resistant nephritic syndrome with complicated or resistant	Follow-up - Steroid resistant nephritic syndrome with complicated or resistant	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1600/ 1600/ 1600	Not applicable
229	Medical Follow-up	Medical	Follow-up - Systemic lupus erythmatous (SLE)	Follow-up - Systemic lupus erythmatous (SLE)	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1600/ 1600/ 1600	Not applicable

230	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	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable
231	Medical Follow-up	Medical	Follow-up - Term baby with seizures ventilated	Follow-up - Term baby with seizures ventilated	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1400/ 1400/ 1400	Not applicable
232	Medical Follow-up	Medical	Follow-up - Vasculitis	Follow-up - Vasculitis	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1600/ 1600/ 1600	Not applicable
233	General Medicine	Medical	Acute febrile illness	Acute febrile illness	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
234	General Medicine	Medical	Severe sepsis	Severe sepsis	-	12	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
235	General Medicine	Medical	Severe sepsis	Septic shock	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
236	General Medicine	Medical	Malaria	Malaria	-	9	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
237	General Medicine	Medical	Malaria	Complicated Malaria	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable

							ICU - With Ventilator		
238	General Medicine	Medical	Malaria	Plasmodium Falciparum Malaria	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
239	General Medicine	Medical	Malaria	Plasmodium Malariae Malaria	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
240	General Medicine	Medical	Malaria	Plasmodium Vivax Malaria	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
241	General Medicine	Medical	Dengue fever	Dengue fever	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
242	General Medicine	Medical	Dengue fever	Dengue hemorrhagic fever	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
243	General Medicine	Medical	Dengue fever	Dengue shock syndrome	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable

244	General Medicine	Medical	Chikungunya fever	Chikungunya fever	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
245	General Medicine	Medical	Enteric Fever	Enteric Fever	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
246	General Medicine	Medical	HIV with complications	HIV with complications	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
247	General Medicine	Medical	Leptospirosis	Leptospirosis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
248	General Medicine	Medical	Acute gastroenteritis	with moderate dehydration	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
249	General Medicine	Medical	Acute gastroenteritis	with severe dehydration	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
250	General Medicine	Medical	Chronic PD catheter Insertion	Chronic PD catheter Insertion	4,500	4	Not applicable	Not applicable	Not applicable

251	General Medicine	Medical	Acute severe ulcerative colitis	Acute severe ulcerative colitis	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
252	General Medicine	Medical	Mesenteric Ischemia	Mesenteric Ischemia	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
253	General Medicine	Medical	Intestinal obstruction	Intestinal obstruction	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
254	General Medicine	Medical	Acute necrotizing severe pancreatitis	Acute necrotizing severe pancreatitis	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
255	General Medicine	Medical	Pulmonary Thromboembolism	Pulmonary Thromboembolism	27,500	4	Not applicable	Not applicable	Not applicable
256	General Medicine	Medical	Diffuse alveolar Hemorrhage Associated with SLE/Vasculitis/GP Syndrome	Diffuse alveolar Hemorrhage Associated with SLE/Vasculitis/GP Syndrome	1,49,600	4	Not applicable	Not applicable	Not applicable
257	General Medicine	Medical	Severe/Refractory Vasculitis	Severe/Refractory Vasculitis	82,500	4	Not applicable	Not applicable	Not applicable
258	General Medicine	Medical	Acute liver failure/Fulminant Hepatitis	Acute liver failure/Fulminant Hepatitis	55,000	4	Not applicable	Not applicable	Not applicable
259	General Medicine	Medical	Pulmonary thromboembolism	Pulmonary thromboembolism	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable

260	General Medicine	Medical	Diarrhoea	Diarrhoea	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
261	General Medicine	Medical	Diarrhoea	Persistent diarrhoea	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
262	General Medicine	Medical	Acute liver failure	Acute liver failure	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
263	General Medicine	Medical	Pleural Effusion	Pleural Effusion	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
264	General Medicine	Medical	Hyberbilirubinemia	Hyberbilirubinemia	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
265	General Medicine	Medical	Polytrauma	Polytrauma	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
266	General Medicine	Medical	Trauma- FacioMaxillary	Trauma- FacioMaxillary	-	4	Routine Ward/ HDU/ ICU -	2100/ 3300/	Not applicable

							Without Ventilator/ ICU - With Ventilator	8500/ 9000	
267	General Medicine	Medical	Trauma Hand injury	Trauma Hand injury	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
268	General Medicine	Medical	Trauma Rib fracture conservative	Trauma Rib fracture conservative	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
269	General Medicine	Medical	Trauma Blunt injury conservative	Trauma Blunt injury conservative	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
270	General Medicine	Medical	Trauma Contusion chest injury	Trauma Contusion chest injury	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
271	General Medicine	Medical	Oesophageal Varices Banding	Oesophageal Varices Banding	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
272	General Medicine	Medical	Inflammatory Myopathy/ Myaesthetic Crisis	Inflammatory Myopathy/ Myaesthetic Crisis	2,300	4	Not applicable	Not applicable	Not applicable
273	General Medicine	Medical	Guillain Barre syndrome	Guillain Barre syndrome (Plasmapheresis)	2,300	4	Not applicable	Not applicable	Not applicable
274	General Medicine	Medical	Myasthenic crisis (Plasmapheresis)	Myasthenic crisis (Plasmapheresis)	2,300	4	Not applicable	Not applicable	Not applicable

275	General Medicine	Medical	Moyamoya revascularization	Moyamoya revascularization	2,300	4	Not applicable	Not applicable	Not applicable
276	General Medicine	Medical	Evaluation of drug resistant epilepsy-Phase-1	Evaluation of drug resistant epilepsy-Phase-1	2,300	4	Not applicable	Not applicable	Not applicable
277	General Medicine	Medical	Drug resistant epilepsy	Drug resistant epilepsy	2,300	4	Not applicable	Not applicable	Not applicable
278	General Medicine	Medical	Dysentery	Dysentery	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
279	General Medicine	Medical	Medical/ neuro rehabilitation	Comprehensive medical rehabilitation for spinal injury/ traumatic brain injury, CVA, Cerebral palsy with or without orthosis	27,500	4	Not applicable	Not applicable	Not applicable
280	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	38,500	4	Not applicable	Not applicable	Not applicable
281	General Medicine	Medical	Medical/ neuro rehabilitation	Single event multiple level surgery for spasticity management in cerebral palsy	16,500	4	Not applicable	Not applicable	Not applicable
282	General Medicine	Medical	Medical/ neuro rehabilitation	Medical rehabilitation of muscular dystrophy	7,700	4	Not applicable	Not applicable	Not applicable
283	General Medicine	Medical	Medical/ neuro rehabilitation	Medical Rehabilitation intellectual dissability	7,700	4	Not applicable	Not applicable	Not applicable
284	General Medicine	Medical	Medical/ neuro rehabilitation	Medical Rehabilitation special learning disability	7,700	4	Not applicable	Not applicable	Not applicable
285	General Medicine	Medical	Medical/ neuro rehabilitation	Medical Rehabilitation multiple disability	7,700	4	Not applicable	Not applicable	Not applicable
286	General Medicine	Medical	Hepatitis	Acute viral hepatitis	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable

287	General Medicine	Medical	Hepatitis	Chronic Viral Hepatitis	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
288	General Medicine	Medical	Liver abscess	Liver abscess	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
289	General Medicine	Medical	Visceral leishmaniasis	Visceral leishmaniasis	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
290	General Medicine	Medical	Pneumonia	Pneumonia	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
291	General Medicine	Medical	Pneumonia	Severe pneumonia	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
292	General Medicine	Medical	Pneumonia	Pneumonia due to Haemophilus Influenzae	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
293	General Medicine	Medical	Pneumonia	Pneumonia due to other Infectious organisms not elsewhere classified	-	5	Routine Ward/ HDU/ ICU -	2100/ 3300/	Not applicable

							Without Ventilator/ ICU - With Ventilator	8500/ 9000	
294	General Medicine	Medical	Pneumonia	Pneumonia due to Streptococcus Pneumoniae	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
295	General Medicine	Medical	Pneumonia	Viral Pneumonia not elsewhere classified	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
296	General Medicine	Medical	Pneumonia	Bacterial Pneumonia not elsewhere classified	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
297	General Medicine	Medical	Empyema	Empyema	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
298	General Medicine	Medical	Lung abscess	Lung abscess	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
299	General Medicine	Medical	Pericardial / Pleural tuberculosis	Pericardial tuberculosis	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/	2100/ 3300/ 8500/ 9000	Not applicable

							ICU - With Ventilator		
300	General Medicine	Medical	Pericardial / Pleural tuberculosis	Pleural tuberculosis	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
301	General Medicine	Medical	Urinary tract infection	Urinary tract infection	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
302	General Medicine	Medical	Viral encephalitis	Viral encephalitis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
303	General Medicine	Medical	Septic arthritis	Septic arthritis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
304	General Medicine	Medical	Skin and soft tissue infections	Skin and soft tissue infections	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
305	General Medicine	Medical	Recurrent vomiting with dehydration	Recurrent vomiting with dehydration	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable

306	General Medicine	Medical	Pyrexia of unknown origin	Pyrexia of unknown origin	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
307	General Medicine	Medical	Bronchiectasis	Bronchiectasis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
308	General Medicine	Medical	Acute bronchitis	Acute bronchitis	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
309	General Medicine	Medical	Acute exacerbation of COPD	Acute exacerbation of COPD	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
310	General Medicine	Medical	Acute exacerbation of Interstitial Lung Disease	Acute exacerbation of Interstitial Lung Disease	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
311	General Medicine	Medical	Endocarditis	Bacterial	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
312	General Medicine	Medical	Endocarditis	Fungal	-	NA	Routine Ward/ HDU/ ICU -	2100/ 3300/	Not applicable

							Without Ventilator/ ICU - With Ventilator	8500/ 9000	
313	General Medicine	Medical	Vasculitis	Vasculitis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
314	General Medicine	Medical	Pancreatitis	Acute pancreatitis	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
315	General Medicine	Medical	Pancreatitis	Chronic pancreatitis	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
316	General Medicine	Medical	Ascites	Ascites	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
317	General Medicine	Medical	Acute transverse myelitis	Acute transverse myelitis	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
318	General Medicine	Medical	Atrial Fibrillation	Atrial Fibrillation	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/	2100/ 3300/ 8500/ 9000	Not applicable

							ICU - With Ventilator		
319	General Medicine	Medical	Cardiac Tamponade	Cardiac Tamponade	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
320	General Medicine	Medical	Congestive heart failure	Congestive heart failure	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
321	General Medicine	Medical	Asthma	Acute asthmatic attack	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
322	General Medicine	Medical	Asthma	Status Asthmaticus	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
323	General Medicine	Medical	Asthma	Exacerbation of asthma	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
324	General Medicine	Medical	Respiratory failure	Type 1 Respiratory failure	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable

325	General Medicine	Medical	Respiratory failure	Type 2 Respiratory failure	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
326	General Medicine	Medical	Respiratory failure	due to any cause	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
327	General Medicine	Medical	GI bleeding	Upper - Conservative management	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
328	General Medicine	Medical	GI bleeding	Upper - Endoscopic management	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
329	General Medicine	Medical	GI bleeding	Lower - Conservative management	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
330	General Medicine	Medical	Addison's disease	Addison's disease	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
331	General Medicine	Medical	Renal colic	Renal colic	-	5	Routine Ward/ HDU/ ICU -	2100/ 3300/	Not applicable

							Without Ventilator/ ICU - With Ventilator	8500/ 9000	
332	General Medicine	Medical	AKI / Renal failure	AKI / Renal failure	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
333	General Medicine	Medical	Seizures	Seizures	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
334	General Medicine	Medical	Status epilepticus	Convulsive	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
335	General Medicine	Medical	Status epilepticus	Non-convulsive	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
336	General Medicine	Medical	Cerebrovascular accident	Cerebrovascular accident	-	9	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
337	General Medicine	Medical	Cerebral sino-venous thrombosis / Stroke	Cerebral Sino-Venous Thrombosis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/	2100/ 3300/ 8500/ 9000	Not applicable

							ICU - With Ventilator		
338	General Medicine	Medical	Cerebral sino-venous thrombosis / Stroke	Acute Stroke	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
339	General Medicine	Medical	Cerebral sino-venous thrombosis / Stroke	Acute Ischemic Stroke	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
340	General Medicine	Medical	Cerebral sino-venous thrombosis / Stroke	Acute Heamorrhagic Stroke	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
341	General Medicine	Medical	Stroke	Stroke	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
342	General Medicine	Medical	Immune mediated CNS disorders	Immune mediated CNS disorders	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
343	General Medicine	Medical	Hydrocephalus	Hydrocephalus	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable

344	General Medicine	Medical	Myxedema coma	Myxedema coma	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
345	General Medicine	Medical	Thyrotoxic crisis	Thyrotoxic crisis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
346	General Medicine	Medical	Gout	Gout	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
347	General Medicine	Medical	Pneumothroax	Pneumothroax	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
348	General Medicine	Medical	Neuromuscular disorders	Neuromuscular disorders	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
349	General Medicine	Medical	Hypoglycemia	Hypoglycemia	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
350	General Medicine	Medical	Diabetic Foot	Diabetic Foot	-	NA	Routine Ward/ HDU/ ICU -	2100/ 3300/	Not applicable

							Without Ventilator/ ICU - With Ventilator	8500/ 9000	
351	General Medicine	Medical	Diabetic ketoacidosis	Diabetic ketoacidosis	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
352	General Medicine	Medical	Electrolyte Imbalance	Hypercalcemia	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
353	General Medicine	Medical	Electrolyte Imbalance	Hypocalcemia	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
354	General Medicine	Medical	Electrolyte Imbalance	Hyponatremia	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
355	General Medicine	Medical	Electrolyte Imbalance	Hypernatremia	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
356	General Medicine	Medical	Electrolyte Imbalance	Hyperkalaemia	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/	2100/ 3300/ 8500/ 9000	Not applicable

							ICU - With Ventilator		
357	General Medicine	Medical	Electrolyte Imbalance	Hypokalaemia	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
358	General Medicine	Medical	Hyperosmolar Non-Ketotic coma	Hyperosmolar Non-Ketotic coma	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
359	General Medicine	Medical	Accelerated hypertension	Accelerated hypertension	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
360	General Medicine	Medical	Hypertensive emergencies	Hypertensive emergencies	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
361	General Medicine	Medical	Severe anemia	Severe anemia	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
362	General Medicine	Medical	Sickle cell anemia	Sickle cell anemia	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable

363	General Medicine	Medical	Anaphylaxis	Anaphylaxis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
364	General Medicine	Medical	Heat stroke	Heat stroke	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
365	General Medicine	Medical	Systematic lupus erythematosus	Systematic lupus erythematosus	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
366	General Medicine	Medical	Guillian Barre Syndrome	Guillian Barre Syndrome	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
367	General Medicine	Medical	Snake bite	Snake bite	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
368	General Medicine	Medical	Poisoning	Acute organophosphorus poisoning	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
369	General Medicine	Medical	Poisoning	Other Poisoning	-	5	Routine Ward/ HDU/ ICU -	2100/ 3300/	Not applicable

							Without Ventilator/ ICU - With Ventilator	8500/ 9000	
370	General Medicine	Medical	Dialysis	Peritoneal dialysis	3,000	NA	Not applicable	Not applicable	Not applicable
371	General Medicine	Medical	Dialysis	Acute Haemodialysis	3,000	NA	Not applicable	Not applicable	Not applicable
372	General Medicine	Medical	Dialysis	Chronic Haemodialysis	3,000	NA	Not applicable	Not applicable	Not applicable
373	General Medicine	Medical	Plasmapheresis	Plasmapheresis	2,200	1	Not applicable	Not applicable	Not applicable
374	General Medicine	Medical	Whole Blood	Whole Blood	2,400	NA	Not applicable	Not applicable	Not applicable
375	General Medicine	Medical	Blood transfusion	Plasmapheresis	2,400	NA	Not applicable	Not applicable	Not applicable
376	General Medicine	Medical	High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging)	High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging)	5,500	NA	Not applicable	Not applicable	Not applicable
377	General Medicine	Medical	High end histopathology (Biopsies) and advanced serology investigations	High end histopathology (Biopsies) and advanced serology investigations	5,500	NA	Not applicable	Not applicable	Not applicable
378	General Medicine	Medical	CRRT CVVHDF	Initiation cost for disposable	38,500	5	Not applicable	Not applicable	Not applicable
379	General Medicine	Medical	Alcoholic liver disease	Alcoholic liver disease	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
380	General Medicine	Medical	Peripheral Arterial Thrombosis	Peripheral Arterial Thrombosis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
381	General Medicine	Medical	IHD / CAD / Arrhythmia	Arrhythmia	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/	2100/ 3300/ 8500/ 9000	Not applicable

							ICU - With Ventilator		
382	General Medicine	Medical	IHD / CAD / Arrhythmia	CAD	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
383	General Medicine	Medical	Bone marrow aspiration of biopsy	Bone marrow aspiration of biopsy	1,300	4	Not applicable	Not applicable	Not applicable
384	General Medicine	Medical	Acid peptic diseases	Acid peptic diseases	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
385	General Medicine	Medical	Lumbar puncture	Lumbar puncture	200	4	Not applicable	Not applicable	Not applicable
386	General Medicine	Medical	Acute inflammatory demyelinating polyneuropathy	Acute inflammatory demyelinating polyneuropathy	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
387	General Medicine	Medical	Joint Aspiration	Joint Aspiration	200	4	Not applicable	Not applicable	Not applicable
388	General Medicine	Medical	Acute tubulo-interstitial nephritis	Acute tubulo-interstitial nephritis	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
389	General Medicine	Medical	DVT Pneumatic Compression Stockings (Add on package in ICU)	DVT Pneumatic Compression Stockings (Add on package in ICU)	1,000	4	Not applicable	Not applicable	Not applicable
390	General Medicine	Medical	Anaemia	with fever	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/	2100/ 3300/ 8500/ 9000	Not applicable

							ICU - With Ventilator		
391	General Medicine	Medical	Anaemia	Severe anaemia requiring blood transfusion	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
392	General Medicine	Medical	Acute Ischemic Stoke	Acute Ischemic Stoke	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
393	General Medicine	Medical	Acute ischemic stroke- intravenous thrombolysis	Acute ischemic stroke- intravenous thrombolysis - Recombinant tissue plasminogen activator	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
394	General Medicine	Medical	Acute ischemic stroke- Intravenous thrombolysis	Acute ischemic stroke- Intravenous thrombolysis- Tenecteplase	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
395	General Medicine	Medical	ARDS (Acute Respiratory Distress Syndrome)	ARDS (Acute Respiratory Distress Syndrome)	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
396	General Medicine	Medical	Venous sinus thrombosis	Venous sinus thrombosis	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable

397	General Medicine	Medical	Bronchitis	Bronchitis	9,400	5	Not applicable	Not applicable	Not applicable
398	General Medicine	Medical	Pyogenic Meningitis	Pyogenic Meningitis	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
399	General Medicine	Medical	Chicken Pox	Chicken Pox	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
400	General Medicine	Medical	Fungal Meningitis	Fungal Meningitis	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
401	General Medicine	Medical	Chronic Kidney Disease	Chronic Kidney Disease	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
402	General Medicine	Medical	Autoimmune encephalitis	Autoimmune encephalitis - Plasmapheresis	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
403	General Medicine	Medical	Autoimmune encephalitis (IVIG)	Autoimmune encephalitis - Immunoglobulin (IVIG)	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable

404	General Medicine	Medical	Acute transverse myelitis/ Acute demyelinating encephalitis	Acute transverse myelitis/ Acute demyelinating encephalitis	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
405	General Medicine	Medical	Chronic Liver Disease	Chronic Liver Disease	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
406	General Medicine	Medical	Acute hemorrhagic stroke- Hematoma evacuation	Acute hemorrhagic stroke- Hematoma evacuation	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
407	General Medicine	Medical	Acute hemorrhagic stroke- (Extra ventricular drainage)	Acute hemorrhagic stroke- Extra ventricular drainage	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
408	General Medicine	Medical	Chronic Osteomyelitis	Chronic Osteomyelitis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
409	General Medicine	Medical	Myasthenic crisis (IVIG)	Myasthenic crisis - Immunoglobulins (IVIG)	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
410	General Medicine	Medical	Chronic Pancreatitis	Chronic Pancreatitis	-	NA	Routine Ward/ HDU/ ICU -	2100/ 3300/	Not applicable

							Without Ventilator/ ICU - With Ventilator	8500/ 9000	
411	General Medicine	Medical	Myasthenic crisis (Plasmapheresis)	Myasthenic crisis - Plasmapheresis	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
412	General Medicine	Medical	Cirrhosis of Liver with Ascites	Cirrhosis of Liver with Ascites	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
413	General Medicine	Medical	Tuberculous meningitis (Hydrocephalus – VP SHUNT/ EVD/Omayya)	Tuberculous meningitis (Hydrocephalus – VP SHUNT/ EVD/Omayya)	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
414	General Medicine	Medical	Complicated Measles	Complicated Measles	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
415	General Medicine	Medical	Cholangitis	Cholangitis	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
416	General Medicine	Medical	Diabetes Mellitus	Insulin dependent	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/	2100/ 3300/ 8500/ 9000	Not applicable

							ICU - With Ventilator		
417	General Medicine	Medical	Diabetes Mellitus	Non-insulin dependent	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
418	General Medicine	Medical	Diabetes Mellitus	Other Specified Diabetes Mellitus	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
419	General Medicine	Medical	Intercostal drainage	Intercostal drainage	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
420	General Medicine	Medical	Diphtheria	Diphtheria	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
421	General Medicine	Medical	Endobronchial Ultrasound (EBUS)	Endobronchial Ultrasound guided fine needle biopsy	17,300	4	Not applicable	Not applicable	Not applicable
422	General Medicine	Medical	Emphysema	Emphysema	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
423	General Medicine	Medical	Gastritis	Acute gastritis	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/	2100/ 3300/ 8500/ 9000	Not applicable

							ICU - With Ventilator		
424	General Medicine	Medical	Gastritis	Chronic gastritis	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
425	General Medicine	Medical	Platelet pheresis	Platelet pheresis	12,100	4	Not applicable	Not applicable	Not applicable
426	General Medicine	Medical	Helminthiasis	Helminthiasis	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
427	General Medicine	Medical	Intoxications not elsewhere classified	Intoxications not elsewhere classified	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
428	General Medicine	Medical	Intracerebral Haemorrhage	Intracerebral Haemorrhage	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
429	General Medicine	Medical	Lower Respiratory Tract Infection	Lower Respiratory Tract Infection	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
430	General Medicine	Medical	Malnutrition Related Diabetes Mellitus	Malnutrition Related Diabetes Mellitus	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/	2100/ 3300/ 8500/ 9000	Not applicable

							ICU - With Ventilator		
431	General Medicine	Medical	Measles	Measles	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
432	General Medicine	Medical	Opportunistic Infections	Opportunistic Infections	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
433	General Medicine	Medical	Pertussis	Pertussis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
434	General Medicine	Medical	Primary hypertension	Primary hypertension	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
435	General Medicine	Medical	Pulmonary Embolism	Pulmonary Embolism	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
436	General Medicine	Medical	Radiofrequency Ablation for Trigeminal Neuralgia	Radiofrequency Ablation for Trigeminal Neuralgia	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable

437	General Medicine	Medical	Scrub Typhus	Scrub typhus complicated	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
438	General Medicine	Medical	Scrub Typhus	Scrub typhus	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
439	General Medicine	Medical	Subarachnoid Haemorrhage	Subarachnoid Haemorrhage	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
440	General Medicine	Medical	Typhoid fever	Typhoid fever	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
441	General Medicine	Medical	Typhoid fever	Typhoid fever with complications	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
442	General Medicine	Medical	Unspecified Medical Management Package	Unspecified Medical Management Package	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
443	General Medicine	Medical	Unspecified Viral Hepatitis	Unspecified Viral Hepatitis	-	5	Routine Ward/ HDU/ ICU -	2100/ 3300/	Not applicable

							Without Ventilator/ ICU - With Ventilator	8500/ 9000	
444	General Medicine	Medical	Upper respiratory tract infection	Upper respiratory tract infection	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
445	General Medicine	Medical	Viral and other specified intestinal infections	Viral and other specified intestinal infections	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
446	General Medicine	Medical	Viral Fever	Viral Fever	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
447	General Medicine	Medical	Viral Meningitis	Viral Meningitis	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
448	General Medicine	Medical	Stroke Syndrome	Stroke Syndrome	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
449	General Medicine	Medical	Fibreoptic bronchoscopy (FOB)	Bronchoscopy	-	2	Foreign body removal/ Video Bronchoscopy	2700/ 9400	Not applicable

450	Mental Disorders	Medical	Mental Retardation	Mental Retardation	-	10	Routine Ward/ HDU	2300/3600	Not applicable
451	Mental Disorders	Medical	Mental disorders - Organic, including symptomatic	Mental disorders - Organic, including symptomatic	-	10	Routine Ward/ HDU	2300/3600	Not applicable
452	Mental Disorders	Medical	Schizophrenia, schizotypal and delusional disorders	Schizophrenia, schizotypal and delusional disorders	-	10	Routine Ward/ HDU	2300/3600	Not applicable
453	Mental Disorders	Medical	Neurotic, stress-related and somatoform disorders	Neurotic, stress-related and somatoform disorders	-	10	Routine Ward/ HDU	2300/3600	Not applicable
454	Mental Disorders	Medical	Mood (affective) disorders	Mood (affective) disorders	-	10	Routine Ward/ HDU	2300/3600	Not applicable
455	Mental Disorders	Medical	Behavioural syndromes associated with physiological disturbances and physical factors	Behavioural syndromes associated with physiological disturbances and physical factors	-	10	Routine Ward/ HDU	2300/3600	Not applicable
456	Mental Disorders	Medical	Mental and Behavioural disorders due to psychoactive substance use	Mental and Behavioural disorders due to psychoactive substance use	-	10	Routine Ward/ HDU	2300/3600	Not applicable
457	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	7,300	4	Not applicable	Not applicable	Not applicable
458	Mental Disorders	Medical	Electro Convulsive Therapy (ECT) - per session	Electro Convulsive Therapy (ECT) - per session	3,300	1	Not applicable	Not applicable	Not applicable
459	Mental Disorders	Medical	Transcranial Magnetic Stimulation (TMS)	Transcranial Magnetic Stimulation (TMS)	1,100	1	Not applicable	Not applicable	Not applicable
460	Mental Disorders	Medical	NeuroDevelopmental Disorders (NDD) Other than Intellectual Disability	Mixed Developmental Disorder	-	4	Routine Ward/ HDU	2300/3600	Not applicable
461	Mental Disorders	Medical	NeuroDevelopmental Disorders (NDD) Other than Intellectual Disability	Tourette Syndrome / Chronic Tic Disorder	-	4	Routine Ward/ HDU	2300/3600	Not applicable
462	Mental Disorders	Medical	NeuroDevelopmental Disorders (NDD) Other than Intellectual Disability	Attention Deficit Hyperactivity Disorder (ADHD)	-	4	Routine Ward/ HDU	2300/3600	Not applicable
463	Mental Disorders	Medical	NeuroDevelopmental Disorders (NDD) Other than Intellectual Disability	Specific Developmental Disorders	-	4	Routine Ward/ HDU	2300/3600	Not applicable

464	Mental Disorders	Medical	Behavioral and motional Disorders of Childhood and Adolescence	Oppositional Defiant Disorder	-	4	Routine Ward/ HDU	2300/3600	Not applicable
465	Mental Disorders	Medical	Behavioral and motional Disorders of Childhood and Adolescence	Conduct Disorder	-	4	Routine Ward/ HDU	2300/3600	Not applicable
466	Mental Disorders	Medical	Behavioral and motional Disorders of Childhood and Adolescence	Mixed Disorder of Conduct and Emotions	-	4	Routine Ward/ HDU	2300/3600	Not applicable
467	Mental Disorders	Medical	Behavioral and motional Disorders of Childhood and Adolescence	Anxiety and Depressive Disorders	-	4	Routine Ward/ HDU	2300/3600	Not applicable
468	Mental Disorders	Medical	Behavioral and motional Disorders of Childhood and Adolescence	Other Internalizing and Externalizing Disorders of Childhood and Adolescence	-	4	Routine Ward/ HDU	2300/3600	Not applicable
469	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)	3,600	4	Not applicable	Not applicable	Not applicable
470	Mental Disorders	Medical	Pharmacological Interventions	Common Medications Used in Management of Child & Adult Psychological Disorders Including Anti-ADHD Medication	2,400	4	Not applicable	Not applicable	Not applicable
471	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	3,100	4	Not applicable	Not applicable	Not applicable

				Psychopathology), Other Psychosocial Assessments (Family, Schooling)					
472	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"> • Any newborn needing feeding support • Babies requiring closer monitoring or short-term care for conditions like: <ul style="list-style-type: none"> o Birth asphyxia (need for positive pressure ventilation; no HIE) o Moderate jaundice requiring phototherapy o Large for dates (>97 percentile) Babies o Small for gestational age (less than 3rd centile) 	<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"> • Any newborn needing feeding support • Babies requiring closer monitoring or short-term care for conditions like: <ul style="list-style-type: none"> o Birth asphyxia (need for positive pressure ventilation; no HIE) o Moderate jaundice requiring phototherapy o Large for dates (>97 percentile) Babies o Small for gestational age (less than 3rd centile) 	-	4	Routine Ward	2100	Not applicable
473	Neo-natal Care	Medical	<p>Special Neonatal Care Package: Babies that required admission to SNCU or NICU:</p> <p>Babies admitted for short term care for conditions like:</p> <ul style="list-style-type: none"> • Mild Respiratory Distress/tachypnea <ul style="list-style-type: none"> • Mild encephalopathy • Severe jaundice requiring intensive phototherapy • Haemorrhagic disease of newborn • Unwell baby requiring monitoring <ul style="list-style-type: none"> • Some dehydration • Hypoglycaemia <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:</p> <p>Babies admitted for short term care for conditions like:</p> <ul style="list-style-type: none"> • Mild Respiratory Distress/tachypnea • Mild encephalopathy • Severe jaundice requiring intensive phototherapy • Haemorrhagic disease of newborn • Unwell baby requiring monitoring <ul style="list-style-type: none"> • Some dehydration • Hypoglycaemia <p>Mother's stay and food in the hospital for breastfeeding,</p>	-	6	SNCU / NICU	3300	Not applicable

				family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate					
474	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"> • Need for mechanical ventilation for less than 24 hours or non-invasive respiratory support (CPAP, HFFNC) <ul style="list-style-type: none"> • Sepsis / pneumonia without complications • Hyperbilirubinemia requiring exchange transfusion • Seizures • Major congenital malformations (pre-surgical stabilization, not requiring ventilation) <ul style="list-style-type: none"> • Cholestasis significant enough requiring work up and in-hospital management • Congestive heart failure or shock <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"> • Need for mechanical ventilation for less than 24 hours or non-invasive respiratory support (CPAP, HFFNC) <ul style="list-style-type: none"> • Sepsis / pneumonia without complications • Hyperbilirubinemia requiring exchange transfusion • Seizures • Major congenital malformations (pre-surgical stabilization, not requiring ventilation) <ul style="list-style-type: none"> • Cholestasis significant enough requiring work up and in-hospital management • Congestive heart failure or shock <p>Mother's stay and food in the hospital for breastfeeding, family centred care and</p>	-	7	SNCU / NICU	5500	Not applicable

				(Kangaroo Mother Care) KMC is mandatory and included in the package rate					
475	Neo-natal Care	Medical	<p>Advanced Neonatal Care Package: Babies with birthweight of 1200-1499 g</p> <p>or</p> <p>Babies of any birthweight with at least one of the following conditions:</p> <ul style="list-style-type: none"> • Any condition requiring invasive ventilation longer than 24 hours • Hypoxic Ischemic encephalopathy requiring Therapeutic Hypothermia • Cardiac rhythm disorders needing intervention (the cost of cardiac surgery or implant will be covered under cardiac surgery packages) • Sepsis with complications such as meningitis or bone and joint infection, DIC or shock • Renal failure requiring dialysis • Inborn errors of metabolism <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</p> <p>or</p> <p>Babies of any birthweight with at least one of the following conditions:</p> <ul style="list-style-type: none"> • Any condition requiring invasive ventilation longer than 24 hours • Hypoxic Ischemic encephalopathy requiring Therapeutic Hypothermia • Cardiac rhythm disorders needing intervention (the cost of cardiac surgery or implant will be covered under cardiac surgery packages) • Sepsis with complications such as meningitis or bone and joint infection, DIC or shock • Renal failure requiring 	-	7	SNCU / NICU	6600	Not applicable

				<p>dialysis</p> <ul style="list-style-type: none"> • Inborn errors of metabolism <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>					
476	Neo-natal Care	Medical	<p>Critical Care Neonatal Package: Babies with birthweight of <1200 g or Babies of any birthweight with at least one of the following conditions:</p> <ul style="list-style-type: none"> • Severe Respiratory Failure requiring High Frequency Ventilation or inhaled Nitric Oxide (iNO) • Multisystem failure requiring multiple organ support including mechanical ventilation and multiple inotropes • Critical congenital heart disease <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 <1200 g or Babies of any birthweight with at least one of the following conditions:</p> <ul style="list-style-type: none"> • Severe Respiratory Failure requiring High Frequency Ventilation or inhaled Nitric Oxide (iNO) • Multisystem failure requiring multiple organ support including mechanical ventilation and multiple inotropes • Critical congenital heart disease <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care)</p>	-	21	SNCU / NICU	7700	Not applicable

				KMC is mandatory and included in the package rate					
477	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	-	7	SNCU / NICU	3300	Not applicable
478	Neo-natal Care	Medical	High Risk Newborn Post Discharge Care Package (Protocol Driven)	High Risk Newborn Post Discharge Care Package (Protocol Driven)	2,600	NA	Not applicable	Not applicable	Not applicable
479	Neo-natal Care	Medical	Laser Therapy for Retinopathy of Prematurity	Laser Therapy for Retinopathy of Prematurity	2,100	1	Not applicable	Not applicable	Not applicable
480	Neo-natal Care	Medical	Advanced Surgery for Retinopathy of Prematurity	Advanced Surgery for Retinopathy of Prematurity	20,700	5	Not applicable	Not applicable	Not applicable
481	Neo-natal Care	Medical	Ventriculoperitoneal Shunt Surgery (VP) or Omayya Reservoir or External Drainage for Hydrocephalus	Ventriculoperitoneal Shunt Surgery (VP) or Omayya Reservoir or External Drainage for Hydrocephalus	13,000	2	Not applicable	Not applicable	Not applicable
482	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
483	Neo-natal Care	Medical	Meconium Aspiration Syndrome	Meconium Aspiration Syndrome	12,000	3	Not applicable	Not applicable	Not applicable

484	Neo-natal Care	Medical	ROP screening	ROP screening	600	4	Not applicable	Not applicable	Not applicable
485	Neo-natal Care	Medical	BERA	BERA	1,800	4	Not applicable	Not applicable	Not applicable
486	Medical Oncology	Medical	CT for CA Breast	Cyclophosphamide + Epirubicin Cyclophosphamide - 830 mg /m2 D1 Epirubicin -100mg/m2 D1 every 21 days	8,900	1	Not applicable	Not applicable	Not applicable
487	Medical Oncology	Medical	CT for CA Breast	Weekly Paclitaxel for Adjuvant Therapy Paclitaxel 80mg/m2 every week	7,900	1	Not applicable	Not applicable	Not applicable
488	Medical Oncology	Medical	CT for CA Breast	Weekly Paclitaxel in metastatic setting Paclitaxel 80mg/m2 every week	7,900	1	Not applicable	Not applicable	Not applicable
489	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	7,900	1	Not applicable	Not applicable	Not applicable
490	Medical Oncology	Medical	CT for CA Breast	Docetaxel + Cyclophosphamide Docetaxel 75mg/m2 D1 Cyclophosphamide 600 mg/m2 D1 every 21 days	21,800	1	Not applicable	Not applicable	Not applicable
491	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	25,700	1	Not applicable	Not applicable	Not applicable
492	Medical Oncology	Medical	CT for CA Breast	Tamoxifen Tamoxifen 20 mg orally daily	7,900	1	Not applicable	Not applicable	Not applicable
493	Medical Oncology	Medical	CT for CA Breast	Letrozole Letrozole 2.5 mg orally daily	7,900	1	Not applicable	Not applicable	Not applicable
494	Medical Oncology	Medical	CT for CA Breast	Carboplatin + Paclitaxel Paclitaxel 175mg/m2 D1 Carboplatin AUC 5-6 D1 every 21 days	16,400	1	Not applicable	Not applicable	Not applicable

495	Medical Oncology	Medical	CT for CA Breast	Capecitabine Capecitabine - 1000mg/m2 orally twice daily D1-D14 every 21 days	9,000	1	Not applicable	Not applicable	Not applicable
496	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	15,300	1	Not applicable	Not applicable	Not applicable
497	Medical Oncology	Medical	CT for CA Breast	Cyclophosphamide + Adriamycin Cyclophosphamide - 600 mg /m2 D1 Adriamycin - 60mg/m2 D1 every 21 days	7,900	1	Not applicable	Not applicable	Not applicable
498	Medical Oncology	Medical	CT for CA Breast	Fulvestrant Fulvestrant 500 mg D1 D15 D28 then every 28 days	12,100	1	Not applicable	Not applicable	Not applicable
499	Medical Oncology	Medical	CT for CA Breast	Paclitaxel Paclitaxel 175 mg/m2 D1 every 21 days	13,000	1	Not applicable	Not applicable	Not applicable
500	Medical Oncology	Medical	CT for CA Breast	Exemestane Exemestane 25 mg orally daily	11,400	1	Not applicable	Not applicable	Not applicable
501	Medical Oncology	Medical	CT for CA Breast	Lapatinib Lapatinib 500 mg BD orally , daily	18,300	1	Not applicable	Not applicable	Not applicable
502	Medical Oncology	Medical	CT for Metastatic bone malignancy and multiple myeloma	Zoledronic Acid Zoledronic acid 4 mg IV Monthly	5,000	1	Not applicable	Not applicable	Not applicable
503	Medical Oncology	Medical	CT for CA Ovary	Cisplatin + Irinotecan Cisplatin 60mg/m2 D1 Irinotecan 60 mg/m2 D1 D8 D15 every 28 days	15,800	1	Not applicable	Not applicable	Not applicable
504	Medical Oncology	Medical	CT for CA Ovary	Lipodox + Carboplatin Lipodox 30 mg/m2 D1 Carboplatin AUC 5-6 D1 every 28 days	20,900	1	Not applicable	Not applicable	Not applicable
505	Medical Oncology	Medical	CT for CA Ovary	Etoposide Etoposide 50 mg/m2 OD D1-D14 every 21 days	11,200	1	Not applicable	Not applicable	Not applicable

506	Medical Oncology	Medical	CT for CA Ovary	Irinotecan Irinotecan 60 -90 mg/m2 D1 D8 every 21 days	13,300	1	Not applicable	Not applicable	Not applicable
507	Medical Oncology	Medical	CT for CA Ovary	Lipodox Lipodox 40 mg/m2 IV every 28 days	21,800	1	Not applicable	Not applicable	Not applicable
508	Medical Oncology	Medical	CT for CA Ovary	Carboplatin + Gemcitabine Gemcitabine - 1000mg/m2 D1 D8 Carboplatin AUC 2 D1 D8 Gemcitabine - 1000mg/m2 D1 D8 Carboplatin AUC 5-6 D1 only	15,300	1	Not applicable	Not applicable	Not applicable
509	Medical Oncology	Medical	CT for CA Ovary	Carboplatin + Paclitaxel Paclitaxel 175mg/m2 D1 Carboplatin AUC 5-6 D1 every 21 days	18,000	1	Not applicable	Not applicable	Not applicable
510	Medical Oncology	Medical	CT for CA Ovary	Cyclophosphamide 50 mg/m2 OD D1-D21 every 28 days	3,400	1	Not applicable	Not applicable	Not applicable
511	Medical Oncology	Medical	CT for CA Ovary	Tamoxifen Tamoxifen 20 mg orally daily (3 months)	1,500	1	Not applicable	Not applicable	Not applicable
512	Medical Oncology	Medical	CT for CA Ovary	Letrozole Letrozole 2.5 mg orally daily (3 months)	4,700	1	Not applicable	Not applicable	Not applicable
513	Medical Oncology	Medical	CT for CA Ovary	Single agent Carboplatin Carboplatin AUC 5-6 D1 every 21 days (maximum -6 cycle)	8,500	1	Not applicable	Not applicable	Not applicable
514	Medical Oncology	Medical	CT for CA Ovary	Cisplatin Cisplatin 40 mg/m2 every week (maximum- 6 cycles)	5,100	1	Not applicable	Not applicable	Not applicable
515	Medical Oncology	Medical	CT for Germ Cell Tumor	Carboplatin (AUC 7) Carboplatin AUC 7 every 21 days	8,900	1	Not applicable	Not applicable	Not applicable
516	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	15,000	1	Not applicable	Not applicable	Not applicable

517	Medical Oncology	Medical	CT for Germ Cell Tumor	Etoposide + Cisplatin Cisplatin 20 mg/m ² IV D1-D5 Etoposide 100mg/m ² D1-D5 every 21 days	13,200	1	Not applicable	Not applicable	Not applicable
518	Medical Oncology	Medical	CT for Germ Cell Tumor	Gemcitabine + Oxaliplatin Gemcitabine 1000mg/m ² D1 D8 Oxaliplatin 130mg/m ² D1 every 21 days	19,300	1	Not applicable	Not applicable	Not applicable
519	Medical Oncology	Medical	CT for Germ Cell Tumor	Gemcitabine + Paclitaxel Gemcitabine 1000mg/m ² D1 D8 D15 Paclitaxel 100 mg/m ² D1 D8 D15 every 28 days	19,300	1	Not applicable	Not applicable	Not applicable
520	Medical Oncology	Medical	CT for Germ Cell Tumor	Paclitaxel + Ifosfamide + Cisplatin Paclitaxel 240 mg/m ² D1 Ifosfamide 1500mg/m ² D2- D5 Mesna 300 mg/m ² 0h 4h 8h D2-D5 Cisplatin 25mg/m ² D2-D5 every 21 days	29,600	1	Not applicable	Not applicable	Not applicable
521	Medical Oncology	Medical	CT for Germ Cell Tumor	Vinblastin + Ifosfamide + Cisplatin Vinblastine 0.11 mg/kg IV D1- D2 Mesna 240mg/m ² 0h 4h 8h D1-D5 Ifosfamide 1200mg/m ² D1- D5 Cisplatin 20 mg/m ² D1-D5 every 21 days	16,500	1	Not applicable	Not applicable	Not applicable
522	Medical Oncology	Medical	CT for Gestational Trophoblastic Neoplasia	Etoposide + Methotrexate + Dactinomycin- Cyclophosphamide + Vincristine Etoposide 100mg/m ² IV D1 D2 Dactinomycin 0.5 mg IV push D1 D2 Methotrexate 300 mg /m ² D1 Leucovorin 15 mg PO every 12 hrs for 4 doses Cyclophosphamide	14,600	1	Not applicable	Not applicable	Not applicable

				600mg/m2 D8 Vincristine 1 mg/m2 D8 every 2 weeks					
523	Medical Oncology	Medical	CT for Gestational Trophoblastic Neoplasia	Etoposide + Methotrexate + Dactinomycin + Cisplatin Etoposide 100mg/m2 IV D1 D2 D8 Dactinomycin 0.5 mg IV push D1 D2 Methotrexate 300 mg /m2 D1 Leucovorin 15 mg PO every 12 hrs for 4 doses Cisplatin 75mg/m2 D8 every 2 weeks	15,500	1	Not applicable	Not applicable	Not applicable
524	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	12,500	1	Not applicable	Not applicable	Not applicable
525	Medical Oncology	Medical	CT for Gestational Trophoblastic Neoplasia	Dactinomycin Inj Dactinomycin 0.5 mg D1- D5 every 14 days	8,500	1	Not applicable	Not applicable	Not applicable
526	Medical Oncology	Medical	CT for Cervical Cancer	Carboplatin + Paclitaxel Paclitaxel 175mg/m2 D1 Carboplatin AUC 5-6 D1 every 21 days	16,400	1	Not applicable	Not applicable	Not applicable
527	Medical Oncology	Medical	CT for Cervical Cancer	Cisplatin Cisplatin 40 mg/m2 every week	16,400	1	Not applicable	Not applicable	Not applicable
528	Medical Oncology	Medical	CT for Endometrial Cancer	Carboplatin + Paclitaxel Paclitaxel 175mg/m2 D1 Carboplatin AUC 5-6 D1 every 21 days	16,400	1	Not applicable	Not applicable	Not applicable
529	Medical Oncology	Medical	CT for Endometrial Cancer	Cisplatin + Doxorubicin Doxorubicin 60 mg/m2 D1 Cisplatin 50mg/m2 every 3 weeks	16,400	1	Not applicable	Not applicable	Not applicable

530	Medical Oncology	Medical	CT for Endometrial Cancer	Lipodox + Carboplatin Lipodox 30 mg/m ² D1 Carboplatin AUC 5 D1 every 28 days	20,900	1	Not applicable	Not applicable	Not applicable
531	Medical Oncology	Medical	CT for Endometrial Cancer	Carboplatin + Gemcitabine Gemcitabine - 1000mg/m ² D1 D8 Carboplatin AUC 2 D1 D8 Gemcitabine - 1000mg/m ² D1 D8 Carboplatin AUC 5-6 D1 only every 3 weeks	16,800	1	Not applicable	Not applicable	Not applicable
532	Medical Oncology	Medical	CT for Endometrial Cancer	Anastrozole 1 mg orally daily (for 3 months)	4,700	1	Not applicable	Not applicable	Not applicable
533	Medical Oncology	Medical	CT for Vulvar Cancer	Cisplatin + 5 FU 5 FU 1000mg/m ² D1-D4 Cisplatin 75mg/m ² D1 every 4 weeks	10,000	1	Not applicable	Not applicable	Not applicable
534	Medical Oncology	Medical	CT for Vulvar Cancer	Cisplatin Cisplatin 40 mg/m ² every week	8,400	1	Not applicable	Not applicable	Not applicable
535	Medical Oncology	Medical	CT for Vulvar Cancer	Carboplatin + Paclitaxel Paclitaxel 175mg/m ² D1 Carboplatin AUC 5 D1 every 21 days	17,600	1	Not applicable	Not applicable	Not applicable
536	Medical Oncology	Medical	CT for Ewing Sarcoma	Vincristine + Topotecan + Cyclophosphamide + Irinotecan + Temozolamide Vincristine 1.5mg/m ² (day 1) Topotecan 1.5mg/m ² (day 1-5) Cyclophosphamide 250mg/m ² (days 1-5) Given every 3 weeks Irinotecan 10-50 mg/sqM days 1-5 and days 8-12 Temozolamide 100mg/m ² days 1-5 of each cycle every 3 weeks	28,100	1	Not applicable	Not applicable	Not applicable

537	Medical Oncology	Medical	CT for Ewing Sarcoma	<p>Vincristine + Ifosfamide + Etoposide Vincristine + Doxorubicin + Cyclophosphamide Vincristine + Cyclophosphamide + Dactinomycin. 4 cycles VIE, 6 cycles VAC, 4 cycles VCD Vincristine 1.5mg/m2 (day 1, 8 and 15) Ifosfamide: 1800mg/m2 (days1-5) Etoposide: 100mg/sq.m (days 1-5) Given every 3 weeks Vincristine 1.5mg/m2 (day 1 and 8) Adriamycin: 60mg/m2 (day 1) Cyclophosphamide 600mg/m2 (day 1) Given 2-3 weekly Vincristine 1.5mg/m2 (day 1 and 8) Cyclophosphamide 600mg/m2 (day 1) Dactinomycin 1mg/m2 (day1) Given 3 weekly</p>	24,600	1	Not applicable	Not applicable	Not applicable
538	Medical Oncology	Medical	CT for Ewing Sarcoma	<p>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</p>	24,600	1	Not applicable	Not applicable	Not applicable
539	Medical Oncology	Medical	CT for Osteogenic Sarcoma	<p>Doxorubicin + Cisplatin Cisplatin 100mg/m2 Doxorubicin 75mg/m2 given every 3 weeks</p>	24,000	1	Not applicable	Not applicable	Not applicable

540	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	29,700	1	Not applicable	Not applicable	Not applicable
541	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	32,600	1	Not applicable	Not applicable	Not applicable
542	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	39,800	1	Not applicable	Not applicable	Not applicable
543	Medical Oncology	Medical	CT for Soft Tissue Sarcoma	Gemcitabine + Docetaxel Gemcitabine 900 mg/m2 D1 D8 Docetaxel 100 mg/m2 D8 every 21 days	34,000	1	Not applicable	Not applicable	Not applicable
544	Medical Oncology	Medical	CT for Soft Tissue Sarcoma	Ifosfamide + Adriamycin Doxorubicin 30mg/m2 D1 D2 Ifosfamide 2000 to 3000mg/m2 Mesna 400 to 600 mg/m2 0h 4h 8h D1 - D3 Every 21 days	34,000	1	Not applicable	Not applicable	Not applicable
545	Medical Oncology	Medical	CT for Soft Tissue Sarcoma	Doxorubicin 60-75/m2, every 21 days	4,800	1	Not applicable	Not applicable	Not applicable
546	Medical Oncology	Medical	CT for Metastatic Melanoma	Dacarbazine + Cisplatin Dacarbazine 250mg/m2 D1-D5 Cisplatin 75 mg/m2 Every 21 days	8,700	1	Not applicable	Not applicable	Not applicable
547	Medical Oncology	Medical	CT for Metastatic Melanoma	Temozolamide Temozolamide 200mg/m2 D1-D5 every 28 days	25,400	1	Not applicable	Not applicable	Not applicable

548	Medical Oncology	Medical	CT for Metastatic Melanoma	Imatinib Tab Imatinib 400/800 mg daily	6,100	1	Not applicable	Not applicable	Not applicable
549	Medical Oncology	Medical	CT for Anal Cancer	5 FU + Mitomycin C 5 FU 1000mg/m2 D1-D4 D29-D32 Mitomycin 10mg/m2 D1	13,300	1	Not applicable	Not applicable	Not applicable
550	Medical Oncology	Medical	CT for Anal Cancer	Capecitabine + Mitomycin C Capecitabine 825mg/m2 PO twice daily till completion of RT Mitomycin 10mg/2 D1	20,500	1	Not applicable	Not applicable	Not applicable
551	Medical Oncology	Medical	CT for Anal Cancer	Cisplatin + 5 FU 5 FU 1000mg/m2 D1-D4 Cisplatin 75mg/m2 D1 every 4 weeks	11,600	1	Not applicable	Not applicable	Not applicable
552	Medical Oncology	Medical	CT for Anal Cancer	Carboplatin + Paclitaxel Paclitaxel 175mg/m2 D1 Carboplatin AUC 5-6 D1 every 21 days	16,400	1	Not applicable	Not applicable	Not applicable
553	Medical Oncology	Medical	CT for Anal Cancer	Cisplatin + Paclitaxel Paclitaxel 175 mg/m2 D1 Cisplatin 75mg/m2 D1 every 21 days	16,200	1	Not applicable	Not applicable	Not applicable
554	Medical Oncology	Medical	CT for Colorectal Cancer	5 FU + Leucovorin 5 FU 1200mg/m2 D1 D2 Leucovorin 400mg/m2 D1 every 14 days	6,700	1	Not applicable	Not applicable	Not applicable
555	Medical Oncology	Medical	CT for Colorectal Cancer	Capecitabine + Irinotecan Capecitabine 1000mg/m2 D1- D14 Irinotecan 200 mg/m2 D1 every 21 days	13,800	1	Not applicable	Not applicable	Not applicable
556	Medical Oncology	Medical	CT for Colorectal Cancer	5 FU + Leucovorin + Oxaliplatin 5 FU 1200mg/m2 D1 D2 Leucovorin 400mg/m2 D1 Oxaliplatin 85 mg/m2 D1 every 14 days	16,600	1	Not applicable	Not applicable	Not applicable
557	Medical Oncology	Medical	CT for Colorectal Cancer	5FU + Leucovorin + Irinotecan 5 FU 1200mg/m2 D1 D2 Leucovorin 400mg/m2 D1	11,700	1	Not applicable	Not applicable	Not applicable

				Irinotecan 180mg/m2 85 mg/m2 D1 every 14 days					
558	Medical Oncology	Medical	CT for Colorectal Cancer	Capecitabine + Oxaliplatin Capecitabine 1000mg/m2 D1-D14 Oxaliplatin 130 mg/m2 D1 every 21 days	18,200	1	Not applicable	Not applicable	Not applicable
559	Medical Oncology	Medical	CT for Colorectal Cancer	Capecitabine along with RT Capecitabine 825 mg/m2 twice daily	8,800	1	Not applicable	Not applicable	Not applicable
560	Medical Oncology	Medical	CT for Colorectal Cancer	Capecitabine Capecitabine 1000mg/m2 D1-D14 every 21 days	8,900	1	Not applicable	Not applicable	Not applicable
561	Medical Oncology	Medical	CT for Colorectal 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	22,800	1	Not applicable	Not applicable	Not applicable
562	Medical Oncology	Medical	CT for Esophageal Cancer	Carboplatin + Paclitaxel Paclitaxel 175mg/m2 D1 Carboplatin AUC 5-6 D1 every 21 days	16,400	1	Not applicable	Not applicable	Not applicable
563	Medical Oncology	Medical	CT for Esophageal Cancer	Cisplatin + 5 FU 5 FU 1000mg/m2 D1-D4 Cisplatin 75mg/m2 D1 every 4 weeks	16,400	1	Not applicable	Not applicable	Not applicable
564	Medical Oncology	Medical	CT for Esophageal Cancer	Cisplatin + 5 FU Cisplatin 75mg/m2 D1 D29 5FU 100mg/m2 D1-D4 D29 D32 every 35 days	16,400	1	Not applicable	Not applicable	Not applicable
565	Medical Oncology	Medical	CT for Esophageal Cancer	Paclitaxel + Carboplatin Paclitaxel 50mg/m2 D1 Carboplatin AUC 2 D1 every week	32,900	1	Not applicable	Not applicable	Not applicable
566	Medical Oncology	Medical	CT for Esophageal Cancer	Paclitaxel + Carboplatin Paclitaxel 50mg/m2 D1 Carboplatin AUC 2 D1 every week	32,900	1	Not applicable	Not applicable	Not applicable

567	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	Cisplatin + Docetaxel Docetaxel 40mg/m2 D1 Cisplatin 40 mg/m2 D1 Leucovorin 400mg/m2 D1 5FU 1000mg/m2 D1 D2 every 14 days	16,800	1	Not applicable	Not applicable	Not applicable
568	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	Irinotecan Irinotecan 60- 90 mg/m2 D1 D8 every 21 days	13,300	1	Not applicable	Not applicable	Not applicable
569	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	5 FU 5 FU 250 mg/m2 D1-D5 over 24 hrs every week	13,300	1	Not applicable	Not applicable	Not applicable
570	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	Capecitabine Capecitabine 825 mg/m2 twice daily	13,300	1	Not applicable	Not applicable	Not applicable
571	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	Capecitabine + Oxaliplatin Capecitabine 1000mg/m2 D1-D14 Oxaliplatin 130 mg/m2 D1 every 21 days	18,200	1	Not applicable	Not applicable	Not applicable
572	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	18,000	1	Not applicable	Not applicable	Not applicable
573	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	21,700	1	Not applicable	Not applicable	Not applicable
574	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	22,400	1	Not applicable	Not applicable	Not applicable
575	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	27,400	1	Not applicable	Not applicable	Not applicable

576	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	5FU + Leucovorin + Irinotecan 5 FU 1200mg/m ² D1 D2 Leucovorin 400mg/m ² D1 Irinotecan 180mg/m ² 85 mg/m ² D1 every 14 days	13,300	1	Not applicable	Not applicable	Not applicable
577	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	5FU + Leucovorin + Oxaliplatin 5 FU 1200mg/m ² D1 D2 Leucovorin 400mg/m ² D1 Oxaliplatin 85 mg/m ² D1 every 14 days	16,600	1	Not applicable	Not applicable	Not applicable
578	Medical Oncology	Medical	CT for Esophageal / Stomach Cancer	Paclitaxel Paclitaxel 80mg/m ² every week	13,300	1	Not applicable	Not applicable	Not applicable
579	Medical Oncology	Medical	CT for Hepatocellular Carcinoma	Doxorubicin Doxorubicin 30-75 mg/m ² one course	27,300	1	Not applicable	Not applicable	Not applicable
580	Medical Oncology	Medical	CT for Hepatocellular Carcinoma	Sorafenib Sorafenib 400mg PO twice daily	11,000	1	Not applicable	Not applicable	Not applicable
581	Medical Oncology	Medical	CT for Hepatocellular Carcinoma	Lenvatinib 12 mg daily	20,600	1	Not applicable	Not applicable	Not applicable
582	Medical Oncology	Medical	CT for Pancreatic Cancer	Gemcitabine + Nanopaclitaxel Gemcitabine 1000mg/m ² D1 D8 D16 Albumin bound Paclitaxel 125mg/m ² D1 D8 D15 every 28 days	34,400	1	Not applicable	Not applicable	Not applicable
583	Medical Oncology	Medical	CT for Pancreatic Cancer	Gemcitabine Gemcitabine 1000mg /m ² D1 D8 every 21 days	25,900	1	Not applicable	Not applicable	Not applicable
584	Medical Oncology	Medical	CT for Pancreatic Cancer	Gemcitabine Gemcitabine 300mg/m ² weekly	25,900	1	Not applicable	Not applicable	Not applicable
585	Medical Oncology	Medical	CT for Pancreatic Cancer	5FU + Leucovorin + Oxaliplatin + Irinotecan 5 FU 1200mg/m ² D1 D2 Leucovorin 400mg/m ² D1 Oxaliplatin 85 mg/m ² D1 Irinotecan 180mg/m ² every 14 days	25,900	1	Not applicable	Not applicable	Not applicable

586	Medical Oncology	Medical	CT for Panceratic Cancer	Capecitabine Capecitabine 825 mg/m2 twice daily	25,900	1	Not applicable	Not applicable	Not applicable
587	Medical Oncology	Medical	CT for Panceratic Cancer	Capecitabine + Gemcitabine Gemcitabine 1000mg/m2 D1 D8 D15 Capecitabine 830mg/m2 twice daily D1-D21 every 28 days	41,400	1	Not applicable	Not applicable	Not applicable
588	Medical Oncology	Medical	CT for Gall Bladder Cancer / Cholangiocarcinoma	Capecitabine Capecitabine 1000 - 1250 mg/m2 twice daily D1 -D14 every 21 days	8,900	1	Not applicable	Not applicable	Not applicable
589	Medical Oncology	Medical	CT for Gall Bladder Cancer / Cholangiocarcinoma	Cisplatin + Gemcitabine Gemcitabine 1000 mg/m2 D1 D8 Cisplatin 25 mg/m2 D1 D8 every 21 days	14,700	1	Not applicable	Not applicable	Not applicable
590	Medical Oncology	Medical	CT for Gall Bladder Cancer / Cholangiocarcinoma	5FU + Leucovorin + Irinotecan 5 FU 1200mg/m2 D1 D2 Leucovorin 400mg/m2 D1 Irinotecan 180mg/m2 85 mg/m2 D1 every 14 days	11,700	1	Not applicable	Not applicable	Not applicable
591	Medical Oncology	Medical	CT for Gall Bladder Cancer / Cholangiocarcinoma	Gemcitabine Gemcitabine 300 mg/m2 D1 every week	9,900	1	Not applicable	Not applicable	Not applicable
592	Medical Oncology	Medical	CT for Gall Bladder Cancer / Cholangiocarcinoma	Gemcitabine Gemcitabine 1000mg /m2 D1 D8 every 21 days	10,900	1	Not applicable	Not applicable	Not applicable
593	Medical Oncology	Medical	CT for Gall Bladder Cancer / Cholangiocarcinoma	Oxaliplatin + Gemcitabine Gemcitabine 1000 mg/m2 D1 Oxaliplatin 100 mg/m2 D1 every 14 days	21,100	1	Not applicable	Not applicable	Not applicable
594	Medical Oncology	Medical	CT for Gall Bladder Cancer / Cholangiocarcinoma	Capecitabine + Irinotecan Capecitabine 1000mg/m2 D1- D14 Irinotecan 200 mg/m2 D1 every 21 days	13,900	1	Not applicable	Not applicable	Not applicable
595	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	16,600	1	Not applicable	Not applicable	Not applicable

596	Medical Oncology	Medical	CT for Gastrointestinal stromal tumor	Imatinib Imatinib 400 mg once daily	21,300	1	Not applicable	Not applicable	Not applicable
597	Medical Oncology	Medical	CT for Gastrointestinal stromal tumor	Sunitinib Sunitinib 37.5 mg once daily	26,800	1	Not applicable	Not applicable	Not applicable
598	Medical Oncology	Medical	CT for CA Brain	Temozolamide Temozolamide 150 - 200 mg/m2 D1-D5 every 28 days	14,300	1	Not applicable	Not applicable	Not applicable
599	Medical Oncology	Medical	CT for CA Brain	Temozolamide Temozolamide 75mg/m2 once daily	74,400	1	Not applicable	Not applicable	Not applicable
600	Medical Oncology	Medical	CT for Mesothelioma	Gemcitabine + Cisplatin Gemcitabine 1000 mg/m2 D1 D8 Cisplatin 75 mg/m2 D1 every 21 days	14,700	1	Not applicable	Not applicable	Not applicable
601	Medical Oncology	Medical	CT for Mesothelioma	Pemetrexed + Cisplatin Pemetrexed 500mg/m2 D1 Cisplatin 75 mg/m2 D1 every 21 days	12,200	1	Not applicable	Not applicable	Not applicable
602	Medical Oncology	Medical	CT for Mesothelioma	Pemetrexed + Carboplatin Pemetrexed 500mg/m2 D1 Carboplatin AUC 5-6 D1 every 21 days	12,200	1	Not applicable	Not applicable	Not applicable
603	Medical Oncology	Medical	CT for Thymic Carcinoma	Cisplatin + Etoposide Etoposide 100mg/m2 D1 - D3 Cisplatin 75-100 mg/m2 D1 every 21 days	8,600	1	Not applicable	Not applicable	Not applicable
604	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	7,200	1	Not applicable	Not applicable	Not applicable
605	Medical Oncology	Medical	CT for CA Head & Neck	Cisplatin + Docetaxel Docetaxel 75 mg/m2 D1 Cisplatin 75 mg/m2 D1 every 21 days	15,100	1	Not applicable	Not applicable	Not applicable
606	Medical Oncology	Medical	CT for CA Head & Neck	Cisplatin Cisplatin 100mg/m2 every 21 days	13,600	1	Not applicable	Not applicable	Not applicable
607	Medical Oncology	Medical	CT for CA Head & Neck	Carboplatin + Gemcitabine Gemcitabine 1000 mg/m2 D1 D8	15,700	1	Not applicable	Not applicable	Not applicable

				Carboplatin AUC 5-6 D1 every 21 days					
608	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	18,200	1	Not applicable	Not applicable	Not applicable
609	Medical Oncology	Medical	CT for CA Head & Neck	Docetaxel Docetaxel 20mg/m2 every week	16,500	1	Not applicable	Not applicable	Not applicable
610	Medical Oncology	Medical	CT for CA Head & Neck	Docetaxel Docetaxel 75 mg/m2 D1 every 21 days	15,800	1	Not applicable	Not applicable	Not applicable
611	Medical Oncology	Medical	CT for CA Head & Neck	Etoposide + Carboplatin Etoposide 100mg/m2 D1 - D3 Carboplatin AUC 5-6 D1 every 21 days	13,600	1	Not applicable	Not applicable	Not applicable
612	Medical Oncology	Medical	CT for CA Head & Neck	Etoposide + Cisplatin Etoposide 100mg/m2 D1 - D3 Cisplatin 75-100 mg/m2 D1 every 21 days	13,600	1	Not applicable	Not applicable	Not applicable
613	Medical Oncology	Medical	CT for CA Head & Neck	Gemcitabine Gemcitabine 1000 mg/m2 D1 D8 every 21 days	13,600	1	Not applicable	Not applicable	Not applicable
614	Medical Oncology	Medical	CT for CA Head & Neck	Gemcitabine + Cisplatin Gemcitabine 1000 mg/m2 D1 D8 Cisplatin 75 mg/m2 D1 every 21 days	13,600	1	Not applicable	Not applicable	Not applicable
615	Medical Oncology	Medical	CT for CA Head & Neck	Paclitaxel + Carboplatin Paclitaxel 80mg/m2 D1 Carboplatin AUC 2 D1 every week	13,600	1	Not applicable	Not applicable	Not applicable
616	Medical Oncology	Medical	CT for CA Head & Neck	Paclitaxel + Carboplatin Paclitaxel 175mg/m2 every 21 days	16,600	1	Not applicable	Not applicable	Not applicable
617	Medical Oncology	Medical	CT for CA Head & Neck	Paclitaxel Paclitaxel 80mg/m2 every week	13,600	1	Not applicable	Not applicable	Not applicable
618	Medical Oncology	Medical	CT for CA Head & Neck	Paclitaxel Paclitaxel 175mg/m2 every 21 days	13,400	1	Not applicable	Not applicable	Not applicable

619	Medical Oncology	Medical	CT for CA Head & Neck	Carboplatin Carboplatin AUC 2 every week	13,600	1	Not applicable	Not applicable	Not applicable
620	Medical Oncology	Medical	CT for CA Head & Neck	Cisplatin Cisplatin 40mg/m2 every week	13,600	1	Not applicable	Not applicable	Not applicable
621	Medical Oncology	Medical	CT for Renal Cell Cancer	Sunitinib 50 mg once daily 4 weeks on 2 weeks off	29,000	1	Not applicable	Not applicable	Not applicable
622	Medical Oncology	Medical	CT for Renal Cell Cancer	Cabozantinib 60 mg od x 1 month every 4 weeks	15,700	1	Not applicable	Not applicable	Not applicable
623	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Cisplatin + Methotrexate + Vinblastin Methotrexate 30mg/m2 D1 D8 Vinblastine 4 mg/m2 D1 D8 Doxorubicin 30 mg/m2 D2 Cisplatin 100 mg/m2 D2 Leucovorin 15 mg PO D2 D9 every 21 days	8,300	1	Not applicable	Not applicable	Not applicable
624	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Carboplatin + Gemcitabine Gemcitabine 1000 mg/m2 D1 D8 Carboplatin AUC 5-6 D1 every 21 days	15,700	1	Not applicable	Not applicable	Not applicable
625	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Cisplatin + Gemcitabine Gemcitabine 1000 mg/m2 D1 D8 Cisplatin 75 mg/m2 D1 every 21 days	14,700	1	Not applicable	Not applicable	Not applicable
626	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Cisplatin + 5 FU 5 FU 1000mg/m2 D1-D4 Cisplatin 75mg/m2 D1 every 4 weeks	9,900	1	Not applicable	Not applicable	Not applicable
627	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Cisplatin + Paclitaxel Paclitaxel 175 mg /m2 D1 Cisplatin 75 mg /m2 D1 every 21 days	14,900	1	Not applicable	Not applicable	Not applicable
628	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Docetaxel Docetaxel 75 mg/m2 D1 every 21 days	15,800	1	Not applicable	Not applicable	Not applicable

629	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Gemcitabine + Paclitaxel Gemcitabine 2500 mg/m ² D1 Paclitaxel 150 mg/m ² D1 every 14 days	19,300	1	Not applicable	Not applicable	Not applicable
630	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Gemcitabine Gemcitabine 1000mg /m ² D1 D8 every 21 days	10,100	1	Not applicable	Not applicable	Not applicable
631	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Methotrexate + Vinblastin + Doxorubicin + Cisplatin Methotrexate 30mg/m ² D1 Vinblastine 3 mg/m ² D2 Doxorubicin 30 mg/m ² D2 Cisplatin 70 mg/m ² D2 every 14 days	9,100	1	Not applicable	Not applicable	Not applicable
632	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Paclitaxel + Carboplatin Paclitaxel 175mg/m ² D1 Carboplatin AUC 5-6 D1 every 21 days	16,600	1	Not applicable	Not applicable	Not applicable
633	Medical Oncology	Medical	CT for Ureter / Bladder / Urethra	Paclitaxel Paclitaxel 80 mg/m ² D1 every week	7,800	1	Not applicable	Not applicable	Not applicable
634	Medical Oncology	Medical	CT for CA Penis	Cisplatin + Paclitaxel Paclitaxel 175 mg/m ² D1 Cisplatin 75 mg/m ² D1 every 21 days	14,900	1	Not applicable	Not applicable	Not applicable
635	Medical Oncology	Medical	CT for CA Penis	5 FU + Cisplatin 5 FU 1000mg/m ² D1-D4 Cisplatin 75mg/m ² D1 every 4 weeks	14,900	1	Not applicable	Not applicable	Not applicable
636	Medical Oncology	Medical	CT for CA Penis	Capecitabine Capecitabine 1000-1250 mg/m ² PO twice daily D1 - D14 every 21 days	14,900	1	Not applicable	Not applicable	Not applicable
637	Medical Oncology	Medical	CT for CA Penis	Paclitaxel + Carboplatin Paclitaxel 175mg/m ² D1 Carboplatin AUC 5-6 D1 every 21 days	16,600	1	Not applicable	Not applicable	Not applicable
638	Medical Oncology	Medical	CT for CA Penis	Paclitaxel Paclitaxel 80 mg/m ² D1 every week	14,900	1	Not applicable	Not applicable	Not applicable
639	Medical Oncology	Medical	CT for CA Penis	Paclitaxel Paclitaxel 175 mg/m ² D1 every 21 days	14,900	1	Not applicable	Not applicable	Not applicable

640	Medical Oncology	Medical	CT for CA Penis	Paclitaxel + Carboplatin Paclitaxel 80 mg/m ² D1 Carboplatin AUC 2 D1 every week	14,900	1	Not applicable	Not applicable	Not applicable
641	Medical Oncology	Medical	CT for CA Prostate	Docetaxel Docetaxel 60 mg/m ² D1 every 14 days	12,900	1	Not applicable	Not applicable	Not applicable
642	Medical Oncology	Medical	CT for CA Prostate	Docetaxel Docetaxel 75 mg/m ² D1 every 21 days	15,500	1	Not applicable	Not applicable	Not applicable
643	Medical Oncology	Medical	CT for CA Prostate	Etoposide + Carboplatin Etoposide 100mg/m ² D1 - D3 Carboplatin AUC 5-6 D1 every 21 days	12,900	1	Not applicable	Not applicable	Not applicable
644	Medical Oncology	Medical	CT for CA Prostate	LHRH Agonist Leuprolide 22.5 ug every 3 months	18,600	1	Not applicable	Not applicable	Not applicable
645	Medical Oncology	Medical	CT for CA Prostate	Mitoxantrone + Prednisolone Mitoxantrone 12mg/m ² every 3 weeks Prednsiolone 10 mg daily	12,900	1	Not applicable	Not applicable	Not applicable
646	Medical Oncology	Medical	CT for CA Prostate	Paclitaxel + Carboplatin Paclitaxel 80mg/m ² D1 Carboplatin AUC 2 D1 every week	12,900	1	Not applicable	Not applicable	Not applicable
647	Medical Oncology	Medical	CT for CA Prostate	Paclitaxel + Carboplatin Paclitaxel 175mg/m ² D1 Carboplatin AUC 5-6 D1 every 21 days	16,600	1	Not applicable	Not applicable	Not applicable
648	Medical Oncology	Medical	CT for CA Prostate	Docetaxel Docetaxel 20mg/m ² D1 every week	16,200	1	Not applicable	Not applicable	Not applicable
649	Medical Oncology	Medical	CT for CA Prostate	Abiraterone 1000 mg + Prednisolone 10mg daily Once every month	15,700	1	Not applicable	Not applicable	Not applicable
650	Medical Oncology	Medical	CT for B - Cell NHL - High Grade (Except Burkitt's & PCNSL)	Rituximab + Cyclophosphamide + Etoposide + Prednsiolone Rituximab 375mg/m ² Cyclophosphamide 750 mg/m ² Vincristine 1.4 mg/m ² , on Day1 Etoposide 65mg/m ² Day 1 to 3	31,800	1	Not applicable	Not applicable	Not applicable

				Prednisolone 100 mg Day 1-5 Total 6 cycles, repeat 21 days					
651	Medical Oncology	Medical	CT for B - Cell NHL - High Grade (Except Burkitt's & PCNSL)	Rituximab + Cyclophosphamide + Doxorubicin + Prednisolone Rituximab 375mg/m2 Cyclophosphamide 750 mg/m2 Doxorubicin 50mg/m2 Vincristine 1.4 mg/m2 on Day1 Prednisolone 100 mg Day 1-5 Total 6 cycles, repeat 21 days	29,700	1	Not applicable	Not applicable	Not applicable
652	Medical Oncology	Medical	CT for High - Grade NHL - B Cell	Rituxmab + Dexamethasone + High Dose Cytarabine + Cisplatin Rituximab 375mg/m2 Day 1 Cytarabine 2g/m2 BD on day 2 Dexamethasone 40 mg Day 1 - 4 Cisplatin 75mg/m2 or Carboplatin AUC-5 on day 1 Cycle to be repeated every 21days	38,400	1	Not applicable	Not applicable	Not applicable
653	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	42,800	1	Not applicable	Not applicable	Not applicable

654	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	38,800	1	Not applicable	Not applicable	Not applicable
655	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	34,900	1	Not applicable	Not applicable	Not applicable
656	Medical Oncology	Medical	CT for Burkitt's NHL	Codox - M - IVAC / GMALL / BFM / Hyper CVAD	38,000	1	Not applicable	Not applicable	Not applicable
657	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	33,800	1	Not applicable	Not applicable	Not applicable
658	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	33,800	1	Not applicable	Not applicable	Not applicable
659	Medical Oncology	Medical	CT for Low Grade NHL	Rituximab Rituximab 375mg/m2 per week for 6 weeks	27,300	1	Not applicable	Not applicable	Not applicable

660	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	28,400	1	Not applicable	Not applicable	Not applicable
661	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	22,000	1	Not applicable	Not applicable	Not applicable
662	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	27,400	1	Not applicable	Not applicable	Not applicable
663	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	44,800	1	Not applicable	Not applicable	Not applicable
664	Medical Oncology	Medical	CT for Chronic Lymphocytic Leukemia	Lenalidomide lenalidomide-10-25 mg/day day 1 to 21 every 28 days	19,900	1	Not applicable	Not applicable	Not applicable
665	Medical Oncology	Medical	CT for Peripheral T - Cell Lymphoma	CHOEP Cyclophosphamide 750mg/m2 D1 Vincristine 1.4mg/m2 D1 Adriamycin 50 mg/m2 D1 Etoposide 100mg/m2 D1-3 Prednisolone 100 mg D1-5 Every 21days. Total 6 cycles	6,400	1	Not applicable	Not applicable	Not applicable

666	Medical Oncology	Medical	CT for Peripheral T - Cell Lymphoma	CHOP Cyclophosphamide 750mg/m2 D1 Vincristine 1.4mg/m2 D1 Adriamycin 50 mg/m2 D1 Prednisolone 100 mg D1-5 Every 21days. Total 6 cycles	6,300	1	Not applicable	Not applicable	Not applicable
667	Medical Oncology	Medical	CT for Peripheral T - Cell Lymphoma	SMILE Methotrexate 2gm/m2 D1 Ifosfamide 1500mg/m2 D2-4 Etoposide 100mg/m2 D2-4 L-asparaginase 6000U/m2 D8,10,12,14,16,18,20 Dexamethasone 40mg D1-4 every 28 days	23,900	1	Not applicable	Not applicable	Not applicable
668	Medical Oncology	Medical	CT for NK - T Cell Lymphoma	GELOX Gemcitabine 1000mg/m2 D1 and D8 Oxaliplatin 130mg/m2 D1 L- asparaginase 6000 U/m2 D1-7 Repeat every 21 days	23,400	1	Not applicable	Not applicable	Not applicable
669	Medical Oncology	Medical	CT for NK - T Cell Lymphoma	LVP L-asparaginase 6000U/m2 D1- 5 Vincristine 1.4mg/m2 D1 Prednisolone 100mg D1-5 Repeat every 21 days	20,800	1	Not applicable	Not applicable	Not applicable
670	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	4,700	1	Not applicable	Not applicable	Not applicable
671	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	12,400	1	Not applicable	Not applicable	Not applicable

672	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	12,400	1	Not applicable	Not applicable	Not applicable
673	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	12,800	1	Not applicable	Not applicable	Not applicable
674	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	12,800	1	Not applicable	Not applicable	Not applicable
675	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 Carboplatin AUC-5 Every 3 weeks	17,900	1	Not applicable	Not applicable	Not applicable
676	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	15,200	1	Not applicable	Not applicable	Not applicable
677	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	6,600	1	Not applicable	Not applicable	Not applicable

678	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	8,700	1	Not applicable	Not applicable	Not applicable
679	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	5,000	1	Not applicable	Not applicable	Not applicable
680	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	5,100	1	Not applicable	Not applicable	Not applicable
681	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, 22 Every 28 days	16,100	1	Not applicable	Not applicable	Not applicable
682	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	16,200	1	Not applicable	Not applicable	Not applicable

683	Medical Oncology	Medical	CT for MM / Amyloidosis	Bortezomib + Melphalan + Prednisolone Melphalan 9mg/m ² D1-D4 Prednisolone 100mg Day 1-4 Bortezomib 1.3 mg/m ² Day 1, 8, 15, 22 Every 28 days	13,900	1	Not applicable	Not applicable	Not applicable
684	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/m ² Day 1, 8, 15, 22 Every 28 days	19,600	1	Not applicable	Not applicable	Not applicable
685	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/m ² Day 1, 8, 15, 22 Every 28 days	16,500	1	Not applicable	Not applicable	Not applicable
686	Medical Oncology	Medical	CT for Chronic Myeloid Leukemia	Imatinib Imatinib 400 mg, 600 mg, 800 mg (per month X 5 years)	21,300	1	Not applicable	Not applicable	Not applicable
687	Medical Oncology	Medical	CT for Chronic Myeloid Leukemia	Dasatinib 100 mg once a day	6,100	1	Not applicable	Not applicable	Not applicable
688	Medical Oncology	Medical	CT for Myeloproliferative Neoplasm	Hydroxurea Hydroxurea daily (Dose will be based on blood counts)	2,800	1	Not applicable	Not applicable	Not applicable
689	Medical Oncology	Medical	CT for Acute Myeloid Leukemia	Cytarabine 2 gm / M2 BD for 3 days Every 21 days for 3 cycles	86,200	1	Not applicable	Not applicable	Not applicable
690	Medical Oncology	Medical	CT for Acute Myeloid Leukemia	Cytarabine 100 mg / M2 7 days Daunomycin 60 mg / M2 3 days	1,27,800	1	Not applicable	Not applicable	Not applicable

691	Medical Oncology	Medical	CT for Acute Lymphoblastic Leukemia	BFM-90 BFM-95 BFM-2000 HyperCVAD UKALL GMALL	1,76,000	1	Not applicable	Not applicable	Not applicable
692	Medical Oncology	Medical	CT for Acute Lymphoblastic Leukemia	BFM-90 BFM-95 BFM-2000 HyperCVAD UKALL GMALL	1,76,000	1	Not applicable	Not applicable	Not applicable
693	Medical Oncology	Medical	CT for Acute Lymphoblastic Leukemia	6 Mercaptopurine 50 mg / M2 daily Methotrexate 25 mg / M2 Weekly for 2 years	1,76,000	1	Not applicable	Not applicable	Not applicable
694	Medical Oncology	Medical	CT for Lymphoblastic Lymphoma	BFM-90 BFM-95 BFM-2000 HyperCVAD UKALL GMALL	1,76,000	1	Not applicable	Not applicable	Not applicable
695	Medical Oncology	Medical	CT for Lymphoblastic Lymphoma	BFM-90 BFM-95 BFM-2000 HyperCVAD UKALL GMALL	1,76,000	1	Not applicable	Not applicable	Not applicable
696	Medical Oncology	Medical	CT for Lymphoblastic Lymphoma	6 Mercaptopurine 50 mg/M2 daily and Methotrexate 25 mg/M2 Weekly for 2 Years	1,76,000	1	Not applicable	Not applicable	Not applicable
697	Medical Oncology	Medical	CT for Acute Promyelocytic Leukemia (High Risk)	Arsenic trioxide ATRA Daunomycin or Idarubicin Cytarabine - multiagent - vary in each protocol	87,100	1	Not applicable	Not applicable	Not applicable

698	Medical Oncology	Medical	CT for Acute Promyelocytic Leukemia (High Risk)	Arsenic trioxide ATRA Daunomycin or Idarubicin Cytarabine - multiagent - vary on protocol	1,17,200	1	Not applicable	Not applicable	Not applicable
699	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	35,200	1	Not applicable	Not applicable	Not applicable
700	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	13,200	1	Not applicable	Not applicable	Not applicable
701	Medical Oncology	Medical	CT for Acute Promyelocytic Leukemia (Low Risk)	ATO 0.15 mg / kg ATRA 45 mg / M2	98,000	1	Not applicable	Not applicable	Not applicable
702	Medical Oncology	Medical	Febrile Neutopenia	Cefoperazone + Sulbactam Piperacillin + Tazobactam Cefoperazone Piperacillin Amikacin Gentamicin Cefipime Levofloxacin Amoxicillin and clavulanate Teicoplanin Vancomycin	40,300	1	Not applicable	Not applicable	Not applicable
703	Medical Oncology	Medical	Febrile Neutopenia	Meropenem Imipenem Colistin Tigecyclin Linezolid Voriconazole Caspofungin Amphotericin - B	95,400	1	Not applicable	Not applicable	Not applicable
704	Medical Oncology	Medical	Chemotherapy Complications - Tumor Lysis Syndrome	Rasburicase Febuxostat Allopurinol Sevelamer	26,400	1	Not applicable	Not applicable	Not applicable

705	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	14,100	1	Not applicable	Not applicable	Not applicable
706	Medical Oncology	Medical	CT for Langerhans Cell Histiocytosis	Langerhans Cell Histiocytosis (Histiocytosis Protocol - Induction)	30,700	1	Not applicable	Not applicable	Not applicable
707	Medical Oncology	Medical	CT for Langerhans Cell Histiocytosis	Langerhans Cell Histiocytosis (Histiocytosis Protocol - Maintenance)	35,000	1	Not applicable	Not applicable	Not applicable
708	Medical Oncology	Medical	CT for Low Grade Glioma	Vincristine + Carboplatin Vincristine 1.5mg/m ² (day 1, 8 and 15 for first 4 cycles and then only day 1 from cycle 5 to 17) Carboplatin 550mg/m ² every 3 weeks (all cycles)	7,200	1	Not applicable	Not applicable	Not applicable
709	Medical Oncology	Medical	CT for Low Grade Glioma	Vinblastin Vinblastine 6 mg/m ² every week	6,200	1	Not applicable	Not applicable	Not applicable
710	Medical Oncology	Medical	CT for Medulloblastoma / Brain PNET	PACKER	7,700	1	Not applicable	Not applicable	Not applicable
711	Medical Oncology	Medical	CT for Medulloblastoma / CNS PNET	Cisplatin + Cyclophosphamide + Vincristine Cyclophosphamide 1000mg/m ² (2 days every cycles) Vincristine 1.5mg/m ² (days 1 and 8) Cisplatin 100mg/m ² (1 day per cycle) Cycles given every 3 weekly	10,100	1	Not applicable	Not applicable	Not applicable
712	Medical Oncology	Medical	CT for Neuroblastoma	Cabroplatin + Etoposide + Cyclophosphamide + Doxorubicin Carboplatin 600mg/m ² Etoposide 100mg/m ² (days 1-5) Cyclophosphamide Doxorubicin	10,500	1	Not applicable	Not applicable	Not applicable
713	Medical Oncology	Medical	CT for Neuroblastoma	Carboplatin + Cisplatin + Cyclophosphamide + Vincristine + Etoposide	8,700	1	Not applicable	Not applicable	Not applicable

714	Medical Oncology	Medical	CT for Neuroblastoma	13-cis retinoic acid 160mg/m2 per day for 2 weeks Each cycle given 4 weekly	8,700	1	Not applicable	Not applicable	Not applicable
715	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	9,000	1	Not applicable	Not applicable	Not applicable
716	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	6,900	1	Not applicable	Not applicable	Not applicable
717	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	19,700	1	Not applicable	Not applicable	Not applicable
718	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) Every 3 weeks. Cycles given in couplets	15,100	1	Not applicable	Not applicable	Not applicable

719	Medical Oncology	Medical	CT for Wilms Tumor	Vincristine + Actinomycin D Vincristine 1.5 mg/m ² weekly for 12 weeks and then 3 weekly Actinomycin D 45 microgram / kg 3 weekly for 24 weeks	4,600	1	Not applicable	Not applicable	Not applicable
720	Medical Oncology	Medical	CT for Wilms Tumor	Vincristine + Actinomycin D + Doxorubicin Vincristine 1.5 mg/m ² weekly for 12 weeks and then 3 weekly Actinomycin D 45 microgram/kg 3 weekly Doxorubicin 60mg/m ² for 24 weeks	6,100	1	Not applicable	Not applicable	Not applicable
721	Medical Oncology	Medical	CT for Wilms Tumor	Cyclophosphamide + Doxorubicin + Etoposide + Vincristine + Dactinomycin Vincristine 1.5 mg/m ² Dactinomycin 45 microgram/kg Adriamycin 60mg/m ² Cyclophosphamide Etoposide Weekly chemotherapy - varying hybrid regimen	18,500	1	Not applicable	Not applicable	Not applicable
722	Medical Oncology	Medical	CT for Pediatric Acute Lymphoblastic Leukemia	Consolidation (Phase II, CNS Therapy Reinduction)	2,90,100	1	Not applicable	Not applicable	Not applicable
723	Medical Oncology	Medical	CT for Pediatric Acute Lymphoblastic Leukemia	ICICLE BFM KLALL MCP:841	2,29,500	1	Not applicable	Not applicable	Not applicable
724	Medical Oncology	Medical	CT for Pediatric Acute Lymphoblastic Leukemia	6 - Mercaptopurine 75mg/m ² daily Methotrexate 20mg/m ² weekly Vincristine 1.5mg/m ² monthly Intrathecal methotrexate 12 mg 3 monthly	2,29,500	1	Not applicable	Not applicable	Not applicable
725	Medical Oncology	Medical	CT for Ph+ve Pediatric Acute Lymphoblastic Leukemia for adult and paediatric	Dasatinib + chemo (to be used only with ALL therapy)	6,100	1	Not applicable	Not applicable	Not applicable

726	Medical Oncology	Medical	CT for Ph+ve Pediatric Acute Lymphoblastic Leukemia for adult and paediatric	Imatinib + chemo ((to be used only with ALL therapy)	6,100	1	Not applicable	Not applicable	Not applicable
727	Medical Oncology	Medical	CT for Pediatric Lymphoblastic Lymphoma	Consolidation (Phase II, CNS Therapy Reinduction)	2,90,100	1	Not applicable	Not applicable	Not applicable
728	Medical Oncology	Medical	CT for Pediatric Lymphoblastic Lymphoma	ICICLE BFM KLALL MCP:841	2,29,500	1	Not applicable	Not applicable	Not applicable
729	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	2,29,500	1	Not applicable	Not applicable	Not applicable
730	Medical Oncology	Medical	CT for Pediatric Acute Myeloid Leukemia	Cytrabine 3 gram/m2 twice a day Days 1, 3 and 5	63,400	1	Not applicable	Not applicable	Not applicable
731	Medical Oncology	Medical	CT for Pediatric Acute Myeloid Leukemia	Cytrabine 200mg/m2/day days 1-10 and Daunorubicin 50mg/m2 days 1, 3 and 5 Etoposide 100mg/m2 days 1-5	1,27,400	1	Not applicable	Not applicable	Not applicable
732	Medical Oncology	Medical	CT for Pediatric Acute Myeloid Leukemia	Cytrabine 100-200mg/m2/day days 1-7 and Daunorubicin 50mg/m2 days 1, 3 and 5	1,26,900	1	Not applicable	Not applicable	Not applicable
733	Medical Oncology	Medical	CT for Pediatric Acute Promyelocytic Leukemia	Consolidation	71,200	1	Not applicable	Not applicable	Not applicable
734	Medical Oncology	Medical	CT for Pediatric Acute Promyelocytic Leukemia	Induction	1,56,600	1	Not applicable	Not applicable	Not applicable
735	Medical Oncology	Medical	CT for Pediatric Acute Promyelocytic Leukemia	Maintenance	47,600	1	Not applicable	Not applicable	Not applicable
736	Medical Oncology	Medical	CT for Pediatric Hodgkins Lymphoma	COPDAC	11,400	1	Not applicable	Not applicable	Not applicable
737	Medical Oncology	Medical	CT for Pediatric Hodgkins Lymphoma	OPEA	14,300	1	Not applicable	Not applicable	Not applicable
738	Medical Oncology	Medical	CT for Pediatric Hodgkins Lymphoma Relapse	ICE	23,700	1	Not applicable	Not applicable	Not applicable
739	Medical Oncology	Medical	CT for Pediatric Hodgkins Lymphoma Relapse	DECA	23,700	1	Not applicable	Not applicable	Not applicable

740	Medical Oncology	Medical	CT for Pediatric Hodgkins Lymphoma Relapse	IGVD	37,400	1	Not applicable	Not applicable	Not applicable
741	Medical Oncology	Medical	CT for Pediatric Non Hodgkins Lymphoma	LMB 89 - 96 - Consolidation	51,600	1	Not applicable	Not applicable	Not applicable
742	Medical Oncology	Medical	CT for Pediatric Non Hodgkins Lymphoma	LMB 89 - 96 - Induction - COPADAM	51,400	1	Not applicable	Not applicable	Not applicable
743	Medical Oncology	Medical	CT for Pediatric Non Hodgkins Lymphoma	LMB 89 - 96 - Maintenance	79,600	1	Not applicable	Not applicable	Not applicable
744	Medical Oncology	Medical	CT for Pediatric Non Hodgkins Lymphoma	MCP - 842	1,19,500	1	Not applicable	Not applicable	Not applicable
745	Medical Oncology	Medical	PEDIATRIC-GCT/JEB	Pediatric - Germ Cell Tumor / JEB	13,000	1	Not applicable	Not applicable	Not applicable
746	Medical Oncology	Medical	CT for Pediatric Hepatoblastoma	Carboplatin + Cisplatin + Doxorubicin	6,800	1	Not applicable	Not applicable	Not applicable
747	Medical Oncology	Medical	CT for Pediatric Hepatoblastoma	Cisplatin	6,200	1	Not applicable	Not applicable	Not applicable
748	Medical Oncology	Medical	CT for CA Lung	Docetaxel Docetaxel 75 mg/m ² D1 every 21 days	17,800	1	Not applicable	Not applicable	Not applicable
749	Medical Oncology	Medical	CT for CA Lung	Erlotinib Erlotinib 150 mg once daily	17,800	1	Not applicable	Not applicable	Not applicable
750	Medical Oncology	Medical	CT for CA Lung	Gefitinib Gefitinib 250 mg once daily	17,800	1	Not applicable	Not applicable	Not applicable
751	Medical Oncology	Medical	CT for CA Lung	Paclitaxel + Carboplatin Paclitaxel 175mg/m ² D1 Carboplatin AUC 5-6 D1 every 21 days	17,800	1	Not applicable	Not applicable	Not applicable
752	Medical Oncology	Medical	CT for CA Lung	Pemetrexed + Carboplatin Pemetrexed 500mg/m ² D1 Carboplatin AUC 5-6 D1 every 21 days	17,800	1	Not applicable	Not applicable	Not applicable
753	Medical Oncology	Medical	CT for CA Lung	Topotecan Topotecan 1.5 mg/m ² D1-D5 every 21 days	27,100	1	Not applicable	Not applicable	Not applicable
754	Medical Oncology	Medical	CT for CA Lung	Docetaxel Docetaxel 20 mg/m ² D1 every week	17,800	1	Not applicable	Not applicable	Not applicable
755	Medical Oncology	Medical	CT for CA Lung	Etoposide + Carboplatin Etoposide 100mg/m ² D1 - D3 Carboplatin AUC 5-6 D1 every 21 days	17,800	1	Not applicable	Not applicable	Not applicable

756	Medical Oncology	Medical	CT for CA Lung	Etoposide + Cisplatin Etoposide 100mg/m ² D1 - D3 Cisplatin 75-100 mg/m ² D1 every 21 days	17,800	1	Not applicable	Not applicable	Not applicable
757	Medical Oncology	Medical	CT for CA Lung	Gemcitabine Gemcitabine 1000mg /m ² D1 D8 every 21 days	17,800	1	Not applicable	Not applicable	Not applicable
758	Medical Oncology	Medical	CT for CA Lung	Gemcitabine + Carboplatin Gemcitabine 1000 mg/m ² D1 D8 Carboplatin AUC 5-6 D1 every 21 days	17,800	1	Not applicable	Not applicable	Not applicable
759	Medical Oncology	Medical	CT for CA Lung	Gemcitabine + Cisplatin Gemcitabine 1000 mg/m ² D1 D8 Cisplatin 75 mg/m ² D1 D8 every 21 days	17,800	1	Not applicable	Not applicable	Not applicable
760	Medical Oncology	Medical	CT for CA Lung	Paclitaxel Paclitaxel 80mg/m ² every week	17,800	1	Not applicable	Not applicable	Not applicable
761	Medical Oncology	Medical	CT for CA Lung	Paclitaxel Paclitaxel 175mg/m ² every 21 days	17,800	1	Not applicable	Not applicable	Not applicable
762	Medical Oncology	Medical	CT for CA Lung	Paclitaxel + Carboplatin Paclitaxel 50mg/m ² D1 Carboplatin AUC 2 D1 every week	17,800	1	Not applicable	Not applicable	Not applicable
763	Medical Oncology	Medical	CT for CA Lung	Paclitaxel + Cisplatin Paclitaxel 175 mg/m ² D1 Cisplatin 75mg/m ² D1 every 21 days	17,800	1	Not applicable	Not applicable	Not applicable
764	Medical Oncology	Medical	CT for CA Lung	Pemetrexed + Cisplatin Pemetrexed 500mg/m ² D1 Cisplatin 75 mg/m ² D1 every 21 days	17,800	1	Not applicable	Not applicable	Not applicable
765	Medical Oncology	Medical	CT for CA Lung	Pemetrexed Pemetrexed 500mg/m ² D1 every 21 days	17,800	1	Not applicable	Not applicable	Not applicable
766	Medical Oncology	Medical	CT for CA Lung	Vinorelbine + Carboplatin Vinorelbine 25mg/m ² D1 D8 CarboplatinAUC 5-6 D1 every 21 days	25,100	1	Not applicable	Not applicable	Not applicable

767	Medical Oncology	Medical	CT for CA Lung	Vinorelbine + Cisplatin Vinorelbine 25mg/m2 D1 D8 Cisplatin 75mg/m2 D1 every 21 days	22,700	1	Not applicable	Not applicable	Not applicable
768	Medical Oncology	Medical	CT for CA Cervix	Carboplatin Carboplatin AUC 2 every week	3,300	1	Not applicable	Not applicable	Not applicable
769	Medical Oncology	Medical	CT for primary CNS lymphoma	De-Angelis/MTR	43,600	1	Not applicable	Not applicable	Not applicable
770	Medical Oncology	Medical	Unspecified Chemotherapy regimen	Unspecified Chemotherapy regimen	-	1	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
771	Medical Oncology	Medical	GCT Testis	SA Carboplatin AUC 7 once every 3 weeks	7,300	1	Not applicable	Not applicable	Not applicable
772	Medical Oncology	Medical	CT for GCT of bone	Denosumab Denosumab 120 mg s/c D1, 8, 15 then every 28 days	21,800	1	Not applicable	Not applicable	Not applicable
773	Medical Oncology	Medical	GEP NET Neuroendocrine carcinoma	Temozolamide 150mg/m2 D9-14 + Capecitabine 1gm/me D1-14 every 28 days	9,700	1	Not applicable	Not applicable	Not applicable
774	Medical Oncology	Medical	GEP NET high grade Neuroendocrine carcinoma	Carboplatin AUC 5 + Etoposide 100mg/m2 D1-D3 every 21 days	16,300	1	Not applicable	Not applicable	Not applicable
775	Pediatric Medical Management	Medical	Febrile Seizures/ Other Seizures	Febrile seizures	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
776	Pediatric Medical Management	Medical	Febrile Seizures/ Other Seizures	Flurry of seizures	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
777	Pediatric Medical Management	Medical	Febrile Seizures/ Other Seizures	Neurocysticercosis	-	NA	Routine Ward/ HDU/ ICU - Without	2100/ 3300/ 8500/ 9000	Not applicable

							Ventilator/ ICU - With Ventilator		
778	Pediatric Medical Management	Medical	Febrile Seizures/ Other Seizures	Epilepsy	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
779	Pediatric Medical Management	Medical	Epileptic Encephalopathy	Epileptic Encephalopathy	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
780	Pediatric Medical Management	Medical	Acute Encephalitis	Infectious - uncomplicated	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
781	Pediatric Medical Management	Medical	Acute Encephalitis	Immune mediated	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
782	Pediatric Medical Management	Medical	Acute encephalitic syndrome	Acute encephalitic syndrome	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
783	Pediatric Medical Management	Medical	Medical Management of Meningo Encephalitis	Medical Management of Meningo Encephalitis	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable

784	Pediatric Medical Management	Medical	Acute meningo encephalitis / aseptic meningitis / febrile encephalopathy / hypertensive encephalopathy / metabolic encephalopathy / hepatic encephalopathy / brain abscess	Aseptic meningitis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
785	Pediatric Medical Management	Medical	Acute meningo encephalitis / aseptic meningitis / febrile encephalopathy / hypertensive encephalopathy / metabolic encephalopathy / hepatic encephalopathy / brain abscess	Febrile encephalopathy	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
786	Pediatric Medical Management	Medical	Acute meningo encephalitis / aseptic meningitis / febrile encephalopathy / hypertensive encephalopathy / metabolic encephalopathy / hepatic encephalopathy / brain abscess	Hypertensive encephalopathy	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
787	Pediatric Medical Management	Medical	Encephalopathy	Metabolic	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
788	Pediatric Medical Management	Medical	Encephalopathy	Hepatic	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
789	Pediatric Medical Management	Medical	Acute meningo encephalitis / aseptic meningitis / febrile encephalopathy / hypertensive encephalopathy / metabolic encephalopathy / hepatic encephalopathy / brain abscess	Brain abscess	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
790	Pediatric Medical Management	Medical	Meningitis	Chronic meningitis	-	NA	Routine Ward/ HDU/ ICU -	2100/ 3300/	Not applicable

							Without Ventilator/ ICU - With Ventilator	8500/ 9000	
791	Pediatric Medical Management	Medical	Meningitis	Partially treated pyogenic meningitis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
792	Pediatric Medical Management	Medical	Meningitis	Neuro tuberculosis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
793	Pediatric Medical Management	Medical	Meningitis	Complicated bacterial meningitis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
794	Pediatric Medical Management	Medical	Meningitis	Acute meningitis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
795	Pediatric Medical Management	Medical	Optic Neuritis	Optic Neuritis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
796	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	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/	2100/ 3300/ 8500/ 9000	Not applicable

							ICU - With Ventilator		
797	Pediatric Medical Management	Medical	Intracranial Hemorrhage	Intracranial Hemorrhage	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
798	Pediatric Medical Management	Medical	Intracranial Space Occupying Lesion	Intracranial Space Occupying Lesion	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
799	Pediatric Medical Management	Medical	Intracranial ring enhancing lesion with complications (Neurocysticercosis/ Tuberculoma)	Tuberculoma	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
800	Pediatric Medical Management	Medical	Intracranial ring enhancing lesion with complications (Neurocysticercosis/ Tuberculoma)	Neurocysticercosis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
801	Pediatric Medical Management	Medical	Cerebral Herniation	Cerebral Herniation	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
802	Pediatric Medical Management	Medical	Acute neuroregression/ Acute worsening in neuro metabolic and neurodegenerative conditions	Acute neuroregression/ Acute worsening in neuro metabolic and neurodegenerative conditions	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/	2100/ 3300/ 8500/ 9000	Not applicable

							ICU - With Ventilator		
803	Pediatric Medical Management	Medical	Acute demyelinating myelopathy	Acute demyelinating myelopathy	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
804	Pediatric Medical Management	Medical	Juvenile Myasthenia	Juvenile Myasthenia	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
805	Pediatric Medical Management	Medical	Acute Ataxia	Acute Ataxia	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
806	Pediatric Medical Management	Medical	Acute ischemic stroke	Acute ischemic stroke	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
807	Pediatric Medical Management	Medical	Wheezing	Wheezing	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
808	Pediatric Medical Management	Medical	Chronic Cough	Chronic Cough	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable

809	Pediatric Medical Management	Medical	Acute urticaria / Anaphylaxis acute asthma	Acute Urticaria	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
810	Pediatric Medical Management	Medical	Acute urticaria / Anaphylaxis acute asthma	Anaphylaxis acute asthma	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
811	Pediatric Medical Management	Medical	Acute abdomen	Acute abdomen	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
812	Pediatric Medical Management	Medical	Celiac Disease	Celiac Disease	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
813	Pediatric Medical Management	Medical	Unexplained Hepatosplenomegaly	Unexplained Hepatosplenomegaly	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
814	Pediatric Medical Management	Medical	Infantile Cholestasis	Infantile Cholestasis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
815	Pediatric Medical Management	Medical	Acute Glomerulonephritis	Acute Glomerulonephritis	-	NA	Routine Ward/ HDU/ ICU -	2100/ 3300/	Not applicable

							Without Ventilator/ ICU - With Ventilator	8500/ 9000	
816	Pediatric Medical Management	Medical	Nephrotic Syndrome with Peritonitis	Nephrotic Syndrome with Peritonitis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
817	Pediatric Medical Management	Medical	NEPHROTIC SYNDROME	Steroid dependent or resistant	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
818	Pediatric Medical Management	Medical	Haemolytic Uremic Syndrome	Haemolytic Uremic Syndrome	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
819	Pediatric Medical Management	Medical	Continuous Renal Replacement Therapy (CRRT)	Continuous Renal Replacement Therapy (CRRT)	8,800	NA	Not applicable	Not applicable	Not applicable
820	Pediatric Medical Management	Medical	Global Developmental Delay/ Intellectual Disability of Unknown Etiology	Global developmental delay	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
821	Pediatric Medical Management	Medical	Global Developmental Delay/ Intellectual Disability of Unknown Etiology	Intellectual Disability of Unknown Etiology	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
822	Pediatric Medical Management	Medical	Rickets	Rickets - Requiring Admission for Work Up	-	NA	Routine Ward/ HDU/ ICU -	2100/ 3300/	Not applicable

							Without Ventilator/ ICU - With Ventilator	8500/ 9000	
823	Pediatric Medical Management	Medical	Acute Severe Malnutrition	Acute Severe Malnutrition	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
824	Pediatric Medical Management	Medical	Developmental and behavioral disorders	Developmental and behavioral disorders	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
825	Pediatric Medical Management	Medical	Short Stature	Short Stature	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
826	Pediatric Medical Management	Medical	Dysmorphic Children	Dysmorphic Children	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
827	Pediatric Medical Management	Medical	Floppy Infant	Floppy Infant	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
828	Pediatric Medical Management	Medical	Inborn errors of metabolism	Inborn errors of metabolism	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/	2100/ 3300/ 8500/ 9000	Not applicable

							ICU - With Ventilator		
829	Pediatric Medical Management	Medical	Wilson's Disease	Wilson's Disease	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
830	Pediatric Medical Management	Medical	Rheumatoid Arthritis	Rheumatoid Arthritis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
831	Pediatric Medical Management	Medical	Rheumatic Fever	Rheumatic Fever	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
832	Pediatric Medical Management	Medical	Rheumatic fever	Rheumatic valvular heart disease	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
833	Pediatric Medical Management	Medical	Cyanotic Spells	Cyanotic Spells	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
834	Pediatric Medical Management	Medical	Cyanotic spells	Cyanotic spells with CHD	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable

835	Pediatric Medical Management	Medical	Cyanotic spells	Cyanotic spells with Chest infection	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
836	Pediatric Medical Management	Medical	Cyanotic spells	Cyanotic spells with Sepsis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
837	Pediatric Medical Management	Medical	Immune Haemolytic Anemia	Immune Haemolytic Anemia	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
838	Pediatric Medical Management	Medical	SEVERE ANEMIA IN CHILDREN	Thalessmia	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
839	Pediatric Medical Management	Medical	SEVERE ANEMIA IN CHILDREN	Other anemias	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
840	Pediatric Medical Management	Medical	Idiopathic Thrombocytopenic Purpura	Idiopathic Thrombocytopenic Purpura	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
841	Pediatric Medical Management	Medical	Kawasaki Disease	Kawasaki Disease	-	NA	Routine Ward/ HDU/ ICU -	2100/ 3300/	Not applicable

							Without Ventilator/ ICU - With Ventilator	8500/ 9000	
842	Pediatric Medical Management	Medical	Steven Johnson Syndrome	Steven Johnson Syndrome	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
843	Pediatric Medical Management	Medical	Trauma	Trauma	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
844	Pediatric Medical Management	Medical	Ketogenic diet initiation in refractory epilepsy	Ketogenic diet initiation in refractory epilepsy	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
845	Pediatric Medical Management	Medical	Acute Laryngitis	Severe Acute Laryngitis requiring hospitalization	-	7	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
846	Pediatric Medical Management	Medical	Hemostatic Disorders	Platelet function disorders	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
847	Pediatric Medical Management	Medical	Hemostatic Disorders	Platelet disorders	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/	2100/ 3300/ 8500/ 9000	Not applicable

							ICU - With Ventilator		
848	Pediatric Medical Management	Medical	Acute Hepatitis	Acute Hepatitis	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
849	Pediatric Medical Management	Medical	NEPHROTIC SYNDROME	Uncomplicated steroid sensitive	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
850	Pediatric Medical Management	Medical	Preterm Baby Hyaline Membrane Disease Clinicalculture Positive Sepsishyperbilirubinemia Mechanical Ventilation	Preterm Baby Hyaline Membrane Disease Clinicalculture Positive Sepsishyperbilirubinemia Mechanical Ventilation	-	9	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
851	Pediatric Medical Management	Medical	Preterm baby/ Clinical Sepsis/ Hyperbilirubinemia	Preterm baby/ Clinical Sepsis/ Hyperbilirubinemia	-	9	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
852	Pediatric Medical Management	Medical	Staphylococcal scalded skin syndrome	Staphylococcal scalded skin syndrome	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
853	Pediatric Medical Management	Medical	Term Baby Septic Shock Ventilated Hyperbilirubinemiawith or without Renal Failure	Term Baby Septic Shock Ventilated Hyperbilirubinemiawith or without Renal Failure	-	8	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable

854	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	-	8	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
855	Pediatric Medical Management	Medical	Term Baby with Seizures Ventilated	Term Baby with Seizures Ventilated	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
856	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	-	9	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
857	Radiation Oncology	Medical	2D External Beam Radiotherapy (6 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	25,400	1	Not applicable	Not applicable	Not applicable
858	Radiation Oncology	Medical	2D External Beam Radiotherapy (6 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	12,100	1	Not applicable	Not applicable	Not applicable
859	Radiation Oncology	Medical	2D External Beam Radiotherapy (6 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	12,100	1	Not applicable	Not applicable	Not applicable
860	Radiation Oncology	Medical	2D External Beam Radiotherapy (6 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 1	10,900	1	Not applicable	Not applicable	Additional fraction for 2D External Beam Radiotherapy - 550
861	Radiation Oncology	Medical	2D External Beam Radiotherapy - Palliative (Upto 10 Fractions) (Inclusive of Simulation & Planning Cost)	Palliative	11,000	1	Not applicable	Not applicable	Not applicable
862	Radiation Oncology	Medical	2D External Beam Radiotherapy (25 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	22,000	1	Not applicable	Not applicable	Not applicable
863	Radiation Oncology	Medical	2D External Beam Radiotherapy (25 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	22,000	1	Not applicable	Not applicable	Not applicable

864	Radiation Oncology	Medical	2D External Beam Radiotherapy (25 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	22,000	1	Not applicable	Not applicable	Not applicable
865	Radiation Oncology	Medical	2D External Beam Radiotherapy (25 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 2	6,100	1	Not applicable	Not applicable	Additional fraction for 2D External Beam Radiotherapy - 550
866	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	23,100	1	Not applicable	Not applicable	Not applicable
867	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	23,100	1	Not applicable	Not applicable	Not applicable
868	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	23,100	1	Not applicable	Not applicable	Not applicable
869	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 3	21,800	1	Not applicable	Not applicable	Additional Fraction for Linear Accelerator, External Beam Radiotherapy 3D CRT - 1100
870	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	44,000	1	Not applicable	Not applicable	Not applicable
871	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	44,000	1	Not applicable	Not applicable	Not applicable
872	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	44,000	1	Not applicable	Not applicable	Not applicable
873	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 4	12,100	1	Not applicable	Not applicable	Additional Fraction for Linear Accelerator, External Beam Radiotherapy 3D CRT - 1100
874	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (20 Fractions)	Radical	77,000	1	Not applicable	Not applicable	Not applicable

			(Inclusive of Simulation & Planning Cost)						
875	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (20 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	77,000	1	Not applicable	Not applicable	Not applicable
876	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (20 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	77,000	1	Not applicable	Not applicable	Not applicable
877	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (20 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 5	36,300	1	Not applicable	Not applicable	Additional Fraction for Linear Accelerator, External Beam Radiotherapy IMRT - 2200
878	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (6 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	46,200	1	Not applicable	Not applicable	Not applicable
879	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (6 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	46,200	1	Not applicable	Not applicable	Not applicable
880	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (6 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	46,200	1	Not applicable	Not applicable	Not applicable
881	Radiation Oncology	Medical	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (6 Fractions)	Additional fractions - 6	43,600	1	Not applicable	Not applicable	Additional Fraction for Linear Accelerator, External

			(Inclusive of Simulation & Planning Cost)						Beam Radiotherapy IMRT - 2200
882	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	99,000	1	Not applicable	Not applicable	Not applicable
883	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	99,000	1	Not applicable	Not applicable	Not applicable
884	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	99,000	1	Not applicable	Not applicable	Not applicable
885	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	45,400	1	Not applicable	Not applicable	Additional Fraction for Linear Accelerator External Beam Radiotherapy IGRT with 3D CRT or IMRT - 2750
886	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	60,500	1	Not applicable	Not applicable	Not applicable
887	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	60,500	1	Not applicable	Not applicable	Not applicable
888	Radiation Oncology	Medical	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (6 Fractions)	Neoadjuvant	60,500	1	Not applicable	Not applicable	Not applicable

			(Inclusive of Simulation & Planning Cost)						
889	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	54,500	1	Not applicable	Not applicable	Additional Fraction for Linear Accelerator External Beam Radiotherapy IGRT with 3D CRT or IMRT - 2750
890	Radiation Oncology	Medical	SRT / SBRT with IGRT (Stereotactic radiotherapy) (4 Fractions) (Inclusive of Simulation & Planning Cost)	SRT / SBRT with IGRT (Stereotactic radiotherapy)	97,900	1	Not applicable	Not applicable	Not applicable
891	Radiation Oncology	Medical	SRT / SBRT with IGRT (Stereotactic radiotherapy) (4 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 9	53,200	1	Not applicable	Not applicable	Additional Fraction for SRT/ SBRT with IGRT - 12100
892	Radiation Oncology	Medical	SRS with IGRT (Stereotactic radiotherapy) (Inclusive of Simulation & Planning Cost)	SRS with IGRT (Stereotactic radiotherapy)	77,000	1	Not applicable	Not applicable	Not applicable
893	Radiation Oncology	Medical	Respiratory Gating along with Linear Accelerator planning (5 Fractions) (Inclusive of Simulation & Planning Cost)	Respiratory Gating along with Linear Accelerator planning	71,500	1	Not applicable	Not applicable	Not applicable
894	Radiation Oncology	Medical	Respiratory Gating along with Linear Accelerator planning (5 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 10	42,400	1	Not applicable	Not applicable	Additional Fraction for Respiratory Gating along with Linear Accelerator planning - 3850
895	Radiation Oncology	Medical	Brachytherapy High Dose Radiation	Intracavitary	3,900	1	Not applicable	Not applicable	Not applicable
896	Radiation Oncology	Medical	Brachytherapy High Dose Radiation	Intraluminal	3,900	1	Not applicable	Not applicable	Not applicable
897	Radiation Oncology	Medical	Brachytherapy High Dose Radiation	Endobiliary	3,900	1	Not applicable	Not applicable	Not applicable
898	Radiation Oncology	Medical	Brachytherapy High Dose Radiation	Endobronchial	3,900	1	Not applicable	Not applicable	Not applicable
899	Radiation Oncology	Medical	Brachytherapy High Dose Radiation	CVS	3,900	1	Not applicable	Not applicable	Not applicable

900	Radiation Oncology	Medical	Brachytherapy High Dose Radiation	Interstitial	49,500	1	Not applicable	Not applicable	Not applicable
901	Radiation Oncology	Medical	Brachytherapy High Dose Radiation	Surface Mould	49,500	1	Not applicable	Not applicable	Not applicable
902	Radiation Oncology	Medical	Brachytherapy High Dose Radiation	Additional fractions - 11	22,800	1	Not applicable	Not applicable	Additional Fraction for Brachytherapy High Dose Radiation - 1400
903	Radiation Oncology	Medical	Iodine treatment 30 mCi	large Dose scan/ Pre Ablation - calculation of treatment	12,500	3	Not applicable	Not applicable	Not applicable
904	Radiation Oncology	Medical	Iodine treatment 30 mCi	Ablation residual disease any risk	18,600	3	Not applicable	Not applicable	Not applicable
905	Radiation Oncology	Medical	Iodine treatment 50 mCi	Ablation of residual neck disease low/intermediate	19,800	3	Not applicable	Not applicable	Not applicable
906	Radiation Oncology	Medical	Iodine treatment 100 mCi	Ablation for metastatic disease, High risk	24,600	3	Not applicable	Not applicable	Not applicable
907	Radiation Oncology	Medical	Iodine treatment 150 mCi	Ablation for metastatic disease, High risk	33,100	3	Not applicable	Not applicable	Not applicable
908	Radiation Oncology	Medical	Iodine treatment 200 mCi	Ablation for metastatic disease, High risk	38,000	3	Not applicable	Not applicable	Not applicable
909	Radiation Oncology	Medical	Iodine treatment 250 mCi	Ablation for metastatic disease, High risk	44,000	3	Not applicable	Not applicable	Not applicable
910	OPD Benefits	Medical	Cardiac and diabetes preventive care	Cardiac and diabetes preventive care	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1000/ 1000/ 1000	Not applicable
911	OPD Benefits	Medical	ANC Check-up	ANC Check-up	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2000/ 2500	Not applicable
912	OPD Benefits	Medical	Postnatal OPD Package within 30 days of delivery	Postnatal OPD Package within 30 days of delivery	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1700/ 1700/ 1700	Not applicable
913	OPD Benefits	Medical	Infant Package	Infant Package - 1 (0 - 6 months)	-	NA	1st Visit/ 2nd Visit	1700/ 1700	Not applicable
914	OPD Benefits	Medical	Infant Package	Infant Package - 2 (7 - 12 months)	1,700	NA	Not applicable	Not applicable	Not applicable
915	OPD Benefits	Medical	Toddler Package	Toddler Package	-	NA	1st Visit/ 2nd Visit	1200/ 1200	Not applicable
916	Organ & Tissue Transplant	Surgical	Renal Transplant	Transplant surgery, including donor nephrectomy	3,09,400	14	Not applicable	Not applicable	Not applicable
917	Organ & Tissue Transplant	Surgical	Renal Transplant	Induction	43,500	2	Not applicable	Not applicable	Not applicable

918	Organ & Tissue Transplant	Surgical	Renal Transplant	Intervention for acute rejection	1,37,500	7	Not applicable	Not applicable	Not applicable
919	Organ & Tissue Transplant	Surgical	Renal Transplant	Post-Transplant Medication – Month 1-3	55,000	NA	Not applicable	Not applicable	Not applicable
920	Organ & Tissue Transplant	Surgical	Renal Transplant	Post-Transplant Medication – Month 3-6	55,000	NA	Not applicable	Not applicable	Not applicable
921	Organ & Tissue Transplant	Surgical	Renal Transplant	Post-Transplant Medication – Month 6-12	44,000	NA	Not applicable	Not applicable	Not applicable
922	Organ & Tissue Transplant	Surgical	Bone Marrow Transplant (Autologous)	Pre Transplant Evaluation and Stem Cell Collection and Cryopreservation	1,37,500	15	Not applicable	Not applicable	Not applicable
923	Organ & Tissue Transplant	Surgical	Bone Marrow Transplant (Autologous)	Transplant (includes conditioning)	3,43,800	15	Not applicable	Not applicable	Not applicable
924	Organ & Tissue Transplant	Surgical	Bone Marrow Transplant (Autologous)	Post Transplant Care for 3 months (includes supportive care and investigations)	68,800	15	Not applicable	Not applicable	Not applicable
925	Palliative Medicine	Medical	Palliative Care Approach to managing Haematuria in advanced cancer patients- Endoscopic/Surgical/Radiological, Radiotherapy interventions	Hematuria Palliative Interventions	48,400	4	Not applicable	Not applicable	Not applicable
926	Palliative Medicine	Medical	Management of bleeding malignant head and neck / inguinal lesions	Haemostatic Surgery in advance cancer patient/Haemostatic Radiotherapy	48,400	4	Not applicable	Not applicable	Not applicable
927	Palliative Medicine	Medical	Management of bleeding in malignant head and neck / inguinal malignancies	Trans arterial Embolization	72,600	4	Not applicable	Not applicable	Not applicable
928	Palliative Medicine	Medical	Palliative Care Management of Osteoradionecrosis -Surgical intervention	Osteoradionecrosis -Surgical intervention	48,400	4	Not applicable	Not applicable	Not applicable
929	Palliative Medicine	Medical	Palliative Care approach to managing Pressure sore in advanced chronic diseases who are bed ridden-Surgical	Pressure sore-Interventions	48,400	4	Not applicable	Not applicable	Not applicable
930	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	48,400	4	Not applicable	Not applicable	Not applicable
931	Palliative Medicine	Medical	Malignant Spinal Cord compression with Diagnostics, palliative	Malignant Spinal cord compression	18,200	4	Not applicable	Not applicable	Not applicable

			radiotherapy, Brace in advanced cancer patients						
932	Palliative Medicine	Medical	Palliative neurosurgical interventions for secondary vertebral and brain metastasis	Palliative neurological interventions	72,600	4	Not applicable	Not applicable	Not applicable
933	Palliative Medicine	Medical	Palliative Care Management of Osteoradionecrosis -Conservative management	Osteoradionecrosis - Conservative	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
934	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	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
935	Palliative Medicine	Medical	Palliative care management of Breathlessness in advanced cancers and chronic respiratory diseases - Conservative management	Palliative Management of Breathlessness	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
936	Palliative Medicine	Medical	Palliative Care Management of Pain for treating Pain crisis, analgesic titration	Cancer Pain Management	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
937	Palliative Medicine	Medical	Palliative Care approach to managing Pressure sore -Conservative management	Pressure sore-in palliative care	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
938	Palliative Medicine	Medical	Palliative Care Package for Hiccups	Hiccups in Palliative care	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/	2100/ 3300/ 8500/ 9000	Not applicable

							ICU - With Ventilator		
939	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	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
940	Palliative Medicine	Medical	Malignant Ascites drainage with long term catheter insertion in advanced cancer patients	Ascitis tapping with long term indwelling catheter	48,400	4	Not applicable	Not applicable	Not applicable
941	Palliative Medicine	Medical	Palliative Care Approach to managing Haematuria in advanced cancer patients -Conservative management	Hematuria in advance cancer patient	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
942	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	12,100	4	Not applicable	Not applicable	Not applicable
943	Palliative Medicine	Medical	Symptom Management of Cough in advanced cancer patients - Conservative management	Intractable Cough in cancer patients - Conservative management	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
944	Palliative Medicine	Medical	Palliative Care Management of Trismus, mucositis in advanced cancer patient	Palliative care in Trismus mucositis	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
945	Palliative Medicine	Medical	Management of terminal /fatal bleeding malignant head and neck / inguinal lesions	Conservative management of fatal bleeding in cancer patients	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable

946	Palliative Medicine	Medical	Palliative Care Management of Symptom Cluster – Fatigue in advanced cancer patients	Fatigue in Palliative care	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
947	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	9,100	4	Not applicable	Not applicable	Not applicable
948	Palliative Medicine	Medical	Malignant Ascites drainage with catheter insertion in advanced cancer patients	Management of malignant Ascitis, Tapping & conservative management	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
949	Palliative Medicine	Medical	Symptom Management of Cough in advanced cancer patients- endoscopic/Surgical/Radiological/Radiotherapy interventions	Malignant Cough- Invasive interventions	48,400	4	Not applicable	Not applicable	Not applicable
950	Palliative Medicine	Medical	Palliative care management of Breathlessness in advanced cancers and chronic respiratory diseases- endoscopic/Surgical/Radiological, Radiotherapy interventions	Palliative Breathlessness Interventions	48,400	4	Not applicable	Not applicable	Not applicable
951	Palliative Medicine	Medical	Symptom Management of Delirium in advanced chronic diseases - Conservative management	Palliative Delirium in advanced chronic disease	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
952	Palliative Medicine	Medical	Palliative Care approach for malignant wound -Conservative management using drugs and dressings including special dressings.	Palliative Wound Conservative management	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
953	Palliative Medicine	Medical	Palliative Care Management of Constipation in advanced cancer patients -	Constipation - Palliative Invasive interventions	36,300	4	Not applicable	Not applicable	Not applicable

			endoscopic/Surgical/Radiological interventions						
954	Palliative Medicine	Medical	Palliative care management of Nausea & Vomiting in advanced cancer patients- Endoscopic/Surgical/Radiological, Radiotherapy interventions.	Palliative Nausea and vomiting interventions	36,300	4	Not applicable	Not applicable	Not applicable
955	Palliative Medicine	Medical	Palliative Care Management of Lymphedema in cancer patients including (Information, Education, Communication (IEC), and pneumatic compression therapy	Conservative management of Lymphedema	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
956	Palliative Medicine	Medical	Palliative Radiological and endoscopic Interventions	Palliative Radiological Interventions. Like- PTBD/ERC/PCN//Pericardiotomy, DJ Stenting, etc	24,200	4	Not applicable	Not applicable	Not applicable
957	Palliative Medicine	Medical	Vertebroplasty/Kyphoplasty	Vertebroplasty/Kyphoplasty	48,400	4	Not applicable	Not applicable	Not applicable
958	Palliative Medicine	Medical	Palliative Care Management of Constipation in advanced cancer patients - Conservative management	Palliative care in Constipation	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
959	Palliative Medicine	Medical	Palliative Care management of Malignant bowel obstruction - Conservative management	Palliative care in Bowel Obstruction Conservative management	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
960	Palliative Medicine	Medical	Palliative Care management of Malignant bowel obstruction- endoscopic/Surgical/Radiological interventions	Palliative Bowel Obstruction interventions	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable

961	Palliative Medicine	Medical	Palliative care management of Nausea & Vomiting in cancer patients-Conservative management	Palliative care in Nausea and vomiting.	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
962	Palliative Medicine	Medical	Management of Diarrhea in cancer patients -Conservative management	Palliative care in Diarrhoea	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
963	Palliative Medicine	Medical	Palliative and supportive care for non-malignant disease at advanced or end stage	Palliative care end stage disease	-	4	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
964	Palliative Medicine	Medical	Spinal/Epidural/Regional Nerve block, Radiofrequency ablation (RFA) for analgesia	Cancer pain interventions	9,100	4	Not applicable	Not applicable	Not applicable
965	Palliative Medicine	Medical	Celiac Plexus Block/Hypogastric plexus block/ganglion impar block and Neurolysis in advanced cancer patients	Cancer pain plexus interventions	12,100	4	Not applicable	Not applicable	Not applicable
966	Orthopedics	Surgical	Fracture - Conservative Management - Without plaster	Fracture - Conservative Management - Without plaster	2,500	1	Not applicable	Not applicable	Not applicable
967	Orthopedics	Surgical	Application of Traction	Skeletal Traction with pin	3,900	1	Not applicable	Not applicable	Not applicable
968	Orthopedics	Surgical	Application of Traction	Skin Traction	1,100	1	Not applicable	Not applicable	Not applicable
969	Orthopedics	Surgical	Application of P.O.P. casts	Upper Limbs	3,300	NA	Not applicable	Not applicable	Not applicable
970	Orthopedics	Surgical	Application of P.O.P. casts	Lower Limbs	3,300	NA	Not applicable	Not applicable	Not applicable
971	Orthopedics	Surgical	Application of P.O.P. Spikas/ Jackets	Spikas	4,300	NA	Not applicable	Not applicable	Not applicable
972	Orthopedics	Surgical	Application of P.O.P. Spikas/ Jackets	Jackets	4,300	NA	Not applicable	Not applicable	Not applicable
973	Orthopedics	Surgical	External fixation of Fracture	Long Bone	24,600	4	Not applicable	Not applicable	Not applicable

974	Orthopedics	Surgical	External fixation of Fracture	Small Bone	18,500	4	Not applicable	Not applicable	Not applicable
975	Orthopedics	Surgical	External fixation of Fracture	Pelvis	21,100	5	Not applicable	Not applicable	Not applicable
976	Orthopedics	Surgical	External fixation of Fracture	Both Bones of Forearms	27,500	4	Not applicable	Not applicable	Not applicable
977	Orthopedics	Surgical	Percutaneous - Fixation of Fracture	Percutaneous - Fixation of Fracture under LA	16,100	4	Local Anesthesia / General Anesthesia	None/ "+" 5500	Not applicable
978	Orthopedics	Surgical	Elastic nailing for fracture fixation	Femur	12,100	4	Not applicable	Not applicable	Not applicable
979	Orthopedics	Surgical	Elastic nailing for fracture fixation	Humerus	21,000	4	Not applicable	Not applicable	Not applicable
980	Orthopedics	Surgical	Elastic nailing for fracture fixation	Forearm	19,000	4	Not applicable	Not applicable	Not applicable
981	Orthopedics	Surgical	Internal Fixation of Small Bones	Internal Fixation of Small Bones	14,900	3	Not applicable	Not applicable	Not applicable
982	Orthopedics	Surgical	Fracture - Long Bones - Metaphyseal - ORIF	Fracture - Long Bones - Metaphyseal - ORIF	21,900	4	Not applicable	Not applicable	Not applicable
983	Orthopedics	Surgical	Fixation of Diaphyseal Fracture - Long Bone	Open Reduction Internal Fixation	21,000	4	Not applicable	Not applicable	Not applicable
984	Orthopedics	Surgical	Fixation of Diaphyseal Fracture - Long Bone	Closed Reduction & Fixation	22,900	4	Not applicable	Not applicable	Not applicable
985	Orthopedics	Surgical	Surgery for Comminuted Fracture - Olecranon of Ulna	Plating	13,000	3	Not applicable	Not applicable	Not applicable
986	Orthopedics	Surgical	Fracture Head radius	Fixation	24,600	4	Not applicable	Not applicable	Not applicable
987	Orthopedics	Surgical	Fracture Head radius	Excision	24,600	4	Not applicable	Not applicable	Not applicable
988	Orthopedics	Surgical	Fracture - Single Bone - Forearm - ORIF - Plating / Nailing	Fracture - Single Bone - Forearm - ORIF - Plating / Nailing	9,800	4	Not applicable	Not applicable	Not applicable
989	Orthopedics	Surgical	Fracture - Both Bones - Forearm - ORIF - Plating / Nailing	Fracture - Both Bones - Forearm - ORIF - Plating / Nailing	17,700	4	Not applicable	Not applicable	Not applicable
990	Orthopedics	Surgical	Fracture Condyle - Humerus - ORIF	Lateral Condyle	9,400	3	Not applicable	Not applicable	Not applicable
991	Orthopedics	Surgical	Fracture Condyle - Humerus - ORIF	Medial Condyle	9,400	3	Not applicable	Not applicable	Not applicable
992	Orthopedics	Surgical	Fracture	Intercondylar humerus - Olecranon Osteotomy	23,300	5	Not applicable	Not applicable	Not applicable
993	Orthopedics	Surgical	Displaced Clavicle Fracture	Open Reduction Internal Fixation	18,700	3	Not applicable	Not applicable	Not applicable

994	Orthopedics	Surgical	Fracture - Acetabulum	Single Approach	30,800	7	Not applicable	Not applicable	Not applicable
995	Orthopedics	Surgical	Fracture - Acetabulum	Combined Approach	36,900	7	Not applicable	Not applicable	Not applicable
996	Orthopedics	Surgical	Fracture - Neck Femur	Closed Reduction and Percutaneous Screw Fixation	24,600	2	Not applicable	Not applicable	Not applicable
997	Orthopedics	Surgical	Fracture - Neck Femur	Intertrochanteric Fracture with Dynamic Hip Screw	20,200	2	Not applicable	Not applicable	Not applicable
998	Orthopedics	Surgical	Fracture - Neck Femur	Intertrochanteric Fracture with Proximal Femoral Nail	17,700	2	Not applicable	Not applicable	Not applicable
999	Orthopedics	Surgical	Ankle Fractures	Open Reduction Internal Fixation	17,200	5	Not applicable	Not applicable	Not applicable
1000	Orthopedics	Surgical	Cervical spine fixation including odontoid	Cervical spine fixation including odontoid	29,400	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
1001	Orthopedics	Surgical	Dorsal and lumber spine fixation	Anterior	55,000	7	Not applicable	Not applicable	Implant for Dorsal and lumber spine fixation (Plate including screw) - 5500 Implant for Dorsal and lumber spine fixation (Cage) - 11000
1002	Orthopedics	Surgical	Dorsal and lumber spine fixation	Posterior	41,300	7	Not applicable	Not applicable	Implant for Dorsal and lumber spine fixation (Plate including screw) - 5500 Implant for Dorsal and lumber spine fixation (Cage) - 11000
1003	Orthopedics	Surgical	Bone grafting for Non union	Bone grafting for Non union	20,500	2	Not applicable	Not applicable	Not applicable

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1004	Orthopedics	Surgical	Arthorotomy of any Joint	Arthorotomy of any Joint	18,500	7	Not applicable	Not applicable	Not applicable
1005	Orthopedics	Surgical	Arthrolysis of joint	Elbow	16,500	2	Not applicable	Not applicable	Not applicable
1006	Orthopedics	Surgical	Arthrolysis of joint	Knee	16,500	2	Not applicable	Not applicable	Not applicable
1007	Orthopedics	Surgical	Arthrolysis of joint	Ankle	16,500	2	Not applicable	Not applicable	Not applicable
1008	Orthopedics	Surgical	Arthrodesis	Ankle/ Triple	18,300	5	Not applicable	Not applicable	Not applicable
1009	Orthopedics	Surgical	Arthrodesis	Shoulder	44,000	3	Not applicable	Not applicable	Not applicable
1010	Orthopedics	Surgical	Arthrodesis	Wrist	33,000	3	Not applicable	Not applicable	Not applicable
1011	Orthopedics	Surgical	Arthrodesis	Knee	44,000	4	Not applicable	Not applicable	Not applicable
1012	Orthopedics	Surgical	Arthrodesis	Hand	29,700	4	Not applicable	Not applicable	Not applicable
1013	Orthopedics	Surgical	Arthrodesis	Foot	29,700	4	Not applicable	Not applicable	Not applicable
1014	Orthopedics	Surgical	Arthrodesis	Ankle / Triple without implant	19,100	4	Not applicable	Not applicable	Not applicable
1015	Orthopedics	Surgical	Disarticulation	Hind quarter	34,400	10	Not applicable	Not applicable	Not applicable
1016	Orthopedics	Surgical	Disarticulation	Fore quarter	34,400	10	Not applicable	Not applicable	Not applicable
1017	Orthopedics	Surgical	Closed reduction of joint dislocation	Hip	15,700	2	Not applicable	Not applicable	Not applicable
1018	Orthopedics	Surgical	Closed reduction of joint dislocation	Shoulder	6,100	2	Not applicable	Not applicable	Not applicable
1019	Orthopedics	Surgical	Closed reduction of joint dislocation	Elbow	14,500	2	Not applicable	Not applicable	Not applicable
1020	Orthopedics	Surgical	Closed reduction of joint dislocation	Knee	12,500	2	Not applicable	Not applicable	Not applicable
1021	Orthopedics	Surgical	Open Reduction Internal Fixation	Small Joint	18,500	2	Not applicable	Not applicable	Not applicable
1022	Orthopedics	Surgical	Tension Band Wiring	Tension Band Wiring	24,600	1	Not applicable	Not applicable	Not applicable
1023	Orthopedics	Surgical	Hemiarthroplasty	Unipolar	33,000	5	Not applicable	Not applicable	Not applicable
1024	Orthopedics	Surgical	Hemiarthroplasty	Bipolar - Shoulder	44,000	7	Not applicable	Not applicable	Non - Modular - Non - Cemented - 7700 Non - Modular - Cemented - 11000

1025	Orthopedics	Surgical	Hemiarthroplasty	Bipolar - Hip - without cement	48,300	7	Not applicable	Not applicable	Not applicable
1026	Orthopedics	Surgical	AC Joint reconstruction / Stabilization	Rockwood Type - I	30,000	4	Not applicable	Not applicable	Not applicable
1027	Orthopedics	Surgical	AC Joint reconstruction / Stabilization	Rockwood Type - II	30,000	4	Not applicable	Not applicable	Not applicable
1028	Orthopedics	Surgical	AC Joint reconstruction / Stabilization	Rockwood Type - III	30,000	4	Not applicable	Not applicable	Not applicable
1029	Orthopedics	Surgical	AC Joint reconstruction / Stabilization	Rockwood Type - IV	30,000	4	Not applicable	Not applicable	Not applicable
1030	Orthopedics	Surgical	AC Joint reconstruction / Stabilization	Rockwood Type - V	30,000	4	Not applicable	Not applicable	Not applicable
1031	Orthopedics	Surgical	AC Joint reconstruction / Stabilization	Rockwood Type - VI	30,000	4	Not applicable	Not applicable	Not applicable
1032	Orthopedics	Surgical	Arthroplasty of Femur Head – Excision	Arthroplasty of Femur Head – Excision	22,300	3	Not applicable	Not applicable	Not applicable
1033	Orthopedics	Surgical	Open Reduction Internal Fixation	Open Reduction of CDH	33,000	5	Not applicable	Not applicable	Not applicable
1034	Orthopedics	Surgical	Patellectomy	Patellectomy	18,700	5	Not applicable	Not applicable	Not applicable
1035	Orthopedics	Surgical	Arthroscopic Meniscus Repair / Meniscectomy	Arthroscopic Meniscus Repair / Meniscectomy	30,700	2	Not applicable	Not applicable	Not applicable
1036	Orthopedics	Surgical	Joint replacement	Elbow	66,000	5	Not applicable	Not applicable	Not applicable
1037	Orthopedics	Surgical	Joint replacement	Total Hip Replacement (Cemented)	93,100	5	Not applicable	Not applicable	Not applicable
1038	Orthopedics	Surgical	Joint replacement	Total Hip Replacement (Cementless)	99,000	5	Not applicable	Not applicable	Not applicable
1039	Orthopedics	Surgical	Joint replacement	Total Hip Replacement (Hybrid)	82,500	5	Not applicable	Not applicable	Not applicable
1040	Orthopedics	Surgical	Joint replacement	Revision - Total Hip Replacement	1,48,500	7	Not applicable	Not applicable	Not applicable
1041	Orthopedics	Surgical	Joint replacement	Total Knee Replacement	95,000	5	Not applicable	Not applicable	Not applicable
1042	Orthopedics	Surgical	Joint replacement	Revision - Total Knee Replacement	1,42,500	5	Not applicable	Not applicable	Not applicable
1043	Orthopedics	Surgical	Bone Tumour Excision (Malignant/ Benign) & Joint Replacement	Bone Tumour Excision (Malignant/ Benign) & Joint Replacement	1,65,000	7	Not applicable	Not applicable	Not applicable
1044	Orthopedics	Surgical	Bone tumour excision and Reconstruction	Bone tumour excision and Reconstruction	41,300	4	Not applicable	Not applicable	Not applicable

1045	Orthopedics	Surgical	Bone Tumour curettage / Excision and bone grafting	Benign	30,500	4	Not applicable	Not applicable	Not applicable
1046	Orthopedics	Surgical	Bone Tumour curettage / Excision and bone grafting	Malignant	24,300	4	Local Anesthesia / General Anesthesia	None/ "+" 4400	Not applicable
1047	Orthopedics	Surgical	Amputation	Above Elbow - Single Stage	29,700	3	Not applicable	Not applicable	Not applicable
1048	Orthopedics	Surgical	Amputation	Below Elbow - Single Stage	25,500	5	Not applicable	Not applicable	Not applicable
1049	Orthopedics	Surgical	Amputation	Above Knee - Single Stage	30,700	5	Not applicable	Not applicable	Not applicable
1050	Orthopedics	Surgical	Amputation	Below Knee - Single Stage	20,500	5	Not applicable	Not applicable	Not applicable
1051	Orthopedics	Surgical	Amputation	Foot - Single Stage	20,500	5	Not applicable	Not applicable	Not applicable
1052	Orthopedics	Surgical	Amputation	Hand - Single Stage	20,500	2	Not applicable	Not applicable	Not applicable
1053	Orthopedics	Surgical	Amputation	Wrist - Single Stage	20,500	5	Not applicable	Not applicable	Not applicable
1054	Orthopedics	Surgical	Amputation	Above Elbow - Two Stage	25,500	5	Not applicable	Not applicable	Not applicable
1055	Orthopedics	Surgical	Amputation	Below Elbow - Two Stage	25,500	5	Not applicable	Not applicable	Not applicable
1056	Orthopedics	Surgical	Amputation	Above Knee - Two Stage	30,700	5	Not applicable	Not applicable	Not applicable
1057	Orthopedics	Surgical	Amputation	Below Knee - Two Stage	30,700	5	Not applicable	Not applicable	Not applicable
1058	Orthopedics	Surgical	Amputation	Foot - Two Stage	25,500	5	Not applicable	Not applicable	Not applicable
1059	Orthopedics	Surgical	Amputation	Hand - Two Stage	25,500	5	Not applicable	Not applicable	Not applicable
1060	Orthopedics	Surgical	Amputation	Wrist - Two Stage	25,500	5	Not applicable	Not applicable	Not applicable
1061	Orthopedics	Surgical	Amputation	Finger(s)	14,900	2	Not applicable	Not applicable	Not applicable
1062	Orthopedics	Surgical	Amputation	Toe(s)	14,900	2	Not applicable	Not applicable	Not applicable
1063	Orthopedics	Surgical	Tendon Grafting / Repair	Tendon Grafting	30,700	3	Not applicable	Not applicable	Not applicable
1064	Orthopedics	Surgical	Tendon Grafting / Repair	Tendon Repair	30,700	3	Not applicable	Not applicable	Not applicable
1065	Orthopedics	Surgical	Tendon Release / Tenotomy	Tendon Release / Tenotomy	12,400	1	Not applicable	Not applicable	Not applicable

1066	Orthopedics	Surgical	Tenolysis	Tenolysis	10,100	1	Not applicable	Not applicable	Not applicable
1067	Orthopedics	Surgical	Reconstruction of cruciate ligament	ACL	33,000	4	Not applicable	Not applicable	Not applicable
1068	Orthopedics	Surgical	Reconstruction of cruciate ligament	PCL	33,000	4	Not applicable	Not applicable	Not applicable
1069	Orthopedics	Surgical	Fasciotomy	Fasciotomy	15,000	2	Not applicable	Not applicable	Not applicable
1070	Orthopedics	Surgical	Dupytrens contracture release	Dupytrens contracture release	16,200	3	Not applicable	Not applicable	Not applicable
1071	Orthopedics	Surgical	Debridement & Closure of injuries - contused lacerated wounds	Anti-biotic + dressing - minimum of 5 sessions	18,500	6	Not applicable	Not applicable	Not applicable
1072	Orthopedics	Surgical	Debridement & Closure of injuries - contused lacerated wounds	Anti-biotic + dressing - minimum of 2 sessions	5,400	1	Not applicable	Not applicable	Not applicable
1073	Orthopedics	Surgical	Sequestectomy / Curettage	Sequestectomy / Curettage	11,000	4	Not applicable	Not applicable	Not applicable
1074	Orthopedics	Surgical	Sequestrectomy of Long Bones	Sequestrectomy of Long Bones	27,500	7	Not applicable	Not applicable	Not applicable
1075	Orthopedics	Surgical	Spine deformity correction	Spine deformity correction	44,000	7	Not applicable	Not applicable	Implant for Spine deformity correction (Plate including screw) - 5500 Implant for Spine deformity correction (Cage) - 11000
1076	Orthopedics	Surgical	Osteotomy	Long Bone	33,000	4	Not applicable	Not applicable	Not applicable
1077	Orthopedics	Surgical	Osteotomy	Small Bone	22,300	3	Not applicable	Not applicable	Not applicable
1078	Orthopedics	Surgical	Pelvic Osteotomy and fixation	Pelvic Osteotomy and fixation	33,000	7	Not applicable	Not applicable	Not applicable
1079	Orthopedics	Surgical	High Tibial Osteotomy	High Tibial Osteotomy	23,100	5	Not applicable	Not applicable	Not applicable
1080	Orthopedics	Surgical	Ilizarov Fixation	Ilizarov Fixation	20,300	6	Not applicable	Not applicable	Not applicable
1081	Orthopedics	Surgical	Limb Lengthening/ Bone Transport by Ilizarov	Limb Lengthening/ Bone Transport by Ilizarov	34,500	8	Not applicable	Not applicable	Not applicable
1082	Orthopedics	Surgical	Growth modulation and fixation	Growth modulation and fixation	6,300	6	Not applicable	Not applicable	Not applicable
1083	Orthopedics	Surgical	Corrective Surgery for foot deformities	Vertical Talus	16,500	5	Not applicable	Not applicable	Not applicable
1084	Orthopedics	Surgical	Corrective Surgery for foot deformities	Other foot deformities	16,500	5	Not applicable	Not applicable	Not applicable

1085	Orthopedics	Surgical	Correction of Club Foot Per Cast	Correction of Club Foot Per Cast	50,700	1	Not applicable	Not applicable	Not applicable
1086	Orthopedics	Surgical	Corrective Surgery in Club Foot / JESS Fixator	Corrective Surgery in Club Foot / JESS Fixator	13,200	2	Not applicable	Not applicable	Not applicable
1087	Orthopedics	Surgical	Exostosis	Osteochondroma Excision	29,400	3	Not applicable	Not applicable	Not applicable
1088	Orthopedics	Surgical	Excision of Osteochondroma / Exostosis	Exostosis	11,000	4	Not applicable	Not applicable	Not applicable
1089	Orthopedics	Surgical	Excision of Bursa	Excision of Bursa	8,800	1	Not applicable	Not applicable	Not applicable
1090	Orthopedics	Surgical	Nerve Transposition/ Release/ Neurolysis	Nerve Transposition	1,12,500	3	Not applicable	Not applicable	Not applicable
1091	Orthopedics	Surgical	Nerve Transposition/ Release/ Neurolysis	Nerve Release	1,12,500	3	Not applicable	Not applicable	Not applicable
1092	Orthopedics	Surgical	Nerve Transposition/ Release/ Neurolysis	Nerve Neurolysis	1,12,500	3	Not applicable	Not applicable	Not applicable
1093	Orthopedics	Surgical	Nerve Repair Surgery	Nerve Repair Surgery	23,300	4	Not applicable	Not applicable	Not applicable
1094	Orthopedics	Surgical	Nerve root block	Nerve root block	3,300	1	Not applicable	Not applicable	Not applicable
1095	Orthopedics	Surgical	Exploration and Ulnar Nerve Repair	Exploration and Ulnar Nerve Repair	20,800	4	Not applicable	Not applicable	Not applicable
1096	Orthopedics	Surgical	Implant Removal	K - Wire	5,500	1	Not applicable	Not applicable	Not applicable
1097	Orthopedics	Surgical	Implant Removal	Screw	5,500	1	Not applicable	Not applicable	Not applicable
1098	Orthopedics	Surgical	Implant Removal	Nail	16,500	2	Not applicable	Not applicable	Not applicable
1099	Orthopedics	Surgical	Implant Removal	Plate	16,500	2	Not applicable	Not applicable	Not applicable
1100	Orthopedics	Surgical	Core Decompression	Core Decompression	15,500	6	Not applicable	Not applicable	Not applicable
1101	Orthopedics	Surgical	Synovectomy	Arthrotomy Synovectomy	18,700	2	Not applicable	Not applicable	Not applicable
1102	Orthopedics	Surgical	Synovectomy	Synovectomy	26,300	2	Not applicable	Not applicable	Not applicable
1103	Orthopedics	Surgical	Application of Traction	crutchfiled tong cervical spine traction	5,500	4	Not applicable	Not applicable	Not applicable
1104	Orthopedics	Surgical	Acromion Reconstruction	Acromion Reconstruction	24,800	4	Not applicable	Not applicable	Not applicable

1105	Orthopedics	Surgical	Application of Traction	POP slab	2,200	4	Not applicable	Not applicable	Not applicable
1106	Orthopedics	Surgical	Application of P.O.P. casts	POP slab	2,400	4	Not applicable	Not applicable	Not applicable
1107	Orthopedics	Surgical	Application of Functional Cast Brace	Application of Functional Cast Brace	1,600	5	Not applicable	Not applicable	Not applicable
1108	Orthopedics	Surgical	Fracture Head radius	Replacement with Head Radius Prosthesis	11,000	4	Not applicable	Not applicable	Implant for "Replacement with Head Radius Prosthesis" - 10000
1109	Orthopedics	Surgical	Arthroscopy	Diagnostic	11,200	2	Not applicable	Not applicable	Not applicable
1110	Orthopedics	Surgical	Arthroscopy	Anterior Cruciate Ligament (ACL) Repair	30,700	2	Not applicable	Not applicable	Not applicable
1111	Orthopedics	Surgical	Fracture Condyle - Humerus - ORIF	ORIF with screw of proximal humerus	9,400	4	Not applicable	Not applicable	Implant for Fracture - Humerus - ORIF - plate - 12000
1112	Orthopedics	Surgical	Aspiration intra articular injections	Aspiration intra articular injections	700	2	Not applicable	Not applicable	Not applicable
1113	Orthopedics	Surgical	Total Hip Replacement	Revision of failed hemi Arthroplasty in to THR	72,300	4	Not applicable	Not applicable	Implant for Total Hip Replacement - 40250
1114	Orthopedics	Surgical	Bimalleolar Fracture Fixation	Bimalleolar Fracture Fixation	30,700	2	Not applicable	Not applicable	Not applicable
1115	Orthopedics	Surgical	Spine deformity correction	Combined spinal segment - front and back (anterior/posterior/ combined anterior and posterior)	-	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
1116	Orthopedics	Surgical	Calcaneal Spur – Excision Of Both	Calcaneal Spur – Excision Of Both	14,900	6	Not applicable	Not applicable	Not applicable
1117	Orthopedics	Surgical	Cancellous Screw/ pins fixations for fracture neck of femur	Cancellous Screw/ pins fixations for fracture neck of femur	45,900	6	Not applicable	Not applicable	Not applicable
1118	Orthopedics	Surgical	Clavicle Fracture Management - Conservative	Clavicle Fracture Management - Conservative	18,700	4	Not applicable	Not applicable	Not applicable
1119	Orthopedics	Surgical	Clavicle Surgery - Closed Reduction and Internal Fixation with K Wire	Clavicle Surgery - Closed Reduction and Internal Fixation with K Wire	26,000	4	Not applicable	Not applicable	Not applicable
1120	Orthopedics	Surgical	Close Fixations	Hand Bones	8,900	4	Not applicable	Not applicable	Not applicable
1121	Orthopedics	Surgical	Close Fixations	Foot Bones	7,800	4	Not applicable	Not applicable	Not applicable

112 2	Orthopedics	Surgical	Close Reductions	Small Joints	4,500	1	Not applicable	Not applicable	Not applicable
112 3	Orthopedics	Surgical	Close Reductions	Closed Reduction and Internal Fixation	24,600	1	Not applicable	Not applicable	Not applicable
112 4	Orthopedics	Surgical	Close Reductions	with K Wire	18,500	1	Not applicable	Not applicable	Not applicable
112 5	Orthopedics	Surgical	Close Reductions	Closed Reduction and Percutaneous Nailing	22,000	1	Not applicable	Not applicable	Not applicable
112 6	Orthopedics	Surgical	Close Reductions	Proceed to Posterior Stabilization	19,900	2	Not applicable	Not applicable	Not applicable
112 7	Orthopedics	Surgical	Close Reductions	Fractures of Limb	12,200	4	Not applicable	Not applicable	Not applicable
112 8	Orthopedics	Surgical	Closed interlocking	Closed Interlocking Intermedullary	19,300	2	Not applicable	Not applicable	Not applicable
112 9	Orthopedics	Surgical	Closed interlocking	Closed Interlocking Tibia + ORIF of Fracture Fixation	27,500	2	Not applicable	Not applicable	Not applicable
113 0	Orthopedics	Surgical	Accessory Bone – Excision with Acromion Reconstruction	Accessory Bone – Excision with Acromion Reconstruction	27,200	4	Not applicable	Not applicable	Not applicable
113 1	Orthopedics	Surgical	Curettage & Bone Cement in malignant conditions	Curettage & Bone Cement in malignant conditions	41,000	1	Not applicable	Not applicable	Not applicable
113 2	Orthopedics	Surgical	Decompression and Spinal Fixation	Decompression and Spinal Fixation	24,800	1	Not applicable	Not applicable	Not applicable
113 3	Orthopedics	Surgical	Decompression and Stabilization with Steffiplate	Decompression and Stabilization with Steffiplate	24,800	1	Not applicable	Not applicable	Not applicable
113 4	Orthopedics	Surgical	Decompression L5 S1 Fusion with Posterior Stabilization	Decompression L5 S1 Fusion with Posterior Stabilization	24,800	1	Not applicable	Not applicable	Not applicable
113 5	Orthopedics	Surgical	Decompression of Carpal Tunnel Syndrome	Decompression of Carpal Tunnel Syndrome	13,700	1	Not applicable	Not applicable	Not applicable
113 6	Orthopedics	Surgical	Decompression Posterior D12 with L1	Decompression Posterior D12 with L1	22,300	1	Not applicable	Not applicable	Not applicable
113 7	Orthopedics	Surgical	Decompression Stabilization and Laminectomy	Decompression Stabilization and Laminectomy	1,16,600	1	Not applicable	Not applicable	Not applicable
113 8	Orthopedics	Surgical	Drainage of Abscess	Drainage of Abscess Cold	6,100	4	Not applicable	Not applicable	Not applicable
113 9	Orthopedics	Surgical	Epiphyseal Stimulation	Epiphyseal Stimulation	12,600	4	Not applicable	Not applicable	Not applicable
114 0	Orthopedics	Surgical	Excision Arthroplasty	Excision Arthroplasty	18,500	4	Not applicable	Not applicable	Not applicable
114 1	Orthopedics	Surgical	Excision Arthroplasty	Excision Arthroplasty of Femur Head	25,000	5	Not applicable	Not applicable	Not applicable
114 2	Orthopedics	Surgical	Exostosis	Small Bones Excision	27,600	1	Not applicable	Not applicable	Not applicable

1143	Orthopedics	Surgical	Exostosis	Fibula Excision	31,200	3	Not applicable	Not applicable	Not applicable
1144	Orthopedics	Surgical	Exostosis	Patella Excision	31,200	3	Not applicable	Not applicable	Not applicable
1145	Orthopedics	Surgical	Exostosis	Radius Excision	31,200	3	Not applicable	Not applicable	Not applicable
1146	Orthopedics	Surgical	Exostosis	Tibia Excision	31,200	3	Not applicable	Not applicable	Not applicable
1147	Orthopedics	Surgical	Exostosis	Ulna Excision	31,200	3	Not applicable	Not applicable	Not applicable
1148	Orthopedics	Surgical	Exostosis	Femur Excision	32,900	3	Not applicable	Not applicable	Not applicable
1149	Orthopedics	Surgical	Exostosis	Humerus Excision	32,900	3	Not applicable	Not applicable	Not applicable
1150	Orthopedics	Surgical	Fracture	Humerus - Internal Fixation	36,900	2	Not applicable	Not applicable	Not applicable
1151	Orthopedics	Surgical	Fracture	Femoral Neck - Internal Fixation	36,900	7	Not applicable	Not applicable	Not applicable
1152	Orthopedics	Surgical	Fracture	Fibula - Internal Fixation	30,700	7	Not applicable	Not applicable	Not applicable
1153	Orthopedics	Surgical	Fracture	Hip - Internal Fixation (Intertrochanteric Fracture)	36,900	7	Not applicable	Not applicable	Not applicable
1154	Orthopedics	Surgical	Fracture	Olecranon Of Ulna	18,500	5	Not applicable	Not applicable	Not applicable
1155	Orthopedics	Surgical	Fracture	Tibia - Internal Fixation Plating	30,700	4	Not applicable	Not applicable	Not applicable
1156	Orthopedics	Surgical	Fracture	Ulna - Internal Fixation	24,600	4	Not applicable	Not applicable	Not applicable
1157	Orthopedics	Surgical	Fracture	Fragment Excision	18,500	4	Not applicable	Not applicable	Not applicable
1158	Orthopedics	Surgical	Girdle Stone Arthroplasty	Girdle Stone Arthroplasty	18,700	4	Not applicable	Not applicable	Not applicable
1159	Orthopedics	Surgical	Harrington Instrumentation	Harrington Instrumentation	20,500	4	Not applicable	Not applicable	Not applicable
1160	Orthopedics	Surgical	Hip Spica	Hip Spica	6,100	5	Not applicable	Not applicable	Not applicable
1161	Orthopedics	Surgical	Internal Fixation Lateral Epicondyle	Internal Fixation Lateral Epicondyle	24,600	6	Not applicable	Not applicable	Not applicable
1162	Orthopedics	Surgical	Internal wire fixation of Mandible/Maxilla	Internal Wire Fixation of Mandible	11,300	3	Not applicable	Not applicable	Not applicable
1163	Orthopedics	Surgical	Internal wire fixation of Mandible/Maxilla	Internal Wire Fixation of Maxilla	11,300	3	Not applicable	Not applicable	Not applicable
1164	Orthopedics	Surgical	Joint Reconstruction	Joint Reconstruction	24,900	7	Not applicable	Not applicable	Not applicable

1165	Orthopedics	Surgical	Nerve Transplant/ release	Nerve Transplant/ release	16,800	4	Not applicable	Not applicable	Not applicable
1166	Orthopedics	Surgical	Open Reduction Internal Fixation	with Bone Grafting of Nonunion	20,500	3	Not applicable	Not applicable	Not applicable
1167	Orthopedics	Surgical	Open Reduction Internal Fixation	2 Small Bones	24,600	3	Not applicable	Not applicable	Not applicable
1168	Orthopedics	Surgical	Open Reduction Internal Fixation	Large Bone	28,300	3	Not applicable	Not applicable	Not applicable
1169	Orthopedics	Surgical	Open Reduction Internal Fixation	with Phemister Grafting	12,600	2	Not applicable	Not applicable	Not applicable
1170	Orthopedics	Surgical	Patelloplasty	Patelloplasty	12,100	5	Not applicable	Not applicable	Not applicable
1171	Orthopedics	Surgical	Pelvic Fracture – Fixation	Pelvic Fracture – Fixation	21,100	5	Not applicable	Not applicable	Not applicable
1172	Orthopedics	Surgical	Prepatellar Bursa and Repair of MCL of Knee	Prepatellar Bursa and Repair of MCL of Knee	19,300	4	Not applicable	Not applicable	Not applicable
1173	Orthopedics	Surgical	Reduction of Compound Fractures	Reduction of Compound Fractures	3,900	4	Not applicable	Not applicable	Not applicable
1174	Orthopedics	Surgical	Reduction of Facial Fractures of Maxilla	Reduction of Facial Fractures of Maxilla	10,700	4	Not applicable	Not applicable	Not applicable
1175	Orthopedics	Surgical	Reduction of Fractures of Mandible & Maxilla	Cast Netal Splints	6,700	4	Not applicable	Not applicable	Not applicable
1176	Orthopedics	Surgical	Reduction of Fractures of Mandible & Maxilla	Eye Let Splinting	6,900	4	Not applicable	Not applicable	Not applicable
1177	Orthopedics	Surgical	Reduction of Fractures of Mandible & Maxilla	Gumming Splints	7,000	4	Not applicable	Not applicable	Not applicable
1178	Orthopedics	Surgical	Retrocalcaneal Bursa – Excision	Retrocalcaneal Bursa – Excision	12,600	4	Not applicable	Not applicable	Not applicable
1179	Orthopedics	Surgical	Shoulder Jacket	Shoulder Jacket	8,500	7	Not applicable	Not applicable	Not applicable
1180	Orthopedics	Surgical	Sinus over sacrum excision	Sinus over sacrum excision	10,100	7	Not applicable	Not applicable	Not applicable
1181	Orthopedics	Surgical	Skin Grafting	Skin Grafting	18,500	7	Not applicable	Not applicable	Not applicable
1182	Orthopedics	Surgical	Spinal Fusion	Spinal Fusion	34,900	7	Not applicable	Not applicable	Not applicable
1183	Orthopedics	Surgical	Synovial Cyst Excision	Synovial Cyst Excision	12,400	7	Not applicable	Not applicable	Not applicable
1184	Orthopedics	Surgical	Tendon Nerve Surgery of Foot	Tendon Nerve Surgery of Foot	2,800	3	Not applicable	Not applicable	Not applicable
1185	Orthopedics	Surgical	Trigger Thumb	Trigger Thumb	3,200	1	Not applicable	Not applicable	Not applicable
1186	Orthopedics	Surgical	Wound Debridement	Wound Debridement	12,200	1	Not applicable	Not applicable	Not applicable

1187	Surgical Oncology	Surgical	Glossectomy	Hemi Glossectomy	77,700	6	Not applicable	Not applicable	Not applicable
1188	Surgical Oncology	Surgical	Glossectomy	Total Glossectomy	88,000	11	Not applicable	Not applicable	Not applicable
1189	Surgical Oncology	Surgical	Palatectomy	Soft palate	49,600	4	Not applicable	Not applicable	Not applicable
1190	Surgical Oncology	Surgical	Palatectomy	Hard palate	56,000	6	Not applicable	Not applicable	Not applicable
1191	Surgical Oncology	Surgical	Maxillectomy	Partial	66,900	6	Not applicable	Not applicable	Not applicable
1192	Surgical Oncology	Surgical	Maxillectomy	Radical	70,700	8	Not applicable	Not applicable	Not applicable
1193	Surgical Oncology	Surgical	Maxillectomy	Total	70,700	8	Not applicable	Not applicable	Not applicable
1194	Surgical Oncology	Surgical	Composite resection (Oral Cavity)	Composite resection (Oral Cavity)	55,000	8	Not applicable	Not applicable	Not applicable
1195	Surgical Oncology	Surgical	Oesophageal / Tracheal stenting	Oesophageal stenting	91,000	4	Not applicable	Not applicable	Not applicable
1196	Surgical Oncology	Surgical	Oesophageal / Tracheal stenting	Tracheal stenting	91,000	4	Not applicable	Not applicable	Not applicable
1197	Surgical Oncology	Surgical	Transthoracic esophagectomy: 2F / 3F	Open	1,41,800	7	Not applicable	Not applicable	Not applicable
1198	Surgical Oncology	Surgical	Transthoracic esophagectomy: 2F / 3F	MIS	1,41,800	7	Not applicable	Not applicable	Not applicable
1199	Surgical Oncology	Surgical	Gastric pull-up / Jejunum Graft	Gastric pull-up / Jejunum Graft	1,12,200	11	Not applicable	Not applicable	Not applicable
1200	Surgical Oncology	Surgical	Radical Small Bowel Resection	Open	1,06,800	7	Not applicable	Not applicable	Not applicable
1201	Surgical Oncology	Surgical	Radical Small Bowel Resection	Lap.	1,42,500	7	Not applicable	Not applicable	Not applicable
1202	Surgical Oncology	Surgical	Intersphincteric resection	Open	96,600	6	Not applicable	Not applicable	Not applicable
1203	Surgical Oncology	Surgical	Intersphincteric resection	Lap.	96,600	6	Not applicable	Not applicable	Not applicable
1204	Surgical Oncology	Surgical	Surgery for Abdominal wall tumour	Abdominal wall tumour resection	63,500	3	Not applicable	Not applicable	Not applicable
1205	Surgical Oncology	Surgical	Surgery for Abdominal wall tumour	Abdominal wall tumour resection with reconstruction	93,500	6	Not applicable	Not applicable	Not applicable

1206	Surgical Oncology	Surgical	Exploratory laparotomy f / b diversion stoma / bypass	Exploratory laparotomy f / b diversion stoma	83,700	8	Not applicable	Not applicable	Not applicable
1207	Surgical Oncology	Surgical	Exploratory laparotomy f / b diversion stoma / bypass	Exploratory laparotomy f / b diversion bypass	83,700	8	Not applicable	Not applicable	Not applicable
1208	Surgical Oncology	Surgical	Abdominoperineal resection	Open	95,600	6	Not applicable	Not applicable	Not applicable
1209	Surgical Oncology	Surgical	Abdominoperineal resection	Lap.	95,600	6	Not applicable	Not applicable	Not applicable
1210	Surgical Oncology	Surgical	Omentectomy	Omentectomy	38,500	6	Not applicable	Not applicable	Not applicable
1211	Surgical Oncology	Surgical	Procedures Requiring Bypass Techniques	Procedures Requiring Bypass Techniques	67,500	4	Not applicable	Not applicable	Not applicable
1212	Surgical Oncology	Surgical	Segmentectomy - hepatobiliary system	Segmentectomy - hepatobiliary system	77,000	5	Not applicable	Not applicable	Not applicable
1213	Surgical Oncology	Surgical	Cholecystectomy	Radical	95,600	6	Not applicable	Not applicable	Not applicable
1214	Surgical Oncology	Surgical	Cholecystectomy	Revision	95,600	6	Not applicable	Not applicable	Not applicable
1215	Surgical Oncology	Surgical	Enucleation of pancreatic neoplasm	Enucleation of pancreatic neoplasm	72,600	6	Not applicable	Not applicable	Not applicable
1216	Surgical Oncology	Surgical	Hepatoblastoma Excision	Hepatoblastoma Excision	95,700	8	Not applicable	Not applicable	Not applicable
1217	Surgical Oncology	Surgical	Hemipelvectomy - Internal	Hemipelvectomy - Internal	99,000	11	Not applicable	Not applicable	Not applicable
1218	Surgical Oncology	Surgical	Pelvic Exenteration	Anterior - Open	1,42,600	5	Not applicable	Not applicable	Not applicable
1219	Surgical Oncology	Surgical	Pelvic Exenteration	Anterior - Lap.	1,42,600	5	Not applicable	Not applicable	Not applicable
1220	Surgical Oncology	Surgical	Pelvic Exenteration	Total - Open	1,42,600	5	Not applicable	Not applicable	Not applicable
1221	Surgical Oncology	Surgical	Pelvic Exenteration	Total - Lap.	1,42,600	5	Not applicable	Not applicable	Not applicable
1222	Surgical Oncology	Surgical	Wilms tumors: surgery	Wilms tumors: surgery	60,500	8	Not applicable	Not applicable	Not applicable
1223	Surgical Oncology	Surgical	Ureteric end to end anastomosis	Ureteric end to end anastomosis	44,000	6	Not applicable	Not applicable	Not applicable
1224	Surgical Oncology	Surgical	Distal ureterectomy with reimplantation	Distal ureterectomy with reimplantation	55,000	6	Not applicable	Not applicable	Not applicable

122 5	Surgical Oncology	Surgical	Radical cystectomy	With continent diversion - Open	1,37,6 00	8	Not applicable	Not applicable	Not applicable
122 6	Surgical Oncology	Surgical	Radical cystectomy	With Ileal Conduit - Open	1,78,4 00	8	Not applicable	Not applicable	Not applicable
122 7	Surgical Oncology	Surgical	Radical cystectomy	With Ileal Conduit - Lap.	1,78,4 00	8	Not applicable	Not applicable	Not applicable
122 8	Surgical Oncology	Surgical	Radical cystectomy	With neobladder - Open	2,04,3 00	11	Not applicable	Not applicable	Not applicable
122 9	Surgical Oncology	Surgical	Radical cystectomy	With neobladder - Lap	2,04,3 00	11	Not applicable	Not applicable	Not applicable
123 0	Surgical Oncology	Surgical	Radical cystectomy	With ureterosigmoidostomy - Open	1,59,2 00	8	Not applicable	Not applicable	Not applicable
123 1	Surgical Oncology	Surgical	Radical cystectomy	With ureterosigmoidostomy - Lap	1,07,8 00	8	Not applicable	Not applicable	Not applicable
123 2	Surgical Oncology	Surgical	Radical cystectomy	With ureterostomy - Open	1,07,8 00	8	Not applicable	Not applicable	Not applicable
123 3	Surgical Oncology	Surgical	Radical cystectomy	With ureterostomy - Lap.	1,07,8 00	8	Not applicable	Not applicable	Not applicable
123 4	Surgical Oncology	Surgical	Channel TURP	Channel TURP	41,800	4	Not applicable	Not applicable	Not applicable
123 5	Surgical Oncology	Surgical	Radical Urethrectomy	Radical Urethrectomy	55,000	5	Not applicable	Not applicable	Not applicable
123 6	Surgical Oncology	Surgical	Penile preserving surgery (WLE, Glansectomy, Laser)	Penile preserving surgery (WLE, Glansectomy, Laser)	41,800	5	Not applicable	Not applicable	Not applicable
123 7	Surgical Oncology	Surgical	Excision of undescended testicular mass	Excision of undescended testicular mass	44,000	5	Not applicable	Not applicable	Not applicable
123 8	Surgical Oncology	Surgical	Germ Cell Tumour Excision	Germ Cell Tumour Excision	55,000	6	Not applicable	Not applicable	Not applicable
123 9	Surgical Oncology	Surgical	Leiomyoma excision	Open	1,08,1 00	6	Not applicable	Not applicable	Not applicable
124 0	Surgical Oncology	Surgical	Leiomyoma excision	MIS	1,08,1 00	6	Not applicable	Not applicable	Not applicable

124 1	Surgical Oncology	Surgical	Radical Hysterectomy	Class I radical hysterectomy + bilateral salpingoophorectomy + BPLND - Lap.	66,000	11	Not applicable	Not applicable	Not applicable
124 2	Surgical Oncology	Surgical	Radical Hysterectomy	Class I radical hysterectomy + bilateral salpingoophorectomy + BPLND - Open	66,000	11	Not applicable	Not applicable	Not applicable
124 3	Surgical Oncology	Surgical	Radical Hysterectomy	Class I radical Hysterectomy +/- bilateral salpingoophorectomy - Lap.	49,500	6	Not applicable	Not applicable	Not applicable
124 4	Surgical Oncology	Surgical	Radical Hysterectomy	Class I radical Hysterectomy +/- bilateral salpingoophorectomy - Open	49,500	6	Not applicable	Not applicable	Not applicable
124 5	Surgical Oncology	Surgical	Radical Hysterectomy	Class II radical hysterectomy + BPLND	70,400	11	Not applicable	Not applicable	Not applicable
124 6	Surgical Oncology	Surgical	Radical Hysterectomy	Class III radical hysterectomy + BPLND	70,400	11	Not applicable	Not applicable	Not applicable
124 7	Surgical Oncology	Surgical	Radical Hysterectomy	Hysterectomy + bilateral salpingoophorectomy + omentectomy + peritonectomy and organ resections	99,000	13	Not applicable	Not applicable	Not applicable
124 8	Surgical Oncology	Surgical	Radical vaginectomy	Radical vaginectomy	55,000	6	Not applicable	Not applicable	Not applicable
124 9	Surgical Oncology	Surgical	Vulvectomy + reconstruction procedures	Vulvectomy + reconstruction procedures	79,800	11	Not applicable	Not applicable	Not applicable
125 0	Surgical Oncology	Surgical	Radical Trachelectomy	Radical Trachelectomy	66,000	11	Not applicable	Not applicable	Not applicable
125 1	Surgical Oncology	Surgical	Sacral Tumour Excision	Anterior + Posterior approach	1,57,3 00	13	Not applicable	Not applicable	Not applicable
125 2	Surgical Oncology	Surgical	Sacral Tumour Excision	Posterior approach	1,34,6 00	11	Not applicable	Not applicable	Not applicable
125 3	Surgical Oncology	Surgical	Resection of nasopharyngeal tumour	Resection of nasopharyngeal tumour	77,100	8	Not applicable	Not applicable	Not applicable
125 4	Surgical Oncology	Surgical	Total Pharyngectomy	Total Pharyngectomy	74,100	8	Not applicable	Not applicable	Not applicable
125 5	Surgical Oncology	Surgical	Parapharyngeal Tumour Excision	Parapharyngeal Tumour Excision	52,600	3	Not applicable	Not applicable	Not applicable
125 6	Surgical Oncology	Surgical	Laryngectomy	Partial laryngectomy (voice preserving)	1,04,0 00	6	Not applicable	Not applicable	Not applicable

1257	Surgical Oncology	Surgical	Laryngectomy	Total Laryngectomy	1,03,500	11	Not applicable	Not applicable	Not applicable
1258	Surgical Oncology	Surgical	Tracheal resection	Tracheal resection	66,000	8	Not applicable	Not applicable	Not applicable
1259	Surgical Oncology	Surgical	Tracheal / Carinal resection	Tracheal / Carinal resection	1,07,800	8	Not applicable	Not applicable	Not applicable
1260	Surgical Oncology	Surgical	Tracheal Stenosis (End to end Anastamosis) (Throat)	Tracheal Stenosis (End to end Anastamosis) (Throat)	66,000	6	Not applicable	Not applicable	Not applicable
1261	Surgical Oncology	Surgical	Central airway tumour debulking	Central airway tumour debulking	41,800	5	Not applicable	Not applicable	Not applicable
1262	Surgical Oncology	Surgical	Diagnostic thoracoscopy	Diagnostic thoracoscopy	27,500	3	Not applicable	Not applicable	Not applicable
1263	Surgical Oncology	Surgical	Sleeve resection of lung cancer	Sleeve resection of lung cancer	1,21,000	7	Not applicable	Not applicable	Not applicable
1264	Surgical Oncology	Surgical	Mediastinoscopy	Diagnostic	47,500	2	Not applicable	Not applicable	Not applicable
1265	Surgical Oncology	Surgical	Mediastinoscopy	Staging	47,500	2	Not applicable	Not applicable	Not applicable
1266	Surgical Oncology	Surgical	Removal of Chest Wall Tumour	Chest Wall Tumour Excision	1,20,800	6	Not applicable	Not applicable	Not applicable
1267	Surgical Oncology	Surgical	Removal of Chest Wall Tumour	Removal of chest wall tumour with reconstruction	1,36,600	6	Not applicable	Not applicable	Not applicable
1268	Surgical Oncology	Surgical	Pleurectomy Decortication	Pleurectomy Decortication	71,500	5	Not applicable	Not applicable	Not applicable
1269	Surgical Oncology	Surgical	Chamberlain procedure	Chamberlain procedure	40,700	2	Not applicable	Not applicable	Not applicable
1270	Surgical Oncology	Surgical	Extrapleural pneumonectomy	Extrapleural pneumonectomy	1,21,000	7	Not applicable	Not applicable	Not applicable
1271	Surgical Oncology	Surgical	Pneumonectomy	Pneumonectomy	99,000	6	Not applicable	Not applicable	Not applicable
1272	Surgical Oncology	Surgical	Lung metastectomy	Open	81,300	4	Not applicable	Not applicable	Not applicable
1273	Surgical Oncology	Surgical	Lung metastectomy	VATS	81,300	4	Not applicable	Not applicable	Not applicable
1274	Surgical Oncology	Surgical	Thoracostomy	Thoracostomy	36,300	2	Not applicable	Not applicable	Not applicable

1275	Surgical Oncology	Surgical	Mediastinal lymphadenectomy	Open	1,08,200	4	Not applicable	Not applicable	Not applicable
1276	Surgical Oncology	Surgical	Mediastinal lymphadenectomy	Video - assisted	1,08,200	4	Not applicable	Not applicable	Not applicable
1277	Surgical Oncology	Surgical	Mediastinal mass excision with lung resection	Mediastinal mass excision with lung resection	1,10,000	6	Not applicable	Not applicable	Not applicable
1278	Surgical Oncology	Surgical	Segmental resection of lung	Open	95,700	6	Not applicable	Not applicable	Not applicable
1279	Surgical Oncology	Surgical	Segmental resection of lung	Thoracoscopic	95,700	6	Not applicable	Not applicable	Not applicable
1280	Surgical Oncology	Surgical	Wedge resection lung	Open	1,10,000	6	Not applicable	Not applicable	Not applicable
1281	Surgical Oncology	Surgical	Wedge resection lung	Thoracoscopic	1,10,000	6	Not applicable	Not applicable	Not applicable
1282	Surgical Oncology	Surgical	Breast conserving surgery	Breast conserving surgery (lumpectomy + axillary surgery)	54,100	3	Not applicable	Not applicable	Not applicable
1283	Surgical Oncology	Surgical	Breast conserving surgery	Breast conserving surgery with Oncoplasty	49,400	4	Not applicable	Not applicable	Not applicable
1284	Surgical Oncology	Surgical	Axillary Sampling / Sentinel Node Biopsy	Axillary Sampling / Sentinel Node Biopsy	29,700	3	Not applicable	Not applicable	Not applicable
1285	Surgical Oncology	Surgical	Axillary dissection	Axillary dissection	36,300	3	Not applicable	Not applicable	Not applicable
1286	Surgical Oncology	Surgical	Scalp tumour excision with skull bone excision	Scalp tumour excision with skull bone excision	55,000	6	Not applicable	Not applicable	Not applicable
1287	Surgical Oncology	Surgical	Neuroblastoma Excision	Neuroblastoma Excision	1,10,000	8	Not applicable	Not applicable	Not applicable
1288	Surgical Oncology	Surgical	Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus	Growth - Squamous	61,900	2	Not applicable	Not applicable	Not applicable
1289	Surgical Oncology	Surgical	Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus	Growth - Basal	61,900	2	Not applicable	Not applicable	Not applicable
1290	Surgical Oncology	Surgical	Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus	Injury	61,900	2	Not applicable	Not applicable	Not applicable
1291	Surgical Oncology	Surgical	Comprehensive Neck Dissection	Comprehensive Neck Dissection	36,900	8	Not applicable	Not applicable	Not applicable

129 2	Surgical Oncology	Surgical	Benign Soft Tissue Tumour - Excision	Benign Soft Tissue Tumour - Excision	27,500	3	Not applicable	Not applicable	Not applicable
129 3	Surgical Oncology	Surgical	Malignant Soft Tissue Tumour - Excision	Malignant Soft Tissue Tumour - Excision	66,000	5	Not applicable	Not applicable	Not applicable
129 4	Surgical Oncology	Surgical	Regional flap	Myocutaneous flap	71,800	5	Not applicable	Not applicable	Not applicable
129 5	Surgical Oncology	Surgical	Regional flap	Fasciocutaneous flap	71,800	5	Not applicable	Not applicable	Not applicable
129 6	Surgical Oncology	Surgical	Rotationplasty	Rotationplasty	82,500	7	Not applicable	Not applicable	Not applicable
129 7	Surgical Oncology	Surgical	Bone tumors / soft tissue sarcomas: surgery	Bone tumors / soft tissue sarcomas: surgery	55,000	6	Not applicable	Not applicable	Not applicable
129 8	Surgical Oncology	Surgical	Endoprosthesis Revision	Complete	1,06,8 00	7	Not applicable	Not applicable	Not applicable
129 9	Surgical Oncology	Surgical	Endoprosthesis Revision	Partial	74,400	4	Not applicable	Not applicable	Not applicable
130 0	Surgical Oncology	Surgical	Vertebral Tumour Excision and Reconstruction	Vertebral Tumour Excision and Reconstruction	1,10,0 00	11	Not applicable	Not applicable	Not applicable
130 1	Surgical Oncology	Surgical	Microvascular reconstruction (free flaps)	Microvascular reconstruction (free flaps)	74,800	7	Not applicable	Not applicable	Not applicable
130 2	Surgical Oncology	Surgical	Vascular reconstruction	Vascular reconstruction	1,05,6 00	9	Not applicable	Not applicable	Not applicable
130 3	Surgical Oncology	Surgical	Curopsy / Sclerotherapy	Curopsy / Sclerotherapy	35,200	3	Not applicable	Not applicable	Not applicable
130 4	Surgical Oncology	Surgical	Chemo Port Insertion	Chemo Port Insertion	33,000	2	Not applicable	Not applicable	Chemo Port - Adult - 16500 Chemo Port - Pediatric - 27500
130 5	Surgical Oncology	Surgical	Posterior Exenteration	Posterior Exenteration	1,11,2 00	5	Not applicable	Not applicable	Not applicable
130 6	Surgical Oncology	Surgical	Bilateral Pelvic Lymph Node Dissection (BPLND)	Bilateral Pelvic Lymph Node Dissection (BPLND)	49,400	3	Not applicable	Not applicable	Not applicable
130 7	Surgical Oncology	Surgical	Plastic surgery flap division	Head & Neck Flap Cutting any type	26,400	4	Not applicable	Not applicable	Not applicable
130 8	Surgical Oncology	Surgical	Resuturing of Any Wound gap Surgeries	Resuturing of Any Wound gap Surgeries	4,200	NA	Not applicable	Not applicable	Not applicable
130 9	Surgical Oncology	Surgical	Cytoreductive surgery for ovarian cancer	Cytoreductive surgery for ovarian cancer	79,900	5	Not applicable	Not applicable	Not applicable
131 0	Surgical Oncology	Surgical	Wide Excision- Oral Cavity Malignancy	Wide Excision- Oral Cavity Malignancy	53,900	5	Not applicable	Not applicable	Not applicable

131 1	Ophthalmology	Surgical	Ptosis Surgery	Ptosis Surgery	22,500	NA	Not applicable	Not applicable	Not applicable
131 2	Ophthalmology	Surgical	Entropion Correction	Entropion Correction	12,000	NA	Not applicable	Not applicable	Not applicable
131 3	Ophthalmology	Surgical	Ectropion Correction	Ectropion Correction	12,000	NA	Not applicable	Not applicable	Not applicable
131 4	Ophthalmology	Surgical	Lid Tear Repair	Lid Tear Repair	15,200	NA	Not applicable	Not applicable	Not applicable
131 5	Ophthalmology	Surgical	Lid Abscess Drainage	Lid Abscess Drainage	6,300	NA	Not applicable	Not applicable	Not applicable
131 6	Ophthalmology	Surgical	Lid Tumor excision + Lid Reconstruction	Lid Tumor excision + Lid Reconstruction	15,400	NA	Not applicable	Not applicable	Not applicable
131 7	Ophthalmology	Surgical	Chalazion removal	One eye	2,200	NA	Not applicable	Not applicable	Not applicable
131 8	Ophthalmology	Surgical	Squint Correction	Squint Correction	13,000	NA	Upto 2 muscles/ More than 3 muscles	None/ "+" 2400	Not applicable
131 9	Ophthalmology	Surgical	Conjunctival Tumour Excision including Amniotic membrane graft	Conjunctival Tumour Excision including Amniotic membrane graft	7,900	NA	Not applicable	Not applicable	Not applicable
132 0	Ophthalmology	Surgical	Dacryocystorhinostomy	Canaliculo Dacryocystorhinostomy with Silicon Tube / Stent	15,100	1	Not applicable	Not applicable	Not applicable
132 1	Ophthalmology	Surgical	Dacryocystorhinostomy	Canaliculo Dacryocystorhinostomy without Silicon Tube / Stent	15,100	1	Not applicable	Not applicable	Not applicable
132 2	Ophthalmology	Surgical	Dacryocystorhinostomy	Dacryocystorhinostomy with Silicon Tube / Stent	15,100	NA	Not applicable	Not applicable	Not applicable
132 3	Ophthalmology	Surgical	Dacryocystorhinostomy	Dacryocystorhinostomy without Silicon Tube / Stent	15,100	1	Not applicable	Not applicable	Not applicable
132 4	Ophthalmology	Surgical	Corneal Ulcer Management	Corneal Ulcer Management	5,500	5	Not applicable	Not applicable	Not applicable
132 5	Ophthalmology	Surgical	Corneal Grafting	Corneal Grafting	15,100	NA	Not applicable	Not applicable	Not applicable
132 6	Ophthalmology	Surgical	Corneal Grafting	Corneal Graft - Follow Up	2,200	1	Not applicable	Not applicable	Not applicable
132 7	Ophthalmology	Surgical	Corneal Grafting	Lamellar Keratoplasty	15,100	1	Not applicable	Not applicable	Not applicable
132 8	Ophthalmology	Surgical	Corneal Collagen Crosslinking	Corneal Collagen Crosslinking	19,300	1	Not applicable	Not applicable	Not applicable
132 9	Ophthalmology	Surgical	Pterygium + Conjunctival Autograft	Pterygium + Conjunctival Autograft	13,600	NA	Not applicable	Not applicable	Not applicable

1330	Ophthalmology	Surgical	Corneo / Scleral / Corneo scleral tear repair	Corneo / Scleral / Corneo scleral tear repair	12,700	2	Not applicable	Not applicable	Not applicable
1331	Ophthalmology	Surgical	Corneal / Scleral Patch Graft	Corneal / Scleral Patch Graft	8,000	3	Not applicable	Not applicable	Not applicable
1332	Ophthalmology	Surgical	Scleral buckling surgery	Scleral buckling surgery	27,200	1	Not applicable	Not applicable	Not applicable
1333	Ophthalmology	Surgical	Scleral Buckle Removal	Scleral Buckle Removal	7,600	1	Not applicable	Not applicable	Not applicable
1334	Ophthalmology	Surgical	Limbal Dermoid Removal	Limbal Dermoid Removal	6,000	NA	Not applicable	Not applicable	Not applicable
1335	Ophthalmology	Surgical	Cataract surgery	Cataract with Foldable Hydrophobic Acrylic IOL by Phaco Emulsification Tech	18,300	NA	Not applicable	Not applicable	Foldable Hydrophobic intraocular lens - 3300
1336	Ophthalmology	Surgical	Cataract surgery	Cataract with Nonfoldable IOL Using SICS Technique	7,600	NA	Not applicable	Not applicable	Non foldable IOL - 1100
1337	Ophthalmology	Surgical	Surgery for Pediatric Cataract	Pediatric Lensectomy	26,100	NA	Not applicable	Not applicable	Foldable Hydrophobic intraocular lens - 3300
1338	Ophthalmology	Surgical	Surgery for Pediatric Cataract	Pediatric Lens aspiration with posterior Capsulotomy & anterior vitrectomy	26,100	NA	Not applicable	Not applicable	Foldable Hydrophobic intraocular lens - 3300
1339	Ophthalmology	Surgical	Surgery for Pediatric Cataract	Paediatric Membranectomy & anterior vitrectomy	34,700	NA	Not applicable	Not applicable	Foldable Hydrophobic intraocular lens - 3300
1340	Ophthalmology	Surgical	Capsulotomy YAG	Capsulotomy YAG	2,800	NA	Not applicable	Not applicable	Not applicable
1341	Ophthalmology	Surgical	SFIOL (inclusive of Vitrectomy)	SFIOL (inclusive of Vitrectomy)	20,700	1	Not applicable	Not applicable	Glue for Scleral fixated IOL - 3300
1342	Ophthalmology	Surgical	Secondary IOL / IOL Exchange / Explant	Secondary IOL / IOL Exchange / Explant	6,800	1	Not applicable	Not applicable	IOL - 3300
1343	Ophthalmology	Surgical	IRIS Prolapse – Repair	IRIS Prolapse – Repair	5,000	1	Not applicable	Not applicable	Not applicable
1344	Ophthalmology	Surgical	Iridectomy	Laser	4,900	NA	Not applicable	Not applicable	Not applicable
1345	Ophthalmology	Surgical	Iridectomy	Surgical	4,900	NA	Not applicable	Not applicable	Not applicable
1346	Ophthalmology	Surgical	Glaucoma Surgery	Cyclocryotherapy / Cyclophotocoagulation	7,500	NA	Not applicable	Not applicable	Not applicable

1347	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	18,100	NA	Not applicable	Not applicable	Not applicable
1348	Ophthalmology	Surgical	Glaucoma Surgery	Glaucoma Shunt Surgery	17,900	NA	Not applicable	Not applicable	Not applicable
1349	Ophthalmology	Surgical	Glaucoma Surgery	Pediatric Glaucoma Surgery	20,700	NA	Not applicable	Not applicable	Not applicable
1350	Ophthalmology	Surgical	EUA for Confirmation of Pediatric Glaucoma	EUA for Confirmation of Pediatric Glaucoma	3,300	1	Not applicable	Not applicable	Not applicable
1351	Ophthalmology	Surgical	Retinal Laser Photocoagulation	For retinal tear repair Per Eye Per Sitting	1,700	1	Not applicable	Not applicable	Not applicable
1352	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)	9,400	1	Not applicable	Not applicable	Not applicable
1353	Ophthalmology	Surgical	ROP Laser	ROP Laser	5,500	1	Not applicable	Not applicable	Not applicable
1354	Ophthalmology	Surgical	Retinal Cryopexy	Retinal Cryopexy	6,200	1	Not applicable	Not applicable	Not applicable
1355	Ophthalmology	Surgical	Vitreoretinal Surgery (with Silicon Oil Insertion)	Vitreoretinal Surgery (with Silicon Oil Insertion)	27,800	1	Not applicable	Not applicable	Implant for "Vitreoretinal Surgery" (IOL & Per flouro carbon liquid) - 6600
1356	Ophthalmology	Surgical	SOR (Silicon Oil Removal)	SOR (Silicon Oil Removal)	10,200	1	Not applicable	Not applicable	Not applicable
1357	Ophthalmology	Surgical	Endophthalmitis (excluding Vitrectomy)	Endophthalmitis (excluding Vitrectomy)	8,800	5	Not applicable	Not applicable	Not applicable
1358	Ophthalmology	Surgical	Enucleation	without implant	13,100	1	Not applicable	Not applicable	Not applicable
1359	Ophthalmology	Surgical	Enucleation	with implant	13,900	1	Not applicable	Not applicable	Not applicable
1360	Ophthalmology	Surgical	Evisceration	Evisceration	14,600	NA	Not applicable	Not applicable	Implant for "Evisceration" (Conformers + Plastic / silicon ball type implant) - 1100

136 1	Ophthalmology	Surgical	Exenteration	Exenteration	28,000	NA	Not applicable	Not applicable	Not applicable
136 2	Ophthalmology	Surgical	Socket reconstruction including amniotic membrane graft	Socket reconstruction including amniotic membrane graft	30,900	1	Not applicable	Not applicable	Not applicable
136 3	Ophthalmology	Surgical	Orbitotomy	Orbitotomy	22,700	NA	Not applicable	Not applicable	Not applicable
136 4	Ophthalmology	Surgical	GA / EUA separate add on package	GA / EUA separate add on package	3,300	1	Not applicable	Not applicable	Not applicable
136 5	Ophthalmology	Surgical	Orbital fracture repair	Orbital fracture repair under GA	11,600	3	Not applicable	Not applicable	Not applicable
136 6	Ophthalmology	Surgical	Optic neuritis	Optic neuritis	2,300	NA	Not applicable	Not applicable	Not applicable
136 7	Ophthalmology	Surgical	Acid and Alkali Burns	Acid and Alkali Burns	2,900	NA	Not applicable	Not applicable	Not applicable
136 8	Ophthalmology	Surgical	Glaucoma Screening	Vision Refraction-IOP & Fundus	900	NA	Not applicable	Not applicable	Not applicable
136 9	Ophthalmology	Surgical	Glaucoma Screening	Vision Refraction-IOP & Fundus OCT & Visual Fields	1,700	NA	Not applicable	Not applicable	Not applicable
137 0	Ophthalmology	Surgical	Anterior Chamber Reconstruction	Anterior Chamber Reconstruction	23,700	3	Not applicable	Not applicable	Not applicable
137 1	Ophthalmology	Surgical	Anterior Chamber Reconstruction	Anterior Chamber Reconstruction Perforating Corneo - Scleral Injury with IOL	28,700	2	Not applicable	Not applicable	Not applicable
137 2	Ophthalmology	Surgical	Diabetic Retinopathy Screening	Vision refraction, fundus photo and OCT	1,100	NA	Not applicable	Not applicable	Not applicable
137 3	Ophthalmology	Surgical	Cryoretinopexy	Closed	6,400	1	Not applicable	Not applicable	Not applicable
137 4	Ophthalmology	Surgical	Cryoretinopexy	Open	7,200	1	Not applicable	Not applicable	Not applicable
137 5	Ophthalmology	Surgical	Cyst - Excision	Cyst - Excision	3,600	NA	Not applicable	Not applicable	Not applicable
137 6	Ophthalmology	Surgical	Decompression of Optic Nerve	Decompression of Optic Nerve	29,900	1	Not applicable	Not applicable	Not applicable
137 7	Ophthalmology	Surgical	Endoscopic Optic Nerve Decompression	Endoscopic Optic Nerve Decompression	17,800	NA	Not applicable	Not applicable	Not applicable
137 8	Ophthalmology	Surgical	EOG (Electrooculogram) & ECG/EKG (Electrocardiogram)	EOG (Electrooculogram) & ECG/EKG (Electrocardiogram)	1,600	NA	Not applicable	Not applicable	Not applicable
137 9	Ophthalmology	Surgical	Epicantuhus Correction	Epicantuhus Correction	9,200	NA	Not applicable	Not applicable	Not applicable
138 0	Ophthalmology	Surgical	Epilation	Epilation	600	NA	Not applicable	Not applicable	Not applicable

138 1	Ophthalmology	Surgical	ERG (Electroretinogram)	ERG (Electroretinogram)	2,500	NA	Not applicable	Not applicable	Not applicable
138 2	Ophthalmology	Surgical	Keratoplasty	Keratoplasty	25,900	1	Not applicable	Not applicable	Not applicable
138 3	Ophthalmology	Surgical	Laser for Retinopathy (per sitting)	Laser for Retinopathy (per sitting)	3,100	NA	Not applicable	Not applicable	Not applicable
138 4	Ophthalmology	Surgical	Laser Interferometry	Laser Interferometry	2,400	NA	Not applicable	Not applicable	Not applicable
138 5	Ophthalmology	Surgical	PRP - Retinal Laser Including 3 Sittings	PRP - Retinal Laser Including 3 Sittings	9,400	NA	Not applicable	Not applicable	Not applicable
138 6	Ophthalmology	Surgical	Retinal Detachment Surgery	Retinal Detachment Surgery	35,200	2	Not applicable	Not applicable	Not applicable
138 7	Ophthalmology	Surgical	Vitrectomy	Vitrectomy	23,800	1	Not applicable	Not applicable	Not applicable
138 8	Ophthalmology	Surgical	Vitrectomy + Retinal Detachment Surgery	Vitrectomy + Retinal Detachment Surgery	37,300	1	Not applicable	Not applicable	Not applicable
138 9	Surgical Follow-up	Surgical	Follow-up - Abscess Tapping	Follow-up - Abscess Tapping	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
139 0	Surgical Follow-up	Surgical	Follow-up - Aneurysm Clipping	Follow-up - Aneurysm Clipping	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
139 1	Surgical Follow-up	Surgical	Follow-up - Aortic Valve Replacement (With Valve)	Follow-up - Aortic Valve Replacement (With Valve)	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
139 2	Surgical Follow-up	Surgical	Follow-up - Atrial Shunt	Follow-up - Atrial Shunt	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
139 3	Surgical Follow-up	Surgical	Follow-up - CABG With Aneurismal Repair	Follow-up - CABG With Aneurismal Repair	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
139 4	Surgical Follow-up	Surgical	Follow-up - CABG With IABP	Follow-up - CABG With IABP	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
139 5	Surgical Follow-up	Surgical	Follow-up - With Prosthetic Ring	Follow-up - With Prosthetic Ring	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
139 6	Surgical Follow-up	Surgical	Follow-up - Carotid Embolectomy	Follow-up - Carotid Embolectomy	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
139 7	Surgical Follow-up	Surgical	Follow-up - Closed Mitral Valvotomy	Follow-up - Closed Mitral Valvotomy	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable

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1398	Surgical Follow-up	Surgical	Follow-up - Coronary Balloon Angioplasty	Follow-up - Coronary Balloon Angioplasty	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
1399	Surgical Follow-up	Surgical	Follow-up - Coronary Bypass Surgery	Follow-up - Coronary Bypass Surgery	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
1400	Surgical Follow-up	Surgical	Follow-up - Coronary Bypass Surgery-Post Angioplasty	Follow-up - Coronary Bypass Surgery-Post Angioplasty	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
1401	Surgical Follow-up	Surgical	Follow-up - Craniotomy and Evacuation of Haematoma (Extra Dural)	Follow-up - Craniotomy and Evacuation of Haematoma (Extra Dural)	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
1402	Surgical Follow-up	Surgical	Follow-up - Craniotomy and Evacuation of Haematoma (Subdural)	Follow-up - Craniotomy and Evacuation of Haematoma (Subdural)	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
1403	Surgical Follow-up	Surgical	Follow-up - Cystolithotripsy	Follow-up - Cystolithotripsy	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable
1404	Surgical Follow-up	Surgical	Follow-up - Double Valve Replacement (With Valve)	Follow-up - Double Valve Replacement (With Valve)	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
1405	Surgical Follow-up	Surgical	Follow-up - Encephalocele	Follow-up - Encephalocele	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1200/ 1200/ 1200	Not applicable
1406	Surgical Follow-up	Surgical	Follow-up - Endoscope Removal of Stone in Bladder	Follow-up - Endoscope Removal of Stone in Bladder	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable
1407	Surgical Follow-up	Surgical	Follow-up - Endoscopy Procedures	Follow-up - Endoscopy Procedures	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
1408	Surgical Follow-up	Surgical	Follow-up - ESWL	Follow-up - ESWL	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable
1409	Surgical Follow-up	Surgical	Follow-up - Evacuation of Brain Abscess - Burr Hole	Follow-up - Evacuation of Brain Abscess - Burr Hole	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
1410	Surgical Follow-up	Surgical	Follow-up - Excision of Brain Abscess	Follow-up - Excision of Brain Abscess	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
1411	Surgical Follow-up	Surgical	Follow-up - Excision of Brain Tumor - Basal	Follow-up - Excision of Brain Tumor - Basal	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable

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141 2	Surgical Follow-up	Surgical	Follow-up - Excision of Brain Tumor - Brain Stem	Follow-up - Excision of Brain Tumor - Brain Stem	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
141 3	Surgical Follow-up	Surgical	Follow-up - Excision of Brain Tumor - C.P. Angle Tumor	Follow-up - Excision of Brain Tumor - C.P. Angle Tumor	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
141 4	Surgical Follow-up	Surgical	Follow-up - Excision of Brain Tumor - Other Tumors	Follow-up - Excision of Brain Tumor - Other Tumors	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
141 5	Surgical Follow-up	Surgical	Follow-up - Excision of Brain Tumor - Parasagittal	Follow-up - Excision of Brain Tumor - Parasagittal	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
141 6	Surgical Follow-up	Surgical	Follow-up - Excision of Brain Tumor - Subtentorial	Follow-up - Excision of Brain Tumor - Subtentorial	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
141 7	Surgical Follow-up	Surgical	Follow-up - Excision of Brain Tumor - Supratentorial	Follow-up - Excision of Brain Tumor - Supratentorial	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
141 8	Surgical Follow-up	Surgical	Follow-up - Excision of Lobe (Frontal, Temporal, Cerebellum etc)	Follow-up - Excision of Lobe (Frontal, Temporal, Cerebellum etc)	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
141 9	Surgical Follow-up	Surgical	Follow-up - External Ventricular Drainage (EVD)	Follow-up - External Ventricular Drainage (EVD)	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
142 0	Surgical Follow-up	Surgical	Follow-up - Intra-Cerebral Hematoma Evacuation	Follow-up - Intra-Cerebral Hematoma Evacuation	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
142 1	Surgical Follow-up	Surgical	Follow-up - Laparoscopic Pyelolithotomy	Follow-up - Laparoscopic Pyelolithotomy	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable
142 2	Surgical Follow-up	Surgical	Follow-up - Lesionectomy Type 1	Follow-up - Lesionectomy Type 1	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
142 3	Surgical Follow-up	Surgical	Follow-up - Lesionectomy Type 2	Follow-up - Lesionectomy Type 2	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
142 4	Surgical Follow-up	Surgical	Follow-up - Meningo Encephalocele	Follow-up - Meningo Encephalocele	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
142 5	Surgical Follow-up	Surgical	Follow-up - Meningomyelocele	Follow-up - Meningomyelocele	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable

142 6	Surgical Follow-up	Surgical	Follow-up - Mitral Valve Replacement (With Valve)	Follow-up - Mitral Valve Replacement (With Valve)	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
142 7	Surgical Follow-up	Surgical	Follow-up - Mitral Valvotomy (Open)	Follow-up - Mitral Valvotomy (Open)	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
142 8	Surgical Follow-up	Surgical	Follow-up - Open Cystolithotomy	Follow-up - Open Cystolithotomy	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable
142 9	Surgical Follow-up	Surgical	Follow-up - Open Nephrolithotomy	Follow-up - Open Nephrolithotomy	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable
143 0	Surgical Follow-up	Surgical	Follow-up - Open Prostatectomy	Follow-up - Open Prostatectomy	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable
143 1	Surgical Follow-up	Surgical	Follow-up - Open Pulmonary Valvotomy	Follow-up - Open Pulmonary Valvotomy	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
143 2	Surgical Follow-up	Surgical	Follow-up - Open Pyelolithotomy	Follow-up - Open Pyelolithotomy	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable
143 3	Surgical Follow-up	Surgical	Follow-up - Operation of adernal glands	Follow-up - Operation of adernal glands	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1200/ 1200/ 1200	Not applicable
143 4	Surgical Follow-up	Surgical	Follow-up - Pancreatic Necrosectomy (Lap)	Follow-up - Pancreatic Necrosectomy (Lap)	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable
143 5	Surgical Follow-up	Surgical	Follow-up - Pancreatic Necrosectomy (Open)	Follow-up - Pancreatic Necrosectomy (Open)	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2000/ 2000/ 2000	Not applicable
143 6	Surgical Follow-up	Surgical	Follow-up - PCNL	Follow-up - PCNL	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable
143 7	Surgical Follow-up	Surgical	Follow-up - Peripheral Angioplasty	Follow-up - Peripheral Angioplasty	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
143 8	Surgical Follow-up	Surgical	Follow-up - Peritoneal Shunt	Follow-up - Peritoneal Shunt	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
143 9	Surgical Follow-up	Surgical	Follow-up - Portocaval Anastomosis	Follow-up - Portocaval Anastomosis	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable

1440	Surgical Follow-up	Surgical	Follow-up - Renal Angioplasty	Follow-up - Renal Angioplasty	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
1441	Surgical Follow-up	Surgical	Follow-up - Splenectomy with Devascularisation with Spleno Renal Shunt	Follow-up - Splenectomy with Devascularisation with Spleno Renal Shunt	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
1442	Surgical Follow-up	Surgical	Follow-up - Splenorenal Anastomosis	Follow-up - Splenorenal Anastomosis	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
1443	Surgical Follow-up	Surgical	Follow-up - Subdural Tapping	Follow-up - Subdural Tapping	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
1444	Surgical Follow-up	Surgical	Follow-up - Surgeries on adrenal gland in children	Follow-up - Surgeries on adrenal gland in children	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	1200/ 1200/ 1200	Not applicable
1445	Surgical Follow-up	Surgical	Follow-up - Temporal Lobectomy	Follow-up - Temporal Lobectomy	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
1446	Surgical Follow-up	Surgical	Follow-up - Temporal Lobectomy Plus Depth Electrodes	Follow-up - Temporal Lobectomy Plus Depth Electrodes	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
1447	Surgical Follow-up	Surgical	Follow-up - Total Thyroidectomy	Follow-up - Total Thyroidectomy	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	900/ 900/ 900	Not applicable
1448	Surgical Follow-up	Surgical	Follow-up - Trans-oral Surgery	Follow-up - Trans-oral Surgery	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
1449	Surgical Follow-up	Surgical	Follow-up - Trans-sphenoidal Surgery	Follow-up - Trans-sphenoidal Surgery	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
1450	Surgical Follow-up	Surgical	Follow-up - Transurethral Resection of Prostate (TURP)	Follow-up - Transurethral Resection of Prostate (TURP)	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable
1451	Surgical Follow-up	Surgical	Follow-up - Tricuspid Valve Replacement	Follow-up - Tricuspid Valve Replacement	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
1452	Surgical Follow-up	Surgical	Follow-up - TURP Cyst Lithotripsy	Follow-up - TURP Cyst Lithotripsy	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable
1453	Surgical Follow-up	Surgical	Follow-up - URSL	Follow-up - URSL	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	700/ 700/ 700	Not applicable

1454	Surgical Follow-up	Surgical	Follow-up - Vascular Malformations	Follow-up - Vascular Malformations	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
1455	Surgical Follow-up	Surgical	Follow-up - Ventricular Tapping	Follow-up - Ventricular Tapping	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
1456	Surgical Follow-up	Surgical	Follow-up - Ventriculo-Atrial Shunt	Follow-up - Ventriculo-Atrial Shunt	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
1457	Surgical Follow-up	Surgical	Follow-up - Ventriculoatrial/ Ventriculoperitoneal Shunt	Follow-up - Ventriculoatrial/ Ventriculoperitoneal Shunt	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2100/ 2100/ 2100	Not applicable
1458	Surgical Follow-up	Surgical	Follow-up - Vertebral Angioplasty	Follow-up - Vertebral Angioplasty	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
1459	Surgical Follow-up	Surgical	Follow-up - Warren's Shunt	Follow-up - Warren's Shunt	-	NA	1st Visit/ 2nd Visit/ 3rd Visit	2500/ 2500/ 2500	Not applicable
1460	General Surgery	Surgical	Oesophagectomy	Oesophagectomy	1,37,500	5	Not applicable	Not applicable	Not applicable
1461	General Surgery	Surgical	Operations for Replacement of Oesophagus by Colon	Operations for Replacement of Oesophagus by Colon	67,300	10	Not applicable	Not applicable	Not applicable
1462	General Surgery	Surgical	Gastrectomy	Bleeding Ulcer - Partial Gastrectomy without Vagotomy	70,500	5	Not applicable	Not applicable	Not applicable
1463	General Surgery	Surgical	Gastrectomy	Bleeding Ulcer - Partial Gastrectomy with Vagotomy	70,500	5	Not applicable	Not applicable	Not applicable
1464	General Surgery	Surgical	Gastrectomy	Partial Gastrectomy for carcinoma	70,500	5	Not applicable	Not applicable	Not applicable
1465	General Surgery	Surgical	Gastrectomy	Subtotal Gastrectomy for Carcinoma	89,400	3	Not applicable	Not applicable	Not applicable
1466	General Surgery	Surgical	Gastrectomy	Total Gastrectomy - Lap.	89,400	5	Not applicable	Not applicable	Not applicable
1467	General Surgery	Surgical	Gastrectomy	Total Gastrectomy - Open	89,400	5	Not applicable	Not applicable	Not applicable
1468	General Surgery	Surgical	Operative Gastrostomy	Operative Gastrostomy	27,100	5	Not applicable	Not applicable	Not applicable
1469	General Surgery	Surgical	Vagotomy	G J Vagotomy	35,400	5	Not applicable	Not applicable	Not applicable
1470	General Surgery	Surgical	Vagotomy	Vagotomy + Pyloroplasty	35,400	5	Not applicable	Not applicable	Not applicable
1471	General Surgery	Surgical	Operation for Bleeding Peptic Ulcer	Operation for Bleeding Peptic Ulcer	29,900	5	Not applicable	Not applicable	Not applicable

147 2	General Surgery	Surgical	Operation for Gastric / Duodenal Perforation	Gastric Perforation	31,600	6	Not applicable	Not applicable	Not applicable
147 3	General Surgery	Surgical	Operation for Gastric / Duodenal Perforation	Duodenal Perforation	31,600	6	Not applicable	Not applicable	Not applicable
147 4	General Surgery	Surgical	Pyloroplasty	Pyloroplasty	35,200	5	Not applicable	Not applicable	Not applicable
147 5	General Surgery	Surgical	Pyloromyotomy	Pyloromyotomy	41,300	5	Not applicable	Not applicable	Not applicable
147 6	General Surgery	Surgical	Subtotal Colectomy	Open	38,400	4	Not applicable	Not applicable	Not applicable
147 7	General Surgery	Surgical	Subtotal Colectomy	Lap	38,400	4	Not applicable	Not applicable	Not applicable
147 8	General Surgery	Surgical	Operation for Hydrocele (U/L)	Operation for Hydrocele (B/L)	16,500	4	Not applicable	Not applicable	Not applicable
147 9	General Surgery	Surgical	Gastrojejunostomy	Gastrojejunostomy	33,000	5	Not applicable	Not applicable	Not applicable
148 0	General Surgery	Surgical	Neurofibroma Excision under LA	Neurofibroma Excision under LA	2,200	4	Not applicable	Not applicable	Not applicable
148 1	General Surgery	Surgical	Ingrowing Toe Nail	Ingrowing Toe Nail	2,200	4	Not applicable	Not applicable	Not applicable
148 2	General Surgery	Surgical	Replacement Surgery For Corrosive Injury Stomach	Replacement Surgery For Corrosive Injury Stomach	55,000	4	Not applicable	Not applicable	Not applicable
148 3	General Surgery	Surgical	Choledochoduodenostomy Or Choledocho Jejunostomy	Choledochoduodenostomy Or Choledocho Jejunostomy	38,500	4	Not applicable	Not applicable	Not applicable
148 4	General Surgery	Surgical	Hepatico Jejunostomy for biliary stricture	Hepatico Jejunostomy for biliary stricture	49,500	4	Not applicable	Not applicable	Not applicable
148 5	General Surgery	Surgical	CystoJejunostomy / Cystogastrostomy	CystoJejunostomy - Open	32,200	6	Not applicable	Not applicable	Not applicable
148 6	General Surgery	Surgical	CystoJejunostomy / Cystogastrostomy	CystoJejunostomy - Lap.	32,200	6	Not applicable	Not applicable	Not applicable
148 7	General Surgery	Surgical	CystoJejunostomy / Cystogastrostomy	Cystogastrostomy - Open	32,200	6	Not applicable	Not applicable	Not applicable
148 8	General Surgery	Surgical	CystoJejunostomy / Cystogastrostomy	Cystogastrostomy - Lap.	32,200	6	Not applicable	Not applicable	Not applicable
148 9	General Surgery	Surgical	I Stage- Sub Total Colectomy + Ileostomy + J - Pouch	I Stage- Sub Total Colectomy + Ileostomy + J - Pouch	88,000	4	Not applicable	Not applicable	Not applicable
149 0	General Surgery	Surgical	Distal Pancreatectomy + Splenectomy	Distal Pancreatectomy + Splenectomy	66,000	4	Not applicable	Not applicable	Not applicable
149 1	General Surgery	Surgical	I Stage-Sub Total Colectomy + Ileostomy	I Stage-Sub Total Colectomy + Ileostomy	44,000	4	Not applicable	Not applicable	Not applicable
149 2	General Surgery	Surgical	Feeding Jejunostomy	Feeding Jejunostomy	24,600	6	Not applicable	Not applicable	Not applicable
149 3	General Surgery	Surgical	Ileostomy	Ileostomy	28,000	6	Not applicable	Not applicable	Not applicable

149 4	General Surgery	Surgical	Congenital atresia & stenosis of small intestine	Congenital atresia & stenosis of small intestine	41,300	6	Not applicable	Not applicable	Not applicable
149 5	General Surgery	Surgical	Operation for Duplication of Intestine	Operation for Duplication of Intestine	28,300	7	Not applicable	Not applicable	Not applicable
149 6	General Surgery	Surgical	Diverticulectomy	Excision Duodenal Diverticulum	25,200	5	Not applicable	Not applicable	Not applicable
149 7	General Surgery	Surgical	Diverticulectomy	Excision Meckel's Diverticulum	25,200	3	Not applicable	Not applicable	Not applicable
149 8	General Surgery	Surgical	Appendicectomy	Open	21,700	3	Not applicable	Not applicable	Not applicable
149 9	General Surgery	Surgical	Appendicectomy	Laparoscopic	21,700	3	Not applicable	Not applicable	Not applicable
150 0	General Surgery	Surgical	Appendicular Perforation	Appendicular Perforation	22,000	5	Not applicable	Not applicable	Not applicable
150 1	General Surgery	Surgical	Appendicular Abscess - Drainage	Appendicular Abscess - Drainage	16,500	3	Not applicable	Not applicable	Not applicable
150 2	General Surgery	Surgical	Colectomy	Total Colectomy - Open	53,100	6	Not applicable	Not applicable	Not applicable
150 3	General Surgery	Surgical	Colectomy	Total Colectomy - Lap.	53,100	6	Not applicable	Not applicable	Not applicable
150 4	General Surgery	Surgical	Colectomy	Right hemicolectomy - Open	38,800	3	Not applicable	Not applicable	Not applicable
150 5	General Surgery	Surgical	Colectomy	Right hemicolectomy - Lap.	38,800	3	Not applicable	Not applicable	Not applicable
150 6	General Surgery	Surgical	Colectomy	Left hemicolectomy - Open	38,800	3	Not applicable	Not applicable	Not applicable
150 7	General Surgery	Surgical	Colectomy	Left hemicolectomy - Lap.	38,800	3	Not applicable	Not applicable	Not applicable
150 8	General Surgery	Surgical	Operative Management of Volvulus of Large Bowel	Operative Management of Volvulus of Large Bowel	48,300	6	Not applicable	Not applicable	Not applicable
150 9	General Surgery	Surgical	Closure of colostomy	Closure of colostomy	24,600	3	Not applicable	Not applicable	Not applicable
151 0	General Surgery	Surgical	Closure of stoma	Closure of stoma	18,400	3	Not applicable	Not applicable	Not applicable
151 1	General Surgery	Surgical	Sigmoid Resection	Sigmoid Resection	23,700	4	Not applicable	Not applicable	Not applicable
151 2	General Surgery	Surgical	Procedure for rectal prolapse	Perineal - Open	22,400	4	Not applicable	Not applicable	Not applicable
151 3	General Surgery	Surgical	Procedure for rectal prolapse	Abdominal - Open	22,400	4	Not applicable	Not applicable	Not applicable
151 4	General Surgery	Surgical	Procedure for rectal prolapse	Abdominal - Lap.	22,400	4	Not applicable	Not applicable	Not applicable
151 5	General Surgery	Surgical	Rectal Polyp Excision	Rectal Polyp Excision	10,500	1	Not applicable	Not applicable	Not applicable

151 6	General Surgery	Surgical	Anterior Resection of rectum	Open	55,000	3	Not applicable	Not applicable	Not applicable
151 7	General Surgery	Surgical	Anterior Resection of rectum	Lap.	55,000	3	Not applicable	Not applicable	Not applicable
151 8	General Surgery	Surgical	Resection Anastomosis	Open	36,400	7	Not applicable	Not applicable	Not applicable
151 9	General Surgery	Surgical	Resection Anastomosis	Lap	36,400	7	Not applicable	Not applicable	Not applicable
152 0	General Surgery	Surgical	Procedure for Fissure in Ano	Procedure for Fissure in Ano	13,800	1	Not applicable	Not applicable	Not applicable
152 1	General Surgery	Surgical	Haemorrhoidectomy	without Stapler	18,800	1	Not applicable	Not applicable	Not applicable
152 2	General Surgery	Surgical	Haemorrhoidectomy	with Stapler	18,800	1	Not applicable	Not applicable	Haemorrhoid Stapler - 18700
152 3	General Surgery	Surgical	Excision of Pilonidal Sinus	Excision of Pilonidal Sinus	16,900	1	Local Anesthesia / General Anesthesia	None/ "+" 9400	Not applicable
152 4	General Surgery	Surgical	Excision of Siniuds and Curetage	Excision of Siniuds and Curetage	14,900	3	Not applicable	Not applicable	Not applicable
152 5	General Surgery	Surgical	Exploratory Laparotomy	Exploratory Laparotomy	12,500	5	Not applicable	Not applicable	Not applicable
152 6	General Surgery	Surgical	Closure of Burst Abdomen	Closure of Burst Abdomen	27,100	6	Not applicable	Not applicable	Not applicable
152 7	General Surgery	Surgical	Hepatic Resection	Open	47,400	7	Not applicable	Not applicable	Not applicable
152 8	General Surgery	Surgical	Hepatic Resection	Lap.	47,400	7	Not applicable	Not applicable	Not applicable
152 9	General Surgery	Surgical	Abdominal Hydatid Cyst (Single Organ)	Abdominal Hydatid Cyst (Single Organ)	49,500	10	Not applicable	Not applicable	Not applicable
153 0	General Surgery	Surgical	Cholecystectomy	Without Exploration of CBD - Open	36,800	4	Not applicable	Not applicable	Not applicable
153 1	General Surgery	Surgical	Cholecystectomy	With Exploration of CBD - Open	36,800	6	Not applicable	Not applicable	Not applicable
153 2	General Surgery	Surgical	Cholecystectomy	Without Exploration of CBD - Lap.	36,800	3	Not applicable	Not applicable	Not applicable
153 3	General Surgery	Surgical	Cholecystectomy	With Exploration of CBD - Lap.	36,800	3	Not applicable	Not applicable	Not applicable
153 4	General Surgery	Surgical	Operative Cholecystostomy	Chronic Cholecystitis With Cholelithiasis	14,900	3	Not applicable	Not applicable	Not applicable
153 5	General Surgery	Surgical	Operative Cholecystostomy	Lap.	14,900	3	Not applicable	Not applicable	Not applicable
153 6	General Surgery	Surgical	Operation of Choledochal Cyst	Open	38,000	5	Not applicable	Not applicable	Not applicable

1537	General Surgery	Surgical	Operation of Choledochal Cyst	Laparoscopic	38,000	5	Not applicable	Not applicable	Not applicable
1538	General Surgery	Surgical	Splenectomy	Open	49,500	7	Not applicable	Not applicable	Not applicable
1539	General Surgery	Surgical	Splenectomy	Laparoscopic	49,500	3	Not applicable	Not applicable	Not applicable
1540	General Surgery	Surgical	Bypass surgery for inoperable CA head pancreas	Bypass surgery for inoperable CA head pancreas	68,800	7	Not applicable	Not applicable	Not applicable
1541	General Surgery	Surgical	Distal Pancreatectomy with Pancreatico Jejunostomy	Distal Pancreatectomy with Pancreatico Jejunostomy	49,100	7	Not applicable	Not applicable	Not applicable
1542	General Surgery	Surgical	Pancreaticoduodenectomy (Whipple's)	Pancreaticoduodenectomy (Whipple's)	1,37,500	7	Not applicable	Not applicable	Not applicable
1543	General Surgery	Surgical	Porto Caval Anastomosis	Porto Caval Anastomosis	55,000	7	Not applicable	Not applicable	Not applicable
1544	General Surgery	Surgical	Mesenteric Caval Anastomosis	Mesenteric Caval Anastomosis	53,500	6	Not applicable	Not applicable	Not applicable
1545	General Surgery	Surgical	Mesenteric Cyst - Excision	Mesenteric Cyst - Excision	22,000	5	Not applicable	Not applicable	Not applicable
1546	General Surgery	Surgical	Retroperitoneal Tumor - Excision	Retroperitoneal Tumor - Excision	43,100	5	Not applicable	Not applicable	Not applicable
1547	General Surgery	Surgical	Hernia Repair	Inguinal	22,000	3	Not applicable	Not applicable	Mesh - 6 X 3 - Polypropylene - 2200
1548	General Surgery	Surgical	Hernia Repair	Femoral	22,000	3	Not applicable	Not applicable	Mesh - 6 X 3 - Polypropylene - 2200
1549	General Surgery	Surgical	Hernia Repair	Obturator	22,000	2	Not applicable	Not applicable	Tackers - 16500 Mesh - 15 X 15 - 5500
1550	General Surgery	Surgical	Hernia Repair	Epigastric	22,000	5	Not applicable	Not applicable	Mesh - 6 X 3 - Polypropylene - 2200 Mesh - 15 X 15 - 5500
1551	General Surgery	Surgical	Hernia Repair	Umbilical	27,500	5	Not applicable	Not applicable	Not applicable
1552	General Surgery	Surgical	Hernia Repair	Paraumbilical	27,500	4	Not applicable	Not applicable	Mesh - 15 X 15 - 5500
1553	General Surgery	Surgical	Hernia Repair	Spigelian	27,500	4	Not applicable	Not applicable	Mesh - 15 X 15 - 5500
1554	General Surgery	Surgical	Hernia Repair	Incisional	22,400	3	Not applicable	Not applicable	Mesh - 30 X 30 - 16500 Mesh - 15 X 15 - 5500
1555	General Surgery	Surgical	Hernia Repair	Omphalocele 1st Stage	79,800	3	Not applicable	Not applicable	Mesh - 30 X 30 - 16500

									Mesh - 6 X 3 - Polypropylene - 2200
1556	General Surgery	Surgical	Hernia Repair	Omphalocele 2nd Stage	71,300	3	Not applicable	Not applicable	Mesh - 30 X 30 - 16500 Mesh - 6 X 3 - Polypropylene - 2200
1557	General Surgery	Surgical	Hiatus Hernia Repair / Fundoplication	Hiatus Hernia Repair - Open	33,700	5	Not applicable	Not applicable	Not applicable
1558	General Surgery	Surgical	Hiatus Hernia Repair / Fundoplication	Hiatus Hernia Repair - Lap.	33,700	5	Not applicable	Not applicable	Not applicable
1559	General Surgery	Surgical	Hiatus Hernia Repair / Fundoplication	Fundoplication - Open	33,700	5	Not applicable	Not applicable	Not applicable
1560	General Surgery	Surgical	Hiatus Hernia Repair / Fundoplication	Fundoplication - Lap.	33,700	5	Not applicable	Not applicable	Not applicable
1561	General Surgery	Surgical	Excision of cyst / Sebaceous Cysts over scrotum	Single Cyst	2,800	3	Not applicable	Not applicable	Not applicable
1562	General Surgery	Surgical	Excision of cyst / Sebaceous Cysts over scrotum	Multiple Cysts	7,700	3	Not applicable	Not applicable	Not applicable
1563	General Surgery	Surgical	Excision Filarial Scrotum	Excision Filarial Scrotum	14,900	3	Not applicable	Not applicable	Not applicable
1564	General Surgery	Surgical	Hydrocele operation	Hydrocele operation	17,300	2	Not applicable	Not applicable	Not applicable
1565	General Surgery	Surgical	Epididymal Cyst / Nodule Excision	Epididymal Cyst excision	5,800	2	Not applicable	Not applicable	Not applicable
1566	General Surgery	Surgical	Epididymal Cyst / Nodule Excision	Epididymal Nodule excision	5,800	2	Not applicable	Not applicable	Not applicable
1567	General Surgery	Surgical	Vasovasostomy	Vasovasostomy	13,200	2	Not applicable	Not applicable	Not applicable
1568	General Surgery	Surgical	Orchidectomy	Orchidectomy	12,900	2	Not applicable	Not applicable	Not applicable
1569	General Surgery	Surgical	Inguinal node dissection	Inguinal node dissection	24,600	3	Not applicable	Not applicable	Not applicable
1570	General Surgery	Surgical	Estlander Operation	Estlander Operation	20,400	5	Not applicable	Not applicable	Not applicable
1571	General Surgery	Surgical	Operation for Carcinoma Lip	Wedge Excision	27,600	6	Not applicable	Not applicable	Not applicable
1572	General Surgery	Surgical	Operation for Carcinoma Lip	Wedge Excision and Vermilionectomy	41,300	6	Not applicable	Not applicable	Not applicable
1573	General Surgery	Surgical	Operation for Carcinoma Lip	Cheek advancement	41,300	6	Not applicable	Not applicable	Not applicable
1574	General Surgery	Surgical	Excision of Growth from Tongue	Tongue only	26,300	1	Not applicable	Not applicable	Not applicable
1575	General Surgery	Surgical	Excision of Growth from Tongue	Tongue with Neck Node Dissection	43,100	3	Not applicable	Not applicable	Not applicable

157 6	General Surgery	Surgical	MicroLaryngoscopic Surgery	MicroLaryngoscopic Surgery	31,200	3	Not applicable	Not applicable	Not applicable
157 7	General Surgery	Surgical	Submandibular Mass - Excision	Submandibular Mass - Excision	27,500	5	Not applicable	Not applicable	Not applicable
157 8	General Surgery	Surgical	Radical Neck Dissection	Radical Neck Dissection	36,900	8	Not applicable	Not applicable	Not applicable
157 9	General Surgery	Surgical	Radical Neck Dissection	Radical Neck Dissection - Excision	36,900	8	Not applicable	Not applicable	Not applicable
158 0	General Surgery	Surgical	Surgical removal of Branchial Cyst	Surgical removal of Branchial Cyst	22,000	2	Not applicable	Not applicable	Not applicable
158 1	General Surgery	Surgical	Carotid Body tumour - Excision	Carotid Body tumour - Excision	49,200	7	Not applicable	Not applicable	Not applicable
158 2	General Surgery	Surgical	Thyroidectomy	Hemi thyroidectomy	30,300	2	Not applicable	Not applicable	Not applicable
158 3	General Surgery	Surgical	Thyroidectomy	Total thyroidectomy	72,500	4	Not applicable	Not applicable	Not applicable
158 4	General Surgery	Surgical	Thyroidectomy	Total Thyroidectomy with Block Dissection	80,500	5	Not applicable	Not applicable	Not applicable
158 5	General Surgery	Surgical	Excision of Parathyroid Adenoma / Carcinoma	Excision of Parathyroid Adenoma	27,500	3	Not applicable	Not applicable	Not applicable
158 6	General Surgery	Surgical	Excision of Parathyroid Adenoma / Carcinoma	Excision of Parathyroid Carcinoma	22,400	3	Not applicable	Not applicable	Not applicable
158 7	General Surgery	Surgical	Thymectomy	Thymectomy	66,000	6	Not applicable	Not applicable	Not applicable
158 8	General Surgery	Surgical	Sympathectomy	Sympathectomy	38,500	5	Not applicable	Not applicable	Not applicable
158 9	General Surgery	Surgical	Breast Lump Excision	Breast Lump Excision	16,000	1	Local Anesthesia / General Anesthesia	None/ "+" 6600	Not applicable
159 0	General Surgery	Surgical	Mastectomy	Simple	56,800	3	Not applicable	Not applicable	Not applicable
159 1	General Surgery	Surgical	Mastectomy	Radical / Modified Radical	56,800	4	Not applicable	Not applicable	Not applicable
159 2	General Surgery	Surgical	Excision Mammary Fistula	Excision Mammary Fistula	16,000	1	Not applicable	Not applicable	Not applicable
159 3	General Surgery	Surgical	Intercostal Drainage only	Intercostal Drainage only	6,200	1	Not applicable	Not applicable	Not applicable
159 4	General Surgery	Surgical	Rib Resection & Drainage	Rib Resection & Drainage	22,000	3	Not applicable	Not applicable	Not applicable
159 5	General Surgery	Surgical	Thoracoplasty	Thoracoplasty	31,500	6	Not applicable	Not applicable	Not applicable
159 6	General Surgery	Surgical	Decortication	Open	37,000	10	Not applicable	Not applicable	Not applicable

1597	General Surgery	Surgical	Decortication	VATS	37,000	10	Not applicable	Not applicable	Not applicable
1598	General Surgery	Surgical	Lobectomy	Thoracoscopic	49,600	5	Not applicable	Not applicable	Not applicable
1599	General Surgery	Surgical	Lobectomy	Open	49,600	5	Not applicable	Not applicable	Not applicable
1600	General Surgery	Surgical	Thoracoscopic Segmental Resection	Thoracoscopic Segmental Resection	70,800	5	Not applicable	Not applicable	Not applicable
1601	General Surgery	Surgical	Lung Hydatid Cyst removal	Lung Hydatid Cyst removal	28,900	3	Not applicable	Not applicable	Not applicable
1602	General Surgery	Surgical	Drainage of Abscess	Incision and drainage of abscess	5,500	1	Local Anesthesia / General Anesthesia	None/ "+" 5500	Not applicable
1603	General Surgery	Surgical	Lipoma / Cyst / other cutaneous swellings Excision	Lipoma Excision	5,600	1	Local Anesthesia / General Anesthesia	None/ "+" 5500	Not applicable
1604	General Surgery	Surgical	Lipoma / Cyst / other cutaneous swellings Excision	Cyst Excision	5,600	1	Local Anesthesia / General Anesthesia	None/ "+" 5500	Not applicable
1605	General Surgery	Surgical	Lipoma / Cyst / other cutaneous swellings Excision	Other cutaneous swellings Excision	5,600	1	Local Anesthesia / General Anesthesia	None/ "+" 5500	Not applicable
1606	General Surgery	Surgical	Debridement of Ulcer	Debridement of Ulcer	12,500	1	Local Anesthesia / General Anesthesia	None/ "+" 5500	Not applicable
1607	General Surgery	Surgical	Flap Reconstructive Surgery	Flap Reconstructive Surgery	43,500	4	Not applicable	Not applicable	Not applicable
1608	General Surgery	Surgical	Free Grafts - Wolfe Grafts	Free Grafts - Wolfe Grafts	34,400	1	Not applicable	Not applicable	Not applicable
1609	General Surgery	Surgical	Tissue Reconstruction Flap	Tissue Reconstruction Flap	38,700	5	Not applicable	Not applicable	Not applicable
1610	General Surgery	Surgical	Split thickness skin grafts	Split skin grafts <= 5%	20,700	1	Not applicable	Not applicable	Not applicable
1611	General Surgery	Surgical	Split thickness skin grafts	Split skin grafts 5 - 10%	19,900	1	Not applicable	Not applicable	Not applicable
1612	General Surgery	Surgical	Split thickness skin grafts	Spit skin graft small >= 10 %	22,400	1	Not applicable	Not applicable	Not applicable
1613	General Surgery	Surgical	Skin Flaps - Rotation Flaps	Skin Flaps - Rotation Flaps	31,700	2	Not applicable	Not applicable	Not applicable

161 4	General Surgery	Surgical	Tendon Transfer	Tendon Transfer	27,500	3	Not applicable	Not applicable	Not applicable
161 5	General Surgery	Surgical	Lymphatics Excision of Subcutaneous Tissues in Lymphoedema	Lymphatics Excision of Subcutaneous Tissues in Lymphoedema	16,500	3	Not applicable	Not applicable	Not applicable
161 6	General Surgery	Surgical	AV Fistula Creation	AV Fistula Creation	20,200	3	Not applicable	Not applicable	Not applicable
161 7	General Surgery	Surgical	Varicose Veins	Management of Varicose Veins	18,200	3	Not applicable	Not applicable	Not applicable
161 8	General Surgery	Surgical	Management of Varicose Veins	Minor sclerotherapy	5,500	4	Not applicable	Not applicable	Not applicable
161 9	General Surgery	Surgical	Biopsy	Lymph Node	5,500	1	Not applicable	Not applicable	Not applicable
162 0	General Surgery	Surgical	Biopsy	Endometrial Aspiration	3,000	1	Not applicable	Not applicable	Not applicable
162 1	General Surgery	Surgical	Biopsy	Cervix Cancer screening (PAP + Colposcopy)	2,800	1	Not applicable	Not applicable	Not applicable
162 2	General Surgery	Surgical	Biopsy	Cervical (Neck)	1,700	1	Not applicable	Not applicable	Not applicable
162 3	General Surgery	Surgical	Biopsy	Vulval	2,800	1	Not applicable	Not applicable	Not applicable
162 4	General Surgery	Surgical	Stoma Management	Stoma Management follow up of Ileostomy	6,100	NA	Not applicable	Not applicable	Not applicable
162 5	General Surgery	Surgical	Stoma Management	Stoma Management follow up of Colostomy	6,100	NA	Not applicable	Not applicable	Not applicable
162 6	General Surgery	Surgical	Foreign body removal	Foreign body removal	10,200	1	Local Anesthesia / General Anesthesia	None/ "+" 3300	Not applicable
162 7	General Surgery	Surgical	Necrotising fasciitis / Fournier Gangrene	Necrotising fasciitis / Fournier Gangrene	15,500	3	Not applicable	Not applicable	Not applicable
162 8	General Surgery	Surgical	Fournier Gangrene	Fournier Gangrene	11,000	1	Not applicable	Not applicable	Not applicable
162 9	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	27,500	7	Not applicable	Not applicable	Not applicable
163 0	General Surgery	Surgical	Caecopexy	Caecopexy	33,000	3	Not applicable	Not applicable	Not applicable
163 1	General Surgery	Surgical	Repair of renal artery stenosis	Repair of renal artery stenosis	83,600	7	Not applicable	Not applicable	Not applicable

163 2	General Surgery	Surgical	Endoscopic Retrograde Cholangiopancreatography (ERCP)	Endoscopic Retrograde Cholangiopancreatography (ERCP)	27,500	3	Not applicable	Not applicable	ERCP stent - Plastic - 8800 ERCP stent - Metal - 44000
163 3	General Surgery	Surgical	Endoscopic Retrograde Cholangiopancreatography (ERCP)	Basket Stoneworm Extraction	26,300	3	Not applicable	Not applicable	Not applicable
163 4	General Surgery	Surgical	Endoscopic Retrograde Cholangiopancreatography (ERCP)	Sphincterotomy	26,300	3	Not applicable	Not applicable	Not applicable
163 5	General Surgery	Surgical	Endoscopic Retrograde Cholangiopancreatography (ERCP)	Balloon Sweep	32,600	3	Not applicable	Not applicable	Not applicable
163 6	General Surgery	Surgical	Circumcision	Circumcision - Phimosis / Paraphimosis or any other clinical condition	22,000	1	Not applicable	Not applicable	Not applicable
163 7	General Surgery	Surgical	Percutaneous Transhepatic Biliary Drainage (PTBD)	Percutaneous Transhepatic Biliary Drainage (PTBD)	22,200	NA	Not applicable	Not applicable	For PTBD - 33000
163 8	General Surgery	Surgical	Accidental injury with lacerated wound	Accidental injury with lacerated wound	6,900	3	Not applicable	Not applicable	Not applicable
163 9	General Surgery	Surgical	Achalasia Cardia Abdominal, Per Oral Endoscopic Myotomy (Poem)	Achalasia Cardia Abdominal, Per Oral Endoscopic Myotomy (Poem)	10,900	3	Not applicable	Not applicable	Not applicable
164 0	General Surgery	Surgical	Amputation of Penis	Partial	18,000	3	Not applicable	Not applicable	Not applicable
164 1	General Surgery	Surgical	Amputation of Penis	Total	29,100	3	Not applicable	Not applicable	Not applicable
164 2	General Surgery	Surgical	Anal Dilatation	Anal Dilatation	10,000	3	Not applicable	Not applicable	Not applicable
164 3	General Surgery	Surgical	Anorectoplasty	Anorectoplasty	28,000	3	Not applicable	Not applicable	Not applicable
164 4	General Surgery	Surgical	Anterior Cervical Dissectomy	Anterior Cervical Dissectomy	31,300	3	Not applicable	Not applicable	Not applicable
164 5	General Surgery	Surgical	Appendicitis for Conservative Treatment	Appendicitis for Conservative Treatment	14,900	3	Not applicable	Not applicable	Not applicable
164 6	General Surgery	Surgical	Aspiration of Cold Abscess of Lymphnode	Aspiration of Cold Abscess of Lymphnode	3,300	3	Not applicable	Not applicable	Not applicable
164 7	General Surgery	Surgical	Aspiration of Empyema	Aspiration of Empyema	12,400	3	Not applicable	Not applicable	Not applicable
164 8	General Surgery	Surgical	Assisted Small Bowel Resection Lap.	Assisted Small Bowel Resection Lap.	37,900	3	Not applicable	Not applicable	Not applicable
164 9	General Surgery	Surgical	Atresia of Oesophagus and Tracheo Oesophageal Fistula	Atresia of Oesophagus and Tracheo Oesophageal Fistula	17,700	3	Not applicable	Not applicable	Not applicable
165 0	General Surgery	Surgical	AV Shunt For Dialysis	AV Shunt For Dialysis	20,200	1	Not applicable	Not applicable	Not applicable

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165 1	General Surgery	Surgical	Axillary Lymphnode Excision	Axillary Lymphnode Excision	6,900	3	Not applicable	Not applicable	Not applicable
165 2	General Surgery	Surgical	Bakers Cyst Excision	Bakers Cyst Excision	9,100	3	Not applicable	Not applicable	Not applicable
165 3	General Surgery	Surgical	Breast Abscess Drainage	Breast Abscess Drainage	5,700	3	Not applicable	Not applicable	Not applicable
165 4	General Surgery	Surgical	Carbuncle Back	Carbuncle Back	5,800	3	Not applicable	Not applicable	Not applicable
165 5	General Surgery	Surgical	Cavernostomy	Cavernostomy	16,200	3	Not applicable	Not applicable	Not applicable
165 6	General Surgery	Surgical	Cervical Lymphnodes Excision	Cervical Lymphnodes Excision	5,800	7	Not applicable	Not applicable	Not applicable
165 7	General Surgery	Surgical	Choledocho Duodenostomy	Choledocho Duodenostomy	16,500	3	Not applicable	Not applicable	Not applicable
165 8	General Surgery	Surgical	Choledocho Jejunostomy	Open	11,000	3	Not applicable	Not applicable	Not applicable
165 9	General Surgery	Surgical	Coccygeal Teratoma Excision	Coccygeal Teratoma Excision	21,300	3	Not applicable	Not applicable	Not applicable
166 0	General Surgery	Surgical	Colectomy	Sigmoid hemicolectomy	28,300	3	Not applicable	Not applicable	Not applicable
166 1	General Surgery	Surgical	Colectomy	Transverse hemicolectomy	28,300	3	Not applicable	Not applicable	Not applicable
166 2	General Surgery	Surgical	Colocystoplasty	Colocystoplasty	17,000	3	Not applicable	Not applicable	Not applicable
166 3	General Surgery	Surgical	Colonoscopy	Colonoscopy	3,000	3	Not applicable	Not applicable	Not applicable
166 4	General Surgery	Surgical	Colonoscopy	With Biopsy	4,100	3	Not applicable	Not applicable	Not applicable
166 5	General Surgery	Surgical	Colonoscopy	With Injection	4,100	3	Not applicable	Not applicable	Not applicable
166 6	General Surgery	Surgical	Colonoscopy	With Snaring	5,800	3	Not applicable	Not applicable	Not applicable
166 7	General Surgery	Surgical	Commando Operation	Commando Operation	24,100	3	Not applicable	Not applicable	Not applicable
166 8	General Surgery	Surgical	Corn Excision	Corn Excision	2,400	3	Not applicable	Not applicable	Not applicable
166 9	General Surgery	Surgical	Cut Injury	Cut Injury	4,800	3	Local Anesthesia / General Anesthesia	None/ "+" 2100	Not applicable
167 0	General Surgery	Surgical	Cystectomy Total	Cystectomy Total	12,600	3	Not applicable	Not applicable	Not applicable
167 1	General Surgery	Surgical	Cystoscopy	With Bladder Biopsy	4,900	3	Not applicable	Not applicable	Not applicable

167 2	General Surgery	Surgical	Cystoscopy	With Retrograde Catheter Unilateral	7,000	3	Not applicable	Not applicable	Not applicable
167 3	General Surgery	Surgical	Diaphragmatic Eventeration	Diaphragmatic Eventeration	50,700	3	Not applicable	Not applicable	Not applicable
167 4	General Surgery	Surgical	Dorsal Slit and Reduction of Paraphimosis	Dorsal Slit and Reduction of Paraphimosis	2,400	3	Not applicable	Not applicable	Not applicable
167 5	General Surgery	Surgical	Drainage of Abscess	Ischio Rectal Abscess	6,900	3	Not applicable	Not applicable	Not applicable
167 6	General Surgery	Surgical	Drainage of Abscess	Psoas Abscess	5,500	3	Not applicable	Not applicable	Not applicable
167 7	General Surgery	Surgical	Duodenal Jejunostomy	Duodenal Jejunostomy	25,100	3	Not applicable	Not applicable	Not applicable
167 8	General Surgery	Surgical	Endomyocardial Biopsy	Endomyocardial Biopsy	8,900	3	Not applicable	Not applicable	Not applicable
167 9	General Surgery	Surgical	Endoscopic Cyst Aspiration	Endoscopic Cyst Aspiration	24,400	3	Not applicable	Not applicable	Not applicable
168 0	General Surgery	Surgical	Endoscopic Esophageal Sclerotherapy Varies	Subseqent Sitting	1,500	3	Not applicable	Not applicable	Not applicable
168 1	General Surgery	Surgical	Endoscopic Esophageal Sclerotherapy Varies	First Sitting	1,700	3	Not applicable	Not applicable	Not applicable
168 2	General Surgery	Surgical	Endoscopic Repair of Ureterocele	Endoscopic Repair of Ureterocele	12,600	3	Not applicable	Not applicable	Not applicable
168 3	General Surgery	Surgical	Excision of Lingual Thyroid	Excision of Lingual Thyroid	18,400	3	Not applicable	Not applicable	Not applicable
168 4	General Surgery	Surgical	Excision of Moles	Excision of Moles	2,800	3	Not applicable	Not applicable	Not applicable
168 5	General Surgery	Surgical	Excision of Molluscumcontagiosum	Excision of Molluscumcontagiosum	1,800	3	Not applicable	Not applicable	Not applicable
168 6	General Surgery	Surgical	Exploratory Thorocotomy	Exploratory Thorocotomy	36,900	3	Not applicable	Not applicable	Not applicable
168 7	General Surgery	Surgical	Facial Decompression	Facial Decompression	36,200	3	Not applicable	Not applicable	Not applicable
168 8	General Surgery	Surgical	Fibro Lipoma of Right Sided Spermatic with Lord Excision	Fibro Lipoma of Right Sided Spermatic with Lord Excision	3,100	3	Not applicable	Not applicable	Not applicable
168 9	General Surgery	Surgical	Fibroma Excision	Fibroma Excision	14,900	3	Not applicable	Not applicable	Not applicable
169 0	General Surgery	Surgical	Fistula Repair	Fistula Repair	12,400	3	Not applicable	Not applicable	Not applicable
169 1	General Surgery	Surgical	Fistulectomy	Fistulectomy	20,000	3	Not applicable	Not applicable	Not applicable
169 2	General Surgery	Surgical	Flap repair	Flap repair	12,500	1	Not applicable	Not applicable	Not applicable
169 3	General Surgery	Surgical	Ganglion (Dorsum Of Both Wrist) Excision	Ganglion (Dorsum Of Both Wrist) Excision	9,100	3	Not applicable	Not applicable	Not applicable

169 4	General Surgery	Surgical	Gastrostomy Closure	Gastrostomy Closure	17,300	3	Not applicable	Not applicable	Not applicable
169 5	General Surgery	Surgical	Gunshot Injury	Gunshot Injury	45,700	3	Not applicable	Not applicable	Not applicable
169 6	General Surgery	Surgical	Heller'S Operation	Heller'S Operation	33,000	3	Not applicable	Not applicable	Not applicable
169 7	General Surgery	Surgical	Hemi Mandibulectomy	Hemi Mandibulectomy	29,200	3	Not applicable	Not applicable	Not applicable
169 8	General Surgery	Surgical	Hemithyropasty	Hemithyropasty	24,600	3	Not applicable	Not applicable	Not applicable
169 9	General Surgery	Surgical	Hernioplasty	Hernioplasty	14,900	3	Not applicable	Not applicable	Mesh - 30 X 30 - 16500 Mesh - 6 X 3 - Polypropylene - 2200 Mesh - 15 X 15 - 5500
170 0	General Surgery	Surgical	Hernioplasty	Hernioplasty - Inguinal	14,900	3	Not applicable	Not applicable	Mesh - 30 X 30 - 16500 Mesh - 6 X 3 - Polypropylene - 2200 Mesh - 15 X 15 - 5500
170 1	General Surgery	Surgical	Infected Bunion Foot – Excision	Infected Bunion Foot – Excision	9,100	3	Not applicable	Not applicable	Not applicable
170 2	General Surgery	Surgical	Injury of Soft Tissues	Injury of Soft Tissues	500	3	Not applicable	Not applicable	Not applicable
170 3	General Surgery	Surgical	Isthmectomy	Isthmectomy	8,100	3	Not applicable	Not applicable	Not applicable
170 4	General Surgery	Surgical	Pancreatic Necrosectomy	Lap.	66,000	3	Not applicable	Not applicable	Not applicable
170 5	General Surgery	Surgical	Laparoscopic varicocelelectomy	Laparoscopic varicocelelectomy	16,900	3	Not applicable	Not applicable	Not applicable
170 6	General Surgery	Surgical	Laparotomy	Laparotomy, peritoneal lavage & drainage	16,100	5	Not applicable	Not applicable	Not applicable
170 7	General Surgery	Surgical	Laparotomy	Laparotomy & reduction of Intussusception	24,600	3	Not applicable	Not applicable	Not applicable
170 8	General Surgery	Surgical	Laryngopharyngectomy	Laryngopharyngectomy	25,000	3	Not applicable	Not applicable	Not applicable
170 9	General Surgery	Surgical	Lateral Pancreaticojejunostomy	Lateral Pancreatico jejunostomy	27,500	3	Not applicable	Not applicable	Not applicable
171 0	General Surgery	Surgical	Malrotation of Intestines Operation	Malrotation of Intestines Operation	41,000	3	Not applicable	Not applicable	Not applicable
171 1	General Surgery	Surgical	Oesophageal Intubation (Mausseau Barbin Tube)	Oesophageal Intubation (Mausseau Barbin Tube)	9,700	3	Not applicable	Not applicable	Not applicable

171 2	General Surgery	Surgical	Operations for Hydronephrosis Endopyelotomy Retrograde	Operations for Hydronephrosis Endopyelotomy Retrograde	31,300	3	Not applicable	Not applicable	Not applicable
171 3	General Surgery	Surgical	Pancreatectomy	Distal Pancreatectomy	79,800	3	Not applicable	Not applicable	Not applicable
171 4	General Surgery	Surgical	Pancreatectomy	Pancreatectomy	91,800	3	Not applicable	Not applicable	Not applicable
171 5	General Surgery	Surgical	Pancreatectomy	Pancreatectomy Central	71,300	3	Not applicable	Not applicable	Not applicable
171 6	General Surgery	Surgical	Pancreatic Ring Operation	Pancreatic Ring Operation	64,000	3	Not applicable	Not applicable	Not applicable
171 7	General Surgery	Surgical	Papilloma Rectum Excision	Papilloma Rectum Excision	10,600	1	Not applicable	Not applicable	Not applicable
171 8	General Surgery	Surgical	Parathyroidectomy	Parathyroidectomy	35,600	4	Not applicable	Not applicable	Not applicable
171 9	General Surgery	Surgical	Parotid Tumour Excision	Parotid Tumour Excision	28,000	3	Not applicable	Not applicable	Not applicable
172 0	General Surgery	Surgical	Phimosis Under LA	Phimosis Under LA	5,600	3	Not applicable	Not applicable	Not applicable
172 1	General Surgery	Surgical	Phytomatous Growth In The Scalp – Excision	Phytomatous Growth In The Scalp – Excision	37,800	3	Not applicable	Not applicable	Not applicable
172 2	General Surgery	Surgical	Prolapse of Rectal Mass	Prolapse of Rectal Mass	17,100	2	Not applicable	Not applicable	Not applicable
172 3	General Surgery	Surgical	Rectal biopsy	Rectal biopsy	17,300	3	Not applicable	Not applicable	Not applicable
172 4	General Surgery	Surgical	Rectopexy	Open	24,800	3	Not applicable	Not applicable	Not applicable
172 5	General Surgery	Surgical	Rectopexy	Laparoscopic	24,800	3	Not applicable	Not applicable	Not applicable
172 6	General Surgery	Surgical	Renal Calculi With UTI	Renal Calculi With UTI	25,200	3	Not applicable	Not applicable	Not applicable
172 7	General Surgery	Surgical	Sarcoma excision	Sarcoma excision	14,200	3	Not applicable	Not applicable	Not applicable
172 8	General Surgery	Surgical	Scrotal abscess drainage	Scrotal abscess drainage	3,000	3	Not applicable	Not applicable	Not applicable
172 9	General Surgery	Surgical	Sphincterotomy	Sphincterotomy	16,200	3	Not applicable	Not applicable	Not applicable
173 0	General Surgery	Surgical	Spindle Cell Tumor – Excision	Spindle Cell Tumor – Excision	8,100	3	Not applicable	Not applicable	Not applicable
173 1	General Surgery	Surgical	Splenorenal Shunt	Splenorenal Shunt	25,300	3	Not applicable	Not applicable	Not applicable
173 2	General Surgery	Surgical	Swelling Over Scapular Region	Swelling Over Scapular Region	13,900	3	Not applicable	Not applicable	Not applicable

173 3	General Surgery	Surgical	Syndactyly of Hand for Each Hand	Syndactyly of Hand for Each Hand	17,300	3	Not applicable	Not applicable	Not applicable
173 4	General Surgery	Surgical	Thyroid Adenoma Resection	Thyroid Adenoma Resection	28,000	3	Not applicable	Not applicable	Not applicable
173 5	General Surgery	Surgical	Thyroplasty	Thyroplasty	24,600	3	Not applicable	Not applicable	Not applicable
173 6	General Surgery	Surgical	Tracheoplasty (Throat)	Tracheoplasty (Throat)	17,000	3	Not applicable	Not applicable	Not applicable
173 7	General Surgery	Surgical	Upper GI endoscopy	Upper GI endoscopy	1,700	3	Not applicable	Not applicable	Not applicable
173 8	General Surgery	Surgical	Upper GI endoscopy	With Biopsy	2,400	3	Not applicable	Not applicable	Not applicable
173 9	General Surgery	Surgical	Upper GI endoscopy	With Injection	5,800	3	Not applicable	Not applicable	Not applicable
174 0	General Surgery	Surgical	Upper GI endoscopy	With Sclerotherapy	7,600	3	Not applicable	Not applicable	Not applicable
174 1	General Surgery	Surgical	Upper GI endoscopy	With Banding	8,000	3	Not applicable	Not applicable	Not applicable
174 2	General Surgery	Surgical	Upper GI endoscopy	With Foreign Body Removal	12,400	3	Not applicable	Not applicable	Not applicable
174 3	General Surgery	Surgical	Upper GI endoscopy	With NG Tube Placement	12,400	3	Not applicable	Not applicable	Not applicable
174 4	General Surgery	Surgical	Upper GI endoscopy	With Oesophageal Dilatation (Savary)	12,400	3	Not applicable	Not applicable	Not applicable
174 5	General Surgery	Surgical	Vasectomy	Vasectomy	2,800	3	Not applicable	Not applicable	Not applicable
174 6	General Surgery	Surgical	Warren's Shunt	Warren's Shunt	22,900	3	Not applicable	Not applicable	Not applicable
174 7	General Surgery	Surgical	PVD With LF Lower Digital Gangrene	PVD With LF Lower Digital Gangrene	11,000	3	Not applicable	Not applicable	Not applicable
174 8	Otorhinolaryngo logy	Surgical	Pinna surgery for tumour / trauma	Pinna surgery for tumour	9,500	2	Not applicable	Not applicable	Not applicable
174 9	Otorhinolaryngo logy	Surgical	Pinna surgery for tumour / trauma	Pinna surgery for trauma	9,500	2	Not applicable	Not applicable	Not applicable
175 0	Otorhinolaryngo logy	Surgical	Tympanoplasty	Tympanoplasty	18,600	3	Not applicable	Not applicable	Partial Ossicular Replacement Prosthesis - Indian Titanium - 7700 Total Ossicular Replacement Prosthesis - Indian Titanium - 7700

175 1	Otorhinolaryngo logy	Surgical	Stapedectomy / Tympanotomy	Stapedectomy	19,800	3	Not applicable	Not applicable	Piston for Stapedectomy / Tympanotomy - 5500
175 2	Otorhinolaryngo logy	Surgical	Stapedectomy / Tympanotomy	Tympanotomy	19,800	3	Not applicable	Not applicable	Piston for Stapedectomy / Tympanotomy - 5500
175 3	Otorhinolaryngo logy	Surgical	Mastoidectomy	Simple	30,800	2	Not applicable	Not applicable	Not applicable
175 4	Otorhinolaryngo logy	Surgical	Mastoidectomy	Radical	30,800	2	Not applicable	Not applicable	Not applicable
175 5	Otorhinolaryngo logy	Surgical	Myringotomy with or without Grommet	Myringotomy with or without Grommet	8,400	2	Local Anesthesia / General Anesthesia	None/ "+" 5500	Not applicable
175 6	Otorhinolaryngo logy	Surgical	Myringotomy with or without Grommet	Bilateral	8,400	4	Local Anesthesia / General Anesthesia	5500/ 11000	Not applicable
175 7	Otorhinolaryngo logy	Surgical	Endoscopic DCR	Endoscopic DCR	22,000	1	Not applicable	Not applicable	Not applicable
175 8	Otorhinolaryngo logy	Surgical	Epistaxis treatment - packing	Epistaxis treatment - packing	-	NA	Routine Ward	1800	Not applicable
175 9	Otorhinolaryngo logy	Surgical	Functional septo rhinoplasty	Functional septo rhinoplasty	24,000	2	Not applicable	Not applicable	Not applicable
176 0	Otorhinolaryngo logy	Surgical	Septoplasty	Septoplasty	16,800	1	Local Anesthesia / General Anesthesia	None/ "+" 6600	Not applicable
176 1	Otorhinolaryngo logy	Surgical	Fracture - Setting Nasal Bone	Fracture - Setting Nasal Bone	10,000	1	Local Anesthesia / General Anesthesia	None/ "+" 4400	Not applicable
176 2	Otorhinolaryngo logy	Surgical	Inferior turbinate reduction under GA	Inferior turbinate reduction under GA	6,300	1	Not applicable	Not applicable	Not applicable
176 3	Otorhinolaryngo logy	Surgical	Open sinus surgery	Open sinus surgery	16,500	2	Not applicable	Not applicable	Not applicable
176 4	Otorhinolaryngo logy	Surgical	Functional Endoscopic Sinus (FESS)	Functional Endoscopic Sinus (FESS)	26,300	1	Not applicable	Not applicable	Not applicable
176 5	Otorhinolaryngo logy	Surgical	Ant. Ethmoidal / sphenopalatine artery ligation	Anterior Ethmoidal Artery Ligation - Open	28,100	3	Not applicable	Not applicable	Not applicable
176 6	Otorhinolaryngo logy	Surgical	Ant. Ethmoidal / sphenopalatine artery ligation	Anterior Ethmoidal Artery Ligation - Endoscopic	28,100	3	Not applicable	Not applicable	Not applicable
176 7	Otorhinolaryngo logy	Surgical	Ant. Ethmoidal / sphenopalatine artery ligation	Sphenopalatine artery ligation - Open	28,100	3	Not applicable	Not applicable	Not applicable

1768	Otorhinolaryngology	Surgical	Ant. Ethmoidal / sphenopalatine artery ligation	Sphenopalatine artery ligation - Endoscopic	28,100	3	Not applicable	Not applicable	Not applicable
1769	Otorhinolaryngology	Surgical	Adenoidectomy	Adenoidectomy	11,900	1	Not applicable	Not applicable	Not applicable
1770	Otorhinolaryngology	Surgical	Tonsillectomy	Tonsillectomy	13,100	1	Not applicable	Not applicable	Not applicable
1771	Otorhinolaryngology	Surgical	Tonsillectomy	Tonsillectomy - B/L adenotonsillectomy	13,400	4	Not applicable	Not applicable	Not applicable
1772	Otorhinolaryngology	Surgical	Peritonsillar abscess drainage / intraoral calculus removal	Peritonsillar abscess drainage under LA	8,200	NA	Not applicable	Not applicable	Not applicable
1773	Otorhinolaryngology	Surgical	Peritonsillar abscess drainage / intraoral calculus removal	Intraoral calculus removal	8,200	NA	Not applicable	Not applicable	Not applicable
1774	Otorhinolaryngology	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Thyroglossal Cyst Excision	22,000	2	Not applicable	Not applicable	Not applicable
1775	Otorhinolaryngology	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Thyroglossal Sinus Excision	22,000	2	Not applicable	Not applicable	Not applicable
1776	Otorhinolaryngology	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Thyroglossal Fistula Excision	22,000	2	Not applicable	Not applicable	Not applicable
1777	Otorhinolaryngology	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Branchial Sinus Excision	22,000	3	Not applicable	Not applicable	Not applicable
1778	Otorhinolaryngology	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Branchial Fistula Excision	22,000	3	Not applicable	Not applicable	Not applicable
1779	Otorhinolaryngology	Surgical	Thyroglossal or Branchial Cyst/ Sinus/ Fistula - Excision	Branchial Cyst Excision	17,800	3	Not applicable	Not applicable	Not applicable
1780	Otorhinolaryngology	Surgical	Uvulopalatopharyngoplasty (UPPP)	Uvulopalatopharyngoplasty (UPPP)	33,200	2	Not applicable	Not applicable	Not applicable
1781	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	13,800	5	Not applicable	Not applicable	Not applicable
1782	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	50,300	6	Not applicable	Not applicable	Not applicable
1783	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	34,400	7	Not applicable	Not applicable	Not applicable
1784	Otorhinolaryngology	Surgical	Parotidectomy	Total	35,700	2	Not applicable	Not applicable	Not applicable
1785	Otorhinolaryngology	Surgical	Parotidectomy	Superficial Parotidectomy	36,900	3	Not applicable	Not applicable	Not applicable
1786	Otorhinolaryngology	Surgical	Parotidectomy	Radical	36,900	5	Not applicable	Not applicable	Not applicable

1787	Otorhinolaryngology	Surgical	Parotidectomy	Conservative	31,000	5	Not applicable	Not applicable	Not applicable
1788	Otorhinolaryngology	Surgical	Removal of Submandibular Salivary Gland/ Lymph Node/ Ranula	Removal of Submandibular Salivary Gland	31,900	3	Local Anesthesia / General Anesthesia	None/ "+" 6600	Not applicable
1789	Otorhinolaryngology	Surgical	Removal of Submandibular Salivary Gland/ Lymph Node/ Ranula	Removal of Ranula	31,900	3	Local Anesthesia / General Anesthesia	None/ "+" 6600	Not applicable
1790	Otorhinolaryngology	Surgical	Removal of Submandibular Salivary Gland/ Lymph Node/ Ranula	Removal of Submandibular Lymph Node	23,800	3	Local Anesthesia / General Anesthesia	None/ "+" 6600	Not applicable
1791	Otorhinolaryngology	Surgical	Rigid laryngoscopy / bronchoscopy / oesophagoscopy - Diagnostic + / - biopsy	Rigid laryngoscopy - Diagnostic + / - biopsy	7,700	1	Local Anesthesia / General Anesthesia	None/ "+" 5500	Not applicable
1792	Otorhinolaryngology	Surgical	Rigid laryngoscopy / bronchoscopy / oesophagoscopy - Diagnostic + / - biopsy	Rigid bronchoscopy - Diagnostic + / - biopsy	7,700	1	Local Anesthesia / General Anesthesia	None/ "+" 5500	Not applicable
1793	Otorhinolaryngology	Surgical	Rigid laryngoscopy / bronchoscopy / oesophagoscopy - Diagnostic + / - biopsy	Rigid oesophagoscopy - Diagnostic + / - biopsy	7,700	1	Local Anesthesia / General Anesthesia	None/ "+" 5500	Not applicable
1794	Otorhinolaryngology	Surgical	Microlaryngeal surgery with or without laser	Microlaryngeal surgery with or without laser	18,700	2	Not applicable	Not applicable	Not applicable
1795	Otorhinolaryngology	Surgical	Open laryngeal framework surgery / Thyroplasty	Open laryngeal framework surgery / Thyroplasty	5,500	1	Not applicable	Not applicable	Implant for Open laryngeal framework surgery / Thyroplasty (Keel / Stent) - 16500
1796	Otorhinolaryngology	Surgical	Tracheostomy / Tracheotomy	Tracheostomy	30,800	NA	Local Anesthesia / General Anesthesia	None/ "+" 4400	Not applicable
1797	Otorhinolaryngology	Surgical	Tracheostomy / Tracheotomy	Tracheotomy	30,800	NA	Local Anesthesia / General Anesthesia	None/ "+" 4400	Not applicable
1798	Otorhinolaryngology	Surgical	Neck dissection	Selective Benign neck tumour excision	25,900	3	Not applicable	Not applicable	Not applicable
1799	Otorhinolaryngology	Surgical	Neck dissection	Comprehensive Benign neck tumour excision	25,900	3	Not applicable	Not applicable	Not applicable

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1800	Otorhinolaryngology	Surgical	Neck dissection	Selective Pharyngeal diverticulum excision	25,900	3	Not applicable	Not applicable	Not applicable
1801	Otorhinolaryngology	Surgical	Neck dissection	Comprehensive Pharyngeal diverticulum excision	25,900	3	Not applicable	Not applicable	Not applicable
1802	Otorhinolaryngology	Surgical	Deep neck abscess drainage/ Post trauma neck exploration	Deep neck abscess drainage	18,500	2	Not applicable	Not applicable	Not applicable
1803	Otorhinolaryngology	Surgical	Deep neck abscess drainage/ Post trauma neck exploration	Post trauma neck exploration	23,100	2	Not applicable	Not applicable	Not applicable
1804	Otorhinolaryngology	Surgical	Anterior skull base surgery	Endoscopic CSF Rhinorrhea Repair	52,300	6	Not applicable	Not applicable	Fibrin Glue - 9900
1805	Otorhinolaryngology	Surgical	Anterior skull base surgery	Optic nerve decompression	40,500	2	Not applicable	Not applicable	Fibrin Glue - 9900
1806	Otorhinolaryngology	Surgical	Anterior skull base surgery	Orbital decompression	40,500	2	Not applicable	Not applicable	Fibrin Glue - 9900
1807	Otorhinolaryngology	Surgical	Anterior skull base surgery	Craniofacial Resection	40,500	2	Not applicable	Not applicable	Fibrin Glue - 9900
1808	Otorhinolaryngology	Surgical	Anterior skull base surgery	Maxillary swing	35,100	6	Not applicable	Not applicable	Fibrin Glue - 9900
1809	Otorhinolaryngology	Surgical	Advanced anterior skull base surgery	Endoscopic Hypophysectomy	54,800	2	Not applicable	Not applicable	Fibrin Glue - 9900
1810	Otorhinolaryngology	Surgical	Advanced anterior skull base surgery	Clival tumour excision	54,800	7	Not applicable	Not applicable	Fibrin Glue - 9900
1811	Otorhinolaryngology	Surgical	Lateral skull base procedures	Subtotal petrosectomy	34,000	2	Not applicable	Not applicable	Fibrin Glue - 9900
1812	Otorhinolaryngology	Surgical	Lateral skull base procedures	Post-traumatic facial nerve decompression	34,000	2	Not applicable	Not applicable	Fibrin Glue - 9900
1813	Otorhinolaryngology	Surgical	Lateral skull base procedures	CSF Otorrhoea repair	34,000	2	Not applicable	Not applicable	Fibrin Glue - 9900
1814	Otorhinolaryngology	Surgical	Advanced lateral skull base surgery	Fisch approach	54,900	2	Not applicable	Not applicable	Fibrin Glue - 9900
1815	Otorhinolaryngology	Surgical	Advanced lateral skull base surgery	Translabyrinthine approach	54,900	2	Not applicable	Not applicable	Fibrin Glue - 9900
1816	Otorhinolaryngology	Surgical	Advanced lateral skull base surgery	Transcochlear approach	54,900	2	Not applicable	Not applicable	Fibrin Glue - 9900
1817	Otorhinolaryngology	Surgical	Advanced lateral skull base surgery	Temporal Bone resection	54,900	2	Not applicable	Not applicable	Fibrin Glue - 9900
1818	Otorhinolaryngology	Surgical	Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma	Closed reduction for fracture of maxilla	12,400	2	Not applicable	Not applicable	Not applicable
1819	Otorhinolaryngology	Surgical	Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma	Closed reduction for fracture of mandible	20,400	2	Not applicable	Not applicable	Not applicable

1820	Otorhinolaryngology	Surgical	Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma	Closed reduction for fracture of zygoma	20,400	2	Not applicable	Not applicable	Not applicable
1821	Otorhinolaryngology	Surgical	Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma	Closed reduction and Intermaxillary fixation for fracture of mandible	20,400	2	Not applicable	Not applicable	Not applicable
1822	Otorhinolaryngology	Surgical	Open reduction and internal fixation of maxilla / mandible / zygoma	Open reduction and internal fixation of maxilla	15,400	2	Single/ Multiple	None/ "+" 7700	Implant for Open reduction and internal fixation of maxilla / mandible / zygoma/Orbital fracture (Plates / Screws) - 4400
1823	Otorhinolaryngology	Surgical	Open reduction and internal fixation of maxilla / mandible / zygoma	Open reduction and internal fixation of mandible	15,400	2	Single/ Multiple	None/ "+" 7700	Implant for Open reduction and internal fixation of maxilla / mandible / zygoma/Orbital fracture (Plates / Screws) - 4400
1824	Otorhinolaryngology	Surgical	Open reduction and internal fixation of maxilla / mandible / zygoma	Open reduction and internal fixation of zygoma	15,400	2	Single/ Multiple	None/ "+" 7700	Implant for Open reduction and internal fixation of maxilla / mandible / zygoma/Orbital fracture (Plates / Screws) - 4400
1825	Otorhinolaryngology	Surgical	Clinic based therapeutic interventions of ENT	Turbinate reduction	1,300	NA	Not applicable	Not applicable	Not applicable
1826	Otorhinolaryngology	Surgical	Clinic based therapeutic interventions of ENT	Biopsy	1,300	NA	Not applicable	Not applicable	Not applicable
1827	Otorhinolaryngology	Surgical	Clinic based therapeutic interventions of ENT	Intratympanic injections	1,300	NA	Not applicable	Not applicable	Not applicable
1828	Otorhinolaryngology	Surgical	Clinic based therapeutic interventions of ENT	Wide bore aspiration	1,300	NA	Not applicable	Not applicable	Not applicable
1829	Otorhinolaryngology	Surgical	Clinic based therapeutic interventions of ENT	Biopsy	2,200	NA	Local Anesthesia / General Anesthesia	None/ "+" 5500	Not applicable
1830	Otorhinolaryngology	Surgical	Cochlear Implant Surgery	Cochlear Implant Surgery	1,78,800	4	Not applicable	Not applicable	Not applicable

183 1	Otorhinolaryngo logy	Surgical	Abbe Operation	Abbe Operation	15,200	2	Not applicable	Not applicable	Not applicable
183 2	Otorhinolaryngo logy	Surgical	Adeno Tonsillectomy	Adeno Tonsillectomy	21,700	1	Not applicable	Not applicable	Not applicable
183 3	Otorhinolaryngo logy	Surgical	Adeno Tonsillectomy	Adeno Tonsillectomy with Aural Polypectomy	27,800	1	Not applicable	Not applicable	Not applicable
183 4	Otorhinolaryngo logy	Surgical	Arytenoidectomy	Arytenoidectomy	17,000	2	Not applicable	Not applicable	Not applicable
183 5	Otorhinolaryngo logy	Surgical	Bronchoscopy	Flexible	4,300	1	Not applicable	Not applicable	Not applicable
183 6	Otorhinolaryngo logy	Surgical	Bronchoscopy	Rigid	6,900	3	Not applicable	Not applicable	Not applicable
183 7	Otorhinolaryngo logy	Surgical	Caldwell-Luc Surgery	Caldwell-Luc Surgery	20,300	2	Not applicable	Not applicable	Not applicable
183 8	Otorhinolaryngo logy	Surgical	Decompression Sac	Decompression Sac	30,100	2	Not applicable	Not applicable	Not applicable
183 9	Otorhinolaryngo logy	Surgical	Diagnostic Nasal Endoscopy	Diagnostic Nasal Endoscopy	2,700	1	Not applicable	Not applicable	Not applicable
184 0	Otorhinolaryngo logy	Surgical	Excision of CA Cheek Oral Cavity - Radial forearm Flap	Excision of CA Cheek Oral Cavity - Radial forearm Flap	1,40,0 00	4	Not applicable	Not applicable	Not applicable
184 1	Otorhinolaryngo logy	Surgical	Excision of Growth Jaw (Free/ Fibular) - Flap Reconstruction	Excision of Growth Jaw (Free/ Fibular) - Flap Reconstruction	1,40,0 00	4	Not applicable	Not applicable	Not applicable
184 2	Otorhinolaryngo logy	Surgical	Excision of Pinna for Growth (Squamous/Basal/ Injuries)	Skin and Cartilage	9,500	NA	Not applicable	Not applicable	Not applicable
184 3	Otorhinolaryngo logy	Surgical	Excision of Pinna for Growth (Squamous/Basal/ Injuries)	Total amputation	7,200	3	Not applicable	Not applicable	Not applicable
184 4	Otorhinolaryngo logy	Surgical	Excision of Pinna for Growth (Squamous/Basal/ Injuries)	Total amputation and excision of external auditory meatus	9,500	3	Not applicable	Not applicable	Not applicable
184 5	Otorhinolaryngo logy	Surgical	Excision of Pinna for Growth (Squamous/Basal/ Injuries)	Skin only	2,800	NA	Not applicable	Not applicable	Not applicable
184 6	Otorhinolaryngo logy	Surgical	Fenestration	Fenestration	8,100	2	Not applicable	Not applicable	Not applicable
184 7	Otorhinolaryngo logy	Surgical	Fibre Optic Laryngoscopy	Fibre Optic Laryngoscopy	5,500	NA	Not applicable	Not applicable	Not applicable
184 8	Otorhinolaryngo logy	Surgical	Fracture Reduction Nose with Septal Correction	Fracture Reduction Nose with Septal Correction	10,000	1	Not applicable	Not applicable	Not applicable
184 9	Otorhinolaryngo logy	Surgical	Fracture Setting Maxilla	Fracture Setting Maxilla	18,700	2	Not applicable	Not applicable	Not applicable
185 0	Otorhinolaryngo logy	Surgical	Hemi Mandibulectomy	Hemi Mandibulectomy with Graft	51,300	3	Not applicable	Not applicable	Not applicable
185 1	Otorhinolaryngo logy	Surgical	Labyrinthectomy	Labyrinthectomy	43,900	2	Not applicable	Not applicable	Not applicable

185 2	Otorhinolaryngo logy	Surgical	Laryngofissure	Laryngofissure	30,600	2	Not applicable	Not applicable	Not applicable
185 3	Otorhinolaryngo logy	Surgical	Nasal Packing	Nasal Packing with Catheter/ sponge	1,400	1	Not applicable	Not applicable	Not applicable
185 4	Otorhinolaryngo logy	Surgical	Nasal Packing	Nasal Packing	800	1	Not applicable	Not applicable	Not applicable
185 5	Otorhinolaryngo logy	Surgical	Otomastoiditis	Otomastoiditis	34,000	NA	Not applicable	Not applicable	Not applicable
185 6	Otorhinolaryngo logy	Surgical	Packing/ Dressing of Ear	Packing/ Dressing of Ear	300	NA	Not applicable	Not applicable	Not applicable
185 7	Otorhinolaryngo logy	Surgical	Parapharyngeal - Exploration	Parapharyngeal - Exploration	30,000	2	Not applicable	Not applicable	Not applicable
185 8	Otorhinolaryngo logy	Surgical	Parapharyngeal Abscess - Drainage	Parapharyngeal Abscess - Drainage	17,000	2	Not applicable	Not applicable	Not applicable
185 9	Otorhinolaryngo logy	Surgical	Phono Surgery for Vocal Cord Paralysis	Phono Surgery for Vocal Cord Paralysis	32,000	5	Not applicable	Not applicable	Not applicable
186 0	Otorhinolaryngo logy	Surgical	Preauricular Sinus	Preauricular Sinus	9,100	2	Not applicable	Not applicable	Not applicable
186 1	Otorhinolaryngo logy	Surgical	Release of Tongue Tie	Release of Tongue Tie	5,900	NA	Not applicable	Not applicable	Not applicable
186 2	Otorhinolaryngo logy	Surgical	Release of Tongue Tie	Release of Tongue Tie Complicated	6,200	1	Not applicable	Not applicable	Not applicable
186 3	Otorhinolaryngo logy	Surgical	Repair of Parotid Duct	Repair of Parotid Duct	10,100	5	Not applicable	Not applicable	Not applicable
186 4	Otorhinolaryngo logy	Surgical	Rigid Direct Laryngoscopy	Rigid Direct Laryngoscopy	6,400	1	Not applicable	Not applicable	Not applicable
186 5	Otorhinolaryngo logy	Surgical	Septorhinoplasty	Septorhinoplasty	27,200	2	Not applicable	Not applicable	Not applicable
186 6	Otorhinolaryngo logy	Surgical	Sinus Antroscopy	Sinus Antroscopy	5,800	1	Not applicable	Not applicable	Not applicable
186 7	Otorhinolaryngo logy	Surgical	Styloidectomy	Styloidectomy	9,200	3	Not applicable	Not applicable	Not applicable
186 8	Otorhinolaryngo logy	Surgical	Submucos Resection	Submucos Resection	12,400	1	Not applicable	Not applicable	Not applicable
186 9	Otorhinolaryngo logy	Surgical	Syringing of Ear	Syringing of Ear	400	NA	Not applicable	Not applicable	Not applicable
187 0	Otorhinolaryngo logy	Surgical	Turbinectomy - Partial	Turbinectomy - Partial	7,500	1	Not applicable	Not applicable	Not applicable
187 1	Oral & Maxillofacial Surgery	Surgical	Extraction of impacted tooth	Extraction of impacted tooth - Under LA	2,700	1	Not applicable	Not applicable	Not applicable
187 2	Oral & Maxillofacial Surgery	Surgical	Extraction of impacted tooth	Extraction of impacted molar - Under LA	3,400	1	Not applicable	Not applicable	Not applicable

1873	Oral & Maxillofacial Surgery	Surgical	Sequestrectomy	Sequestrectomy	2,200	7	Not applicable	Not applicable	Not applicable
1874	Oral & Maxillofacial Surgery	Surgical	Sequestrectomy Debridement	Osteomyelitis-Chronic	4,200	4	Not applicable	Not applicable	Not applicable
1875	Oral & Maxillofacial Surgery	Surgical	TM Joint ankylosis of both jaws	TM Joint ankylosis of both jaws - Under GA	25,000	2	Not applicable	Not applicable	Not applicable
1876	Oral & Maxillofacial Surgery	Surgical	TM joint ankylosis of both jaws - under GA	TM joint ankylosis of both jaws - under GA (Bilateral) - (Covering Reconstruction)	34,400	4	Not applicable	Not applicable	Not applicable
1877	Oral & Maxillofacial Surgery	Surgical	Fixation of Fracture of Jaw	Closed reduction of 1 jaw under LA	18,500	1	Not applicable	Not applicable	Not applicable
1878	Oral & Maxillofacial Surgery	Surgical	Fixation of Fracture of Jaw	Open reduction of 1 jaw and fixing of plates / wire under GA	18,500	2	Not applicable	Not applicable	Not applicable
1879	Oral & Maxillofacial Surgery	Surgical	Surgery for Cyst & Tumour	Enucleation / Excision / Marsupialization for Cyst & Tumour of Maxilla - Under LA	11,600	1	Not applicable	Not applicable	Not applicable
1880	Oral & Maxillofacial Surgery	Surgical	Surgery for Cyst & Tumour	Enucleation / Excision / Marsupialization for Cyst & Tumour of Mandible - Under LA	11,600	1	Not applicable	Not applicable	Not applicable
1881	Oral & Maxillofacial Surgery	Surgical	Mandible tumour resection and reconstruction / Cancer surgery	Mandible tumour resection and reconstruction / Cancer surgery	15,600	2	Not applicable	Not applicable	Not applicable
1882	Oral & Maxillofacial Surgery	Surgical	Release of fibrous bands	Grafting in OSMF treatment - Under GA	8,000	2	Not applicable	Not applicable	Not applicable
1883	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	20,700	4	Not applicable	Not applicable	Not applicable
1884	Oral & Maxillofacial Surgery	Surgical	Apicoectomy (A) Tooth	Apicoectomy (A) Tooth	1,700	NA	Not applicable	Not applicable	Not applicable
1885	Oral & Maxillofacial Surgery	Surgical	Correction of oro-antral communication	Correction of oro-antral communication	7,700	NA	Local Anesthesia / General Anesthesia	None/ "+" 5500	Not applicable
1886	Oral & Maxillofacial Surgery	Surgical	Submandibular sialolithotomy	Intraoral submandibular sialolithotomy soft tissue	7,700	NA	Local Anesthesia	None/ "+" 3300	Not applicable

							/ General Anesthesia		
1887	Oral & Maxillofacial Surgery	Surgical	Submandibular sialolithotomy	Intraoral submandibular sialolithotomy hard tissue	6,600	NA	Local Anesthesia / General Anesthesia	None/ "+" 3300	Not applicable
1888	Oral & Maxillofacial Surgery	Surgical	Submandibular sialolithotomy	Extra oral submandibular sialolithotomy	9,900	NA	Local Anesthesia / General Anesthesia	None/ "+" 3300	Not applicable
1889	Oral & Maxillofacial Surgery	Surgical	Dentoalveolar trauma - wiring	Dentoalveolar trauma - wiring	3,300	NA	Not applicable	Not applicable	Not applicable
1890	Oral & Maxillofacial Surgery	Surgical	Parotid sialolithotomy	Extraoral parotid sialolithotomy	12,100	2	Local Anesthesia / General Anesthesia	None/ "+" 3300	Not applicable
1891	Oral & Maxillofacial Surgery	Surgical	Parotid sialolithotomy	Intraoral parotid sialolithotomy	12,100	2	Local Anesthesia / General Anesthesia	None/ "+" 3300	Not applicable
1892	Oral & Maxillofacial Surgery	Surgical	Re-implantation of avulsed tooth with wiring	Re-implantation of avulsed tooth with wiring	1,700	NA	Not applicable	Not applicable	Implant for Open reduction and internal fixation of maxilla / mandible / zygoma/Orbital fracture (Plates / Screws) - 4400
1893	Oral & Maxillofacial Surgery	Surgical	Osteoradionecrosis management by excision	Osteoradionecrosis management by excision	6,900	1	Local Anesthesia / General Anesthesia	None/ "+" 4400	Not applicable
1894	Oral & Maxillofacial Surgery	Surgical	Osteoradionecrosis management by excision	Osteoradionecrosis of Jaws management by excision and / or reconstruction under GA + Implant : 12000 +Implant	16,500	4	Not applicable	Not applicable	Not applicable
1895	Oral & Maxillofacial Surgery	Surgical	Apisectomy - Under LA	Apisectomy - Under LA	2,000	1	Not applicable	Not applicable	Not applicable
1896	Oral & Maxillofacial Surgery	Surgical	Complicated extraction - Under LA	Complicated extraction - Under LA	1,800	1	Not applicable	Not applicable	Not applicable

1897	Oral & Maxillofacial Surgery	Surgical	Cyst excision - Under LA	Cyst excision - Under LA	2,500	1	Not applicable	Not applicable	Not applicable
1898	Oral & Maxillofacial Surgery	Surgical	Dental apical abscess	Dental apical abscess	1,000	NA	Not applicable	Not applicable	Not applicable
1899	Oral & Maxillofacial Surgery	Surgical	Flap Operation	Per Tooth	800	NA	Not applicable	Not applicable	Not applicable
1900	Oral & Maxillofacial Surgery	Surgical	Fracture Wiring - Under LA	Fracture Wiring - Under LA	10,000	1	Not applicable	Not applicable	Not applicable
1901	Oral & Maxillofacial Surgery	Surgical	Gingivectomy	Per Tooth	500	NA	Not applicable	Not applicable	Not applicable
1902	Oral & Maxillofacial Surgery	Surgical	Leiomyosarcoma right maxilla	Leiomyosarcoma right maxilla	52,500	NA	Not applicable	Not applicable	Not applicable
1903	Oral & Maxillofacial Surgery	Surgical	Metal Capping	Subsequent to acrylic facing for anterior root canal	2,000	NA	Not applicable	Not applicable	Not applicable
1904	Oral & Maxillofacial Surgery	Surgical	Metal Capping	Subsequent to ceramic facing for anterior root canal	3,000	NA	Not applicable	Not applicable	Not applicable
1905	Oral & Maxillofacial Surgery	Surgical	Metal Capping	Subsequent to posterior root canal	1,500	NA	Not applicable	Not applicable	Not applicable
1906	Oral & Maxillofacial Surgery	Surgical	Root canal treatment	Anterior	500	NA	Not applicable	Not applicable	Not applicable
1907	Oral & Maxillofacial Surgery	Surgical	Root canal treatment	Posterior	900	NA	Not applicable	Not applicable	Not applicable
1908	Oral & Maxillofacial Surgery	Surgical	Splinting of tooth	Splinting of tooth	900	NA	Not applicable	Not applicable	Not applicable
1909	Oral & Maxillofacial Surgery	Surgical	Tumour excision	Tumour excision	20,000	2	Not applicable	Not applicable	Not applicable
1910	Oral & Maxillofacial Surgery	Surgical	Vestibuloplasty – Maxilla - Under GA	Vestibuloplasty – Maxilla - Under GA	30,000	3	Not applicable	Not applicable	Not applicable

191 1	Neurosurgery	Surgical	Depressed Fracture	Depressed Fracture	1,12,5 00	10	Not applicable	Not applicable	Not applicable
191 2	Neurosurgery	Surgical	Cranioplasty	Endogenous Graft	37,800	7	Not applicable	Not applicable	Not applicable
191 3	Neurosurgery	Surgical	Cranioplasty	Exogenous Graft	54,300	10	Not applicable	Not applicable	Not applicable
191 4	Neurosurgery	Surgical	Twist Drill Craniostomy	Twist Drill Craniostomy	48,900	2	Not applicable	Not applicable	Not applicable
191 5	Neurosurgery	Surgical	Craniostenosis	Craniostenosis	1,12,5 00	7	Not applicable	Not applicable	Not applicable
191 6	Neurosurgery	Surgical	Meningocele	Anterior	1,61,4 00	10	Not applicable	Not applicable	Not applicable
191 7	Neurosurgery	Surgical	Meningocele	Lumbar	1,28,8 00	10	Not applicable	Not applicable	Not applicable
191 8	Neurosurgery	Surgical	Meningocele	Occipital	1,60,2 00	10	Not applicable	Not applicable	Not applicable
191 9	Neurosurgery	Surgical	Surgery for Tumour Meninges	Gocussa	1,12,5 00	7	Not applicable	Not applicable	Not applicable
192 0	Neurosurgery	Surgical	Surgery for Tumour Meninges	Posterior	1,12,5 00	7	Not applicable	Not applicable	Not applicable
192 1	Neurosurgery	Surgical	Duroplasty	Endogenous graft	81,000	5	Not applicable	Not applicable	Not applicable
192 2	Neurosurgery	Surgical	Duroplasty	Exogenous graft	81,000	5	Not applicable	Not applicable	Not applicable
192 3	Neurosurgery	Surgical	Burr Hole	Burr Hole	1,28,8 00	2	Not applicable	Not applicable	Not applicable
192 4	Neurosurgery	Surgical	Burr Hole	Burr hole surgery with chronic Sub Dural Haematoma	1,43,1 00	2	Not applicable	Not applicable	Not applicable
192 5	Neurosurgery	Surgical	Surgery for Haematoma - Intracranial	Head Injuries	77,400	8	Not applicable	Not applicable	Not applicable
192 6	Neurosurgery	Surgical	Surgery for Haematoma - Intracranial	Hypertensive	71,000	8	Not applicable	Not applicable	Not applicable
192 7	Neurosurgery	Surgical	Surgery for Haematoma - Intracranial	Child - subdural	71,000	10	Not applicable	Not applicable	Not applicable

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1928	Neurosurgery	Surgical	Excision of Brain Abscess	Excision of Brain Abscess	68,600	7	Not applicable	Not applicable	Not applicable
1929	Neurosurgery	Surgical	Abscess Tapping	Abscess Tapping	34,400	6	Single/ Multiple	None/ "+" 11000	Not applicable
1930	Neurosurgery	Surgical	Epilepsy Surgery	Epilepsy Surgery	94,600	10	Not applicable	Not applicable	Not applicable
1931	Neurosurgery	Surgical	Brain Biopsy	Brain Biopsy	81,000	3	Not applicable	Not applicable	Not applicable
1932	Neurosurgery	Surgical	Excision of Orbital Tumour	Excision of Orbital Tumour	68,800	7	Not applicable	Not applicable	Not applicable
1933	Neurosurgery	Surgical	Excision of Brain Tumor	Parasagittal	87,000	10	Not applicable	Not applicable	Not applicable
1934	Neurosurgery	Surgical	Excision of Brain Tumor	Basal	87,000	10	Not applicable	Not applicable	Not applicable
1935	Neurosurgery	Surgical	Excision of Brain Tumor	Brainstem	87,000	10	Not applicable	Not applicable	Not applicable
1936	Neurosurgery	Surgical	Excision of Brain Tumor	C P Angle	87,000	10	Not applicable	Not applicable	Not applicable
1937	Neurosurgery	Surgical	Excision of Brain Tumor	Supratentorial others	87,000	10	Not applicable	Not applicable	Not applicable
1938	Neurosurgery	Surgical	Excision of Brain Tumor	Tumours Supratentorial	50,900	7	Not applicable	Not applicable	Not applicable
1939	Neurosurgery	Surgical	Stereotactic Lesioning	Stereotactic Lesioning	1,03,200	10	Not applicable	Not applicable	Not applicable
1940	Neurosurgery	Surgical	Trans Sphenoidal Surgery	Trans Sphenoidal Surgery	96,700	7	Not applicable	Not applicable	Not applicable
1941	Neurosurgery	Surgical	Trans Oral Surgery	Trans Oral Surgery	74,800	7	Not applicable	Not applicable	Not applicable
1942	Neurosurgery	Surgical	External Ventricular Drainage	External Ventricular Drainage	50,700	6	Not applicable	Not applicable	Not applicable
1943	Neurosurgery	Surgical	Ventricular Puncture	Ventricular Puncture	20,700	3	Not applicable	Not applicable	Not applicable
1944	Neurosurgery	Surgical	Shunt Surgery	Ventriculo - peritoneal	1,12,500	7	Not applicable	Not applicable	Not applicable
1945	Neurosurgery	Surgical	Shunt Surgery	Ventriculo - pleural	1,12,500	7	Not applicable	Not applicable	Not applicable
1946	Neurosurgery	Surgical	Shunt Surgery	Ventriculo - atrial	1,12,500	7	Not applicable	Not applicable	Not applicable

1947	Neurosurgery	Surgical	Shunt Surgery	Theco - peritoneal	1,12,500	7	Not applicable	Not applicable	Not applicable
1948	Neurosurgery	Surgical	Aneurysm Clipping including angiogram	Aneurysm Clipping including angiogram	94,600	12	Not applicable	Not applicable	Not applicable
1949	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	92,800	10	Not applicable	Not applicable	Not applicable
1950	Neurosurgery	Surgical	Arterio venous malformation (AVM) excision	Intracranial	94,600	5	Not applicable	Not applicable	Not applicable
1951	Neurosurgery	Surgical	Arterio venous malformation (AVM) excision	Intraspinal	94,600	5	Not applicable	Not applicable	Not applicable
1952	Neurosurgery	Surgical	Arterio venous malformation (AVM) excision	Scalp	47,300	5	Not applicable	Not applicable	Not applicable
1953	Neurosurgery	Surgical	Foramen Magnum Decompression	Foramen Magnum Decompression	1,03,200	10	Not applicable	Not applicable	Not applicable
1954	Neurosurgery	Surgical	Skull Traction	Skull Traction	13,800	4	Not applicable	Not applicable	Not applicable
1955	Neurosurgery	Surgical	Posterior Cervical Discectomy Without Implant	Posterior Cervical Discectomy Without Implant	46,400	7	Not applicable	Not applicable	Not applicable
1956	Neurosurgery	Surgical	Posterior Cervical Fusion with implant (Lateral mass fixation)	Posterior Cervical Fusion with Implant (Lateral Mass Fixation)	72,300	7	Not applicable	Not applicable	Not applicable
1957	Neurosurgery	Surgical	Cervical disc - multiple level without fusion	Cervical disc - multiple level without fusion	68,800	7	Not applicable	Not applicable	Not applicable
1958	Neurosurgery	Surgical	Excision of Cervical Ribs	Excision of Cervical Ribs	62,800	7	Unilateral/ Bilateral	None/ "+" 16500	Not applicable
1959	Neurosurgery	Surgical	Thoracic/ Lumbar Corpectomy with Fusion	Thoracic Corpectomy with fusion	1,03,200	7	Not applicable	Not applicable	Not applicable
1960	Neurosurgery	Surgical	Thoracic/ Lumbar Corpectomy with Fusion	Lumbar Corpectomy with fusion	66,000	7	Not applicable	Not applicable	Not applicable
1961	Neurosurgery	Surgical	Lumbar Discectomy	Lumbar Discectomy	46,400	5	Not applicable	Not applicable	Not applicable
1962	Neurosurgery	Surgical	Laminectomy	with Fusion and Fixation	1,11,800	6	Not applicable	Not applicable	Not applicable
1963	Neurosurgery	Surgical	Laminectomy	with Fusion	96,700	6	Not applicable	Not applicable	Not applicable
1964	Neurosurgery	Surgical	Neurectomy	Neurectomy	81,000	5	Not applicable	Not applicable	Not applicable

1965	Neurosurgery	Surgical	Neurectomy	Neurectomy - Trigeminal	81,000	5	Not applicable	Not applicable	Not applicable
1966	Neurosurgery	Surgical	Micro Discectomy	Cervical	68,800	10	Not applicable	Not applicable	Not applicable
1967	Neurosurgery	Surgical	Micro Discectomy	Lumbar	49,500	10	Not applicable	Not applicable	Not applicable
1968	Neurosurgery	Surgical	Spine Canal Stenosis	Surgery for Spinal Canal Stenosis	96,700	6	Not applicable	Not applicable	Not applicable
1969	Neurosurgery	Surgical	Spine Decompression	Fusion	96,700	6	Not applicable	Not applicable	Not applicable
1970	Neurosurgery	Surgical	Spine Decompression	Fusion with Fixation	1,07,700	6	Not applicable	Not applicable	Not applicable
1971	Neurosurgery	Surgical	Spine - Extradural Haematoma	with Fixation	44,000	7	Not applicable	Not applicable	Not applicable
1972	Neurosurgery	Surgical	Spine - Extradural Haematoma	without fixation	44,000	7	Not applicable	Not applicable	Not applicable
1973	Neurosurgery	Surgical	Spine - Intradural Haematoma	without fixation	55,000	7	Not applicable	Not applicable	Not applicable
1974	Neurosurgery	Surgical	Spine - Intradural Haematoma	with Fixation	55,000	7	Not applicable	Not applicable	Not applicable
1975	Neurosurgery	Surgical	Spine - Extradural Tumour	without fixation	1,12,500	7	Not applicable	Not applicable	Not applicable
1976	Neurosurgery	Surgical	Spine - Extradural Tumour	with Fixation	1,12,500	7	Not applicable	Not applicable	Not applicable
1977	Neurosurgery	Surgical	Spine - Intradural Tumour	without fixation	1,12,500	7	Not applicable	Not applicable	Not applicable
1978	Neurosurgery	Surgical	Spine - Intradural Tumour	with Fixation	1,12,500	7	Not applicable	Not applicable	Not applicable
1979	Neurosurgery	Surgical	Spine - Intramedullar Tumour	without fixation	1,12,500	7	Not applicable	Not applicable	Not applicable
1980	Neurosurgery	Surgical	Spine - Intramedullar Tumour	with Fixation	1,12,500	7	Not applicable	Not applicable	Not applicable
1981	Neurosurgery	Surgical	R. F. Lesioning For Trigeminal Neuralgia	R. F. Lesioning For Trigeminal Neuralgia	27,500	3	Not applicable	Not applicable	Not applicable
1982	Neurosurgery	Surgical	Brachial Plexus – Repair	Brachial Plexus – Repair	1,12,500	7	Not applicable	Not applicable	Not applicable

1983	Neurosurgery	Surgical	Carpal Tunnel Release	Carpal Tunnel Release	62,800	3	Not applicable	Not applicable	Not applicable
1984	Neurosurgery	Surgical	Median Nerve Decompression	Nerve Decompression	28,000	4	Not applicable	Not applicable	Not applicable
1985	Neurosurgery	Surgical	Cranial Nerve Anastomosis	Cranial Nerve Anastomosis	81,000	5	Not applicable	Not applicable	Not applicable
1986	Neurosurgery	Surgical	Peripheral Nerve Surgery	Minor	1,12,500	5	Not applicable	Not applicable	Not applicable
1987	Neurosurgery	Surgical	Peripheral Nerve Surgery	Major	1,12,500	5	Not applicable	Not applicable	Not applicable
1988	Neurosurgery	Surgical	Nerve Biopsy Excluding Hensens	Nerve Biopsy Excluding Hensens	32,600	2	Not applicable	Not applicable	Not applicable
1989	Neurosurgery	Surgical	Muscle Biopsy	Muscle Biopsy	10,300	1	Not applicable	Not applicable	Not applicable
1990	Neurosurgery	Surgical	Anterior Encephalocele	Anterior Encephalocele	1,60,200	8	Not applicable	Not applicable	Not applicable
1991	Neurosurgery	Surgical	Spina Bifida Surgery	Spina Bifida Surgery	1,60,200	10	Not applicable	Not applicable	Not applicable
1992	Neurosurgery	Surgical	Gamma Knife Radiosurgery (GKRS) / SRS for Tumours / Arteriovenous Malformation (AVM)	Gamma Knife Radiosurgery (GKRS) / SRS for Tumours / Arteriovenous Malformation (AVM)	1,03,200	10	Not applicable	Not applicable	Not applicable
1993	Neurosurgery	Surgical	Chronic SDH/ EDH	Craniotomy	88,000	2	Not applicable	Not applicable	Not applicable
1994	Neurosurgery	Surgical	Endoscopic Third Ventriculostomy	Endoscopic Third Ventriculostomy	50,400	3	Not applicable	Not applicable	Not applicable
1995	Neurosurgery	Surgical	R. F. Lesioning	For Sacrolitis	11,200	3	Not applicable	Not applicable	Not applicable
1996	Neurosurgery	Surgical	R. F. Lesioning	For Spine spondolosis	11,200	3	Not applicable	Not applicable	Not applicable
1997	Neurosurgery	Surgical	R. F. Lesioning	For Tendinitis	5,500	3	Not applicable	Not applicable	Not applicable
1998	Neurosurgery	Surgical	R. F. Lesioning	For Degeneration of joints on arthritis	5,500	3	Not applicable	Not applicable	Not applicable
1999	Neurosurgery	Surgical	Discectomy - Dorsal	Discectomy - Dorsal	46,400	NA	Not applicable	Not applicable	Not applicable
2000	Neurosurgery	Surgical	Digital Substraction Angiography	Venogram	29,500	3	Not applicable	Not applicable	Not applicable
2001	Neurosurgery	Surgical	Digital Substraction Angiography	Peripheral Artery	16,100	3	Not applicable	Not applicable	Not applicable

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200 2	Neurosurgery	Surgical	Reexploration for Cranial / Spinal surgeries	Reexploration for Cranial / Spinal surgeries	34,400	3	Not applicable	Not applicable	Not applicable
200 3	Neurosurgery	Surgical	Conservative management of high cervical injury	Complex spine injury	-	30	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
200 4	Neurosurgery	Surgical	Conservative management of high cervical injury	Moderate head injury	-	14	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
200 5	Neurosurgery	Surgical	Conservative management of high cervical injury	Severe head injury	-	14	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
200 6	Neurosurgery	Surgical	Conservative management of high cervical injury	Simple head injury	-	14	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
200 7	Neurosurgery	Surgical	Conservative management of high cervical injury	Simple spine injury	-	14	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
200 8	Neurosurgery	Surgical	AVM EMBOLISATION	AVM EMBOLISATION/THROMBECTOMY	2,40,700	9	Not applicable	Not applicable	Not applicable
200 9	Neurosurgery	Surgical	Carotid Endarterectomy	Carotid Endarterectomy	1,62,000	10	Not applicable	Not applicable	Not applicable

2010	Neurosurgery	Surgical	Ventricular tap	Ventricular tapping with Omayya reservoir/external ventricular drain	27,500	9	Not applicable	Not applicable	Not applicable
2011	Neurosurgery	Surgical	Cervical Sympathectomy	Cervical Sympathectomy	38,600	10	Not applicable	Not applicable	Not applicable
2012	Neurosurgery	Surgical	Decompressive Craniectomy	Craniectomy/ DECRA for head injury/acute stroke/cerebral venous thrombosis	1,03,200	9	Not applicable	Not applicable	Not applicable
2013	Neurosurgery	Surgical	Corrective Surgery for Craniosynostosis	Corrective Surgery for Craniosynostosis	62,800	10	Not applicable	Not applicable	Not applicable
2014	Neurosurgery	Surgical	Cranio Ventrical surgery	Cranio Ventrical surgery	1,44,500	10	Not applicable	Not applicable	Not applicable
2015	Neurosurgery	Surgical	Craniotomy	with Evacuation of Haematoma - Subdural	78,500	10	Not applicable	Not applicable	Not applicable
2016	Neurosurgery	Surgical	Craniotomy	with Excision of Brain Tumour	50,700	10	Not applicable	Not applicable	Not applicable
2017	Neurosurgery	Surgical	Craniotomy	with Evacuation of Haematoma - Extradural	49,200	7	Not applicable	Not applicable	Not applicable
2018	Neurosurgery	Surgical	Decompressive Craniectomy	For Trauma	50,700	10	Not applicable	Not applicable	Not applicable
2019	Neurosurgery	Surgical	Decompressive Craniectomy	Non Traumatic	70,100	8	Not applicable	Not applicable	Not applicable
2020	Neurosurgery	Surgical	DVT – IVC Filter	DVT – IVC Filter	1,16,100	10	Not applicable	Not applicable	Not applicable
2021	Neurosurgery	Surgical	Encephalocele Repair	Encephalocele Repair	50,700	10	Not applicable	Not applicable	Not applicable
2022	Neurosurgery	Surgical	Lobectomy	Frontal	78,500	10	Not applicable	Not applicable	Not applicable
2023	Neurosurgery	Surgical	Lobectomy	Temporal	78,500	10	Not applicable	Not applicable	Not applicable
2024	Neurosurgery	Surgical	Lobectomy	Cerebellum	78,500	10	Not applicable	Not applicable	Not applicable
2025	Neurosurgery	Surgical	Microsurgical Excision of Acoustic Tumour	Microsurgical Excision of Acoustic Tumour	43,500	10	Not applicable	Not applicable	Not applicable
2026	Neurosurgery	Surgical	Neuro Vascular Repair with Crush Injury	Neuro Vascular Repair with Crush Injury	36,900	10	Not applicable	Not applicable	Not applicable
2027	Neurosurgery	Surgical	Neurolysis	Neurolysis	1,12,500	10	Not applicable	Not applicable	Not applicable
2028	Neurosurgery	Surgical	Operation for Neuroblastoma	Operation for Neuroblastoma	50,700	10	Not applicable	Not applicable	Not applicable

2029	Neurosurgery	Surgical	Optic Nerve Lesions - Decompression	Optic Nerve Lesions - Decompression	56,800	10	Not applicable	Not applicable	Not applicable
2030	Neurosurgery	Surgical	Other Neuropathy (GB Syndrome, Mononeuritis, Other Cranial Nerve Disorders Etc.)	Other Neuropathy (GB Syndrome, Mononeuritis, Other Cranial Nerve Disorders Etc.)	51,900	10	Not applicable	Not applicable	Not applicable
2031	Neurosurgery	Surgical	Posterior Fossa Decompression	Posterior Fossa Decompression	1,28,800	10	Not applicable	Not applicable	Not applicable
2032	Neurosurgery	Surgical	Repair & Transposition Nerve	Repair & Transposition Nerve	48,900	10	Not applicable	Not applicable	Not applicable
2033	Neurosurgery	Surgical	Spinal Fusion Procedure with Implant	Spinal Fusion Procedure with Implant	44,000	6	Not applicable	Not applicable	Not applicable
2034	Neurosurgery	Surgical	Spine Anterior Decompression	Spine Anterior Decompression	1,28,800	10	Not applicable	Not applicable	Not applicable
2035	Neurosurgery	Surgical	Spine Disc Cervicallumber	Spine Disc Cervicallumber	96,700	10	Not applicable	Not applicable	Not applicable
2036	Neurosurgery	Surgical	Subdural Aspiration	Subdural Aspiration	48,900	10	Not applicable	Not applicable	Not applicable
2037	Neurosurgery	Surgical	Subdural Tapping	Subdural Tapping	3,900	3	Not applicable	Not applicable	Not applicable
2038	Neurosurgery	Surgical	Subtotal Temporal Bone Resection	Subtotal Temporal Bone Resection	62,800	10	Not applicable	Not applicable	Not applicable
2039	Neurosurgery	Surgical	Syringomyelia Decompression Surgery	Syringomyelia Decompression Surgery	56,800	10	Not applicable	Not applicable	Not applicable
2040	Neurosurgery	Surgical	Temporal Lobectomy Plus Depth Electrodes	Temporal Lobectomy Plus Depth Electrodes	97,900	10	Not applicable	Not applicable	Not applicable
2041	Neurosurgery	Surgical	Temporal Rhizotomy	Temporal Rhizotomy	81,000	10	Not applicable	Not applicable	Not applicable
2042	Neurosurgery	Surgical	Total Temporal Bone Resection	Total Temporal Bone Resection	74,900	10	Not applicable	Not applicable	Not applicable
2043	Neurosurgery	Surgical	Trans Oral Surgery	Transoral Surgery (Anterior) + CV Junction (Posterior Sabilization)	1,02,300	12	Not applicable	Not applicable	Not applicable
2044	Obstetrics & Gynecology	Surgical	Salpingoophorectomy	Lap	27,500	1	Not applicable	Not applicable	Not applicable
2045	Obstetrics & Gynecology	Surgical	Salpingoophorectomy	Open	27,500	3	Not applicable	Not applicable	Not applicable
2046	Obstetrics & Gynecology	Surgical	Laparotomy and Proceed for Ovarian Cancers - Omentomy with Bilateral Salpingoophorectomy	Laparotomy and Proceed for Ovarian Cancers - Omentomy with Bilateral Salpingoophorectomy	41,800	5	Not applicable	Not applicable	Not applicable

204 7	Obstetrics & Gynecology	Surgical	Laparoscopic Tubal Surgeries	Laparoscopic tubal surgeries (for any indication including ectopic pregnancy)	16,600	3	Not applicable	Not applicable	Not applicable
204 8	Obstetrics & Gynecology	Surgical	Procedure on Fallopian Tube for establishing Tubal Patency	Procedure on Fallopian Tube for establishing Tubal Patency	12,800	5	Not applicable	Not applicable	Not applicable
204 9	Obstetrics & Gynecology	Surgical	Laparotomy for Broad Ligament Haematoma	Laparotomy for Broad Ligament Haematoma	17,600	3	Not applicable	Not applicable	Not applicable
205 0	Obstetrics & Gynecology	Surgical	Myomectomy	Abdominal	30,700	5	Not applicable	Not applicable	Not applicable
205 1	Obstetrics & Gynecology	Surgical	Myomectomy	Laparoscopic	30,700	3	Not applicable	Not applicable	Not applicable
205 2	Obstetrics & Gynecology	Surgical	Myomectomy	Hysteroscopic	13,200	1	Not applicable	Not applicable	Not applicable
205 3	Obstetrics & Gynecology	Surgical	Polypectomy	Polypectomy	1,700	1	Not applicable	Not applicable	Not applicable
205 4	Obstetrics & Gynecology	Surgical	Hysteroscopic Polypectomy	Hysteroscopic Polypectomy	12,200	2	Not applicable	Not applicable	Not applicable
205 5	Obstetrics & Gynecology	Surgical	Hysterectomy	Abdominal Hysterectomy	25,700	3	Not applicable	Not applicable	Not applicable
205 6	Obstetrics & Gynecology	Surgical	Hysterectomy	Abdominal Hysterectomy + Salpingoophorectomy	36,900	5	Not applicable	Not applicable	Not applicable
205 7	Obstetrics & Gynecology	Surgical	Hysterectomy	Non Descent Vaginal Hysterectomy	25,700	4	Not applicable	Not applicable	Not applicable
205 8	Obstetrics & Gynecology	Surgical	Hysterectomy	Vaginal Hysterectomy with Anterior & Posterior Colpoperineorrhaphy	25,700	5	Not applicable	Not applicable	Not applicable
205 9	Obstetrics & Gynecology	Surgical	Hysterectomy	Laparoscopic Hysterectomy (TLH)	25,700	5	Not applicable	Not applicable	Not applicable
206 0	Obstetrics & Gynecology	Surgical	Hysterectomy	Laparoscopic Assisted Vaginal Hysterectomy (LAVH)	25,700	5	Not applicable	Not applicable	Not applicable
206 1	Obstetrics & Gynecology	Surgical	Hysterectomy	Caesarian Hysterectomy	30,700	5	Not applicable	Not applicable	Not applicable
206 2	Obstetrics & Gynecology	Surgical	Hysterectomy	Hysterectomy Vaginal	25,700	3	Not applicable	Not applicable	Not applicable
206 3	Obstetrics & Gynecology	Surgical	Hysterectomy	Lap. Hysterectomy + Bilateral Salpingoophorectomy	30,700	5	Not applicable	Not applicable	Not applicable
206 4	Obstetrics & Gynecology	Surgical	Hysterectomy	Ovarian Cystectomy + Abdominal Hysterectomy	30,700	5	Not applicable	Not applicable	Not applicable
206 5	Obstetrics & Gynecology	Surgical	Hysterectomy	Radical Hysterectomy for Cancer endometrium extending to cervix with pelvic and para aortic lymphadenectomy	25,700	7	Not applicable	Not applicable	Not applicable

206 6	Obstetrics & Gynecology	Surgical	Manchester Repair	Manchester Repair	22,000	5	Not applicable	Not applicable	Not applicable
206 7	Obstetrics & Gynecology	Surgical	Surgeries For Prolapse - Sling Surgeries	Surgeries For Prolapse - Sling Surgeries	31,800	5	Not applicable	Not applicable	Sling - 5500
206 8	Obstetrics & Gynecology	Surgical	Hysterotomy	Hysterotomy	28,000	5	Not applicable	Not applicable	Not applicable
206 9	Obstetrics & Gynecology	Surgical	Lap. Surgery for Endometriosis (Other than Hysterectomy)	Lap. Surgery for Endometriosis (Other than Hysterectomy)	19,100	2	Not applicable	Not applicable	Not applicable
207 0	Obstetrics & Gynecology	Surgical	Diagnostic Hysteroscopy	With biopsy	8,800	1	Not applicable	Not applicable	Not applicable
207 1	Obstetrics & Gynecology	Surgical	Diagnostic Hysteroscopy	Without biopsy	8,800	1	Not applicable	Not applicable	Not applicable
207 2	Obstetrics & Gynecology	Surgical	Hysteroscopic IUCD Removal	Hysteroscopic IUCD Removal	7,000	1	Not applicable	Not applicable	Not applicable
207 3	Obstetrics & Gynecology	Surgical	DC (Dilatation curettage)	DC (Dilatation curettage)	20,700	1	Not applicable	Not applicable	Not applicable
207 4	Obstetrics & Gynecology	Surgical	Dilation and Evacuation (DE)	Dilation and Evacuation (DE)	6,000	1	Not applicable	Not applicable	Not applicable
207 5	Obstetrics & Gynecology	Surgical	Pyometra drainage	Pyometra drainage	5,500	3	Not applicable	Not applicable	Not applicable
207 6	Obstetrics & Gynecology	Surgical	Intrauterine Transfusions	Intrauterine Transfusions	15,600	1	Not applicable	Not applicable	Not applicable
207 7	Obstetrics & Gynecology	Surgical	Adhesiolysis	Hysteroscopic Adhesiolysis	8,800	1	Not applicable	Not applicable	Not applicable
207 8	Obstetrics & Gynecology	Surgical	Adhesiolysis	Laparoscopic Adhesiolysis	16,900	1	Not applicable	Not applicable	Not applicable
207 9	Obstetrics & Gynecology	Surgical	Trans - Vaginal Tape/ Trans-Obturator	Trans - Vaginal Tape	16,700	1	Not applicable	Not applicable	Not applicable
208 0	Obstetrics & Gynecology	Surgical	Trans - Vaginal Tape/ Trans-Obturator	Trans-Obturator Tape	16,700	1	Not applicable	Not applicable	Not applicable
208 1	Obstetrics & Gynecology	Surgical	Sacrocolpopexy (Abdominal)	Open	40,000	7	Not applicable	Not applicable	Mesh - 15 X 15 - 5500
208 2	Obstetrics & Gynecology	Surgical	Sacrocolpopexy (Abdominal)	Lap.	40,000	7	Not applicable	Not applicable	Mesh - 15 X 15 - 5500
208 3	Obstetrics & Gynecology	Surgical	LLETZ	LLETZ	16,500	3	Not applicable	Not applicable	Not applicable
208 4	Obstetrics & Gynecology	Surgical	Vaginal Sacrospinus fixation with repair	Vaginal Sacrospinus fixation with repair	18,600	5	Not applicable	Not applicable	Not applicable
208 5	Obstetrics & Gynecology	Surgical	Excision of Vaginal Septum (vaginal route)	Excision of Vaginal Septum (vaginal route)	27,200	1	Not applicable	Not applicable	Not applicable
208 6	Obstetrics & Gynecology	Surgical	Hymenectomy for imperforate hymen	Hymenectomy for imperforate hymen	12,200	1	Not applicable	Not applicable	Not applicable

2087	Obstetrics & Gynecology	Surgical	Anterior & Posterior Colpoperineorrhapy	Anterior & Posterior Colpoperineorrhapy	12,400	5	Not applicable	Not applicable	Not applicable
2088	Obstetrics & Gynecology	Surgical	Vaginoplasty (McIndoe procedure)	Vaginoplasty (McIndoe procedure)	21,300	3	Not applicable	Not applicable	Not applicable
2089	Obstetrics & Gynecology	Surgical	Vaginal Surgical Repair for Vesicovaginal Fistula	Vaginal Surgical Repair for Vesicovaginal Fistula	44,000	5	Not applicable	Not applicable	Not applicable
2090	Obstetrics & Gynecology	Surgical	Repair for Rectovaginal Fistula	Repair for Rectovaginal Fistula	30,800	3	Not applicable	Not applicable	Not applicable
2091	Obstetrics & Gynecology	Surgical	Vulval Hamatoma drainage	Vulval Hamatoma drainage	3,700	1	Not applicable	Not applicable	Not applicable
2092	Obstetrics & Gynecology	Surgical	Vulvectomy Simple	Vulvectomy Simple	22,000	3	Not applicable	Not applicable	Not applicable
2093	Obstetrics & Gynecology	Surgical	Radical Vulvectomy	Radical Vulvectomy with Inguinal and Pelvic lymph node dissection	55,000	3	Not applicable	Not applicable	Not applicable
2094	Obstetrics & Gynecology	Surgical	Abdomino Perineal repair for Mullerian Anomaly	Abdomino Perineal repair for Mullerian Anomaly	38,200	5	Not applicable	Not applicable	Not applicable
2095	Obstetrics & Gynecology	Surgical	Pelvic Abscess Open Drainage	Pelvic Abscess Management including Colpotomy	14,900	1	Not applicable	Not applicable	Not applicable
2096	Obstetrics & Gynecology	Surgical	Diagnostic Laparoscopy	Diagnostic / Staging laparoscopy	15,600	3	Not applicable	Not applicable	Not applicable
2097	Obstetrics & Gynecology	Surgical	Laparotomy for benign disorders	Ectopic	22,000	5	Not applicable	Not applicable	Not applicable
2098	Obstetrics & Gynecology	Surgical	Laparotomy for benign disorders	PID	22,000	5	Not applicable	Not applicable	Not applicable
2099	Obstetrics & Gynecology	Surgical	Laparoscopic Cystectomy	Laparoscopic Cystectomy	27,100	3	Not applicable	Not applicable	Not applicable
2100	Obstetrics & Gynecology	Surgical	Cystocele Repair	Cystocele Anterior Repair - Perineal Tear Repair	36,900	5	Not applicable	Not applicable	Not applicable
2101	Obstetrics & Gynecology	Surgical	Burch	Abdominal	38,500	5	Not applicable	Not applicable	Not applicable
2102	Obstetrics & Gynecology	Surgical	Burch	Lap.	38,500	5	Not applicable	Not applicable	Not applicable
2103	Obstetrics & Gynecology	Surgical	Electro Cauterisation / Cryo Surgery	Electro Cauterisation / Cryo Surgery	6,300	1	Not applicable	Not applicable	Not applicable
2104	Obstetrics & Gynecology	Surgical	EUA for (minor girls / unmarried sexually inactive / victims of sexual abuse)	EUA for (minor girls / unmarried sexually inactive / victims of sexual abuse)	3,000	1	Not applicable	Not applicable	Not applicable
2105	Obstetrics & Gynecology	Surgical	Hospitalisation for Antenatal Complications	Hospitalisation for Antenatal Complications	-	NA	Routine Ward/ HDU/ ICU - Without Ventilator/	2100/ 3300/ 8500/ 9000	Not applicable

							ICU - With Ventilator		
2106	Obstetrics & Gynecology	Surgical	Amniocentesis	Amniocentesis	16,000	1	Not applicable	Not applicable	Not applicable
2107	Obstetrics & Gynecology	Surgical	Chorionic Villus Sampling	Chorionic Villus Sampling	16,000	1	Not applicable	Not applicable	Not applicable
2108	Obstetrics & Gynecology	Surgical	Cordocentesis	Cordocentesis	16,000	1	Not applicable	Not applicable	Not applicable
2109	Obstetrics & Gynecology	Surgical	Mcdonalds Stitch	Mcdonalds Stitch	9,700	1	Not applicable	Not applicable	Not applicable
2110	Obstetrics & Gynecology	Surgical	Shirodkars Stitch	Shirodkars Stitch	5,100	1	Not applicable	Not applicable	Not applicable
2111	Obstetrics & Gynecology	Surgical	Medical management of ectopic pregnancy	Medical management of ectopic pregnancy	-	5	Routine Ward/ HDU/ ICU - Without Ventilator/ ICU - With Ventilator	2100/ 3300/ 8500/ 9000	Not applicable
2112	Obstetrics & Gynecology	Surgical	MTP	Upto 8 weeks	5,000	1	Not applicable	Not applicable	Not applicable
2113	Obstetrics & Gynecology	Surgical	MTP	12 weeks	7,200	1	Not applicable	Not applicable	Not applicable
2114	Obstetrics & Gynecology	Surgical	MTP	Upto 12 weeks	7,700	1	Not applicable	Not applicable	Not applicable
2115	Obstetrics & Gynecology	Surgical	Delivery	High risk delivery - Premature Delivery	12,700	3	Not applicable	Not applicable	Not applicable
2116	Obstetrics & Gynecology	Surgical	Delivery	High risk delivery - Mothers with Eclampsia or Imminent Eclampsia	25,300	3	Not applicable	Not applicable	Not applicable
2117	Obstetrics & Gynecology	Surgical	Delivery	High risk delivery - Major Fetal Malformation Requiring Intervention Immediately After Birth	16,500	3	Not applicable	Not applicable	Not applicable
2118	Obstetrics & Gynecology	Surgical	Delivery	High risk delivery - Mothers with Severe Anaemia (<7 g/DL)	12,700	3	Not applicable	Not applicable	Not applicable
2119	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,	12,700	3	Not applicable	Not applicable	Not applicable

				etc, that qualify for High Risk Delivery					
2120	Obstetrics & Gynecology	Surgical	Delivery	Caesarian Delivery	22,200	5	Not applicable	Not applicable	Not applicable
2121	Obstetrics & Gynecology	Surgical	Delivery	High risk delivery - Obstructed Labour	12,700	3	Not applicable	Not applicable	Not applicable
2122	Obstetrics & Gynecology	Surgical	Delivery	High risk delivery - Expected Gestation at Delivery < 35 Weeks	17,900	3	Not applicable	Not applicable	Not applicable
2123	Obstetrics & Gynecology	Surgical	Delivery	Normal Delivery	10,600	3	Not applicable	Not applicable	Not applicable
2124	Obstetrics & Gynecology	Surgical	Delivery	Normal Delivery with Episiotomy and P Repair	11,400	3	Not applicable	Not applicable	Not applicable
2125	Obstetrics & Gynecology	Surgical	Manual Removal of Placenta	Manual Removal of Placenta	9,400	2	Not applicable	Not applicable	Not applicable
2126	Obstetrics & Gynecology	Surgical	Secondary suturing of episiotomy	Secondary suturing of episiotomy	3,800	2	Not applicable	Not applicable	Not applicable
2127	Obstetrics & Gynecology	Surgical	Re exploration after laparotomy / Caesarean Section	Re exploration after Caesarean Section	15,400	5	Not applicable	Not applicable	Not applicable
2128	Obstetrics & Gynecology	Surgical	Re exploration after laparotomy / Caesarean Section	Re exploration after laparotomy	15,400	5	Not applicable	Not applicable	Not applicable
2129	Obstetrics & Gynecology	Surgical	Vulvo vaginal cyst enucleation / drainage	Vulvo vaginal cyst enucleation	7,700	1	Not applicable	Not applicable	Not applicable
2130	Obstetrics & Gynecology	Surgical	Vulvo vaginal cyst enucleation / drainage	Vulvo vaginal cyst drainage	7,700	1	Not applicable	Not applicable	Not applicable
2131	Obstetrics & Gynecology	Surgical	Ovariectomy	Open	55,000	4	Not applicable	Not applicable	Not applicable
2132	Obstetrics & Gynecology	Surgical	Ovariectomy	Laparoscopic	11,000	4	Not applicable	Not applicable	Not applicable
2133	Obstetrics & Gynecology	Surgical	Vaginal Myomectomy	Vaginal Myomectomy	16,500	4	Not applicable	Not applicable	Not applicable
2134	Obstetrics & Gynecology	Surgical	Ablation of Endometrium	Ablation of Endometrium	24,400	3	Not applicable	Not applicable	Not applicable
2135	Obstetrics & Gynecology	Surgical	Ablation of Endometrium	Ablation of Endometrium with Abdominal Hysterectomy	28,000	5	Not applicable	Not applicable	Not applicable
2136	Obstetrics & Gynecology	Surgical	Adhenolysis + Ovarian Cystectomy	Adhenolysis + Ovarian Cystectomy	11,000	3	Not applicable	Not applicable	Not applicable
2137	Obstetrics & Gynecology	Surgical	Laparoscopy for Ectopic/ other benign disorders	lap	22,000	4	Not applicable	Not applicable	Not applicable
2138	Obstetrics & Gynecology	Surgical	Bartholins Cyst Enucleation Incision Drainage	Bartholins Cyst Enucleation Incision Drainage	7,700	1	Not applicable	Not applicable	Not applicable

213 9	Obstetrics & Gynecology	Surgical	Sterilisation	Sterilisation- Open	7,700	4	Not applicable	Not applicable	Not applicable
214 0	Obstetrics & Gynecology	Surgical	Sterilisation	Sterilisation- Lap	11,000	4	Not applicable	Not applicable	Not applicable
214 1	Obstetrics & Gynecology	Surgical	Reversal of Sterilisation/ Tuboplasty (lap/ open)	Reversal of Sterilisation/ Tuboplasty (lap/ open)	27,500	4	Not applicable	Not applicable	Not applicable
214 2	Obstetrics & Gynecology	Surgical	Cauterization of vaginal warts	Cauterization of vaginal warts	5,000	2	Not applicable	Not applicable	Not applicable
214 3	Obstetrics & Gynecology	Surgical	Diagnostic Hystero - Laparoscopy with/ without Chromopertubation	Diagnostic Hystero - Laparoscopy with/ without Chromopertubation	16,500	4	Not applicable	Not applicable	Not applicable
214 4	Obstetrics & Gynecology	Surgical	Colpotomy	Colpotomy	2,300	1	Not applicable	Not applicable	Not applicable
214 5	Obstetrics & Gynecology	Surgical	Laparotomy for Broad Ligament Hematoma	Laparotomy for Broad Ligament Hematoma (with internal iliac ligation)	38,500	4	Not applicable	Not applicable	Not applicable
214 6	Obstetrics & Gynecology	Surgical	Conventional Tubectomy	Conventional Tubectomy	6,100	1	Not applicable	Not applicable	Not applicable
214 7	Obstetrics & Gynecology	Surgical	Complete Perineal Tear	Complete Perineal Tear	27,500	4	Not applicable	Not applicable	Not applicable
214 8	Obstetrics & Gynecology	Surgical	Destructive Operation	Destructive Operation	9,100	1	Not applicable	Not applicable	Not applicable
214 9	Obstetrics & Gynecology	Surgical	Molar follow up for chemotherapy	Molar follow up for chemotherapy	6,600	4	Not applicable	Not applicable	Not applicable
215 0	Obstetrics & Gynecology	Surgical	Diagnostic Curettage	Diagnostic Curettage	2,700	7	Not applicable	Not applicable	Not applicable
215 1	Obstetrics & Gynecology	Surgical	Resuturing of wounds	Resuturing of wounds	5,500	4	Not applicable	Not applicable	Not applicable
215 2	Obstetrics & Gynecology	Surgical	Endoscopic procedures	Endoscopic Endometria to Endometria Anastomosis	36,900	5	Not applicable	Not applicable	Not applicable
215 3	Obstetrics & Gynecology	Surgical	Endoscopic procedures	Endoscopic Fimbriolysis	5,900	1	Not applicable	Not applicable	Not applicable
215 4	Obstetrics & Gynecology	Surgical	Endoscopic procedures	Endoscopic Oophrectomy	16,900	1	Not applicable	Not applicable	Not applicable
215 5	Obstetrics & Gynecology	Surgical	Endoscopic procedures	Endoscopic Ovarian Cystectomy	16,700	3	Not applicable	Not applicable	Not applicable
215 6	Obstetrics & Gynecology	Surgical	Endoscopic procedures	Endoscopic Uterine Septum	2,400	2	Not applicable	Not applicable	Not applicable
215 7	Obstetrics & Gynecology	Surgical	Post coital / Injury Repair	Post coital / Injury Repair	7,700	4	Not applicable	Not applicable	Not applicable
215 8	Obstetrics & Gynecology	Surgical	Exploration of Haematoma	Exploration of Abdominal Haematoma	25,500	3	Not applicable	Not applicable	Not applicable
215 9	Obstetrics & Gynecology	Surgical	Exploration of Haematoma	Exploration of perineal Haematoma & Repair	8,800	7	Not applicable	Not applicable	Not applicable

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2160	Obstetrics & Gynecology	Surgical	Exploration of Haematoma	Exploration of PPH-tear repair	3,900	7	Not applicable	Not applicable	Not applicable
2161	Obstetrics & Gynecology	Surgical	Cone biopsy	Cone biopsy	7,700	4	Not applicable	Not applicable	Not applicable
2162	Obstetrics & Gynecology	Surgical	Gilliams Operation	Gilliams Operation	14,900	3	Not applicable	Not applicable	Not applicable
2163	Obstetrics & Gynecology	Surgical	Biopsy- Cervical, Endometrial EA/ ECC; Vulvar; Polypectomy	Biopsy- Cervical, Endometrial EA/ ECC; Vulvar; Polypectomy	5,500	4	Not applicable	Not applicable	Not applicable
2164	Obstetrics & Gynecology	Surgical	Home Delivery with Sepsis	Home Delivery with Sepsis	14,000	3	Not applicable	Not applicable	Not applicable
2165	Obstetrics & Gynecology	Surgical	Normal vaginal delivery	Normal vaginal delivery	10,600	4	Not applicable	Not applicable	Not applicable
2166	Obstetrics & Gynecology	Surgical	Hysteroscopic Tubal Cannulation	Hysteroscopic Tubal Cannulation	27,800	5	Not applicable	Not applicable	Not applicable
2167	Obstetrics & Gynecology	Surgical	Hysterotomes 2nd Trimester Abortions	Hysterotomes 2nd Trimester Abortions	5,500	2	Not applicable	Not applicable	Not applicable
2168	Obstetrics & Gynecology	Surgical	Operative vaginal delivery (Vacuum/ forceps)	Operative vaginal delivery (Vacuum/ forceps)	11,000	4	Not applicable	Not applicable	Not applicable
2169	Obstetrics & Gynecology	Surgical	Insertion of IUCD Device	Insertion of IUCD Device	2,400	2	Not applicable	Not applicable	Not applicable
2170	Obstetrics & Gynecology	Surgical	Surgical management of PPH after vaginal delivery	Surgical management of PPH after vaginal delivery	16,500	4	Not applicable	Not applicable	Not applicable
2171	Obstetrics & Gynecology	Surgical	Internal Iliac ligation	Internal Iliac ligation	3,700	7	Not applicable	Not applicable	Not applicable
2172	Obstetrics & Gynecology	Surgical	Inversion of Uterus	Abdominal Reposition	2,800	7	Not applicable	Not applicable	Not applicable
2173	Obstetrics & Gynecology	Surgical	Lap Ovariectomyovarian Cystectomy	Lap Ovariectomyovarian Cystectomy	20,200	4	Not applicable	Not applicable	Not applicable
2174	Obstetrics & Gynecology	Surgical	Laparoscopic Ovarotomy	Laparoscopic Ovarotomy	11,000	3	Not applicable	Not applicable	Not applicable
2175	Obstetrics & Gynecology	Surgical	Laprosopy Salpingoplasty Ligation	Laprosopy Salpingoplasty Ligation	8,900	1	Not applicable	Not applicable	Not applicable
2176	Obstetrics & Gynecology	Surgical	Laprotomy for Ectopic Repture	Laprotomy for Ectopic Repture	29,400	5	Not applicable	Not applicable	Not applicable
2177	Obstetrics & Gynecology	Surgical	Low Midcavity Forceps	Low Midcavity Forceps	9,700	1	Not applicable	Not applicable	Not applicable
2178	Obstetrics & Gynecology	Surgical	Ovarectomyoophrectomy	Ovarectomyoophrectomy	16,900	1	Not applicable	Not applicable	Not applicable
2179	Obstetrics & Gynecology	Surgical	PAP Smear	PAP Smear	5,000	NA	Not applicable	Not applicable	Not applicable
2180	Obstetrics & Gynecology	Surgical	Perforamtion of Uterus After De Laprotomy and Closure	Perforamtion of Uterus After De Laprotomy and Closure	24,600	3	Not applicable	Not applicable	Not applicable

218 1	Obstetrics & Gynecology	Surgical	Perineal Tear Repair	Perineal Tear Repair	9,400	1	Not applicable	Not applicable	Not applicable
218 2	Obstetrics & Gynecology	Surgical	Repair of Post Coital Tear Perineal Injury	Repair of Post Coital Tear Perineal Injury	5,100	2	Not applicable	Not applicable	Not applicable
218 3	Obstetrics & Gynecology	Surgical	Rupture Uterus closure & repair with Tubal Ligation	Rupture Uterus closure & repair with Tubal Ligation	19,000	7	Not applicable	Not applicable	Not applicable
218 4	Obstetrics & Gynecology	Surgical	Salpingostomy	Adhenolysis Salpingostomy	16,900	3	Not applicable	Not applicable	Not applicable
218 5	Obstetrics & Gynecology	Surgical	Salpingostomy	Lap	16,900	1	Not applicable	Not applicable	Not applicable
218 6	Obstetrics & Gynecology	Surgical	Staging laparotomy surgery for Carcinoma Ovary	Staging laparotomy surgery for Carcinoma Ovary	7,000	7	Not applicable	Not applicable	Not applicable
218 7	Obstetrics & Gynecology	Surgical	Sterilization	Interval (Minilap)	4,100	7	Not applicable	Not applicable	Not applicable
218 8	Obstetrics & Gynecology	Surgical	Sterilization	Post partum (Minilap)	4,100	7	Not applicable	Not applicable	Not applicable
218 9	Obstetrics & Gynecology	Surgical	Threatened Preterm Labour	Threatened Preterm Labour	4,100	2	Not applicable	Not applicable	Not applicable
219 0	Obstetrics & Gynecology	Surgical	Transvaginal sonography (TVS for follicular monitoring/ aspiration)	Transvaginal sonography (TVS for follicular monitoring/ aspiration)	500	7	Not applicable	Not applicable	Not applicable
219 1	Obstetrics & Gynecology	Surgical	Tuboplasty	Tuboplasty	28,000	5	Not applicable	Not applicable	Not applicable
219 2	Obstetrics & Gynecology	Surgical	Uterine Synechia – Cutting	Uterine Synechia – Cutting	24,400	3	Not applicable	Not applicable	Not applicable
219 3	Obstetrics & Gynecology	Surgical	UTI With Pregnancy	UTI With Pregnancy	9,800	1	Not applicable	Not applicable	Not applicable
219 4	Obstetrics & Gynecology	Surgical	Vaginal Tear Repair	Vaginal Tear Repair	7,800	1	Not applicable	Not applicable	Not applicable
219 5	Plastic & Reconstructive Surgery	Surgical	Pressure Sore – Surgery	Pressure Sore – Surgery	46,400	3	Not applicable	Not applicable	Not applicable
219 6	Plastic & Reconstructive Surgery	Surgical	Diabetic Foot – Surgery	Diabetic Foot – Surgery	62,000	3	Not applicable	Not applicable	Not applicable
219 7	Plastic & Reconstructive Surgery	Surgical	Revascularization of Limb/ Digit	Revascularization of Limb/ Digit	1,23,800	5	One digit/ More than 1 digit	None/ "+" 90000	Not applicable
219 8	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)	1,10,000	5	Not applicable	Not applicable	Not applicable

2199	Plastic & Reconstructive Surgery	Surgical	Scalp Avulsion Reconstruction	Scalp Avulsion Reconstruction	82,500	5	Not applicable	Not applicable	Not applicable
2200	Plastic & Reconstructive Surgery	Surgical	Tissue Expander For Disfigurement Following Burns / Trauma / Congenital Deformity (Including Cost of Expander / Implant)	Tissue Expander for disfigurement following Burns	68,800	5	Not applicable	Not applicable	Not applicable
2201	Plastic & Reconstructive Surgery	Surgical	Tissue Expander For Disfigurement Following Burns / Trauma / Congenital Deformity (Including Cost of Expander / Implant)	Tissue Expander for disfigurement following Trauma	68,800	5	Not applicable	Not applicable	Not applicable
2202	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	68,800	5	Not applicable	Not applicable	Not applicable
2203	Plastic & Reconstructive Surgery	Surgical	Hemangioma	Sclerotherapy (Under GA)	38,500	3	Not applicable	Not applicable	Not applicable
2204	Plastic & Reconstructive Surgery	Surgical	Hemangioma	Debulking	55,000	4	Not applicable	Not applicable	Not applicable
2205	Plastic & Reconstructive Surgery	Surgical	Hemangioma	Excision	55,400	3	Not applicable	Not applicable	Not applicable
2206	Plastic & Reconstructive Surgery	Surgical	NPWT	NPWT	5,200	3	Not applicable	Not applicable	Not applicable
2207	Pediatric Surgery	Surgical	Cleft Lip and Palate Surgery	Cleft Lip and Palate Surgery	25,000	5	Not applicable	Not applicable	Not applicable
2208	Pediatric Surgery	Surgical	Ankyloglossia	Minor	9,900	1	Not applicable	Not applicable	Not applicable
2209	Pediatric Surgery	Surgical	Ankyloglossia	Major	20,700	3	Not applicable	Not applicable	Not applicable
2210	Pediatric Surgery	Surgical	Anti GERD Surgery	Anti GERD Surgery	29,500	2	Not applicable	Not applicable	Not applicable
2211	Pediatric Surgery	Surgical	Gastrostomy	Gastrostomy + Esophagoscopy + Threading	30,500	5	Not applicable	Not applicable	Not applicable
2212	Pediatric Surgery	Surgical	Gastrostomy	Gastrostomy	24,600	3	Not applicable	Not applicable	Not applicable
2213	Pediatric Surgery	Surgical	Ladds Procedure	Ladds Procedure	53,700	3	Not applicable	Not applicable	Not applicable
2214	Pediatric Surgery	Surgical	Duplication Cyst Excision	Duplication Cyst Excision	33,900	5	Not applicable	Not applicable	Not applicable

221 5	Pediatric Surgery	Surgical	Intussusception	Non Operative reduction in Infants	31,200	5	Not applicable	Not applicable	Not applicable
221 6	Pediatric Surgery	Surgical	Intussusception	Operative in infants	34,000	3	Not applicable	Not applicable	Not applicable
221 7	Pediatric Surgery	Surgical	Surgery for Hirschsprung's Disease	Myectomy	56,800	2	Not applicable	Not applicable	Not applicable
221 8	Pediatric Surgery	Surgical	Surgery for Hirschsprung's Disease	Pull Through	42,200	5	Not applicable	Not applicable	Not applicable
221 9	Pediatric Surgery	Surgical	Surgery for Hirschsprung's Disease	Rectal Biopsy - Punch	56,800	1	Not applicable	Not applicable	Not applicable
222 0	Pediatric Surgery	Surgical	Surgery for Hirschsprung's Disease	Rectal Biopsy - Open	56,800	2	Not applicable	Not applicable	Not applicable
222 1	Pediatric Surgery	Surgical	Surgery for Hirschsprung's Disease	Sphincterotomy	21,800	3	Not applicable	Not applicable	Not applicable
222 2	Pediatric Surgery	Surgical	Rectal Polypectomy	Sigmoidoscopic under GA	25,300	2	Not applicable	Not applicable	Not applicable
222 3	Pediatric Surgery	Surgical	Rectal Polypectomy	Rectal Polypectomy	25,300	2	Not applicable	Not applicable	Not applicable
222 4	Pediatric Surgery	Surgical	Ano Rectal Malformation	Abd perineal PSARP	46,000	5	Not applicable	Not applicable	Not applicable
222 5	Pediatric Surgery	Surgical	Ano Rectal Malformation	Anoplasty	38,600	5	Not applicable	Not applicable	Not applicable
222 6	Pediatric Surgery	Surgical	Ano Rectal Malformation	Cutback	34,000	5	Not applicable	Not applicable	Not applicable
222 7	Pediatric Surgery	Surgical	Ano Rectal Malformation	PSARP	34,000	5	Not applicable	Not applicable	Not applicable
222 8	Pediatric Surgery	Surgical	Ano Rectal Malformation	Redo - Pullthrough	37,500	5	Not applicable	Not applicable	Not applicable
222 9	Pediatric Surgery	Surgical	Ano Rectal Malformation	Transposition	31,500	3	Not applicable	Not applicable	Not applicable
223 0	Pediatric Surgery	Surgical	Fecal Fistula Closure	Fecal Fistula Closure	38,900	3	Not applicable	Not applicable	Not applicable
223 1	Pediatric Surgery	Surgical	GI Tumor Excision	GI Tumor Excision	45,900	7	Not applicable	Not applicable	Not applicable
223 2	Pediatric Surgery	Surgical	Congenital Diaphragmatic Hernia	Congenital Diaphragmatic Hernia	55,400	5	Not applicable	Not applicable	Not applicable
223 3	Pediatric Surgery	Surgical	Hernia Repair	Inguinal	18,500	5	Not applicable	Not applicable	Not applicable
223 4	Pediatric Surgery	Surgical	Hernia Repair	Diaphragmatic	27,900	5	Not applicable	Not applicable	Not applicable
223 5	Pediatric Surgery	Surgical	Exomphalos/ Gastroschisis	Exomphalos	42,400	5	Not applicable	Not applicable	Not applicable
223 6	Pediatric Surgery	Surgical	Exomphalos/ Gastroschisis	Gastroschisis	42,400	5	Not applicable	Not applicable	Not applicable

223 7	Pediatric Surgery	Surgical	Hernia & Hydrocele	Hernia & Hydrocele	27,500	5	Not applicable	Not applicable	Not applicable
223 8	Pediatric Surgery	Surgical	Retro - Peritoneal Lymphangioma Excision	Retro - Peritoneal Lymphangioma Excision	36,200	5	Not applicable	Not applicable	Not applicable
223 9	Pediatric Surgery	Surgical	Sacrococcygeal Teratoma	Sacrococcygeal Teratoma	33,600	5	Not applicable	Not applicable	Not applicable
224 0	Pediatric Surgery	Surgical	Surgery for Congenital Lobar Emphysema	Surgery for Congenital Lobar Emphysema	44,600	5	Not applicable	Not applicable	Not applicable
224 1	Pediatric Surgery	Surgical	Undescended Testis	Palpable + Nonpalpable	24,000	4	Not applicable	Not applicable	Not applicable
224 2	Pediatric Surgery	Surgical	Undescended Testis	Palpable	24,000	4	Not applicable	Not applicable	Not applicable
224 3	Pediatric Surgery	Surgical	Undescended Testis	Non - Palpable	27,400	4	Not applicable	Not applicable	Not applicable
224 4	Pediatric Surgery	Surgical	Undescended Testis	Reexploration / Second Stage	27,400	4	Not applicable	Not applicable	Not applicable
224 5	Pediatric Surgery	Surgical	Excision of accessory auricle	Excision of accessory auricle	26,200	4	Not applicable	Not applicable	Not applicable
224 6	Pediatric Surgery	Surgical	Anal transposition for ectopic anus	Anal transposition for ectopic anus	33,200	1	Not applicable	Not applicable	Not applicable
224 7	Pediatric Surgery	Surgical	MACROSTOMIA REPAIR	Repair of macrostomia	53,700	4	Not applicable	Not applicable	Not applicable
224 8	Pediatric Surgery	Surgical	Chordee Correction	Chordee Correction	19,600	5	Not applicable	Not applicable	Not applicable
224 9	Pediatric Surgery	Surgical	PARATHYROIDECTOMY	Parathyroidectomy	53,700	4	Not applicable	Not applicable	Not applicable
225 0	Pediatric Surgery	Surgical	Colon Transplant	Colon Transplant	22,300	5	Not applicable	Not applicable	Not applicable
225 1	Pediatric Surgery	Surgical	STENSON'S DUCT DILATATION	Dilatation of Stenson's duct	15,200	4	Not applicable	Not applicable	Not applicable
225 2	Pediatric Surgery	Surgical	Congenital Pyloric Stenosis	Congenital Pyloric Stenosis	15,300	5	Not applicable	Not applicable	Not applicable
225 3	Pediatric Surgery	Surgical	SUPERNUMMERY DIGIT EXISION	Excision of supernumerary digit	19,300	4	Not applicable	Not applicable	Not applicable
225 4	Pediatric Surgery	Surgical	Esophageal Atresia (Fistula)	Esophageal Atresia (Fistula)	25,600	5	Not applicable	Not applicable	Not applicable
225 5	Pediatric Surgery	Surgical	SYNDACTYLY	Syndactyly repair	48,200	4	Not applicable	Not applicable	Not applicable
225 6	Pediatric Surgery	Surgical	Laparotomy lavage & drainage	Laparotomy lavage & drainage	12,700	3	Not applicable	Not applicable	Not applicable
225 7	Pediatric Surgery	Surgical	TONGUE LACERATION	Repair of tongue laceration	19,300	4	Not applicable	Not applicable	Not applicable
225 8	Pediatric Surgery	Surgical	Paediatric Splenectomy (Non Traumatic)	Paediatric Splenectomy (Non Traumatic)	44,700	3	Not applicable	Not applicable	Not applicable

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2259	Pediatric Surgery	Surgical	TORTICOLLIS	Sternomastoid division	20,700	4	Not applicable	Not applicable	Not applicable
2260	Pediatric Surgery	Surgical	Pyloric Stenosis (Ramsted Op)	Pyloric Stenosis (Ramsted Op)	18,500	3	Not applicable	Not applicable	Not applicable
2261	Pediatric Surgery	Surgical	LIVER TRAUMA NON-OP	Non-operative management of liver trauma	55,000	4	Not applicable	Not applicable	Not applicable
2262	Pediatric Surgery	Surgical	Resection anastomosis of Intestine	Resection anastomosis of Intestine	27,100	2	Not applicable	Not applicable	Not applicable
2263	Pediatric Surgery	Surgical	PORTAL HYPERTENSION	NON-SHUNTS	61,900	4	Not applicable	Not applicable	Not applicable
2264	Pediatric Surgery	Surgical	Tracheo oesophageal fistula repair	Laparoscopic	25,300	5	Not applicable	Not applicable	Not applicable
2265	Pediatric Surgery	Surgical	Tracheo oesophageal fistula repair	Open	25,300	5	Not applicable	Not applicable	Not applicable
2266	Pediatric Surgery	Surgical	CONJOINED TWINS	Separation of twins	1,30,700	4	Not applicable	Not applicable	Not applicable
2267	Pediatric Surgery	Surgical	ESOPHAGEAL ATRESIA/TEF	PRIMARY REPAIR	89,400	4	Not applicable	Not applicable	Not applicable
2268	Pediatric Surgery	Surgical	MALROTATION	Ladd's procedure	53,700	4	Not applicable	Not applicable	Not applicable
2269	Pediatric Surgery	Surgical	POSTERIOR URETHRAL VALVES	VESICOSTOMY	56,400	4	Not applicable	Not applicable	Not applicable
2270	Pediatric Surgery	Surgical	SPLENORRHAPHY	Splenoraphy	42,700	4	Not applicable	Not applicable	Not applicable
2271	Pediatric Surgery	Surgical	ESOPHAGEAL DILATATION	Esophageal dilatation	41,300	4	Not applicable	Not applicable	Not applicable
2272	Pediatric Surgery	Surgical	OPEN KIDNEY BIOPSY	Kiidney biopsy	45,400	4	Not applicable	Not applicable	Not applicable
2273	Pediatric Surgery	Surgical	APPENDICO-VESICOSTOMY/Mittraffanof	Appendicovesicostomy or Monti procedure	59,200	4	Not applicable	Not applicable	Not applicable
2274	Pediatric Surgery	Surgical	VESICOSTOMY	Vesicostomy	38,500	4	Not applicable	Not applicable	Not applicable
2275	Pediatric Surgery	Surgical	SUPRAGLOTTOPLASTY	Supra-glottoplasty	37,200	4	Not applicable	Not applicable	Not applicable
2276	Pediatric Surgery	Surgical	SINGLE STAGE AIRWAY RECONSTRUCTION	Airway reconstruction	75,700	4	Not applicable	Not applicable	Not applicable
2277	Pediatric Surgery	Surgical	STAGED AIRWAY RECONSTRUCTION	Staged airway reconstruction	68,800	4	Not applicable	Not applicable	Not applicable
2278	Pediatric Surgery	Surgical	SLIDE TRACHEOPLASTY	Slide tracheoplasty	82,500	4	Not applicable	Not applicable	Not applicable
2279	Polytrauma	Surgical	Conservative Management of Head Injury	Severe	-	5	Routine Ward	1000	Not applicable

2280	Polytrauma	Surgical	Conservative Management of Head Injury	Depressed Fracture	-	5	Routine Ward	5000	Not applicable
2281	Polytrauma	Surgical	Head Injury with repair of Facio-Maxillary Injury & Fixations (Including Implants)	Head Injury with repair of Facio-Maxillary Injury & Fixations (Including Implants)	42,700	5	Not applicable	Not applicable	Not applicable
2282	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	82,500	5	Not applicable	Not applicable	Not applicable
2283	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	82,500	5	Not applicable	Not applicable	Not applicable
2284	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	1,03,200	5	Not applicable	Not applicable	Not applicable
2285	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	1,03,200	5	Not applicable	Not applicable	Not applicable
2286	Polytrauma	Surgical	Management of Chest Injury with Fracture of Long Bone	Management of Chest Injury with Fixation of Single Long Bone	38,500	5	Not applicable	Not applicable	Not applicable
2287	Polytrauma	Surgical	Management of Chest Injury with Fracture of Long Bone	Management of Chest Injury with Fixation of 2 or More Long Bones	49,500	5	Not applicable	Not applicable	Not applicable
2288	Polytrauma	Surgical	Management of Visceral Injury and Fracture Long Bone	Surgical Intervention for Visceral Injury and Fixation of Fracture of Single Long Bone	41,300	5	Not applicable	Not applicable	Not applicable
2289	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	61,900	5	Not applicable	Not applicable	Not applicable
2290	Polytrauma	Surgical	Internal Fixation of Pelviacetabular Fracture	Internal Fixation of Pelviacetabular Fracture	44,000	5	Not applicable	Not applicable	Not applicable
2291	Polytrauma	Surgical	Internal Fixation with Flap Cover Surgery for Wound in Compound Fracture	Internal Fixation with Flap Cover Surgery for Wound in Compound Fracture	44,000	5	Not applicable	Not applicable	Not applicable
2292	Polytrauma	Surgical	Emergency tendons repair ± Peripheral Nerve repair/ reconstructive surgery	Emergency tendons repair ± Peripheral Nerve repair/ reconstructive surgery	41,300	5	Not applicable	Not applicable	Not applicable
2293	Polytrauma	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Nerve Plexus injury repair	55,000	5	Not applicable	Not applicable	Not applicable
2294	Polytrauma	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Nerve Plexus injury reconstruction	55,000	5	Not applicable	Not applicable	Not applicable
2295	Polytrauma	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Tendon injury repair	55,000	5	Not applicable	Not applicable	Not applicable

2296	Polytrauma	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Tendon injury reconstruction	55,000	5	Not applicable	Not applicable	Not applicable
2297	Polytrauma	Surgical	Management of Nerve Plexus / Tendon Injuries Repair	Tendon transfer	55,000	5	Not applicable	Not applicable	Not applicable
2298	Polytrauma	Surgical	Plexus Injury along with Vascular Injury Repair/ Graft	Plexus Injury along With Vascular Injury Repair	66,000	5	Not applicable	Not applicable	Not applicable
2299	Polytrauma	Surgical	Plexus Injury along with Vascular Injury Repair/ Graft	Plexus Injury along with Vascular Injury Graft	82,500	5	Not applicable	Not applicable	Not applicable
2300	Urology	Surgical	Adrenalectomy	Open	30,300	2	Unilateral/ Bilateral	None/ "+" 5500	Not applicable
2301	Urology	Surgical	Adrenalectomy	Lap	30,300	2	Unilateral/ Bilateral	None/ "+" 5500	Not applicable
2302	Urology	Surgical	Renal Cyst Deroofing or Marsupialization	Open	33,000	2	Not applicable	Not applicable	Not applicable
2303	Urology	Surgical	Renal Cyst Deroofing or Marsupialization	Lap.	33,000	2	Not applicable	Not applicable	Not applicable
2304	Urology	Surgical	Nephrectomy	For Benign pathology - Open	45,200	2	Not applicable	Not applicable	Not applicable
2305	Urology	Surgical	Nephrectomy	For Benign pathology - Lap.	50,400	2	Not applicable	Not applicable	Not applicable
2306	Urology	Surgical	Nephrectomy	Radical (Renal tumor) - Open	45,200	4	Not applicable	Not applicable	Not applicable
2307	Urology	Surgical	Nephrectomy	Radical (Renal tumor) - Lap.	50,400	3	Not applicable	Not applicable	Not applicable
2308	Urology	Surgical	Nephrectomy	Partial or Hemi - Open	60,000	4	Not applicable	Not applicable	Not applicable
2309	Urology	Surgical	Nephrectomy	Partial or Hemi - Lap	60,000	3	Not applicable	Not applicable	Not applicable
2310	Urology	Surgical	Nephrolithotomy	Open	41,800	4	Not applicable	Not applicable	Not applicable
2311	Urology	Surgical	Nephrolithotomy	Anatrophic	41,800	4	Not applicable	Not applicable	Not applicable
2312	Urology	Surgical	PCNL (Percutaneous Nephrolithotomy)	PCNL (Percutaneous Nephrolithotomy)	49,500	2	Unilateral/ Bilateral	None/ "+" 5500	Not applicable
2313	Urology	Surgical	Nephrostomy	Percutaneous - Ultrasound Guided	40,000	1	Not applicable	Not applicable	Not applicable
2314	Urology	Surgical	Nephrostomy	Nephrostomy (PCN) - Follow Up	1,200	NA	Not applicable	Not applicable	Not applicable
2315	Urology	Surgical	Nephrostomy	Open	22,000	3	Not applicable	Not applicable	Not applicable
2316	Urology	Surgical	Follow up for urological procedures	Follow up for urological procedures	2,100	4	Not applicable	Not applicable	Not applicable
2317	Urology	Surgical	Nephro Ureterectomy	Benign - Open	42,000	4	Not applicable	Not applicable	Not applicable

2318	Urology	Surgical	Nephro Ureterectomy	Benign - Lap.	50,400	3	Not applicable	Not applicable	Not applicable
2319	Urology	Surgical	Nephro Ureterectomy	With Cuff of Bladder - Open	57,500	4	Not applicable	Not applicable	Not applicable
2320	Urology	Surgical	Nephro Ureterectomy	With Cuff of Bladder - Lap.	57,500	3	Not applicable	Not applicable	Not applicable
2321	Urology	Surgical	Perinephric Abscess drainage	Open	51,500	2	Not applicable	Not applicable	Not applicable
2322	Urology	Surgical	Perinephric Abscess drainage	Percutaneous	51,500	2	Not applicable	Not applicable	Not applicable
2323	Urology	Surgical	Ureteroscopy	Stone removal with lithotripsy - Lower Ureter	41,300	1	Unilateral/ Bilateral	None/ "+" 16500	Not applicable
2324	Urology	Surgical	Ureteroscopy	Stone removal with lithotripsy - Upper Ureter	41,300	1	Unilateral/ Bilateral	None/ "+" 16500	Not applicable
2325	Urology	Surgical	Ureteroscopy	With Endolitholopexy	18,500	1	Not applicable	Not applicable	Not applicable
2326	Urology	Surgical	Ureteroscopy	Ureteroscopy Urethroplasty	25,200	3	Not applicable	Not applicable	Not applicable
2327	Urology	Surgical	Ureteroscopy	With Percutaneous Nephrolithotomy (PCNL)	25,200	3	Not applicable	Not applicable	Not applicable
2328	Urology	Surgical	Extracorporeal shock - wave Lithotripsy (ESWL)	Extracorporeal shock - wave Lithotripsy (ESWL) stone, with or without stent (one side)	27,700	2	Not applicable	Not applicable	Not applicable
2329	Urology	Surgical	Ureterolithotomy	Open	33,000	3	Not applicable	Not applicable	Not applicable
2330	Urology	Surgical	Ureterolithotomy	Lap.	33,000	2	Not applicable	Not applicable	Not applicable
2331	Urology	Surgical	Ureterolithotomy	Lap Ureterolithotomy - Follow Up	1,000	NA	Not applicable	Not applicable	Not applicable
2332	Urology	Surgical	Ureterolithotomy	Open Ureterolithotomy - Follow Up	1,000	NA	Not applicable	Not applicable	Not applicable
2333	Urology	Surgical	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyeloplasty - Open	42,600	3	Not applicable	Not applicable	Not applicable
2334	Urology	Surgical	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyeloplasty - Laparoscopic	47,700	2	Not applicable	Not applicable	Not applicable
2335	Urology	Surgical	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyeloureterostomy - Open	42,600	3	Not applicable	Not applicable	Not applicable
2336	Urology	Surgical	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyeloureterostomy - Laparoscopic	47,700	2	Not applicable	Not applicable	Not applicable
2337	Urology	Surgical	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyelopyelostomy - Open	42,600	3	Not applicable	Not applicable	Not applicable
2338	Urology	Surgical	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyelopyelostomy - Laparoscopic	47,700	2	Not applicable	Not applicable	Not applicable

2339	Urology	Surgical	Ureterocalycostomy	Open	43,900	4	Not applicable	Not applicable	Not applicable
2340	Urology	Surgical	Ureterocalycostomy	Lap.	49,100	3	Not applicable	Not applicable	Not applicable
2341	Urology	Surgical	Pyelolithotomy	Open	41,300	3	Not applicable	Not applicable	Not applicable
2342	Urology	Surgical	Pyelolithotomy	Lap.	41,300	2	Not applicable	Not applicable	Not applicable
2343	Urology	Surgical	Internal Ureterotomy including cystoscopy as an independent procedure	Internal Ureterotomy including cystoscopy as an independent procedure	14,000	2	Not applicable	Not applicable	Not applicable
2344	Urology	Surgical	Ureterolysis for Retroperitoneal Fibrosis +/- Omental Wrapping	Open	43,500	3	Not applicable	Not applicable	Not applicable
2345	Urology	Surgical	Ureterolysis for Retroperitoneal Fibrosis +/- Omental Wrapping	Lap.	43,500	2	Not applicable	Not applicable	Not applicable
2346	Urology	Surgical	Ureterostomy (Cutaneous)	Ureterostomy (Cutaneous)	27,700	2	Not applicable	Not applicable	Not applicable
2347	Urology	Surgical	Uretero-ureterostomy	Open	38,500	3	Not applicable	Not applicable	Not applicable
2348	Urology	Surgical	Uretero-ureterostomy	Lap.	46,400	3	Not applicable	Not applicable	Not applicable
2349	Urology	Surgical	Uretero-Vaginal / Uterine Fistula Repair	Uretero - vaginal fistula repair - Open	40,700	3	Not applicable	Not applicable	Not applicable
2350	Urology	Surgical	Uretero-Vaginal / Uterine Fistula Repair	Uretero - Uterine fistula repair - Open	40,700	2	Not applicable	Not applicable	Not applicable
2351	Urology	Surgical	Uretero-Vaginal / Uterine Fistula Repair	Uretero - vaginal fistula repair - Laparoscopic	40,700	3	Not applicable	Not applicable	Not applicable
2352	Urology	Surgical	Uretero-Vaginal / Uterine Fistula Repair	Uretero - Uterine fistula repair - Laparoscopic	40,700	2	Not applicable	Not applicable	Not applicable
2353	Urology	Surgical	Ureteric Reimplantation	Open	33,000	3	Unilateral/ Bilateral	None/ "+" 11000	Not applicable
2354	Urology	Surgical	Ureteric Reimplantation	Lap.	33,000	3	Unilateral/ Bilateral	None/ "+" 11000	Not applicable
2355	Urology	Surgical	Boari Flap for Ureteric Stricture	Open	40,300	3	Not applicable	Not applicable	Not applicable
2356	Urology	Surgical	Boari Flap for Ureteric Stricture	Lap.	46,400	2	Not applicable	Not applicable	Not applicable
2357	Urology	Surgical	Ileal Replacement for Ureteric Stricture	Ileal Replacement for Ureteric Stricture	89,400	4	Not applicable	Not applicable	Not applicable
2358	Urology	Surgical	DJ Stent including Cystoscopy Ureteric Catheterization Retrograde Pyelogram	DJ Stent including Cystoscopy Ureteric Catheterization Retrograde Pyelogram	40,200	1	Not applicable	Not applicable	Not applicable

2359	Urology	Surgical	DJ Stent Removal	DJ Stent Removal	7,300	NA	Not applicable	Not applicable	Not applicable
2360	Urology	Surgical	Ureterocele incision including Cystoscopy Ureteric Catheterization Retrograde Pyelogram	Ureterocele incision including Cystoscopy Ureteric Catheterization Retrograde Pyelogram	71,500	1	Not applicable	Not applicable	Not applicable
2361	Urology	Surgical	Ureteric Sampling including Cystoscopy Ureteric Catheterization Retrograde Pyelogram	Ureteric Sampling including Cystoscopy Ureteric Catheterization Retrograde Pyelogram	57,500	1	Not applicable	Not applicable	Not applicable
2362	Urology	Surgical	Acute management of Upper Urinary Tract Trauma – Conservative	Acute management of Upper Urinary Tract Trauma – Conservative	-	5	Routine Ward	2000	Not applicable
2363	Urology	Surgical	Endopyelotomy	Retrograde with Laserbugbee	41,300	1	Not applicable	Not applicable	Not applicable
2364	Urology	Surgical	Endopyelotomy	Antegrade with Laserbugbee	41,300	2	Not applicable	Not applicable	Not applicable
2365	Urology	Surgical	Cystolithotomy - Open including Cystoscopy	Cystolithotomy - Open including Cystoscopy	36,900	2	Not applicable	Not applicable	Not applicable
2366	Urology	Surgical	Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy	Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy	27,700	1	Not applicable	Not applicable	Not applicable
2367	Urology	Surgical	Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy	Urethral Stone removal endoscopic, including cystoscopy	27,400	4	Not applicable	Not applicable	Not applicable
2368	Urology	Surgical	Diagnostic Cystoscopy	Diagnostic Cystoscopy	35,000	1	Not applicable	Not applicable	Not applicable
2369	Urology	Surgical	Partial Cystectomy	Open	33,000	3	Not applicable	Not applicable	Not applicable
2370	Urology	Surgical	Partial Cystectomy	Lap.	33,000	2	Not applicable	Not applicable	Not applicable
2371	Urology	Surgical	Partial Cystectomy - Follow Up	Partial Cystectomy - Follow Up	1,000	NA	Not applicable	Not applicable	Not applicable
2372	Urology	Surgical	Augmentation Cystoplasty	Open	44,000	4	Not applicable	Not applicable	Not applicable
2373	Urology	Surgical	Augmentation Cystoplasty	Lap.	49,100	4	Not applicable	Not applicable	Not applicable
2374	Urology	Surgical	Deflux for VUR	Deflux for VUR	5,800	NA	Not applicable	Not applicable	Not applicable
2375	Urology	Surgical	Bladder Diverticulectomy	Bladder Diverticulectomy - Follow Up	1,100	NA	Not applicable	Not applicable	Not applicable
2376	Urology	Surgical	Open Bladder Diverticulectomy +/- Ureteric Re-Implantation	Open Bladder Diverticulectomy +/- Ureteric Re-Implantation	36,200	3	Not applicable	Not applicable	Not applicable

2377	Urology	Surgical	Bladder Injury Repair (With or Without Urethral Injury)	Bladder Injury Repair (With or Without Urethral Injury)	35,100	3	Not applicable	Not applicable	Not applicable
2378	Urology	Surgical	Bladder Injury Repair (With or Without Urethral Injury)	with Colostomy (With or Without Urethral Injury)	40,000	4	Not applicable	Not applicable	Not applicable
2379	Urology	Surgical	Extrophy Bladder Repair +/- Osteotomy with Epispadias Repair and Ureteric Reimplant	Extrophy Bladder Repair +/- Osteotomy with Epispadias Repair and Ureteric Reimplant	1,23,800	4	Not applicable	Not applicable	Not applicable
2380	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)	54,900	1	Not applicable	Not applicable	Not applicable
2381	Urology	Surgical	Y V Plasty Of Bladder Neck / Bladder Neck Reconstruction	Y V Plasty Of Bladder Neck / Bladder Neck Reconstruction	46,500	4	Not applicable	Not applicable	Not applicable
2382	Urology	Surgical	Bladder Neck Incision	Endoscopic	22,800	1	Not applicable	Not applicable	Not applicable
2383	Urology	Surgical	Bladder Neck Incision	Open	18,500	3	Not applicable	Not applicable	Not applicable
2384	Urology	Surgical	TURBT (Transurethral Resection of Bladder Tumor)	TURBT (Transurethral Resection of Bladder Tumor)	40,000	2	Not applicable	Not applicable	Not applicable
2385	Urology	Surgical	TURBT - Restage	TURBT - Restage	27,300	2	Not applicable	Not applicable	Not applicable
2386	Urology	Surgical	Post TURBT - Check Cystoscopy +/- Coldcup Biopsy	Post TURBT - Check Cystoscopy +/- Coldcup Biopsy	13,800	1	Not applicable	Not applicable	Not applicable
2387	Urology	Surgical	Urachal Cyst excision	Open	47,500	2	Not applicable	Not applicable	Not applicable
2388	Urology	Surgical	Urachal Cyst excision	Lap	47,500	2	Not applicable	Not applicable	Not applicable
2389	Urology	Surgical	VVF Repair - Follow Up	VVF Repair - Follow Up	1,500	NA	Not applicable	Not applicable	Not applicable
2390	Urology	Surgical	Intravesical BCG / Mitomycin	Intravesical BCG / Mitomycin	3,500	4	Not applicable	Not applicable	Not applicable
2391	Urology	Surgical	Supra Pubic Drainage	Open	12,400	5	Not applicable	Not applicable	Not applicable
2392	Urology	Surgical	Supra Pubic Drainage	Closed / Trocar	40,400	1	Not applicable	Not applicable	Not applicable
2393	Urology	Surgical	Stress Incontinence Surgery	Stress Incontinence Surgery - Open	32,500	3	Not applicable	Not applicable	Not applicable

2394	Urology	Surgical	Repair of stress incontinence - Follow Up	Repair of stress incontinence - Follow Up	1,000	NA	Not applicable	Not applicable	Not applicable
2395	Urology	Surgical	Emergency Management of Acute Retention of Urine	Emergency Management of Acute Retention of Urine	-	2	Routine Ward	2000	Not applicable
2396	Urology	Surgical	Meatotomy / Meatoplasty	Meatotomy	5,700	1	Not applicable	Not applicable	Not applicable
2397	Urology	Surgical	Meatotomy / Meatoplasty	Meatoplasty	6,500	1	Not applicable	Not applicable	Not applicable
2398	Urology	Surgical	Urethroplasty	End to End	41,300	2	Not applicable	Not applicable	Not applicable
2399	Urology	Surgical	Urethroplasty	Substitution - Single Stage	41,300	4	Not applicable	Not applicable	Not applicable
2400	Urology	Surgical	Urethroplasty	Substitution - Two Stage	82,500	4	Not applicable	Not applicable	Not applicable
2401	Urology	Surgical	Urethroplasty	Transpubic	47,500	4	Not applicable	Not applicable	Not applicable
2402	Urology	Surgical	Urethroplasty Follow Up	Urethroplasty Follow Up	1,000	NA	Not applicable	Not applicable	Not applicable
2403	Urology	Surgical	Urethral Dilatation	Non endoscopic	5,500	1	Not applicable	Not applicable	Not applicable
2404	Urology	Surgical	Urethral Dilatation	Endoscopic	37,000	1	Not applicable	Not applicable	Not applicable
2405	Urology	Surgical	Perineal Urethrostomy Without Closure	Perineal Urethrostomy Without Closure	27,900	2	Not applicable	Not applicable	Not applicable
2406	Urology	Surgical	Post Urethral Valve Fulguration	Post Urethral Valve Fulguration	27,500	1	Not applicable	Not applicable	Not applicable
2407	Urology	Surgical	Hypospadias repair	Single Stage	55,000	3	Not applicable	Not applicable	Not applicable
2408	Urology	Surgical	Hypospadias repair	Two or more stage (First Stage)	33,000	3	Not applicable	Not applicable	Not applicable
2409	Urology	Surgical	Hypospadias repair	Two or more stage (Intermediate Stage)	-	3	Not applicable	Not applicable	Not applicable
2410	Urology	Surgical	Hypospadias repair	Two or more stage (Final Stage)	33,000	3	Not applicable	Not applicable	Not applicable
2411	Urology	Surgical	Hypospadias Repair - Follow Up	Hypospadias Repair - Follow Up	1,000	NA	Not applicable	Not applicable	Not applicable
2412	Urology	Surgical	Hypospadias repair	with Orchiopexy	46,500	3	Not applicable	Not applicable	Not applicable
2413	Urology	Surgical	Emergency Management of Hematuria	Emergency Management of Hematuria	-	2	Routine Ward	2000	Not applicable
2414	Urology	Surgical	Excision of Urethral Caruncle	Excision of Urethral Caruncle	9,400	1	Not applicable	Not applicable	Not applicable
2415	Urology	Surgical	Urethrovaginal Fistula Repair	Urethrovaginal Fistula Repair	55,000	2	Not applicable	Not applicable	Not applicable

241 6	Urology	Surgical	Urethrorectal Fistula Repair	Urethrorectal Fistula Repair	68,800	4	Not applicable	Not applicable	Not applicable
241 7	Urology	Surgical	Open Simple Prostatetctomy for BPH	Open Simple Prostatetctomy for BPH	41,000	3	Not applicable	Not applicable	Not applicable
241 8	Urology	Surgical	Radical Prostatectomy	Open	77,000	4	Not applicable	Not applicable	Not applicable
241 9	Urology	Surgical	Radical Prostatectomy	Lap.	77,000	4	Not applicable	Not applicable	Not applicable
242 0	Urology	Surgical	Holmium Laser Prostatectomy	Holmium Laser Prostatectomy	44,000	2	Not applicable	Not applicable	Not applicable
242 1	Urology	Surgical	TURP	Monopolar	42,600	2	Not applicable	Not applicable	Not applicable
242 2	Urology	Surgical	TURP	Bipolar	42,600	2	Not applicable	Not applicable	Not applicable
242 3	Urology	Surgical	TURP	With Vesicolithotripsy	27,700	3	Not applicable	Not applicable	Not applicable
242 4	Urology	Surgical	TURP	With Nephrectomy	42,300	1	Not applicable	Not applicable	Not applicable
242 5	Urology	Surgical	TURP	With Removal of Verical Calculi	42,300	1	Not applicable	Not applicable	Not applicable
242 6	Urology	Surgical	TURP	With Closure Of Urinary Fistula	25,200	3	Not applicable	Not applicable	Not applicable
242 7	Urology	Surgical	TURP	With Cystolithopexy	25,200	3	Not applicable	Not applicable	Not applicable
242 8	Urology	Surgical	TURP	With Cystoscopic Removal of Stone	25,200	3	Not applicable	Not applicable	Not applicable
242 9	Urology	Surgical	TURP	With Fissurectomy	25,200	3	Not applicable	Not applicable	Not applicable
243 0	Urology	Surgical	TURP	With Haemorrhoidectomy	25,200	3	Not applicable	Not applicable	Not applicable
243 1	Urology	Surgical	TURP	With Herniorraphy	25,200	3	Not applicable	Not applicable	Not applicable
243 2	Urology	Surgical	TURP	With Repair of Urethra	25,200	3	Not applicable	Not applicable	Not applicable
243 3	Urology	Surgical	TURP	With Suprapubic Cystolithotomy	25,200	3	Not applicable	Not applicable	Not applicable
243 4	Urology	Surgical	TURP	With Urethrolithotomy	25,200	3	Not applicable	Not applicable	Not applicable
243 5	Urology	Surgical	TURP	With URS	25,200	3	Not applicable	Not applicable	Not applicable
243 6	Urology	Surgical	TURP	With Vesicolithotomy	25,200	3	Not applicable	Not applicable	Not applicable
243 7	Urology	Surgical	TURP	With Fistulectomy	36,900	4	Not applicable	Not applicable	Not applicable

2438	Urology	Surgical	Transrectal Ultrasound Guided Prostate Biopsy (Minimum 12 Core)	Transrectal Ultrasound Guided Prostate Biopsy (Minimum 12 Core)	40,000	1	Not applicable	Not applicable	Not applicable
2439	Urology	Surgical	Penectomy	Partial Penectomy	27,500	2	Not applicable	Not applicable	Not applicable
2440	Urology	Surgical	Penectomy	Total Penectomy with Perineal Urethrostomy	41,300	2	Not applicable	Not applicable	Not applicable
2441	Urology	Surgical	Surgery for Priapism	Aspiration	47,500	2	Not applicable	Not applicable	Not applicable
2442	Urology	Surgical	Surgery for Priapism	Shunt	47,500	2	Not applicable	Not applicable	Not applicable
2443	Urology	Surgical	Surgery for Priapism - Follow Up	Surgery for Priapism - Follow Up	1,000	NA	Not applicable	Not applicable	Not applicable
2444	Urology	Surgical	Penile Prosthesis Insertion	Penile Prosthesis Insertion	48,200	2	Not applicable	Not applicable	Penile Prosthesis - Malleable - Indian Implant - Part of package cost
2445	Urology	Surgical	Orchiectomy	Inguinal	51,500	2	Not applicable	Not applicable	Not applicable
2446	Urology	Surgical	Orchiectomy	Simple	45,700	1	Not applicable	Not applicable	Not applicable
2447	Urology	Surgical	Bilateral Orchiectomy for Hormone Ablation	Bilateral Orchiectomy for Hormone Ablation	42,000	1	Not applicable	Not applicable	Not applicable
2448	Urology	Surgical	Orchiopexy	Lap.	41,300	3	Unilateral/ Bilateral	None/ "+" 5500	Not applicable
2449	Urology	Surgical	Orchiopexy	Open	33,000	2	Unilateral/ Bilateral	None/ "+" 5500	Not applicable
2450	Urology	Surgical	Surgical Correction of Varicocele	Non Microsurgical	40,000	1	Unilateral/ Bilateral	None/ "+" 5500	Not applicable
2451	Urology	Surgical	Surgical Correction of Varicocele	Microsurgical	40,000	1	Unilateral/ Bilateral	None/ "+" 5500	Not applicable
2452	Urology	Surgical	Radical Retroperitoneal lymph node dissection	Open	54,800	3	Not applicable	Not applicable	Not applicable
2453	Urology	Surgical	Radical Retroperitoneal lymph node dissection	Lap	55,800	3	Not applicable	Not applicable	Not applicable
2454	Urology	Surgical	Ilioinguinal Lymphadenectomy	Ilioinguinal Lymphadenectomy - Single	32,800	2	Unilateral/ Bilateral	None/ "+" 5500	Not applicable
2455	Urology	Surgical	Ilioinguinal Lymphadenectomy	Ilioinguinal Lymphadenectomy - Multiple	44,900	2	Unilateral/ Bilateral	None/ "+" 5500	Not applicable
2456	Urology	Surgical	Hysterectomy as part of VVF/ Uterovaginal Fistula Repair	Hysterectomy as part of VVF/ Uterovaginal Fistula Repair	61,300	1	Not applicable	Not applicable	Not applicable

2457	Urology	Surgical	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)	3,900	1	Not applicable	Not applicable	Not applicable
2458	Urology	Surgical	Retrograde Intrarenal Surgery with Laser Lithotripsy	Retrograde Intrarenal Surgery with Laser Lithotripsy	41,800	1	Not applicable	Not applicable	Not applicable
2459	Urology	Surgical	VVF uterovaginal Repair	Open	37,400	3	Not applicable	Not applicable	Not applicable
2460	Urology	Surgical	VVF uterovaginal Repair	Lap.	41,300	4	Not applicable	Not applicable	Not applicable
2461	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	33,000	2	Not applicable	Not applicable	Not applicable
2462	Urology	Surgical	Pelvic lymphadenectomy, after prior cancer surgery	Open	41,300	3	Not applicable	Not applicable	Not applicable
2463	Urology	Surgical	Pelvic lymphadenectomy, after prior cancer surgery	Laparoscopic	41,800	3	Not applicable	Not applicable	Not applicable
2464	Urology	Surgical	Botulinum toxin injection for Neuropathic bladder	Botulinum toxin injection for Neuropathic bladder	13,800	4	Not applicable	Not applicable	Not applicable
2465	Urology	Surgical	Bladder Calculi Removal	Bladder Calculi Removal	25,300	1	Not applicable	Not applicable	Not applicable
2466	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	34,300	5	Not applicable	Not applicable	Not applicable
2467	Urology	Surgical	Correction of Extrophy of Bladder	Correction of Extrophy of Bladder	1,07,800	1	Not applicable	Not applicable	Not applicable
2468	Urology	Surgical	Cystolithopexy	Cystolithopexy	18,500	3	Not applicable	Not applicable	Not applicable
2469	Urology	Surgical	Dormia Extraction of Calculus	Dormia Extraction of Calculus	35,000	1	Not applicable	Not applicable	Not applicable
2470	Urology	Surgical	Drainage of Abscess	Perinephric Abscess	9,400	3	Not applicable	Not applicable	Not applicable
2471	Urology	Surgical	Drainage of Abscess	Psoas Abscess	37,500	1	Not applicable	Not applicable	Not applicable
2472	Urology	Surgical	Exploration of Epididymus	Exploration of Epididymus	18,500	3	Not applicable	Not applicable	Not applicable
2473	Urology	Surgical	Internal Urethrotomy	Internal Urethrotomy	27,700	3	Not applicable	Not applicable	Not applicable

247 4	Urology	Surgical	Internal Urethrotomy	Internal Urethrotomy with Cystoscopy	38,100	1	Not applicable	Not applicable	Not applicable
247 5	Urology	Surgical	Visual Internal Urethrotomy with TURP	Visual Internal Urethrotomy with TURP	25,300	1	Not applicable	Not applicable	Not applicable
247 6	Urology	Surgical	Litholapexy	Litholapexy	18,500	1	Not applicable	Not applicable	Not applicable
247 7	Urology	Surgical	Lithotripsy	Lithotripsy	30,800	1	Not applicable	Not applicable	Not applicable
247 8	Urology	Surgical	Neoblastoma	Neoblastoma	34,300	4	Not applicable	Not applicable	Not applicable
247 9	Urology	Surgical	Nephropexy	Nephropexy	18,500	1	Not applicable	Not applicable	Not applicable
248 0	Urology	Surgical	Operation for Double Ureter	Operation for Double Ureter	27,700	3	Not applicable	Not applicable	Not applicable
248 1	Urology	Surgical	Operation for Ectopic Ureter	Operation for Ectopic Ureter	25,200	3	Not applicable	Not applicable	Not applicable
248 2	Urology	Surgical	Operations for Cyst of Kidney	Open	43,500	3	Not applicable	Not applicable	Not applicable
248 3	Urology	Surgical	Operations for Cyst of Kidney	Lap.	43,500	3	Not applicable	Not applicable	Not applicable
248 4	Urology	Surgical	Prostatic Biopsy	Prostatic Biopsy	33,000	2	Not applicable	Not applicable	Not applicable
248 5	Urology	Surgical	Reimplantation of Bladder	Reimplantation of Bladder	42,300	3	Not applicable	Not applicable	Not applicable
248 6	Urology	Surgical	Repair of Ureterocele	Open	40,300	1	Not applicable	Not applicable	Not applicable
248 7	Urology	Surgical	Repair of Ureterocele	Lap.	40,300	1	Not applicable	Not applicable	Not applicable
248 8	Urology	Surgical	Retroperitoneal Fibrosis – Renal	Retroperitoneal Fibrosis – Renal	42,300	3	Not applicable	Not applicable	Not applicable
248 9	Urology	Surgical	Retropubic Prostatectomy	Retropubic Prostatectomy	36,900	3	Not applicable	Not applicable	Not applicable
249 0	Urology	Surgical	Splenorenal Anastomosis	Splenorenal Anastomosis	77,000	2	Not applicable	Not applicable	Not applicable
249 1	Urology	Surgical	Stricture Urethra	Stricture Urethra	35,300	1	Not applicable	Not applicable	Not applicable
249 2	Urology	Surgical	Torsion Testis	Torsion Testis	46,500	1	Not applicable	Not applicable	Not applicable
249 3	Urology	Surgical	Trans Vesical Prostatectomy	Trans Vesical Prostatectomy	18,500	1	Not applicable	Not applicable	Not applicable
249 4	Urology	Surgical	Transurethral Fulguration	Transurethral Fulguration	33,000	1	Not applicable	Not applicable	Not applicable

2495	Urology	Surgical	TUR Fulgration (Transurethral Fulgration of Bladder Tumor)	TUR Fulgration (Transurethral Fulgration of Bladder Tumor)	27,700	1	Not applicable	Not applicable	Not applicable
2496	Urology	Surgical	Ultra Sound Guided Biopsy	Ultra Sound Guided Biopsy	2,700	3	Not applicable	Not applicable	Not applicable
2497	Urology	Surgical	Ureteric Catheterization - Cystoscopy	Ureteric Catheterization - Cystoscopy	9,400	3	Not applicable	Not applicable	Not applicable
2498	Urology	Surgical	Ureteroscopic Removal of Ureteric Calculi	Ureteroscopic Removal of Ureteric Calculi	18,500	1	Not applicable	Not applicable	Not applicable
2499	Urology	Surgical	Ureteroscopic Stone Removal and DJ Stenting	Ureteroscopic Stone Removal and DJ Stenting	25,200	3	Not applicable	Not applicable	Not applicable
2500	Urology	Surgical	Urethral Injury	Urethral Injury	42,300	1	Not applicable	Not applicable	Not applicable
2501	Urology	Surgical	Urethral Reconstuction	Urethral Reconstuction	27,700	3	Not applicable	Not applicable	Not applicable
2502	Urology	Surgical	URS	Stone Removal	20,400	1	Not applicable	Not applicable	Not applicable
2503	Urology	Surgical	URS	With DJ Stenting With ESWL	25,200	3	Not applicable	Not applicable	Not applicable
2504	Urology	Surgical	URS	With Lithotripsy With DJ Stenting	25,200	3	Not applicable	Not applicable	Not applicable
2505	Urology	Surgical	URS	Cystolithotomy	25,200	3	Not applicable	Not applicable	Not applicable
2506	Urology	Surgical	URS	With Lithotripsy	27,600	2	Not applicable	Not applicable	Not applicable
2507	Urology	Surgical	URS	Extraction of Stone Ureter	30,800	3	Not applicable	Not applicable	Not applicable
2508	Urology	Surgical	Vesico Uretero Reflux	Vesico Uretero Reflux	1,300	3	Not applicable	Not applicable	Not applicable
2509	Urology	Surgical	Vesicolithotomy	Vesicolithotomy	25,200	3	Not applicable	Not applicable	Not applicable
2510	Urology	Surgical	Visual Internal Urethrotomy	Hydrocelectomy	18,500	1	Not applicable	Not applicable	Not applicable
2511	Urology	Surgical	Visual Internal Urethrotomy	with Meatoplasty	18,500	1	Not applicable	Not applicable	Not applicable
2512	Urology	Surgical	Visual Internal Urethrotomy	For Stricture Urethra	18,500	1	Not applicable	Not applicable	Not applicable
2513	Urology	Surgical	Visual Internal Urethrotomy	Visual Internal Urethrotomy	27,700	3	Not applicable	Not applicable	Not applicable
2514	Urology	Surgical	Visual Internal Urethrotomy	With Cystoscopy	38,100	1	Not applicable	Not applicable	Not applicable
2515	Urology	Surgical	Visual Internal Urethrotomy	With Cystolithopexy	25,200	3	Not applicable	Not applicable	Not applicable

251 6	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - I Congenital Heart Disease	Unifocalization of MAPCA	1,51,3 00	10	Not applicable	Not applicable	Not applicable
251 7	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - I Congenital Heart Disease	Isolated Secundum Atrial Septal Defect (ASD) Repair	1,51,3 00	10	Not applicable	Not applicable	Not applicable
251 8	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - I Congenital Heart Disease	Glenn procedure	1,51,3 00	10	Not applicable	Not applicable	Not applicable
251 9	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - I Congenital Heart Disease	Pulmonary Artery Banding	1,51,3 00	10	Not applicable	Not applicable	Not applicable
252 0	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - I Congenital Heart Disease	Systemic - Pulmonary Artery shunt	1,51,3 00	10	Not applicable	Not applicable	PTFE Patch - Thin - 33000
252 1	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - I Congenital Heart Disease	Vascular Ring division	1,51,3 00	10	Not applicable	Not applicable	Not applicable
252 2	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - I Congenital Heart Disease	Coarctation repair	1,51,3 00	10	Not applicable	Not applicable	Dacron Graft - Straight - 33000
252 3	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - I Congenital Heart Disease	BT Shunt (inclusives of grafts)	1,10,0 00	10	Not applicable	Not applicable	Implant for "BT Shunt (inclusives of grafts)" - 55000
252 4	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	ASD closure + Partial Anomalous Venous Drainage Repair	1,81,5 00	10	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
252 5	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	ASD Closure + Mitral procedure	1,81,5 00	10	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
252 6	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	ASD Closure + Tricuspid procedure	1,81,5 00	10	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
252 7	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	ASD Closure + Pulmonary procedure	1,81,5 00	10	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
252 8	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	ASD Closure + Infundibular procedure	1,81,5 00	10	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
252 9	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	VSD closure	1,81,5 00	10	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
253 0	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	Infundibular PS repair	1,81,5 00	10	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
253 1	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	Valvular PS / PR repair	1,81,5 00	10	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
253 2	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	Partial AV canal repair	1,81,5 00	10	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
253 3	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	Intermediate AV canal repair	1,81,5 00	10	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
253 4	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	Atrial septectomy + Glenn	1,81,5 00	10	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
253 5	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	Atrial septectomy + PA Band	1,81,5 00	10	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
253 6	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	Sinus of Valsalva aneurysm repair with aortic valve procedure	1,81,5 00	10	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
253 7	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	Sinus of Valsalva aneurysm repair without aortic valve procedure	1,81,5 00	10	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
253 8	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - II Congenital Heart Disease	Sub-aortic membrane resection	1,81,5 00	10	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
253 9	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Ebstien repair	2,26,9 00	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
254 0	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Double switch operation	2,26,9 00	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
254 1	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Rastelli Procedure	2,26,900	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
254 2	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Fontan procedure	2,26,900	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

254 3	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	AP window repair	2,26,9 00	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
254 4	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Arch interruption Repair without VSD closure	2,26,9 00	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
254 5	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Arch interruption Repair with VSD closure	2,26,9 00	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

254 6	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	DORV Repair	2,26,9 00	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
254 7	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Supravalvular AS repair	2,26,9 00	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
254 8	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Konno procedure	2,26,9 00	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

2549	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Norwood procedure	2,26,900	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
2550	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	VSD closure + RV - PA conduit	2,26,900	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
2551	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	VSD + Aortic procedure	2,26,900	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

255 2	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	VSD + Mitral procedure	2,26,9 00	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
255 3	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	VSD + Tricuspid procedure	2,26,9 00	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
255 4	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	VSD + Pulmonary procedure	2,26,9 00	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

255 5	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	VSD + Infundibular procedure	2,26,9 00	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
255 6	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	VSD + Coarctation repair	2,26,9 00	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
255 7	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	TAPVC Repair	2,26,9 00	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

2558	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Truncus arteriosus repair	2,26,900	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
2559	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Tetralogy of Fallot Repair	2,26,900	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
2560	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Complete AV canal repair	2,26,900	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

256 1	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Arterial switch operation	2,26,9 00	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
256 2	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Senning Operation	2,26,9 00	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
256 3	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	Mustard Operation	2,26,9 00	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

2564	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Category - III Congenital Heart Disease	ALCAPA	3,02,500	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
2565	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)	1,78,600	10	Not applicable	Not applicable	Not applicable
2566	Cardiothoracic Vascular Surgery	Surgical	Single Valve Procedure	Aortic Valve	1,80,100	7	Not applicable	Not applicable	Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Tissue Valve - 7700
2567	Cardiothoracic Vascular Surgery	Surgical	Single Valve Procedure	Mitral Valve	1,80,100	7	Not applicable	Not applicable	Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Tissue Valve - 7700 Valve Ring - Mitral - 38500
2568	Cardiothoracic Vascular Surgery	Surgical	Single Valve Procedure	Tricuspid Valve	1,80,100	7	Not applicable	Not applicable	Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Tissue Valve - 7700 Valve Ring - Tricuspid - 38500
2569	Cardiothoracic Vascular Surgery	Surgical	Double Valve Procedure	Double Valve Procedure	2,14,800	10	Repair/ Replacement	None/ None	Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Tissue Valve - 77000 Valve Ring - Mitral - 38500

									Valve Ring - Tricuspid - 38500
2570	Cardiothoracic Vascular Surgery	Surgical	Triple valve procedure	Triple valve procedure	2,57,200	12	Repair/Replacement	None/None	Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500
2571	Cardiothoracic Vascular Surgery	Surgical	Closed Mitral Valvotomy including thoracotomy	Closed Mitral Valvotomy including thoracotomy	86,200	7	Not applicable	Not applicable	Not applicable
2572	Cardiothoracic Vascular Surgery	Surgical	Ross Procedure	Ross Procedure	2,26,900	10	Not applicable	Not applicable	RV - PA Conduit - 132000
2573	Cardiothoracic Vascular Surgery	Surgical	Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM)	Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM)	1,68,000	10	Not applicable	Not applicable	Not applicable
2574	Cardiothoracic Vascular Surgery	Surgical	Pericardial window (via thoracotomy)	Pericardial window (via thoracotomy)	45,400	7	Not applicable	Not applicable	Not applicable
2575	Cardiothoracic Vascular Surgery	Surgical	Pericardiectomy	Pericardiectomy	1,01,400	10	Not applicable	Not applicable	Not applicable
2576	Cardiothoracic Vascular Surgery	Surgical	Patent Ductus Arteriosus (PDA) Closure via thoracotomy	Patent Ductus Arteriosus (PDA) Closure via thoracotomy	86,200	7	Not applicable	Not applicable	Not applicable
2577	Cardiothoracic Vascular Surgery	Surgical	Aortic Root Replacement Surgery	Bental Procedure	2,26,900	12	Not applicable	Not applicable	Composite Aortic Valved conduit - Mechanical - 110000 Dacron Graft - Straight - 33000 Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Valve Ring - Mitral - 38500

2578	Cardiothoracic Vascular Surgery	Surgical	Aortic Root Replacement Surgery	Aortic Dissection	2,26,900	12	Not applicable	Not applicable	Composite Aortic Valved conduit - Mechanical - 110000 Dacron Graft - Straight - 33000 Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Valve Ring - Mitral - 38500
2579	Cardiothoracic Vascular Surgery	Surgical	Aortic Root Replacement Surgery	Aortic Aneurysm	2,26,900	12	Not applicable	Not applicable	Composite Aortic Valved conduit - Mechanical - 110000 Dacron Graft - Straight - 33000 Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Valve Ring - Mitral - 38500
2580	Cardiothoracic Vascular Surgery	Surgical	Aortic Root Replacement Surgery	Valve sparing root replacement	2,26,900	12	Not applicable	Not applicable	Composite Aortic Valved conduit - Mechanical - 110000 Dacron Graft - Straight - 33000 Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Valve Ring - Mitral - 38500
2581	Cardiothoracic Vascular Surgery	Surgical	Aortic Root Replacement Surgery	AVR + Root enlargement	2,26,900	12	Not applicable	Not applicable	Composite Aortic Valved conduit - Mechanical - 110000 Dacron Graft - Straight - 33000 Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Valve Ring - Mitral - 38500

258 2	Cardiothoracic Vascular Surgery	Surgical	Aortic Arch Replacement / Thoracoabdominal aneurysm Repair using bypass	Aortic Arch Replacement using bypass	2,26,9 00	12	Not applicable	Not applicable	Arch Graft - 93500 Coselli Graft - 93500 Complex grafts other than Arch Graft & Coseli Graft - 93500
258 3	Cardiothoracic Vascular Surgery	Surgical	Aortic Arch Replacement / Thoracoabdominal aneurysm Repair using bypass	Thoracoabdominal aneurysm Repair using bypass	2,26,9 00	12	Not applicable	Not applicable	Arch Graft - 93500 Coselli Graft - 93500 Complex grafts other than Arch Graft & Coseli Graft - 93500
258 4	Cardiothoracic Vascular Surgery	Surgical	Aortic Aneurysm Repair	Aortic Aneurysm Repair using Cardiopulmonary bypass (CPB)	1,65,0 00	10	Not applicable	Not applicable	Dacron Graft - Straight - 33000
258 5	Cardiothoracic Vascular Surgery	Surgical	Aortic Aneurysm Repair	Aortic Aneurysm Repair using Left Heart Bypass	1,65,0 00	10	Not applicable	Not applicable	Dacron Graft - Straight - 33000
258 6	Cardiothoracic Vascular Surgery	Surgical	Aortic Aneurysm Repair	Aortic Aneurysm Repair without using Cardiopulmonary bypass (CPB)	99,100	10	Not applicable	Not applicable	Dacron Graft - Straight - 33000
258 7	Cardiothoracic Vascular Surgery	Surgical	Aortic Aneurysm Repair	Aortic Aneurysm Repair without using Left Heart Bypass	99,100	10	Not applicable	Not applicable	Dacron Graft - Straight - 33000
258 8	Cardiothoracic Vascular Surgery	Surgical	Aorto Iliac / Aorto femoral bypass	Aorto Iliac bypass	97,600	7	Not applicable	Not applicable	Dacron Graft - Bifurcated - 38500
258 9	Cardiothoracic Vascular Surgery	Surgical	Aorto Iliac / Aorto femoral bypass	Aorto femoral bypass	97,600	7	Not applicable	Not applicable	Dacron Graft - Bifurcated - 38500
259 0	Cardiothoracic Vascular Surgery	Surgical	Aorto Iliac / Aorto femoral bypass (Uni and Bi)	Aorto Iliac bypass - B/L	97,600	7	Not applicable	Not applicable	Dacron Graft - Bifurcated - 38500 PTFE Graft - Straight - 55000
259 1	Cardiothoracic Vascular Surgery	Surgical	Aorto Iliac / Aorto femoral bypass (Uni and Bi)	Aorto femoral bypass - B/L	97,600	7	Not applicable	Not applicable	Dacron Graft - Bifurcated - 38500 PTFE Graft - Straight - 55000
259 2	Cardiothoracic Vascular Surgery	Surgical	Pulmonary Embolectomy / Thromboendarterectomy	Pulmonary Embolectomy	2,13,3 00	10	Not applicable	Not applicable	Not applicable
259 3	Cardiothoracic Vascular Surgery	Surgical	Pulmonary Embolectomy / Thromboendarterectomy	Thromboendarterectomy	2,13,3 00	10	Not applicable	Not applicable	Not applicable

259 4	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Femoro - Femoral Bypass	77,000	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000
259 5	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Carotid - endarterectomy	75,700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000
259 6	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Carotid Body Tumor Excision	75,700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000
259 7	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Thoracic Outlet syndrome Repair	75,700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000
259 8	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Carotid aneurysm repair	75,700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000
259 9	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Subclavian aneurysm repair	75,700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000
260 0	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Axillary aneurysm repair	75,700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000
260 1	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Brachial aneurysm repair	75,700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000
260 2	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Femoral aneurysm repair	75,700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000
260 3	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Popliteal aneurysm repair	75,700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000
260 4	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Femoral - popliteal Bypass	75,700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000

2605	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Axillo - Brachial Bypass	71,500	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000
2606	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Carotio - carotid Bypass	75,700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000
2607	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Carotido - subclavian bypass	75,700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000
2608	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Carotido - axillary bypass	75,700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000
2609	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Axillo - femoral bypass	77,000	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000
2610	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Axillo - femoral bypass - B/L	75,700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000
2611	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Aorto - carotid bypass	75,700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000
2612	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Aorto - subclavian bypass	75,700	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000
2613	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Patch Graft Angioplasty	1,05,900	7	Not applicable	Not applicable	Not applicable
2614	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Small Arterial Aneurysms – Repair	1,05,900	7	Not applicable	Not applicable	Not applicable
2615	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Medium size arterial aneurysms with synthetic graft	1,05,900	7	Not applicable	Not applicable	Dacron Graft - Straight - 33000 PTFE Graft - Straight - 55000
2616	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Surgery for Arterial Aneurysm –Vertebral	1,05,900	7	Not applicable	Not applicable	Not applicable

2617	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Surgery for Arterial Aneurysm Renal Artery	1,05,900	7	Not applicable	Not applicable	Not applicable
2618	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Operations for Acquired Arteriovenous Fistula	1,05,900	7	Not applicable	Not applicable	Not applicable
2619	Cardiothoracic Vascular Surgery	Surgical	Peripheral Arterial Surgeries	Congenital Arterio Venous Fistula	1,05,900	7	Not applicable	Not applicable	Not applicable
2620	Cardiothoracic Vascular Surgery	Surgical	Thromboembolectomy	Thromboembolectomy	42,400	4	Not applicable	Not applicable	Not applicable
2621	Cardiothoracic Vascular Surgery	Surgical	Peripheral arterial injury repair (without bypass)	Peripheral arterial injury repair (without bypass)	45,400	4	Not applicable	Not applicable	Not applicable
2622	Cardiothoracic Vascular Surgery	Surgical	Thoracotomy, Thoraco Abdominal Approach	Thoracotomy, Thoraco Abdominal Approach	45,400	10	Not applicable	Not applicable	Not applicable
2623	Cardiothoracic Vascular Surgery	Surgical	Lung surgery including Thoracotomy	Lung cyst exision	68,100	10	Not applicable	Not applicable	Not applicable
2624	Cardiothoracic Vascular Surgery	Surgical	Lung surgery including Thoracotomy	Decortication	68,100	10	Not applicable	Not applicable	Not applicable
2625	Cardiothoracic Vascular Surgery	Surgical	Lung surgery including Thoracotomy	Hydatid cyst	68,100	10	Not applicable	Not applicable	Not applicable
2626	Cardiothoracic Vascular Surgery	Surgical	Lung surgery including Thoracotomy	Other simple lung procedure excluding lung resection	68,100	10	Not applicable	Not applicable	Not applicable
2627	Cardiothoracic Vascular Surgery	Surgical	Lung surgery including Thoracotomy	Bronchial Repair Surgery for Injuries due to FB	68,100	10	Not applicable	Not applicable	Not applicable
2628	Cardiothoracic Vascular Surgery	Surgical	Pulmonary Resection	Non infective	1,05,900	10	Non - Infective/ Infective	None/ "+" 22000	Not applicable
2629	Cardiothoracic Vascular Surgery	Surgical	Foreign Body Removal with scope	Foreign Body Removal with scope	30,300	2	Not applicable	Not applicable	Not applicable
2630	Cardiothoracic Vascular Surgery	Surgical	Surgical Correction of Bronchopleural Fistula	Surgical Correction of Bronchopleural Fistula	98,300	10	Not applicable	Not applicable	Not applicable

263 1	Cardiothoracic Vascular Surgery	Surgical	Space - Occupying Lesion (SOL) mediastinum	Space - Occupying Lesion (SOL) mediastinum	99,100	10	Not applicable	Not applicable	Not applicable
263 2	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	15,200	4	Not applicable	Not applicable	Not applicable
263 3	Cardiothoracic Vascular Surgery	Surgical	Diaphragmatic Repair	Diaphragmatic Repair	45,400	10	Not applicable	Not applicable	Mesh - 6 X 3 - Polypropylene - 2200
263 4	Cardiothoracic Vascular Surgery	Surgical	Surgery for Cardiac Tumour	Surgery for Cardiac Tumour	1,43,8 00	10	Not applicable	Not applicable	Not applicable
263 5	Cardiothoracic Vascular Surgery	Surgical	Immediate reoperation (within 5 days)	Tetralogy of Fallot Repair	1,13,5 00	12	Not applicable	Not applicable	PTFE Patch - Thin - 33000 Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Pericardial Patch - 19800 RV - PA Conduit - 132000 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500
263 6	Cardiothoracic Vascular Surgery	Surgical	Immediate reoperation (within 5 days)	Aortic Valve	2,15,7 00	7	Not applicable	Not applicable	Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Tissue Valve - 77000
263 7	Cardiothoracic Vascular Surgery	Surgical	Immediate reoperation (within 5 days)	Mitral Valve	2,15,7 00	7	Not applicable	Not applicable	Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Tissue Valve - 77000 Valve Ring - Mitral - 38500
263 8	Cardiothoracic Vascular Surgery	Surgical	Immediate reoperation (within 5 days)	Tricuspid Valve	2,15,7 00	7	Not applicable	Not applicable	Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Tissue Valve - 77000

									Valve Ring - Tricuspid - 38500
2639	Cardiothoracic Vascular Surgery	Surgical	Immediate reoperation (within 5 days)	Double Valve Procedure	1,07,500	10	Repair/Replacement	None/None	Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500
2640	Cardiothoracic Vascular Surgery	Surgical	Immediate reoperation (within 5 days)	Triple valve procedure	1,28,600	12	Repair/Replacement	None/None	Mechanical Valve - Bileaflet - 44000 Mechanical Valve - Tilting Disc - 30800 Tissue Valve - 77000 Valve Ring - Mitral - 38500 Valve Ring - Tricuspid - 38500
2641	Cardiothoracic Vascular Surgery	Surgical	Low Cardiac Output syndrome requiring IABP insertion post - operatively	Low Cardiac Output syndrome requiring IABP insertion post - operatively	75,700	7	Not applicable	Not applicable	Not applicable
2642	Cardiothoracic Vascular Surgery	Surgical	Re-do sternotomy	Re-do sternotomy	30,300	NA	Not applicable	Not applicable	Not applicable
2643	Cardiothoracic Vascular Surgery	Surgical	Excessive bleeding requiring re-exploration	Excessive bleeding requiring re-exploration	15,200	NA	Not applicable	Not applicable	Not applicable
2644	Cardiothoracic Vascular Surgery	Surgical	Mediastinotomy	Mediastinotomy	43,600	4	Not applicable	Not applicable	Not applicable
2645	Cardiothoracic Vascular Surgery	Surgical	Pectus excavation	Pectus excavation	68,800	7	Not applicable	Not applicable	Not applicable
2646	Cardiothoracic Vascular Surgery	Surgical	Left ventricular aneurysm repair	Left ventricular aneurysm repair	1,78,600	7	Not applicable	Not applicable	Not applicable
2647	Cardiothoracic Vascular Surgery	Surgical	CABG + Left ventricular aneurysm repair	CABG + Left ventricular aneurysm repair	2,47,400	7	Not applicable	Not applicable	Not applicable

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2648	Cardiothoracic Vascular Surgery	Surgical	Tracheal repair	Tracheal repair	68,800	7	Not applicable	Not applicable	Not applicable
2649	Cardiothoracic Vascular Surgery	Surgical	Aortic stenting	Aortic stenting	68,800	7	Not applicable	Not applicable	PTFE Graft - Straight - 55000 Aortic stent - 350000
2650	Cardiothoracic Vascular Surgery	Surgical	follow up -CTVS	First Follow-up- 2-4 weeks after discharge - AT NETWORK HOSPITAL	-	7	Not applicable	Not applicable	Not applicable
2651	Cardiothoracic Vascular Surgery	Surgical	follow up -CTVS	Second Follow-up- After 3 months	4,800	7	Not applicable	Not applicable	Not applicable
2652	Cardiothoracic Vascular Surgery	Surgical	follow up -CTVS	Third Follow-up- After 3 months	2,400	7	Not applicable	Not applicable	Not applicable
2653	Cardiothoracic Vascular Surgery	Surgical	follow up -CTVS	fourth Follow-up- After 3 months	2,400	7	Not applicable	Not applicable	Not applicable
2654	Cardiothoracic Vascular Surgery	Surgical	follow up -CTVS	Fifth Follow-up - After 3 months	2,400	7	Not applicable	Not applicable	Not applicable
2655	Unspecified Surgical Package	Surgical	Unspecified Surgical Package	Unspecified Surgical Package	1,00,000	NA	Not applicable	Not applicable	Not applicable

Implants + High End Drugs + Diagnostics

Specialty	Implant/ High-end consumables	Maximum permissible multiplier	Price	S. No.
All Specialties	None	1	Part of package	NA
Diagnostic Laboratory (IPD & OPD)	VDRL (Venereal Disease Research Laboratory) Test	1	400	NA
Diagnostic Laboratory (IPD & OPD)	CD4 (T-Cell Lymphocyte) count	1	500	NA
Diagnostic Laboratory (IPD & OPD)	rk39 strip test	1	700	NA
Diagnostic Laboratory (IPD & OPD)	24 hour urinary - Proteins, sodium, creatinine	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Acid Phosphatase	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Activated partial ThromboplastinTime (APTT)	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Alkaline Phosphatase	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Aspiration Pleural Effusion - Diagnostic	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Beta 2 microglobulin (B2M) / β 2 microglobulin	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Blood gas analysis - Arterial Blood Gas (ABG)	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Body fluid (CSF/Ascitic Fluid etc) Sugar, Protein etc.	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Bone Marrow Smear Examination - Smear Examination	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Chloride	1	100	NA
Diagnostic Laboratory (IPD & OPD)	CK MB Mass/CPK MB Mass	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Coomb's Test - Direct	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Coomb's Test - Indirect	1	100	NA
Diagnostic Laboratory (IPD & OPD)	C-reactive Protein (CRP)	1	100	NA

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Diagnostic Laboratory (IPD & OPD)	Creatinine clearance	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Cross match	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Foetal Haemoglobin (HbF)	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Free Thyroxine (FT4)	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Free Triiodothyronine (FT3)	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Fungal culture	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Gamma-Glutamyl Transpeptidase (GGTP)	1	100	NA
Diagnostic Laboratory (IPD & OPD)	GDx Nerve fibre layer analysis	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Glucose Tolerance Test (GTT)	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Glucose-6-Phosphate Dehydrogenase (G6PD)	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Glycosylated Haemoglobin (HbA1c)	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Gonioscopy	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Haemoglobin Electrophoresis/ Hb HPLC	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Hepatitis C virus (HCV)	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Indirect Ophthalmoscopy	1	100	NA
Diagnostic Laboratory (IPD & OPD)	IOP measurement with applanation tonometry	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Lactate	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Lactate dehydrogenase (LDH)	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Lees' charting or Hess' charting	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Lithium	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Low density lipoprotein (LDL)	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Malignant cells	1	100	NA

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Diagnostic Laboratory (IPD & OPD)	Multiple hearing assessment test to Adults	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Non Contact tonometry (NCT)	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Osmolality serum	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Osmolality urine	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Osmotic fragility Test	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Perimetry/field test	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Platelet Concentrate	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Platelet Function test	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Potential acuity metry	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Protein Creatinine Ratio (PCR), Urine / Albumen Creatinine Ratio (ACR), Urine	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Prothrombin Time (PT)	1	100	NA
Diagnostic Laboratory (IPD & OPD)	RH Antibody titer	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Rheumatoid Factor / Rh Factor test	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Rota Virus serology	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Routine - H&E	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Ammonia	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Serum - amylase	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Calcium –Total	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Cholesterol	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Ferritin	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Glutamic oxaloacetic transaminase (SGOT) / Aspartate Aminotransferase (AST)	1	100	NA

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Diagnostic Laboratory (IPD & OPD)	Serum - Iron	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Lactate	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Lipase	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Magnesium	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Phosphorus	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Potassium	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Sodium	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Uric Acid	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Short Increment Sensitivity Index (SISI) Tone Decay	1	100	NA
Diagnostic Laboratory (IPD & OPD)	special stain	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Speech Assessment	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Speech Discrimination Score	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Tests for Sickling / Hb HPLC)	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Tetraiodothyronine T4	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Three mirror examination for retina	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Thyroid stimulating hormone (TSH)	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Total Iron Binding Capacity (TIBC)	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Total Protein Alb/Glo Ratio	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Triglycerides	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Triiodothyronine- T3	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Troponin I	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Urinary calcium	1	100	NA

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Diagnostic Laboratory (IPD & OPD)	Urinary potassium	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Urinary sodium	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Urine Microalbumin	1	100	NA
Diagnostic Laboratory (IPD & OPD)	WBC cytochemistry for leukemia - Complete panel	1	100	NA
Diagnostic Laboratory (IPD & OPD)	Pap Smear	1	200	NA
Diagnostic Laboratory (IPD & OPD)	11 cells panel for antibody identification	1	200	NA
Diagnostic Laboratory (IPD & OPD)	24 hour urinary - Free cortisol	1	200	NA
Diagnostic Laboratory (IPD & OPD)	3 cell panel - antibody screening for pregnant female	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Antinuclear antibody (ANA)	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Apolipoprotein - A1 (ApoA1)	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Apolipoprotein - B (Apo B)	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Bacterial culture and sensitivity	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Basic studies including cell count, protein, sugar, gram stain, India Ink preparation and smear for AFP	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Biopsy - Skin	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Body fluid for Malignant cells	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Brucella serology	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Cephalography	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Chlamydae - Antibody	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Cold Calorie Test for Vestibular function	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Corneal endothelial cell count with specular microscopy	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Corneal pachymetry	1	200	NA

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Diagnostic Laboratory (IPD & OPD)	CPK MB/CK MB	1	200	NA
Diagnostic Laboratory (IPD & OPD)	C-reactive Protein (CRP) Quantitative	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Estradiol (E2)	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Fibrinogen	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Fine Needle Aspiration Cytology (FNAC)	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Follicle stimulating hormone (FSH)	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Fructosamine	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Fundus Photo Test	1	200	NA
Diagnostic Laboratory (IPD & OPD)	HRT- Heidelberg's retinal tomogram	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Human papillomaviruse (HPV) Serology	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Immunofluorescence	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Impedence with stepedeal reflex	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Imprint Smear From Endoscopy	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Insulin	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Kidney Function Test (KFT)	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Laser interferometry	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Lumbar puncture	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Luteinizing hormone (LH)	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Mantoux Test	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Mycobacterial culture and sensitivity	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Progesterone	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Prolactin	1	200	NA

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Diagnostic Laboratory (IPD & OPD)	Pure Tone Audiogram	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Electrophoresis	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Testosterone	1	200	NA
Diagnostic Laboratory (IPD & OPD)	T3, T4, TSH	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Tests for lupus anticoagulant	1	200	NA
Diagnostic Laboratory (IPD & OPD)	UBM- Ultrasound bio microscopy	1	200	NA
Diagnostic Laboratory (IPD & OPD)	Endoscopic biopsy	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Abdominal Aspiration - Diagnostic	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Alpha Fetoprotein (AFP)	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Bone Marrow Smear Examination - Smear Examination with iron stain	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Breath tests	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Carcinoembryonic Antigen (CEA)	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Corneal topography	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Cortisol	1	300	NA
Diagnostic Laboratory (IPD & OPD)	C-Peptide (C Peptide / Connecting Peptide)	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Dacryocystography	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Extremities, bones & Joints AP & Lateral views (Two films)	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Fetal nuchal Translucency	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Folic Acid assay.	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Growth Hormone	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Human chorionic gonadotropin (HCG)	1	300	NA

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Diagnostic Laboratory (IPD & OPD)	Hydatic Serology	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Immunoglobulin A (IgA)	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Immunoglobulin G (IgG)	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Immunoglobulin M (IgM)	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Joints Aspiration	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Mastoids: Towne view, oblique views (3 films)	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Paraffin section	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Prostate Specific antigen (PSA) - Total	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Pulmonary Function Test	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Valproate level	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Tests for Antiphospholipid antibodies syndrome.	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Thyroid peroxidase antibody (TPO)	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Typhidot IgM	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Valproic acid	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Viral culture	1	300	NA
Diagnostic Laboratory (IPD & OPD)	Vitamin B12 assay	1	300	NA
Diagnostic Laboratory (IPD & OPD)	17 Hydroxyprogesterone (17 OH Progesterone)	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Anti-double stranded DNA (anti-dsDNA)	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Anti-tissue Transglutaminase antibody (Anti TTG Antibody)	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Bleeding Disorder panel- PT, APTT, Thrombin Time, Fibrinogen, D-Dimer/ Fibrinogen Degradation Products (FDP)	1	400	NA

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Diagnostic Laboratory (IPD & OPD)	Bone Marrow Smear Examination - Smear Examination with cytochemistry	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Cancer Antigen - 125 (CA 125)	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Carbamazepine	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Dehydroepiandrosterone sulfate (DHEAS)	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Dilantin (phenytoin).	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Erythropoietin Level	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Faecal / Fecal fat test/ fecal chymotrypsin/ fecal elastase	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Hepatitis B Core Antibody (HBcAb) Level (Hepatitis B Core IgM Antibody)	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Indirect (antids DNA Anti Smith ANCA)	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Insulin associated antibody	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Lipoprotein A / Lp A	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Muscle Biopsy	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Neonatal head (Tranfontanellar)	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Pericardial Aspiration	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Prostate Specific antigen (PSA) - Free	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Random Donor Platelet(RDP)	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Phenobarbitone Serum phenobarbitone level	1	400	NA
Diagnostic Laboratory (IPD & OPD)	Tests for hypercoagulable states- Protein C, Protein S, Antithrombin	1	400	NA
Diagnostic Laboratory (IPD & OPD)	COVID-19 testing - Rapid Antigen Test	2	250	NA
Diagnostic Laboratory (IPD & OPD)	Adrenocorticotrophic Hormone (ACTH)	1	500	NA
Diagnostic Laboratory (IPD & OPD)	Anti-Cyclic Citrullinated Peptide (Anti CCP)	1	500	NA

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Diagnostic Laboratory (IPD & OPD)	Barium Swallow	1	500	NA
Diagnostic Laboratory (IPD & OPD)	Biopsy - Eye	1	500	NA
Diagnostic Laboratory (IPD & OPD)	Blood gas analysis - Arterial Blood Gas (ABG) with electrolytes	1	500	NA
Diagnostic Laboratory (IPD & OPD)	Calcitonin	1	500	NA
Diagnostic Laboratory (IPD & OPD)	Dengue Serology	1	500	NA
Diagnostic Laboratory (IPD & OPD)	Fluorescent in situ hybridization (FISH)	1	500	NA
Diagnostic Laboratory (IPD & OPD)	H pylori serology for Coeliac disease /Celiac disease	1	500	NA
Diagnostic Laboratory (IPD & OPD)	HLA B27 (PCR)	1	500	NA
Diagnostic Laboratory (IPD & OPD)	Neonatal spine	1	500	NA
Diagnostic Laboratory (IPD & OPD)	PTH(Parathormone)	1	500	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Ceruloplasmin	1	500	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Copper	1	500	NA
Diagnostic Laboratory (IPD & OPD)	Tests for Antiphospholipid antibody IgG, IgM (for cardiolipin and B2 Glycoprotein 1)	1	500	NA
Diagnostic Laboratory (IPD & OPD)	Thyroid binding globulin	1	500	NA
Diagnostic Laboratory (IPD & OPD)	Treadmill Test (TMT)	1	500	NA
Diagnostic Laboratory (IPD & OPD)	Urinary copper	1	500	NA
Diagnostic Laboratory (IPD & OPD)	Androstenedione	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Anti HAV IgM	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Anti Hbs	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Biophysical score	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Brachial plexus study	1	600	NA

Diagnostic Laboratory (IPD & OPD)	C3-Complement	1	600	NA
Diagnostic Laboratory (IPD & OPD)	C4-Complement	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Calcidiol / 25-hydroxycholecalciferol / Vitamin D3 assay (Vit D3)	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Cancer Antigen - 15.3 (CA 15.3)	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Cancer Antigen - 19.9 (CA 19.9)	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Coagulation profile	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Electromyography (EMG)	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Endometrial aspiration cytology/biopsy	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Extended Lipid Profile. (Total cholesterol, LDL, HDL, Triglycerides Apo A1, Apo B, Lp (a))	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Nerve Conduction Velocity(NCV) (at least 2 limbs)	1	600	NA
Diagnostic Laboratory (IPD & OPD)	PCR - for Human immunodeficiency virus (HIV)	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Polysomnography (PSG) / Sleep study	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Repetitive nerve stimulation (RNS) - Decremental response (before and after neostigmine)	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Repetitive nerve stimulation (RNS) - Incremental response	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Somatosensory evoked potentials (SSEP)	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Thalassemia studies (Red Cell indices and Hb HPLC)	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Thyroglobulin antibody	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Troponin T	1	600	NA
Diagnostic Laboratory (IPD & OPD)	Arterial Colour Doppler	1	700	NA
Diagnostic Laboratory (IPD & OPD)	Factor Assays - Factor IX	1	700	NA

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Diagnostic Laboratory (IPD & OPD)	Factor Assays - Factor VII	1	700	NA
Diagnostic Laboratory (IPD & OPD)	Micturating Cystourethrography (MCU)	1	700	NA
Diagnostic Laboratory (IPD & OPD)	Retrograde Urethrography (RGU)	1	700	NA
Diagnostic Laboratory (IPD & OPD)	Venous Colour Doppler	1	700	NA
Diagnostic Laboratory (IPD & OPD)	Colour Doppler, renal arteries/any other organ	1	800	NA
Diagnostic Laboratory (IPD & OPD)	ERG- Electro-retinogram	1	800	NA
Diagnostic Laboratory (IPD & OPD)	Frozen section	1	800	NA
Diagnostic Laboratory (IPD & OPD)	Immunohistochemistry (IHC)	1	800	NA
Diagnostic Laboratory (IPD & OPD)	Islet cell antibody	1	800	NA
Diagnostic Laboratory (IPD & OPD)	Karyotyping	1	800	NA
Diagnostic Laboratory (IPD & OPD)	Triple Marker.	1	800	NA
Diagnostic Laboratory (IPD & OPD)	VEP- visually evoked potential	1	800	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Temporal Bone - without contrast	2	900	NA
Diagnostic Laboratory (IPD & OPD)	24 hour urinary - Aldostrone	1	900	NA
Diagnostic Laboratory (IPD & OPD)	Angiotensin converting enzyme (ACE)	1	900	NA
Diagnostic Laboratory (IPD & OPD)	Anti HEV IgM	1	900	NA
Diagnostic Laboratory (IPD & OPD)	Barium Enema (Single contrast/double contrast)	1	900	NA
Diagnostic Laboratory (IPD & OPD)	Barium Meal follow through	1	900	NA
Diagnostic Laboratory (IPD & OPD)	Barium Upper GI study (Double contrast)	1	900	NA
Diagnostic Laboratory (IPD & OPD)	Carotid Doppler	1	900	NA
Diagnostic Laboratory (IPD & OPD)	Chlamydae - Antigen	1	900	NA

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Diagnostic Laboratory (IPD & OPD)	D-xylase test	1	900	NA
Diagnostic Laboratory (IPD & OPD)	EOG- electro-oculogram	1	900	NA
Diagnostic Laboratory (IPD & OPD)	Fetal Doppler/Umbilical Doppler/Uterine Vessel Doppler	1	900	NA
Diagnostic Laboratory (IPD & OPD)	Fluorescein angiography for fundus or iris	1	900	NA
Diagnostic Laboratory (IPD & OPD)	Genexpert Test	1	900	NA
Diagnostic Laboratory (IPD & OPD)	H1N1 (RT-PCR)	1	900	NA
Diagnostic Laboratory (IPD & OPD)	Holter analysis	1	900	NA
Diagnostic Laboratory (IPD & OPD)	Indocyanin green angiography	1	900	NA
Diagnostic Laboratory (IPD & OPD)	Influenza A serology	1	900	NA
Diagnostic Laboratory (IPD & OPD)	Interventional Ultrasonography- Chorionic villus sampling (CVS)	1	900	NA
Diagnostic Laboratory (IPD & OPD)	PCR - for Tuberculosis (TB)	1	900	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Guided biopsy	2	1,000	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Guided percutaneous catheter drainage	2	1,000	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Myelogram (Cervical spine) - with contrast	2	1,000	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Myelogram (Cervical spine) - without contrast	2	1,000	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Myelogram (Lumbar spine or D/S) - with contrast	2	1,000	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Myelogram (Lumbar spine or D/S) - without contrast	2	1,000	NA
Diagnostic Laboratory (IPD & OPD)	Contrast Hystero-Salpingography (HSG)	1	1,000	NA
Diagnostic Laboratory (IPD & OPD)	Fibroscan Liver	1	1,000	NA
Diagnostic Laboratory (IPD & OPD)	Paroxysmal Nocturnal Hemoglobinuria (PNH) Panel-CD55,CD59	1	1,000	NA
Diagnostic Laboratory (IPD & OPD)	Plasma renin activity	1	1,000	NA

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Diagnostic Laboratory (IPD & OPD)	Catecholamines - Catecholamines.	1	1,100	NA
Diagnostic Laboratory (IPD & OPD)	Cryptococcal antigen	1	1,100	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Aldostrone	1	1,100	NA
Diagnostic Laboratory (IPD & OPD)	TORCH Test	1	1,100	NA
Diagnostic Laboratory (IPD & OPD)	Urinary metanephrine/Normetanephrine	1	1,100	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Guided intervention - FNAC	2	1,200	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Trucut biopsy	2	1,200	NA
Diagnostic Laboratory (IPD & OPD)	Echocardiography - 2D	1	1,200	NA
Diagnostic Laboratory (IPD & OPD)	Intravenous Pyelography (IVP)	1	1,200	NA
Diagnostic Laboratory (IPD & OPD)	Oligoclonal band	1	1,200	NA
Diagnostic Laboratory (IPD & OPD)	PCR - for Herpes simplex	1	1,200	NA
Diagnostic Laboratory (IPD & OPD)	Serum - Aldostrone/ Renin ratio	1	1,200	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Dental	2	1,300	NA
Diagnostic Laboratory (IPD & OPD)	C ANCA-IFA	1	1,300	NA
Diagnostic Laboratory (IPD & OPD)	Gastric emptying	1	1,300	NA
Diagnostic Laboratory (IPD & OPD)	Glutamic Acid Decarboxylase Autoantibodies test (GAD antibodies)	1	1,300	NA
Diagnostic Laboratory (IPD & OPD)	P ANCA-IFA	1	1,300	NA
Diagnostic Laboratory (IPD & OPD)	Sex hormone binding globulin	1	1,300	NA
Diagnostic Laboratory (IPD & OPD)	Echocardiography - 3D	1	1,400	NA
Diagnostic Laboratory (IPD & OPD)	Fetal Echo	1	1,400	NA
Diagnostic Laboratory (IPD & OPD)	Interleukin 6 (IL 6)	1	1,400	NA
Diagnostic Laboratory (IPD & OPD)	Liver biopsy	1	1,400	NA

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Diagnostic Laboratory (IPD & OPD)	Percutaneous transhepatic cholangiography (PTC)	1	1,400	NA
Diagnostic Laboratory (IPD & OPD)	Transesophageal Echocardiography (TEE) - 2D	1	1,400	NA
Diagnostic Laboratory (IPD & OPD)	Transesophageal Echocardiography (TEE) - 3D	1	1,400	NA
Diagnostic Laboratory (IPD & OPD)	COVID-19 testing - RT - PCR	2	500	NA
Diagnostic Laboratory (IPD & OPD)	COVID-19 testing - TRU - NAT	2	1,500	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Head - Brain - without contrast	2	1,500	NA
Diagnostic Laboratory (IPD & OPD)	131-Iodine Therapy	1	1,500	NA
Diagnostic Laboratory (IPD & OPD)	Dexa Scan Bone Densitometry - Two sites	1	1,500	NA
Diagnostic Laboratory (IPD & OPD)	HCV RNA Quantitative	1	1,500	NA
Diagnostic Laboratory (IPD & OPD)	Hepatitis B Virus (HBV) DNA Quantitative.	1	1,500	NA
Diagnostic Laboratory (IPD & OPD)	Insulin-like growth factor-1 (IGF-1)	1	1,500	NA
Diagnostic Laboratory (IPD & OPD)	Leukemia panel /Lymphoma panel	1	1,500	NA
Diagnostic Laboratory (IPD & OPD)	Orbital angio-graphical studies	1	1,500	NA
Diagnostic Laboratory (IPD & OPD)	PET - Cardiac	1	1,500	NA
Diagnostic Laboratory (IPD & OPD)	Stress Echo - Exercise	1	1,500	NA
Diagnostic Laboratory (IPD & OPD)	Testicular Scan	1	1,500	NA
Diagnostic Laboratory (IPD & OPD)	Thyroid Scan with Technetium 99m Pertechnetate.	1	1,500	NA
Diagnostic Laboratory (IPD & OPD)	Urinary vanillylmandelic acid (VMA)	1	1,500	NA
Diagnostic Laboratory (IPD & OPD)	PET scan - Cardiac	2	1,500	NA
Diagnostic Laboratory (IPD & OPD)	Lymph angiography	1	1,600	NA
Diagnostic Laboratory (IPD & OPD)	Manometry and PH metry	1	1,600	NA

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Diagnostic Laboratory (IPD & OPD)	Thyroid Uptake measurements with 131-Iodine.	1	1,600	NA
Diagnostic Laboratory (IPD & OPD)	Diagnostic Digital Subtraction Angiography (DSA)	1	1,700	NA
Diagnostic Laboratory (IPD & OPD)	Gastroscopy	1	1,700	NA
Diagnostic Laboratory (IPD & OPD)	Hepatitis C Virus (HCV) RNA Qualitative.	1	1,700	NA
Diagnostic Laboratory (IPD & OPD)	Insulin-like growth factor binding protein 3 (IGF-BP3)	1	1,700	NA
Diagnostic Laboratory (IPD & OPD)	Urinary free catecholamine	1	1,700	NA
Diagnostic Laboratory (IPD & OPD)	Acetylcholine receptor (AChR) antibody titre	1	1,800	NA
Diagnostic Laboratory (IPD & OPD)	NT-Pro BNP	1	1,800	NA
Diagnostic Laboratory (IPD & OPD)	Procalcitonin	1	1,800	NA
Diagnostic Laboratory (IPD & OPD)	Hepatosplenic scintigraphy with Technetium-99m radiopharmaceuticals	1	1,900	NA
Diagnostic Laboratory (IPD & OPD)	Myelin Basic protein	1	1,900	NA
Diagnostic Laboratory (IPD & OPD)	Portal haemodynamic studies	1	1,900	NA
Diagnostic Laboratory (IPD & OPD)	Dexa Scan Bone Densitometry - Three sites (Spine, Hip &extremity)	1	2,000	NA
Diagnostic Laboratory (IPD & OPD)	Diagnostic angiography	1	2,000	NA
Diagnostic Laboratory (IPD & OPD)	Dynamic Renography with Captopril	1	2,000	NA
Diagnostic Laboratory (IPD & OPD)	Gastric & Duodenal Biopsy (Endoscopic)	1	2,000	NA
Diagnostic Laboratory (IPD & OPD)	Gastro esophageal Reflux Study (GER Study)	1	2,000	NA
Diagnostic Laboratory (IPD & OPD)	Junction biopsy	1	2,000	NA
Diagnostic Laboratory (IPD & OPD)	Lung Perfusion Scan	1	2,000	NA
Diagnostic Laboratory (IPD & OPD)	Meckel's Scan	1	2,000	NA
Diagnostic Laboratory (IPD & OPD)	Quadruple test	1	2,000	NA

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Diagnostic Laboratory (IPD & OPD)	MRI - MR Enteroclysis	1	2,100	NA
Diagnostic Laboratory (IPD & OPD)	OCT-Optical coherence tomography	1	2,100	NA
Diagnostic Laboratory (IPD & OPD)	Head-up tilt test (HUTT)	1	2,200	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Cardiac	2	2,300	NA
Diagnostic Laboratory (IPD & OPD)	Faecal calprotectin (fecal calprotectin)	1	2,300	NA
Diagnostic Laboratory (IPD & OPD)	Tacrolimus	1	2,300	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Chest HRCT - with contrast	2	2,400	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Chest HRCT - without contrast	2	2,400	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Head - Brain - with contrast	2	2,400	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Head scan involving special investigation - with contrast	2	2,400	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Head scan involving special investigation - without contrast	2	2,400	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Cardiac	1	2,400	NA
Diagnostic Laboratory (IPD & OPD)	Hepatobiliary Scintigraphy.	1	2,400	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - CECT Chest (Including CD)	2	2,500	NA
Diagnostic Laboratory (IPD & OPD)	ERCP (Endoscopic Retrograde Cholangio – Pancreatography)	1	2,500	NA
Diagnostic Laboratory (IPD & OPD)	MRI - MR Temporal Bone/ Inner ear without contrast	1	2,500	NA
Diagnostic Laboratory (IPD & OPD)	Dexa Scan Bone Densitometry - Whole body	1	2,500	NA
Diagnostic Laboratory (IPD & OPD)	HBV genotyping	1	2,500	NA
Diagnostic Laboratory (IPD & OPD)	Stress Echo - Pharmacological	1	2,500	NA
Diagnostic Laboratory (IPD & OPD)	Stress Myocardial Perfusion Imaging (MPI) - Pharmacological	1	2,500	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Mammography	1	2,600	NA

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Diagnostic Laboratory (IPD & OPD)	Fiberoptic Bronchoscopy with Washing biopsy	1	2,700	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Neck - Thyroid soft tissue - without contrast	2	2,800	NA
Diagnostic Laboratory (IPD & OPD)	External Loop/event recording	1	2,800	NA
Diagnostic Laboratory (IPD & OPD)	Myelography	1	2,800	NA
Diagnostic Laboratory (IPD & OPD)	COVID-19 testing - CB - NAT	2	3,000	NA
Diagnostic Laboratory (IPD & OPD)	MRI - MR for Salivary Glands with Sialography	1	3,000	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Stress Cardiac	1	3,000	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Chest - without contrast	2	3,100	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Lower abdomen - without contrast	2	3,100	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Orbits - with contrast	2	3,100	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Orbits - without contrast	2	3,100	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Paranasal sinus - without contrast	2	3,100	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Upper abdomen - without contrast	2	3,100	NA
Diagnostic Laboratory (IPD & OPD)	Venography	1	3,300	NA
Diagnostic Laboratory (IPD & OPD)	Dynamic Renography with Diuretic.	1	3,400	NA
Diagnostic Laboratory (IPD & OPD)	Dynamic Renography.	1	3,400	NA
Diagnostic Laboratory (IPD & OPD)	Gastro intestinal Bleed (GloB.) Study with Technetium 99m labeled RBCs.	1	3,400	NA
Diagnostic Laboratory (IPD & OPD)	Renal Cortical Scintigraphy with Technetium 99m Dimercaptosuccinic acid (DMSA)	1	3,400	NA
Diagnostic Laboratory (IPD & OPD)	Three phase whole body Bone Scan	1	3,400	NA
Diagnostic Laboratory (IPD & OPD)	Whole Body Bone Scan with SPECT	1	3,400	NA

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Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Limbs - without contrast	2	3,500	NA
Diagnostic Laboratory (IPD & OPD)	Double balloon enteroscopy	1	3,500	NA
Diagnostic Laboratory (IPD & OPD)	Kappa Lambda Light Chains, Free, Serum/ Serum free light chains (SFLC)	1	3,500	NA
Diagnostic Laboratory (IPD & OPD)	Lung Ventilation & Perfusion Scan (V/Q Scan)	1	3,600	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Cervical C.T. 3D reconstruction only	2	3,700	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Chest - with contrast	2	3,700	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Chest - without contrast	1	3,700	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Spine screening - without contrast	1	3,700	NA
Diagnostic Laboratory (IPD & OPD)	Radionuclide Cisternography for CSF leak	1	3,700	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Urography	2	3,800	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Spine (Cervical, dorsal, lumbar, sacral) - without contrast	2	3,900	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Cervical spine - without contrast	1	3,900	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Extremities - without contrast	1	3,900	NA
Diagnostic Laboratory (IPD & OPD)	¹³¹ Iodine Therapy - <15mCi	1	3,900	NA
Diagnostic Laboratory (IPD & OPD)	Extractable Nuclear Antigens (ENA) - Quantitative	1	3,900	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Lower abdomen - with contrast	2	4,000	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Spine (Cervical, dorsal, lumbar, sacral) - with contrast	2	4,000	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Abdomen - without contrast	1	4,000	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Hip - without contrast	1	4,000	NA
Diagnostic Laboratory (IPD & OPD)	MRI - MR Temporal Bone/ Inner ear with contrast	1	4,000	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Neck - without contrast	1	4,000	NA

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Diagnostic Laboratory (IPD & OPD)	MRI - Screening - without contrast	1	4,000	NA
Diagnostic Laboratory (IPD & OPD)	Single balloon enteroscopy	1	4,000	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Breast - without contrast	1	4,100	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Neck - Thyroid soft tissue - with contrast	2	4,300	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Paranasal sinus - with contrast	2	4,300	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Upper abdomen - with contrast	2	4,300	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Whole abdomen - without contrast	2	4,300	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Whole body - with contrast	2	4,300	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Angiography - without contrast	1	4,300	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Ankle (both) - without contrast	1	4,300	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Ankle (single) - without contrast	1	4,300	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Lumbar spine - without contrast	1	4,300	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Nasopharynx and PNS - without contrast	1	4,300	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Pelvis - without contrast	1	4,300	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Shoulder - without contrast	1	4,300	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Temporomandibular (single joint) - without contrast	1	4,300	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Wrist (both joints) - without contrast	1	4,300	NA
Diagnostic Laboratory (IPD & OPD)	Chromogranin A	1	4,300	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Whole body - without contrast	2	4,400	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Knee (both joints) - without contrast	1	4,400	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Shoulder (both joints) - without contrast	1	4,400	NA

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Diagnostic Laboratory (IPD & OPD)	MRI - Temporomandibular (double joints) - without contrast	1	4,400	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Angiography - Abdomen/ Chest	2	4,500	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Limbs - with contrast	2	4,700	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Chest - with contrast	1	4,700	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Head - without contrast	1	4,700	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Knee (single joint) - without contrast	1	4,700	NA
Diagnostic Laboratory (IPD & OPD)	Scintimammography	1	4,800	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Wrist (single joint) - without contrast	1	4,900	NA
Diagnostic Laboratory (IPD & OPD)	HCV genotyping	1	4,900	NA
Diagnostic Laboratory (IPD & OPD)	Parathyroid Scan	1	4,900	NA
Diagnostic Laboratory (IPD & OPD)	131-Iodine Therapy - 15-50mCi	1	5,000	NA
Diagnostic Laboratory (IPD & OPD)	Oesophageal manometry	1	5,000	NA
Diagnostic Laboratory (IPD & OPD)	Oesophageal PH metry	1	5,000	NA
Diagnostic Laboratory (IPD & OPD)	Phosphorus-32 therapy for metastatic bone pain palliation	1	5,000	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Angiography - Neck vessels	2	5,100	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Neck - with contrast	1	5,100	NA
Diagnostic Laboratory (IPD & OPD)	Whole body MRI (For oncological workup) - Whole body (For oncological workup)	1	5,100	NA
Diagnostic Laboratory (IPD & OPD)	Video Laryngoscopy	1	5,100	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Orbits - with contrast	1	5,200	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Spine screening - with contrast	1	5,200	NA
Diagnostic Laboratory (IPD & OPD)	Cystoscopy Diagnostic	1	5,500	NA

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Diagnostic Laboratory (IPD & OPD)	MRI - Breast - with contrast	1	5,500	NA
Diagnostic Laboratory (IPD & OPD)	MRI - MR cholecysto-pancreatography (MRCP)	1	5,500	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Orbits - without contrast	1	5,500	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Pelvis - with contrast	1	5,500	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Shoulder (both joints) - with contrast	1	5,500	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Abdomen - with contrast	1	5,600	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Cervical spine - with contrast	1	5,600	NA
Diagnostic Laboratory (IPD & OPD)	MRI - MR angiography	1	5,600	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Ankle (both) - with contrast	1	5,800	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Angiography - with contrast	1	5,900	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Extremities - with contrast	1	5,900	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Head - with contrast	1	5,900	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Nasopharynx and PNS - with contrast	1	5,900	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Screening - with contrast	1	5,900	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Shoulder - with contrast	1	5,900	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Temporomandibular (single joint) - with contrast	1	5,900	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Angiography - Coronary	2	6,000	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Enteroclysis	2	6,000	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Knee (both joints) - with contrast	1	6,000	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Prostate (Multi-parametric) including CD	1	6,000	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Ankle (single) - with contrast	1	6,100	NA

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Diagnostic Laboratory (IPD & OPD)	MRI - Knee (single joint) - with contrast	1	6,100	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Lumber spine - with contrast	1	6,100	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Temporomandibular (double joints) - with contrast	1	6,100	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Wrist (single joint) - with contrast	1	6,100	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Wrist (both joints) - with contrast	1	6,200	NA
Diagnostic Laboratory (IPD & OPD)	MRI - Hip - with contrast	1	6,400	NA
Diagnostic Laboratory (IPD & OPD)	C.T. Scan - Whole abdomen - with contrast	2	6,700	NA
Diagnostic Laboratory (IPD & OPD)	Anorectal manometry	1	6,800	NA
Diagnostic Laboratory (IPD & OPD)	Rest thallium / Myocardial Perfusion Scintigraphy	1	8,000	NA
Diagnostic Laboratory (IPD & OPD)	Stress thallium / Myocardial Perfusion Scintigraphy	1	9,500	NA
Diagnostic Laboratory (IPD & OPD)	Samarium-153 therapy for metastatic bone pain palliation	1	10,500	NA
Diagnostic Laboratory (IPD & OPD)	Single Donor Platelet (SDP- Apheresis)	1	11,000	NA
Diagnostic Laboratory (IPD & OPD)	131-Iodine Therapy - 51-100mCi	1	12,000	NA
Diagnostic Laboratory (IPD & OPD)	EUS (Endoscopic Ultrasound) guided FNAC (Using with Needle)	1	12,800	NA
Diagnostic Laboratory (IPD & OPD)	PET scan - Brain	2	14,663	NA
Diagnostic Laboratory (IPD & OPD)	131-Iodine Therapy - >100mCi	1	15,000	NA
Diagnostic Laboratory (IPD & OPD)	PET scan - Gallium peptide	2	15,000	NA
Diagnostic Laboratory (IPD & OPD)	Endo bronchial Ultrasound (EBUS) -Trans bronchial needle aspiration (TBNA) -Using New Needle	1	15,600	NA
Diagnostic Laboratory (IPD & OPD)	Whole Body Scan with MIBG	1	17,600	NA
Diagnostic Laboratory (IPD & OPD)	PET scan - Whole body	2	20,528	NA

Diagnostic Laboratory (IPD & OPD)	Radiosynovectomy with Yttrium	1	21,300	NA
Diagnostic Laboratory (IPD & OPD)	Inferior vena cava (IVC) Venography and Hepatic vein (HV) Venography	1	34,200	NA
Diagnostic Laboratory (IPD & OPD - Public Hospitals)	Blood Urea Nitrogen	1	100	NA
Diagnostic Laboratory (IPD & OPD - Public Hospitals)	Complete Haemogram/CBC, Hb,RBC count and indices,TLC, DLC, Platelet, ESR, Peripheral smear examination	1	100	NA
Diagnostic Laboratory (IPD & OPD - Public Hospitals)	Hepatitis B surface antigen (HBsAg)	1	100	NA
Diagnostic Laboratory (IPD & OPD - Public Hospitals)	Serum - Bilirubin total & direct	1	100	NA
Diagnostic Laboratory (IPD & OPD - Public Hospitals)	Serum - Creatinine	1	100	NA
Diagnostic Laboratory (IPD & OPD - Public Hospitals)	Serum - glutamic pyruvic transaminase (SGPT) / Alanine Aminotransferase (ALT)	1	100	NA
Diagnostic Laboratory (IPD & OPD - Public Hospitals)	Human immunodeficiency virus- HIV I and II	1	200	NA
Diagnostic Laboratory (IPD & OPD - Public Hospitals)	Lipid Profile. (Total cholesterol, LDL, HDL, Triglycerides)	1	200	NA
Diagnostic Laboratory (IPD & OPD - Public Hospitals)	Liver Function Test (LFT)	1	200	NA
Diagnostic Laboratory (IPD & OPD - Public Hospitals)	HBsAg Quantitative	1	600	NA
High-end drugs	None	1	-	NA
High-end drugs	inj colistin 1 million units	60	1,200	NA
High-end drugs	inj colistin 3 million	60	1,450	NA
High-end drugs	inj linezolid 600mg	30	435	NA
High-end drugs	inj tigecycline 50 mg	30	4,200	NA
High-end drugs	inj octreotide 50 mg	30	18,000	NA
High-end drugs	inj iron maltose 500 mg	5	2,679	NA
High-end drugs	inj doxycycline 100 mg	15	990	NA

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High-end drugs	inj erythroprotein 4000/1000s	3	1,271	NA
High-end drugs	Teriflunomide tablet	10	300	NA
High-end drugs	OXALIPLATIN INJ IP 50mg Vial	10	300	NA
High-end drugs	INJ.TEICOPLANIN 200MG	101	300	NA
High-end drugs	INJ.MEROPENAM 1GM	84	300	NA
High-end drugs	CILAXIN 500 INJ (IMIPENEM+CILASTATIN)	224	300	NA
High-end drugs	SOLU MEDROL 125 MG INJ	7	300	NA
High-end drugs	COLISTIMETHASTE SODIUM INJ	2	300	NA
High-end drugs	INJ.METHOTREXATE 500MG	20	300	NA
High-end drugs	INJ.IFOSFAMIDE WITH MESNA 1GM	35	400	NA
High-end drugs	PACLITAXEL INJ IP WITH CODON SET 100mg Vial	7	400	NA
High-end drugs	INJ.MITOZANTRONE 20MG	3	400	NA
High-end drugs	MEROPLAN 1 GM INJ	84	400	NA
High-end drugs	INJ.EPIRUBICIN 50MG	10	400	NA
High-end drugs	INJ.EPIRUBICIN 50MG	8	400	NA
High-end drugs	INJ.AZTROENAM 1 gm	168	400	NA
High-end drugs	INJ.CARBOPLATIN 150MG	12	400	NA
High-end drugs	TAB.VORICANAZOLE	16	400	NA
High-end drugs	INJ.MITOMYCIN 10MG	5	400	NA
High-end drugs	MITOMYCIN FOR INJ USP 10mg Vial	8	400	NA
High-end drugs	BLEOMYCIN INJ IP 15 Units Vial	16	400	NA
High-end drugs	CAP.APREPITANT	2	400	NA

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High-end drugs	Voriconazole tablet	120	400	NA
High-end drugs	INJ.DOCETAXEL 80MG	5	400	NA
High-end drugs	DOCETAXEL INJ IP 80mg Vial	4	400	NA
High-end drugs	INJ.IRINOTECAN 40MG	18	400	NA
High-end drugs	IRINOTECAN INJ IP 40mg Vial	34	400	NA
High-end drugs	IMIPENEM+CILASTATIN (IME-CILA 500 MG)INJ INJ	224	500	NA
High-end drugs	GEMCITABINE INJ IP	76	500	NA
High-end drugs	INJ.GEMCITABINE 1GM	12	500	NA
High-end drugs	GEMCITABINE INJ IP 1gm Vial	16	500	NA
High-end drugs	Edavarone injection	10	500	NA
High-end drugs	INJ.OXALIPLATIN 100MG	5	500	NA
High-end drugs	OXALIPLATIN INJ IP 100mg Vial	7	500	NA
High-end drugs	TAB.GEFITINIB 250MG / -	60	500	NA
High-end drugs	MICROMAX 500 MG INJ VIAL	224	500	NA
High-end drugs	DALTEPARIN SODIUM INJ 5000IU	360	500	NA
High-end drugs	L.ASPARAGINASE INJ 5000 IU Vial	55	500	NA
High-end drugs	INJ.TEICOPLANIN 400MG	51	500	NA
High-end drugs	INJ.METHYL PREDNISOLONE	20	600	NA
High-end drugs	METHYLPREDNISOLONE INJ 125MG	7	600	NA
High-end drugs	PEMETREXED INJ IP 100mg Vial	19	600	NA
High-end drugs	BORTEZOMIB INJ IP	8	600	NA
High-end drugs	NEODROL 1 GM INJ	15	600	NA

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High-end drugs	INJ.DOCETAXEL 120MG	4	700	NA
High-end drugs	DOCETAXEL INJ IP 120mg Vial	15	700	NA
High-end drugs	INJ.METHOTREXATE 1GM	19	700	NA
High-end drugs	INJ.IFOSFAMIDE WITH MESNA 2GM	15	700	NA
High-end drugs	INJ. BENDAMUSTIN 100MG	8	700	NA
High-end drugs	TAB.EVEROLIMUS 10MG	60	700	NA
High-end drugs	IRINOTECAN INJ IP	7	700	NA
High-end drugs	INJ.IRINOTECAN 100MG	19	700	NA
High-end drugs	IRINOTECAN INJ IP 100mg Vial	7	700	NA
High-end drugs	PACLITAXEL INJ IP WITH CODON SET 260mg Vial	3	800	NA
High-end drugs	L.ASPARAGINASE INJ 10000 IU Vial	28	900	NA
High-end drugs	BENDAMUSTINE INJ IP 100mg Vial	8	1,000	NA
High-end drugs	IV Voriconazole	30	1,000	NA
High-end drugs	PEMETREXED INJ IP 500mg Vial	4	1,100	NA
High-end drugs	ERTAPENAM 1GM	28	1,200	NA
High-end drugs	CARBOPLATIN INJ IP 450mg Vial	4	1,200	NA
High-end drugs	INJ.BORTEZOMIB 2MG	6	1,300	NA
High-end drugs	SOLU MEDROL 1000 MG INJ	7	1,400	NA
High-end drugs	INJ.VINORELBIN 50MG	2	1,500	NA
High-end drugs	INJ.AMIPHOSTINE 500MG	10	1,600	NA
High-end drugs	PEGFILGRASTIM INJ 6mg Vial/PFS	2	1,600	NA
High-end drugs	BUSULPHAN INJ 60 mg Vial	26	1,700	NA

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High-end drugs	MELPHALAN FOR INJ BP 50 mg Vial	3	1,700	NA
High-end drugs	INJ.LEUPROLIDE ACETATE 3.75MG	2	1,800	NA
High-end drugs	LEUPROLIDE ACETATE INJ 3.75mg Vial	12	1,800	NA
High-end drugs	TAB.ELTROMBOPAG OLAMINE 50MG	28	1,800	NA
High-end drugs	DOXORUBICIN LIPOSOMAL INJ 20mg Vial	6	1,900	NA
High-end drugs	INJ.FLUDARABINE 50MG	12	2,100	NA
High-end drugs	IV Rituximab	40	2,300	NA
High-end drugs	Rituximab injection	4	2,300	NA
High-end drugs	RITUXIMAB INJ 100mg Vial	15	2,400	NA
High-end drugs	CARMUSTINE INJ IP 100 mg Vial	4	2,700	NA
High-end drugs	DECITABINE INJ 50 mg Vial	8	2,800	NA
High-end drugs	Fresenius Plasmapheresis kit	5	3,000	NA
High-end drugs	IV Liposomal amphotericin B	168	3,200	NA
High-end drugs	AMPHOTERICIN B LIPOSOMAL(ABHOPE 50 MG) INJ VIAL	56	3,200	NA
High-end drugs	INJ.AMPHOTERICINLYPOSOMAL 50MG	101	3,200	NA
High-end drugs	CASPOFUNGIN INJ 70MG	42	3,500	NA
High-end drugs	CYCLOSPORINE SYRUP 50ML	1	3,800	NA
High-end drugs	IV Albumin	10	3,900	NA
High-end drugs	IV Albumin	20	3,900	NA
High-end drugs	HUMAN ALBUMIN (BUMINATE 20%) 100ML	7	3,900	NA
High-end drugs	HUMAN ALBUMIN (FLEXBUMIN 20%) 100ML	7	3,900	NA

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High-end drugs	PROTEIN BOUND PACLITAXEL INJ 100mg Vial	11	4,500	NA
High-end drugs	TAB.LAPATINIB 250MG	210	4,700	NA
High-end drugs	INJ.GOSERELIN 3.6MG	20	4,800	NA
High-end drugs	Fresenius Plasmapheresis kit	5	5,000	NA
High-end drugs	LEUPROLIDE ACETATE INJ	2	5,200	NA
High-end drugs	LEUPROLIDE ACETATE INJ 11.25mg Vial	2	5,200	NA
High-end drugs	BEVACIZUMAB INJ 100mg Vial	24	6,400	NA
High-end drugs	IMMUNOREL 5% 100 ML (HUMAN NORMAL IMMUNOGLOBULIN 5 GM/VIAL)	48	6,500	NA
High-end drugs	GAMMAREN5%IV INF (HUMAN NORMAL IMMUNOGLOBULIN(IVIG)5GM/VIAL	10	6,500	NA
High-end drugs	IV immunoglobulin	20	6,500	NA
High-end drugs	IV immunoglobulin	40	6,500	NA
High-end drugs	FULVESTRANT INJ 250mg Vial	4	7,100	NA
High-end drugs	Interon Beta 1a	8	7,800	NA
High-end drugs	CABAZITAXEL INJ	2	8,300	NA
High-end drugs	CABAZITAXEL INJ 60 mg Vial	3	8,300	NA
High-end drugs	INJ.BEVACIZUMAB 100MG	18	9,900	NA
High-end drugs	RITUXIMAB INJ 500mg Vial	3	10,200	NA
High-end drugs	Botulium toxin injection	4	11,200	NA
High-end drugs	TAB.PAZOPANIB400MG	60	12,500	NA
High-end drugs	INJ.CABAZITAXEL 60MG	2	13,400	NA
High-end drugs	BOTOX INJ 100 UNITS (BOTULINUM TOXIN TYPE A 100)	20	14,600	NA

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High-end drugs	TRASTUZUMAB INJ	3	18,200	NA
High-end drugs	INJ.TRASTUZUMAB 440MG	5	18,200	NA
High-end drugs	INJ.TRASTUZUMAB 150MG	3	18,200	NA
High-end drugs	TRASTUZUMAB INJ 440mg Vial	3	18,200	NA
High-end drugs	Dimethyl Fumarate	8	19,500	NA
High-end drugs	INJ.GOSERELIN 10.8MG	20	22,500	NA
High-end drugs	INJ.DENOSUMAB 120MG	2	24,600	NA
High-end drugs	TAB.REGORAFENIB 40MG	168	30,600	NA
High-end drugs	ACTILYSE 50MG INJ	3	35,500	NA
OPD Benefits	Electrocardiogram (ECG)	1	100	NA
OPD Benefits	Widal Test	2	100	NA
OPD Benefits	X-ray - 90 D lens examination	2	100	NA
OPD Benefits	X-ray - Abdomen AP Supine or Erect (One film)	2	100	NA
OPD Benefits	X-ray - Abdomen Lateral view (one film)	2	100	NA
OPD Benefits	X-ray - Chest lateral (one film)	2	100	NA
OPD Benefits	X-ray - Chest PA view (one film)	2	100	NA
OPD Benefits	X-ray - Occlusal	2	100	NA
OPD Benefits	X-ray - Orbits	2	100	NA
OPD Benefits	X-ray - Pelvis AP (one film)	2	100	NA
OPD Benefits	X-ray - PNS view (1 film)	2	100	NA
OPD Benefits	X-ray - Temporomandibular (TM) Joints (one film)	2	100	NA
OPD Benefits	Ultrasound - B- Scan	2	200	NA

OPD Benefits	X-ray - OPG	2	200	NA
OPD Benefits	Electroencephalogram (EEG)/ Video EEG	1	300	NA
OPD Benefits	Sleep deprived EEG	1	300	NA
OPD Benefits	Ultra Sonography test - Breast	2	300	NA
OPD Benefits	Ultra Sonography test - Hysterosalpingography (HSG)	2	300	NA
OPD Benefits	Ultra Sonography test - Pelvic	2	300	NA
OPD Benefits	Ultra Sonography test - Small Parts	2	300	NA
OPD Benefits	X-ray - Mammography	2	300	NA
OPD Benefits	X-ray - Skull AP & Lateral (2 films)	2	300	NA
OPD Benefits	X-ray - Spine AP & Lateral (2 films)	2	300	NA
OPD Benefits	Ultra Sonography test - Guided FNAC thyroid gland	2	400	NA
OPD Benefits	Ultra Sonography test - Guided intervention- FNAC	2	500	NA
OPD Benefits	Ultrasonography Level II scan/Anomaly Scan	2	500	NA
OPD Benefits	Ultrasound - Guided FNAC	2	600	NA
OPD Benefits	Ultra Sonography test - Guided intervention - biopsy	2	700	NA
OPD Benefits	X-ray - Arthrography	2	700	NA
OPD Benefits	Ultra Sonography test - KUB abdomen	2	800	NA
OPD Benefits	Ultra Sonography test - Lower abdomen	2	800	NA
OPD Benefits	Ultra Sonography test - Obstetrics - Anomalies scan	2	800	NA
OPD Benefits	Ultra Sonography test - Upper abdomen	2	800	NA
OPD Benefits	Ultrasound - A- Scan	2	900	NA

OPD Benefits	Urodynamic Study (Cystometry)	2	1,000	NA
OPD Benefits	Ultra Sonography test - Whole abdomen	2	1,100	NA
OPD Benefits	Uroflow Study (Micrometry)	2	1,200	NA
Radiation Oncology	Additional fraction for 2D External Beam Radiotherapy	18	550	865
Radiation Oncology	Additional Fraction for Linear Accelerator, External Beam Radiotherapy 3D CRT	18	1,100	873
Radiation Oncology	Additional Fraction for Linear Accelerator, External Beam Radiotherapy IMRT	18	2,200	877
Radiation Oncology	Additional Fraction for Linear Accelerator External Beam Radiotherapy IGRT with 3D CRT or IMRT	18	2,750	885
Radiation Oncology	Additional Fraction for SRT/ SBRT with IGRT	4	12,100	891
Radiation Oncology	Additional Fraction for Respiratory Gating along with Linear Accelerator planning	10	3,850	894
Radiation Oncology	Additional Fraction for Brachytherapy High Dose Radiation	15	1,400	902
Cardiology	ASD Device	1	68,200	160
Cardiology	Cardiac Balloon - Adult	1	15,400	154, 155,156, 157
Cardiology	Cardiac Balloon - Pediatric	1	36,300	154, 155,156, 157
Cardiology	Coronary Stent for PTCA - Bare Metal	3	9,600	164
Cardiology	Coronary Stent for PTCA - Drug Eluting	3	34,800	164
Cardiology	Double Chamber Pacemaker - Rate Responsive	1	82,500	170
Cardiology	PDA Device	1	33,000	162
Cardiology	Peripheral Stent - Bare Metal	1	23,100	171
Cardiology	Single Chamber Pacemaker - Rate Responsive	1	49,500	169
Cardiology	VSD Device	1	79,200	161

Cardiothoracic Vascular Surgery	PTFE Patch - Thin	1	33,000	2520, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2654, 2635
Cardiothoracic Vascular Surgery	Arch Graft	1	93,500	2582, 2583
Cardiothoracic Vascular Surgery	Composite Aortic Valved conduit - Mechanical	1	1,10,000	2577, 2578, 2579, 2580, 2581
Cardiothoracic Vascular Surgery	Coselli Graft	1	93,500	2582, 2583
Cardiothoracic Vascular Surgery	Dacron Graft - Bifurcated	1	38,500	2588, 2590, 2591, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2615
Cardiothoracic Vascular Surgery	Dacron Graft - Straight	1	33,000	2522, 2577, 2578, 2579, 2580, 2581
Cardiothoracic Vascular Surgery	Mechanical Valve - Bileaflet	1	44,000	2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2654, 2566, 2567, 2568, 2569, 2570, 2577, 2578, 2579, 2580, 2581, 2635, 2636, 2637, 2638, 2639, 2640

Cardiothoracic Vascular Surgery	Mechanical Valve - Tilting Disc	1	30,800	2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2654, 2566, 2567, 2568, 2569, 2570, 2577, 2578, 2579, 2580, 2581, 2635, 2636, 2637, 2638, 2639, 2640
Cardiothoracic Vascular Surgery	Complex grafts other than Arch Graft & Coseli Graft	1	93,500	2582, 2583
Cardiothoracic Vascular Surgery	Pericardial Patch	1	19,800	2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2635
Cardiothoracic Vascular Surgery	PTFE Graft - Straight	1	55,000	2594, 2591, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2615, 2649
Cardiothoracic Vascular Surgery	RV - PA Conduit	1	1,32,000	2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2654, 2635
Cardiothoracic Vascular Surgery	Tissue Valve	3	77,000	2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2654, 2566, 2567, 2568, 2569, 2570, 2635, 2636, 2637, 2638, 2639, 2640

Cardiothoracic Vascular Surgery	Valve Ring - Mitral	3	38,500	2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2654, 2567, 2569, 2577, 2578, 2579, 2580, 2581, 2635, 2637, 2639, 2640
Cardiothoracic Vascular Surgery	Valve Ring - Tricuspid	3	38,500	2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2654, 2568, 2569, 2570, 2635, 2638, 2639, 2640
Otorhinolaryngology	Fibrin Glue	1	9,900	1,804
Otorhinolaryngology	Implant for Open laryngeal framework surgery / Thyroplasty (Keel / Stent)	1	16,500	1,795
Ophthalmology	Implant for "Vitreoretinal Surgery" (IOL & Per flouro carbon liquid)	1	6,600	1,355
Otorhinolaryngology	Piston for Stapedectomy / Tympanotomy	1	5,500	1,751
Otorhinolaryngology	Partial Ossicular Replacement Prosthesis - Indian Titanium	1	7,700	1,750
Otorhinolaryngology	Total Ossicular Replacement Prosthesis - Indian Titanium	1	7,700	1,750
Oral & Maxillofacial Surgery	Implant for Open reduction and internal fixation of maxilla / mandible / zygoma/Orbital fracture (Plates / Screws)	1	4,400	1,822
General Surgery	Tackers	1	16,500	1,549
General Surgery	Haemorroid Stapler	1	18,700	1,522
General Surgery	Mesh - 30 X 30	1	16,500	1554, 1555, 1556, 1699, 1700

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Cardiothoracic Vascular Surgery	Mesh - 6 X 3 - Polypropylene	1	2,200	1548, 1550, 1555, 1556, 1699, 1700
General Surgery	Mesh - 15 X 15	1	5,500	1549, 1550, 1554, 1699, 1700
Obstetrics & Gynecology	Sling	1	5,500	2,067
Obstetrics & Gynecology	Trans Obturator Tape	1	Part of package	2,080
Obstetrics & Gynecology	Tension free Vaginal Tape	1	Part of package	2,079
Ophthalmology	Implant for "Enucleation" (Conformers + Plastic / silicon ball type implant)	1	1,100	1,359
Ophthalmology	Implant for "Evisceration" (Conformers + Plastic / silicon ball type implant)	1	1,100	1,360
Ophthalmology	Foldable Hydrophobic intraocular lens	1	3,300	1,335
Ophthalmology	IOL	1	3,300	1,342
Ophthalmology	Glue for Scleral fixated IOL	1	3,300	1,341
Ophthalmology	Non foldable IOL	1	1,100	1,336
Ophthalmology	Silicon Tube / Silicon stent	1	2,200	1,320
Ophthalmology	Valved / Non Valved Glaucoma tube - shunt	1	7,700	1,348
Ophthalmology	Tissue graft - Cornea / Sclera	1	3,300	1,334
Ophthalmology	Tissue graft- amniotic membrane	1	Part of package	1,319
Urology	BIS standard sling for women	1	5,500	2,393
Urology	Penile Prosthesis - Malleable - Indian Implant	1	Part of package	2,444
Urology	DJ Stent	1	200	2,328
Cardiology	Balloon & Accessories	1	60,500	158
Cardiology	Implant for "Electrophysiological Study" includes - Steerable decapolar catheter, Quadripolar Catheter	1	50,600	165, 166

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Cardiology	Implant for "Electrophysiological Study with Radio Frequency Ablation" includes includes - Steerable decapolar catheter, Quadripolar Catheter, Radio Frequency Catheter	1	83,600	165, 166
Orthopedics	Cannulated Screws for Closed Reduction and Percutaneous Screw Fixation (neck femur)	1	5,500	996
Orthopedics	Dynamic Hip Screw for Intertrochanteric Fracture	1	5,500	997
Orthopedics	External Fixator	1	5,500	973
Orthopedics	Proximal Femoral Nail	1	8,800	998
Orthopedics	Implant for "Fracture - Acetabulum - Single Approach" - Recon Plate (2)	1	11,000	994
Orthopedics	Implant for "Fracture - Acetabulum - Combined Approach" - Recon Plate (3)	1	16,500	995
Orthopedics	Modular Custom Prosthesis for Bone Tumour Excision - malignant including GCT + Joint replacement	1	1,32,000	1,043
Surgical Oncology	Voice prosthesis	1	33,000	1,256
Surgical Oncology	Oesophageal stent	1	300	1,195
Surgical Oncology	Tracheal stent	1	Part of package	1,196
Surgical Oncology	Chemo Port - Adult	1	16,500	1,304
Surgical Oncology	Chemo Port - Pediatric	1	27,500	1,304
Surgical Oncology	Implant for Microvascular reconstruction	1	16,500	1,301
Neurosurgery	Implant for "CranioPlasty with Exogenous graft"	1	On case to case basis	1,913
Neurosurgery	Implant for "Duroplasty - Exogenous"	1	On case to case basis	1,922
Neurosurgery	Clip for Aneurysm	1	16,500	1,948
Neurosurgery	Implant for "Posterior Cervical Fusion with implant (Lateral mass fixation)"	1	Part of package	1,956

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Neurosurgery	Implant for "Thoracic Corpectomy with fusion"	1	Part of package	1,959
Neurosurgery	Implant for "Lumbar Corpectomy with fusion"	1	Part of package	1,960
Neurosurgery	Implant for "Transoral surgery (Anterior) and CV Junction (Posterior Sterilization)"	1	On case to case basis	1,941
Polytrauma	Implant for "One fracture of long bone (with implants)"	1	11,000	2,286
Plastic Surgery	Tissue Expander / Implant for disfigurement following burns / trauma / congenital deformity	1	Part of package	2,200
Plastic Surgery	Prosthesis for Ear Pinna Reconstruction	1	Part of package	2,198
Interventional Neuroradiology	Coil for embolization of aneurysms	14	26,400	39
Interventional Neuroradiology	Glue for AVMs / AVFs	1	Part of package	33
Interventional Neuroradiology	Onyx for AVMs / AVFs	1	Part of package	35
Interventional Neuroradiology	Balloon for Embolization	1	12,100	41
Orthopedics	Implant for Arthrodesis of Shoulder (Screw / Plate)	1	5,500	1,009
Orthopedics	Implant for Arthrodesis of Wrist (Plate)	1	5,500	1,010
Orthopedics	Implant for Ankle Fracture ORIF (Tension Band Wire + Plate)	1	5,500	999
Orthopedics	Implant for Bone Tumour Excision + reconstruction (Plate)	1	11,000	1,044
Orthopedics	Plate for ORIF - Diaphyseal fracture - Long Bone	1	6,600	983
Orthopedics	IM Nail for CR&F - Diaphyseal fracture - Long Bone	1	7,700	984
Orthopedics	Plate for Comminuted Fracture - Olecranon of Ulna	1	8,800	985
Orthopedics	Implants for Fracture - Both Bones - Forearm - ORIF (Plates & / or Nails)	1	7,700	989

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Orthopedics	Locking Plate for Metaphyseal fracture - Long Bone	2	7,700	982
Orthopedics	Implant for Fracture - Single Bones - Forearm - ORIF (Plate / Nail)	1	3,900	988
Orthopedics	Implant for Fracture Head radius (Plate / Screw)	1	5,500	986
Orthopedics	Plate for High Tibial Osteotomy	1	7,700	1,079
Orthopedics	Implant for Fracture Condyle - Humerus - ORIF	1	1,700	990
Orthopedics	Implant for Internal Fixation of Small Bones	1	1,700	981
Orthopedics	Implant for Limb Lengthening / Bone Transport by Ilizarov	1	13,200	1,081
Orthopedics	Implant for Ilizarov fixation	1	11,000	1,080
Orthopedics	Implant for Open Reduction of Small joints (K - Wire)	1	1,700	1,021
Orthopedics	Implant for Osteotomy - Long Bone (Screw)	1	5,500	1,076
Orthopedics	Implant for Percutaneous - Fixation of Fracture (K - Wire / Screw)	1	2,200	977
Orthopedics	Implant & brace for Reconstruction of ACL / PCL (Bio screw / Endobutton / Suture disc + Ethibond)	1	18,700	1,067
Orthopedics	Implant for Fracture intercondylar Humerus + olecranon osteotomy (TBW + 2 Plates)	1	12,100	992
Orthopedics	Implant for Total Hip Replacement - Cemented	1	38,500	1,037
Orthopedics	Implant for Total Hip Replacement - Cementless	1	66,000	1,038
Orthopedics	Implant for Total Hip Replacement - Hybrid	1	49,500	1,039
Orthopedics	Implant for Revision Total Hip Replacement	1	1,10,000	1,040

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Orthopedics	Implant for Unipolar Hemiarthroplasty	1	3,300	1,023
Orthopedics	Non - Modular - Non - Cemented	1	7,700	1,024
Orthopedics	Modular - Cemented	1	22,000	1,025
Orthopedics	Implant for Total Knee Replacement	1	60,500	1,041
Orthopedics	Implant for Revision Total Knee Replacement	1	1,10,000	1,042
Orthopedics	Implant for Elbow Replacement	1	34,100	1,036
Orthopedics	Implant for Elastic Nailing of Femur / Humerus / Forearm (Elastic Nail)	1	5,500	978
Orthopedics	Implant for Growth Modulation & Fixation (Plate)	6	5,500	1,082
Orthopedics	Implant for AC Joint reconstruction / Stabilization (Plate/ screw / Fibre wire / reconstruction by tendon etc)	1	11,000	1,026
Orthopedics	Implant for Cervical spine fixation including odontoid (Screw)	1	5,500	1,000
Orthopedics	Implant for Cervical spine fixation including odontoid (Odontoid Screw)	1	22,000	1,000
Orthopedics	Implant for Cervical spine fixation including odontoid (Cage)	1	11,000	1,000
Orthopedics	JESS Fixator	1	8,800	1,086
Orthopedics	Implant for Displaced Clavicle Fracture (Plate)	1	3,300	993
Orthopedics	Implant for Dorsal and lumber spine fixation (Plate including screw)	6	5,500	1001, 1002
Orthopedics	Implant for Dorsal and lumber spine fixation (Cage)	1	11,000	1001, 1002
Orthopedics	Implant for Spine deformity correction (Plate including screw)	6	5,500	1,075

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Orthopedics	Implant for Spine deformity correction (Cage)	1	10,000	1075, 1115
Orthopedics	Implant for Tension Band Wiring (Wire)	1	2,200	1,022
Neurosurgery	Implant for Laminectomy with Fusion and fixation	1	11,000	1,963
Neurosurgery	Implant for Spine - Decompression & Fusion with fixation	1	11,000	1,970
Neurosurgery	Implant for Spine - Extradural Tumour with fixation	1	11,000	1,976
Neurosurgery	Implant for Spine - Extradural Haematoma with fixation	1	11,000	1,972
Neurosurgery	Implant for Spine - Intradural Tumour with fixation	1	11,000	1,978
Neurosurgery	Implant for Spine - Intradural Haematoma with fixation	1	11,000	1,974
Neurosurgery	Implant for Spine - Intramedullar Tumour with fixation	1	11,000	1,980
Otorhinolaryngology	Implant for Excision of tumour of oral cavity / paranasal sinus / laryngopharynx	1	22,000	1,781
Orthopedics	Implant for Arthrodesis of Knee (Compression Assembly / Ilizarov)	1	11,000	1,011
Orthopedics	Non - Modular - Cemented	1	11,000	1,024
Cardiology	Coronary Stent for PDA stenting - Bare Metal	1	9,600	163
Cardiology	Coronary Stent for PDA stenting - Drug Eluting	1	34,800	163
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"	1	1,32,000	40
Cardiology	Implant for "Embolization - Arteriovenous Malformation (AVM) in the Limbs"	1	Part of package	175
Interventional Neuroradiology	Coil for Parent Vessel Occlusion	1	26,400	46
Interventional Neuroradiology	Balloon for Parent Vessel Occlusion	1	12,100	46

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General Surgery	Specialised Vascular Graft	1	55,000	1,631
General Surgery	ERCP stent - Plastic	1	8,800	1,632
Neurosurgery	Implant for "Discectomy - Dorsal"	1	11,000	1,999
Interventional Neuroradiology	Additional coil for coil embolization for aneurysms	1	26,400	46
Interventional Radiology	LABS set	1	Part of package	50
Interventional Radiology	Lipiodol+coils(Vascular plug separate additional cost	1	Part of package	51
Interventional Radiology	Chemoport	1	Part of package	52
Interventional Radiology	Permcath	1	Part of package	53
Interventional Radiology	RF Probe for Tumor ablation	1	Part of package	55
Interventional Radiology	Microwave antenna	1	Part of package	56
Interventional Radiology	Lipiodol+Coils(2)	1	Part of package	57
Interventional Radiology	Coils(3)	1	Part of package	58
Interventional Radiology	Microcatheter+Coil (3)	1	Part of package	59
Interventional Radiology	Microcatheter	1	Part of package	60
Interventional Radiology	Balloon	1	Part of package	61
Interventional Radiology	Lipiodol+Microcatheter+Coil	1	Part of package	62
Interventional Radiology	Vascular Plug+Coils	1	Part of package	63
Interventional Radiology	Balloon +metallic stent	1	Part of package	66
Interventional Radiology	Balloon + Covered stent	1	Part of package	67
Interventional Radiology	multiside hole thrombolysis catheter), r TPA , balloon	1	Part of package	68
Interventional Radiology	multiside hole thrombolysis catheter), r TPA , Thrombectomy Catheter	1	Part of package	69

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Interventional Radiology	Balloon+Metallic stent	1	Part of package	71
Interventional Radiology	High Pressure large Ballon	1	Part of package	72
Interventional Radiology	Ballon+High Pressure large Ballon+metallic stent	1	Part of package	73
Interventional Radiology	below knee Ballon	1	Part of package	74
Interventional Radiology	Drug Coated balloon/Cutting Ballon	1	Part of package	75
Interventional Radiology	Graft	1	Part of package	76
Interventional Radiology	multiside hole thrombolysis catheter), r TPA , IVC filter	1	Part of package	79
Interventional Radiology	Retrieval kit	1	Part of package	80
Interventional Radiology	Snare	1	Part of package	82
Interventional Radiology	Nucleotome set	1	Part of package	89
Interventional Radiology	RF probe	1	Part of package	91
Interventional Radiology	Microwave probe	1	Part of package	92
Interventional Radiology	Biopsy Gun	1	Part of package	94
Interventional Radiology	High Pressure large Ballon+ specialised venous stent	1	Part of package	95
Interventional Radiology	Gastrostomy set	1	Part of package	118
Interventional Radiology	lipiodol+Microcather	1	Part of package	119
Interventional Radiology	DEB+Microcather	1	Part of package	120
Interventional Radiology	RUPS set,covered stent, uncovered stent,Balloon catheter	1	Part of package	121
Interventional Radiology	lipiodol+Ballon+coils 2	1	Part of package	122
Interventional Radiology	Vacsular Plu+coil+lipiodol	1	Part of package	123
Interventional Radiology	Pleurex kit	1	Part of package	124

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Interventional Radiology	PICC line	1	Part of package	125
Interventional Radiology	Silicon Stent	1	Part of package	126
Interventional Radiology	Vertebroplasty kit including cement	1	Part of package	128
Interventional Radiology	Kyphoplasty kit+Cement	1	Part of package	129
Interventional Radiology	VABB gun	1	Part of package	130
Interventional Radiology	Lipidol	1	Part of package	131
Interventional Radiology	2 PVA particle	1	Part of package	134
Interventional Radiology	PVA particle+Microcathetr	1	Part of package	135
Interventional Radiology	Coils(4), microcatheter	1	Part of package	137
Interventional Radiology	Balloon+Drug Coated ballon/Cutting Ballon	1	Part of package	138
Interventional Radiology	IVC filter	1	Part of package	139
Interventional Radiology	High Pressure large Ballon+Covered stent	1	Part of package	148
Orthopedics	Implant for "Replacement with Head Radius Prosthesis"	1	10,000	1,108
Orthopedics	Implant for Fracture - Humerus - ORIF - plate	1	12,000	1,111
Orthopedics	Implant for Total Hip Replacement	1	40,250	1,113
Orthopedics	Implant for Spine deformity correction (Plates)	16	4,000	1,115
Cardiothoracic Vascular Surgery	Aortic stent	1	3,50,000	2,649
General Surgery	For PTBD	1	33,000	1,637
General Surgery	ERCP stent - Metal	1	44,000	1,632
Cardiothoracic Vascular Surgery	Implant for "BT Shunt (inclusives of grafts)"	1	55,000	2,523
Diagnostic Laboratory (IPD & OPD)	IgG/ IgM test	1	500	NA

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Diagnostic Laboratory (IPD & OPD)	Fasting Blood Sugar	1	70	NA
Diagnostic Laboratory (IPD & OPD)	Anti HCV IgG	1	350	NA

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 5.

ITEMS	
AIR MATTRESS (PNEUMATIC PRESSURE RELIEVING SYSTEM)	MOISTUREX (ALOEVERA PREP) CREAM
ALLEVYN SACRUM	MOLE CATH CONDOM
ALPHA TRANCEL	MORTURAY SHEET
ALPHA XCELL	COCONUT 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	RESTRAIMT 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 5
PROCESS FOR CASHLESS ACCESS SERVICE

GENERAL:

- a) The beneficiaries under MHIS 5 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-AUTHORIZATION 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
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 documents needed may vary from package to package and hence a pre and post mandatory list of all documents required for all packages for all preapproved or pre-auth packages will be available in Schedule 3 of this Insurance Contract.
- h) The pre-auth request and the approval of the pre-auth will be done using the TMS given by the NHA.

- i) 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.
- j) In case of any BIS issues, non-registered beneficiary, 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 admission.
- k) Only preapproved Packages will be available in the Offline TMS.
- l) 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.
- m) Insurer to check all necessary documents before requesting additional documents from the EHCP for pre-auth request or pre-approved packages.
- n) If a claim is rejected, the insurer will provide the reasons for rejection. Rejection details will be captured and stored in the TMS.
- o) 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.
- p) 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 IV

Summary of Health Care Facilities Empanelled Under MHIS IV

MHIS IV Empanelled Hospitals									
PHC	CHC	DISTRICT HOSPITAL	MEDICAL INSTITUTE	RESEARCH INSTITUTE	CHEST HOSPITAL	MATERNITY & CHILD HOSPITAL	PSYCHIATRIC HOSPITAL	PRIVATE HOSPITAL	TOTAL
112	28	9	1	1	2	2	1	19	175

List of empanelled Hospitals in Meghalaya MHIS IV – District Wise

Hospital Id	Hospital Name	Hospital Type	District
HS17002018	RONGJENG CHC	CHC	EAST GARO HILLS
HS17002017	WILLIAMNAGAR CIVIL HOSPITAL	CIVIL HOSPITAL	EAST GARO HILLS
HOSP17G124348	NENGMANDALGRE PHC	PHC	EAST GARO HILLS
HS17002007	BANSAMGRE PHC	PHC	EAST GARO HILLS
HS17002005	DAGAL PHC	PHC	EAST GARO HILLS
HS17002013	DOBU PHC	PHC	EAST GARO HILLS
HS17002009	MANGSANG PHC	PHC	EAST GARO HILLS
HS17002016	RONGRONG PHC	PHC	EAST GARO HILLS
HS17002010	SAMANDA PHC	PHC	EAST GARO HILLS
HS17002003	SONGSAK PHC	PHC	EAST GARO HILLS

Hospital Id	Hospital Name	Hospital Type	District
HS17007032	KHLIEHRIAT CIVIL HOSPITAL	CIVIL HOSPITAL	EAST JAINTIA HILLS
HS17008003	SUTNGA CHC	CHC	EAST JAINTIA HILLS
HS17007027	BATAW PHC	PHC	EAST JAINTIA HILLS
HS17008001	LUMSHNONG PHC	PHC	EAST JAINTIA HILLS
HS17008005	PAMRA PAITHLU PHC	PHC	EAST JAINTIA HILLS
HS17008002	RYMBAI PHC	PHC	EAST JAINTIA HILLS
HS17007030	SAIPUNG PHC	PHC	EAST JAINTIA HILLS
HS17007028	UMKIANG PHC	PHC	EAST JAINTIA HILLS

Hospital Id	Hospital Name	Hospital Type	District
HS17006041	DANGAR PHC	PHC	EAST KHASI HILLS
HS17006046	DIENGIEI PHC	PHC	EAST KHASI HILLS
HS17006044	DIENGPASOH PHC	PHC	EAST KHASI HILLS
HS17006053	JATAH PHC	PHC	EAST KHASI HILLS
HS17006051	JONGKSHA PHC	PHC	EAST KHASI HILLS
HS17006074	KHATARSHNONG KHRANG PHC	PHC	EAST KHASI HILLS
HS17006068	LAITKYNSEW PHC	PHC	EAST KHASI HILLS
HS17006025	LAITLYNGKOT PHC	PHC	EAST KHASI HILLS
HS17006026	LAITRYNGEW PHC	PHC	EAST KHASI HILLS
HS17006073	MAWKLIAW PHC	PHC	EAST KHASI HILLS

HS17006052	MAWKYNREW PHC	PHC	EAST KHASI HILLS
HS17006040	MAWLONG PHC	PHC	EAST KHASI HILLS
HS17006048	MAWPHLANG PHC	PHC	EAST KHASI HILLS
HS17006047	MAWROH PHC	PHC	EAST KHASI HILLS
HS17006043	MAWRYNGKNENG PHC	PHC	EAST KHASI HILLS
HS17006065	MAWSAHEW PHC	PHC	EAST KHASI HILLS
HS17006072	MAWSIATKHNAM PHC	PHC	EAST KHASI HILLS
HS17006045	NONGSPUNG PHC	PHC	EAST KHASI HILLS
HS17006036	POMLUM PHC	PHC	EAST KHASI HILLS
HS17006049	PONGTUNG PHC	PHC	EAST KHASI HILLS
HS17006042	RYNGKU PHC	PHC	EAST KHASI HILLS
HS17006066	SHELLA PHC	PHC	EAST KHASI HILLS
HS17006057	SMIT PHC	PHC	EAST KHASI HILLS
HS17006039	SOHBAR PHC	PHC	EAST KHASI HILLS
HS17006037	SWER PHC	PHC	EAST KHASI HILLS
HS17006050	WAHSHERKHMUT PHC	PHC	EAST KHASI HILLS
HS17006058	ICHAMATI CHC	CHC	EAST KHASI HILLS
HS17006028	MAWIONG CHC	CHC	EAST KHASI HILLS
HS17006059	MAWSYNRAM CHC	CHC	EAST KHASI HILLS
HS17006032	PYNURSLA CHC	CHC	EAST KHASI HILLS
HS17006031	SOHIONG CHC	CHC	EAST KHASI HILLS
HS17006056	SOHRA CHC	CHC	EAST KHASI HILLS
HS17006063	REID PROVINCIAL CHEST HOSPITAL	CHEST HOSPITAL	EAST KHASI HILLS
HS17006024	CIVIL HOSPITAL SHILLONG	CIVIL HOSPITAL	EAST KHASI HILLS
HS17006060	GANESH DAS HOSPITAL	MCH	EAST KHASI HILLS
HS17006071	NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH AND MEDICAL SCIENCES	MEDICAL INSTITUTE	EAST KHASI HILLS
HOSP17G101079	MEGHALAYA INSTITUTE OF MENTAL HEALTH & NEURO SCIENCE	MENTAL HEALTH HOSPITAL	EAST KHASI HILLS
HS17006075	PASTEUR INSTITUTE SHILLONG	RESEARCH INSTITUTE	EAST KHASI HILLS
HS17006034	NAZARETH HOSPITAL	PRIVATE	EAST KHASI HILLS
HS17006061	DR.H GORDON ROBERT HOSPITAL	PRIVATE	EAST KHASI HILLS
HS17006035	BANSARA EYE CARE HOSPITAL	PRIVATE	EAST KHASI HILLS
HS17006076	BETHANY HOSPITAL SHILLONG	PRIVATE	EAST KHASI HILLS
HOSP17P82895	MISSION TRUST	PRIVATE	EAST KHASI HILLS
HS17006069	SUPERCARE HOSPITAL	PRIVATE	EAST KHASI HILLS
HOSP17P84324	WOODLAND HOSPITAL	PRIVATE	EAST KHASI HILLS
HS17006067	THE CHILDREN HOSPITAL	PRIVATE	EAST KHASI HILLS

Hospital Id	Hospital Name	Hospital Type	District
HS17009004	RESUBELPARA CHC	CHC	NORTH GARO HILLS
HS17002006	ADOKGRE PHC	PHC	NORTH GARO HILLS
HS17002002	BAJENGDOBA PHC	PHC	NORTH GARO HILLS
HS17009005	DAINADUBI PHC	PHC	NORTH GARO HILLS
HOSP17G91021	DAMAS PHC	PHC	NORTH GARO HILLS
HS17002015	GABIL PHC	PHC	NORTH GARO HILLS
HS17009002	KHARKUTTA PHC	PHC	NORTH GARO HILLS
HOSP17G91020	MANIKGANJ PHC	PHC	NORTH GARO HILLS
HS17002011	MENDIPATHAR PHC	PHC	NORTH GARO HILLS
HS17002014	RARI PHC	PHC	NORTH GARO HILLS
HS17002001	SUALMARI PHC	PHC	NORTH GARO HILLS
HS17002008	WAGEASI PHC	PHC	NORTH GARO HILLS

Hospital Id	Hospital Name	Hospital Type	District
HS17005016	BHOIRYMBONG CHC	CHC	RI BHOI
HS17005018	PATHARKHMAH CHC	CHC	RI BHOI
HS17005008	UMSNING CHC	CHC	RI BHOI
HS17005007	NONGPOH CIVIL HOSPITAL	CIVIL HOSPITAL	RI BHOI
HS17006027	BYRNIHAT PHC	PHC	RI BHOI
HS17005014	KYRDEM PHC	PHC	RI BHOI
HS17005011	MARNGAR PHC	PHC	RI BHOI
HS17005012	MAWHATI PHC	PHC	RI BHOI
HS17005013	MAWLASNAI PHC	PHC	RI BHOI
HS17005010	UMDEN PHC	PHC	RI BHOI
HS17005015	UMTRAI PHC	PHC	RI BHOI
HS17005017	WARMAWSAW PHC	PHC	RI BHOI
HS17005019	BETHANY OUTREACH	PRIVATE	RI BHOI
HS17005020	HOLY CROSS HEALTH CENTER UMSAWKHAN	PRIVATE	RI BHOI

Hospital Id	Hospital Name	Hospital Type	District
HS17003007	CHOKPOT CHC	CHC	SOUTH GARO HILLS
HS17003006	BAGHMARA CIVIL HOSPITAL	CIVIL HOSPITAL	SOUTH GARO HILLS
HS17003001	MOHESHKOLA PHC	PHC	SOUTH GARO HILLS
HS17003002	NANGALBIBRA PHC	PHC	SOUTH GARO HILLS
HS17002004	RONGARA PHC	PHC	SOUTH GARO HILLS
HS17003004	SIBBARI PHC	PHC	SOUTH GARO HILLS
HS17003003	SIJU PHC	PHC	SOUTH GARO HILLS
HS17003005	SILKIGRE PHC	PHC	SOUTH GARO HILLS

Hospital Id	Hospital Name	Hospital Type	District
HS17001042	MAHENDRAGANJ CHC	CHC	SOUTH WEST GARO HILLS
HS17010001	AMPATI CIVIL HOSPITAL	CIVIL HOSPITAL	SOUTH WEST GARO HILLS
HS17001049	BELBARI PHC	PHC	SOUTH WEST GARO HILLS
HS17001048	BETASING PHC	PHC	SOUTH WEST GARO HILLS
HS17001034	GAROBADHA PHC	PHC	SOUTH WEST GARO HILLS
HS17001035	KALAICHAR PHC	PHC	SOUTH WEST GARO HILLS
HS17001051	MELLIM PHC	PHC	SOUTH WEST GARO HILLS
HS17001036	NOGORPARA PHC	PHC	SOUTH WEST GARO HILLS
HS17001045	RANGSAKONA PHC	PHC	SOUTH WEST GARO HILLS
HS17001056	SALMANPARA PHC	PHC	SOUTH WEST GARO HILLS
HS17001037	ZIKZAK PHC	PHC	SOUTH WEST GARO HILLS

Hospital Id	Hospital Name	Hospital Type	District
HS17011001	MAWKYRWAT CHC	CHC	SOUTH WEST KHASI HILLS
HS17004024	RANIKOR CHC	CHC	SOUTH WEST KHASI HILLS
HOSP17G114562	WAHKAJI PHC	PHC	SOUTH WEST KHASI HILLS
HS17004021	MAWTHAWPDAH PHC	PHC	SOUTH WEST KHASI HILLS
HS17004016	RANGTHONG PHC	PHC	SOUTH WEST KHASI HILLS

Hospital Id	Hospital Name	Hospital Type	District
HS17001032	ASANANGRE PHC	PHC	WEST GARO HILLS
HS17001060	BABADAM PHC	PHC	WEST GARO HILLS
HS17001055	BHAITBARI PHC	PHC	WEST GARO HILLS
HS17001033	DARENGRE PHC	PHC	WEST GARO HILLS
HS17001054	JELDUPARA PHC	PHC	WEST GARO HILLS
HS17001053	KHERAPARA PHC	PHC	WEST GARO HILLS
HS17001050	PEDALDOBA PHC	PHC	WEST GARO HILLS
HS17001047	PURAKHASIA PHC	PHC	WEST GARO HILLS
HS17001052	TIKRIKILLA PHC	PHC	WEST GARO HILLS
HS17001058	ALLAGRE CHC	CHC	WEST GARO HILLS
HS17001040	DADENGIRI CHC	CHC	WEST GARO HILLS
HS17001041	DALU CHC	CHC	WEST GARO HILLS
HS17001043	PHULBARI CHC	CHC	WEST GARO HILLS
HS17001044	SELSELLA CHC	CHC	WEST GARO HILLS
HS17001066	TURA TUBERCULOSIS HOSPITAL	CHEST HOSPITAL	WEST GARO HILLS
HS17001039	TURA CIVIL HOSPITAL	CIVIL HOSPITAL	WEST GARO HILLS
HS17001038	MCH HOSPITAL	MCH - PUBLIC	WEST GARO HILLS
HS17001061	CHRISTIAN HOSPITAL TURA	PRIVATE	WEST GARO HILLS

HS17001059	HOLY CROSS TURA HOSPITAL	PRIVATE	WEST GARO HILLS
HOSP17G140902	JENGJAL SUB DIVISIONAL HOSPITAL	PUBLIC	WEST GARO HILLS

Hospital Id	Hospital Name	Hospital Type	District
HS17007025	BARATO PHC	PHC	WEST JAINTIA HILLS
HS17007021	DAWKI PHC	PHC	WEST JAINTIA HILLS
HS17007024	IOOKSI PHC	PHC	WEST JAINTIA HILLS
HS17007034	JARAIN PHC	PHC	WEST JAINTIA HILLS
HS17007016	KHLIEHTYRSI PHC	PHC	WEST JAINTIA HILLS
HS17007023	MYNSO PHC	PHC	WEST JAINTIA HILLS
HS17007015	NAMDONG PHC	PHC	WEST JAINTIA HILLS
HS17007033	NANGBAH PHC	PHC	WEST JAINTIA HILLS
HS17007018	NARTIANG PHC	PHC	WEST JAINTIA HILLS
HS17007020	PDENGSHAKAP PHC	PHC	WEST JAINTIA HILLS
HS17007026	SAHSNIANG PHC	PHC	WEST JAINTIA HILLS
HS17007022	SHANGPUNG PHC	PHC	WEST JAINTIA HILLS
HS17008004	LASKEIN CHC	CHC	WEST JAINTIA HILLS
HS17007011	NONGTALANG CHC	CHC	WEST JAINTIA HILLS
HS17007031	UMMULONG CHC	CHC	WEST JAINTIA HILLS
HS17007010	JOWAI CIVIL HOSPITAL	CIVIL HOSPITAL	WEST JAINTIA HILLS
HOSP17P122752	WOODLAND WK HOSPITAL	PRIVATE	WEST JAINTIA HILLS
HOSP17P115853	DR NORMAN TUNNEL HOSPITAL JOWAI	PRIVATE	WEST JAINTIA HILLS
HS17007035	RASONGSLI NURSING HOME	PRIVATE	WEST JAINTIA HILLS

Hospital Id	Hospital Name	Hospital Type	District
HS17004032	ARADONGA PHC	PHC	WEST KHASI HILLS
HS17004015	DONGKI-INGDING PHC	PHC	WEST KHASI HILLS
HS17006055	KYNRUD PHC	PHC	WEST KHASI HILLS
HS17004008	KYN Shi PHC	PHC	WEST KHASI HILLS
HS17004007	MARKASA PHC	PHC	WEST KHASI HILLS
HS17004012	MAROID PHC	PHC	WEST KHASI HILLS
HS17004029	MAWEIT PHC	PHC	WEST KHASI HILLS
HS17004020	MYRIAW PHC	PHC	WEST KHASI HILLS
HS17004031	NONGLANG PHC	PHC	WEST KHASI HILLS
HS17004014	NONGTHLIEW PHC	PHC	WEST KHASI HILLS

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HS17004030	NONGUM PHC	PHC	WEST KHASI HILLS
HS17004019	PARIONG PHC	PHC	WEST KHASI HILLS
HS17006054	RAMBRAI PHC	PHC	WEST KHASI HILLS
HS17004017	SHALLANG PHC	PHC	WEST KHASI HILLS
HS17004013	WAHRIT PHC	PHC	WEST KHASI HILLS
HS17004009	NONGKHLAW CHC	CHC	WEST KHASI HILLS
HS17004023	RIANGDO CHC	CHC	WEST KHASI HILLS
HS17004010	NONGSTOIN CIVIL HOSPITAL	CIVIL HOSPITAL	WEST KHASI HILLS
HS17004011	TIROT SINGH MEMORIAL HOSPITAL	CIVIL HOSPITAL	WEST KHASI HILLS
HOSP17P103084	MAKARIOS MEDICAL CENTER	PRIVATE	WEST KHASI HILLS
HS17004026	HOLY CROSS MAIRANG	PRIVATE	WEST KHASI HILLS

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 centers 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 tumor 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.

	d	Surgical Intensive Care Unit.
	e	Post-op with ventilator support.
	f	Trained paramedics.
	g	Post-op rehab/Physiotherapy

Tertiary Care Specialty	Additional Empanelment Criteria	
Specific Criteria for Paediatric Surgery	a	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	Well-equipped theatre.
	c	Paediatric and Neonatal ICU support.
	d	Support services of paediatrician.
	e	Availability of mother rooms and feeding area.
	f	Availability of radiological/fluoroscopy services (including IITV), laboratory services and blood bank.

Tertiary Care Specialty	Additional Empanelment Criteria	
Specific Criteria for specialized new-born care	a	The hospital should have well developed and equipped neonatal nursery/Neonatal ICU (NICU)appropriate for the packages for which empanelled, as per norms.
	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.
	c	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.
	d	Trained nurses 24x7 as per norms.
	e	Trained Paediatrician(s) round the clock.
	f	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.
	g	Provision for post-discharge follow up visits for counselling for feeding, growth/development assessment and early stimulation, ROP checks, hearing tests etc.

Tertiary Care Specialty	Additional Empanelment Criteria	
Specific criteria for Polytrauma	a	Shall have Emergency Room setup with round the clock dedicated duty doctors.

	b	Shall have the full-time service availability of Orthopaedic Surgeon, General Surgeon, and anaesthetist services.
	c	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.
	d	Shall have dedicated round the clock Emergency Theatre with C-Arm facility, Surgical ICU, postop setup with qualified staff.
	e	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	1	Dialysis unit
	2	Well-equipped operation theatre with C-ARM
	3	Endoscopy investigation support
	4	Post-op ICU care with ventilator support
	5	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:		
	i.	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 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	
	ii.	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 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>Space and facility requirement: Haemodialysis area:</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>Machinery/Physical facilities:</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>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.</p> <p>ii. Dialysis doctor (at least 1 in each shift)</p> <ul style="list-style-type: none"> • M.B.B.S. with a valid registration in each shift. • One-year house job. • Certified in advanced cardiac life support (ACLS). • Experience in central line placement. • Experience in critical care management. • To be trained under the care of a nephrologist for a period of 6 months or more • 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. <p>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.</p> <p>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.</p> <p>v. Dietician (optional), social worker (optional), dialysis attendants (full time) and housekeeping service (full time).</p>
<p>vii.</p>	<p>Should have following equipment's:</p> <p>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</p> <p>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</p> <p>iii. Machine and Dialyzer: HD machines Peritoneal Dialysis machine (if applicable) CRRT machine (optional) Dialyzers</p> <p>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</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 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:

SNO	Device	Specification
1	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
2	Internet	Dedicated connection with 2 Mbps 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.

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
- 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 16 April 2022

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 G 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 5.
- 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 5 (**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 Beneficiary Identity Document		MHIS/PMJAY BENEFICARY RECORD	
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 > 5. The operator is expected to add more information to narrow results. The actual results will be displayed when the number matched is 5 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 5. 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 5 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 5. 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 Rasing 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 data from the transaction management Software	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 data from the transaction management Software	Quarterly	₹ 4,000/- per hospital where Medical Audit Conducted is less than 3% per Quarter.	—

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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>SOS (Emergency) Grievances (Grievances Registered during the period of hospitalization)</p> <ul style="list-style-type: none"> • Denied treatment under PM-JAY by empaneled healthcare provider at the time of admission. • Demanding money for the services which are available for free in the scheme. • Not returning PM-JAY card at the time of discharge. • Prescribed medicines and diagnostics from outside, which are available for free in the scheme. • Non-availability of Arogya Mitra. • Non-Cooperation by Arogya Mitra. • Misconduct by Hospital Staff. • Charge money for printing Ayushman card. 	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"> • SGRC decision shall be final & binding.

2	Beneficiary	Empanelled Healthcare providers	<p>Non-SOS (Non-Emergency) Grievances (Grievances Registered before admission or after discharge of the patient)</p> <ul style="list-style-type: none"> • Denied treatment under AB PM-JAY. • Money sought for treatment, despite sum insured under AB PM- JAY cover being available. • Demanding more than Package Rate/ Pre-Authorized Amount. • AB PM-JAY Ayushman Card retained by Empaneled Health Care Provider. • Free medicines & Consultation not provided during follow-up. • Ayushman Card not provided despite eligibility. • Poor Quality of Treatment. • Poor facilities. • Non-availability of Arogya Mitra. • Non-Cooperation of Arogya Mitra. • Misconduct by Hospital Staff. 	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"> • DGRC (Within 30 days of the DGNO decision). • If either party is not satisfied with DGRC decision, then they can appeal to SGRC within 30 days. • SGRC shall have 30 days to resolve the grievance. • SGRC decision shall be final & binding.
3	Beneficiary	Insurance company / TPA	<ul style="list-style-type: none"> • Demanding money for approval of pre-authorization. • Misconduct by IC/ISA/TPA representative. 	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"> • If grievance is not resolved by DGNO/SGNO within 15 days, case shall be referred to DGRC/SGRC. • If either party is not satisfied with DGNO's/SGNO's decision, then they can appeal to DGRC/SGRC within

						<p>30 days of the DGNO/SGNO order.</p> <ul style="list-style-type: none"> • DGRC/SGRC shall have 30 days to resolve the grievance. • If either party is not satisfied with DGRC decision, then they can appeal to SGRC within 30 days • SGRC shall have 30 days to resolve the grievance. • SGRC decision shall be final and binding.
4	Beneficiary	Common Service Centre (CSC)	<ul style="list-style-type: none"> • Demanding extra money (above the approved cost of Rs. 30) for issuing Ayushman card. • Card issued to another family. • Card not provided to beneficiary. • Poor Quality of Service. 	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"> • If either party is not satisfied with DGNO's decision, then they can appeal to DGRC within 30 days of the DGNO. • DGRC shall have 30 days to resolve the grievance. • If either party is not satisfied with DGRC decision, then they can appeal to SGRC within 30 days. • SGRC shall have 30 days to resolve the grievance. • SGRC decision shall be final and binding.

5	Beneficiary	District authorities	<ul style="list-style-type: none"> Grievance not addressed by the concerned officer. 	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"> If either party is not satisfied with DGRC order, they shall approach the SGRC. Decision of SGRC on such cases shall be final and binding.
6	Health Care Provider	Beneficiary	<ul style="list-style-type: none"> Misconduct or harassment by the beneficiary. Any other. 	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"> If grievance is not resolved by DGNO within 15 days, case shall be referred to DGRC. If either party is not satisfied with DGNO's decision, then they can appeal to DGRC within 30 days of the DGNO order. DGRC shall have 30 days to resolve the grievance. If either party is not satisfied with DGRC decision, then they can appeal to the SGRC within 30 days. SGRC shall have 30 days to resolve the grievance.

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 5 i.e., the packages for certain tertiary care, OPD or OPD Diagnostic treatments shall only be available in hospitals that are empanelled under MHIS 5 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 16 April 2022

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>

**ANNEXURE 2
FORMAT OF SERVICES AGREEMENT**

[Note: To be separately provided by the State Nodal Agency.]

Dated 16 April 2022

**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					
1	ON ADMISSION	Y	N	NA	REMARKS
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				
2	SURGERY	Y	N	NA	REMARKS
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)				
3	NURES' NOTES	Y	N	NA	REMARKS
a	WRITTEN				
b	SIGNED				
c	DATED				
d	TIMED				
e	VITALS CHART MAINTAINED				
f	TREATMENT CHART MAINTAINED				
g	INPUT/OUTPUT CHART				
4	DISCHARGE SUMMARY	Y	N	NA	REMARKS
a	FINAL DIAGNOSIS				
b	SIGNIFICANT FINDINGS				

c	PROCEDURE PERFORMED				
d	TREATMENT GIVEN				
e	PATIENT CONDITION ON DISCHARGE				
f	ADVICE ON DISCHARGE				
g	INSTRUCTION FOR FOLLOW UP				
5	OTHERS	Y	N	NA	REMARKS
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

Sl 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					
1	ON ADMISSION	Y	N	NA	REMARKS
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				
2	DOCTOR'S PROGRESS NOTES FROM ADMISSION TO DISCHARGE	Y	N	NA	REMARKS
a	WRITTEN DAILY				
b	SIGNED DAILY				
c	DATED DAILY				
d	TIMED DAILY				
e	REFLECTIVE TO PATIENT CONDITION				
f	FINAL DISCHARGE NOTE				
3	NURSES' NOTES	Y	N	NA	REMARKS
a	WRITTEN DAILY				
b	SIGNED DAILY				
c	DATED DAILY				
d	TIMED DAILY				
e	VITALS CHART MAINTAINED				
f	TREATMENT CHART MAINTAINED				

g	INPUT/OUTPUT CHART				
4	SURGERY	Y	N	NA	REMARKS
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				
5	DISCHARGE SUMMARY	Y	N	NA	REMARKS
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				
6	OTHERS	Y	N	NA	REMARKS
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 FORMAT MORTALITY IPD

Sl 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					
1	ON ADMISSION	Y	N	NA	REMARKS
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				
2	DOCTORS PROGRESS NOTES FROM ADMISSION TO DISCHARGE	Y	N	NA	REMARKS
a	WRITTEN DAILY				
b	SIGNED DAILY				
c	DATED DAILY				
d	TIMED DAILY				
e	REFLECTIVE TO PATIENT CONDITION				
f	FINAL DISCHARGE NOTE				
3	NURSES' NOTES	Y	N	NA	REMARKS
a	WRITTEN DAILY				
b	SIGNED DAILY				
c	DATED DAILY				
d	TIMED DAILY				
e	VITALS CHART MAINTAINED				
f	TREATMENT CHART MAINTAINED				
g	INPUT/OUTPUT CHART				
4	SURGERY	Y	N	NA	REMARKS
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				
5	DEATH SUMMARY	Y	N	NA	REMARKS
a	CPR NOTES/DNR CONSENT				
b	DATE OF DEATH				
c	TIME OF DEATH				
d	DEATH CERTIFICATE				
6	OTHERS	Y	N	NA	REMARKS
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

Signature of Beneficiary: _____

Signature of Auditor: _____

Date: _____

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 Beneficiary informed about the value of the package which was blocked by the hospital?
14. Was the Beneficiary informed about the residual value available on his/her card post the treatment?
15. What diagnostic tests (if any) were performed on the Beneficiary?
16. Was he/she operated upon, if yes, is there a scar on the body, which could help in verification of the surgery?
17. 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?
20. Was the Beneficiary given a discharge summary? Does the Beneficiary still possess that discharge summary? If yes can the team physically verify the same?
21. 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?
22. Was post-hospitalization medication provided to the Beneficiary? If yes, has he / she consumed it or is it still available with the Beneficiary?
24. Was any money asked by the hospital at any point of time? If yes then for what purpose?
25. Was Beneficiary or the attendant asked to purchase any of the medicine or carry on any of the diagnostic test at their own cost?
26. 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?

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 5)** (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 16 April 2022

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 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 10% if claim ratio less than 60%.**
- ii. **Administrative cost allowed 11% if claim ratio between 60 - 70%.**
- iii. **Administrative cost allowed 12% if claim ratio between 70 - 80%.**

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 5)** (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:

$$\text{Pure Claim Ratio} = \frac{\text{C}}{0.5 \times [P_T - C_{AC}]} \times 100$$

$$= [insert calculation]$$
$$= [insert result]\%$$

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 10% if claim ratio less than 60%.**
- ii. **Administrative cost allowed 11% if claim ratio between 60 - 70%.**
- iii. **Administrative cost allowed 12% if claim ratio between 70 - 80%.**

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"> Overall coordinator of ICs operations in the state Single contact point for SNA for any coordination purpose
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"> Overall supervision and guidance to be provided to CPDs and PPDs, medical auditors and hospital empanelment Support SNA with related functions
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"> Support the DPM for day-to-day operations To coordinate and ensure smooth implementation of the Scheme in the district.

					<ul style="list-style-type: none"> • To follow up with the EHCP to ensure smooth functioning • Liaise with the district officials of the SNA to addressing operational issues as and when they arise. • Liaise with DPM for resolution of grievances • Conduct beneficiary audit as and when required.
5	District Medical Officers	7, as defined in Clause 15 c v	District level	MBBS/BAMS/BHMS/ BDS with 5-7 years of experience	<ul style="list-style-type: none"> • Coordinate and conduct required medical audit • Finalize and submit audit report • Conduct hospitals visits for audit and for empanelment

**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 9
FORMAT OF SUBMISSION OF REGISTRATION INFORMATION AND FEES FROM DISTRICT KIOSK

Month	District	No. of Beneficiaries Registered	No. of E Cards Handed	Registration fee Collected (₹ 30 x D)	Issuance of Cash Receipt	Payment Details on a monthly basis (DD no/Ch no/NEFT/RTGS Ref no)	Payment Dated	PMAM/Operator (Mobile Number)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)