

K.E.M. Hospital
Rasta Peth, Pune – 411011

Schedule of Charges

w.e.f. 1st April 2018

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RULES & REGULATIONS

RULES & REGULATIONS

VALIDITY OF THE SCHEDULE

- a. This schedule of charges is effective from 1st April 2018. It supersedes all schedules issued earlier and is valid until the next revision in the following financial year.
- b. The Management reserves the right to change this schedule without any prior notice.
- c. Information about hospital charges will be available with the Admission Counselling Cell, between 9 am and 5 pm and at the Admission & Billing counters.

PAYMENTS

- a. Payments of initial deposits and the final bill payment will be accepted in cash, by demand drafts or by credit card. Cheques will not be accepted **unless authorized by an administrator**.
- b. Patients will be required to make payment of advances/deposit at admission, whenever demanded during hospitalization and prior to surgery.
- c. Interim bills or intimation about further deposits required will be given at regular intervals to patients. These must be paid within **24 hours** of receiving the information.
- d. In the ICU/ICCU/PICU/NICU relatives will be required to make payments **on a daily basis**.
- e. Operation fees, special procedures and all package charges are payable full in advance.
- f. In case a Nursing Home patient fails to pay the required interim bill or deposit within 24 hours, the Management reserves the right to shift the patient to the General Ward.
- g. Room/Bed charges will be applicable from the date of admission, irrespective of the time of admission and up to the date of discharge, irrespective of the time of discharge.
- h. For admitted patients, Estimate certificates can be obtained from the Admission Counseling Cell between 10 am and 4 pm on any working day. For estimate certificates prior to admission, specific permission of the administration has to be obtained.

TRANSFER POLICY

- a. A patient admitted initially in the General Ward and subsequently transferred to the Nursing Home on his/her request, will be charged as per the Nursing Home rates from the date of admission in the General Ward.
- b. If a patient wants to be transferred from the Nursing Home to the General Ward the patient will be charged as per the Nursing Home schedule till he/she stays in the Nursing Home. After the bill is settled, the patient will be transferred to the General Ward and General Ward rates will then be applicable.
- c. Please note that if a patient changes the bed/room category e.g. Semi Pvt to Private or Luxury, the operation charges and other charges will also change as per room category.
- d. For transfer opted from Semi Pvt. / Pvt. / Deluxe / Luxury within the NH, the bed charges of the higher category will be applicable, on the day of transfer.

EMERGENCY CHARGES

Emergency charges will be payable, in addition to the regular charges, for certain services outside of normal working hours. These are listed in the schedule of charges.

OPERATION CATEGORIES

- a. Operations: Operation fee, anaesthetist's charges and other related charges have been fixed, as per category, for routine surgeries only and do not apply to unforeseen complications.
- b. In case more than one procedure is done by the same surgeon at the same time, the patient will be charged one or more categories higher than the existing category.
- c. If more than one major surgery is done by the same surgeon at the same time, the charges will be decided by the Medical Administration.
- d. Charges for any operation/procedure/investigation not covered in this schedule will be determined by the Management.

INSURANCE

- a. Patients covered by cashless medical insurance will have to pay the initial deposit and other charges till such time as the hospital receives confirmation from the Third Party Administrator (TPA). If the approval is not received in time, the patient will have to pay the bill and then claim reimbursement from the Insurance Company. A list of approved TPAs is available with the reception counter.
- b. For all TPA (medical insurance/cashless mediclaim) patients a processing fee of Rs.600/- will be charged separately.
- c. Establishment (administrative) charges, registration fees, telephone charges and other non medical expenses, as applicable, will have to be paid by the patient.
- d. For further details patients are requested to refer to the brochure regarding cashless Mediclaim which is available with the TPA/ Insurance Section.

FOREIGN PATIENTS

- a. The "C "Form, along with all relevant documents, has to be sent to the office of the Commissioner of Police, within 24 hrs of the admission.
- b. For all foreign nationals admitted at the KEM Hospital, a processing fee of Rs.**2000/-** will be charged separately.

ROOM BOOKING

Advance booking is possible only for the Nursing Home (Private Wing).

- a. All bookings will be done through the Admission Counselling Cell between 9am to 5pm and thereafter at the NH reception counter.
- b. External bookings as well as internal transfers will be done centrally through the Admission Counselling Cell.
- c. If all other Nursing Home rooms are occupied then the room will be kept booked only for 4 hours after confirming with the relatives or consultant.
- d. Availability of the room and category of available room will be informed by the Admission Counseling Cell prior to admission.

VISITORS AND ATTENDANTS

- a. Visitors to the Nursing Home and the General Wards will be allowed only between 4.00 p.m. and 6.00 p.m.
- b. Visitors are not allowed inside the ICU, ICCU/ NEURO ICU, PICU or NICU. Visitors / relatives / attendants are not allowed to stay with the patient inside the critical care units. One visitor at a time may be permitted to see the patient, for a few moments only, at the discretion of the Medical Officer on duty. Not more than two relatives are permitted to wait in the foyer of the critical care units. Special identity cards with cords will be issued for such relatives on a refundable deposit of Rs. 100/ per pass. They are expected to wear these ID cards at all times.
- c. One attendant/ relative only is permitted to stay with the patient in the Nursing Home and in the General Wards, 2 passes for this purpose will be issued at the time of admission on a refundable deposit of Rs.100/- If either of the passes is lost, the earlier deposit will be forfeited and a fresh deposit will have to be paid.

If the patient's relatives wish to make special nursing arrangements, permission will have to be obtained from the hospital authorities. Only trained nurses will be permitted at the sole risk and responsibility of the patient and the relatives.

MEDICINES AND INJECTIONS

- a. Hospital runs its own in-house 24hrs pharmacy; medicines can be purchased directly by patient or relatives on cash basis.
 - b. Patients will be permitted to bring medicines from outside after prior permission of medical administrator and after signing an undertaking.
 - c. In case the patient brings medicines from an outside pharmacy Rs-200/- per day medicine verification charges will be levied.

GENERAL

- a. Any loss or damage to the hospital property by any patients / relatives / visitors will be charged and recovered along with the patient's bill.
 - b. Patients and their attendants will be solely responsible for their personal valuables / belongings. The Management does not take any responsibility for loss or damage thereof.
 - c. If found necessary, patients with communicable (infectious) diseases may be requested to get admitted to an infectious diseases hospital.
 - d. For Indoor Medico-Legal cases, there will be an additional fee of Rs. 600/- and for OPD based (CMO) Medico Legal Cases, the charges will be Rs. 300/-
 - e. Charges for :
 - i) Claim Certificate Rs.100/-
 - ii) State Govt. Employees Rs. 75/- per form
 - iii) Duplicates of bills, receipts and memos Rs. 30/- each
 - iv) Duplicate lab reports (per report) Rs. 20/-

v) Reissue of prescriptions Rs. 1

- f. MLC cases: If evidence has to be given in a court of law by a hospital staff member, the patient / patient's relatives will have to pay Rs.1500/- per appearance in the court.
 - g.
 - i. Duplicates of any document, birth certificate or discharge card will be charged @ Rs.200/- each.
 - ii. For correction of name, age, address etc. during admission, there will be a charge of Rs.100/- if the data has been wrongly given by the patient / relative.
 - iii. Any request for corrections in the records after discharge, such as name, age, etc. will have to be supported by documentary evidence. A charge of Rs.250/- will be levied for each such correction.

- iv. The Certificate of the Indian Cancer Society will be charged @ Rs.200/ per certificate.
 - v. The charges for Birth Extract or Death Certificates to be issued for the period of one year to 5 years after the event will be Rs. 200/-. For Birth or Death Certificates for events more than 5 years old, the charges will be Rs 500/-.
- h. If patients/relatives require a copy of the patient's complete indoor file (medical records), the charges will be :
- a. Xerox Processing Fees : 50/-
 - b. Copying of documents : At actuals
 - c. Other charges : Rs. 150/- (Certification charges)
- i. The KEM Hospital provides breakfast; lunch and dinner to all patients in the NH rooms. However, there is a canteen on the hospital premises where food and beverages are available on payment for all patients.
 - j. Mortuary facilities are available for 24 hours only in case of death of an admitted patient. In special cases, extension of time may be given by the Medical Administration. A charge will be levied for the facility provided beyond 24 hrs @ Rs. 600/ per 24 hrs.
 - k. In case a body is brought from outside the hospital, the Medical Administration may give permission to keep the body in the mortuary in exceptional cases. An application, addressed to the Medical Administrator and a death certificate are to be submitted before permission can be granted. A charge of Rs. 750/ per 24 hours will be levied.
 - l. If, due to the patient's condition, a room needs to be fumigated, the charge for fumigation is Rs. 350/- and is payable by the patient.
 - m. Pending reports, if any, must be collected by the patient within 15 days of discharge.

PART -I

BED CHARGES, PROFESSIONAL FEES AND DEPOSITS

BED CHARGES, PROFESSIONAL (DOCTOR'S) FEES & DEPOSITS

| | | Bed Charges | Medical Attendance per day | | Deposit |
|---|--|------------------------|---------------------------------------|--------------------|----------------|
| | GENERAL WARD | | Consultant | Nursing Charges | |
| 1 | WARDS | 500 | 200 | | 5000 |
| 2 | Isolation | 550 | | | |
| | NURSING HOME | | | | |
| 1 | Semi Private Room | 1000 | 700 | 100 | 15000 |
| 3 | Private Room | 2300 | 900 | 230 | 25000 |
| 4 | Deluxe Room | 3000 | 1200 | 300 | 30000 |
| 5 | Luxury Room | 3300 | 1300 | 330 | 35000 |
| | | | | | |
| | INTENSIVE CARE UNIT | | | | |
| 1 | Adult I.C.U./ CCU / Neuro ICU/ Cardiac recovery | 2500 | 1400 | | 40000 |
| 2 | HDU/ICU3 | 1800 | 1000 | | 15000 |
| 3 | Paediatric I.C.U. High Dependency | 1400 | 7 00 | | 25000 |
| 4 | Paediatric I.C.U. Low Dependency | 700 | 600 | | |
| 5 | Neo-natal I.C.U. | | | | |
| a | High Dependency | 1400 | 700 | | 25000 |
| b | Low Dependency | 700 | 600 | | |
| c | Budding Petal/ Little Miracle | 1100 | 600 | | |
| d | LM Giraffe | 2000 | 600 | | |
| 6 | Mother's bed in NICU | 150 | NIL | | 1500 |
| 7 | Obstetric I.C.U. | 900 | 400 | | 10000 |
| 8 | NICU Transition bed | 350 | 75 | | |
| | CRADLE WARD (For Newborn) | | | | |
| 1 | General Ward | 50 | 100 | | |
| 2 | Semi-Private Room | 70 | 250 | | |
| 3 | Private Room | 100 | 300 | | |
| 4 | Deluxe Room | 150 | 400 | | |
| 5 | Luxury Room | 200 | 450 | | |
| | | | | | |
| | Establishment charges (Admin. Charges) | | 7% | | |

- All other services will be charged separately.

DEPOSITS FOR SURGERY

| CATEGORY | G. W. | S.PVT | PVT. | DELUXE | LUXURY | ICU/ICCU |
|----------|-------|-------|-------|--------|--------|----------|
| I | 4000 | 7000 | 9000 | 10000 | 12000 | 12000 |
| II | 6000 | 11000 | 13000 | 15000 | 18000 | 18000 |
| III | 8000 | 14000 | 17000 | 20000 | 24000 | 24000 |
| IV | 10000 | 18000 | 21000 | 25000 | 29000 | 29000 |
| V | 12000 | 20000 | 25000 | 30000 | 35000 | 35000 |
| VI | 14000 | 25000 | 31000 | 37000 | 43000 | 43000 |
| VII | 17000 | 35000 | 40000 | 45000 | 55000 | 55000 |
| VIII | 21000 | 39000 | 47000 | 55000 | 65000 | 65000 |
| IX | 27000 | 46000 | 55000 | 65000 | 78000 | 78000 |
| X | 32000 | 56000 | 68000 | 80000 | 95000 | 95000 |

- **For Chemotherapy and complicated surgeries in categories VII to X
Rs.10,000/- to Rs.12,000/- extra will be charged in addition to the regular pre-operative deposit.**

PART – II

OUT PATIENT (OPD) AND EMERGENCY SERVICES

| | | |
|----------|---|----------------|
| A | REGISTRATION: Outdoor and Indoor | |
| | <u>Outdoor</u> | Charges |
| | | (Rs.) |
| 1 | Registration Fees (OPD-New) (once a year) | 50 |
| 2 | First Consultation fees specialist | 300 |
| 3 | Follow up fees specialist | 200 |
| 4 | First Consultation fees Super- specialist | 400 |
| 5 | Follow up fees Super- specialist | 250 |
| 6 | Registration Fees - Emergency Medicine Department | 250 |
| 7 | Registration Fees - Pediatric Emergency Medicine Department | 250 |
| 8 | Registration for Medical Fitness and for Pre – Employment checkup | 300 |
| 9 | Mortuary charges per day | 600 |
| 10 | Mortuary charges (outside body) per day | 750 |
| 11 | M.L.C. Charges (IPD) | 600 |
| 12 | M.L.C. Charges (OPD) | 300 |
| | | |
| | <u>Indoor</u> | |
| 1 | Registration Charges | 200 |
| 3 | Processing Fees for Mediclaim services | 600 |
| 4 | Processing Fees for Foreign Patients | 2000 |

- All patients seen at E.M.D must have a registered case paper.

| B | ADULT EMERGENCY SERVICES | Charges |
|----------|-------------------------------------|----------------|
| 1 | Bowel Wash / Enema | 100 |
| 2 | Bladder Wash | 130 |
| 3 | Blood Sugar by Glucometer | 70 |
| 4 | Cardio Pulmonary Resuscitation | 1000 |
| 5 | Catheterization | 200 |
| 6 | Cardiac Biomarker (with Kit) | 1300 |
| 7 | Central Line | 1200 |
| 8 | Code Blue | 1500 |
| 9 | CLW Suturing | 500 |
| 10 | D C Defibrillator | 300 |
| 11 | E. C. G. | 200 |
| 12 | H1N1 Swab | 200 |
| 13 | Intubation | 500 |
| 14 | Intubation by consultant | 700 |
| 15 | Intercostal Drainage | 1800 |
| 16 | I.V Stroke Thrombolysis | 5000 |
| 17 | Multipara Monitor (upto 4 hours) | 250 |
| 18 | Nasal Pack | 350 |
| 19 | Nebulization (once only) | 80 |
| 20 | Oxygen (up to 4 hours) | 150 |
| 21 | Pulse Oxymeter (per use) | 50 |
| 22 | Ryles Tube Insertion (NGT) | 100 |
| 23 | Stomach Wash | 200 |
| 24 | Syringe Pump per pump (per 4 hours) | 150 |
| 25 | Ascitic Tap without USG marking | 1100 |
| 26 | Pleural Tap with USG marking | 2500 |
| 27 | Pericardial Tap with USG marking | 3500 |
| 28 | Trop T only Test | 220 |
| 29 | Ventilator (per 4 hours) | 1000 |
| | DRESSING | |
| 1 | Minor | 100 |
| 2 | Medium | 150 |
| 3 | Major / Large | 200 |
| 4 | Dressings for Burns (Medium) | 250 |
| 5 | Dressing for Burns (Large) | 300 |

| INCISION & DRAINAGE | | |
|--------------------------------|--------|------------|
| 1 | Small | 180 |
| 2 | Medium | 450 |

- Medicines, Injections and other consumable items are to be purchased by patients.
- Only dressing charges to be collected from patients coming for dressing within 7 days of discharge. (No Emergency Registration Charges to be collected).

| INJECTIONS/ I.V. INFUSIONS (excluding material / medicines) | | Charges |
|--|--|-------------------------------------|
| 1 | Subcutaneous (SC) per injection | 50 |
| 2 | Intramuscular (IM) per injection | 50 |
| 3 | I.V. Injection (IV) per injection | 60 |
| 4 | I V Infusion (IV) per infusion | 60 |
| 5 | Intra Nasal Injection | 200 |
| 6 | Intra Oral Injection | 200 |
| 7 | Intra-articular Injection | 700 |
| 8 | Sedation/steroid injection | 100 |
| Application OF CAST | | Charges without material |
| 1 | Plaster of Paris -Above Knee Cast | 450 |
| 2 | Plaster of Paris -Below Knee Cast | 400 |
| 3 | Plaster of Paris -Above Elbow Cast | 350 |
| 4 | Plaster of Paris -Below Elbow Cast | 300 |
| 5 | Plaster of Paris -Above Knee Cast (By consultant) | 1500 |
| 6 | Plaster of Paris -Below Knee Cast (By Consultant) | 1000 |
| 7 | Full Plaster- any limb | 650 |
| 8 | Cast Removal | 110 |
| Application of Slab | | |
| 1 | Plaster of Paris -Above Knee Slab | 350 |
| 2 | Plaster of Paris -Below Knee Slab | 350 |
| 3 | Plaster of Paris -Above Elbow Slab | 350 |
| 4 | Plaster of Paris -Below Elbow Slab | 350 |
| 5 | Slab Removal | 100 |
| 6 | Removal of 'K' wire | 350 |
| 7 | Removal of Spica & Pins | 600 |
| 8 | Open & Re-PoP Application | |
| | a) Above Knee | 650 |
| | b) Below Knee | 500 |
| | c) Full Limb | 750 |

Cost of medicines, injections & other surgical material will be extra.

Orthotic appliances to be collected at actuals

| C | PAEDIATRIC EMERGENCY SERVICES (PCMO) | |
|----------|---|----------------|
| | | Charges |
| 1 | Registration Fees – Paediatric Emergency (PCMO) | 250 |
| 2 | Bowel Wash / Enema | 100 |
| 3 | Blood Sugar by Glucometer | 70 |
| 4 | Cardio Pulmonary Resuscitation | 700 |
| 5 | Catheterization | 200 |
| 6 | Code Blue | 1500 |
| 7 | Central Line | 1200 |
| 8 | D C Defibrillator | 300 |
| 9 | Foreign Body Removal | 500 |
| 10 | Intubation | 500 |
| 11 | Intubation by Consultant | 700 |
| 12 | Intercostal Drainage | 1800 |
| 13 | Nasal Pack | 350 |
| 14 | Nebulization (once only) | 80 |
| 15 | Oxygen (up to 4 hours) | 150 |
| 16 | Pulse Oxymeter (per use) | 50 |
| 17 | Ryles Tube Insertion (NGT) | 100 |
| 18 | Stomach Wash | 200 |
| 19 | C L W Suturing | 500 |
| 20 | Ascitic Tap without USG marking | 1100 |
| 21 | Pleural Tap with USG marking | 2500 |
| 22 | Pericardial Tap with USG marking | 3500 |
| | | |
| | DRESSING | |
| 1 | Minor | 100 |
| 2 | Medium | 150 |
| 3 | Major / Large | 200 |

| D | INJECTIONS/ I.V. INFUSIONS (excluding material/ medicines) | |
|----------|---|----------------|
| | | Charges |
| 1 | Subcutaneous (SC) per injection | 50 |
| 2 | Intramuscular (IM) per injection | 50 |
| 3 | I.V. Injection (IV) per injection | 60 |
| 4 | I V Infusion (IV) per infusion | 60 |
| 5 | Intra Nasal Injection | 200 |

| | | |
|---|--------------------------|-----|
| 6 | Intra Oral Injection | 200 |
| 7 | Intraarticular Injection | 700 |

Notes:

- All patients seen at Pediatric Emergency Medicine Unit must have a Registered Case Paper.
- Medicines, injections suture material and other consumable items are to be purchased by patients.
- Only dressing charges to be collected from patients coming for dressing within 7 days of discharge. (No Emergency Registration Charges to be collected).

| E | PLASTERING | |
|----------|--|-------------------------------------|
| | Application of Cast | Charges Without material |
| 1 | Plaster of Paris -Above Knee Cast | 450 |
| 2 | Plaster of Paris -Below Knee Cast | 400 |
| 3 | Club Foot Plaster-Below Knee Cast (Unilateral) | 1000 |
| 4 | Club Foot Plaster-Above Knee Cast | 1500 |
| 5 | Plaster of Paris -Above Elbow Cast | 300 |
| 6 | Plaster of Paris -Below Elbow Cast | 300 |
| 7 | Full Plaster any limb | 650 |
| 8 | Cast Removal | 110 |

PAEDIATRIC EMERGENCY SERVICES (PCMO) - continued

| | Application OF SLAB | Charges |
|---|------------------------------------|----------------|
| 1 | Plaster of Paris -Above Knee Slab | 350 |
| 2 | Plaster of Paris -Below Knee Slab | 350 |
| 3 | Plaster of Paris -Above Elbow Slab | 350 |
| 4 | Plaster of Paris -Below Elbow Slab | 350 |
| | | |
| 1 | Slab Removal | 100 |
| 2 | Removal of ' K' wire | 350 |

| | | |
|---|---------------------------|-----|
| 3 | Removal of Spica & Pins | 600 |
| 4 | Open & Re-POP Application | |
| | a) Above Knee | 650 |
| | b) Below Knee | 500 |
| | c) Full Limb | 750 |

- Cost of medicines, injections and other surgical material will be extra.

PROCEDURE/ SERVICES

| | <u>CHEST & ALLERGY</u> | Charges (Rs) | | | |
|----|--|---------------------|-------------|------------------------------|---------------------------|
| | | OPD | G.W. | Semi Pvt. / Pvt./ | Deluxe /Luxury |
| 1 | Allergy Test (Total) | 4000 | 3000 | 4500 | 5000 |
| 2 | ABPA (Skin prick test) | 2000 | 1200 | 2000 | 2500 |
| 3 | Body Plethysmography + Diffusion | 6500 | 5000 | 7000 | 7000 |
| 4 | FNAC (Lung) (If CT guided, CT Charges Extra) | 4000 | 3000 | 5000 | 6000 |
| 5 | Intercostal Drainage | - | 3000 | 4500 | 5500 |
| 6 | Lung Biopsy (Tru-Cut) | 3500 | 4000 | 5000 | 6000 |
| 7 | Pleural Aspiration / Tapping | 3000 | 2500 | 3500 | 4000 |
| 8 | Pleural Biopsy | 2000 | 2000 | 3000 | 4000 |
| 9 | Pleurodesis | - | 2000 | 3000 | 3500 |
| 10 | Pulmonary Function Test | 1000 | 1000 | 1000 | 1200 |
| 11 | Planned Sleep Study Package*** | - | 8500 | 8500 | 10000 |
| 12 | Follow up C-PAP Titration (Planned) | | 8500 | 8500 | 10000 |
| 13 | Sleep Study (Referral Inpatient) | | 7500 | 7500 | 8000 |
| 14 | Follow up C-PAP Titration (Referral Inpatient) | | 7500 | 7500 | 8000 |
| 15 | Streptomycin Test | 100 | 100 | 100 | 150 |
| 16 | Tuberculin Test | 100 | 100 | 100 | 150 |
| 17 | C-PAP Titration Package*** | 8500 | 8500 | 8500 | 10000 |
| 18 | Sleep Study (Home Based) | 8500 | | | |
| 19 | C-PAP titration (Home Based) | 8500 | | | |
| 20 | 6 MWT (6 MIN WALK TEST) | 500 | 500 | 500 | 700 |

Notes:

- 30% extra charges will be added for emergency procedures outside working hours (i.e. from 5 p.m. to 9 a.m., Sundays and holidays)
- Laboratory charges and material charges wherever applicable, will be extra.
- Room charges, medicines etc. at actuals.
- *** Sleep Study Package / C-PAP Titration Package includes Room Charges, Procedure charges, Instrument charges, Professional fees and Registration fees.

| | <u>E.N.T.</u> | | |
|----|--|-----------------|---------------------|
| | | OPD/G.W. | Nursing Home |
| 1 | Caloric Test | 200 | 200 |
| 2 | Change of Tracheostomy Tube | 500 | 600 |
| 3 | Diagnostic Nasal Endoscopy with written report | 900 | 1500 |
| 4 | Foreign Body Removal - Nose | 500 | 1000 |
| 5 | Foreign Body Removal - Ear | 500 | 1000 |
| 6 | Foreign Body Removal - Throat | 500 | 1000 |
| 7 | Intra Nasal Injection | 200 | 300 |
| 8 | Intra Oral Injection | 200 | 300 |
| 9 | Suction Clearance / Syringing | 300 | 400 |
| 10 | TCA Cautery | 300 | 400 |
| 11 | Wax Removal (Single) | 300 | 400 |
| 12 | Diagnostic Videolaryngoscopy W/A | 1100 | 1300 |

| | OPHTHALMOLOGY | OPD / G.W. | Nursing Home |
|----|--|-------------------|---------------------|
| 1 | A Scan & Keratometer | 500 | 500 |
| 2 | Automated Perimetry / Field Examination / Perimetry | 1500 | 1500 |
| 3 | Diode Laser Service | 2500 | 2500 |
| 4 | Fluro. Angio. without film | 1650 | 1760 |
| 5 | Fluro. Angio. without film (with standby Anesthesia) | 1840 | 1950 |
| 6 | Fluro. Angio. with film | 2200 | 2420 |
| 7 | Fluro. Angio. with film (with standby Anesthesia) | 2400 | 2600 |
| 8 | Foreign Body Removal | 300 | 350 |
| 9 | Fundus Photo (Per Eye) | 250 | 300 |
| 10 | Ophthalmic Checkup | 300 | 300 |
| 11 | ROP Screening | 400 | 400 |
| 12 | ROP Screening Revisit | 200 | 200 |

| | OPHTHALMOLOGY continued | OPD/G.W. | N. Home |
|----|--------------------------------|-----------------|----------------|
| 14 | Yag Laser : | | |
| | i) Capsulotomy | 1200 | 1200 |
| | ii) Peripherreal Iridotomy | 1500 | 1500 |

- Laboratory charges and material charges wherever applicable, will be extra.

| | <u>PSYCHIATRY OPD</u> | OPD /IPD Charges |
|---|------------------------------|-------------------------|
| | FOR ADULTS | |
| 1 | First Consultation | 300 |
| 2 | Follow-up Consultation | 200 |
| 3 | Counselling | 300 |
| 4 | CFI | 250 |

| | NEUROLOGY | OPD / G.W. | Semi Pvt. / Pvt. | Luxury/ Deluxe |
|----|-------------------------------------|-------------------|-------------------------|-----------------------|
| 1 | E.E.G. | 1400 | 1600 | 1800 |
| 2 | Facial N / Single N | 1700 | 1900 | 2200 |
| 3 | NCV 4 L | 1700 | 1900 | 2200 |
| 4 | Neuro - BERA | 1400 | 1600 | 1800 |
| 5 | NCV UL/LL | 1400 | 1700 | 1900 |
| 6 | NCV+EMG UL/LL | 2350 | 2550 | 2850 |
| 7 | NCV+EMG 4L | 2550 | 2750 | 3050 |
| 8 | NCV +RNS 4L | 2550 | 2750 | 3050 |
| 9 | Neostigmine Test | 2500 | 3000 | 3500 |
| 10 | RNS | 1600 | 1700 | 1900 |
| 11 | V.E.P. | 1300 | 1500 | 1700 |
| 12 | Ventricular Tap (Consultant) | 5000 | 8000 | 8000 |

| | <u>SKIN</u> | OPD Charges (Rs) |
|----|--|-------------------------|
| 1 | Auroplasty (Unilateral) | 1500 |
| 2 | Auto Haemotherapy | 300 |
| 3 | Autoinoculation | 1500 |
| 4 | Biopsy (skin) | 500 |
| 5 | Chemical Cautery | 400 |
| 6 | Chemical Peeling | 500 |
| 7 | Cryo Cautery | |
| | Small | 500 |
| | Medium | 750 |
| | Large | 1000 |
| 8 | Cryo Slush | 500 |
| 9 | Dermabrasion | |
| | Small | 500 |
| | Medium | 750 |
| | Large | 1500 |
| 10 | Ear Piercing - per piercing | 1000 |
| 11 | Electric Cautery | |
| | Small | 700 |
| | Medium | 900 |
| | Large | 1200 |
| 12 | Excision Biopsy | 750 |
| 13 | Intra Lesional Injection (upto 4 lesions) | 300 |
| 14 | Intra Lesional Injection - (more than 4 lesions) | 500 |
| 15 | Ionto Phoresis | 200 |
| 16 | Low Level Light Therapy (LLLT) per Sitting | 200 |
| 17 | Mole Excision | 1500 |
| 18 | Molluscum Enucleation | |
| | Small | 300 |
| | Large | 600 |
| 19 | Nail Avulsion (per Nail) | 1000 |
| 20 | Nail Surgery | 1000 |
| 21 | Narrow Band UVB | 150 |
| 22 | Puva Therapy (Per Sitting) | 50 |

| | SKIN continued | OPD Charges (Rs) |
|----|---|-------------------------|
| 23 | Skin Grafting | |
| | Small | 3000 |
| | Medium | 5000 |
| | Large | 7500 |
| 24 | Special Peels | 1000 |
| 25 | Radiofrequency surgery (Small) | 2000 |
| 26 | Radiofrequency surgery (Medium) | 3000 |
| 27 | Radiofrequency surgery (Large) | 3500 |
| 28 | Tatto Removal per Punch | 1000 |
| 29 | TCA Cross | 500 |
| 30 | Platelet Rich Plasma Therapy | 1000 |
| 31 | Fractional CO2 laser: | |
| | a) Full Face | 5000 |
| | b) Both Cheeks | 3500 |
| | c) Forehead | 1500 |
| 32 | Q-switched Nd-Yag Laser (Tattoo Removal) | |
| | a) Small | 1000 |
| | b) Medium | 2000 |
| | c) Large | 4000 |
| 33 | Targeted Phototherapy/per patch/per sitting | 200 |
| 34 | Fractional CO2 Laser (Patch test) | 500 |
| 35 | Other Skin Procedures | At Actuals |

- Laboratory charges and material charges wherever applicable, will be extra.

| | UROLOGY | OPD Charges (Rs) |
|---|---|-------------------------|
| 1 | Uroflowmetry (Paediatric) | 150 |
| 2 | Uroflowmetry (Adult) | 300 |
| 3 | Clean Intermittent Catheterization (CIC) | 2000 |

| | OTHER OPD PROCEDURES | OPD Charges (Rs) |
|---|---|-------------------------|
| 1 | Bone Marrow Aspiration + Biopsy (procedure) | 1600 |
| 2 | Bioimpedance Analysis | 500 |
| 3 | FNAC Procedure | 1000 |

| | DENTAL PROCEDURES | Charges |
|----|---|----------------|
| 1 | ANT. TOOTH COLORED CROWN (STRIP CROWNS) | 2500 |
| 2 | ANT/POST TOOTH COLORED CROWNS (ZIRCONIA PER-FORMED CROWNS) | 7000 |
| 3 | BLEACHING SINGLE ARCH | 7000 |
| 4 | BLEACHING UPPER / LOWER | 10000 |
| 5 | CERAMIC BRIDGES (per unit) | 6000 |
| 6 | CERAMIC CROWNS | 6000 |
| 7 | COMPLETE DENTURES IMPORTED SET | 15000 |
| 8 | COMPLETE DENTURES INDIAN SET | 12000 |
| 9 | COMPOSITE REPAIR | 500 |
| 10 | COMPOSITE RESTORATIONS - LARGE | 1200 |
| 11 | COMPOSITE RESTORATIONS - SMALL | 800 |
| 12 | DENTAL CONSULTATION + XRAY | 300 |
| 13 | DENTAL XRAY | 150 |
| 14 | ENDODONTIC TREATMENT FOR IMMATURE TEETH (APEXIFICATION / APEXOGENESIS) | 4000 |
| 15 | EXTRACTION | 500 |
| 16 | FORMOCRESOL PULPOTOMY + POR | 3000 |
| 17 | FULL CERAMIC BRIDGES (per unit) | 10000 |
| 18 | FULL CERAMIC CROWNS | 10000 |
| 19 | FURCATION REPAIR WITH MTA / BIODENTINE | 3000 |
| 20 | HABIT BREAKING APPLIANCE / REMOVABLE APPLIANCE | 3000 |
| 21 | IMMEDIATE DENTURES | 1500 |
| 22 | LASER LOCK IMPLANTS METAL CROWN | 35000 |
| 23 | LASER LOCK IMPLANTS PFM CROWN | 35000 |
| 25 | LASER LOCK IMPLANTS ZIRCONIA CROWN | 35000 |
| 26 | METAL BRIDGES (per unit) | 4500 |
| 27 | METAL CROWNS | 4500 |
| 28 | NON-LASER LOCK IMPLANTS METAL CROWN | 30000 |
| 29 | NON-LASER LOCK IMPLANTS PFM CROWN | 30000 |
| 30 | NON-LASER LOCK IMPLANTS ZIRCONIA CROWN | 30000 |
| 31 | ORTHO EVERY SUBSEQUENT VISIT 3 MONTHS | 5000 |
| 32 | ORTHO FACE MASK THERAPY | 20000 |
| 33 | ORTHO FIRST INSTALLMENT CERAMIC | 20000 |

| | DENTAL PROCEDURES CONTINUED | Charges |
|----|---|---------|
| 34 | ORTHO FIRST INSTALLMENT METAL | 15000 |
| 35 | ORTHO RAPID MAXILLARY EXPANSION | 8000 |
| 36 | ORTHO RETAINERS (FIXED) NEW | 1000 |
| 37 | ORTHO RETAINERS (FIXED) REPAIR | 500 |
| 38 | ORTHO RETAINERS (REMOVABLE) NEW | 3000 |
| 39 | ORTHO RETAINERS (REMOVABLE) REPAIR | 600 |
| 40 | ORTHO SECOND INSTALLMENT CERAMIC | 20000 |
| 41 | ORTHO SECOND INSTALLMENT METAL | 15000 |
| 42 | ORTHO SPACE MAINTAINERS | 3000 |
| 43 | ORTHO STUDY MODEL IMPRESSION+TREATEMENT PLAN | 1000 |
| 44 | ORTHO TOTAL FOR CERAMIC BRACKET | 65000 |
| 45 | ORTHO TOTAL FOR METAL BRACKET | 55000 |
| 46 | OS APICECTOMY - ANTERIOR | 4000 |
| 47 | OS APICECTOMY - POSTERIOR | 6000 |
| 48 | OS DENTOALVEOLAR FRACTURES WITH ARCH FIXATION | 8000 |
| 49 | OS IMISION AND DRAINAGE | 2000 |
| 50 | OS NON-SURGICAL EXTRACTION (3RD MOLARS) | 2500 |
| 51 | OS SURGICAL EXTRACTION (3RD MOLARS) | 5000 |
| 52 | OS TOOTH EXTRACTION DIFFICULT | 1000 |
| 53 | OS TOOTH EXTRACTION MOBILE | 400 |
| 54 | OS TOOTH EXTRACTION NORMAL | 500 |
| 55 | PARTIAL DENTURES | 1500 |
| 56 | PARTIAL FLEXI DENTURES (bilateral) | 9000 |
| 57 | PARTIAL FLEXI DENTURES (unilateral) | 6000 |
| 58 | PEDO FLUONIDE APPLICATION | 1000 |
| 59 | PEDO PIT & FISSURE SEALANTS RESTORATIONS | 800 |
| 60 | PERIO BONE GRAFTING | 6000 |
| 61 | PERIO DEEP SUBGINGIVAL SCALING FULL MOUTH | 6000 |
| 62 | PERIO DEEP SUBGINGIVAL SCALING QUADRANT | 1500 |
| 63 | PERIO DEPIGMENTATION | 8000 |
| 64 | PERIO FLAP SURGERY FULL MOUTH | 15000 |
| 65 | PERIO FLAP SURGERY QUADRANT | 6000 |
| 66 | PERIO FRENECTOMY | 2500 |

| | DENTAL PROCEDURES CONTINUED | Charges |
|----|--|---------|
| 67 | PERIO GINGIVAL CROWN LENGTHENING (per tooth) | 1800 |
| 68 | PERIO GINGIVECTOMY FULL MOUTH | 15000 |
| 69 | PERIO GINGIVECTOMY SINGLE ARCH | 6000 |
| 70 | PERIO GINGIVECTOMY SINGLE TOOTH | 1500 |
| 71 | PERIO PERIAPIAL SURGERY | 4000 |
| 72 | PERIO ROOT COVERAGE PROCEDURES | 4000 |
| 73 | PIT & FISSURE FILLING | 500 |
| 74 | POLISHING | 500 |
| 75 | POST AND CONE - ANTERIOR | 1200 |
| 76 | POST AND CONE - POSTERIOR | 1000 |
| 77 | PULP CAPPING WITH Ca(OH)2 | 600 |
| 78 | PULP CAPPING WITH MTA / BIODENTINE | 2000 |
| 79 | PULPECTOMY + POR | 4000 |
| 80 | RECEMENTATION | 500 |
| 81 | REPAIR COMPLETE DENTURES | 300 |
| 82 | RESTORATIONS AMALGAM | 800 |
| 83 | RESTORATIONS COMPOSITE FILLING | 800 |
| 84 | RESTORATIONS GLASS IONOMER CEMENT | 800 |
| 85 | ROOT CANAL TREATMENT ANTERIOR + POR | 5000 |
| 86 | ROOT CANAL TREATMENT POSTERIOR + POR | 5000 |
| 87 | SCALING AND POLISHING - 1 SITTING | 700 |
| 88 | SCALING AND POLISHING - 2 SITTING | 1200 |
| 89 | STAINLESS STEEL CROWNS (DECIDUOUS TEETH) | 3000 |
| 90 | STAINLESS STEEL CROWNS (PERMANENT TEETH) | 3500 |
| 91 | TEMPORARY CROWNS | 1000 |
| 92 | ZIRCONIA BRIDGES (per unit) | 10000 |
| 93 | ZIRCONIA CROWNS | 10000 |

PART – III

OPD SPECIAL SERVICES

SPECIAL SERVICES/PROCEDURE

| | AUDIO & SPEECH THERAPY | | |
|----------|--|-------------------|---------------------|
| | | OPD / G.W. | Nursing Home |
| A | THERAPIES / TESTS | | |
| 1 | Audiometry | 500 | 600 |
| 2 | Audiometry Repeat within 3 months | 200 | 300 |
| 3 | Auditory Habilitation per session | 700 | 700 |
| 4 | ASSR | 600 | 600 |
| 5 | BERA Test | 1500 | 2000 |
| 6 | BERA + ASSR Test | 1600 | 2000 |
| 7 | CI Preimplant Evaluation | 1000 | 1000 |
| 8 | CI counseling | 300 | 300 |
| 9 | B A H A trial | 500 | 500 |
| 10 | 1B A H A /1CI switch on | 3000 | 3000 |
| 11 | 2B A H A /2 CI switch on | 5000 | 5000 |
| 12 | Group Therapy | 300 | 300 |
| 13 | Hearing Aid Trial | 700 | 700 |
| 14 | Hearing Aid Programming | 2000 | 2000 |
| 15 | Impedance Test | 500 | 600 |
| 16 | Impression Mould | 750 | 750 |
| 17 | Mapping (C.I.) | 1500 | 1500 |
| 18 | Mapping per session (ADIP) | 1000 | 1000 |
| 19 | Otto Acoustic Emission (O A E) | 500 | 500 |
| 20 | Processor Upgradation | 3000 | 3000 |
| 21 | Mapping and therapy for 2 years/80 sessions one CI implant | 60000 | 60000 |
| 22 | Mapping and therapy for 2 years/80 sessions two CI implant | 80000 | 80000 |
| 23 | Speech Evaluation (Per Sitting) | 600 | 600 |
| 24 | Speech Training | 3500 | 3500 |
| 25 | Speech/Voice Therapy | 500 | 500 |
| 26 | Troubleshooting-CI/HA | 1000 | 1000 |
| 27 | Voice Profile with Doctor's Speech | 1000 | 1000 |
| 28 | C.I. Registration Fees | 3000 | 3000 |
| 29 | Hearing Aids And CI Accessories | at actuals | |

| | CHILD DEVELOPMENT | Charges |
|----|--|----------------|
| 1 | Adult Personality Assessment | 1200 |
| 2 | Adult Personality Assessment - Sp Session | 1300 |
| 3 | ADHD Assessment | 200 |
| 4 | Aptitude Testing and Career Counselling | 1500 |
| 5 | Apt. Testing & Career Counselling - Sp Session | 1700 |
| 6 | Behaviour Assessment | 800 |
| 7 | Behaviour Assessment.- Sp Session | 900 |
| 8 | D. Q. Assessment | 1000 |
| 9 | D. Q. Assessment - Sp Session (BAYLEY) | 1200 |
| 10 | Follow up / Counselling | 200 |
| 11 | Follow up / Counselling - Sp Session | 300 |
| 12 | I. Q. Assessment | 1200 |
| 13 | I.Q. Assessment - Sp Session | 1400 |
| 14 | L D Assessment | 500 |
| 15 | L. D. Assessment - Sp Session | 600 |
| 16 | Psychoeducational Battery (Regular) | 1600 |
| 17 | Psychoeducational Battery & WISC | 1800 |
| 18 | Therapy Session | 350 |
| 19 | WISC 4 Test | 1200 |
| 20 | Remedial Therapy- Autism | 400 |
| 21 | Workshop Fees | At Actuals |
| | Child Development - Extended Services | |
| 1 | Remedial Teaching Sessions (per month) | 550 |
| 2 | Advanced Remedial Teaching Sessions (Per month) | 800 |
| 3 | Developmental Paediatrics Assess (Dr. A. Kadam) | 500 |
| 4 | Developmental Paediatrics - Follow up / Therapy | 400 |
| 5 | Genetic Paediatrics Assessment (Dr. Datar) | 400 |
| 6 | Genetic Paediatrics - Follow up / Therapy | 200 |

- For Special sessions, outside normal working hours and on Sundays & Holidays the charges will be 50% more.

| | DIABETES UNIT | OPD/G.W. | Nursing Home |
|----|--|-----------------|---------------------|
| 1 | ABI+Biothesiometry | 280 | |
| 2 | Annual Package for: | | |
| | a) Type 1 patients | 1200 | |
| | b) Type 2 patients | 2000 | |
| | c) Type 1 patients > 15 years with lipid profile | 1700 | |
| 3 | Autonomic Neuropathy | | |
| | a) eZ Scan | 250 | |
| | b) CAN | 500 | |
| 4 | Ambulatory BP Monitoring (24 hrs) (for admitted patients only) | 1000 | 1500 |
| 5 | Glucose F | 70 | 70 |
| 6 | Glucose PP | 70 | 70 |
| 7 | Glucose Random | 70 | 70 |
| 8 | F & PP | 120 | 140 |
| 9 | BSL Fasting & PP (Concessional for Type 1 DM) | 60 | |
| 10 | Consultation (Type 1 DM) | 200 | 200 |
| 11 | Consultation (Type 1 DM) (Concessional) | 0 | |
| 12 | Diabetes Education Package (Counselling, Diet advice, Insulin Technique , HMB G) | 300 | 300 |
| 13 | Intensive Education Package (Lectures on complications & Management of Diabetes) | 500 | 500 |
| 14 | Dxa Scan- Dual Femur Adults (>18y) | 1000 | 1000 |
| 15 | Dxa Scan- Spine Adults & Child (>5y) | 1000 | 1000 |
| 16 | Dxa Scan Femur Adults (>18y) | 1000 | 1000 |
| 17 | Dxa Scan- Total Body Adults& Child (>5y) | 2000 | 2000 |
| 18 | HB A 1 C | 450 | 500 |
| 19 | Insulin Technique | 100 | 100 |
| 20 | Lancet -(multiuse) | 15 | 15 |
| 21 | Lancet - sterile | 5 | 5 |
| 22 | Medium Dressing | 150 | 200 |
| 23 | Minor Dressing | 100 | 150 |
| 24 | Nutrition Counselling First Visit | 150 | 250 |
| 26 | Nutrition Counselling follow up | 100 | 200 |
| 27 | Pulse oxymetry (per use) | 50 | 50 |
| 28 | Risk stratification Report (Annual) | 100 | 100 |
| 29 | Stress Management Clinic | 300 | 300 |
| 30 | Urine Ketones | 60 | 60 |
| 31 | Urine Albumin | 50 | 50 |
| 32 | Urine Sugar | 50 | 50 |
| 33 | 24 Hours Urine Protein | 450 | 500 |
| 34 | 3- NETRA Screening | 700 | 700 |

| | DIABETES FOOT CLINIC | OPD/G.W. | Nursing Home |
|----|---|-----------------|---------------------|
| 1 | * Application of below knee Plaster (w/o material) | 440 | 440 |
| 2 | * Application of Plaster slab (w/o material) | 280 | 280 |
| 3 | * Application of plaster (For major ulcer offloading) | 1700 | 2800 |
| 4 | Callosity paring | | |
| | a - Single | 150 | 150 |
| | b - multiple | 300 | 300 |
| 5 | Cast Removal | 110 | 110 |
| 6 | Debridement of Ulcer (Major) | 650 | 800 |
| 7 | Debridement of Ulcer (Minor) | 330 | 550 |
| 8 | De-roofing of bulla | 110 | 110 |
| 9 | Freshening of Cracks Edges | 220 | 380 |
| 10 | Freshening of Ulcer Edges | | |
| | a - small | 160 | 160 |
| | b - large | 280 | 280 |
| 11 | Foot Screening Package | | |
| | A) Monofilament , tuning Fork Inspection | 130 | 280 |
| | B) Biothesiometry & Ankle Brachial Index | 280 | 440 |
| 12 | Foot Photograph | 60 | 60 |
| 13 | Harris foot mat for high pressure points | 110 | 110 |
| 14 | I & D of Superficial Abscess | 280 | 380 |
| 15 | Nail paring | 200 | 200 |
| 16 | Nail removal (Avulsion) | 1000 | 1000 |
| 17 | OPD surgical procedure (Any other) | 1500 | 3000 |
| 18 | Probing of sinus & Debridement of sinus | 330 | 550 |
| 19 | Slab Removal | 100 | 100 |
| 20 | Stitch Removal | 100 | 100 |
| 21 | Steroid Injection | 280 | 280 |
| 22 | Suturing of wound - Minor (w/o material) | 280 | 440 |
| 23 | Suturing of wound - Major (w/o material) | 440 | 800 |
| 24 | Taking pus culture | 100 | 100 |
| 25 | Tenotomy | 700 | 880 |

*Material to be brought by patient.

| | OCCUPATIONAL THERAPY | Charges (Rs.) |
|---|--------------------------------------|----------------------|
| 1 | Occupational Therapy Assessment | 600 |
| 2 | Occupational Therapy Session | 300 |
| 3 | Sp. OT Session / Hand function / S I | 300 |

- For special sessions, outside normal working hours and on Sundays & Holidays the charges will be 50% more.

| | PHYSIOTHERAPY | OPD/G.W. | Nursing Home |
|----------|--|-----------------|---------------------|
| A | <u>Adult</u> | | |
| 1 | Ambulation Charges | 100 | 120 |
| 2 | Cervical Traction | 200 | 250 |
| 3 | Chest Physiotherapy Basic | 200 | 250 |
| 4 | Chest Physiotherapy Advance | 250 | 300 |
| 5 | C.P.M. (Continuous Passive Movement) | 250 | 300 |
| 6 | Cold Packs | 80 | 100 |
| 7 | Electrical Stimulation (Per Sitting) | 250 | 300 |
| 8 | Early Intervention & Oromotor Stimulation (Paediatric) | 200 | 300 |
| 9 | Gait Training | 100 | 150 |
| 10 | General Exercises (Phase 1) | 200 | 250 |
| 11 | General Exercises (Phase 2) | 250 | 300 |
| 12 | Hot Packs | 90 | 110 |
| 13 | IFT (Per Sitting) | 250 | 300 |
| 14 | Infra Red Therapy | 150 | 200 |
| 15 | Lumbar Traction | 250 | 300 |
| 16 | Low Laser Therapy | 350 | 350 |
| 17 | Muscle Charting | 200 | 250 |
| 18 | Physiotherapy Assessment | 150 | 200 |
| 19 | Physiotherapy Assessment Follow-up | 100 | 150 |
| 20 | S.W.D. (Per Sitting) | 200 | 250 |
| 21 | TNS (Per Sitting) | 200 | 250 |
| 22 | Ultrasonic Therapy | 200 | 250 |
| 23 | Wax Bath (Per Sitting) | 200 | 250 |

| | PHYSIOTHERAPY - (continued) | OPD/G.W. | Nursing Home |
|----------|--|-----------------|---------------------|
| B | Paediatric | | |
| 1 | Ambulation Charges | 100 | 120 |
| 2 | Chest Physiotherapy Basic | 150 | 250 |
| 3 | Chest Physiotherapy Advance | 200 | 300 |
| 4 | Early Intervention & Oromotor Stimulation | 200 | 300 |
| 5 | General Exercises Phase -I | 150 | 200 |
| 6 | General Exercises Phase -II | 180 | 250 |
| 7 | Muscle Charting | 200 | 250 |
| 8 | Physiotherapy Assessment | 150 | 200 |
| 9 | Physiotherapy Assessment Follow up | 80 | 100 |
| 10 | Respiratory Care (NICU) By Physiotherapist | 300 | 450 |

| | | |
|---|-----------------------|--------------------|
| | PSYCHOTHERAPY | |
| | FOR CHILDREN | OPD Charges |
| 1 | First Counselling | 300 |
| 2 | Follow-up Counselling | 200 |

| | | |
|---|-------------------------------------|--------------------|
| | Paediatric Endocrinology | OPD Charges |
| 1 | Paediatric Endocrinology Assessment | 400 |
| 2 | Paediatric Endocrinology Follow-up | 300 |

| TATA REPRODUCTIVE HEALTH CENTRE | | | | | |
|--|---|-------------|-------------|---------------|---------------|
| | | OPD / RHC | GW | Semi Pvt/ Pvt | Deluxe/Luxury |
| | IVF PACKAGES | | | | |
| 1 | *IVF Package | - | - | - | 60000 |
| 2 | IVF Package Donor Cycle | - | - | - | 125000 |
| 3 | Embryo Donation Package | 60000 | | | |
| 4 | Blastocyst Culture Package | - | - | - | 7000 |
| 5 | IVF Stage I Cancellation | At Actuals | | | |
| 6 | IVF Stage II Cancellation | At Actuals | | | |
| 7 | Embryo Reduction Package | - | 6500 | 7000 | 9000 |
| 8 | Embryo Freezing A) Vitrification Package (with cryopreservation up to 1 year) | 20000 | - | - | - |
| | B) Cryopreservation beyond 1 year | | | | |
| | i)For 3 months | 2500 | | | |
| | ii)For 6 months | 5000 | | | |
| | iii)For 1 year | 9000 | | | |
| 9 | Embryo Thawing Package | 25000 | - | - | - |
| 10 | **Ovarian Cyst Aspiration Package | - | 6000 | 7000 | 8000 |
| 11 | Donor IUI Package (OPD) | 3500 | - | - | - |
| 12 | IUI Package I (OPD) (Intra Uterine Insemination) | 2500 | - | - | - |
| 13 | IUI Package II (OPD) (Intra Uterine Insemination) | 3000 | - | - | - |
| 14 | **Electroejaculation Package | - | 12500 | 15500 | 17500 |
| 15 | **TESA Package | - | 11500 | 14000 | 15500 |
| 16 | **PESA Package | - | 11500 | 14000 | 15500 |
| 17 | **TESE Package | - | 11500 | 14000 | 15500 |
| 18 | IVF Oocyte Sharing Package-R | 100000 | - | - | - |
| 19 | IVF Oocyte Sharing Package-D | - | - | - | 50000 |
| 20 | Amniocentesis | 8000 | 8000 | 8000 | 8000 |

TATA REPRODUCTIVE HEALTH CENTRE Continued

| | OTHER PROCEDURES | Charges | | | |
|----|--|----------------|--|--|--|
| 1 | Semen Freezing | | | | |
| A) | For 2 vials (up to period of 3 months) | 2800 | | | |
| B) | Beyond 3 months | | | | |
| a) | For 3 Months | 1500 | | | |
| b) | For 6 months | 3000 | | | |
| c) | For 1 year | 5500 | | | |
| d) | For every extra vial of semen freezing | 400 | | | |
| 2 | DNA Fragmentation test | 6000 | | | |
| 3 | Follicular Study | 1100 | | | |
| 4 | HCG Injection per Injection | 700 | | | |
| 5 | HMG Cycle | At Actuals | | | |
| 6 | Post Coital Test | 300 | | | |
| 7 | Sonosalphingography | 2500 | | | |
| 8 | Swim Up | 750 | | | |
| 9 | Semen Examination/Analysis | 300 | | | |
| 10 | Semen Preparation for IUI | 1250 | | | |
| 11 | Sperm Wash | 700 | | | |
| 12 | Frozen Semen sample for Donor IUI/vial | 1250 | | | |
| 13 | Single Pelvic USG | 300 | | | |

| INJECTIONS (excluding material / medicines) | | Charges | |
|--|----------------------------------|----------------|--|
| 1 | Subcutaneous (SC) per injection | 100 | |
| 2 | Intramuscular (IM) per injection | 100 | |

Notes:

- *IVF Drugs and Disposable will be charged at actuals for all packages.
- In Donor IUI package / IUI package, RH follicular studies will be charged extra.
- **In Electroejaculation / TESA/PESA/TESE and Ovarian Cyst packages, room and registration charges extra at actuals.
- Support services and procedures, if any will be charged at actual.

| | | | |
|---|--|-------------|--|
| | TATA REPRODUCTIVE HEALTH CLINIC | | |
| | <u>Counselling Services</u> | OPD | |
| 1 | IVF Counselling | 1000 | |
| 2 | Foetal Medicine Counselling | 400 | |
| 2 | Couple Counselling | 500 | |
| 3 | Psyco-Sexual Assessment | 1000 | |
| 4 | Individual Counselling | 150 | |
| 5 | Individual Therapy | 350 | |
| 6 | Counseling family members | 500 | |
| 7 | Pre-marriage counseling | 800 | |

PART – IV

DIAGNOSTIC SERVICES

LABORATORIES

| | <u>BIOCHEMISTRY</u> | OPD | IPD |
|----|----------------------------------|-------------|-------------|
| 1 | A S O Titre | 450 | 450 |
| 2 | Acetone | 50 | 60 |
| 3 | Adenosine Deaminase | 700 | 750 |
| 4 | Ascitic Fluid Routine with LDH | 750 | 800 |
| 5 | Alkaline Phosphatase | 100 | 120 |
| 6 | ALP - Iso Enzymes | 500 | 550 |
| 7 | Amylase | 400 | 420 |
| 8 | Bilirubin | 100 | 110 |
| 9 | Calcium | 150 | 150 |
| 10 | Calculus Analysis | 700 | 700 |
| 11 | Chloride | 100 | 110 |
| 12 | Cholesterol | 150 | 160 |
| 13 | CK (MB) | 850 | 900 |
| 14 | CPK | 400 | 430 |
| 15 | Creatinine | 100 | 110 |
| 16 | Creatinine Clearance | 250 | 280 |
| 17 | Electrophoresis Scanning Opinion | 100 | 130 |
| 18 | Esophageal pH Monitoring | 2400 | 2600 |
| 19 | Fluid LDH | 150 | 150 |
| 20 | Gamma Glutamyl Transferase | 300 | 350 |
| 21 | Glucose (PP) | 70 | 80 |
| 22 | Glucose (R) | 70 | 80 |
| 23 | Glucose Tolerance Test | 250 | 300 |
| 24 | Glucose (F) | 70 | 80 |
| 25 | Glucose Fasting & PP (F + PP) | 140 | 160 |
| 26 | HDL Cholesterol | 300 | 300 |
| 27 | Histamin Test (Gastric Analysis) | 110 | 130 |
| 28 | Ionic Calcium | 350 | 400 |
| 29 | LDH | 350 | 400 |
| 30 | Lipase | 450 | 480 |
| 31 | Lipid Profile | 650 | 700 |
| 32 | Lipoprotein (A) | 1200 | 1300 |
| 33 | Osmolality (Paediatrics) | 500 | 550 |
| 34 | Phosphorus | 100 | 110 |

| | BIOCHEMISTRY - continued | OPD | IPD |
|----|----------------------------------|------------|------------|
| 35 | Plasma Fibrinogen | 350 | 400 |
| 36 | Potassium | 100 | 110 |
| 37 | Procalcitonin Test | 2200 | 2400 |
| 38 | Protein Electrophoresis | 600 | 650 |
| 39 | Proteins (Albumin+Globulin) | 150 | 150 |
| 40 | Serum Cholinesterase | 400 | 450 |
| 41 | Serum Electrolytes (Na,K,Cl) | 330 | 330 |
| 42 | Serum Magnesium | 200 | 250 |
| 43 | Serum Osmolality / Osmolarity | 500 | 550 |
| 44 | SGOT | 100 | 110 |
| 45 | SGPT | 100 | 110 |
| 46 | Sodium | 100 | 110 |
| 47 | Sweat Chloride for CF | 2600 | 3200 |
| 48 | Triglycerides | 250 | 280 |
| 49 | Troponin T | 1200 | 1300 |
| 50 | Urea | 80 | 90 |
| 51 | Uric Acid | 120 | 130 |
| 52 | Urine Osmolality | 500 | 550 |
| 53 | Urine Porphobilinogen | 300 | 330 |
| 54 | Urine Calcium - Creatinine ratio | 250 | 280 |
| 55 | Urine Protein - Creatinine ratio | 500 | 520 |
| 56 | Urine Iodine Creatinine Ratio | 250 | 280 |
| 57 | Urine Sodium | 100 | 110 |
| 58 | Urine Potassium | 100 | 110 |
| 59 | Urine Chloride | 100 | 110 |
| 60 | Urine Electrolytes | 300 | 330 |
| 61 | Urinary Creatinine | 100 | 110 |
| 62 | Urinary Uric Acid | 120 | 140 |
| 63 | Urinary Oxalate Creatinine Ratio | 1600 | 1650 |
| 64 | Xylose Excretion Test | 600 | 700 |
| 65 | 24 HR Urinary Calcium | 150 | 150 |
| 66 | 24 HR Urinary Oxalate | 1600 | 1650 |
| 67 | 24 HR Urinary Chloride | 100 | 110 |
| 68 | 24 HR Urinary Creatinine | 100 | 110 |

| | BIOCHEMISTRY - continued | OPD | IPD |
|----|--|------------|------------|
| 68 | 24 HR Urinary Phosphorous | 100 | 110 |
| 69 | 24 HR Urinary Magnesium | 200 | 250 |
| 70 | 24 HR Urinary Sodium | 100 | 110 |
| 71 | 24 HR Urinary Potassium | 100 | 110 |
| 72 | 24 HR Urinary Urea | 80 | 90 |
| 73 | 24 HR Urinary Uric Acid | 120 | 130 |
| 74 | Spot Urine Bicarbonate | 150 | 150 |
| 75 | Spot Urine Chloride | 100 | 110 |
| 76 | Spot Urine for Phosphorous Creatinine Ratio | | |
| 77 | Spot Urine for Uric Acid Creatinine Ratio | | |
| 78 | Spot Urine Magnesium | 200 | 250 |
| 79 | Spot Urine Phosphorous | 100 | 110 |
| 80 | Spot Urine Potassium | 100 | 110 |
| 81 | Spot Urine Urea | 80 | 90 |
| 82 | Spot Urine Uric Acid | 120 | 130 |
| 83 | 24 Hours Urine Protein | 450 | 500 |

- Outside Laboratory Charges (at actuals)**

| | CYTOTOLOGY | OPD | IPD |
|----|------------------------------|-------------|-------------|
| 1 | Barr Body Count | 650 | 750 |
| 2 | Cytology slide preparation | 20 | 20 |
| 3 | Fluid Cell Block | 650 | 700 |
| 4 | Fluid Cell Block liquid Base | 700 | 800 |
| 5 | Fluid Cytology | 600 | 650 |
| 6 | FNAC Cytology | 1000 | 1100 |
| 7 | FNAC with block | 700 | 800 |
| 8 | Pap Smear | 750 | 800 |
| 9 | Urine For Malignant Cells | 600 | 650 |
| 10 | Wet Mount | 200 | 220 |
| 11 | HPV DNA-PCR | 3500 | 3500 |

- Outside Laboratory charges (at actuals)**

| | ENDOCRINOLOGY | OPD | IPD |
|----|-------------------------------------|-------------|-------------|
| 1 | A C T H | 1500 | 1600 |
| 2 | Acetylcholine Receptors | 2500 | 2700 |
| 3 | ACETAMINOPHEN (PARACETAMOL) | 1200 | 1200 |
| 4 | ADH (Anti Diuretic Hormone) | 4300 | 4300 |
| 5 | ADENOVIRUS IgG | 1500 | 1500 |
| 6 | ADENOVIRUS IgM | 1500 | 1500 |
| 7 | ADRENALINE | 2900 | 2900 |
| 8 | ALA (AMINO LEVULINIC ACID) | 3500 | 3500 |
| 9 | ALCOHOL | 1100 | 1100 |
| 10 | Aquaporin-4 (NMO Ab) | 4200 | 4200 |
| 11 | Aldesterone | 2000 | 2200 |
| 12 | Alfa Feto Protein (AFP) | 1000 | 1100 |
| 13 | Alfa1-Anti-Trypsin | 1800 | 2000 |
| 14 | Alpha Levulinic Acid | 2000 | 2200 |
| 15 | Aluminium | 2000 | 2200 |
| 16 | Allergy Panel (Inhalant) | 9000 | 9000 |
| 17 | Amino acids (HPLC) | 1900 | 2100 |
| 18 | Aminoacidogram (Plasma) | 600 | 650 |
| 19 | Aminoacidogram (Urine) | 600 | 650 |
| 20 | Ammonia | 600 | 650 |
| 21 | ANA Blot | 3800 | 4000 |
| 22 | ANA By IFA | 1500 | 1500 |
| 23 | Andrestenidion | 1200 | 1400 |
| 24 | Angiotensin Converting Enzyme (ACE) | 1400 | 1450 |
| 25 | Anti CCP | 1250 | 1400 |
| 26 | Anti Microsomal ab | 1000 | 1100 |
| 27 | Anti Endomysial Ab IgA | 1500 | 1600 |
| 28 | Anti Gliadin Ab IgG | 2500 | 2600 |

| | | | |
|----|----------------------------|------|------|
| 29 | Anti Gliadin Ab IgM | 2500 | 2600 |
| 30 | Anti LKM Ab | 2000 | 2200 |
| 31 | Anti Measle's Ab IgG | 1300 | 1350 |
| 32 | Anti Measle's Ab IgM | 1300 | 1350 |
| 33 | Anti Measle's Ab (IgG+IgM) | 2600 | 2700 |

| | ENDOCRINOLOGY - continued | OPD | IPD |
|----|---|-------------|-------------|
| 34 | Anti Mullerin Hormone (AMH) | 2000 | 2200 |
| 35 | Anti Nuclear Antibodies (ANA) | 1000 | 1100 |
| 36 | Anti NMDR | 5900 | 5900 |
| 37 | Anti Smooth Muscle Ab | 1750 | 1850 |
| 38 | Antibodies to DNA | 650 | 750 |
| 39 | Anticardiolipin Ab IgG | 1000 | 1050 |
| 41 | Anticardiolipin Ab IgM | 1000 | 1050 |
| 42 | Anticardiolipin Ab IgA | 1000 | 1050 |
| 43 | Anticardiolipin Ab (IgG + IgM) | 2000 | 2100 |
| 44 | Anti-GBM | 2000 | 2100 |
| 45 | Anti HBe Ab | 800 | 800 |
| 46 | Antimitochondrial AB (AMA) | 2000 | 2200 |
| 47 | ANTIMONY | 3000 | 3000 |
| 48 | Anti VGKC | 9500 | 9500 |
| 49 | Antineutrop.Cytoplas.Ab (P)&(C) in Titre | 3000 | 3200 |
| 50 | Antineutrop.Cytoplas.Ab (P) Qualitative | 1500 | 1800 |
| 51 | Antineutrop.Cytoplas.Ab (C) Qualitative | 1500 | 1800 |
| 52 | Antineutrophil Cytosomal AB(AN) | 1200 | 1300 |
| 53 | Antiphospholipid Ab(ACA+LA) | 2000 | 2100 |
| 54 | Atypical Pneumonia Profile | 4000 | 4000 |
| 55 | APO A1 | 350 | 350 |
| 56 | APO B | 350 | 350 |
| 57 | AMH | 2000 | 2200 |
| 58 | ASCA IgG & IgM | 4200 | 4200 |
| 59 | ASKA Ab (SKELETAL MUSCLE Ab) | 3000 | 3000 |
| 60 | Aspergillus IgG | 2000 | 2200 |
| 61 | Aspergillus IgA | 2000 | 2200 |
| 62 | Aspergillus IgM | 2000 | 2000 |
| 63 | Aspergillosis Ab IgG | 1900 | 1900 |
| 64 | Arsenic | 2800 | 3100 |
| 65 | Bacterial PCR | 2500 | 2500 |
| 66 | BCL-2 ONCOPROTEIN | 1750 | 1750 |
| 67 | BCR ABL Gene (Philadelphia Chromosome) | 5000 | 5000 |
| 68 | Barbiturate | 700 | 800 |
| 69 | Beta 2 Glycoprotein I (IgG) | 1000 | 1000 |
| 70 | Beta 2 Glycoprotein I (IgM) | 1000 | 1000 |

| | ENDOCRINOLOGY - continued | OPD | IPD |
|----|--|-------------|-------------|
| 71 | BETA 2 (B2) TRANSFERRIN | 5500 | 5500 |
| 72 | BISMUTH | 3500 | 3500 |
| 73 | Beta 2 Microglobulin | 1200 | 1400 |
| 74 | Bile Acids | 1550 | 1550 |
| 75 | B-HCG Serum | 600 | 650 |
| 76 | Blood Gas Analysis with Hb+ Lactate | 400 | 500 |
| 77 | Blood Gas Analysis with Electrolytes+Lactate | 500 | 550 |
| 78 | BORDETELLA PERTUSSIS | 2100 | 2100 |
| 79 | BORRELIA BURGDORFERI Ab IgG | 1600 | 1600 |
| 80 | BORRELIA BURGDORFERI Ab IgM | 1600 | 1600 |
| 81 | Blood Manganese | 2500 | 2500 |
| 82 | Blood TMS | 4000 | 4000 |
| 83 | Biotinidase | 4000 | 4200 |
| 84 | Brucella IgG IgM | 2500 | 2800 |
| 85 | C E A (serum) | 1100 | 1150 |
| 86 | Chikungunya PCR | 3000 | 3000 |
| 87 | CHROMOGRANIN A (BLOOD) | 5300 | 5300 |
| 88 | C.M.V. -PCR (Qualitative) | 3000 | 3050 |
| 89 | C.M.V. PCR(Quantitative) | 5000 | 5500 |
| 90 | CADMIUM | 2000 | 2000 |
| 91 | CANNABIS | 600 | 600 |
| 92 | CATHESPIN D | 2000 | 2000 |
| 93 | CSF Glycine | 650 | 650 |
| 94 | CD 19 | 2200 | 2200 |
| 95 | CA - 125 | 1000 | 1050 |
| 96 | CA 199 | 1500 | 1600 |
| 97 | Cardiac Enzymes | 1300 | 1400 |
| 98 | Calcitonin | 2000 | 2200 |
| 99 | CD 4 | 1000 | 1100 |

| | | | |
|-----|------------------------------|-------------|-------------|
| 100 | CD4 & CD8 | 1250 | 1400 |
| 101 | Ceruloplasmin | 600 | 650 |
| 102 | CH -50 | 3500 | 3500 |
| 103 | CHICKEN POX VARICELLA | 1050 | 1050 |

| | ENDOCRINOLOGY - continued | OPD | IPD |
|-----|--------------------------------------|-------------|-------------|
| 104 | CHROMIUM | 2000 | 2000 |
| 105 | CHROMOSOMAL ANALYSIS | 6500 | 6500 |
| 106 | CHYLOMICRON | 500 | 500 |
| 107 | CIRCULATING IMMUNE COMPLEX Ab | 3000 | 3000 |
| 108 | Complement C3 & C4 | 1200 | 1300 |
| 109 | Copper/Urine | 700 | 750 |
| 110 | Cortisol A M | 600 | 650 |
| 111 | Cortisol P M | 600 | 650 |
| 112 | Cortisol A M & PM | 1000 | 1100 |
| 113 | Cortisol - Urine | 500 | 550 |
| 114 | Cortisol -Serum | 500 | 550 |
| 115 | COBALT | 2500 | 2500 |
| 116 | COXSACKIE IgG & IgM | 3700 | 3700 |
| 117 | C-Peptide | 1200 | 1250 |
| 118 | CRP (Quantitative) | 500 | 550 |
| 119 | Cryoglobulin | 1200 | 1200 |
| 120 | CSF Viral Panel | 3500 | 3500 |
| 121 | Cyclosporine Level | 1500 | 1700 |
| 122 | CYSTATIN C | 1000 | 1000 |
| 123 | CYSTICERUS Ab | 3200 | 3200 |
| 124 | Clopidogrel | 2500 | 2800 |
| 125 | Dexamethasone Suppression | 1000 | 1000 |
| 126 | DECARBOXY PROTHROMBIN (PIVKA) | 2400 | 2400 |
| 127 | Dengue PCR | 3500 | 3500 |
| 128 | Desmoglein Antibody 1 & 3 | 4500 | 4500 |
| 129 | DHEA-S | 1200 | 1300 |
| 130 | DHT | 2700 | 2700 |
| 131 | Digoxin | 800 | 850 |
| 132 | Dilantin/Phenytoin | 800 | 850 |
| 133 | Double Marker | 2500 | 3000 |
| 134 | DNA Extraction | 750 | 800 |
| 135 | DNA PLOIDY | 5000 | 5000 |
| 136 | DRUGS OF ABUSE PANEL | 3200 | 3200 |
| 137 | E 3 - Oestriol / Urine | 800 | 850 |

| | ENDOCRINOLOGY - continued | OPD | IPD |
|-----|---|--------------|--------------|
| 138 | Erythropoietin | 1700 | 1700 |
| 139 | E2 Estradiol | 700 | 750 |
| 140 | EBV DNA PCR | 3000 | 3000 |
| 141 | EBV NA IgG | 1600 | 1600 |
| 142 | EBV NA IgM | 1600 | 1600 |
| 143 | EBV VCA IgG | 1600 | 1600 |
| 144 | EBV VCA IgM | 1600 | 1600 |
| 145 | Epinephrine | 2900 | 2900 |
| 146 | EPIDERMAL GROWTH FACTOR (EGF) | 1900 | 1900 |
| 147 | EVEROLIMUS | 4900 | 4900 |
| 148 | FISH FOR PHILADELPHIA CHROMOSOME | 5000 | 5000 |
| 149 | FISH HER-2 | 12500 | 12500 |
| 150 | F S H | 400 | 450 |
| 151 | FREE KAPPA LAMBDA | 4200 | 4200 |
| 152 | Free PSA | 900 | 900 |
| 153 | Free Testosterone | 1450 | 1450 |
| 154 | Folic Acid | 800 | 850 |
| 155 | Free T3 | 400 | 450 |
| 156 | Free T4 | 400 | 450 |
| 157 | FREE T3,FREE T4,TSH | 950 | 1100 |
| 158 | Galput (Galac. Phos. Uridyl. Tran) | 1500 | 1600 |
| 159 | Gastrin | 1300 | 1400 |
| 160 | GAD Ab | 6000 | 6500 |

| | | | |
|-----|---------------------------------------|-------------|-------------|
| 161 | GENOTYPE MTB DR ASSAY | 1600 | 1600 |
| 162 | Gene Expert | 2500 | 2500 |
| 163 | Glycosylated Hb (Hb A1C) | 350 | 400 |
| 164 | G Q 1 B (GANGLIOSIDE ANTIBODY) | 3300 | 3300 |
| 165 | Growth Hormone | 900 | 900 |
| 166 | Haptoglobin | 1900 | 1900 |
| 167 | HANTA VIRUS IgM Ab | 1500 | 1500 |
| 168 | HBV Viral Load | 6500 | 7000 |
| 169 | HPV DNA (PCR) | 3500 | 3500 |

| | ENDOCRINOLOGY - continued | OPD | IPD |
|-----|---|--------------|--------------|
| 170 | HCV RNA (PCR) QUALITATIVE | 2500 | 2500 |
| 171 | HCV RNA (PCR) QUANTITAVE | 3000 | 3000 |
| 172 | HCV Viral Load | 7500 | 8500 |
| 173 | HCV Genotype | 12100 | 13500 |
| 174 | Hepatitis Virus Load | 3800 | 4100 |
| 175 | Helicobacter pylori-IgG & IgM | 1900 | 1900 |
| 176 | HER2 - NEU | 12500 | 12500 |
| 177 | Haptoglobin | 1900 | 1900 |
| 178 | HEV IgM | 1100 | 1200 |
| 179 | HIV Viral Load | 5000 | 5500 |
| 180 | HLA DQ 2 HLADQ 8 | 6000 | 6500 |
| 181 | HLA - B27 PCR | 2900 | 2900 |
| 182 | HLA-B 27 (Flowcytometry) | 3100 | 3100 |
| 183 | HMB - 45 (MELANOMA MARKER) | 2000 | 2000 |
| 184 | HOLOTRANSCOBALAMIN | 1250 | 1250 |
| 185 | Homocysteine (Blood) | 1300 | 1350 |
| 186 | Homocysteine Urine | 350 | 400 |
| 187 | HLA B - 27 (Flowcytometry) | 2500 | 2800 |
| 188 | HSV II IgM | 900 | 950 |
| 189 | HSV II IgG | 900 | 950 |
| 190 | HSV PCR | 4000 | 4000 |
| 191 | HSV PCR Qualitative | 2000 | 2000 |
| 192 | IG F 1 | 2500 | 2800 |
| 193 | IGF BP - 3 | 3200 | 3200 |
| 194 | IgE | 800 | 900 |
| 195 | Immuno-Electrophoresis | 2500 | 2600 |
| 196 | Immunoglobulins (Ig G+ Ig M+ Ig A) | 2100 | 2400 |
| 197 | Immunoglobulins Ig G | 700 | 800 |
| 198 | Immunoglobulins Ig M | 700 | 800 |
| 199 | Immunoglobulins Ig A | 700 | 800 |
| 200 | Immunofixation Electrophoresis Quantitative | 6700 | 6700 |
| 201 | INFECTIOUS MONONUCLEOSIS PROFILE | 4800 | 4800 |
| 202 | Inhibin A | 1500 | 1500 |
| 203 | Inhibin B | 2000 | 2000 |

| | ENDOCRINOLOGY - continued | OPD | IPD |
|-----|---|-------------|-------------|
| 204 | Insulin (F) | 500 | 550 |
| 205 | Insulin(PP) | 500 | 550 |
| 206 | Insulin (F) & (PP) | 1000 | 1100 |
| 207 | Insulin Antibody | 2000 | 2000 |
| 208 | INTERLEUKIN - 6 | 2500 | 2500 |
| 209 | INTRINSIC FACTOR (IF) Ab | 2300 | 2300 |
| 210 | ISLET CELL ANTIBODY | 2300 | 2300 |
| 211 | J.E Virus PCR Detection | 3000 | 3000 |
| 212 | Kappa & Lambda Light Chain | 7000 | 7500 |
| 213 | KARYOTYPING (PRODUCTS OF CONCEPTION) | 6500 | 6500 |
| 214 | L H | 400 | 450 |
| 215 | Lactate | 500 | 550 |
| 216 | LEPTIN | 4200 | 4200 |
| 217 | LDL Cholesterol (Direct) | 500 | 550 |
| 218 | Lead | 2000 | 2200 |
| 219 | Lipoprotein Electrophoresis | 700 | 700 |
| 220 | Lithium | 400 | 450 |
| 221 | LYMPHOMA MARKERS | 6000 | 6000 |
| 222 | Malarial Ab (IgG) | 950 | 950 |
| 223 | Malaria PCR | 2500 | 2500 |
| 224 | Mental Retard. Screen Test (Pack) | 700 | 850 |
| 225 | Mercury | 3000 | 3200 |
| 226 | Metabolic Screen (BLD) Package. | 1200 | 1400 |
| 227 | Metabolic -Workup | 800 | 850 |
| 228 | Metanephrine | 3500 | 3500 |
| 229 | Morphine | 600 | 600 |
| 230 | MPS (Mucopoly Sacchrides) | 250 | 300 |
| 231 | MUMPS IgG Ab | 1250 | 1250 |
| 232 | MUMPS IgM Ab | 1400 | 1400 |
| 233 | MULTIPLE SCLEROSIS PROFILE | 8000 | 8000 |
| 234 | MUSK Ab | 6200 | 6200 |
| 235 | Mycoplasma Ig G | 2050 | 2050 |
| 236 | Mycoplasma Ig M | 2050 | 2050 |
| 237 | MYASTHENIA GRAVIS PROFILE | 9900 | 9900 |

| | ENDOCRINOLOGY - continued | OPD | IPD |
|-----|-------------------------------------|--------------|--------------|
| 238 | New Born TSH Screening Test | 175 | 175 |
| 239 | New Born Screening (4Tests) | 800 | 800 |
| 240 | New Born Screening (7Tests) | 1150 | 1150 |
| 241 | NMDR | 5900 | 5900 |
| 242 | NMO Antibodies | 4200 | 4200 |
| 243 | NOR-ADRENALINE | 2900 | 2900 |
| 244 | Oligoclonal Band(CSF) | 6700 | 6700 |
| 245 | OSTEOCALCIN | 2500 | 2500 |
| 246 | OVARIAN Ab | 3000 | 3000 |
| 247 | Parvovirus IgG | 2500 | 2600 |
| 248 | Parvovirus IgM | 2500 | 2600 |
| 249 | Parvovirus PCR | 2500 | 2500 |
| 250 | Paul Bunnel Test | 1200 | 1200 |
| 251 | Plasma Renin Activity | 5000 | 5500 |
| 252 | Plasma Renin & Aldosterone Activity | 6000 | 6500 |
| 253 | Plasma Glycine | 650 | 650 |
| 254 | Pneumonia Panel | 10000 | 10000 |
| 255 | P T H | 1000 | 1100 |
| 256 | Pregnancy Test (Gravindex) | 250 | 280 |
| 257 | Progesterone | 400 | 430 |
| 258 | Procalcitonin | 2000 | 2200 |
| 259 | Prolactin | 400 | 430 |
| 260 | Prostate Specific Antigen(PSA) | 800 | 900 |
| 261 | Pyruvate | 400 | 450 |
| 262 | PYRIDOXINE (VIT B6) | 2500 | 2500 |
| 263 | Pro BNP | 2000 | 2200 |
| 264 | Quadruple Test | 3000 | 3000 |
| 265 | Reducing Sugar (Urine) | 20 | 30 |
| 266 | Rickettsial PCR | 1200 | 1250 |
| 267 | SCLERODERMA PANEL | 5000 | 5000 |
| 268 | Serum Copper | 1500 | 1600 |
| 269 | Serum Catecholamine | 6800 | 6800 |
| 270 | Serum Galactomannan Test | 5100 | 5100 |
| 271 | Serum Metanephhrine Level | 3500 | 3500 |

| | ENDOCRINOLOGY - continued | OPD | IPD |
|-----|--|-------------|-------------|
| 272 | Serum U 1 RNP Antibody | 1800 | 1800 |
| 273 | SELENIUM | 2000 | 2000 |
| 274 | SEX HORMONE BINDING GLOBULIN (SHBG) | 2300 | 2300 |
| 275 | Serum E 3 | 700 | 800 |
| 276 | SOMATOMEDIN C (IGF-1) | 2200 | 2200 |
| 277 | SPERM Ab | 750 | 750 |
| 278 | SPHINGOMYELIN | 1100 | 1100 |
| 279 | Stool Chymotrypsin (FCT) | 250 | 300 |
| 280 | Synacthen Stimulation | 800 | 1000 |
| 281 | T S H | | |
| 282 | T3 | 150 | 200 |
| 283 | T3.T4.TSH | 150 | 200 |
| 284 | T-4 | 450 | 600 |
| 285 | TNF Alpha 1 | 150 | 200 |
| 286 | Tachrolimus Assay | 3700 | 4000 |

| | | | |
|-----|--------------------------------|-------------|-------------|
| 287 | Tegretol/Carbamazepine | 800 | 850 |
| 288 | TB PCR | 3000 | 3500 |
| 289 | TB GOLD | 3500 | 3500 |
| 290 | Testosterone | 550 | 600 |
| 291 | Theophylline | 950 | 950 |
| 292 | Thyroglobulin | 1700 | 1700 |
| 293 | Thyroglobulin Antibody | 1000 | 1100 |
| 294 | Thyroid Antibody (MSA/ T P O) | 1000 | 1100 |
| 295 | Tissue Transglutaminase | 1500 | 1550 |
| 296 | TPMT Qualitative | 5200 | 5200 |
| 297 | Tropical PCR | 5000 | 5000 |
| 298 | TROPONIN I | 1550 | 1550 |
| 299 | Triple Test | 2200 | 2600 |
| 300 | T Zanck Bodies | 400 | 400 |
| 301 | 1-25 Dihydroxy VIT D | 3000 | 3000 |
| 302 | 17 Alpha OH-Progesterone | 1300 | 1500 |
| 303 | 17-Keto(OXO) Steroid/Urine | 200 | 200 |
| 304 | 17-OH-Corticoids/Urine | 200 | 200 |

| | ENDOCRINOLOGY - continued | OPD | IPD |
|-----|---|-------------|-------------|
| 305 | 5 HIAA (Urine) | 600 | 700 |
| 306 | 24 HOUR URINE ZINC | 750 | 750 |
| 307 | Urine Microalbumin | 500 | 550 |
| 308 | Urine Metanephrides | 2200 | 2200 |
| 309 | Urine Methyl Melonic Acid | 600 | 600 |
| 310 | Urine Organic Acid | 6000 | 6500 |
| 311 | Urine For Orotic Acid | 3500 | 3500 |
| 312 | Urine for Sugar Chromatography | 700 | 700 |
| 313 | URINE for DRUG PANEL / URINE - TOXIC SCREENING | 4000 | 4000 |
| 314 | Urine GCMS | 5000 | 5500 |
| 315 | Valproate | 800 | 850 |
| 316 | Vancomycin Level Detection Test | 800 | 800 |
| 317 | Vancomycin Level | 5800 | 5800 |
| 318 | Viral Meningitis Panel (Vmp) | 5000 | 5000 |
| 319 | VIMENTRIN | 1500 | 1500 |
| 320 | VITAMIN A (Retinol) | 6000 | 6000 |
| 321 | VITAMIN C | 3000 | 3000 |
| 322 | VITAMIN E | 3000 | 3200 |
| 323 | VITAMIN B1 (THIAMINE) | 2500 | 2500 |
| 324 | VITAMIN B 12 | 600 | 700 |
| 325 | VITAMIN B12 & Folic Acid | 1200 | 1400 |
| 326 | VITAMIN D3 | 1600 | 2000 |
| 327 | VGKC | 9500 | 9500 |
| 328 | VMA Urine | 800 | 900 |
| 329 | Western Blot Test | 2600 | 2600 |
| 330 | ZINC | 1600 | 1600 |

- **Outside Laboratory Charges (at actuals)**

| | HEMATOLOGY | OPD | IPD |
|----------|---|------------|------------|
| A | Clinical Pathology | | |
| 1 | Ascitic Fluid / Peritoneal Fluid- Examination /Routine | 750 | 750 |
| 2 | Bence Jones Proteins (Urine) | 130 | 140 |
| 3 | BAL fluid- Examination/Routine | 750 | 800 |
| 4 | Crenated RBC/Dysmorphic RBC | 120 | 130 |
| 5 | CSF Routine/Examination | 450 | 450 |
| 6 | Fluid Cytology with LDH (Routine)/Pleural fluid Examination | 750 | 800 |
| 7 | Fluid TLC, DLC | 200 | 200 |
| 6 | Owl Eyed Cells (Urine) | 100 | 110 |
| 7 | PD Fluid-Routine/Examination | 450 | 450 |
| 8 | Pericardial Fluid - Routine/Examination | 750 | 800 |
| 9 | Pleural Fluid Examination/Routine | 750 | 800 |
| 10 | Stercobilinogen (Stool) | 80 | 90 |
| 11 | Stool Occult Blood | 100 | 110 |
| 12 | Stool for Fat (Sudan) | 180 | 200 |
| 13 | Stool PH | 70 | 70 |
| 14 | Stool Reducing Substance-Sugar | 70 | 80 |
| 15 | Stool Routine | 100 | 100 |
| 16 | Stool Routine with Occult Blood | 150 | 200 |
| 17 | Synovial Fluid | 750 | 800 |
| 18 | Urine - B S / B P | 70 | 80 |
| 19 | Urine (ALB/Sug/Micro) Routine | 120 | 130 |
| 20 | Urine Acetone | 60 | 70 |
| 21 | Urine Myoglobin / Haemoglobinuria | 200 | 200 |
| 22 | Urine PH | 70 | 80 |
| 23 | Urine Reducing Substance-Sugar | 70 | 80 |
| 24 | Urine Specific Gravity | 60 | 70 |
| 25 | Urine for Nitrites Leucocyte Esterase | 110 | 120 |
| 26 | Urobilinogen | 90 | 100 |
| B | Hematology | | |
| 1 | Absolute Eosinophil Count | 160 | 180 |
| 2 | Absolute Neutrophil Count | 160 | 180 |
| 3 | Antithrombin III | 900 | 1000 |
| 4 | APT Test on Gastric Aspirate | 300 | 350 |
| 5 | Activated Partial Thromboplastin Time | 320 | 320 |

| | HEMATOLOGY - continued | OPD | IPD |
|----|--|-------------|-------------|
| 6 | BARR BODY COUNT/ DRUMSTICK COUNT | 500 | 600 |
| 7 | Bleeding Time | 90 | 100 |
| 8 | Blood indices (MCV/MCHC/MCH) | 160 | 180 |
| 9 | Blood collection charges | 120 | 130 |
| 10 | Bone Marrow (Slide) 2nd Opinion (Aspiration) | 600 | 700 |
| 11 | Bone Marrow (Slide) 2nd Opinion (Biopsy) | 650 | 750 |
| 12 | Bone Marrow Aspiration | 900 | 1000 |
| 13 | Bone Marrow Aspiration + Biopsy | 1200 | 1350 |
| 14 | BCR - ABL Quantitative by PCR | 5500 | 6000 |
| 15 | Bone Marrow Biopsy +IHC | 9000 | 9500 |
| 16 | Beta Globulin Gene Mutation | 7000 | 7000 |

| | | | |
|----|--|--------------|--------------|
| 17 | BT & CT | 150 | 150 |
| 18 | Chronic Myeloproliferative Disorder Panel(JAK-2,CALR,MPL Mutation Analysis) | 9000 | 9500 |
| 19 | Coagulogram Full | 1600 | 1800 |
| 20 | Coagulation Correction Study (Mixing study) | 1000 | 1200 |
| 21 | Cytochemistry (PAS + MPO) | 600 | 700 |
| 22 | Cytogenetics | 5000 | 5000 |
| 23 | DLC-Differential Leukocyte Count | 80 | 90 |
| 24 | Dihydropyrimidine Dehydrogenase (DPD) | 3200 | 3700 |
| 25 | DRVVT | 1000 | 1100 |
| 26 | Erythrocyte Sedi. rate(ESR) | 90 | 100 |
| 27 | Factor Assay + Full Coagulogram | 4000 | 4500 |
| 28 | Factor V Leiden / APCR | 4500 | 4500 |
| 29 | Factor IX Assay | 3000 | 3000 |
| 30 | Factor VIII C Assay | 3000 | 3000 |
| 31 | Factor XI Assay | 3000 | 3000 |
| 32 | Factor XIII - Screen.Test | 250 | 300 |
| 33 | FDP(D-Dimer) | 700 | 800 |
| 34 | FISH for ALL Panel | 8500 | 9000 |
| 35 | FISH AML Panel | 8500 | 9000 |
| 36 | FISH for BCR-ABL | 6500 | 6500 |
| 37 | FISH For CLL Panel | 11000 | 11000 |
| 38 | FISH for MDS Panel | 9000 | 9000 |
| 39 | FISH for Myeloma Panel | 9900 | 9900 |

| | HEMATOLOGY - continued | OPD | IPD |
|----|-------------------------------|------------|------------|
| 40 | FISH for PML/RARA | 6500 | 6500 |
| 41 | Fibrinogen | 500 | 550 |

| | | | |
|----|--|-------------|-------------|
| 42 | G 6 PD - Screening Test | 350 | 400 |
| 43 | G 6 PD Quantitative | 400 | 450 |
| 44 | Gel Test for PNH (CD 55,59) | 750 | 750 |
| 45 | Haemoglobin Electrophoresis with A-2 (HPLC) | 900 | 1000 |
| 46 | Haemoglobin / TLC | 180 | 180 |
| 47 | Haemoglobin(HB) | 110 | 110 |
| 48 | Haemogram HB,TC,DC,RBC,Platelet count | 210 | 210 |
| 49 | Haemogram + PBS | 230 | 250 |
| 50 | Haemosiderin | 250 | 280 |
| 51 | Ham's Acid Test | 600 | 700 |
| 53 | Hb PCV | 180 | 180 |
| 54 | Hb Platelet | 200 | 200 |
| 55 | HBH Preparation | 180 | 200 |
| 56 | Heinz Body | 150 | 180 |
| 60 | Hemolytic Anemia Workup | 1800 | 2000 |
| 61 | Inhibitor SP Assay (BETHESDA ASSAY) | 3500 | 4000 |
| 62 | JAK 2 mutation analysis | 5000 | 5000 |
| 63 | Karyo typing - Peripheral Blood /Bene Marrow | 6500 | 6500 |
| 65 | LAP Score | 600 | 650 |
| 66 | L E Cells | 400 | 430 |
| 68 | Leukemia Cytochemistry | 600 | 700 |

| | | | |
|----|--|--------------|--------------|
| 69 | Leukemia Markers - Full Panel | 11000 | 12000 |
| 70 | Leukemia Markers (CLPD) Panel | 11000 | 12000 |
| 71 | Leukemia Markers - Single | 1000 | 1000 |
| 72 | Leukemia - RT (PCR) | 9000 | 9500 |
| 73 | Lymphocyte subset for immunodeficiency | 3500 | 4000 |
| 74 | Methaemoglobin | 350 | 400 |
| 75 | Malaria Antigen Test (Rapid) | 350 | 370 |
| 76 | Malaria Parasite(M.P.) Smear | 120 | 130 |
| 77 | Microfilaria | 180 | 200 |
| 78 | Mixing Studies | 1000 | 1200 |

| | HEMATOLOGY - continued | OPD | IPD |
|----|------------------------------------|-------------|-------------|
| 79 | MTHFR | 7000 | 7000 |
| 80 | Non Specific Esterase (NSE) | 600 | 650 |
| 81 | NBT (Nitroblue Tetrazolium) | 900 | 950 |
| 82 | Osmotic Fragility Test | 450 | 480 |
| 83 | Parasite F(Falciparum Malaria) | 350 | 370 |
| 84 | PAS | 300 | 330 |
| 85 | PBS-(Peripheral Smear Study) | 80 | 90 |
| 86 | Perforin Assay | 3600 | 4000 |
| 87 | Peroxidase (M .P.O.) | 200 | 250 |
| 88 | Platelet Count | 180 | 190 |
| 89 | Platelet Function Studies | 3800 | 4000 |
| 90 | Prothrombin Time | 300 | 320 |
| 91 | Protein C | 2500 | 2800 |
| 92 | Protein S | 5000 | 5000 |
| 93 | PDGFRA -F1P1L1 Mutation | 7500 | 7500 |
| 94 | PDGFRA -F1P1L1 Alfa (RTPCR) | 7500 | 7500 |

| | | | |
|-----|---|-------------|-------------|
| 95 | PT With INR | 300 | 320 |
| 96 | Platelet mapping Assay (By TEG Machine) | 7000 | 7000 |
| 97 | PTTK | 350 | 380 |
| 98 | RBC Indices | 180 | 180 |
| 99 | Reticulocyte Count | 100 | 120 |
| 100 | RQ PCR For PML -RARA | 9500 | 9500 |
| 101 | RQ PCR For BCR -ABL | 6500 | 6500 |
| 102 | PCR ALL Panel | 7500 | 7500 |
| 103 | PCR AML Panel | 6500 | 6500 |
| 104 | Serum Ferittin | 450 | 500 |
| 105 | Serum Iron-TIBC | 400 | 450 |
| 106 | Sickling | 180 | 200 |
| 107 | Stress Cytogenetics | 7500 | 7500 |
| 108 | Thalassaemia Studies | 900 | 1000 |
| 109 | Thrombin Time | 350 | 400 |
| 110 | Thrombophilia work up | 15000 | 15000 |
| 111 | TLC.DLC | 180 | 180 |
| 112 | Thrombo Elastogram (TEG) | 1500 | 1500 |

| | HEMATOLOGY - continued | OPD | IPD |
|-----|-------------------------------|------------|------------|
| 113 | Unstable Haemoglobin | 200 | 250 |
| 114 | Urea Solubility Test | 300 | 350 |
| 115 | V W F Antigen | 2500 | 2500 |

- **Outside Laboratory Charges (at actual)**

| | HISTOPATHOLOGY | OPD | IPD |
|---|------------------------------------|-------------|-------------|
| 1 | AMACR | 1400 | 1400 |
| 2 | BCL 2 | 900 | 1100 |
| 3 | BCL 6 | 1000 | 1200 |
| 4 | Biopsy Large Hp | 2000 | 2100 |
| 5 | Biopsy Medium HP | 1500 | 1500 |
| 6 | Biopsy Medium (more than 4 slides) | 1700 | 2000 |
| 7 | Biopsy Radical HP | 2600 | 2600 |
| 8 | Biopsy Small HP | 1000 | 1000 |
| 9 | Biopsy Specialised (Liver Kidney) | 1500 | 1600 |

| | | | |
|----|---|-------------|-------------|
| 10 | Bone Marrow Slide Preparation (outside) | 120 | 150 |
| 11 | Carcinoembryonic -Antigen (CEA) | 1200 | 1200 |
| 12 | CD 10 | 1200 | 1200 |
| 13 | CD 15 | 1900 | 1900 |
| 14 | CD 30 | 1200 | 1200 |
| 15 | CD 34 | 1200 | 1200 |
| 16 | CD 45 (LCA) | 1200 | 1200 |
| 17 | CD 99 | 1750 | 1750 |
| 18 | CD 5 | 1200 | 1200 |
| 19 | CD20 | 2200 | 2200 |
| 20 | CD 79A | 1200 | 1200 |
| 21 | CD3 | 1200 | 1200 |
| 22 | CD117 | 1750 | 1750 |
| 23 | CD138 | 2000 | 2000 |
| 24 | CD 19 | 2200 | 2200 |
| 25 | CD 23 | 1200 | 1200 |
| 26 | C1Q | 800 | 1000 |
| 27 | Calretinin | 2000 | 2000 |
| 28 | Chromogranin A | 1200 | 1200 |
| 29 | Cryostat sections | 200 | 250 |
| 30 | Cyclin D1 | 1200 | 1200 |
| 31 | Cytokeratin | 1200 | 1200 |
| 32 | Cytokeratin 7 | 1200 | 1400 |
| 33 | Cytokeratin 20 | 1200 | 1400 |
| 34 | Desmin | 1750 | 1750 |
| 35 | Endometrium Only | 1000 | 1100 |
| 36 | Endoscopic Biopsy (One Specimen) | 1000 | 1200 |
| 37 | Endoscopic Biopsy (Two Specimen) | 1500 | 1800 |
| 38 | Endoscopic Biopsy (Three Specimen) | 1800 | 2000 |

| | HISTOPATHOLOGY continued | OPD | IPD |
|----|-----------------------------------|-------------|-------------|
| 39 | Epithelial Membrane Antigen (EMA) | 1200 | 1200 |
| 40 | ER | 1200 | 1200 |
| 41 | ER/PR | 1800 | 2000 |
| 42 | ER/PR (Without Reporting) | 1200 | 1400 |
| 43 | Extra Slide Preparation | 50 | 60 |
| 44 | Fluroscent AFB | 200 | 250 |
| 45 | Fractional Curettage | 1500 | 1800 |
| 46 | Frozen Section | 2200 | 2300 |
| 47 | GFAP | 1200 | 1200 |
| 48 | H E R 2 | 1200 | 1300 |
| 49 | HMWCK | 1400 | 1500 |
| 50 | I F Panel (without reporting) | 1600 | 1800 |
| 51 | I H C Marker (without reporting) | 600 | 750 |

| | | | |
|----|---|-------------|-------------|
| 53 | Immunohistochemistry | 2400 | 2700 |
| 54 | Immunofluorescence Panel (4 antibodies) | 4000 | 4600 |
| 55 | Immunofluorescence kappa | 1800 | 2000 |
| 56 | Immunofluorescence Lambda | 1800 | 2000 |
| 57 | Immunofluorescence C3 | 1100 | 1100 |
| 58 | Immunofluorescence IgA | 1100 | 1100 |
| 59 | Immunofluorescence IgG | 1100 | 1100 |
| 60 | Immunofluorescence IgM | 1100 | 1100 |
| 61 | Immunofluorescence C 4 d | 3600 | 3600 |
| 62 | Lymphoma Panel | 4200 | 4400 |
| 63 | Lymph Node Biopsy | 900 | 1000 |
| 64 | MIB-I | 1000 | 1100 |
| 65 | Myloperoxidase | 1000 | 1200 |
| 66 | PR | 1100 | 1100 |
| 67 | PAX5 | 1200 | 1200 |
| 68 | P53 | 1200 | 1200 |
| 69 | P63 | 1200 | 1400 |
| 70 | PLA2 | 800 | 1500 |
| 71 | Preparation of Slide (One Slide) | 50 | 50 |
| 72 | Preparation of slide with capsule | 30 | 40 |
| 73 | Preparation of Frozen slide | 200 | 240 |
| 74 | Preparation of slide on PLL | 60 | 70 |
| 75 | Radical Mastectomy with ER/PR | 5000 | 5500 |

| | HISTOPATHOLOGY continued | OPD | IPD |
|----|--|-------------|-------------|
| 76 | Renal Biopsy with special stain | 2200 | 2200 |
| 77 | Renal Biopsy with IF 4 panel & special stain | 5000 | 5000 |
| 78 | Skin/ pleural Biopsy | 1100 | 1100 |
| 79 | Slide for opinion from outside | 500 | 500 |
| 80 | Special Stain | 150 | 200 |
| 81 | S100 | 1100 | 1200 |
| 82 | SV40 | 600 | 800 |
| 83 | Synaptophysin | 1100 | 1100 |
| 84 | Smooth Muscle Actin (SMA) | 1100 | 1100 |
| 85 | Transcription Factor (TTF-1) | 1400 | 1500 |
| 86 | Tinto Cytomegalovirus | 1200 | 1400 |
| 87 | Tinto Amyloid ARM Ab | 1200 | 1400 |
| 88 | Tdt | 1200 | 1400 |
| 89 | Vimentin | 1500 | 1500 |

- **Outside Laboratory Charges (at actuals)**

| | MICROBIOLOGY | OPD | IPD |
|----|---|-------------|-------------|
| 1 | ADAMTS 13 Activity Test | 4000 | 4000 |
| 2 | Anaerobic C/S | 500 | 550 |
| 3 | Antibiotic Sensitivity on Automated system | 500 | 550 |
| 4 | Anticomplement Factor H | 3000 | 3500 |
| 5 | AFB Culture | 900 | 900 |
| 6 | AFB Culture and Sensitivity | 4500 | 4500 |
| 7 | Blood C / S on Automated System | 800 | 900 |
| 8 | Blood C/S on Automated System Set of 2 | 1400 | 1500 |
| 9 | Blood C/S on Automated System Set of 3 | 2000 | 2100 |
| 10 | Body fluid culture and sensitivity | 800 | 900 |
| 11 | Bacterial Indentification on Automated System | 450 | 500 |
| 12 | Culture & Sensitivity on Automated System | 700 | 800 |
| 13 | C.M.V. (IgM) | 700 | 750 |
| 14 | C.M.V. (IgG) | 700 | 750 |
| 15 | Chikungunya - IgM test | 500 | 550 |
| 16 | C.S.F. Bacterial Latex Antigen Detection test | 1500 | 1600 |
| 17 | Cold Agglutination | 200 | 230 |
| 18 | CRP - Qualitative | 200 | 250 |
| 19 | Cryptococcal Antigen | 600 | 700 |
| 20 | Cryptococcal Antigen Titre | 1300 | 1400 |
| 21 | Cryptococcus Stain | 100 | 130 |
| 22 | Cryptosporidium Stain | 100 | 130 |
| 23 | C Difficile Toxin (A + B) Elisa | 2000 | 2000 |
| 24 | Dengue Antibodies | 900 | 1000 |
| 25 | Dengue Antigen | 600 | 700 |
| 26 | Diphtheria Stain | 200 | 250 |
| 27 | Endotoxin Level Detection Test | 1500 | 1500 |
| 28 | Exudate (Body Fluids) C/S | 700 | 800 |
| 29 | Fluorescent stain-Mycobt.TB | 200 | 220 |
| 30 | Fungal Culture | 500 | 550 |
| 31 | Fungal Stain - Body Fluid | 100 | 130 |
| 32 | Fungal Stain - Pus | 100 | 130 |
| 33 | Fungal Stain - Scrapping | 100 | 130 |
| 34 | Fungal Stain - Sputum | 100 | 130 |
| 35 | Fungal Stain - Urine | 100 | 130 |
| 36 | Gram Stain | 100 | 120 |

| | MICROBIOLOGY - continued | OPD | IPD |
|----|---|------------|------------|
| 37 | Gram Stain+ZN Stain | 200 | 220 |
| 38 | Gram Stain+ZN Stain+Fungal Stain | 300 | 320 |
| 39 | Gram Stain - Body Fluid | 100 | 120 |
| 40 | Gram Stain - Pus | 100 | 120 |
| 41 | Gram Stain - Sputum | 100 | 120 |
| 42 | Gram Stain - Urine | 100 | 120 |
| 43 | H.I.V. (1+2) AB RAPID | 350 | 400 |
| 44 | H.I.V.(1+2)AB-ELISA | 400 | 450 |

| | | | |
|----|--------------------------------------|-------------|-------------|
| 45 | Hanging Drop | 100 | 120 |
| 46 | HBS Antibody | 800 | 800 |
| 47 | HBsAg -Rapid(Aus- Antigen) | 300 | 320 |
| 48 | HBsAg-ELISA (Aus. Antigen) | 300 | 320 |
| 49 | HCV-AB -ELISA | 600 | 650 |
| 50 | HCV-AB- RAPID | 400 | 450 |
| 51 | HAV IgM | 800 | 900 |
| 52 | HBc IgG | 1000 | 1100 |
| 53 | HBc IgM | 1000 | 1100 |
| 54 | HB e Ab | 1000 | 1100 |
| 55 | HB e Ag | 1000 | 1100 |
| 56 | Leptospira Antibody Detection | 600 | 650 |
| 57 | MTB HAINS IPAQT PRG (MTBDR) | 1800 | 1800 |
| 58 | MRSA screening test 2 swabs | 200 | 200 |
| 59 | Pneumocystis Carinii Stain | 200 | 250 |
| 60 | RA Factor | 200 | 250 |
| 61 | RA Factor Titre | 400 | 450 |
| 62 | Rickettsial Antibody | 800 | 900 |
| 63 | Rubella I gG | 500 | 550 |
| 64 | Rubella I gM | 500 | 550 |
| 65 | Sputum for AFB / ZN Stain for 3 days | 300 | 350 |
| 66 | Surveillance Culture | 150 | 170 |
| 67 | TPHA | 400 | 400 |
| 68 | Torch (IgG & IgM) | 3200 | 3400 |

| | MICROBIOLOGY - continued | OPD | IPD |
|----|--|-------------|-------------|
| 69 | Torch (IgG) | 1600 | 1700 |
| 70 | Torch IgM | 1600 | 1700 |
| 71 | Toxo Plasma Antibody (IgG) | 600 | 650 |
| 72 | Toxo Plasma Antibody (IgM) | 600 | 650 |
| 73 | Urine Culture and Sensitivity | 700 | 800 |
| 74 | Urine for AFB / ZN Stain for 3 days | 300 | 350 |
| 75 | VDRL | 300 | 300 |
| 76 | Vancomycin Level Detection Test | 800 | 800 |
| 77 | Weil Felix | 450 | 450 |
| 78 | Widal | 400 | 400 |
| 79 | ZN Stain | 100 | 120 |
| 80 | ZN Stain / Sputum for AFB | 100 | 120 |

| | | | |
|----|----------------------------------|-----|-----|
| 81 | ZN Stain- Urine | 100 | 120 |
| 82 | ZN Stain - Sputum | 100 | 120 |
| 83 | ZN Stain - Pus | 100 | 120 |
| 84 | ZN Stain - Body Fluid | 100 | 120 |
| 85 | ZN Stain - Tissue | 100 | 120 |
| 86 | ZN Stain by concentration method | 200 | 210 |
| 87 | Modified ZN Stain | 100 | 120 |

- Outside Laboratory Charges (at actuals)**

| | BLOOD BANK | OPD | IPD | OPD | IPD |
|----|--|--------------|------------|-------------|-------------|
| | | Elisa | | NAT | |
| 1 | Apheresis Platelet (SDP) | 11000 | 11000 | 11000 | 11000 |
| 2 | Half SDP | 6500 | 6500 | 7100 | 7100 |
| 3 | Apheresis Donor – Testing Charges | 2000 | 2000 | 3000 | 3000 |
| 4 | B.T.Set | 50 | 50 | 50 | 50 |
| 5 | Blood Grouping | 100 | 100 | 100 | 100 |
| 6 | Cross Matching | 200 | 200 | 200 | 200 |
| 7 | CPD CAGM Quadruple Tab Blood Bag (450ml) with solution | 975 | 975 | | |
| 8 | CPD CAGM Quadruple Tab Blood Bag (350ml) with solution | 600 | 600 | | |
| 9 | CPDA Triple Blood Bag with solution | 380 | 380 | | |
| 10 | CPD BAG Single with solution | 110 | 110 | | |
| 11 | CPD BAG Double | 200 | 200 | | |
| 12 | Cryoprecipitate | 500 | 500 | | |
| 13 | Fresh Blood (with Replace) | 1650 | 1650 | 2350 | 2350 |
| 14 | Fresh Blood (without Replace) | 1750 | 1750 | 2450 | 2450 |
| 15 | Fresh Frozen Plasma (without Replace) | 650 | 650 | 850 | 850 |
| 16 | Fresh Frozen Plasma (with Replace) | 550 | 550 | 750 | 750 |
| 17 | FFP (IFB) | 850 | 850 | 1050 | 1050 |
| 18 | Human Plasma without replace | 650 | 650 | 850 | 850 |
| 19 | Human Plasma with replace | 550 | 550 | 750 | 750 |
| 20 | Packed cell Vol.(with Replace) | 1650 | 1650 | 2350 | 2350 |

| | BLOOD BANK - continued | OPD. | IPD | OPD | IPD |
|----|--|--------------|------------|------------|------|
| | | Elisa | | NAT | |
| 21 | Packed Cell Vol.(without replace) | 1750 | 1750 | 2450 | 2450 |
| 22 | PCV (IFB) | 2350 | 2350 | 3050 | 3050 |
| 23 | PC(IFB) | 850 | 850 | 1050 | 1050 |
| 24 | Platelet Rich Plasma (with replace) | 550 | 550 | 750 | 750 |
| 25 | Platelet Rich Plasma (without replace) | 650 | 650 | 850 | 850 |
| 26 | Platelet Concentrate (without replace) | 650 | 650 | 850 | 850 |
| 27 | Platelet Concentrate (with replace) | 550 | 550 | 750 | 750 |
| 28 | Pretesting Charges | 2000 | 2000 | 3000 | 3000 |
| 29 | Replacement Coupon | 100 | 100 | 100 | 100 |
| 30 | Stored Plasma | 650 | 650 | | |
| 31 | Stored Plasma (without replace) | 570 | 630 | | |
| 32 | Transfer Bag | 90 | 90 | | |
| 33 | Whole Blood (with replace) | 1650 | 1650 | 2350 | 2350 |
| 34 | Whole Blood (without replace) | 1750 | 1750 | 2450 | 2450 |
| 35 | Washed RBC. Conc.(with replace) | 1850 | 1850 | 2550 | 2550 |
| 36 | Washed RBC Conc. (without replace) | 1950 | 1950 | 2650 | 2650 |
| | | | | | |
| | | | | | |
| | BLOOD BANK INVESTIGATIONS | | | | |
| 1 | Blood Grouping | 100 | 100 | | |
| 2 | Blood Sample (Outside Hospital/Blood Bank) | 1000 | 1000 | | |
| 3 | Direct Coombs Test (DCT) | 300 | 500 | | |
| 4 | Indirect Coombs Test (ICT) | 300 | 500 | | |
| 5 | Rh titre | 350 | 500 | | |
| 6 | Antibody Testing (4 Cell Panel) | 1000 | 1000 | | |
| 7 | Antibody Testing (11 Cell Panel) | 1200 | 1200 | | |
| 8 | PRP Injection | 1500 | 1500 | | |
| 9 | NAT Testing for Patients | 1500 | 1500 | | |

| A | DOPPLER CARDIAC | OPD/ G.W. | Nursing Home |
|----------|--|------------------|---------------------|
| 1 | 2-D ECHO & Cardiac Doppler | 1400 | 1700 |
| 2 | Emergency ECHO & Cardiac Doppler | 1600 | 1900 |
| 3 | Portable 2 D Echo | 1500 | 1700 |
| 4 | Dobutamine Stress Echo | 6000 | 6000 |
| 5 | TEE (Trans Esophageal Echo with Doppler) | 3000 | 3500 |
| | | | |
| B | STRESS TEST | | |
| 1 | Stress Test | 1100 | 1400 |
| 2 | Ambulatory BP Monitoring 24 hrs | 1800 | 1800 |
| 3 | HOLTER Monitoring 24 hrs | 2000 | 2000 |
| 4 | HOLTER Monitoring 48 hrs | 3000 | 3000 |
| | | | |
| C | DOPPLER - NON CARDIAC | | |
| 1 | Carotid Doppler- NC | 2000 | 2200 |
| 2 | Abdominal Dopl NC(including transplant) | 2000 | 2200 |
| 3 | Peripheral Dopl.-1 L - NC | 2200 | 2500 |
| 4 | Peripheral DOPL-2L-NC | 3200 | 3500 |
| 5 | Peripheral DOPL-4L-NC | 4200 | 4600 |
| 6 | Penile Doppler | 2000 | 2200 |
| 7 | Scrotal Doppler | 2000 | 2200 |
| 8 | Renal Doppler with films- NC | 3200 | 3500 |

- 30% extra will be charged for the Color Doppler when done between 5 pm and 9 am and on holidays.**

| TCD Study | OPD/GW | NH |
|--------------------------------------|---------------|-----------|
| TCD Limited Study | 1200 | 1500 |
| TCD Detailed Study | 3500 | 4000 |
| TCD Long Term Continuous Monitoring | 6000 | 6000 |
| TCD Short Term Continuous Monitoring | 3500 | 4000 |

| | Endoscopy - Gastroenterology Procedures | OPD / GW | S. Pvt / Pvt. | Deluxe / Luxury |
|--------------------|--|---------------------|--------------------------|----------------------------|
| Category I | | | | |
| 1 | UGI | | | |
| 2 | UGI+Biopsy | 3000 | 4500 | 6000 |
| 3 | Partial LGI | | | |
| 4 | Partial LGI+ Biopsy | | | |
| | | | | |
| | Charges for above procedures if done with Anaesthesia | 3600 | 5400 | 7200 |
| Category II | | | | |
| 1 | LGI | | | |
| 2 | LGI + Biopsy | 4800 | 7800 | 9600 |
| 3 | Endoscopic Feeding Tube | | | |
| 4 | Stent removal & PEG removal | | | |
| 5 | Manipulation of Gastric Balloon | | | |
| | Charges for above procedures if done with Anaesthesia | 5760 | 9360 | 11520 |
| A | Category III | | | |
| 1 | Endoscopic variceal ligation | | | |
| 2 | Endoscopic Sclerotherapy | | | |
| 3 | Foreign body removal | 9600 | 12000 | 16800 |
| 4 | Polypectomy | | | |
| 5 | Savary Gillard dilatation | | | |
| 6 | Pneumatic dilatation | | | |
| | Charges for above procedures if done with Anaesthesia | 11520 | 14400 | 20160 |

- The above charges are for each procedure in each category.

| | Endoscopy continued | OPD / GW | S. Pvt / Pvt. | Deluxe / Luxury |
|----------|--|---------------------|--------------------------|----------------------------|
| B | Category III | | | |
| 1 | Diagnostic ERCP | | | |
| 2 | Glue injection | | | |
| 3 | Haemoclip | | | |
| 4 | APC (Argon Plasma Coagulation) | | | |
| 5 | Cauterisation | 12000 | 15600 | 18000 |
| 6 | PEG (Percutaneous endoscopic gastrostomy) | | | |
| 7 | Multiple polypectomy | | | |
| 8 | Gastric Balloon Removal | | | |
| 9 | Intraoperative Enteroscopy | | | |
| | Charges for above procedures if done with Anaesthesia | 14400 | 18720 | 21600 |
| A | Category IV | | | |
| 1 | Therapeutic ERCP | 16800 | 21600 | 24000 |
| 2 | GI Metal stent | | | |
| 3 | Intragastric Balloon Placement | | | |
| | Charges for above procedures if done with Anaesthesia | 20400 | 25200 | 28800 |
| B | Therapeutic ERCP (Metal stent, Lithotripsy & Other complicated ERCPs) | 21000 | 26400 | 33600 |
| | Charges for above procedures if done with Anaesthesia | 25200 | 31200 | 39600 |
| | C ARM charges | | | |
| A | Non ERCP Procedures | 1200 | 1800 | 1800 |
| B | ERCP Procedures | 1800 | 3000 | 3000 |
| | EUS (Endoscopic Ultrasound) | | | |
| 1 | Diagnostic EUS with Anaesthesia | 10800 | 15200 | 18300 |
| 2 | EUS FNA/Celiac Plexus Block with Anaesthesia | 17900 | 23300 | 26400 |
| 3 | Therapeutic EUS with Anaesthesia | 34000 | 40700 | 47400 |
| 4 | Fibroscan | 3000 | 3000 | 3000 |

- The above charges are for each procedure in each category

| | Endoscopy - Chest Procedures | OPD / GW | S. Pvt / Pvt. | Deluxe / Luxury |
|----------|---|-----------------|----------------------|------------------------|
| | Category I | | | |
| 1 | Basic Bronchoscopy | 5000 | 6500 | 7500 |
| 2 | Videobronchoscopy | 5000 | 6500 | 7500 |
| | Charges for above procedures if done (with Anaesthesia) 30% extra | 6500 | 8450 | 9750 |
| | Category II | | | |
| 1 | Diagnostic Bronchoscopy + Biopsy (TBLB/TBNA Punch Biopsy/Brush Biopsy) | 7000 | 8500 | 10000 |
| | Charges for above procedures if done (with Anaesthesia) 30 % extra | 9100 | 11050 | 13000 |
| | Category III | | | |
| 1 | Therapeutic Bronchoscopy (Foreign Body Removal or Argon Plasma Coagulation) | 12000 | 14000 | 16000 |
| | Charges for above procedures if done (with Anaesthesia) | 13000 | 16000 | 19000 |
| 1 | EBUS (Endo Bronchial ultrasound) | 15000 | 18000 | 21000 |

- All the drugs and consumables needed for the individual patient will be at actuals.
- For emergency procedures (between 5 pm & 9 am) 25% more than routine department procedure rates will be applicable.
- For portable procedures during working hours (9 am to 5 pm) 25% more than routine department procedure rates will be applicable
- For emergency portable procedures 40% extra on the routine department procedure rates will be applicable.
- When two procedures are done at a time:
 - When two UGI procedures are done at a time the higher cost (100%) and half the lower cost (50%) should be considered.
 - When two LGI procedures are done at a time the higher cost (100%) and half the lower cost (50%) should be considered.
 - When one UGI & one LGI procedures are done at a time the both will be separately billed

| | ULTRASOUND | OPD/G.W. | N. Home/ ICU/ICCU |
|----|--|-----------------|------------------------------|
| 1 | Abdomen with Pelvis | 1100 | 1300 |
| 2 | Brain | 800 | 950 |
| 3 | Bladder Residue | 600 | 650 |
| 4 | Emergency Portable USG (5pm to 9am & holidays) | 1800 | 2000 |
| 5 | Follicular Studies | 1000 | 1200 |
| 6 | Mammography | 1500 | 1500 |
| 7 | PCN - D | 2000 | 2200 |
| 8 | Pelvis | 1000 | 1100 |
| 9 | Portable Abdominal Doppler | 2200 | 2200 |
| 10 | Portable Penile Doppler | 2200 | 2200 |
| 11 | Portable Scrotal Doppler | 2200 | 2200 |
| 12 | Routine Portable (9 a.m.to 5 p.m.) | 1600 | 1800 |
| 13 | Small Parts (Breast/Joints/parotid/Ophthalmic/Scrotum\ Musculoskeletal (MSK) per region) | 1200 | 1400 |
| 14 | Sonomammography | 2200 | 2200 |
| 15 | USG Emergency in Dept. (5 p.m.to 9.a.m. & on Holidays) | 2000 | 2200 |
| 16 | TVS | 1700 | 1900 |
| 17 | TURS | 2200 | 2400 |
| | | | |
| | OBSTETRICS ULTRASOUND | OPD/G.W. | N. Home/ ICU/ICCU |
| 1 | Obstetrics (Viability scan < 11 wks) | 1000 | 1200 |
| 2 | Twin Obstetrics (Viability scan < 11 wks) | 2000 | 2400 |
| 3 | Obstetrics Anomaly Scan (16 to 22 wks) | 2200 | 2400 |
| 4 | Twin Obstetric Anomaly Scan | 4400 | 4800 |
| 5 | Anomaly +Echo | 2800 | 3000 |
| 6 | Twin Anomaly +Echo | 5600 | 6000 |
| 7 | Anomaly +MCA/ut Doppler | 2700 | 2900 |
| 8 | Twin Anomaly+MCA/Ut Doppler | 5400 | 5800 |
| 9 | Fetal Cardiac Doppler | 1200 | 1400 |
| 10 | Fetal Echo | 600 | 700 |
| 11 | Fetal Echo + Cardiac Doppler | 1600 | 2000 |
| 12 | Twin Fetal Cardiac Doppler | 2400 | 2800 |
| 13 | Obstetric Doppler | 1500 | 1600 |
| 14 | Twin Obstetric Doppler | 3000 | 3200 |
| 15 | Foetal Growth Scan | 1400 | 1600 |

| | OBSTETRICS ULTRASOUND CONTINUED | OPD/G.W. | N. Home/ ICU/ICCU |
|----|--|-----------------|------------------------------|
| 16 | Twin Foetal Growth Scan | 2800 | 3200 |
| 17 | Foetal Growth Scan+Doppler | 2900 | 3200 |
| 18 | Twin Foetal Growth Scan +Doppler | 5800 | 6400 |
| 19 | Obstetrics - NT Scan (11 to 13+6 wks) | 1700 | 1900 |
| 20 | Twin Obstetric- NT Scan | 3400 | 3800 |

- For Multifoetal gestation charges will be 50% more than the twin charges.

| | USG GUIDED PROCEDURES | OPD/G.W. | N. Home/ ICU/ICCU |
|----------|--|-----------------|------------------------------|
| 1 | Biopsy-Liver/Pleural/Trucut/Transrectal | | |
| a | Biopsy under USG Guidance - Marking charges | 1100 | 1600 |
| b | Biopsy under USG Guidance - Procedure charges | 1400 | 1900 |
| 2 | Aspiration - Therapeutic / Ascitic / Pleural / Cyst/Trans Vaginal | | |
| a | Aspiration under USG Guidance- Marking charges | 1100 | 1600 |
| b | Aspiration under USG Guidance- Procedure charges | 1400 | 1900 |
| 3 | Abscess Drainage- Liver/Pleural | | |
| a | Drainage under USG Guidance- Marking charges | 1100 | 1600 |
| b | Drainage under USG Guidance-Procedure charges | 1400 | 1900 |

| | | | |
|----------|---|------|------|
| 4 | FNAC | | |
| a | FNAC Under USG Guidance- Sonography charges | 800 | 1000 |
| b | FNAC Under USG Guidance- Procedure charges | 1000 | 1000 |

- Laboratory charges extra.
- Cost of Biopsy needle, material, drugs and consumables used will be extra.

| | X - RAY | OPD/G.W. | N. Home/ ICU/ICCU |
|----|---|-----------------|------------------------------|
| 1 | Ascending Pyelography (I.I.Sys) | 700 | 800 |
| 2 | Barium study for IC and Appendix | 1000 | 1100 |
| 3 | Barium Meal | 1200 | 1500 |
| 4 | BA-Enema (Double Contrast Study) | 1500 | 2000 |
| 5 | BA-Swallow with Pharyngogram | 1000 | 1500 |
| 6 | Ba-Enema Pediatrics (Neuro Dis) | 1000 | 1500 |
| 7 | Ba-Follow through for small bowel | 1000 | 1500 |
| 8 | BA-MEAL & follow through | 1500 | 2000 |
| 9 | Computerised Radiograph 8 x 10 | 350 | 400 |
| 10 | Computerised Radiograph 11 x 14 | 650 | 750 |
| 11 | Comp. Portable X- Ray 8 x 10 | 450 | 550 |
| 12 | Comp. Portable X- Ray 11 x 14 | 800 | 1000 |
| 13 | Fluoroscopy (Without Film) | 300 | 400 |
| 14 | Hysterosalpingography | 1400 | 1600 |
| 15 | Intra Venous Pyelography (Conv) | 1200 | 1400 |
| 16 | Intro of Cardiac Pacemaker | 500 | 600 |
| 17 | Loopography | 700 | 800 |
| 18 | Minute Seq(IPV) | 1300 | 1600 |
| 19 | Micturating (MCUG)/Retrograde Urethrography | 800 | 1000 |
| 20 | Nephrostogram Bilateral | 1200 | 1500 |
| 21 | Operative Cholangiography | 600 | 800 |
| 22 | Percutaneous Biliary Drainage | 1900 | 2300 |
| 23 | Percutaneous Cholangiography | 1000 | 1200 |
| 24 | Percutaneous Nephrostomy | 1500 | 1800 |
| 25 | Post Operative Contrast Study | 700 | 800 |
| 26 | Sinography/Fistulography | 700 | 800 |
| 27 | Sialography (Single side) | 1200 | 1500 |
| 28 | Small Bowel Enema | 1800 | 2100 |
| 29 | T tube Cholangiography | 700 | 900 |
| 30 | Ureteroscopy (I.I Sys/Neph) | 700 | 900 |
| 31 | Urethrography | 800 | 1000 |

- Contrast / material charges extra (at actuals)

PART – V

INDOOR SPECIAL UNITS

CATHLAB

| A | Diagnostic Procedures | GH | Semi Private | Pvt. / Deluxe / Luxury |
|----------|--|--------------|---------------------------|-------------------------------|
| 1 | (Without Anaesthesia) Coronary Angiogram | | | |
| 2 | DSA | 14000 | 17000 | 20000 |
| 3 | Peripheral Angiogram | | | |
| 4 | Cardiac Cath | | | |
| 1 | (with Anaesthesia) Coronary Angiogram | | | |
| 2 | DSA | 16000 | 19000 | 22000 |
| 3 | Peripheral Angiogram | | | |
| 4 | Cardiac Cath | | | |
| 1 | Emergency (without Anaesthesia) Coronary Angiogram | | | |
| 2 | DSA | 17500 | 21500 | 25500 |
| 3 | Peripheral Angiogram | | | |
| 4 | Cardiac Cath | | (plus bed / room charges) | |
| 1 | Emergency (with Anaesthesia) Coronary Angiogram | | | |
| 2 | DSA | 20000 | 24000 | 28000 |
| 3 | Peripheral Angiogram | | | |
| 4 | Cardiac Cath | | | |
| | | | (plus bed / room charges) | |
| 5 | Spinal DSA (without General Anaesthesia) | 20000 | 22000 | 24000 |
| 6 | Spinal DSA (with General Anaesthesia) | 22000 | 24000 | 26000 |
| 11 | Check Angiography (without Anaesthesia) | 7500 | 8500 | 10000 |
| | | | Plus bed/room charges | |
| 12 | Check Angiography (with Anaesthesia) | 8500 | 9500 | 11000 |
| | | | Plus bed/room charges | |
| 13 | Emergency Check Angiography (without Anaesthesia) | 10500 | 12500 | 15000 |
| | | | Plus bed/room charges | |
| 14 | Emergency Check Angiography (with Anaesthesia) | 11500 | 13500 | 16000 |
| | | | Plus bed/room charges | |

| | | | | |
|-----------|---|--------------|--------------|--------------|
| 15 | EP study Plain (without Anaesthesia) | 25000 | 30000 | 40000 |
| 16 | EP study Plain (with Anaesthesia) | 27000 | 32000 | 42000 |
| 17 | Emergency EP study Plain (without Anaesthesia) | 28500 | 34500 | 45500 |
| 18 | Emergency EP study Plain (with Anaesthesia) | 31000 | 37000 | 48000 |
| 19 | 2D Echo Screening/ USG Screening | 300 | 300 | 300 |

Inclusions:

- One day's stay in Cathlab Day Care 8 am to 8 pm.
- All Cathlab consumables and medicines used during the procedure.
- Procedure charges of the consultant for the procedure.

Exclusions:

The patient will be charged extra for the following:

- If stay extends beyond 8 pm, one day's bed charges in the General Wards.
- If an ICU/CCU/ICU3 stay is required, bed charges in the ICU and all related ICU/CCU/ICU3 charges will have to be paid.
- Medicines and surgical items used outside the Cathlab; meals.
- **If ward/room stay is required then those charges will have to be paid additionally.**
- Visit fee of the consultant in the wards / room / ICU/CCU/ICU3
- Emergency charges will be applicable for admissions done after 6 pm and /or procedures done between 6 pm and 8 am, Sundays & Public Holidays. These do not include bed charges, etc.
- Oxymetry charges
- HIV spot, Hbs Ag spot and S. Creatinine charges if not already done.

Notes:

- The entire procedure amount needs to be paid in advance.
- In case a patient is unable to pay the full advance, a note from the treating Consultant or Cathlab Executive is mandatory.
- **HIV & HbsAg kit Rs- 1000/- will be charged extra.**
- **No surcharge will be levied on major (on non nursing consumables)**
- **For General ward file ICU/CCU/NICU/ PICU/ICU3 charges as per general ward**
- **For Nursing home file ICU/CCU/NICU/ PICU/ICU3 charges as per nursing home schedule**
- **For TPA or any company beneficiary patients admitted in ICU/CCU/NICU/ PICU/ICU3 as per ICU/CCU/NICU/ PICU/ICU3 schedule**

| B | Interventions | | | |
|-----------|---|--------------|---------------------|-------------------------------|
| B1 | Minor Interventions(Regular Charges) | GW | Semi Private | Pvt. / Deluxe / Luxury |
| | Charges for any one of the procedures listed below: | | | |
| 1 | BMV/BPV/BAV/BASS | 7000 | 17000 | 22000 |
| 2 | Permanent Pacemaker Implantation (single and dual chamber) | 20000 | 25000 | 30000 |
| 3 | Permanent Pacemaker Implantation (AICD) | 50000 | 55000 | 60000 |
| 4 | Bronchial / Hepatic / Uterine Embolisation | 12000 | 25000 | 30000 |
| 5 | IVC filter | 15000 | 25000 | 30000 |
| 6 | Renal Angioplasty (alone) | 15000 | 25000 | 30000 |
| 7 | Fistuloplasty | 12000 | 25000 | 30000 |
| | Anaesthetist Charges (Stand by) if required | 4000 | 4000 | 4000 |
| | Anaesthetist Charges (GA) if required | 6000 | 6000 | 6000 |
| | Note: Surgeon if required for PPI will be additional | 5000 | 5000 | 5000 |
| | Emergency Charges | 5000 | 5000 | 5000 |
| 7 | Balloon Test Occlusion | 12000 | 14000 | 18000 |
| 8 | Tumor Embolisation | 12000 | 14000 | 18000 |
| 9 | Intra Vascular Injection | 12000 | 14000 | 18000 |
| 10 | Intra-arterial Nimodipine cath lab charges | 12000 | 14000 | 18000 |
| | Anaesthetist Charges (Stand by) if required | 4000 | 4000 | 4000 |
| | Anaesthetist Charges (GA) if required | 6000 | 6000 | 6000 |
| | Emergency Charges | 5000 | 5000 | 5000 |
| 11 | Temporary Pacemaker Implantation | 4000 | 6000 | 8000 |
| 12 | Pericardial Tapping | 3500 | 5500 | 7500 |
| | Procedure Charges for 11 &12 | 10000 | 15000 | 20000 |
| | Anaesthetist Charges (Stand by) if required | 4000 | 4000 | 4000 |
| | Anaesthetist Charges (GA) if required | 6000 | 6000 | 6000 |
| | Emergency Charges | 5000 | 5000 | 5000 |

Inclusions:

- **OT (Cath Lab) Charges**

Exclusions:

- Bed charges for non day care patients
- Major Cathlab consumables (stent, balloon, coils, catheter, PVA particles, device, pacemaker etc.)
- Major drugs (Tirofiban, Reopro, Embolisation material, etc.)
- Procedure Charges (Doctor's charges) for the procedure and visits, hospital stay (wards/room/ICU/CCU/ICU3), meals.
- Medicines outside the Cathlab.
- Emergency charges will be applicable for admissions done after 6 pm and /or procedures done between 6 pm and 8 am, Sundays & Public Holidays. These do not include bed charges, etc.
- HIV spot, Hbs Ag spot and S. Creatinine charges if not already done.

Notes:

- The entire procedure amount needs to be paid in advance.
- In case a patient is unable to pay the full advance, a note from the treating Consultant or Cathlab Executive is mandatory.
- **HIV & HbsAg kit Rs- 1000/- WILL BE CHARGED EXTRA.**
- **No surcharge will be levied on major (on non nursing consumables)**
- **For General ward file ICU/CCU/NICU/ PICU/ICU3 charges as per general ward**
- **For Nursing home file ICU/CCU/NICU/ PICU/ICU3 charges as per nursing home schedule**
- **For TPA or any company beneficiary patients admitted in ICU/CCU/NICU/ PICU/ICU3 as per ICU/CCU/NICU/ PICU/ICU3 schedule**

| C1 | Major Interventions (Cardiac / Peripheral) Regular Charges | GH | Semi Private | Pvt. / Deluxe / Luxury |
|----|---|-------|-----------------|------------------------------|
| 1 | Coronary Stenting | 30000 | 35000 | 40000 |
| 2 | Peripheral Angioplasty | 30000 | 35000 | 40000 |
| 3 | Alcohol Septal Ablation | 27000 | 30000 | 35000 |
| 4 | EP Study and ablation | 25000 | 35000 | 40000 |
| | Procedure charges for EP study and ablation | 40000 | 50000 | 60000 |
| | Anaesthetist Charges | 4000 | 5000 | 6000 |
| 4 | Paediatric Interventions | 20000 | 25000 | 30000 |
| 5 | Device Closure | 20000 | 25000 | 30000 |
| | Anaesthetist Charges (Standby/GA) | 6000 | 8000 | 10000 |
| | Emergency Charges | 5000 | 5000 | 5000 |

| C3 | Major Interventions (Neuro) Regular Charges | GH | Semi Private | Pvt. / Deluxe / Luxury |
|----|--|-------|--------------|------------------------|
| | Charges for any one of the procedures listed below: | | | |
| 1 | Carotid Stenting with protection device | 35000 | 40000 | 45000 |
| 2 | Carotid Stenting without protection device | 30000 | 35000 | 40000 |
| 3 | Extracranial Stenting | 30000 | 35000 | 40000 |
| 4 | Intracranial Stenting | 30000 | 35000 | 40000 |
| 5 | Acute Stroke Intervention | 30000 | 35000 | 40000 |
| 6 | Aneurysm Coiling | 35000 | 40000 | 45000 |
| 7 | AVM / CCF Embolisation | 35000 | 40000 | 45000 |
| 8 | Cerebral Venous Thrombolysis | 30000 | 35000 | 40000 |
| 9 | Flow Diverter Stenting | 45000 | 50000 | 55000 |
| | Anaesthetist Charges (stand by) | 4000 | 5000 | 6000 |
| | Anaesthetist Charges (GA) | 6000 | 8000 | 10000 |
| | Emergency Charges | 5000 | 5000 | 5000 |

Inclusions:

- **OT (Cath Lab) Charges.**

Exclusions:

- Major and minor Cathlab consumables (medicines,drugs, surgical material,stent, balloon, coils, protection device, catheter, PTCA wire etc.)
- Procedure Charges (Doctor's charges) for the procedure and visits, hospital stay, (Wards/room/ICU/CCU/NICU/ PICU/ICU3) and meals.
- Medicines outside the Cathlab.
- Emergency charges will be applicable for procedures done between 6 pm and 8 am, Sundays & public holidays. These do not include bed charges, etc.
- HIV spot, Hbs Ag spot and S. Creatinine charges if not already done.

Notes:

- The entire procedure amount needs to be paid in advance.
- In case a patient is unable to pay the full advance, a note from the treating Consultant or Cathlab Executive is mandatory.
- **HIV & HbsAg kit Rs- 1000/- WILL BE CHARGED EXTRA**
- **No surcharge will be levied on major (on non nursing consumables)**
- **For General ward file ICU/CCU/NICU/ PICU/ICU3 charges as per general ward**

- For Nursing home file ICU/CCU/NICU/ PICU/ICU3 charges as per nursing home schedule
- For TPA or any company beneficiary patients admitted in ICU/CCU/NICU/ PICU/ICU3 as per ICU/CCU/NICU/ PICU/ICU3 schedule

| D | NEPHRO INTERVENTIONS | | | |
|----------|--|-----------|---------------------|-------------------------------|
| | MINOR INTERVENTION | GH | Semi Private | Pvt. / Deluxe / Luxury |
| 1 | Fistulogram /Venogram | 9000 | 12000 | 14000 |
| 2 | Perm Cath insertion | 5500 | 8000 | 10500 |
| 3 | Perm Cath insertion with Standby Anaesthesia | 6500 | 9000 | 11500 |
| 4 | Perm Cath insertion with General Anaesthesia | 7500 | 10000 | 12500 |
| 5 | Perm Cath insertion (Emergency) | 7500 | 10000 | 12500 |
| 6 | Perm Cath insertion with Standby Anaesthesia (Emergency) | 8500 | 11000 | 13500 |
| 7 | Perm Cath insertion with General Anaesthesia (Emergency) | 9500 | 12000 | 14500 |
| 8 | Perm Cath Repositioning | 5100 | 7000 | 8700 |
| 9 | Perm Cath Repositioning with Standby Anaesthesia | 6100 | 8000 | 9700 |
| 10 | Perm Cath Repositioning with General Anaesthesia | 7100 | 9000 | 10700 |
| 11 | Fibrin Stripping by Vascular Snare | 3800 | 6400 | 8600 |
| 12 | Fibrin Stripping by Vascular Snare with General Anaesthesia | 5800 | 8400 | 10600 |
| 13 | Check Venogram | 4500 | 5500 | 7500 |

Inclusions:

- Routine consumables & medicines in the Cathlab.
- Anaesthetist's charges (wherever applicable)
- Procedure Charges (Doctor's charges) for the procedure.
- Day Care bed charges (General Ward)

Exclusions:

- Major and minor Cathlab consumables (medicines, drugs, surgical material, stent, balloon, coils, catheter, PTCA wire etc.)
- Procedure Charges (Doctor's charges) for the procedure and visits, hospital stay, (Wards/room/ICU/CCU/NICU/ PICU/ICU3) and meals.
- Medicines outside the Cathlab.
- Emergency charges will be applicable for procedures done between 6 pm and 8 am, Sundays & public holidays. These do not include bed charges, etc.
- HIV spot, Hbs Ag spot and S. Creatinine charges if not already done.

Notes:

- The entire procedure amount needs to be paid in advance.
- In case a patient is unable to pay the full advance, a note from the treating Consultant or Cathlab Executive is mandatory.
- In case patient needs to be admitted in General Ward after 8 pm bed charges will be charged extra.
- HIV & HbsAg kit Rs- 1000/- WILL BE CHARGED EXTRA.
- **No surcharge will be levied on major (on non nursing consumables)**
- **For General ward file ICU/CCU/NICU/ PICU/ICU3 charges as per general ward**
- **For Nursing home file ICU/CCU/NICU/ PICU/ICU3 charges as per nursing home schedule**
- **For TPA or any company beneficiary patients admitted in ICU/CCU/NICU/ PICU/ICU3 as per ICU/CCU/NICU/ PICU/ICU3 schedule**

| E | VASCULAR INTERVENTIONS | | | |
|---|--|--------------|--------------|------------------------|
| | MAJOR INTERVENTION | GH | Semi Private | Pvt. / Deluxe / Luxury |
| 1 | Endovascular Aneurysm Repair / Biliary Stenting/TIPS | | | |
| | Cath Lab charges | 30000 | 35000 | 45000 |
| | Anaesthetist Charges (Stand by) | 4000 | 5000 | 6000 |
| | Anaesthetist Charges (GA) | 6000 | 8000 | 10000 |
| | Emergency Charges | 5000 | 5000 | 5000 |

Inclusions:

- **OT(Cath Lab) Charges**

Exclusions:

- Major and minor Cathlab consumables (medicines, drugs, surgical material, stent, balloon, coils, catheter, PTCA wire etc.)
- Procedure Charges (Doctor's charges) for the procedure and visits, hospital stay, (Wards/room/ICU/CCU/NICU/ PICU/ICU3) and meals.
- Medicines outside the Cathlab.
- Emergency charges will be applicable for procedures done between 6 pm and 8 am, Sundays & public holidays. These do not include bed charges, etc.
- HIV spot, Hbs Ag spot and S. Creatinine charges if not already done

Notes:

- The entire procedure amount needs to be paid in advance.
- In case a patient is unable to pay the full advance, a note from the treating Consultant or Cathlab Executive is mandatory.
- In case patient needs to be admitted in General Ward after 8 pm bed charges will be charged extra.
- **HIV& HbsAg kit Rs- 1000/- WILL BE CHARGED EXTRA.**
- **No surcharge will be levied on major (on non nursing consumables)**
- **For General ward file ICU/CCU/NICU/ PICU/ICU3 charges as per general ward**
- **For Nursing home file ICU/CCU/NICU/ PICU/ICU3 charges as per nursing home schedule**
- **For TPA or any company beneficiary patients admitted in ICU/CCU/NICU/ PICU/ICU3 as per ICU/CCU/NICU/ PICU/ICU3 schedule**

| F | PERIPHERAL INTERVENTIONS | G.W. | S. PVT | PVT. / DLX / LUX. |
|----|---|-------------|---------------|-------------------------|
| | Grade I (cathlab charges) | | | |
| 1 | N J tube placement | 5000 | 6000 | 7000 |
| 2 | Perm cath removal / repositioning | 4000 | 5000 | 6000 |
| 3 | PTC / PCN / PTBD gram | 2000 | 3000 | 5000 |
| 4 | Percutaneous thrombin exclusion of pseudoaneurysm | 5000 | 6000 | 7000 |
| | <i>Anaesthetist charges(stand by) if required</i> | 2000 | 2000 | 2000 |
| | <i>Emergency charges</i> | 3500 | 4500 | 5500 |
| | | | | |
| | Grade II (only cathlab charges) | G.W. | S. PVT | PVT. / DLX/ LUX. |
| 1 | PTBD (Percutaneous transhepatic biliary drainage)-external. | 15000 | 20000 | 25000 |
| 2 | RF/Alcohol percutaneous ablation under guidance | 10000 | 15000 | 20000 |
| 3 | Vertebroplasty | 15000 | 20000 | 25000 |
| 4 | Guided Nerve Blocks | 10000 | 15000 | 20000 |
| 5 | Therapeutic deep abscess drainage with catheters | 5000 | 10000 | 15000 |
| 6 | Bronchial artery embolisation(simple) | 12000 | 25000 | 30000 |
| 7 | Embolisation/Pre op embolisation(tumours and bleeders)- Non selective | 12000 | 25000 | 30000 |
| 8 | CBD drainage | 12000 | 25000 | 30000 |
| 9 | Percutaneous sclerotherapy for vascular malformation/varicose veins | 5000 | 10000 | 15000 |
| 10 | HVPG (hepatic venus pressure gradient) measurement | 5000 | 10000 | 15000 |
| 11 | Ozone therapy for prolapsed disc/etc | 10000 | 15000 | 20000 |
| 12 | Percutaneous cholecystostomy | 5000 | 10000 | 15000 |
| 13 | Cementoplasty/kyphoplasty (single vetebra) | 15000 | 20000 | 25000 |
| 14 | Cementoplasty/kyphoplasty/ vertebroplasty (additional vetebra) | 3000 | 5000 | 7000 |
| 15 | Percutaneous nephrostomy (PCN) | 5000 | 10000 | 15000 |
| 16 | Ureteric stenting | 7000 | 12000 | 18000 |
| 17 | Celiac/sympathetic/nerve blocks | 10000 | 15000 | 20000 |
| 18 | Facet joint/any joint injections | 10000 | 15000 | 20000 |
| 19 | Permcath placement | 5000 | 8000 | 10000 |
| 20 | Transjugular liver biopsy | 5000 | 8000 | 10000 |
| 21 | Percutaneous thrombin exclusion of pseudoaneurysm-ballon/stent assisted | 15000 | 20000 | 25000 |
| 22 | IPSS (Inferior petrosal sinus sampling) | 10000 | 15000 | 20000 |
| 23 | Lymphangiography | 15000 | 20000 | 25000 |
| | <i>Anaesthetist charges(stand by) if required</i> | 4000 | 4000 | 4000 |

| | | | | |
|----|--|-------------|---------------|--------------------------|
| | <i>Anaesthetist charges(GA)</i> | 6000 | 6000 | 6000 |
| | <i>Emergency charges</i> | 5000 | 5000 | 5000 |
| | | | | |
| | Grade III (only cathlab charges) | G.W. | S. PVT | PVT. / DLX / LUX. |
| 1 | Angioplasty + stenting.(iliac / limb / mesenteric/hepatic / central vessels) | 25000 | 30000 | 35000 |
| 2 | Thrombolysis (iliac / limb / mesenteric / central vessels) | 25000 | 30000 | 35000 |
| 3 | IVC Stent | 25000 | 30000 | 35000 |
| 4 | Peripheral AVM/ AVG glue embolisation. | 25000 | 30000 | 35000 |
| 5 | Haemangioma embolisation | 25000 | 30000 | 35000 |
| 6 | Pre op Head -Neck Tumours & Bleeders embolisation. | 25000 | 30000 | 35000 |
| 7 | GI/ Renal/Uterine/Post trauma bleeder embolisation | 25000 | 30000 | 35000 |
| 8 | Uterine fibroid embolisation. | 25000 | 30000 | 35000 |
| 9 | Bronchial artery embolisation – complex | 25000 | 30000 | 35000 |
| 10 | Hepatic chemoembolisation – Non selective | 25000 | 30000 | 35000 |
| 11 | Preop or final tumour / bleeder embolisation – selective | 25000 | 30000 | 35000 |
| 12 | Biliary stenting (1 or 2 stage)/Bilateral/multiple PTBD | 25000 | 30000 | 35000 |
| 13 | Percutaneous gastrostomy / jejunostomy | 25000 | 30000 | 35000 |
| 14 | Varicocele embolisation | 20000 | 25000 | 30000 |
| 15 | Balloon occlusion for placenta accrete/percreta/increase | 25000 | 30000 | 35000 |
| 16 | Parent artery occlusion | 25000 | 30000 | 35000 |
| 17 | Catheter directed thrombolysis (CDT) for PE/DVT | 25000 | 30000 | 35000 |
| 18 | Endovenous thermal ablation (Laser/RFA/MOCA/VENASEAL ETC) | 25000 | 30000 | 35000 |
| | <i>Anaesthetist charges(stand by) if required</i> | 4000 | 4000 | 4000 |
| | <i>Anaesthetist charges(GA)</i> | 6000 | 6000 | 6000 |
| | <i>Emergency charges</i> | 5000 | 5000 | 5000 |
| | | | | |
| | Grade IV (only cathlab charges) | G.W. | S. PVT | PVT. / DLX/ LUX. |
| 1 | Pseudo aneurysm exlution by embolisation or stent. | 30000 | 35000 | 40000 |
| 2 | Hepatic chemoembolisation (super selective or multiple lesions) | 30000 | 35000 | 40000 |
| 3 | Microwave ablation | 30000 | 35000 | 40000 |
| 4 | AVF salvage by CDT/Angioplasty/stent | 30000 | 35000 | 40000 |
| 5 | CDT for DVT with IVC filter | 30000 | 35000 | 40000 |
| 6 | TARE (Transarterial radio-embolisation) | 30000 | 35000 | 40000 |
| | <i>Anaesthetist charges(stand by) if required</i> | 4000 | 4000 | 4000 |
| | <i>Anaesthetist charges(GA)</i> | 6000 | 6000 | 6000 |
| | <i>Emergency charges</i> | 5000 | 5000 | 5000 |

Inclusions:

- **OT(Cath Lab) Charges**

Exclusions:

- All Cathlab consumables (medicines,drugs, surgical material,stent, balloon, coils, catheter, PTCA wire etc.)
- Procedure Charges (Doctor's charges) for the procedure and visits, hospital stay, (Wards/room/ICU/CCU/NICU/ PICU/ICU3) and meals.
- Medicines outside the Cathlab.
- Emergency charges will be applicable for procedures done between 6 pm and 8 am, Sundays & public holidays. These do not include bed charges, etc.
- HIV spot, Hbs Ag spot and S. Creatinine charges if not already done

Notes:

- The entire procedure amount needs to be paid in advance.
- In case a patient is unable to pay the full advance, a note from the treating Consultant or Cathlab Executive is mandatory.
- In case patient needs to be admitted in General Ward after 8 pm bed charges will be charged extra.
- **HIV& HbsAg kit Rs- 1000/- WILL BE CHARGED EXTRA.**
- **No surcharge will be levied on major (on non nursing consumables)**
- **For General ward file ICU/CCU/NICU/ PICU/ICU3 charges as per general ward**
- **For Nursing home file ICU/CCU/NICU/ PICU/ICU3 charges as per nursing home schedule**
- **For TPA or any company beneficiary patients admitted in ICU/CCU/NICU/ PICU/ICU3 as per ICU/CCU/NICU/ PICU/ICU3 schedule**

| DAY CARE CENTRE | | Day Care & G. W. |
|------------------------|--|-----------------------------|
| | Day Care Charges | 500 |
| | Day Care Charges -Thalassemia Patients | 100 |
| | Day Care Service Charges (In- Patient) | 300 |
| | Intrathecal Injection | 1000 |
| | Vincristin | 400 |
| 1 | Chemotherapy - Category I - A | 1000 |
| 2 | Chemotherapy - Category I - B | 1500 |
| 3 | Chemotherapy - Category II - A | 2000 |
| 4 | Chemotherapy - Category II - B | 2500 |
| 5 | Chemotherapy - Category III - A | 3500 |
| 6 | Chemotherapy - Category III - B | 4000 |
| 7 | Chemotherapy - Category IV | 6000 |

Special instructions for Day Care:

- All cases must have an indoor registration number (No OPD paper)
- For every subsequent admission the same MR number to be given. A New Admission sheet to be made and same file to be continued for continuity of patient care.
- Medicines will be at actuals.

| | Nursing Home Chemotherapy | Semi Pvt. | Private |
|---|----------------------------------|------------------|----------------|
| | Intrathecal injection | 1100 | 1200 |
| 1 | Chemotherapy - Category I - A | 1800 | 2400 |
| 2 | Chemotherapy - Category I - B | 2400 | 3000 |
| 3 | Chemotherapy - Category II - A | 3000 | 3600 |
| 4 | Chemotherapy -Category II - B | 3600 | 4200 |
| 5 | Chemotherapy - Category III - A | 4800 | 5000 |
| 6 | Chemotherapy - Category III - B | 5000 | 6000 |
| 7 | Chemotherapy - Category IV | 9600 | 12000 |

- Medicines will be at actuals
- Bed charges will be applied as per Schedule.
-

| | CARDIAC SURGERY -ADULT & PAEDIATRIC | Semi Pvt. | Private | Deluxe | Luxury |
|---|--|------------------|----------------|---------------|---------------|
| 1 | CABG PACKAGE | 240000 | 285000 | 320000 | 370000 |
| 2 | ASD / VSD | 240000 | 285000 | 320000 | 370000 |
| 3 | VALVE REPLACEMENT | 240000 | 285000 | 320000 | 370000 |
| | Cost of Valve & other consumables e.g. oxygenator will be extra (at actuals) | | | | |
| 4 | RE-EXPLORATION (EXTRA) | 10000 | 10000 | 10000 | 10000 |

| | PAEDIATRIC CARDIAC SURGERY (OFF PUMP) | Semi Pvt. | Private | Deluxe | Luxury |
|---|--|------------------|----------------|---------------|---------------|
| 1 | B T SHUNT | 155000 | 175000 | 200000 | 200000 |
| 2 | PDA LIGATION | 155000 | 175000 | 200000 | 200000 |
| 3 | COARCTATION OF AORTA | 155000 | 175000 | 200000 | 200000 |
| 4 | REPAIR OF PA BAND | 155000 | 175000 | 200000 | 200000 |
| 5 | DOUBLE AORTIC ARCH | 155000 | 175000 | 200000 | 200000 |

TEST

| | TEST | G. Ward | Semi- Pvt. | Pvt. | Deluxe/Luxury |
|---|--|----------------|-------------------|-------------|----------------------|
| 1 | Kaolin Test | 900 | 900 | 900 | 900 |
| 2 | Heparin Test | 1000 | 1000 | 1000 | 1000 |
| 3 | Platelet Mapping Assay(By TEG machine) | 7000 | 7000 | 7000 | 7000 |
| 4 | ACT (Activated clotting time) | 500 | 500 | 500 | 500 |

Hospital Instrument

| Instrument charges | G. Ward | Semi- Pvt. | Pvt. | Deluxe/Luxury |
|---|----------------|-------------------|-------------|----------------------|
| CUSA (COT) | 12000 | 20000 | 20000 | 20000 |
| Vascular Instrument Charges | 600 | 1100 | 1100 | 1100 |
| *Flo- trac monitor with sensor (3 days) | 5000 | 5000 | 5000 | 5000 |
| **SCD /day (Compression device) | 1500 | 1500 | 1500 | 1500 |

Notes:

- The above packages cover 10 days stay (2 days preoperative and 8 days postoperative stay in the category of room mentioned in the package, this includes only 3 days of cardiac recovery stay), routine medicines, investigations and off pump CABG surgery on octopus.
- This package is only for uncomplicated operations. Not applicable to High Risk, Emergency or any complicated surgeries.
- ICU stay or any excess requirement for medicines, investigations, blood & blood products or hospital stay for unforeseen complications will be charged extra.
- Any Angiography charges before/after surgery are extra
- The charges will have to be deposited in advance.
- For the use of a Balloon Pump (IABP), an extra amount of Rs 60000/- will have to be paid by the patient in advance. This includes cost of the Balloon + 5 days

usage charges + Perfusionist's charges Rs.5000/- and Consultant's charges Rs.4000/-

- All Vascular surgeries and other Cardiac surgeries like Valvotomy, Coarctation of Aorta, PDA, etc. will also be charged at actuals – as decided by the Surgeon concerned.
- If the Balloon Pump is required for more than 5 days the charges will be Rs.1000/- per day extra.
- * Flo- trac monitor charges include cost of the sensor and usage charges up to 3 days. Beyond 3 days, if required it will be charged extra @ Rs-600 per day (same as multipara).
- ** SCD charges include machine usage charges with sleeves for one day.

| | COCHLEAR IMPLANT PROGRAMME : | Charges(Rs) |
|---|--|--------------------|
| 1 | Consulting Charges | 4000 |
| 2 | Professional Fees | 4000 |
| 3 | Mapping & therapy for 2 years/80 sessions one CI implant | 60000 |
| 4 | Mapping & therapy for 2 years/80 sessions two CI implant | 80000 |

| Cataract Surgery Packages | | | |
|---|--------------|--------------|----------------------|
| Name of the Package | GW | Semi- Priv. | Deluxe Room/ Private |
| Extraction of IOL with Indian Lens (Under LA) | 16000 | 21000 | 30000 |
| Extraction of IOL with Imported Lens (Under LA) | 17000 | 23000 | 31500 |
| | | | |
| Name of the Package | GW | Semi- Priv. | Deluxe Room/Private |
| Phacoemulsification with Indian Lens (Under LA/TA) | 23000 | 33000 | 38000 |
| Phacoemulsification with Imported Lens (Under LA/TA) | 27000 | 37000 | 42500 |

Notes:

1. Above packages are for uncomplicated cases, for any complication charges will be at actuals.
2. The total charges will have to be deposited in advance.

Inclusions:

1. One day bed charges (24 hrs admission)
2. Lens (Indian/Imported)
3. OT material and Medicines.

Exclusions:

1. If stay extends beyond one day
2. ICU stay, excess requirement of medicine, investigations, blood and blood products or hospital stay for unforeseen complications will be charged extra.

| INTENSIVE CARE UNIT / I C C U / NEURO ICU/CARDIAC RECOVERY | | |
|---|---|----------------|
| A | PROCEDURES | Charges |
| 1 | Arterial /Subclavian /Femoral Access /Intradine Insertion | 1600 |
| 2 | Bone Marrow Aspiration + Biopsy | 2000 |
| 3 | Bladder Wash | 130 |
| 4 | Bronchoscopy | 4800 |
| 5 | Balloon Pump - IABP Charges (5 days) | 60000 |
| 6 | Cardio Pulmonary Resuscitation (CPR) | 1000 |
| 7 | Catheterization | 250 |
| 8 | Central Line/ Venous Cannulation /Sub.Puncture | 1600 |
| 9 | Chest Physiotherapy Basic | 250 |
| 10 | Chest Physiotherapy Advance | 300 |
| 11 | Dressing Minor | 150 |
| 12 | Dressing Medium | 200 |
| 13 | Dressing Major | 250 |
| 14 | Epidural Anaesthesia | 2000 |
| 15 | FNAC procedure only | 1000 |
| 16 | H1N1 Swab | 200 |
| 17 | Intercostal Drainage | 2200 |
| 18 | Intra Cranial Pressure Monitoring (ICP) | 1000 |
| 19 | Intubation | 500 |
| 20 | Intubation by consultant | 700 |
| 21 | Liver Biopsy with USG Marking | 3500 |
| 22 | Lumbar Puncture | 800 |
| 23 | Nasal Pack | 350 |
| 24 | Pleural Biopsy with USG Marking | 3500 |
| 25 | Pulmonary Art Cath / Swanganz | 1150 |
| 26 | TEE (Transesophageal echo with doppler) | 3500 |
| 27 | Tap - Ascitic without USG marking | 1100 |
| 28 | Tap - Pleural with USG Marking | 2500 |
| 29 | Tap – Pericardial with USG Marking | 3500 |
| 30 | Temporary Pacing - Transcutaneous - Ext | 3000 |
| 31 | Temporary Pacing - Transvenous | 3500 |
| 32 | Tracheostomy Surgical | 8500 |
| 33 | Tracheostomy - Percutaneous (procedure only) | 7300 |
| 34 | Venesection | 250 |

| RENAL PROCEDURES IN ICU / I C C U / NEURO ICU/ PICU/CARDIAC RECOVERY | | |
|---|---|----------------|
| B | PROCEDURES | Charges |
| 1 | Acute Haemodialysis & SCUF (w/o material) | 2200 |
| 2 | *CRRT Package (CVVH) | 34500 |
| 3 | Charcoal Haemoperfusion | 1900 |
| 4 | Maintenance Haemodialysis (MHD cases) | 1450 |
| 5 | Mars Therapy (w/o material) | 2700 |
| 6 | On- line Haemodiafiltration | 7000 |
| 7 | Peritoneal Dialysis (w/o material) | 2000 |
| 8 | Peritoneal Equilibration | 750 |
| 9 | Plasmapheresis (W/o Material) | 1900 |
| 10 | Polymixin B Cartridge Haemoperfusion w/o material | 2500 |
| 11 | Renal Biopsy with USG marking w/o material | 2500 |
| 12 | SLEDD (w/o material) | 2400 |
| 13 | Perm Cath Removal | 750 |
| 14 | Thrombolysis of Perm Cath | 500 |
| 15 | Vascular Access - | |
| | a) Femoral Cannulation | 1450 |
| | b) IJVC/Subclavian Catheterization/Central line | 1700 |

- CRRT package includes cost of the filter, heparin inj, priming saline, procedure charges, and 3 bags of 5 liter saline (replacement fluid). Beyond 3 bags the replacement fluid will be charged extra at actuals and will be indented on patients' name. Deposit to be paid in advance.
- For all the procedures cost of medicines, disposables and other material will be extra at actual
- For the use of a Balloon Pump (IABP) an extra amount of Rs.**60000/-** will have to be paid by the patient in advance. This includes cost of the Balloon + 5 days usage charges + Perfusionist's charges Rs.**5000/-** and Consultant's charges Rs.4000/-
- If the Balloon Pump is required for more than 5 days the charges will be Rs.1000/- per day extra
- Renal procedure charges include Physician's charges.
- Lab charges extra.

| C | DIAGNOSTIC PROCEDURES & TESTS | Charges |
|----|---|-------------|
| 1 | Blood Sugar by Glucometer | 70 |
| 2 | E C G | 200 |
| 3 | E E G (portable) | 1400 |
| 4 | Portable USG (9 a.m. - 5. p.m.) | 1800 |
| 5 | Portable USG - Emergency (5 p.m.- 9. a.m.& holidays) | 2000 |
| 6 | Portable Peripheral Doppler 1 L | 3000 |
| 7 | Portable Peripheral Doppler 2 L | 4000 |
| 8 | Portable Peripheral Doppler 4 L | 5100 |
| 9 | Portable Carotid Doppler | 4000 |
| 10 | Portable Renal Doppler | 3500 |
| 11 | Portable 2 D Echo & CD (9am - 5pm) | 1700 |
| 12 | Portable 2 D Echo & CD Emergency (5pm - 9am) | 1900 |
| 13 | Trop T only test | 220 |
| 14 | Mesenteric Doppler | 2200 |
| 15 | Abdominal Doppler | 2200 |
| 16 | Peripheral Doppler 2 L | 2200 |
| 17 | Peripheral Doppler 2 L | 3200 |
| 18 | Peripheral Doppler (Venous and Arterial) 1L | 5000 |
| 19 | Peripheral Doppler (Venous and Arterial) 2L | 7000 |

- Lab charges extra (30% extra will be charged for Doppler between 5 pm & 9 am and on holidays.

| D | SUPPORT SERVICES | Charges |
|----|--|------------|
| 1 | Air Mattress (daily) | 150 |
| 2 | D C Defibrillation | 350 |
| 3 | *FLO- TRAC monitor with sensor (3 days) | 5000 |
| 4 | Fluid Warmer (Per use) | 110 |
| 5 | H F O Ventilator | 5000 |
| 6 | Multipara Monitor (Daily) | 500 |
| 7 | Nebulization (per day) | 250 |
| 8 | Nebulization (once only) | 80 |
| 9 | Oxygen (daily) | 700 |
| 10 | Oxygen (stat) up to 1 hour | 70 |
| 11 | Pulse Oxymetry / day | 200 |
| 12 | **SCD /day (Compression device) | 1500 |
| 13 | Syringe / Infusion Pump / per pump / per day | 300 |
| 14 | Single Channel Monitor (Daily) | 250 |

| | | |
|----|--|------|
| 15 | Ventilator Respirator (Daily) including Oxygen | 2800 |
| 16 | Warmer Blanket (per day) | 350 |

- * FLO- TRAC monitor charges include cost of the sensor and usage charges up to 3 days. Beyond 3 days, if required it will be charged extra @ Rs-600 per day (same as multipara).
- * SCD charges include machine usage charges with sleeves for one day.

| NEONATAL INTENSIVE CARE UNIT | | |
|-------------------------------------|---|----------------|
| A | PROCEDURES | Charges |
| 1 | Arterial Access (Umbilical or Perip) | 1600 |
| 2 | Cardio Pulmonary Resuscitation (CPR) during stabilization | 350 |
| 3 | Central Line | 1200 |
| 4 | Dressing - Medium | 200 |
| 5 | Early Intervention & Oromotor Stimulation | 200 |
| 6 | Exchange Transfusion | 3000 |
| 7 | Intercostal Drainage | 1800 |
| 8 | Intubation only | 500 |
| 9 | Intubation by Consultant | 700 |
| 10 | *Intravitreal Injections in premature babies | 7000 |
| 11 | Milk Analyser | 100 |
| 12 | Neonatal Resuscitation | 1000 |
| 13 | Nitric Oxide Therapy with Set | 15000 |
| 14 | Nitric Oxide per Cylinder | 9000 |
| 15 | Lumbar Puncture | 800 |
| 16 | Stabilization Charges (O2,Warmer,Glucose) | 500 |
| 17 | Surfactant Therapy | 2500 |
| 18 | TPN Preparation | 400 |
| 19 | Peritoneal Dialysis | 2000 |
| 20 | Pleural tap with USG Marking | 2500 |
| 21 | Pericardial tap with USG Marking | 3500 |
| B | DIAGNOSTIC PROCEDURES & TESTS | |
| 1 | Blood Sugar by Glucometer | 70 |
| 3 | E E G (Portable) | 1400 |
| 4 | E.C.G. | 200 |
| 5 | Emergency Echo and Cardiac Doppler | 1900 |
| 6 | Otto Acoustic Emission Test | 500 |
| 7 | Portable Echo & Cardiac Doppler | 1700 |
| 8 | ROP Screening | 400 |
| 9 | U.S.G. Screening | 300 |

* Only procedure cost, material will be at actual.

| C | SUPPORT SERVICES | |
|----------|---|------|
| 1 | Advanced Ventilation (H F O) | 2600 |
| 2 | Bili Check | 100 |
| 3 | C-PAP | 1500 |
| 4 | Conventional Ventilator | 1500 |
| 5 | Conventional ventilator+ flow sensor | 2000 |
| 6 | Diaper Charges - Daily with C fold towels | 150 |
| 7 | ETO Sterilization Charges | 250 |
| 9 | Multipara Monitor | 500 |

| | | |
|----|---|------|
| 10 | Nebulization (per day) | 150 |
| 11 | Nebulization (once only) | 80 |
| 12 | Oxygen Therapy (Hood/Cannula) | 300 |
| 13 | Functional Echo Cardiogram by Neonatologist | 1000 |
| 14 | Phototherapy (per day) | 500 |
| 15 | Phototherapy Double Surface | 750 |
| 16 | Photo therapy Triple Surface | 1000 |
| 17 | Pasteurized Donor Milk | 100 |
| 18 | Respiratory care by Therapists/ Chest Physio. | 450 |
| 19 | Single Channel Monitor | 250 |
| 20 | Syringe / Infusion Pump - per pump/ per day | 300 |
| 21 | Hypothermia (Whole Body Cooling) | 2500 |
| 22 | Warmer / day | 200 |

| PAEDIATRIC INTENSIVE CARE UNIT | | |
|---------------------------------------|--|--------------------|
| A | PROCEDURES | Charges(Rs) |
| 1 | Arterial Access/Swan-Ganz/Intradine | 1600 |
| 2 | Ambulation Charges | 100 |
| 3 | Bone Marrow Aspiration + Biopsy | 2000 |
| 4 | Cardio Pulmonary Resuscitation | 1000 |
| 5 | Catheterization | 250 |
| 6 | Central Line | 1200 |
| 7 | Chest Physiotherapy | 250 |
| 8 | Diaper Charges (Daily) | 180 |
| 9 | Dressing Minor | 150 |
| 10 | Dressing Medium | 200 |
| 11 | Dressing Major | 250 |
| 12 | Early Intervention & Oromotor Stimulation | 200 |
| 13 | Gait Training | 150 |
| 14 | General Exercises | 200 |
| 15 | H1N1 Swab | 200 |
| 16 | Intercostal Drainage | 1800 |
| 17 | Intubation Only | 500 |
| 18 | Liver Biopsy / Pleural Biopsy with USG marking | 3500 |
| 19 | Lumbar Puncture | 800 |
| 20 | Nasal Pack | 350 |
| 21 | Pericardiocentesis with USG Marking | 3500 |
| 22 | Ryle's Tube Insertion | 150 |
| 23 | Tap - Ascitic without USG marking | 1100 |
| 24 | Tap- Pleural with USG Marking | 2500 |
| 25 | Tap- Pleural without USG Marking | 1100 |
| 26 | Tap – Pericardial with USG Marking | 3500 |
| 27 | TPN Preparation | 400 |

| A | RENAL PROCEDURES IN ICU/ I C C U / NEURO ICU/ PICU /CARDIAC RECOVERY | NH |
|----------|---|-------------|
| 1 | Acute Haemodialysis & SCUF (w/o material) | 2200 |
| 2 | *CRRT Package (CVVH) | 34500 |
| 3 | Charcoal Haemoperfusion | 1900 |
| 4 | Maintenance Haemodialysis (MHD cases) | 1450 |
| 5 | Mars Therapy (w/o material) | 2700 |
| 6 | On-line Haemodiafiltration | 7000 |
| 7 | Peritoneal Dialysis (w/o material) with cannulation | 2000 |
| 8 | Peritoneal Equilibration | 750 |
| 9 | Plasmapheresis (w/o Material) | 1900 |
| 10 | Polymixin B Cartridge Haemoperfusion w/o material | 2500 |
| 11 | Renal Needle Biopsy w/o Material with USG Marking | 2500 |
| 12 | SLEDD (w/o material) | 2400 |
| 13 | Vascular Access - | |
| | a) Femoral Cannulation | 1450 |
| | b) IJVC/Subclavian Catheterization/Central line | 1700 |
| 14 | Perm Cath Removal | 750 |
| 15 | Thrombolysis of Perm Cath | 500 |

- * CRRT package includes cost of the filter, heparin inj, priming saline, procedure charges, and 3 bags of 5 liter saline (replacement fluid). Beyond 3 bags the replacement fluid will be charged extra at actuals and will be indented on patients' name. Deposit to be paid in advance.
- For all procedure medicines, injections and other material will be extra at actual.
- Renal procedure charges include Physician's charges.

| | PAEDIATRIC INTENSIVE CARE UNIT - continued | Charges |
|----------|--|----------------|
| C | DIAGNOSTIC PROCEDURES & TESTS | |
| 1 | Blood Sugar by Glucometer | 70 |
| 2 | E E G (portable) | 1400 |
| 3 | E C G | 200 |
| 4 | Muscle Charting | 250 |
| 5 | Urine Albumin | 50 |
| 6 | Urine Ketones | 60 |
| 7 | Urine Sugar | 50 |
| 8 | Portable USG (9 a.m. - 5. p.m.) | 1800 |
| 9 | Portable USG - Emergency (5 p.m.- 9. a.m.& holidays) | 2000 |
| 10 | Portable Peripheral Doppler 1 L | 3000 |
| 11 | Portable Peripheral Doppler 2 L | 4000 |
| 12 | Portable Peripheral Doppler 4 L | 5100 |
| 13 | Portable 2 D Echo & CD (9am - 5pm) | 1700 |
| 14 | Portable 2 D Echo & CD Emergency (5pm - 9am) | 1900 |
| 15 | Trop T only test | 220 |
| | | |
| D | SUPPORT SERVICES | |
| 1 | Air Mattress (daily) | 150 |
| 2 | DC Defibrillation (shock charges) | 350 |
| 3 | High Frequency Ventilator (HFO) (Bear 750) | 2600 |
| 4 | High Flow Nasal Cannula (HFNC) | 4500 |
| 5 | Multipara Monitor (Daily) | 500 |
| 6 | Nebulization (per day) | 250 |
| 7 | Nebulization (once only) | 80 |
| 8 | Oxygen (Daily) | 700 |
| 9 | Phototherapy. | 500 |
| 10 | Pulse Oxymetry | 200 |
| 11 | Respirator -Ventilator (Daily) | 1600 |
| 12 | Respiratory care by Therapists\ Chest Physio | 450 |
| 13 | Single Channel Monitor (Daily) | 250 |
| 14 | Syringe Pump / Infusion Pump/per pump /per day | 300 |
| 15 | Water Bed - per day | 50 |
| 16 | Warmer per day - PICU | 200 |

Notes:

- Lab charges extra

| | RENAL UNIT | | |
|----------|--|-------------|-------------|
| A | PROCEDURES | G.W. | NH |
| 1 | Acute Haemodialysis & SCUF (w/o material) | 1400 | 2200 |
| 2 | *CRRT Package (CVVH) | 34500 | 34500 |
| 3 | CPR | 660 | 660 |
| 4 | **Charcoal Haemoperfusion | 1300 | 1900 |
| 5 | On-line Haemodiafiltration | 7000 | 7000 |
| 6 | Maintenance Haemodialysis (MHD cases) | 1450 | 1450 |
| 7 | Mars Therapy (w/o material) | 2700 | 2700 |
| 8 | Peritoneal Dialysis (w/o material) | 850 | 2000 |
| 9 | Peritoneal Equilibration | 750 | 750 |
| 10 | Plasmapheresis (W/o Material) | 1300 | 1900 |
| 11 | Polymixin B Cartridge Haemoperfusion w/o material | 2500 | 2500 |
| 12 | Renal Needle Biopsy W/o Material (with USG Guidance) | 1350 | 2500 |
| 13 | SLEDD (w/o material) | 1500 | 2400 |
| 14 | Vascular Access - | | |
| | a) Femoral Cannulation | 800 | 1450 |
| | b) IJVC/Subclavian Catheterization/Central line | 1000 | 1700 |
| 15 | Perm Cath Removal | 750 | 750 |
| 16 | Thrombolysis of Perm Cath | 500 | 500 |
| B | DIAGNOSTIC PROCEDURES & TESTS | | |
| 1 | Blood Sugar by Glucometer | 70 | 70 |
| 2 | Bioimpedance Analysis | 500 | 500 |
| 3 | ECG | 200 | 200 |
| 4 | Renal Doppler | 3200 | 3500 |
| 5 | TROP T only test | 175 | 220 |

Notes:

- In Maintenance Hemodialysis, urea, creatinine, sodium, potassium will be done free once in a month for pre and post dialysis as this has been included in the MHD package.
- **** Not inclusive of filter**
- Lab charges will be extra.
- * CRRT package includes cost of the filter, heparin inj, priming saline, procedure charges, and 3 bags of 5 liter saline (replacement fluid). Beyond 3 bags the replacement fluid will be charged extra at actuals and will be indented on patients' name. Deposit to be paid in advance.
- For all procedure medicines, injections and other material will be extra at actual.

| C | OTHER PROCEDURES | G. W. | NH |
|----------|--|--------------|-------------|
| 1 | Bone Marrow Aspiration + Biopsy | 1600 | 2000 |
| 2 | Bladder Wash | 100 | 130 |
| 3 | Catheterization | 200 | 250 |
| 4 | Catheterization Paediatric | 200 | 250 |
| 5 | Chest Physiotherapy | 200 | 250 |
| 6 | Code Blue Resuscitation | 1500 | 1500 |
| 7 | Dressing - Minor | 100 | 150 |
| 8 | Dressing - Medium | 150 | 200 |
| 9 | Dressing - Major | 200 | 250 |
| 10 | FNAC procedure only | 1000 | 1000 |
| 11 | Intubation | 500 | 500 |
| 12 | Incision & Drainage Small | 180 | 200 |
| 13 | Incision & Drainage Medium | 450 | 500 |
| 14 | Liver Biopsy with USG Marking | 2500 | 3500 |
| 15 | Lumber Puncture | 800 | 800 |
| 16 | Nasal Pack | 350 | 350 |
| 17 | Pleural Biopsy W/o material with USG marking | 2500 | 3500 |
| 18 | Pulmonary Artery Cath | 950 | 1150 |
| 19 | Proc Ch. For Blood Culture / Sensitivity | 100 | 120 |
| 20 | Scraping of wounds | 260 | 330 |
| 21 | Tracheostomy | 6500 | 7300 |
| 22 | Tap - Ascitic | 1100 | 1100 |
| 23 | Tap - Pleural with USG marking | 2500 | 2500 |
| 24 | Tap – Pericardial with USG marking | 3000 | 3500 |
| 25 | Venesection | 200 | 250 |

| D | SUPPORT SERVICES | G.W. | NH |
|----------|--|-------------|------------|
| 1 | D C Defibrillation | 350 | 350 |
| 2 | ECG Monitor | 100 | 100 |
| 3 | Infusomat Pumps | 50 | 50 |
| 4 | Monitors (Daily) – Multipara Up to 4 hrs | 250 | 250 |
| 5 | Monitor - Single Channel | 250 | 250 |
| 6 | Monitored drug infusions including pump and monitor | 250 | 250 |
| 7 | Nebulization per day | 150 | 200 |
| 8 | Nebulization Once only | 80 | 80 |
| 9 | Non-Invasive Ventilation (NIV) | 200 | 200 |
| 10 | Oxygen per day | 500 | 700 |
| 12 | Pulse Oxymetry per day | 200 | 200 |
| 14 | Syringe / infusion Pump per pump Up to 4 hrs | 150 | 150 |
| 15 | Syringe Pump | 50 | 50 |
| 16 | CSSD Pack | 60 | 60 |
| 17 | CSSD autoclave Drum | 75 | 100 |

| Renal Transplant Packages | | |
|----------------------------------|--|----------------|
| A | Renal Transplant Packages (Conventional Donor Kidney Retrieval) | Charges |
| 1 | Live Related Donor TX (LRDT) - Economy (G. Ward) | 300000 |
| 2 | Live Related Donor TX (LRDT) - Normal (N. Home S. Pvt.) | 330000 |
| 3 | Live Unrelated Donor TX (ULR) - Economy (G. Ward) | 350000 |
| 4 | Live Unrelated Donor TX -(ULR) - Normal (N.Home S. Pvt.) | 400000 |
| | | |
| B | Renal Transplant - (Laparoscopic Donor Kidney Retrieval) | |
| 1 | Live Related Donor TX (LRDT) - Economy (G. Ward) | 335000 |
| 2 | Live Related Donor TX (LRDT) - Normal (N. Home S. Pvt.) | 365000 |
| 3 | Live Unrelated Donor TX (ULR) - Economy (G. Ward) | 385000 |
| 4 | Live Unrelated Donor TX - (ULR) - Normal (N.Home S. Pvt.) | 435000 |
| | | |
| C | Cadaver Transplant | 220000 |
| | Donor Charges are borne in equal share by the recipient families. | |

Notes:

- Above charges include Donor's stay up to 10 days in Semi Private room and 15 days stay for the Recipient in the Transplant Room.
- Additional stay will be charged extra as per the schedule. If the patient desires to stay in a category of room of higher rates than applicable, the difference in the rates will be charged.
- This package deal does not include the pre-transplant hospitalization & investigations.
- During the hospitalization, the expenses of Cyclosporine, higher / unusual antibiotics, any special medicines or procedures if any, will be charged extra.
- The total charges will have to be deposited in advance.
- Blood products- If needed will be at actuals

| | OBSTETRIC ICU | G.W. | NH |
|----------|---|-------------|-------------|
| | Bed Charges / day | 1000 | 1000 |
| A | PROCEDURES | | |
| 1 | Catheterization | 200 | 250 |
| 2 | CVP/ Central Line /Jugular / subclavian Insertion | 1200 | 1600 |
| 3 | Cardio Pulmonary Resuscitation | 1000 | 1000 |
| 4 | Dressing - Minor | 100 | 150 |
| 5 | Dressing - Medium | 150 | 200 |
| 6 | Dressing - Major | 200 | 250 |
| 7 | Epidural Anaesthesia Procedure Charges | 350 | 350 |
| 8 | Extra Amniotic Instillation | 550 | 600 |
| 9 | Intubation | 500 | 500 |
| | | | |
| B | DIAGNOSTIC PROCEDURES & TESTS | | |
| 1 | APM / N S T/ Foetal Monitoring | 120 | 130 |
| 2 | Blood Sugar by Glucometer | 70 | 70 |
| 3 | Urine Albumin | 50 | 50 |
| 4 | Urine Sugar | 50 | 50 |
| 5 | Urine Ketones | 60 | 60 |
| | | | |
| C | SUPPORT SERVICES | | |
| 1 | Nebulization / day | 150 | 200 |
| 2 | NIBP - Daily | 200 | 200 |
| 3 | Oxygen | 500 | 500 |
| 4 | Phototherapy | 500 | 500 |
| 5 | Pulse Oxymetry | 140 | 200 |
| 6 | Single Channel Monitor | 250 | 250 |
| 7 | Syringe /Infusion Pump per Pump per day | 300 | 300 |

Notes:

- All consumables & disposables will be extra, at actuals.
- Epidural Anaesthesia is not covered in the package rate. If Epidural Anaesthesia desired by the patient, these charges will have to be paid in advance by the patient.

| | LABOUR ROOM | G.W. | NH | | | |
|----------|--|-------------|---------------------|-------------|---------------|---------------|
| A | Labour Room- Day Care | 100 | 250 | | | |
| B | Bed Charges Labour Room / Day | 250 | 500 | | | |
| C | DELIVERY Charges | | | | | |
| | Professional Fees / Operative Fees | G.W. | Semi Pvt | Pvt | Deluxe | Luxury |
| 1 | Normal Delivery | 1650 | 4500 | 7000 | 9000 | 10000 |
| a | Anaesthetist fees for epidural anaesthesia | 1155 | 3150 | 4900 | 6300 | 7000 |
| b | Labour Room Rent (Delivery room) | 495 | 1350 | 2100 | 2700 | 3000 |
| 2 | Forceps Delivery | 2000 | 5000 | 8000 | 10000 | 12000 |
| A | Anaesthetist fees for Epidural Anaesthesia | 1400 | 3500 | 5600 | 7000 | 8400 |
| b | Labour Room Rent (Delivery room) | 600 | 1500 | 2400 | 3000 | 3600 |
| 3 | II nd Trimester abortion Spontaneous/Medical | 1650 | 4500 | 7000 | 9000 | 10000 |
| D | Package | GLR | NHLR | | | |
| 1 | *I st Trimester abortion. Spontaneous /Medical(Package) | 6000 | 11000 | | | |

* Package Includes:

1. Day care charges + initial cost of medication.
2. One day admission in GLR/NHLR
3. Medicines, Surgical items and consumables required for the procedure included in the package.
4. In case of operative procedure (D & C, Check curettage), after abortion charges will be at actuals.
5. Laboratory charges ward procedure charges are not included in the package.

Notes:

- Anaesthetist's charges for Routine Anaesthesia will be 30% of Delivery charges / Professional Fees
- Anaesthetist's charges for Epidural Anaesthesia will be 70% of Normal Delivery charges / Professional Fees
- Delivery Room Rent will be 30% of Operative Fees / Professional Fees
- All % based on Delivery or Forceps charges – for both KEM as well as PP patients.

| D | LABOUR ROOM PROCEDURES - continued | G.W. | N H |
|----------|---|-------------|------------|
| 1 | Catheterization | 200 | 250 |
| 2 | CVP/ Central Line /Jugular / Subclavian Insertion | 1200 | 1600 |
| 3 | Dressing - Minor | 100 | 150 |
| 4 | Dressing - Medium | 150 | 200 |
| 5 | Dressing - Major | 200 | 250 |
| 6 | Epidural Anaesthesia Procedure Charges | 350 | 350 |
| 7 | Extra Amniotic Instillation | 550 | 600 |
| 8 | Intubation | 500 | 500 |
| 9 | Inj Betnesol (4mgx3) with material | 75 | 75 |
| 10 | Re-suturing | 600 | 800 |

| E | DIAGNOSTIC PROCEDURES & TESTS | G.W. | N H |
|----------|--|-------------|------------|
| 1 | APM / N S T/ Foetal Monitoring | 120 | 130 |
| 2 | Blood Sugar by Glucometer | 70 | 70 |
| 3 | Foetal Doppler (only for FHS) | 120 | 160 |
| 4 | Urine Albumin | 50 | 50 |
| 5 | Urine Sugar | 50 | 50 |
| 6 | Urine Ketones | 60 | 60 |
| | | | |
| F | SUPPORT SERVICES | | |
| 1 | Nebulization / day | 150 | 200 |
| 2 | Nebulization (once only) | 80 | 80 |
| 3 | NIBP - Daily | 200 | 200 |
| 4 | Oxygen | 500 | 500 |
| 5 | Phototherapy | 500 | 500 |
| 6 | Pulse Oxymetry | 140 | 200 |
| 7 | Pulse Oxymetry per use | 60 | 60 |
| 8 | Single Channel Monitor | 250 | 250 |
| 9 | Syringe / Infusion Pump - per pump / per day | 300 | 300 |

Notes:

- All consumables and disposables will be extra at actuals.
- Epidural Anaesthesia is not covered in **CSMA/Company/TPA Package rates for delivery**. If Epidural Anaesthesia is desired by the patient, these charges will have to be paid in advance by the patient.

PART – VI

INPATIENT SERVICES – WARD PROCEDURES

| | WARD PROCEDURES | | |
|----------|--|-------------|-------------|
| A | PROCEDURES | G.W. | NH |
| 1 | Bone Marrow Aspiration + Biopsy | 1600 | 2000 |
| 2 | Bladder Wash | 100 | 130 |
| 3 | Chest Physiotherapy Basic | 200 | 250 |
| 4 | Chest Physiotherapy Advance | 250 | 300 |
| 5 | Cardio Pulmonary Resuscitation | 1000 | 1000 |
| 6 | Central Line/Subclavian Insertion /CVP/JUGULAR | 1200 | 1600 |
| 7 | Code Blue Resuscitation | 1500 | 1500 |
| 8 | Catheterization | 200 | 250 |
| 9 | Catheterization Paediatric | 200 | 250 |
| 10 | Dressing for Burns- Large | 300 | 350 |
| 11 | Dressing for Burns- Medium | 250 | 300 |
| 12 | Dressing - Major | 200 | 250 |
| 13 | Dressing - Medium | 150 | 200 |
| 14 | Dressing - Minor | 100 | 150 |
| 15 | Epidural Anaesthesia Procedure Ch. | 350 | 350 |
| 16 | FNAC procedure only | 1000 | 1000 |
| 17 | Intercostal Drainage | 1800 | 2200 |
| 18 | Intubation | 500 | 500 |
| 19 | Intubation by Consultant | 700 | 700 |
| 20 | Incision & Drainage Small | 150 | 200 |
| 21 | Incision & Drainage Medium | 400 | 500 |
| 22 | Liver Biopsy with USG Marking | 2500 | 3500 |
| 23 | Lumbar Puncture | 800 | 800 |
| 24 | Nasal Pack | 350 | 350 |
| 25 | N. S. T. | 120 | 130 |
| 26 | Proc Ch. for Blood Culture / Sensitivity with material | 100 | 120 |
| 27 | Pleural Biopsy W/o material with USG Marking | 2500 | 3500 |
| 28 | Pulmonary Art Cath | 950 | 1150 |
| 29 | Renal Biopsy - w/o material with USG Marking | 1350 | 2500 |
| 30 | Ryles Tube Insertion | 100 | 150 |
| 31 | Scraping of wounds | 260 | 330 |
| 32 | Suprapubic Catheterization | 1700 | 2200 |
| 33 | Stomach Wash | 200 | 200 |
| 34 | Tracheostomy Percutaneous | 6500 | 7300 |
| 35 | Tap – Ascitic (without USG Marking) | 1100 | 1100 |
| 36 | Tap - Pleural with USG Marking | 2500 | 3500 |

| | WARD PROCEDURES - continued | G.W. | NH |
|----|---|-------------|-----------|
| 37 | Tap – pericardial with USG Marking | 3000 | 3500 |
| 38 | Venesection | 200 | 250 |

| B | WARD COUNSELLING | G.W. | NH |
|----------|--|-------------|------------|
| 1 | Nutrition Counselling - First visit | 150 | 250 |
| 2 | Nutrition Counselling - Follow up | 100 | 200 |
| 3 | Lactation Counselling - First Visit | 300 | 400 |
| 4 | Lactation counselling - Follow up | 150 | 250 |
| 5 | TPN preparation | 400 | 400 |
| | | | |
| C | DIAGNOSTIC PROCEDURES & TESTS | | |
| 1 | Blood Sugar by Glucometer | 70 | 70 |
| 2 | ECG | 200 | 200 |
| 3 | Otto Accoustic Emission Test (O A E) | 500 | 500 |
| 4 | TROP T only test | 175 | 220 |
| 5 | Urine Albumin | 50 | 50 |
| 6 | Urine Ketones | 60 | 60 |
| 7 | Urine Sugar | 50 | 50 |

Notes:

- All consumables and disposables will be extra at actuals.
- Epidural Anaesthesia is not covered in **CSMA/Company/TPA Package rates for delivery**. If Epidural Anaesthesia is desired by the patient, these charges will have to be paid in advance by the patient.

| D | SUPPORT SERVICES | G.W. | NH |
|----------|---|-------------|------------|
| 1 | Air Mattress (daily) | 100 | 150 |
| 2 | Bakery Lamp | 50 | 60 |
| 3 | CSSD Pack | 70 | 70 |
| 4 | CSSD Autoclave Drum (For linen/dressing etc, per drum) | | |
| | a) Small | 100 | 125 |
| | b) Large | 140 | 180 |
| 5 | Autoclave Dressing Packs | 75 | 75 |
| 6 | D C Defibrillation | 350 | 350 |
| 7 | Gastric PH Monitoring | 1500 | 1900 |
| 8 | Monitor Multipara (Daily) | 500 | 500 |
| 9 | Monitor Single Channel (Daily) | 240 | 250 |
| 10 | Nebulization per day | 150 | 200 |
| 11 | Nebulization (once only) | 80 | 80 |
| 12 | Oxygen per day | 700 | 700 |
| 13 | Phototherapy Single surface | 500 | 500 |
| 14 | Phototherapy Double Surface | 750 | 750 |
| 15 | Phototherapy Triple Surface | 1000 | 1000 |
| 16 | Pulse Oxymetry | 200 | 200 |
| 17 | Pulse oxymetry per use (Baby) | 60 | 60 |
| 18 | Syringe / infusion Pump per pump per day | 300 | 300 |
| 19 | Warmer / day | 150 | 200 |
| 20 | **Other domestic electrical appliances per Day | 70 | 80 |
| 21 | *Linen Charges - Bed Sheet | 190 | 190 |
| 22 | *Linen Charges - Draw Sheet | 80 | 80 |
| 23 | Room Fumigation Charges | 350 | 350 |
| 24 | Lancet Multiuse | 15 | 15 |
| 25 | Extra Mattress | | 150 |

Notes:

- **Electric kettle, Induction cooker etc. will be charged extra whenever permitted to use by the authority. @ Rs-**80**/day
- *Linen when taken away by the patient either at the time of transfer or after death to cover the body.

| | | | |
|-----------|--|---------------------------------|-------------|
| a) | <u>PLASTERING -</u> | Charges without material | |
| | Application OF CAST | G.W. | NH |
| 1 | Plaster of Paris -Above Knee Cast | 450 | 450 |
| 2 | Plaster of Paris -Below Knee Cast | 400 | 400 |
| 3 | Plaster of Paris -Above Elbow Cast | 350 | 350 |
| 4 | Plaster of Paris -Below Elbow Cast | 300 | 300 |
| 5 | Plaster of Paris -Above Knee Cast (By consultant) | 1500 | 1500 |
| 6 | Plaster of Paris -Below Knee Cast (By Consultant) | 1000 | 1000 |
| 7 | Full Plaster any limb | 650 | 650 |
| | | | |
| b) | Open & Re-PoP Application | | |
| 1 | Above Knee | 650 | 650 |
| 2 | Below Knee | 500 | 500 |
| 3 | Full Limb | 750 | 750 |
| | | | |
| c) | Cast Removal | 110 | 110 |
| | | | |
| d) | Application OF SLAB | | |
| 1 | Plaster of Paris -Above Knee Slab | 350 | 550 |
| 2 | Plaster of Paris -Below Knee Slab | 350 | 550 |
| 3 | Plaster of Paris -Above Elbow Slab | 350 | 550 |
| 4 | Plaster of Paris -Below Elbow Slab | 350 | 550 |
| | | | |
| e) | Others | | |
| 1 | Intraarticular injection | 700 | 700 |
| 2 | Removal of ' K' wire | 350 | 350 |
| 3 | Removal of Spica & Pins | 600 | 600 |
| 4 | Slab Removal | 100 | 100 |

- Cost of medicines, injections and other surgical material will be extra at actual.

PART – VII

OPERATION CHARGES

GENERAL WARD BEDS

| Operation Category | Operation Fees | Anaesthesia Fees | Asst Surgeon's Fees | Theatre Rent | Gas & Anaesthesia | Oxymeter CO2 Monitor | Total |
|---------------------------|-----------------------|-------------------------|----------------------------|---------------------|------------------------------|-----------------------------|--------------|
| I | 1580 | 474 | 158 | 474 | 237 | 250 | 3173 |
| II | 2520 | 756 | 252 | 756 | 378 | 250 | 4912 |
| III | 3150 | 945 | 315 | 945 | 473 | 250 | 6078 |
| IV | 4410 | 1323 | 441 | 1323 | 662 | 300 | 8459 |
| V | 5670 | 1701 | 567 | 1701 | 851 | 300 | 10790 |
| VI | 7040 | 2112 | 704 | 2112 | 1056 | 300 | 13324 |
| VII | 8400 | 2520 | 840 | 2520 | 1260 | 350 | 15890 |
| VIII | 10190 | 3057 | 1019 | 3057 | 1529 | 350 | 19202 |
| IX | 12180 | 3654 | 1218 | 3654 | 1827 | 350 | 22883 |
| X | 14910 | 4473 | 1491 | 4473 | 2237 | 350 | 27934 |

SEMI PRIVATE BEDS

| Operation Category | Operation Fees | Anaesthesia Fees | Asst Surgeon's Fees | Theatre Rent | Gas & Anaesthesia | Oxymeter CO2 monitor | Total |
|---------------------------|-----------------------|-------------------------|----------------------------|---------------------|------------------------------|-----------------------------|--------------|
| I | 3680 | 1104 | 368 | 1104 | 552 | 300 | 7108 |
| II | 5360 | 1608 | 536 | 1608 | 804 | 300 | 10216 |
| III | 7040 | 2112 | 704 | 2112 | 1056 | 300 | 13324 |
| IV | 9030 | 2709 | 903 | 2709 | 1355 | 350 | 17056 |
| V | 10820 | 3246 | 1082 | 3246 | 1623 | 350 | 20367 |
| VI | 14180 | 4254 | 1418 | 4254 | 2127 | 350 | 26583 |
| VII | 16900 | 5070 | 1690 | 5070 | 2535 | 400 | 31665 |
| VIII | 21100 | 6330 | 2110 | 6330 | 3165 | 400 | 39435 |
| IX | 24260 | 7278 | 2426 | 7278 | 3639 | 400 | 45281 |
| X | 29820 | 8946 | 2982 | 8946 | 4473 | 400 | 55567 |

PRIVATE BEDS

| Operation Category | Operation Fees | Anaesthesia Fees | Asst Surgeon's Fees | Theatre Rent | Gas & Anaesthesia | Oxymeter CO2 monitor | Total |
|---------------------------|-----------------------|-------------------------|----------------------------|---------------------|------------------------------|-----------------------------|--------------|
| I | 4520 | 1356 | 452 | 1356 | 678 | 300 | 8662 |
| II | 6620 | 1986 | 662 | 1986 | 993 | 300 | 12547 |
| III | 8930 | 2679 | 893 | 2679 | 1340 | 300 | 16821 |
| IV | 11130 | 3339 | 1113 | 3339 | 1670 | 350 | 20941 |
| V | 13650 | 4095 | 1365 | 4095 | 2048 | 350 | 25603 |
| VI | 17640 | 5292 | 1764 | 5292 | 2646 | 350 | 32984 |
| VII | 21110 | 6333 | 2111 | 6333 | 3167 | 400 | 39454 |
| VIII | 25830 | 7749 | 2583 | 7749 | 3875 | 400 | 48186 |
| IX | 30350 | 9105 | 3035 | 9105 | 4553 | 400 | 56548 |
| X | 37490 | 11247 | 3749 | 11247 | 5624 | 400 | 69757 |

DELUXE

| Operation Category | Operation Fees | Anaesthesia Fees | Asst Surgeon's Fees | Theatre Rent | Gas & Anaesthesia | Oxymeter CO2 monitor | Total |
|---------------------------|-----------------------|-------------------------|----------------------------|---------------------|------------------------------|-----------------------------|--------------|
| I | 5360 | 1607 | 536 | 1607 | 803 | 300 | 10212 |
| II | 7980 | 2394 | 798 | 2394 | 1197 | 300 | 15063 |
| III | 10610 | 3182 | 1061 | 3182 | 1591 | 300 | 19924 |
| IV | 13230 | 3969 | 1323 | 3969 | 1985 | 350 | 24826 |
| V | 16380 | 4914 | 1638 | 4914 | 2457 | 350 | 30653 |
| VI | 21110 | 6332 | 2111 | 6332 | 3166 | 350 | 39399 |
| VII | 25200 | 7560 | 2520 | 7560 | 3780 | 400 | 47020 |
| VIII | 30870 | 9261 | 3087 | 9261 | 4631 | 400 | 57510 |
| IX | 36440 | 10931 | 3644 | 10931 | 5465 | 400 | 67810 |
| X | 44840 | 13451 | 4484 | 13451 | 6725 | 400 | 83350 |

LUXURY BEDS

| Operation Category | Operation Fees | Anaesthesia Fees | Asst Surgeon's Fees | Theatre Rent | Gas & Anaesthesia | Oxymeter CO2 monitor | Total |
|---------------------------|-----------------------|-------------------------|----------------------------|---------------------|------------------------------|-----------------------------|---------------|
| I | 6510 | 1953 | 651 | 1953 | 977 | 300 | 12344 |
| II | 9770 | 2930 | 977 | 2930 | 1465 | 300 | 18365 |
| III | 12810 | 3843 | 1281 | 3843 | 1922 | 300 | 23999 |
| IV | 16170 | 4851 | 1617 | 4851 | 2426 | 350 | 30265 |
| V | 19530 | 5859 | 1953 | 5859 | 2930 | 350 | 36481 |
| VI | 25200 | 7560 | 2520 | 7560 | 3780 | 350 | 46970 |
| VII | 30350 | 9104 | 3035 | 9104 | 4552 | 400 | 56538 |
| VIII | 36960 | 11088 | 3696 | 11088 | 5544 | 400 | 68776 |
| IX | 43890 | 13167 | 4389 | 13167 | 6584 | 400 | 81597 |
| X | 53970 | 16191 | 5397 | 16191 | 8096 | 400 | 100245 |

Notes:

- The above amounts do not include the charges for medical, surgical, materials, implants etc. which will be charged on actuals.
- The Anaesthetist's fees will be 30% of the Surgeon's fees.
- For standby Anaesthesia the fees will be 10% of the Surgeon's fees.
- For operations performed after normal working hours @ 30% surcharge in the theatre rent will be levied.
- The surcharge will be applicable for surgeries done between 6 pm & 7.30 am only and on holidays.
- If two major operations have been done on the patients at the same time the category taken for billing should be one category higher.
- Two different operations done at same time will be charged as per individual category.

| A | HOSP INSTRUMENT CHARGES IN OT | | | | |
|-----------|--|----------------|-----------------|-------------|------------------------|
| | Procedures | G. Ward | Semi-Pvt | Pvt. | Deluxe / Luxury |
| 1 | Arthroscopy - Diagnostic | 1700 | 2000 | 2500 | 3300 |
| 2 | Arthroscopy - Operative | 3300 | 4200 | 4700 | 5000 |
| 3 | Maxer Single chip Camera | 600 | 1000 | 1000 | 1000 |
| 4 | Double Lumen ETT | 1100 | 1100 | 1100 | 1100 |
| 5 | Electric Tourniquet | 250 | 350 | 350 | 450 |
| 6 | ENT Sinoscope - Single | 350 | 450 | 450 | 550 |
| 7 | ENT Sinoscope - Double | 600 | 900 | 900 | 1100 |
| 8 | Fibre Optic Bronchoscope | 1100 | 1700 | 1700 | 2200 |
| 9 | Lithotripsy (I C LT) | 600 | 700 | 700 | 900 |
| 10 | Microscope ENT (old) | 600 | 700 | 700 | 900 |
| 11 | Paediatric Cystoscope | 600 | 1100 | 1100 | 1700 |
| 12 | Phaco Inst. Charges | 3300 | 4400 | 4400 | 4400 |
| 13 | Vascular Instrument Charges | 600 | 1100 | 1100 | 1100 |
| 14 | Neuroendoscope Inst - Diagnostic | 1100 | 2200 | 2800 | 3300 |
| 15 | Neuroendoscope Inst - Therapeutic | 3300 | 4400 | 5500 | 6600 |
| 16 | Vascular Claris Non Stick Forcep | 500 | 500 | 500 | 500 |
| 17 | *Flo- trac monitor with sensor (3 days) | 5000 | 5000 | 5000 | 5000 |
| 18 | **SCD/day (Compression device) | 1500 | 1500 | 1500 | 1500 |
| 19 | Instrument Diagnostic EUS/FNA | 4000 | 4500 | 4500 | 5000 |
| 20 | Instrument Therapeutic EUS | 4000 | 4500 | 4500 | 5000 |
| | Laparoscopic Instrument charges for Obst & Gyn : | | | | |
| 21 | Cat - I | | | | |
| A | Laparoscopy - Diagnostic | 600 | 1700 | 2200 | 2800 |
| B | Hysteroscopy - Diagnostic | 600 | 1700 | 2200 | 2800 |
| C | Operative Hysteroscopy (Resectoscope) (Basic Surg) for Tubal Cannulation, Septal Resection, Polypectomy etc.) | 1200 | 1800 | 2400 | 2900 |

| | HOSP INSTRUMENT CHARGES IN OT - | G. Ward | Semi-Pvt | Pvt. | Deluxe / Luxury |
|-----------|---|----------------|-----------------|-------------|------------------------|
| 22 | Cat - II | | | | |
| A | Operative Laproscopy - Basic Surg. (Ovarian drilling, puncture, Cyst Aspiration, Tubal Ligation) | 1700 | 2200 | 3300 | 4400 |
| B | Hysteroscopy TCRE | 1700 | 2200 | 3300 | 4400 |
| C | Resectoscopy | 1700 | 2200 | 3300 | 4400 |
| 23 | Cat - III | | | | |
| A | Operative Laproscopy - Major Surg. (Lap Hysterectomy, Myomectomy, Oophorectomy, Ectopic Management) | 2800 | 5500 | 6600 | 7700 |
| B | Morcellator | 2800 | 5500 | 6600 | 7700 |

| | Neuro / ENT Microscope(Zeiss Vario) | G. Ward | Semi-Pvt | Pvt. | Deluxe / Luxury |
|-----------|--|----------------|-----------------|-------------|------------------------|
| | a) up to first 2 hrs. | 1700 | 2800 | 2800 | 2800 |
| | b) per subsequent hr. | 600 | 1100 | 1100 | 1100 |
| | | | | | |
| 25 | URO Instrument Charges | | | | |
| 1 | Cat - I - Basic Cystoscopy | 600 | 1100 | 1400 | 1700 |
| 2 | Cat - II - Therapeutic cystoscopy (TURP, BT, Urethrotomy, BNI, Bladder Stone, DJ Stenting) | 1100 | 2200 | 2800 | 3300 |
| 3 | Cat - III - Ureteric Surg (URS) | 2200 | 3300 | 5000 | 5000 |
| 4 | Cat - IV - Nephroscope - (PCNL) | 3300 | 5500 | 6600 | 6600 |
| 5 | HOLMIUM Laser with Flexiscope | 25000 | 27000 | 30000 | 30000 |
| 6 | HOLMIUM Laser (Other surgery) | 3000 | 5000 | 7000 | 7000 |
| 7 | Flexible Scope | 20000 | 20000 | 20000 | 20000 |
| | | | | | |
| 26 | ENT Instrument Charges - | | | | |
| 1 | Cobalation Unit | 2000 | 2000 | 2000 | 2000 |
| 2 | ETO Wands | 2000 | 2000 | 2000 | 2000 |
| 3 | New Wand | 20000 | 20000 | 20000 | 20000 |

| | HOSP INSTRUMENT CHARGES IN OT - | G. Ward | Semi-Pvt | Pvt. | Deluxe / Luxury |
|-----------|---|----------------|-----------------|-------------|------------------------|
| 4 | Fess Instrument | 600 | 600 | 600 | 600 |
| 5 | Tympanoplasty + Myringoplasty (Instrument) | 600 | 1100 | 1700 | 1700 |
| 6 | CI Burr | 650 | 650 | 650 | 650 |
| 27 | C - ARM Charges | | | | |
| 1 | C Arm - ERCP | 1700 | 2200 | 2200 | 2800 |
| 2 | C Arm - Fracture Neck Femur | 2800 | 3300 | 3300 | 4400 |
| 3 | C Arm - Closed Reduction | 600 | 700 | 700 | 800 |
| 4 | C Arm - PCNL | 1700 | 2200 | 2200 | 2800 |
| 5 | C Arm - Retrograde - URS | 900 | 900 | 900 | 1000 |
| 6 | C Arm - Retrograde - D J Stenting | 600 | 700 | 700 | 800 |
| 7 | C Arm - Spinal Surgery | 2800 | 3300 | 3300 | 4400 |
| 8 | C Arm-Surgical Intervention – (other Proc.) | 2200 | 2800 | 2800 | 3300 |
| B | Instrument Charges - Either K E M / Consultant | | | | |
| | ENT Instrument Charges - | | | | |
| 28 | FESS | G. Ward | Semi-Pvt | Pvt. | Deluxe / Luxury |
| 1 | Debrider (HOSPITAL) | 1200 | 1500 | 2500 | 3000 |
| 2 | Debrider (CONSULTANT) | 1200 | 1500 | 2500 | 3000 |
| 3 | RFA MACHINE | 5000 | 6000 | 8000 | 8000 |
| 29 | EAR | | | | |
| 1 | Stapedectomy | 600 | 2200 | 2200 | 4400 |
| | | | | | |
| 30 | Orthopaedics | | | | |
| 1 | Motorized shaving system for Arthroscopy | 2800 | 2800 | 2800 | 2800 |
| 2 | Battery Operated Saw | 1000 | 1100 | 1200 | 1400 |
| 31 | 3 CHIP CAMERA | | | | |
| 1 | 3 CHIP CAMERA SYSTEM -CAT-I | 2000 | 3000 | 3000 | 3000 |
| 2 | 3 CHIP CAMERA SYSTEM -CAT-II | 3000 | 4000 | 4000 | 4000 |

| D | OTHER INSTRUMENT CHARGES (Consultant) | G. Ward | Semi-Pvt | Pvt. | Deluxe / Luxury |
|-----------|--|----------------|-----------------|-------------|------------------------|
| 32 | | | | | |
| 1 | Harmonic Scalpel for laparoscopy - cat-2 | 13200 | 13200 | 13200 | 13200 |
| 2 | Harmonic Scalpel for laparoscopy- cat-3 | 16500 | 16500 | 16500 | 16500 |

| D | OTHER INSTRUMENT CHARGES (Hospital) | G. Ward | Semi-Pvt | Pvt. | Deluxe / Luxury |
|-----------|--|----------------|-----------------|--------------|------------------------|
| 32 | | | | | |
| 1 | 3 CHIP CAMERA SYSTEM -CAT-I | 1500 | 2000 | 2000 | 2000 |
| 2 | 3 CHIP CAMERA SYSTEM -CAT-II | 2000 | 3000 | 3000 | 3000 |
| 3 | Harmonic Probe Basic (Cat 1 to Cat 6) | 11000 | 11000 | 11000 | 11000 |
| 4 | Harmonic Probe Advance (Cat 7 to Cat 10) | 18000 | 18000 | 18000 | 18000 |
| 5 | Ligasure Basic (Cat 1 to Cat 6) | 13000 | 13000 | 13000 | 13000 |
| 6 | Ligasure Advance (Cat 7 to Cat 10) | 20000 | 20000 | 20000 | 20000 |
| 7 | Harmonic Probe+Ligasure Basic (Cat 1 to Cat 6) | 19000 | 19000 | 19000 | 19000 |
| 8 | Harmonic Probe+Ligasure Basic (Cat 7 to Cat 10) | 30000 | 30000 | 30000 | 30000 |

| D | COT Hospital Instrument | | | | |
|-----------|--------------------------------|----------------|-----------------|------------|-----------------------|
| 33 | Instrument charges | G. Ward | Semi-Pvt | Pvt | Deluxe/ Luxury |
| 1 | CUSA (COT) | 12000 | 20000 | 20000 | 20000 |

Notes:

- All instrument charges are fixed and are the same for both KEM as well as for private patients.
- For instruments which have been provided by the hospital no instrument charges will be paid to the Surgeons.
- * FLO- TRAC monitor charges include cost of the sensor and usage charges up to 3 days. Beyond 3 days, if required it will be charged extra @ Rs-600 per day (same as multipara).
- **SCD charges Include machine usage charges with sleeves for one day.

PART-VII

OPERATIVE CATEGORIES IN VARIOUS DISCIPLINES

E.N.T

| CATEGORY-I | | | |
|-------------------|--------------------------|---|---------------------------|
| 1 | ANTRAL PUNCTURE - G.A. | 5 | SUTURING |
| 2 | OTOMICROSCOPY UNDER G.A. | 6 | TONGUE/ORAL BIOPSY |
| 3 | SYNECHIAE SEPARATION | 7 | VL SCOPY |
| 4 | ENT/NASAL PACK REMOVAL | 8 | WAX REMOVAL UNDER G.A. |

| CATEGORY-II | | | |
|--------------------|----------------------|---|-----------------------------|
| 1 | AURAL POLYPECTOMY. | 5 | NASAL PACKING |
| 2 | BUCCAL MUCOSA BIOPSY | 6 | NASAL GRANULOMA EXCISION |
| 3 | NASAL CAUTERY | 7 | RELEASE OF TONGUE TIE |
| 4 | NASAL ENDOSCOPY | 8 | KERATOSIS OBTURANCE REMOVAL |

| CATEGORY-III | | | |
|---------------------|---|---|----------------------------------|
| 1 | AUROPLASTY | 5 | F.B. (EAR/NOSE) REMOVAL - G.A. |
| 2 | BUCCAL GROWTH BIOPSY | 6 | MEATOTOMY |
| 3 | ENDOSCOPIC BIOPSY/EXCISION (ANY) | 4 | INTRA NASAL ANTROSTOMY |

| CATEGORY-IV | | | |
|--------------------|--|----|-------------------------------|
| 1 | BRONCOSCOPY LAVAGE/BAL | 9 | MAXILLARY ANTROSTOMY |
| 2 | CRYOSURGERY | 10 | DIAGNOSTIC ESOPHAGOSCOPY |
| 3 | DIAGNOSTIC BRONCHOSCOPY | 11 | NASAL BONE FRACTURE REDUCTION |
| 4 | DIAGNOSTIC - LARYNGOSCOPY | 12 | OTOPLASTY |
| 5 | I & D OF ANY ABSCESS | 13 | POST NASAL PACKING |
| 6 | I & D OF PRE/POST AURICULAR AND NECK ABSCESS | 14 | YOUNG'S OPERATION |
| 7 | I & D OF PERITONSILLAR ABSCESS | 15 | ORO-ANTRAL FISTULA REPAIR |
| 8 | MAXILLARY SINUS ENDOSCOPY | | |

E.N.T

| CATEGORY-V | | | |
|-------------------|---------------------------------------|----|---|
| 1 | CALDWELL LUC APPROACH | 10 | ADENOIDECTOMY |
| 2 | INTRA TYMPANIC INJECTION WITH GROMMET | 11 | THERAPEUTIC DL SCOPY |
| 3 | ENDOSCOPIC SINUS WASH | 12 | THERAPEUTIC ESOPHAGOSCOPY |
| 4 | MYRINGOTOMY WITH GROMMET UNDER GA | 13 | THERAPEUTIC BRONCHOSCOPY |
| 5 | NASAL POLYPECTOMY | 14 | TRACHEOSTOMY |
| 6 | NASAL TURBinate CHANNELING | 15 | TRANSTYMPANIC PERFUSION - GENTA / STEROID+STREPTOMYCIN/INFUSION |
| 7 | REDUCTION OF FRACTURE ZYGOMA | 16 | TURBINOPLASTY /TURBINECTOMY |
| 8 | TONSILLECTOMY | 17 | WIDE LOCAL EXCISION OF TUMORS |
| 9 | TRACHEAL DILATATION | | |

| CATEGORY- VI | | | |
|---------------------|------------------------------------|----|--|
| 1 | ADENOTONSILLECTOMY | 8 | LEFORT'S FRACTURE REDUCTION |
| 2 | BILATERAL MYRINGOTOMY WITH GROMMET | 9 | MAXILLA FRACTURE REDUCTION |
| 3 | BALLOON AIRWAY DILATATION | 10 | MASTOIDECTOMY |
| 4 | EXTERNAL ETHMOIDECTOMY | 11 | ORAL SUBMUCOUS FIBROSIS SURGERY (RESECTION WITH A DIATHERMY) |
| 5 | ENDOSCOPIC DCR | 12 | PAEDIATRIC TRACHEOSTOMY |
| 6 | EXPLORATORY TYMPANOTOMY | 13 | RANULA EXCISION WITH COBLATION |
| 7 | FRONTAL SINUS TREPHINING | 14 | TURBINOPLASTY WITH COBLATION/REDIOFRQUENCY |

| CATEGORY- VII | | | |
|----------------------|------------------------------|---|-------------------------------------|
| 1 | MYRINGOPLASTY | 6 | SEPTOPLASTY |
| 2 | MICROLARYNGOSCOPY | 7 | VIDIAN NEURECTOMY |
| 3 | PANENDOSCOPY | 8 | PREAURICULAR SINUS/FISTULA EXCISION |
| 4 | SISTRUNK'S OPERATION | 9 | OSSICULOPLASTY |
| 5 | SUBMANDIBULAR GLAND EXCISION | | |

E.N.T

| CATEGORY- VIII | | | |
|-----------------------|---------------------------------|---|---------------------------------|
| 1 | BALLOON SINUPLASTY | 5 | MAXILLECTOMY |
| 2 | CYSTIC HYGROMA EXCISION | 6 | MODIFIED RADICAL MASTOIDECKTOMY |
| 3 | ENDOLYMPHATIC SAC DECOMPRESSION | 7 | UVULOPALATOPHARYNGOPLASTY |
| 4 | FESS | | |

| CATEGORY- IX | | | |
|---------------------|------------------------------------|----|----------------------------|
| 1 | AURAL ATRESIA | 8 | STAPEDECTOMY |
| 2 | BAHA (BONE ANCHORED HEARING AID) | 9 | SUPERFICIAL PAROTIDECKTOMY |
| 3 | BASE TONGUE CHANNELING | 10 | THYROIDECTOMY |
| 4 | CHOANAL ATRESIA | 11 | TYMPANOPLASTY |
| 5 | EXCISION OF NASOPHARYNGEAL TUMOURS | 12 | UVULA PALATE CHANELLING |
| 6 | INTRA NASAL ETHIMOIDECKTOMY | 13 | THYROPLASTY |
| 7 | RHINOPLASTY | | |

| CATEGORY- X | | | |
|--------------------|-----------------------------------|----|--|
| 1 | COCHLEAR IMPLANT | 10 | TRANSLABYRINTHINE SURGERIES |
| 2 | CSF LEAK REPAIR | 11 | TRANS SPHENOID SURGERY |
| 3 | CRANIOFACIAL RESECTIONS. | 12 | ANGIOFIBROMA |
| 4 | EXCISION PITUTARY ADENOMA | 13 | EPIGLOTTOPEXY |
| 5 | LARYNGECTOMY | 14 | HYOID SUSPENSION (SLEEP APNEA SURGERY) |
| 6 | NECK BLOCK DISSECTION | 15 | SIALENDOSCOPY |
| 7 | ORBITAL/OPTIC NERVE DECOMPRESSION | 16 | FACIAL NERVE DECOMPRESSION |
| 8 | RADICAL NECK DISSECTION | 17 | ORBITAL EXENTERATION |
| 9 | SKULL BASE SURGERY | | |

GENERAL SURGERY

| CATEGORY-I | | | |
|-------------------|--|----|---|
| 1 | ANY PROCEDURE/SURGERY UNDER LA | 14 | I & D COLD ABSCESS |
| 2 | ABSCESS INCISION & DRAINAGE | 15 | INTERCOSTAL DRAINAGE |
| 3 | ASCITIC TAPPING | 16 | INGROWING TOE NAIL EXCISION |
| 4 | BIOPSY OF SUSPECTED CANCER | 17 | LYMPH NODE BIOPSY- CERVICAL/AXILLARY/INGUINAL UNDER L.A |
| 5 | C.L.W. SUTURING UNDER L A | 18 | LIVER BIOPSY |
| 6 | CHANGE OF DRESSING (SMALL) | 19 | LP DONE BY ANAESTHETIST IN ADULT |
| 7 | DERMOID/SEBACEOUS CYST EXCISION | 20 | PLEURAL TAPPING |
| 8 | EXCISION OF LIPOMA | 21 | SUTURING OF WOUND |
| 9 | EXCISION OF NEUROFIBROMA (SMALL) | 22 | SIGMOIDOSCOPY |
| 10 | EXCISION OF CORN/CALLOSITIES/CARBUNCLE | 23 | TONGUE / ORAL BIOPSY |
| 11 | EXCISION OF PAPILLOMA | 24 | VASECTOMY |
| 12 | EXC. CYST/TUMOUR /CORN/WARTS (SMALL) UNDER LA | 25 | WEDGE BIOPSY UNDER LOCAL ANAES |
| 13 | I & D SUPERFICIAL | 26 | WOUND WASH |

| CATEGORY-II | | | |
|--------------------|---|----|---|
| 1 | ANY PROCEDURES OF CATEGORY - 1 UNDER SPINAL / G.A. | 11 | LP DONE BY ANAESTHETIST IN PAEDIATRICS |
| 2 | ASPIRATION OF LIVER ABSCESS | 12 | PD CANULA INSERTION (BLIND) |
| 3 | BREAST ABSCESS - INCISION AND DRAINAGE | 13 | PERIANAL ABSCESS-SUPERFICIAL |
| 4 | BIOPSY UNDER USG GUIDANCE | 14 | REMOVAL OF FOREIGN BODY |
| 5 | CENTRAL LINE INSERTION IN OT | 15 | SECONDARY SUTURING OF WOUNDS |
| 6 | CAUTERISATION OF UMBILICAL POLYP | 16 | SYGMOIDOSCOPY WITH BIOPSY |
| 7 | EPIDURAL INJECTION IN OT /BLOOD PATCH | 17 | SCALENE NODE BIOPSY |
| 8 | EXCISION OF SWELLING/ LUMP- MINOR | 18 | THIERSCH'S OPERATION FOR PROLAPSE RECTUM |
| 9 | EXCISION OF HYPERTROPICAL TISSUE | 19 | USG GUIDED LIVER ABSCESS ASPIRATION |
| 10 | I & D GLUTEAL ABSCESS - MINOR | 20 | EUA |

GENERAL SURGERY

| CATEGORY-III | | | |
|---------------------|-------------------------|----|--------------------------------|
| 1 | ANAL POLYPECTOMY | 10 | I & D OF GLUTEAL ABSCESS-MAJOR |
| 2 | CIRCUMCISION | 11 | JEJUNOSTOMY |
| 3 | DEBRIDEMENT(MINOR) | 12 | L.S.C' SPHINCTEROTOMY |
| 4 | EXC. BREAST LUMP | 13 | MANUAL REMOVAL OF FAECES |
| 5 | EXCISION OF LEUOPLAKIA | 14 | SURGERY FOR HYDROCELE |
| 6 | EXE.UMBILICAL. POLYP | 15 | SCLEROTHERAPY |
| 7 | EXCISION OF SINUS TRACT | 16 | SPHINCTER STRETCH |
| 8 | EXCISION 6OF KELOID | 17 | TRUE CUT NEEDLE BIOPSY |
| 9 | GASTROSTOMY | | |

| CATEGORY-IV | | | |
|--------------------|---------------------------------|----|--|
| 1 | COLOSTOMY/ILEOSTOMY | 10 | LORD'S PLICATION |
| 2 | EXCISION OF SWELLING/LUMP-MAJOR | 11 | OPEN CHEST WALL BIOPSY/RIB RESECTION DRAINAGE BIOPSY |
| 3 | FASCIOTOMY | 12 | ORO-ANTRAL FISTULA REPAIR |
| 4 | FIBROADENOMA EXCISION | 13 | OPERATION OF SALIVARY CALCULUS |
| 5 | FORE FOOT AMPUTATION | 14 | PARTIAL AMPUTATION OF PENIS |
| 6 | FISTULECTOMY | 15 | PERIANAL ABSCESS-DEEP |
| 7 | LIGATION OF VARICOCELE | 16 | PIG TAIL CATHETER INSERTION-USG GUIDED |
| 8 | LAPAROSCOPIC LIVER BIOPSY | 17 | REPAIR OF NAIL BED |
| 9 | LOW ANAL FISTULA | 18 | SURGERY FOR FISSURE /FISSURECTOMY |

| CATEGORY-V | | | |
|-------------------|--|----|---|
| 1 | AMPUTATION THROUGH FOREARM/ARM/UPPER LIMB | 9 | SCROTAL EXPLORATION |
| 2 | AXILLARY NODE DISSECTION | 10 | WIDE LOCAL EXCISION OF TUMOR(MINOR) |
| 3 | BREAST DUCTAL SURGERY | 11 | RIB RESECTION FOR INTERCOSTAL DRAINAGE |
| 4 | BRONCHOSCOPY & FOREIGN BODY REMOVAL | 12 | REPAIR OF FEMORAL HERNIA(Without Mesh) /HERNIOTOMY |
| 5 | CAPD CANULA REMOVAL | 13 | REPOSITIONING OF CAPD CANNULA |
| 6 | DIAGN. LAPAROSCOPY & BIOPSY | 14 | TRACHEOSTOMY |
| 7 | SIMPLE MASTECTOMY/SECTOR MASTECTOMY | 15 | VAC DRESSING |
| 8 | SKIN GRAFT(MINOR) | | |

GENERAL SURGERY

| CATEGORY-VI | | | |
|--------------------|--|----|---|
| 1 | AMPUTATION OF LOWER LIMB BELOW AND ABOVE KNEE | 13 | LIVER ABSCESS DRAINAGE LAP/OPEN |
| 2 | APPENDICECTOMY (OPEN) | 14 | LAPAROTOMY (MINOR PROCEDURE LIKE OMENTAL NODE BIOPSY) |
| 3 | DRAINAGE OF PSEUDOCYST OF PANCREAS (OPEN) | 15 | OMENTAL RESECTION |
| 4 | COLOSTOMY/ILEOSTOMY CLOSURE | 16 | PEDICLE GRAFTS |
| 5 | DEBRIDEMENT(MAJOR) | 17 | REPAIR OF FEMORAL HERNIA(With Mesh) |
| 6 | EXPLORATORY LAPAROTOMY | 18 | UPPER NECK DISSECTION LYMPH NODE |
| 7 | EXC.SUBMANDIBULAR GLAND | 19 | REPAIR OF UMBILICAL HERNIA (OPEN) |
| 8 | HAEMORRHOIDECTOMY | 20 | REPAIR OF EPIGASTRIC HERNIA (Without Mesh) (OPEN) |
| 9 | HIGH ANAL FISTULA | 21 | SUPRACLAVICULAR LN BIOPSY |
| 10 | INGUINAL HERNIOPLASTY (OPEN)/PMR | 22 | STOMA REFASHIONING |
| 11 | I & D OF RETROPERITONEAL ABSCESS | 23 | TOILET MASTECTOMY |
| 12 | LAP-STOMA CLOSURE | 24 | MESENTRIC LN BIOPSY |

| CATEGORY-VII | | | |
|---------------------|--|----|--|
| 1 | ADHESIOLYSIS | 14 | LAP APPENDICECTOMY |
| 2 | AV FISTULA | 15 | PANTALOONS HERNIA |
| 3 | BILATERAL INGUINAL HERNIA WITH PMR | 16 | PD CANULA INSERTION (LAP/OPEN/OMENTOPEXY) |
| 4 | CYSTOGASTROTOMY | 17 | RELEASE OF BURNS CONTRACTURE |
| 5 | EMBOLECTOMY MAJOR ARTERY | 18 | RECTOVAGINAL FISTULA REPAIR |
| 6 | EXC. PILONIDAL SINUS | 19 | STAPPLER HAEMORRHOIDECTOMY |
| 7 | EXPLORATORY LAPROTOMY+RESECTION ANASTOMOSIS | 20 | SPLENECTOMY (OPEN) |
| 8 | FOURNIERS GANGRENE | 21 | SUBFACIAL LIGATION OF VARICOSE VEINS |
| 9 | HEMI GLOSSECTOMY+RMD | 22 | DIAGNOSTIC THORACOSCOPY +BIOPSY |
| 10 | HIGH ANAL COMPLEX FISTULA IN ANO | 23 | THYROGLOSSAL CYST(SISTRUNK S OPERATION) |
| 11 | HIGH ANAL FISTULA + COLOSTOMY | 24 | WIDE LOCAL EXCISION MAJOR |
| 12 | INGUINAL NODE DISSECTION | 25 | WEDGE RESECTION OF LUNG |
| 13 | INCISIONAL/VENTRAL HERNIA(OPEN) | | |

GENERAL SURGERY

| CATEGORY-VIII | | | |
|----------------------|---|----|---|
| 1 | CERVICAL SYMPATHECTOMY | 16 | OMPHALOCELE REPAIR |
| 2 | CHOLECYSTECTOMY LAP/OPEN | 17 | MESENTRIC LYMPH NODE BIOPSY WITH ADHESIOLYSIS |
| 3 | CLOSURE OF PERFORATED DUODENUM/PERFORATED INTESTINE | 18 | MULTIPLE ABSCESS (ABDOMINAL) |
| 4 | CBD EXPLORATION LAP/OPEN | 19 | PARTIAL PENECTOMY |
| 5 | EXCISION PAROTID | 20 | PHALLIC RECONSTRUCTION |
| 6 | EXTENDED BOWEL RESECTION | 21 | REPAIR OF RECURRENT INGUINAL HERNIA |
| 7 | EXPLORATORY LAPAROTOMY+ADHESIOLYSIS | 22 | RE DO/COMPLICATED AV FISTULA |
| 8 | EXCISION ABDOMINAL LUMP | 23 | RADICAL MASTECTOMY |
| 9 | LAP INCISIONAL/VENTRAL HERNIA | 24 | RADICAL NECK DISSECTION / MODIFIED NECK DESSECTION |
| 10 | LAP SPLENECTOMY | 25 | RENAL/PERIRENAL ABSCESS DRAIN |
| 11 | LAP PSUEDOCYST DRAINAGE | 26 | SURGERY FOR BRANCHIAL FISTULA |
| 12 | LUMBAR SYMPATHECTOMY | 27 | SUTURING OF BURST ABDOMEN |
| 13 | LAP PMR | 28 | SKIN GRAFT (MAJOR) |
| 14 | LAP-APPENDICECTOMY | 29 | VAGOTOMY AND GASTRO JEJUNOSTOMY/VAGOTOMY AND DRAINAGE |
| 15 | OMENTOPEXY -LAP/OPEN | 30 | WEDGE RESECTION OF LUNG (THORACOSCOPIC) |

| CATEGORY-IX | | | |
|--------------------|----------------------------------|----|--|
| 1 | CHEST INJURIES | 10 | MANDIBULECTOMY |
| 2 | DIAPHRAGMATIC HERNIA REPAIR. | 11 | MAXILLECTOMY |
| 3 | EXC.CERVICAL RIB. | 12 | REPAIR HIATUS HERNIA |
| 4 | HELLER'S OPERATION | 13 | RIGHT / LEFT HEMICOLECTOMY |
| 5 | HEMITHYROIDECTOMY/TOTAL LND | 14 | RESECTION OF GUT/ BOWEL |
| 6 | ilio INGUINAL NODE DISSECTION | 15 | SUPAFICIAL PAROTIDECTOMY/TOTAL/SUB TOTAL |
| 7 | LAPAROTOMY FOR LIVER/SPLEEN TEAR | 16 | TOTAL THYROIDECTOMY/SUBTOTAL |
| 8 | LAP TEPP REPAIR | 17 | VARIOUS FLAPS IN HEAD & NECK. |
| 9 | LAPAROTOMY - DEBULKING OF TUMOR | | |

GENERAL SURGERY

| CATEGORY-X | | | |
|-------------------|---|----|--|
| 1 | ANTERIOR RESECTION RECTUM /APR | 29 | PNEUMONECTOMY |
| 2 | ADRENALECTOMY | 30 | PERICARDIECTOMY. |
| 3 | ABDOMINOPERINEAL EXCISION | 31 | PROCTOCOLECTOMY. |
| 4 | ANTERIOR SAGITAL ANORECTOPLASTY (ASARP)/REIMPLANTATION ANOPLASTY/ANAL TRANSPOSITION | 32 | PORTACAVAL OR SPLENORENAL SHUNT. |
| 5 | ACHALASIA CARDIA | 33 | PEDICLE GRAFT |
| 6 | BILIO - ENTERIC BYPASS | 34 | PARATHYROIDECTOMY |
| 7 | CHOLECYSTECTOMY & C.B.D.EXPLORATION LAP/OPEN | 35 | PDA LIGATION |
| 8 | COMMANDO OPERATION. | 36 | QUANDRANDECTOMY |
| 9 | DECORTICATION OF LUNG. | 37 | RESECTION OF GUT AND ANASTOMOSIS |
| 10 | ESOPHAGO GASTRECTOMY FOR CA OESOPHAGUS | 38 | RADICAL NEPHRECTOMY |
| 11 | EXTENDED COLECTOMY | 39 | RADICAL PENECTOMY/TOTAL |
| 12 | EXC.HYDATID CYST OF LIVER | 40 | RETROPERI.LYMPH-NODE DISSECTION. |
| 13 | EXC.CHEST WALL TUMOUR + RECONSTRUCTION | 41 | REVISION OF AVF VENOUS JUMP GRAFT |
| 14 | EXCISION CAROTID BODY TUMOUR | 42 | STERNOSTOMY |
| 15 | GASTRECTOMY PARTIAL, SUBTOTAL, TOTAL, RADICAL | 43 | THORACOSCOPIC SYMPATHECTOMY |
| 16 | HEPATIC JEJUNOSTOMY | 44 | TOTAL OESOPHAGECTOMY (NAKAYAMA OPERATION) |
| 17 | HEMI THYROIDECTOMY+TOTAL LND | 45 | TOTAL AMPUTATION OF PENIS+GROIN DISSECTION |
| 18 | JUMP GRAFT | 46 | TOTAL PAROTIDECTOMY+RMD |
| 19 | LAPAROTOMY FOR PERITONITIS | 47 | MEDIASTINAL TUMOUR EXCISION |
| 20 | LIVER RESECTION. | 48 | TRACHEAL REPAIR / STENOSIS RECONSTRUCTION |
| 21 | LAPAROTOMY FOR RUPTURE OF LIVER OR SPLEEN | 49 | THORACIC OUTLET PROCEDURE |
| 22 | LARYNGOPHARYNGECTOMY. | 50 | THORACOTOMY FOR TRAUMA |
| 23 | MASTECTOMY + BREAST RECONSTRUCTION | 51 | THYMECTOMY. |
| 24 | MEDIASTINOSCOPY | 52 | TRANSPLANT NEPHRECTOMY |
| 25 | PENILE LENGTHENING | 53 | WIDE LOCAL EXCISION OF TUMOUR WITH RECONSTRUCTION |
| 26 | PELVIC EXENTERATION | 54 | WHIPPLE'S PANCREATICO DUODENECTOMY |
| 27 | PANCREATICO JEJUNOSTOMY | 55 | WIDE LOCAL EXCISION FOR TUMOURS MALIGANCY |
| 28 | PULMONARY LOBECTOMY | 56 | SLEEVE GASTRECTOMY |

NEURO SURGERY

| CATEGORY-IV | | | | | |
|--------------------|--------------------------------|---|----------------------------------|--|--|
| 1 | PERIPHERAL NERVE BIOPSY | 6 | PERIPHERAL NERVE BLOCKS | | |
| 2 | REMOVAL OF V P SHUNT | 7 | SCALP TUMOUR EXCISION (SIMPLE) | | |
| 3 | APPLICATION OF SKULL TRACTION | 8 | COMPLICATED SUTURING | | |
| 4 | RESUTURING (OPERATIONS WOUNDS) | 9 | VENTRICULAR PUNCTURE | | |
| 5 | SECONDARY SUTURING | | | | |

| CATEGORY-V | | | | | |
|-------------------|------------------------------|---|--|--|--|
| 1 | BURR HOLE BIOPSY/ DIAGNOSTIC | 3 | EXCISION OF SKULL TUMOUR | | |
| 2 | CARPLE TUNNEL DECOMPRESSION | 4 | ELEVATION OF DEPRESSED FRACTURE (SIMPLE TYPE) | | |

| CATEGORY-VI | | | | | |
|--------------------|--|---|----------------------|--|--|
| 1 | BURR HOLE + DRAINAGE OF SUBDURAL HAEMATOMA | 4 | PNEUMOCEPHALUS | | |
| 2 | COMPLICATED SCALP TUMOUR EXCISION | 5 | REMOVAL OF BONE FLAP | | |
| 3 | PERIPHERAL NERVE DECOMPRESSION | | | | |

| CATEGORY-VII | | | | | |
|---------------------|--|---|------------------------|--|--|
| 1 | DISCECTOMY L4-L5 | 4 | OMMAYA RESERVOIR | | |
| 2 | ELEVATION OF DEPRESSED COMPOUND FRACTURE | 5 | SIMPLE ORBITAL SURGERY | | |
| 3 | EXTRA VENTRICULAR DRAIN (EVD IN OT) | | | | |

| CATEGORY-VIII | | | | | |
|----------------------|--------------------------------------|----|---|--|--|
| 1 | BRAIN TUMOUR BIOPSY | 8 | REEXPLORATION FOR BRAIN CLOTS | | |
| 2 | CRANIOTOMY FOR SURFACE TUMOURS (SOL) | 9 | REVISION OF VP SHUNT | | |
| 3 | DURAPLASTY | 10 | SOLITARI DEPRESSED FRACTURE SKULL ELEVATION | | |
| 4 | LUMBAR LAMINECTOMY | 11 | SPINAL DECOMPRESSION | | |
| 5 | LUMBO PERITONEAL SHUNT | 12 | THETHERED CORD SURGERY | | |
| 6 | MENINGOCELE SURGERY | 13 | V-P, V-A SHUNT SURGERY | | |
| 7 | ORBITAL TUMOURS THROUGH CRANIOTOMY | 14 | THECO PERITONEAL SHUNT | | |

NEURO SURGERY

| CATEGORY-IX | | | |
|--------------------|--|----|---|
| 1 | CRANIOTOMY FOR CEREBRAL CONTUSION / ICH CRANIOTOMY | 9 | REEXPLORATION OF SPINE SURGERY |
| 2 | CRANIOTOMY FOR DEEP SEATED S.O.L | 10 | REEXPLORATION OF CRANIOTOMY |
| 3 | CERVICAL LAMINECTOMY/DECOMPRESSION/DISC EXCISION | 11 | SURGERY FOR SIMPLE MENINGIOMA |
| 4 | CRANIOPLASTY | 12 | SURGERY FOR SIMPLE BRAIN TUMOURS/PITUTARY TUMOUR |
| 5 | CRANIOTOMY FOR SDH / EDH/ABSCCESS/INFARCT | 13 | SPINAL EXTRADURAL TUMOUR |
| 6 | DECOMPRESSIVE CRANIOTOMY | 14 | SURGERY FOR SYRINGOMYELIA |
| 7 | INTRADURAL TUMOUR | 15 | SURGERY FOR HEAD INJURY |
| 8 | OPTIC NERVE DECOMPRESSION | 16 | SURGERY FOR BRAIN ABSCESS |

| CATEGORY-X | | | |
|-------------------|--|----|---|
| 1 | AVM SPINAL | 19 | LARGE MENINGIOMA SURGERY |
| 2 | ANTERIOR CERVICAL DISC REMOVAL WITH FUSION | 20 | MICROVASCULAR DECOMPRESSION FUSION |
| 3 | COMPLICATED ORBITAL SURGERY | 21 | POSTERIOR FOSSA SURGERY (SIMPLE) |
| 4 | COSTOTRANSVERSECTOMY | 22 | POSTERIOR FOSSA S.O.L. (CRANIOTOMY) |
| 5 | CORPECTOMY + FUSION | 23 | PLIF (POSTERIOR LUMBAR INTERBODIAL FUSION) |
| 6 | CAROTID ENDARTERECTOMY | 24 | REPAIR OF CSF LEAK |
| 7 | C.P. ANGLE TUMOUR/LESIONS | 25 | SPINAL IMPLANT SURGERY |
| 8 | CRANIOTOMY FOR CLIPPING OF CEREBROVASCULAR ANEURYSM AVM | 26 | SKULL BASE TUMOUR SURGERY |
| 9 | COMPLICATED HEAD INJURY SURGERY | 27 | SPINAL TUMOUR SURGERY |
| 10 | CRANIOTOMY REMOVAL OF ACOUSTIC TUMOUR | 28 | SURGERY FOR EPILEPSY |
| 11 | CLIVUS TUMOUR | 29 | SURGERY FOR CRANIO STENOSIS |
| 12 | CRANIOVERTEBRAL ANAMOLY | 30 | SACRAL TUMOR SURGERY |
| 13 | DISC REPLACEMENT SURGERY | 31 | SPINAL FUSION SURGERY |
| 14 | ENDOSCOPIC BRAIN/SPINE SURGERY | 32 | TENTORIAL TUMOUR |
| 15 | FORAMEN MAGNUM SURGERY | 33 | TRANSPHENOIDAL SURGERY |
| 16 | HARTSHILL FIXATION | 34 | TRANS THORACIC SPINE |
| 17 | INTRAVENTRICULAR TUMOUR SURGERY | 35 | TRANS ABDOMINAL SPINE |
| 18 | INTRAMEDULLARY TUMOR | | |

| OBSTETRICS & GYNAECOLOGY | | | |
|-------------------------------------|---------------------------------|---|--|
| CATEGORY-I | | | |
| 1 | BARTHOLIN CYST MARSUPIALIZATION | 4 | I & D |
| 2 | DELIVERY IN OT | 5 | SUTURING |
| 3 | EXAMINATION UNDER ANESTHESIA | 6 | EXCISION OF VULVAR WART/ANAL WART |

| CATEGORY-II | | | |
|--------------------|------------------------------------|---|----------------------------|
| 1 | CERVIX/CERVICAL CUATERISATION | 6 | MTP |
| 2 | CERVICAL/ENDOMETRIAL BIOPSY | 7 | PMB |
| 3 | D & C/FC | 8 | VAULT BIOPSY/VULVAR BIOPSY |
| 4 | D & E | 9 | VAGINAL DILATATION |
| 5 | FORCEPS DELIVERY IN OT | | |

| CATEGORY-III | | | |
|---------------------|------------------------------------|----|--|
| 1 | DIAGNOSTIC HYSTEROSCOPY | 8 | MTP + LAPAROSCOPY Sterilization |
| 2 | D/C + CERVICAL BIOPSY+CRYO+CAUTERY | 9 | MC DONALD/ SHIRODKAR |
| 3 | DIAGNOSTIC LAPAROSCOPY | 10 | PMB + LAPAROSCOPY+MBT |
| 4 | FC+HYSTEROSCOPY | 11 | PERINEOTOMY |
| 5 | HYSTEROSCOPY + LAPAROSCOPY | 12 | PS/TUBAL LIGATION / STERILIZATION - OPEN MINI LAPAROTOMY |
| 6 | HYMENECTOMY | 13 | TRUE CUT NEEDLE BIOPSY |
| 7 | LAPAROSCOPIC STERLIZATION | 14 | VG TEARS REPAIR/SUTURING |

| CATEGORY-IV | | | |
|--------------------|---|---|---|
| 1 | CYSTECTOMY OPEN | 5 | OOPHORECTOMY |
| 2 | CONE BIOPSY | 6 | OPERATIVE LAPAROSCOPY - MINOR (OVARIAN DRILLING,ADHESIOLYSIS, ASPIRATION OF OVARIAN CYST) |
| 3 | LAP HYSTEROSCOPY+LAPAROSCOPY | 7 | OVARIAN CYSTECTOMY |
| 4 | MANUAL REMOVAL OF PLACENTA UNDER GA+CHECK CURETTAGE | 8 | SALPHINGECTOMY |

| CATEGORY-V | | | |
|-------------------|---------------------------|---|--------------------------|
| 1 | ENDOMETRIOMA | 3 | VULVAR ADHESION-T.O MASS |
| 2 | SALPHINGOOOPHORECTOMY B/L | | |

| OBSTETRICS & GYNAECOLOGY | | | |
|--------------------------|------------------------------|---|----------------------------------|
| CATEGORY-VI | | | |
| 1 | CYSTOCELE + RECTOCELE REPAIR | 4 | LSCS/LSCS WITH TWINS |
| 2 | FOTHERGILL'S OPERATION | 5 | REPAIR OF COMPLETE PERINEAL TEAR |
| 3 | HYSEROTOMY/HYSEROTOMY+TL | 6 | PREVIOUS LSCS/REPEAT LSCS |

| CATEGORY-VII | | | |
|--------------|--|----|---|
| 1 | ACCRETA/PERCRETA | 9 | MYOMECTION |
| 2 | BURCH CULPOSUSPENSION / SLING OPERATION | 10 | METROPLASTY |
| 3 | ECTOPIC PREGNANCY - OPEN /LAPAROSCOPIC/RUPTURED ECTOPIC | 11 | ALL OPEN HYSERECTOMIES (TOTAL ABDOMINAL/NDVH/PAN) |
| 4 | ENDOMETRIOSIS SURGERY, EXCISION OF T.O. MASS , SLINGS / BURCH | 12 | PLACENTA PREVIA |
| 5 | ENDOCERVICAL POLYPECTOMY | 13 | TUBOPLASTY |
| 6 | HYSTEROSCOPIC TCRE / ANY OTHER HYSTERO- SCOPIC SURGERY (SEPTAL RESECTION, POLYPECTOMY OR ADHESIOLYSIS) | 14 | TRANS OBTURATOR TAPE (TOT,TVT) |
| 7 | INTERNAL ILIAC ARTERY LIGATION | 15 | VAGINOPLASTY |
| 8 | LSCS + TL | | |

| CATEGORY-VIII | | | |
|---------------|---|----|---|
| 1 | OBSTRETIC /PERIPARTUM HYSERECTOMY | 7 | NDVH +RECTOCELE+CYSTOCELE |
| 2 | HYSERECTOMY+DEBULKING WITH OMENTECTOMY | 8 | PAN HYSERECTOMY |
| 3 | HYSERECTOMY+UTERINE ARTERY LIGATION (OPEN)U/L & B/L | 9 | RECTOVAGINAL FISTULA REPAIR |
| 4 | HYSERECTOMY+INTERNAL ILIAC ARTERY LIGATION (OPEN) U/L & B/L | 10 | URETERIC REIMPLANTATION |
| 5 | HYSERECTOMY+ BSO | 11 | ALL LAPAROSCOPIC HYSERECTOMIES (TOTAL ABDOMINAL/NDVH/PAN) |
| 6 | LAP HYSERECTOMY+CYSTOCELE RECTOCELE REPAIR | 12 | HYSERECTOMY+INTERNAL ILIAC/UTERINE ARTERY LIGATION U/L& B/L |

| OBSTETRICS & GYNAECOLOGY | | | |
|-------------------------------------|--|---|----------------------------|
| CATEGORY-IX | | | |
| 1 | LSCS + INTERNAL ILIAC ARTERY LIGATION U/L & B/L | 4 | REPAIR OF URETERIC FISTULA |
| 2 | LSCS + UTERINE ARTERY LIGATION U/L & B/L | 5 | VVF REPAIR |
| 3 | SURGERY FOR VAULT PROLAPSE | 6 | RADICAL HYSTERECTOMY |

| CATEGORY-X | | | |
|-------------------|--------------------------------------|---|--|
| 1 | EXTENTERATION | 4 | HYSTERECTOMY+ BURCH/SLING PROCEDURE |
| 2 | L S C S WITH HYSTERECTOMY(OBST) | 5 | PELVIC LYMPHADENECTOMY |
| 3 | HYSEROPEXY WITH CERVIX AMPUTATION | | |

OPHTHALMOLOGY

CATEGORY-I

| | | | |
|---|------------------------------------|---|---------------------------------------|
| 1 | LID ABSCESS I/D | 3 | CONJUNCTIVAL CYST, GRANULOMA EXCISION |
| 2 | EXCISION OF LID CYST (CHALAZION) | 4 | PARACENTESIS |

CATEGORY-II

| | | | |
|---|--------------------------------------|---|------------------------------|
| 1 | TRAUMATIC CONJUNCTIVAL TEAR SUTURING | 5 | KERATECTOMY |
| 2 | RECONSTRUCTION | 6 | ANTERIOR CHAMBER WASH |
| 3 | TRANS CONJUNCTIVAL - CRYOTHERAPY | 7 | IRIDECTOMY FOR IRIS PROLAPSE |
| 4 | PROBING OF NASOLACRIMAL DUCT | | |

CATEGORY-III

| | | | |
|---|-------------------------------|---|-----------------------------|
| 1 | CONJUNCTIVAL DERMOID EXCISION | 4 | EXCISION OR INCISION BIOPSY |
| 2 | DACRYOCYSTECTOMY (DCT) | 5 | TARSORRHAPHY PERMANENT |
| 3 | IMPLANT REMOVAL | | |

CATEGORY-IV

| | | | |
|---|--|---|---------------------------------|
| 1 | PTERYGIUM EXCISION | 6 | TRABECULOTOMY |
| 2 | CONJUNCTIVAL/ SUBTENONS FOREIGN BODIES | 7 | CATARACT EXTRACTION WITHOUT IOL |
| 3 | INTRASCLERAL FOREIGN BODY REMOVAL | 8 | INTRAVITREAL INJECTION |
| 4 | PENETRATING INJURIES OF LIDS | 9 | CRYOPEXY |
| 5 | ENUCLEATION | | |

CATEGORY-V

| | | | |
|---|-----------------------|---|---------------------------|
| 1 | GLAUCOMA SURGERY | 3 | CANTHOTOMY / CANTHOPLASTY |
| 2 | EPICANTHUS CORRECTION | 4 | EVISCIERATION |

CATEGORY-VI

| | | | |
|---|---|---|--|
| 1 | CONJUNCTIVO DACRYOCYSTORHINOSTOMY | 3 | PTERYGIUM EXCISION WITH CONJUNCTIVAL AUTOGRAPH |
| 2 | CATARACT EXTRACTION WITH IOL WITH SUTURES | 4 | ORBITAL BALL IMPLANT |

OPHTHALMOLOGY

CATEGORY-VII

| | | | |
|---|--|---|--|
| 1 | SURGERY ON EXTRA OCULAR MUSCLES (TRAUMATIC / SQUINT) | 6 | CATARACT EXTRACTION + IOL WITHOUT SUTURES |
| 2 | CB MELANOMA SURGERY, IRIS MELANOMA | 7 | MULTIPLE OCULAR INJURIES INVOLVING LIDS, CONJUNCTIVA, SCLERA, CORNEA ETC |
| 3 | CORNEAL TEAR SUTURING | 8 | OCULAR SURFACE RECONSTRUCTION WITH AMT/AUTOGRAFT/STEM CELL TRANSPLANT |
| 4 | IRIS CYST SURGERY | 9 | SYMPLEPHERON CORRECTION |
| 5 | DACRYOCYSTORHINOSTOMY (DCR) | | |

CATEGORY-VIII

| | | | |
|---|---|----|---|
| 1 | CONGENITAL/SENILE/TRAUMATIC CATARACT | 6 | LID RECONSTRUCTION/2/3/4 LIDS |
| 2 | DERMOLIPOGRAFT | 7 | PHACOEMULSIFICATION |
| 3 | ECTROPION CORRECTION,LID RECONSTRUCTION | 8 | PTOSIS CORRECTION, ENTROPION CORRECTION |
| 4 | INTRA OCULAR FOREIGN BODY REMOVAL | 9 | RETINAL DETACHMENT SURGERY |
| 5 | KERATOPLASTY | 10 | VITREOUS SURGERY /VITRECTOMY |

CATEGORY-IX

| | | | |
|---|------------------------|---|--------------|
| 1 | CATARACT WITH GLAUCOMA | 3 | ORBITOTOMIES |
| 2 | EXENTERATION | | |

CATEGORY-X

| | | | |
|---|--|---|-----------------------------|
| 1 | ORBITAL RECONSTRUCTION/FRACTURE REPAIR | 2 | ORBITAL FORIGN BODY REMOVAL |
|---|--|---|-----------------------------|

ORTHOPEDICS

| CATEGORY-I | | | |
|-------------------|---|---|-------------------|
| 1 | APPLICATION OF b/e,a/e,b/k/a/k CASTS/SLABS | 3 | SKELETAL TRACTION |
| 2 | ASPIRATION OF JOINTS | | |

| CATEGORY-II | | | |
|--------------------|---------------------------------|---|--|
| 1 | BIOPSY FROM SUPERFICIAL TISSUES | 4 | MANIPULATION OF JOINTS UNDER ANESTHESIA |
| 2 | INJECTION - BOTOX | 5 | PROCEDURES IN CAT I DONE UNDER ANAESTHESIA |
| 3 | KNEE ASPIRATION | | |

| CATEGORY-III | | | |
|---------------------|--|---|-------------------------------------|
| 1 | AMPUTATION OF TOES / FINGERS | 5 | MINOR SPLIT SKIN GRAFTING |
| 2 | CLOSED REDUCTION (CMR) OF ANY FRACTURES/DISLOCATIONS | 6 | REDUCTION WITH THOMAS SPLINT |
| 3 | EXCISION OF GANGLION | 7 | TENDON DECOMPRESSION/TRIGGER FINGER |
| 4 | INJECTION - BOTOX with TYNOTOMY | | |

| CATEGORY-IV | | | |
|--------------------|--|---|---|
| 1 | CLOSED REDUCTION WITH PERCUTANEOUS "K" WIRE FIXATION | 5 | I & D AND DEBRIDEMENT OF ACUTE OSTEOMYELITIS |
| 2 | DYNAMISATION FOR INTERLOCKING NAILS | 6 | REMOVAL OF NAILS (RADIUS-ULNA:FEMUR TIBIA : HUMERUS) |
| 3 | DEBRIDEMENT OF ACUTE OSTEOMYELITIS | 7 | REMOVAL OF MALLEOLAR SCREWS:LAG SCREWS:TENSION BAND WIRING ETC. |
| 4 | DEBRIDEMENT & DRESSING OF MAJOR INJURY(SOFT TISSUE/COMPOUND FRACTURES- GR II& III) | 8 | DE-QUERVAIN'S RELEASE |

ORTHOPEDICS

| CATEGORY-V | | | |
|-------------------|---|----|--|
| 1 | APPLICATION OF EXTERNAL FIXATOR TO LONG BONES | 11 | PLATE REMOVAL/IMPLANT REMOVAL |
| 2 | ARTHROSCOPY (DIAGNOSTIC) OF JOINTS OTHER THAN KNEE | 12 | SEQUESTRECTOMY AND SAUCERISATION FOR CHRONIC OSTEOMYELITIS |
| 3 | B/K;B/E AMPUTATION | 13 | SOFT TISSUE RELEASE |
| 4 | CLOSED REDUCTION AND PERCUTANEOUS "K" WIRE (FIXATION OF SUPRACONDYLAR FRACTURE HUMERUS) | 14 | SOFT TISSUE RELEASE/NEURECTOMY FOR C.P. |
| 5 | DIAGNOSTIC ARTHROSCOPY OF KNEE AND / OR BIOPSY | 15 | TA LENGTHENING |
| 6 | EXCISION HEAD OF RADIUS OR LOWER END URNA | 16 | CRIF OF DDH (DEVELOPMENTAL DYSPLASIA OF HIP) WITH CASTING |
| 7 | MAJOR SKIN GRAFTING | 17 | CRIF FRACTURE MANDIBLE |
| 8 | CLOSED REDUCTION AND INTERNAL FIXATION OF HUMEROUS | 18 | CARPEL TUNNEL RELEASE |
| 9 | NERVE DECOMPRESSION | 19 | PATELLAR TBW(TENSION BAND WIRING) |
| 10 | OPEN BIOPSY FROM HIP/SHOULDER/KNEE | | |

| CATEGORY-VI | | | |
|--------------------|--|----|---|
| 1 | ARTHROTOMY | 10 | OPEN REDUCTION INT FIXATION OF BIMALEOLAR FRACTURES OF THE ANKLE WITH SCREWS/ TENSION BAND WIRE |
| 2 | ANY OSTEOTOMY | 11 | ORIF OF SINGLE CONDYLAR FRACTURE SHAFT HUMERUS / RADIUS URNA WITH DCP |
| 3 | BAKER'S CYSTS EXCISION | 12 | OPEN HAMSTRINGS LENGTHNING-U/L AND B/L |
| 4 | BONE GRAFTING | 13 | POSTERIOR MEDIAL RELEASE |
| 5 | CLOSED REDUCTION & INTERNAL FIX. OF SIMPLE FRACTURE NECK FEMUR(WITH CANNULATED CANC SCREWS ETC.) | 14 | QUADRISEPLASTY |
| 6 | EXCISION ARTHROPLASTY (GIRDLESTONE) OF HIP WITH PELVIC SUPPORT | 15 | RADIUS - UINA NAILING /PLATING |
| 7 | FUSION OF JOINTS / ARTHRODESIS EXCEPT HIP | 16 | SOFT TISSUE RELEASE AROUND HIP AND KNEE |
| 8 | OPEN REDUCTION OF SUPRACONDYLAR FRACTURES HUMERUS WITH K WIRE FIXATION | 17 | TENOTOMY |
| 9 | ORIF OF SCAPHOID FRACTURE WITH SCREWS | 18 | VOLAR PLATING-ORIF FRACTURE RADIUS |

ORTHOPEDICS

| CATEGORY-VII | | | |
|---------------------|--|---|---|
| 1 | ARTHROSCOPIC SYNOVECTOMY | 6 | TIBIA/FIBULA PLATTING/NAILING |
| 2 | APPLICATION OF PELVIC FIXATOR | 7 | TALO CALCANEAL BAR/CALCANO-NAVICULAR BAR EXCISION |
| 3 | OPEN REDUCTION & INT. FIXATION (O.R.I.F.) OF SIMPLE FRACTURE SHAFT FEMUR WITH "K" NAIL | 8 | TIBIA SHAFT NAIL |
| 4 | ORIF OF FRACTURE PATELLA+TBW | 9 | TALUS BONE CYST EXCISION |
| 5 | STERNO CLEIDOMASTOID RELEASE (SCM) | | |

| CATEGORY-VIII | | | |
|----------------------|--|----|--|
| 1 | ARTHRODESIS OF HIP. | 14 | OPEN REPAIR / RECONSTRUCTION OF ACL / PCL/ MCL TEARS |
| 2 | ARTHROSCOPIC STAPLE FIXATION / REPAIR OF ANTERIOR CRUCIATE LIGAMENT AVULSION | 15 | ORIF OF COMM. FRACTURE UPPER END HUMERUS. |
| 3 | ARTHROSCOPY MENISCECTOMY | 16 | PUTTI PLATT SURGERY FOR RECURRENT DISLOCATION SHOULDER |
| 4 | EXCISION ARTHROPLASTY (GIRDLESTONE) OF HIP WITH PELVIC SUPPORT OSTEOTOMY | 17 | ANY OTHER SURGERY(MENTIONED BY SURGEON |
| 5 | ELBOW ARTHROSCOPY | 18 | DHS PLATING |
| 6 | FIXATION OF COMMINUTED FRACTURES OF LONG BONES WITH BONE GRAFTING | 19 | HIGH TIBIAL OSTEOTOMY |
| 7 | OPEN REDUCTION & INTERNAL FIXATION OF NECK FEMUR WITH MUSCLE PEDICLE GRAFT | 20 | ORIF OF SINGLE CONDYLAR FRACTURE UPPER END TIBIA LOWER END FEMUR |
| 8 | ORIF OF POST. HIP FRACTURE ACETABULUM WITH SCREWS/ACETABULUM PLATTING | 21 | ORIF OF SHAFT TIBIA WIT DCP |
| 9 | ORIF OF TRIMALLEOLAR FRACTURE ANKLE | 22 | SHOULDER ARTHROSCOPY SUBACROMIAL DECOMPRESSION |
| 10 | ORIF OF CLAVICLE ACROMION A C DISLOCATON ETC | 23 | EPIPHYSIODESIS OF JOINT |
| 11 | OPEN REDUCTION & INTERNAL FIXATION OF THE COMMINUTED INTER TROCHANTERIC FRACTURE FEMUR | 24 | PATELLA ALTA BAJA RELOCATION WITH MEDIAL PLICATION |
| 12 | JESS FIXATOR | 25 | ULNAR NERVE RELEASE WITH EPICONDYLECTOMY |
| 13 | ORIF WITH CLAVICULAR PLATING | | |

ORTHOPEDICS

| CATEGORY-IX | | | |
|--------------------|---|----|---|
| 1 | ARTHROSCOPIC ACL/PCL RECONSTRUCTION | 8 | LIGAMENTOTAXIS + OPEN REDUCTION + PLATING AND / OR BONE GRAFTING |
| 2 | BIPOLAR HEMIARTHROPLASTY | 9 | LATARJET PROCEDURE |
| 3 | CORE DECOMPRESSION (AVN) | 10 | MICRO LUMBAR DISCECTOMY. |
| 4 | FORE QUARTER AMPUTATION | 11 | ORIF OF COMMINUTED FRACTURE UPPER END TIBIAL(TIBIAL PLATEAU FRACTURES) WITH BUTTRESS PLATE WITH OR WITHOUT BONE GRAFT |
| 5 | HIND QUARTER AMPUTATION. | 12 | ORIF OF COMMINUTED FRACTURE SUPRA CONDYLAR FEMUR HUMERUS |
| 6 | HEMIARTHROPLASTY | 13 | ORIF WITH PHILOS PLATING |
| 7 | INTERLOCKING , NAILING OF FEMUR / TIBIA / HUMERUS | | |

| CATEGORY-X | | | |
|-------------------|---|----|--|
| 1 | ANTERIOR SPINAL OSTEOTOMY | 10 | LAMINECTOMY AND DISCECTOMY OF MORE THAN 1 LEVEL |
| 2 | ANTERIOR SPINAL DECOMPRESSION AND FUSION | 11 | MICROVASCULAR SURGERY |
| 3 | ARTHROSCOPIC SHOULDER SURGERY/ROTATOR CUFF REPAIR, BANKART REPAIR | 12 | OTHER MAJOR SURGERIES |
| 4 | BIPOLAR REPLACEMENT | 13 | ORIF - BOTH COLUMN FRACTURES OF ACETABULUM |
| 5 | INTRAPELVIC FRACTURE FIXATION | 14 | POSTERIOR SPINAL INSTRUMENTATION |
| 6 | FRACTURE LONG BONES - FIXATION ALSO WITH VASCULAR REPAIR | 15 | SURGERY FOR SCOLIOSIS WITH ANT. SPINAL INSTRUMENTATION |
| 7 | LIMB TRANSPLANT ETC. REIMPLANTATION | 16 | THR,TKR,TSR, TER,TJR |
| 8 | ILIZAROV PROCEDURE | 17 | OSTEOTOMY FOR EXTROPHY BLADDER |
| 9 | FEMORAL/TIBIAL DEROTATIONAL OSTEOTOMY | 18 | PELVIC OSTEOTOMY |

PAEDIATRIC SURGERY

| CATEGORY-I | | | |
|-------------------|---|----|--------------------------------------|
| 1 | ANAL DILATATION | 8 | SUCTION BIOPSY/RECTUM/WITHOUT GA |
| 2 | CAUTERIZATION OF UMBILICAL POLYP | 9 | CATHETERIZATION IN OT |
| 3 | DRESSINGS UNDER GA | 10 | D J STENT REMOVAL |
| 4 | INCISION & DRAINAGE OF SUPERFICIAL ABSCESSSES | 11 | WOUND EXPLORATION |
| 5 | PROCTOSCOPY | 12 | URETHRAL DILATATION |
| 6 | REMOVAL OF SUTURES UNDER GA | 13 | ASCITES ASPIRATIONS |
| 7 | SIGMOIDOSCOPY | 14 | URETHRAL CALIBRATION UNDER LA |

| CATEGORY-II | | | |
|--------------------|---|----|--|
| 1 | CERVICAL, AXILLARY, INGUINAL, NODE BIOPSY | 7 | RECTAL POLYPECTOMY |
| 2 | ICD INSERTION | 8 | SUTURING OF WOUNDS-GA |
| 3 | CHANGE OF DRESSING UNDER GA | 9 | TONGUE TIE RELEASE |
| 4 | CENTRAL LINE INSERTION UNDER GA | 10 | URETHRAL DILATATION+ D J STENT REMOVAL |
| 5 | EUA/ EXAMINATION UNDER GA | 11 | URETHRAL CALLIBRATION UNDER GA |
| 6 | INCISION AND DRAINAGE OF DEEP ABSCESSSES | | |

| CATEGORY-III | | | |
|---------------------|--------------------------------------|----|------------------|
| 1 | ANAL CUTBACK | 8 | GENITOSCOPY |
| 2 | BIOPSY- PERCUTANEOUS , RENAL , LIVER | 9 | CIRCUMCISION |
| 3 | CYSTOSCOPY FULGURATION | 10 | DORSAL SLIT |
| 4 | CYSTOLITHOTOMY | 11 | MEATOTOMY |
| 5 | DIAGNOSTIC BRONCHOSCOPY | 12 | MUCOSAL TRIMMING |
| 6 | DIAGNOSTIC CYSTOSCOPY | 13 | MEATOPLASTY |
| 7 | DIAGNOSTIC OESOPHAGOSCOPY | | |

PAEDIATRIC SURGERY

| CATEGORY-IV | | | |
|--------------------|------------------------------|----|--|
| 1 | APPENDICECTOMY | 8 | THERAPEUTIC OESOPHAGOSCOPY |
| 2 | COLOSTOMY | 9 | TORSION TESTIES REPAIR /EXPLORATION OF SCROTUM |
| 3 | FISTULECTOMY | 10 | TRACHEOSTOMY |
| 4 | LAPAROTOMY | 11 | SKIN GRAFTING |
| 5 | THERAPEUTIC BRONCHOSCOPY/BAL | 12 | RECTAL BIOPSY / MYECTOMY |
| 6 | THERAPEUTIC CYSTOSCOPY | 13 | ESOPHAGUS DILATATION |
| 7 | CYSTOSCOPY + DILATATION | 14 | MCU+CYSTOSCOPY |

| CATEGORY-V | | | |
|-------------------|---------------------------------------|----|--|
| 1 | CYSTOLITHOTOMY | 13 | LAPAROTOMY WITH REDUCTION OF INTUSUSEPTION |
| 2 | DIAGNOSTIC LAPROSCOPY | 14 | OESOPHAGOSTOMY/GASTROSTOMY |
| 3 | EXPLORATORY LAPAROTOMY | 15 | ORCHIOPEXY/ ORCHIDECTOMY (LOW OR ECTOPIC) |
| 4 | ENDOSCOPIC VALVE RESECTION | 16 | PYLOROMYOTOMY |
| 5 | EXCISION OF PREAURICULAR SINUS | 17 | PYELOSTOMY / NEPHROSTOMY |
| 6 | EXCISION OF HEMANGIOMA | 18 | LASER VALVE FULGURATION |
| 7 | EXCISION OF RANULA | 19 | HERNIOTOMY/HERNIOPLASTY |
| 8 | CHOLANGIogram | 20 | GLANDULOPLASTY HYPOSPADIAS |
| 9 | HERNIOGRAPHY | 21 | ROMOVAL OF FB FROM BRONCHUS |
| 10 | LAPAROSCOPIC / LIVER BIOPSY | 22 | ROMOVAL OF FB FROM OESOPHAGUS |
| 11 | LAP- APPENDICECTOMY | 23 | URETERIC REIMPLANTATION U/L |
| 12 | LAPAROTOMY WITH FROZEN SECTION BIOPSY | | |

PAEDIATRIC SURGERY

| CATEGORY-VI | | | |
|--------------------|---|----|-------------------------------------|
| 1 | ANAL TRANSPOSITION | 18 | HYPOSPADIAS REPAIR STAGE I , II |
| 2 | BRONCHIAL FISTULA REPAIR | 19 | HERIONTOMY - BILATERAL |
| 3 | BRANCHIAL SINUS EXCISION | 20 | HEMANGIOMA EXCISION (SIMPLE) |
| 4 | CHOLECYSTECTOMY-(OPEN) | 21 | FUNDOPLICATION |
| 5 | CLOSURE OF URETHRAL FISTULA | 22 | LIMITED PSARP |
| 6 | COLOSTOMY CLOSURE | 23 | LAP-ORCHIDECTOMY/ORCHIOPEXY |
| 7 | CORRECTION OF MALROTATION | 24 | EPISPADIAS REPAIR |
| 8 | CHORDAE CORRECTION | 25 | NEONATAL LAPROTOMY |
| 9 | CYSTIC HYGROMA EXCISION | 26 | ORCHIOPEXY |
| 10 | DECORTICATION FOR EMPYEMA | 27 | REPAIR OF MYELOMENINGOCELE |
| 11 | DUODENOJEJUNOSTOMY | 28 | RESECTION ANASTOMOSIS OF GUT |
| 12 | EXCISION OF ABDOMINAL BENIGN TUMOUR CYSTS | 29 | REIMPLANTATION ANOPLASTY |
| 13 | ENDOSCOPIC URETEROLITHOTOMY | 30 | SPLEENECTOMY |
| 14 | EXPLORATORY THORACOTOMY | 31 | JEJUNOSTOMY |
| 15 | FEEDING JT/GT | 32 | URETEROSTOMY/VESICOSTOMY CLOSURE |
| 16 | EXCISION OF VESICAL DIVERTICULUM | 33 | URETHRAL FISTULA REPAIR/CLOSURE |
| 17 | GASTRO JEJUNOSTOMY | 34 | URETERIC REIMPLANTATION B/L |

| CATEGORY-VII | | | |
|---------------------|--|----|------------------------------------|
| 1 | ANTI REFLUX OPERATION ON URETER(ONE SIDE) | 10 | PYELOLITHOTOMY |
| 2 | ANTI REFLUX OPERATION ON STOMACH | 11 | PSARP/ANAL PULL THROUGH |
| 3 | CLITORAL REDUCTION | 12 | RE-DO HERNIOTOMY |
| 4 | GENITOPLASTY | 13 | REPAIR OF EXOMPHALOS |
| 5 | HEMICOLECTOMY | 14 | SINGLE STAGE REPAIR OF HYPOSPADIAS |
| 6 | HEMANGIOMA EXCISION (COMPLEX) | 15 | THERAPEUTIC LAPROSCOPY (MAJOR) |
| 7 | NEPHROLITHOTOMY | 16 | URETEROLITHOTOMY |
| 8 | SISTRUNK'S OPERATION FOR THYROGLOSSAL CYST | 17 | HELLAR'S OPERATION |
| 9 | PYELOPLASTY (ANDERSON HYNES) | | |

PAEDIATRIC SURGERY

| CATEGORY-VIII | | | |
|----------------------|--|----|---|
| 1 | AUGMENTATION CYSTOPLASTY | 12 | LAPAROTOMY+RA+ADHESIOLYSIS |
| 2 | ANTI REFLUX OP. ON URETER(BILATERAL) | 13 | NEONATAL INTESTINAL OBSTRUCTION |
| 3 | BLADDER NECK REPAIR | 14 | OESOPHAGEAL ATRESIA WITH T.O.'FISTULA |
| 4 | CONTINENT CYSTOSTOMY | 15 | HIGH ORCHIO/REPEAT ORCHIOPEXY/STAGED |
| 5 | CORRECTION OF BILIARY ATRESIA (KASAIS) | 16 | REPAIR OF DIAPHARGMATIC HERNIA |
| 6 | DIVERTICULECTOMY- URETERIC | 17 | TOTAL CLOACAL REPAIR |
| 7 | EXCISION OF NEUROBLASTOMA | 18 | WILM'S TUMOUR EXCISION |
| 8 | EXCISION OF CHOLEDOCHAL CYST WITH BYPASS | 19 | SHUNT SURGERY |
| 9 | EXCISION OF MEDIASTINAL TUMOURS | 20 | MAJOR RE-DO SURGERY |
| 10 | EXCISION OF RETROPERITONEAL TUMOURS | 21 | EXCISION OF THORACIC BENIGN TUMOURS/ CYSTS |
| 11 | HIRSCHSPRUNG PULL THROUGH | 22 | VIDEO ASSISTED THORACOSCOPIC SURGERY (VATS) |

| CATEGORY-IX | | | |
|--------------------|--|---|------------------------|
| 1 | CLITOROPLASTY | 4 | TOTAL COLECTOMY |
| 2 | DIAGNOSTIC THORACOSCOPY+THORACOTOMY | 5 | TRACHEAL STENTING |
| 3 | HEMI NEPHRECTOMY | 6 | THORACOTOMY +LOBECTOMY |

| CATEGORY-X | | | |
|-------------------|--|---|----------------------------|
| 1 | OESOPHAGEAL SUBSTITUTIONS | 6 | REPAIR OF EXTROPHY COMPLEX |
| 2 | EXCISION OF SACRO COCCYGEAL TERATOMA | 7 | GASTRIC PULL THROUGH |
| 3 | HEPATICOEJUNOSTOMY/ HEPATICODUODENOSTOMY | 8 | RADICAL NEPHRECTOMY |
| 4 | HEPATIC RESECTION | 9 | RE-DO NEONATAL LAPAROTOMY |
| 5 | PHALLOPLASTY | | |

PLASTIC SURGERY

| CATEGORY-I | | | |
|-------------------|--|---|-------------------|
| 1 | BURNS (MINOR) DRESSING/(<5%) ANY MINOR DRESSING | 2 | DEBRIDEMENT MINOR |

| CATEGORY-II | | | |
|--------------------|-----|---|--------------------|
| 1 | EUA | 2 | TONGUE TIE RELEASE |

| CATEGORY-III | | | |
|---------------------|----------------------------|---|-----------------------------|
| 1 | DEBRIDEMENT MAJOR | 4 | LIP ADHESION SURGERY |
| 2 | EAR LOBE REPAIR-UNILATERAL | 5 | MINOR DRESSING(GA) |
| 3 | IMF REMOVAL | 6 | |

| CATEGORY-IV | | | |
|--------------------|------------------------------|---|--|
| 1 | ARTHRODESIS OF FINGURE JOINT | 4 | REPAIR OF NAIL BED |
| 2 | DRESSING MEDIUM SIZE (GA) | 5 | SKIN TAG REMOVAL/MOLE EXCISION |
| 3 | FLAP DIVISION | 6 | SCAR REVISION, EXCISION, FLAP THINNING+PRIMARY CLOSURE |

| CATEGORY-V | | | |
|-------------------|--|----|-------------------------------------|
| 1 | COMMISSUROTOMY | 6 | FINGER RECONSTRUCTION WITH SSS/STSG |
| 2 | CROSS FINGURE FLAP | 7 | K WIRE FIXATION-SINGLE FINGER |
| 3 | COSMETIC SUTURING OF FACIAL WOUND | 8 | POLYDACTYL EXCISION SIMPLE |
| 4 | DRESSING MAJOR UNDER GA | 9 | SOFT PALATE REPAIR |
| 5 | FACIAL LACERATION- SIMPLE SUTURING | 10 | VAC DRESSING |

PLASTIC SURGERY

| CATEGORY-VI | | | |
|--------------------|--|---|---|
| 1 | COMMISSUROPLASTY | 5 | FASCIOTOMY/COMPARTMENT SYNDROME RELEASE |
| 2 | CARPEL TUNNEL RELEASE | 6 | FRACTURE MANDIBLE IMF |
| 3 | EYEBROW RECONSTRUCTION WITH GRAFTS/ISLAND FLAP | 7 | SINGLE TENDON REPAIR |
| 4 | FINGER RECONSTRUCTION LOCAL FLAPS | | |

| CATEGORY-VII | | | |
|---------------------|---|----|--|
| 1 | ALL LOCAL FLAPS | 7 | NASAL BONE # CLOSE REDUCTION |
| 2 | ALL CONTRACTURE RELEASE WITH SSG (SPLIT SKIN GRAFT) | 8 | NEUROLYSIS (SIMPLE)/NERVE REPAIR -SIMPLE |
| 3 | CANTHOPLASTY | 9 | POSTERIO MEDIAL RELEASE (CLUB FOOT) |
| 4 | CLEFT LIP SCAR REVISION | 10 | SIMPLE SKIN GRAFTING (MINOR) |
| 5 | HEMANGIOMA- EXCISION- SIMPLE | 11 | Z PLASTY |
| 6 | MAJOR DEBRIDEMENT | 12 | ZYGOMA FRACTURE CLOSE REDUCTION |

| CATEGORY-VIII | | | |
|----------------------|-----------------------------------|----|--|
| 1 | AV FISTULA RECONSTRUCTION | 7 | MULTIPLE TENDON REPAIR |
| 2 | CLEFT PALATE REPAIR | 8 | NERVE REPAIR WITH GRAFT-INTERPOSITION GRAFT |
| 3 | FAT DERMAFAT GRAFT (MINOR) | 9 | PALATAL FISTULA REPAIR |
| 4 | FULL THICKNESS SKIN GRAFTING | 10 | PHALLIC RECONSTRUCTION |
| 5 | HEMANGIOMA - COMPLEX | 11 | SKIN GRAFTING MAJOR |
| 6 | HEAD AND NECK FLAP RECONSTRUCTION | | |

PLASTIC SURGERY

| CATEGORY-IX | | | |
|--------------------|---|----|---------------------------------------|
| 1 | CLEFT LIP + PALATE REPAIR | 8 | CONTRACTURE RELEASE + MULTIPLE FINGER |
| 2 | ALVELOAR BONE GRAFTING | 9 | SYNDACTYLY RELEASE + SSG/FTSG |
| 3 | CONTRACTURE RELEASE + FLAP COVER | 10 | PTOSIS SURGERY |
| 4 | FACIAL PALSY - TEMPORALES TRANSFER | 11 | TENDON GRAFTING, TENDON TRANSFER |
| 5 | NEUROLYSIS COMPLEX + (TENOLYSIS) | 12 | RHINOPLASTY + AUGMENTATION |
| 6 | FACIAL # ORIF | 13 | ABDOMINOPLASTY |
| 7 | BREAST IMPLANT, FAT GRAFTING MAJOR/AUGMENTATION | 14 | ABDOMINAL LIPECTOMY |

| CATEGORY-X | | | |
|-------------------|---|---|-------------------------|
| 1 | MICRO SURGERY-DIGITAL ARTERY, DIGITAL VEIN REPAIR | 6 | WRIST INJURY |
| 2 | FREE FLAP | 7 | PAN FACIAL # |
| 3 | VASCULAR REPAIR WITH / WITHOUT GRAFT | 8 | FAT GRAFTING (MAJOR) |
| 4 | PEDICLE GRAFT | 9 | ORBITAL FRACTURE REPAIR |
| 5 | HAIR TRANSPLANT (EACH STAGE) | | |

UROSURGERY

| CATEGORY I | | | |
|-------------------|-------------------------------|---|---------------------|
| 1 | BIOPSY - TESTICULAR | 5 | URETHRAL DILATATION |
| 2 | BIOPSY - PROSTATE | 6 | VASECTOMY |
| 3 | CHANGE OF SUPRAPUBIC CATHETER | | |

| CATEGORY II | | | |
|--------------------|--------------------------|---|--------------------------------------|
| 1 | CIRCUMCISION | 4 | MEATOTOMY |
| 2 | CYSTOSTOMY- SUPRAPUBLIC | 5 | SUPRAPUBLIC CATHETERISATION UNDER GA |
| 3 | D J STENT REMOVAL | | |

| CATEGORY III | | | |
|---------------------|-------------------------------------|---|-------------------------|
| 1 | CHECK CYSTOSCOPY + FULGURATION | 4 | CYSTOSCOPY - DIAGNOSTIC |
| 2 | CYSTOSCOPY + RETROGRADE PYELOGRAPHY | 5 | CUTANEOUS URETHROSTOMY |
| 3 | CYSTO URETHROSCOPY | 6 | HYDROCOELE SURGERY |

| CATEGORY IV | | | |
|--------------------|------------------------------------|---|-----------------------------------|
| 1 | CYSTOSCOPY WITH JANAVI DILATATION | 5 | CYSTO + CLOT EVACUATION |
| 2 | CYSTOSCOPY - BILATERAL RETROGRADES | 6 | CYSTOSCOPY- THERAPEUTIC |
| 3 | CYSTOSCOPY +URETHRAL DILATATION | 7 | ORCHIDECTOMY |
| 4 | CYSTOSCOPY WITH D J STENTING | 8 | UNILATERAL DJ STENTING+RGP |

| CATEGORY V | | | |
|-------------------|--|---|---------------------------------|
| 1 | BILATERAL CYSTOSCOPY WITH D J STENTING | 4 | ORCHIDECTOMY- UNILATERAL |
| 2 | BILATERAL DJ STENTING+RGP | 5 | PERCUTANEOUS NEPHROSTOMY (PCN) |
| 3 | OPTICAL URETHROTOMY-OIU | | VARICOCELE SURGERY -Unilateral |

UROSURGERY

| CATEGORY VI | | | |
|--------------------|--------------------------------|---|-----------------------|
| 1 | CYSTOLITHOTOMY | 5 | URETHRAL CARUNCLE |
| 2 | BILATERAL -ORCHIDECTOMY | 6 | VASOVASOSTOMY CLOSURE |
| 3 | PERINEAL URETHROSTOMY | 7 | VASOVASOSTOMY |
| 4 | URETEROSTOMY CLOSURE | | |

| CATEGORY VII | | | |
|---------------------|---|----|--|
| 1 | AV FISTULA | 7 | 1 ST /2 ND STAGE URETEROPLASTY |
| 2 | AMPUTATION OF PENIS-PARTIAL | 8 | BURCH COLPOSUSPENSION |
| 3 | CYSTOSCOPY + BLADDER NECK RESECTION (BNI) | 9 | HYPOSPADIAS REPAIR |
| 4 | PU VALVE FULGURATION | 10 | CYSTOLITHOPEXY - MECHANICAL |
| 5 | ORCHIDOPEXY UNILATERAL | 11 | BILATERAL VARICOCELE SURGERY |
| 6 | CYSTOSCOPY + URETEROCOELIC INCISION | | |

| CATEGORY VIII | | | |
|----------------------|---|----|--------------------------------|
| 1 | AMPUTATION OF PENIS -TOTAL | 7 | URETERECTOMY LEFT/RIGHT |
| 2 | VASO EPIDIDYMAL ANASTOMOSIS | 8 | VVF REPAIR |
| 3 | URS FOR STONE EXTRACTION WITH OR WITHOUT D J STENTING | 9 | URETEROLITHOTOMY |
| 4 | URETERIC REIMPLANTATION/ ADVANCEMENT | 10 | TOT/TVT (TENSION FREE VG TAPE) |
| 5 | RENAL/PERIRENAL ABSCESS DRAINAGE | 11 | BILATERAL ORCHIDOPEXY |
| 6 | PYELOLITHOTOMY | 12 | PARTIAL CYSTECTOMY |

UROSURGERY

| CATEGORY IX | | | |
|--------------------|------------------------------------|----|--|
| 1 | AMP. PENIS + BIL. GROIN DISSECTION | 7 | CYSTOSCOPIC TURBT |
| 2 | PYELOPLASTY | 8 | CYSTOSCOPIC TURP |
| 3 | NEPHROLITHOTOMY MULTIPLE | 9 | BILATERAL URETERIC REIMPLANTATION /CYSTOPLASTY |
| 4 | SIMPLE NEPHRECTOMY | 10 | PYELOPLASTY + DJ STENTING |
| 5 | DONOR NEPHRECTOMY | 11 | URETHROPLASTY |
| 6 | OPEN PROSTATECTOMY | 12 | PENILE PROSTHESIS |

| CATEGORY X | | | |
|-------------------|--|----|--------------------------------------|
| 1 | ARTIFICIAL SPHINCTOR | 8 | ADRENAL GLAND SURGERY (OPEN/ LAP) |
| 2 | RADICAL CYSTECTOMY + CONT. DIVERSION (OPEN/ LAP) | 9 | RENAL TRANSPLANT (RECIPIENT) |
| 3 | RETROPERITONEAL L N D | 10 | RADICAL NEPHRECTOMY (OPEN / LAP) |
| 4 | RADICAL PROSTATECTOMY (OPEN / LAP) | 11 | CYSTECTOMY + ILEAL CONDUIT |
| 5 | RETROPERITONEAL EXCISION TUMOUR | 12 | RETROGRADE INTRARENAL SURGERY (RIRS) |
| 6 | PCNL FOR STAG HORN/COMPLEX SURGERY | 13 | CYSTOPLASTY + BLADDER AUGMENTATION |
| 7 | PARTIAL NEPHRECTOMY | | |

VASCULAR SURGERY

| CATEGORY-I | | | |
|-------------------|--------------------------------|---|----------------------------|
| 1 | CHANGE OF DRESSING IN OT | 3 | SUPERFICIAL I & D UNDER LA |
| 2 | DRAINAGE OF HAEMATOMA UNDER LA | 4 | SUTURING OF WOUND UNDER LA |

| CATEGORY-II | | | |
|--------------------|---|---|---------------------------------|
| 1 | DRAINAGE OF SUPERFICIAL HAEMATOMA UNDER GA/SA | 3 | SUPERFICIAL I & D UNDER GA / SA |
| 2 | EXPLORATION OF VESSELS FOR AVF | | |

| CATEGORY-III | | | |
|---------------------|---|---|---|
| 1 | EXPLORATION OF VESSELS FOR TRAUMA (MINOR) | 2 | MINOR AMPUTATION (OF DIGITS/HAND/FOOT) |

| CATEGORY-IV | | | |
|--------------------|------------------------------|---|---------------------------------|
| 1 | EVACUATION OF DEEP HAEMATOMA | 3 | RE-EXPLORATION OF WOUND (MAJOR) |
| 2 | PHLEBECTOMIES (MINOR) | | |

| CATEGORY-V | | | |
|-------------------|---|---|----------------------|
| 1 | AMPUTATIONS THROUGH /BELOW ELBOW/BELOW KNEE | 2 | AVM SURGERY (MINOR) |

| CATEGORY-VI | | | |
|--------------------|--|---|---|
| 1 | AMPUTATION ABOVE ELBOW PROXIMAL / ABOVE KNEE | 3 | SF JUNCTION LIGATION + STRIPPING OF LSV |
| 2 | AVM SURGERY (MODERATE) | 4 | SP JUNCTION LIGATION + PHLEBECTOMIES |

VASCULAR SURGERY

| CATEGORY-VII | | | |
|---------------------|---|---|---------------------------|
| 1 | BRACHIO - CEPHALIC FISTULA /RADIOCEPHALIC FISTULA | 4 | RE DO VASCULAR PROCEDURES |
| 2 | FOAM SCLEROTHERAPY FOR VARICOSE VEINS | 5 | AVF LIGATION |
| 3 | SUBFACIAL LIGATION OF VARICOSE VEIN | 6 | THROMBECTOMY |

| CATEGORY-VIII | | | |
|----------------------|---|---|--|
| 1 | LASER TREATMENT FOR VARICOSE VEIN | 4 | SP JUNCTION LIGATION + PHLEBECTOMIES (REDO) |
| 2 | MAJOR PROXIMAL AMPUTATIONS | 5 | TRANSBRACHIAL / TRANSFEMORAL THROMBOEM- BOLECTOMIES (ENDOVENOUS LASER TREATMENT) |
| 3 | SF JUNCTION LIGATION + STRIPPING OF LSV + PHELEBECTOMIES(RED-O) | 6 | REDO/COMPLICATED AV FISTULA |

| CATEGORY-IX | | | |
|--------------------|---|---|-------------------------------|
| 1 | ARTERIOVENOUS GRAFTS FOR DIALYSIS ACCESS CERVICAL SYMPATHECTOMY | 6 | GRAFT THROMBECTOMY |
| 2 | BASILIC VEIN TRANSPOSITION/SUPERFICIALISATION | 7 | LYMPHATIC SURGERY |
| 3 | DEEP VENOUS SURGERY | 8 | THORACIC OUTLET DECOMPRESSION |
| 4 | FEMORO - POPLITEAL BYPASS | 9 | FEMUR-FEMUR CROSS OVER |
| 5 | EXCISION OF CERVICAL RIB | | |

| CATEGORY-X | | | |
|-------------------|---|----|---|
| 1 | ALL AORTIC SURGERIES / RECONSTRUCTIONS | 7 | MAJOR TRAUMA SURGERY |
| 2 | ANGIOPLASTY / INTERPOSITION GRAFT | 8 | MAJOR UPPER LIMB BYPASS |
| 3 | CAROTID ENDARTERECTOMY + PATCH | 9 | THORACIC OUTLET DECOMPRESSION WITH BYPASS |
| 4 | COMPLICATED/EXTENSIVE AVM SURGERY | 10 | AXILLARY BIFEM BYPASS |
| 5 | FEMORO-DISTAL BYPASS / COMPOSITE GRAFTS | 11 | POPLITEAL ARTERY BYPASS |
| 6 | JUMP GRAFT | | |

PAEDIATRIC ORTHOPAEDIC

| CATEGORY-II | | | |
|--------------------|-----------------|---|---|
| 1 | INJECTION BOTOX | 2 | CONGENITAL TALIPUS EQUINO VARUS (UNILATERAL) |

| CATEGORY-III | | | |
|---------------------|---|---|--|
| 1 | CONGENITAL TALIPUS EQUINO VARUS (CLUB FOOT) TENOTOMY BILATERAL | 2 | INJECTION BOTOX +CAST APPLICATION |

| CATEGORY-IV | | | |
|--------------------|--------------------------|---|-------------------------|
| 1 | ADDUCTOR TENOTOMY | 2 | DISLOCATIN OF HIP-MINOR |

| CATEGORY-V | | | |
|-------------------|---|---|--|
| 1 | DISTAL END RADIUS+K WIRE | 4 | CEREBRAL PALSY-MINOR |
| 2 | SUPRA CONDYLAR FRACTURE | 5 | CONGENITAL TALIPUS EQUINO VARUS (CLUB FOOT CTEV) MINOR OPEN |
| 3 | CLOSED REDUCTION OF DDH WITH CASTING | 6 | |

| CATEGORY-VI | | | |
|--------------------|---|---|---------------------------------|
| 1 | ARTHROTONY OF HIP OR KNEE | 5 | SEPTIC ARTHRITIS/ ARTHROTOMY |
| 2 | CLOSED REDUCTION OF LONG BONES | 6 | SUPRA CONDYLAR FRACTURE- K WIRE |
| 3 | OPEN HAMSTRINGS/ HIGH TA LENGTHNING-UNILATERAL | 7 | TENOTOMY |
| 4 | POSTERIOR MEDIAL RELEASE (CLUB FOOT) | 8 | |

| CATEGORY-VII | | | |
|---------------------|---|---|--|
| 1 | CONGENITAL TALIPUS EQUINO VARUS (CLUB FOOT) MAJOR OPEN | 4 | STERNOCLEIDOMASTOID RELEASE (SCM) |
| 2 | DISLOCATIN OF HIP-OPEN REDUCTION | 5 | TALOCALCANEAL BAR / CALCANOMAVICULAR BAR EXCISION |
| 3 | OPEN HAMSTRINGS LENGTHING- BILATERAL | 6 | |

PAEDIATRIC ORTHOPAEDIC

| CATEGORY-VIII | | | |
|----------------------|---|---|---|
| 1 | CEREBRAL PALSY-MAJOR | 5 | IMPLANT REMOVAL-MAJOR |
| 2 | DISTAL END RADIUS OPEN REDUCTION+K WIRE | 6 | LOWER END HUMERUS- NAILING/PLATING |
| 3 | DISLOCATION OF HIP-MAJOR WITH PLATING -OPEN | 7 | PATELLA ALTA AND BAH RELOCATION WITH MEDIAL PLICATION |
| 4 | EPIPHYSIODESIS OF JOINT | 8 | SEPTIC ARTHRITIS-ARTHROTONY +BONE WINDOW |

| CATEGORY-IX | | | |
|--------------------|--|---|-------------------------|
| 1 | SUPRA CONDYLAR FRACTURE-OPEN | 3 | K WIRE FIXATION OF BONE |
| 2 | PHYSEAL INJURY FIXATION AND REDUCTION | | |

| CATEGORY-X | | | |
|-------------------|------------------|---|--|
| 1 | PELVIC OSTEOTOMY | 2 | FEMORAL AND OR TIBAL DE- ROTATIONAL OSTEOTOMY |

DIABETIC FOOT SURGERY

| CATEGORY-I | | | |
|-------------------|---------------------------------|---|----------------------|
| 1 | APPLICATION OF B/K PLASTER/SLAB | 3 | TOE PULP DEBRIDEMENT |
| 2 | PARONYCHIA | | |

| CATEGORY-II | | | |
|--------------------|--|---|----------------------------------|
| 1 | DEBRIDEMENT & DESLOUGHING OF NON HEALING ULCER MINOR | 3 | TOE DP OSTEOMYELITIS DEBRIDEMENT |
| 2 | HEEL ABSCESS EXPLORATION & DEBRIDEMENT MINOR | | |

| CATEGORY-III | | | |
|---------------------|--|---|----------------------------------|
| 1 | DEBRIDEMENT AND DESLOUGHING OF NON HEALING ULCER MAJOR | 3 | FOOT ULCER WITH O.M. DEBRIDEMENT |
| 2 | HEEL ABSCESS EXPLORATION AND DEBRIDEMENT MAJOR | 4 | SKIN GRAFTING MAJOR |

| CATEGORY-IV | | | |
|--------------------|--|----|--|
| 1 | DORSAL FOOT EXPLORATION AND DEBRIDEMENT | 6 | MULTIPLE RAY AMPUTATIONS |
| 2 | HEEL ABSCESS WITH O.M. EXPLORATION AND DEBRIDEMENT MAJOR | 7 | TOE PARTIAL AMPUTATION/FOREFOOT AMPUTATION |
| 3 | FOOT ULCER WITH O.M DEBRIDEMENT AND SUTURING | 8 | BK/AK PLASTER (COMPLEX) WITH OFFLOADING |
| 4 | FOOT ULCER WITH O.M. DEBRIDEMENT MULTIPLE | 9 | HEEL CRACK EXPLORATION |
| 5 | DEBRIDEMENT OF ULCER | 10 | I & D SUPERFICIAL ABSCESS |

DIABETIC FOOT SURGERY

| CATEGORY-V | | | |
|-------------------|--|---|--|
| 1 | EXPLORATION & DEBRIDEMENT OF LEG CELLULITIS SINGLE COMPARTMENT | 3 | PLANTAR FOOT EXPLORATION & DEBRIDEMENT |
| 2 | MOD FOOT SPACES I & D DEBRIDEMENT | 4 | ESCHARECTOMY +DEBRIDEMENT |

| CATEGORY-VI | | | |
|--------------------|-----------------------------------|---|---------------------------|
| 1 | DORSAL & PLANTAR FOOT DEBRIDEMENT | 3 | NPWT+ DEBRIDEMENT (MINOR) |
| 2 | DEBRIDEMENT +FLAP | | |

| CATEGORY-VII | | | |
|---------------------|---|---|-----------------------------|
| 1 | EXTENSIVE EXPLORATION & DEBRIDEMENT OF LEG CELLULITIS | 6 | DRESSING (MAJOR) |
| 2 | EXTENSIVE SKIN GRAFTING (FOOT &LEG) | 7 | TRANS METATARSAL AMPUTATION |
| 3 | TARSO - METATARSAL AMPUTATION | 8 | CHOPART'S AMPUTATION |
| 4 | LISFRANC AMPUTATION | 9 | FOOT AMPUTATION +FLAP |
| 5 | DEBRIDEMENT +DRESSING (MAJOR) | | |

| CATEGORY-VIII | | | |
|----------------------|--|---|---|
| 1 | SYMES AMPUTATION | 5 | (MAJOR) +NPWT (NEGATIVE PRESSURE WOUND THERAPY) APPLICATION |
| 2 | AMPUTATION + DEBRIDEMENT | 6 | ANY OTHER AMPUTATION WITH FLAP/SKIN GRAFTING |
| 3 | ABOVE KNEE AMPUTATION | 7 | BELOW KNEE AMPUTATION (COMPLEX) |
| 4 | ARTHRODESIS 1 JOINT OR MULTIPLE JOINTS | 8 | ARTHRODESIS + INTERNAL FIXATION |

PAIN PROCEDURE

| CATEGORY-I | | | |
|-------------------|-------------------------|---|-------------------------|
| 1 | TRIGGER POINT INJECTION | 2 | LOCAL STEROID INJECTION |

| CATEGORY-II | | | |
|--------------------|----------------------------|---|-------------------|
| 1 | DEQUERVAIN SYNDROME | 4 | SCAR INFILTRATION |
| 2 | INTRA ARTICULAR INJECTION | 5 | TRIGGER FINGER |
| 3 | PLANTAR FASCITIS INJECTION | | |

| CATEGORY-III | | | |
|---------------------|----------------------------|---|------------------------------------|
| 1 | EPIDURAL STEROID INJECTION | 2 | SUPERFICIAL PERIPHERAL NERVE BLOCK |

| CATEGORY-IV | | | |
|--------------------|---------------------------------------|----|--|
| 1 | INTRATHECAL OPOID | 8 | OZONE DISCECTOMIES |
| 2 | DIAGNOSTIC LUMBAR SYMPATECTOMY | 9 | ROOT BLOCK |
| 3 | DIAGNOSTIC STELLATE GANGRENE BLOCK | 10 | DIAGNOSTIC MANDIBULAR NERVE BLOCK |
| 4 | DIAGNOSTIC INTERCOSTAL NERVE BLOCK | 11 | DIAGNOSTIC GLOSSOPHARYNGEAL NERVE BLOCK |
| 5 | DIAGNOSTIC SUPRATROCHLEAR NERVE BLOCK | 12 | DIAGNOSTIC SUPRA CLAVICULAR & INTRA CLAVICULAR NERVE BLOCK |
| 6 | DIAGNOSTIC SUPRA ORBITAL NERVE BLOCK | 13 | DIAGNOSTIC AXILLARY BLOCK |
| 7 | DIAGNOSTIC SUPRA SCAPULAR NERVE BLOCK | | |

| CATEGORY-V | | | |
|-------------------|---------------------------------------|---|-----------------------------|
| 1 | DIAGNOSTIC COELIAC PLEXUS NERVE BLOCK | 4 | FASCET JOINT BLOCK |
| 2 | DIAGNOSTIC TRIGEMINAL NERVE BLOCK | 5 | SPHENO-PALATINE NERVE BLOCK |
| 3 | DIAGNOSTIC DORSAL ROOT GANGLION BLOCK | | |

PAIN PROCEDURE

| CATEGORY-VI | | | |
|--------------------|--------------------------------|---|----------------------------------|
| 1 | CONTINUOUS EPIDURAL TUNNELLING | 2 | NEUROLYTIC PERMANENT NERVE BLOCK |

| CATEGORY-VII | | | |
|---------------------|--------------------------|--|--|
| 1 | RADIOFREQUENCY ABLATIONS | | |

| CATEGORY-VIII | | | |
|----------------------|--------------------------------|---|--------------------------------------|
| 1 | EPIDUROPLASTY | 3 | PERMANENT TRIGEMINAL BLOCK |
| 2 | PERMANENT COELIAC PLEXUS BLOCK | 4 | PERMANENT DORSAL ROOT GANGLION BLOCK |

| CATEGORY-IX | | | |
|--------------------|----------------------|---|------------------|
| 1 | ENDOSCOPIC DISECTOMY | 3 | VERTEBRO- PLASTY |
| 2 | NUCLEOPLASTY | 4 | DISC REMOVAL |

| CATEGORY-X | | | |
|-------------------|------------------|---|------------------|
| 1 | IMPLANTS | 3 | NERVE STIMULATOR |
| 2 | INTRATHECAL PUMP | | |

NOTES FOR PAIN PROCEDURES:

- Charges of C arm if used will be at actual.
- CT guided procedure will be charges with one category higher.
- For paediatric patients undergoing procedures with GA; will be charges one category higher.
- For complications post procedures will also be charged one category higher.

OPD PROCEDURES DONE IN THE OPERATION THEATRE

1) These OPD procedures have to be done between 7:30 am & 6 pm only on week days.

2) Cost of surgical material, drugs & disposables will be extra, at actuals

3) Lab charges will be extra.

4) If anaesthesia is required, patient will not be considered as an OPD patient and will have to be registered as an In- patient (Cat I) minimum or as per hospital schedule. A minimum deposit of Rs. 1,500/- will have to be paid.

| | | 2018-2019 |
|-------------------------------|---------------------------------|------------------|
| <u>GENERAL SURGERY</u> | | |
| 1 | Aspiration | 1300 |
| 2 | Bronchoscopy Flexible | 3000 |
| 3 | Corn Excision | 800 |
| 4 | Change of Dressing (small) | 800 |
| 5 | Change of Dressing (large) | 1100 |
| 6 | Callosity excision | 800 |
| 7 | Dermoid Cyst Excision | 1600 |
| 8 | Incision & Drainage | 1500 |
| 9 | Lymph Node : Biopsy | 1600 |
| 10 | Lower lip mucosal biopsy | 1600 |
| 11 | Leukoplakia biopsy | 800 |
| 12 | Sebaceous Cyst Excision | 1300 |
| 13 | Sinus Stitch Scraping /Scraping | 800 |
| 14 | Sigmoidoscopy | 1600 |
| 15 | Tongue Biopsy | 800 |
| 16 | Resuturing | 1200 |
| 17 | Submucous cyst Excision | 1600 |
| 18 | In growing Toe nail (excision) | 1200 |
| 19 | Stitch Removal | 300 |
| | | |

| | <u>OPD PROCEDURES DONE IN THE OPERATION</u> | 2018-2019 |
|----|--|------------------|
| | <u>THEATRE</u> | |
| | <u>URO SURGERY</u> | |
| 1 | Catheterisation | 800 |
| 2 | Stent Removal with material | 3000 |
| 3 | Urethral Dilatation | 2200 |
| | <u>OPHTHALMOLOGY</u> | |
| 1 | Conjunctival Nevus Excision | 2200 |
| 2 | Chalazion Excision | 1800 |
| 3 | Eyelid Suturing / Suture Removal | 1800 |
| 4 | Eye Mucocele I & D | 1800 |
| 5 | Lacrimal Probing | 4000 |
| 6 | DCT | 3800 |
| | Intravitreal Injections :- | |
| 7 | Intravitreal - Lucentis | 11700 |
| 8 | Intravitreal - Avastin | 3000 |
| 9 | Intravitreal - Tricort | 3000 |
| 10 | Retinal Cryo | 1600 |
| | | |
| | <u>PLASTIC SURGERY</u> | |
| 1 | Auroplasty | 2200 |
| 2 | Cleft Lip Suture Removal | 2200 |
| 3 | Corticosteroid Injection per site | 800 |
| 4 | Excision of Hypertrophic Scar | 2200 |
| 5 | Keloid of pinna Excision | 2200 |
| 6 | "K" wire Fixation, Finger | 2200 |
| 7 | Mole Excision Biopsy | 2200 |
| 8 | Removal of K" wires | 2200 |
| 9 | Suturing of CLW | 2200 |
| 10 | Ligation of bleeding vessel in emergency | 5000 |
| | <u>PAEDIATRIC SURGERY</u> | |
| 1 | Catheterisation | 2200 |

| | | |
|----|--|------------------|
| | | |
| | <u>OPD PROCEDURES DONE IN THE OPERATION THEATRE</u> | 2018-2019 |
| 2 | Tongue Tie Release | 1600 |
| 3 | Urethral Dilatation | 2200 |
| 4 | Stent Removal with material | 3000 |
| | | |
| | <u>ORTHOPAEDICS</u> | |
| 1 | Aspiration of Haematoma | 1200 |
| 2 | Excision of Ganglion | 2200 |
| 3 | Epidural steroid injection in major OT | 3200 |
| 4 | Injection of Kenacort | 800 |
| 5 | Open & Re POP application(above knee) | 1300 |
| 6 | Open & Re POP application (below knee) | 900 |
| 7 | Removal of K'wire | 1100 |
| 8 | Removal of Spica & Pins | 2200 |
| | | |
| | <u>E.N.T.</u> | |
| 1 | Auroplasty | 1500 |
| 2 | Bilateral Wax Removal under Microscope | 900 |
| 3 | Bilateral Myringotomy under microscope | 3000 |
| 4 | Myringotomy with Grommet without material | 3600 |
| 5 | Myringotomy with Grommet with material | 4500 |
| 6 | Bilateral Antral Washout | 1100 |
| 7 | Cryo Surgery | 1600 |
| 8 | Excision of Ear Polyps under microscope | 2200 |
| 9 | Nasal Synechiectomy | 1600 |
| 10 | Removal of Foreign Body Ear / Nose | 800 |
| 11 | Tricholoro Acetic acid Cautery | 800 |
| 11 | Tongue Tie Release | 1600 |
| 12 | Trans Tympanic Injection | 3000 |
| 13 | Videolaryngoscopy | 1300 |
| 14 | Check Nasal Endoscopy | 1600 |

MINOR OT

| | | charges |
|--------------------------------|--|----------------|
| DRESSING | | |
| 1 | Minor | 150 |
| 2 | Medium | 250 |
| 3 | Major / Large | 350 |
| INCISION & DRAINAGE | | |
| 1 | Small | 180 |
| 2 | Medium | 450 |
| SUTURING | | |
| 1 | Per Wound with LA (suture charges extra) | 550 |
| 2 | Scraping of wound | 300 |
| 3 | Removal of 'K' wire | 400 |
| 4 | Removal of Spica & Pins | 600 |
| 5 | Intercostal Drainage | 1800 |
| 6 | Nasal Pack(Anterior Nasal packing) | 400 |
| 7 | Tap - Ascitic (without USG marking) | 1100 |
| 8 | Tap - Pleural with USG marking | 2500 |
| 9 | Foreign Body Removal | 500 |
| 10 | Steroid Injection | 150 |

Notes:

- All OPD procedures done in the Minor OT with LA only.
- Cost of surgical, drugs & disposables will be extra, at actual.
- These charges include other material, only suture charges are extra. Suture material to be brought by patient.

PART-IX
OUTSOURCED SPECIAL SERVICES

ANUSHKA SCAN CENTRE

COMPUTER AIDED TOMOGRAPHY SCAN CHARGES

| | CT Study | | Charges | |
|----|--|-------------|--------------------|--------------|
| | | Plain | Plain /Contrast | Triphasic |
| 1 | Brain | | 3500 | |
| 2 | Abdomen | | 5000 | 7500 |
| 3 | Pelvis | | 5000 | 7500 |
| 4 | Neck | | 5000 | 7500 |
| 5 | Cervical Spine | | 5000 | |
| 6 | Dorsal Spine | | 5000 | |
| 7 | Lumbar Spine | | 5000 | |
| 9 | PNS | | 5000 | |
| 10 | HRCT Chest | | 5000 | 7500 |
| 11 | Chest+ Abdomen | | 10000 | 12500 |
| 12 | Abdomen + Pelvis | | 9000 | 12500 |
| 13 | Chest+Abdomen+Pelvis | | 14000 | 16500 |
| 14 | Neck+Chest+Abdomen+Pelvis | | 19000 | 21500 |
| 15 | Orbit | | 5000 | |
| 16 | CT Myelo (One region) | | 5000 | |
| 17 | CT KUB | | 9000 | |
| 18 | CT IVU | | 9000 | |
| 19 | Scanogram | | 1000 | |
| 20 | CT Guided Biopsy | 4000 | 5000 | |
| 21 | 3D any one part | 7500 | | |
| 22 | Calcium Scoring | 5000 | | |
| 23 | CT Sacrum | | 5000 | |
| 24 | Extremities/joints (Any one) | | 6500 | |
| 25 | Cardiac Angio CT Scan | | 10000 | |
| 26 | Renal Angio | | 8000 | |
| 27 | Brain Angio | | 8000 | |
| 28 | Carotid Angio | | 8000 | |
| 29 | Pulmonary Angio CT Scan | | 8000 | |
| 30 | Peripheral Angio CT Scan (Single Limb) | | 10000 | |
| 31 | Brain+ Neck Angio | | 10000 | |
| 32 | CT Bronchoscopy/Colonoscopy | | 8000 | |
| 33 | Aortic Angio | | 10000 | |
| 34 | Cisternography | | | |
| | MRI Scan | | | |
| 35 | Brain | | 8000 | |
| 36 | Angiography | | 8600 | |
| 37 | Brain+ Contrast | | 11500 | |
| 38 | Brain+ Angiography | | 11500 | |
| 39 | Brain (Limited) | | 6000 | |
| 40 | Venography | | 8600 | |

| | | | | |
|----|---|--|--------------|--|
| | MRI Scan Continued.. | | | |
| 41 | Brain+ Venography | | 11500 | |
| 42 | Spectroscopy (Contrast) | | 15000 | |
| 43 | Perfusion without Contrast (ASL) | | 9000 | |
| 44 | Perfusion with Contrast | | 11500 | |
| 45 | Brain with DTI | | 11500 | |
| 46 | Cervical Spine | | 8000 | |
| 47 | Lumbar Spine | | 8000 | |
| 48 | Dorsal Spine | | 8000 | |
| 49 | Any one joint | | 8000 | |
| 50 | MRCP | | 8600 | |
| 51 | MRI Spine Screening | | 5000 | |
| 52 | Abdomen | | 8000 | |
| 53 | Pelvis | | 8000 | |
| 54 | Defaecography | | 8000 | |
| 55 | Fistulography | | 8000 | |
| 56 | MRI Breast | | 8000 | |
| 57 | Cardiac MRI | | 8000 | |
| 58 | Peripheral Angio./Veno. | | 11500 | |

- **MRI any one joint Rs-8000/- and if contrast needed Rs-3500/- additional**