

HOLY FAMILY HOSPITAL

OKHLA ROAD NEW DELHI – 110 025.



Schedule of Charges-2016

w.e.f : 01.04.2016

(Valid upto 31.03.2018)

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General Information:

1. Accommodation Categories:-

<u>ACCOMMODATION CATEGORIES :-</u>	
DR = Delux Room	DR, PR, SPR and NSB accommodations will be offered to Credit Facility and Reimbursable cases. SB category is only for non-reimbursable cases. (Pls see point no.7)
PR = Private (Single) Room	
SPR = Semi Private Room (Two beds in a Room)	
NSB = Non-Subsidised Bed (Four or five beds in a Room)	
SB = Subsidised Bed	

Note:- NSB category includes two type of accommodations – Non-AC and AC. Charges for all services are same for Non-Subsidised Bed (AC) and (Non-AC) except Bed charges.

2. Room / Bed Charges:-

- (a) Room charges are for full day on the day of admission irrespective of the time of checking in.
- (b) If a patient is discharged within 24 hrs of admission, room / bed will be charged for one day only irrespective of calender days.
- (c) 6 hours and above upto 24 hours of admission is counted as one day.
- (d) For stay less than 6 hours Room/bed will be charged for half a day.
- (e) Check out time is 11:00AM.
- (f) Room / Bed charges are inclusive of charges for bed, Nursing Care and Diet Services for the patient only. If the patient is NPO, no food will be supplied to the attendant of the patient. **Diet for the attendant** will be charged separately as per the Schedule of Charges.

3. Surgical & Doctor's visits fee (Hospital Case):-

- (a) If more than one surgeon performs different procedures at the same time on a particular patient, the surgical fee for each surgery will be charged in full separately.
- (b) If a surgeon performs more than one surgery (as per categorisation in the schedule of charges) at a single opening or incision. The higher one will be charged in full, Ist lesser one will be charged at 50% and the 2nd lesser or more thereafter will be charged at 25%.
- (c) If a surgeon performs more than one surgery with different incisions, the surgical fee for each procedure will be charged in full.
- (d) If a single procedure is performed by more than one surgeon, only the single fee as per schedule of charges will be charged.
- (e) In case of surgeries carried out in Operation Theater, Surgeon's Post Operative visits will not be charged for next 5 days including day of surgery.

4. Shifting from one to another accommodation:-

- (a) In case the patient is shifted from lower to higher category, the charges for surgical procedure/s, doctors' visits, any other professional fees, Investigations, Nursing Care and other variable charges (except Bed charges) will be charged as per the higher category from the date of admission.
- (b) In normal course, shifting from higher category to lower category is not allowed.

Contd..

General Information:

5. *Any treating consultant / physician can charge only one visit per day irrespective of the number of visits.*
6. **Private Patients of Visiting Consultants:-**
The Visits and / or Surgical charges mentioned in this Schedule of Charges and point no. 3 mentioned above will not be applicable to patients admitted by Visiting Consultants as their 'PRIVATE PATIENT'. Visiting Consultants are free to charge a differential fee for their Private Patients, but this will be billed and collected by the hospital on their behalf.
7. **Re-imbursable cases not to opt Subsidised Bed (SB) category :-**
Patients entitled for reimbursement from their employer / Insurance company will be accommodated in Delux Room (DR), Private Room(PR), Semi Private(SPR) or Non Subsidised Bed(NSB) only. As per Hospital policy, Subsidised Beds(SB) will only be allotted to economically Impoverished patients and who are not the beneficiaries of any organizational reimbursement scheme. If a patient opts to occupy a Subsidised Bed (SB), the Final Bill with payment receipt will only be issued. In such cases, Neither printed details of the bill nor "Emergency/Essentiality Certificate" will be issued. No form for reimbursement will be signed by any doctor or official.
8. **ICU/CCU/SEMI ICU/PED. ICU/305 (SPL. NURSERY)/NICU-415/HDU are the common areas.** *Any patient admitted directly in these areas will decide about the type of accommodation at the time of admission in these areas and charges will be made accordingly irrespective of whether or not they have actually utilized such an accommodation for whatever reason.*

NOTE :The hospital reserves the right to modify the charges mentioned in this "Schedule of charges" without prior notice whenever it deems necessary.

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY
01:01 ROOM / BED AND BOARD		
001	DELUX ROOM	6000
002	PRIVATE (SINGLE) ROOM	4600
003	SEMI PRIVATE ROOM	2900
004	NON-SUBSIDISED BED (AC)	2200
005	NON-SUBSIDISED BED (NON-AC)	1750
006	SUBSIDISED BED	1050

NOTE: 1.The Room / Bed Charges are inclusive of Nursing Care.

2.Charges for all services are same for Non-Subsidised Bed (AC) and (Non-AC) except Bed charges.

02:01 CCU/ICU/PED ICU/SEMI ICU / POST OP. ICU / INTENSIVE NURSING CARE UNIT / H.D.U.

		DR/PR/SPR/NSB/SB
001	ICU / CCU	5700
002	PED. ICU / 305 (SPL. NURSERY)	2000
003	INTENSIVE NURSING CARE UNIT - 415	3000
004	SEMI ICU	4600
005	P.OP.ROOM	3000
006	H.D.U. - LABOR ROOM	2500

Note :- ICU / CCU (Intensive / Coronary Care Unit) / Post-op. ICU and Ped. ICU charges include bed Nursing care and monitoring charges for all vital parameters. All other service charges will be as per the category in which the patient is admitted.

03:01 OXYGEN

		DR/PR/SPR/NSB	SB
001	BY HOOD/MASK (PER DAY)	425	325
002	BY NASAL CATHETER (PER DAY)	325	175
003	BY HOOD/MASK (LESS THAN 6 HOURS)	275	150

04:01 VENTILATOR

		DR/PR/SPR/NSB	SB
001	BI-PAP / C PAP	1500	1000
002	INFANT VENTILATOR	1850	1200
003	VENTILATOR PER DAY	2200	1400

05:01 NNU (NEO-NATAL UNIT) – NURSERY (206)

		DR/PR/SPR/NSB/SB
001	NEO NATAL UNIT (NNU) - NURSERY : PER DAY	1600

Note:- NNU-Nursery charges are inclusive of charges for bed and Nursing Care for patient (Newborn Baby) only.

05:02 PHOTO THERAPY

		DR/PR/SPR/NSB	SB
001	PHOTO THERAPY : DOUBLE - PER DAY	650	325
002	PHOTO THERAPY : SINGLE - PER DAY	400	200

05:03 INCUBATOR / OPEN CARE

001	INCUBATOR : PER DAY	650	400
002	OPEN CARE : PER DAY	600	350
003	WARMER CARE : PER DAY	350	220

05:04 NURSING CARE

		DR	PR	SPR	NSB	SB
001	NURSING CARE : PER DAY(only for newborn babies in "Nursery 208)	500	450	450	300	175

Note :- Nursing care is professional charges for routine nursing care provided by the nurses.

HOSPITAL DOCTOR'S FEE

06:01 VISITS : MEDICAL CARE - PER DAY

001	VISITS : MEDICAL CARE : PER DAY	1000	800	700	600	400
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06:02 CONSULTATION

001	CONSULTATION (EACH)	1000	800	700	600	400
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SURGICAL FEE

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:01		GENERAL SURGERY					
001	GES037	ADRENALECTOMY	27800	23000	18500	13900	9200
002	GES001	APPENDICECTOMY	16600	14000	11000	8300	5600
003	GES121	ASPIRATION OF LIVER ABSCESS	7200	6000	4800	3600	2400
004	GES018	ASPIRATION OF SUPERFICIAL COLD ABSCESS	3000	2500	2000	1500	1000
005	GES118	AVULSION OF NAIL OR NAIL REMOVAL	4000	3300	2600	2000	1300
006	GES021	AXILLARY LYMPH NODE BIOPSY	8800	7300	5800	4400	2900
007	GES097	BIOPSY OF LIVER	7200	6000	4800	3600	2400
008	GES042	BLOCK DISSECTION NECK	29000	24200	19400	14500	9700
009	GES112	CAECOSTOMY	14400	12000	9600	7200	4800
010	GES002	CHOLECYSTECTOMY WITH DUCT EXPLORATION	28800	24000	19200	14400	9600
011	GES122	CHOLECYSTOSTOMY	18000	15000	12000	9000	6000
012	GES013	COLECTOMY WITH ILEOSTOMY	27600	23000	18400	13800	9200
013	GES048	COLOSTOMY	15600	13000	10400	7800	5200
014	GES055	COLOSTOMY / ILEOSTOMY CLOSURE	17400	14500	11600	8700	5800
015	GES058	DEBRIDEMENT(LARGE)	8000	6700	5300	4000	2600
016	GES098	DEBRIDEMENT(MEDIUM)	6600	5500	4400	3300	2200
017	GES059	DEBRIDEMENT(SMALL)	5000	4100	3200	2500	1700
018	GES087	DELTOID MUSCLE BIOPSY	6600	5500	4400	3300	2200
019	GES091	DIAGNOSTIC LAPAROSCOPY ONLY	11000	9200	7400	5500	3700
020	GES092	DIAGNOSTIC LAPAROSCOPY WITH BIOPSY	13200	11000	8800	6600	4400
021	GES093	DIAGNOSTIC LAPAROSCOPY WITH MULTIPLE BIOPSIES	16800	14000	11200	8400	5600
022	GES053	DIVERTICULECTOMY	16000	13300	10600	8000	5300
023	GES102	DRAINAGE OF ABSCESS - LARGE & DEEP	6600	5500	4400	3300	2200
024	GES123	DRAINAGE OF ABSCESS - MEDIUM	4800	4000	3200	2400	1600
025	GES017	DRAINAGE OF ABSCESS - SMALL	3200	2600	2100	1600	1100
026	GES085	DRAINAGE OF LARGE INTRA ABDOMINAL ABSCESS	16000	13300	10600	8000	5300
027	GES035	DUODENAL DIVERTICULAM	29000	24200	19400	14500	9700
028	GES022	EXCISION BIOPSY-SUPERFICIAL LUMPS	9600	8000	6400	4800	3200
029	GES099	EXCISION OF CARBUNCLE	8400	7000	5600	4200	2800
030	GES110	EXCISION OF DERMOID CYST	10000	8400	6700	5000	3350
031	GES111	EXCISION OF GLOMUS TUMOR (WITH OR WITHOUT EXCISION OF NAIL)	11000	9200	7400	5500	3700
032	GES060	EXCISION OF LARGE SUPERFICIAL SOFT TISSUE MASS /TUMOUR	17400	14500	11600	8700	5800
033	GES100	EXCISION OF MEDIUM SUPERFICIAL SOFT TISSUE MASS/ TUMOUR	13000	10900	8700	6500	4350
034	GES032	EXCISION OF MESENTERIC CYST	21600	18000	14400	10800	7200
035	GES046	EXCISION OF PILONIDAL SINUS	16000	13350	10700	8000	5350
036	GES056	EXCISION OF SEBACEOUS CYST	6600	5500	4400	3300	2200
037	GES033	EXCISION OF SMALL INTESTINAL FISTULA	22200	18500	14800	11100	7400
038	GES101	EXCISION OF SMALL SUPERFICIAL SOFT TISSUE MASS /TUMOUR	10000	8400	6700	5000	3350
039	GES049	EXCISION OF SUBMANDIBULAR GLAND	13600	11300	9000	6800	4500
040	GES086	EXP.LAP.RESECTION OF LIVER SEG.-EXCISION OF UMBILICAL PORT	32000	26600	21300	16000	10600
041	GES084	EXP.LAPAROTOMY+CHOLEDOCHLITHOTOMY + CHOLEDOCHO DUODENOSTOMY	31200	26000	20800	15600	10400
042	GES003	EXPLORATORY LAPAROTOMY ONLY	12800	10700	8600	6400	4300
043	GES114	EXP. LAPAROTOMY WITH DUODENAL PERFORATION CLOSURE	28800	24000	19200	14400	9600
044	GES115	EXP. LAP. WITH EXCISION / DEBULKING OF INTRA-ABDOMINAL TUMOR – MAJOR	38400	32000	25600	19200	12800

	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:01	GENERAL SURGERY						
045	GES095	FASCIOTOMY – LARGE / MULTIPLE	14400	12000	9600	7200	4800
046	GES094	FASCIOTOMY – MEDIUM	10800	9000	7200	5400	3600
047	GES124	FASCIOTOMY – SMALL	6000	5000	4000	3000	2000
048	GES104	FASCIOTOMY – REDO (LARGE / MULTIPLE)	10800	9000	7200	5400	3600
049	GES103	FASCIOTOMY – REDO (MEDIUM)	8200	6800	5400	4100	2700
050	GES125	FASCIOTOMY – REDO (SMALL)	4800	4000	3200	2400	1600
051	GES116	FEEDING JEJUNOSTOMY	11000	9200	7400	5500	3700
052	GES004	GASTRECTOMY	27000	22500	18000	13500	9000
053	GES005	GASTRECTOMY WITH VAGOTOMY	28800	24000	19200	14400	9600
054	GES006	GASTROJEJUNOSTOMY	22200	18500	14800	11100	7400
055	GES007	GASTROJEJUNOSTOMY WITH VAGOTOMY	25400	21200	17000	12700	8500
056	GES008	GASTROSTOMY	14500	12100	9650	7250	4850
057	GES031	GLAND BIOPSY	7800	6500	5200	3900	2600
058	GES044	HEMI THYROIDECTOMY	21600	18000	14400	10800	7200
059	GES012	HEMICOLECTOMY	28800	24000	19200	14400	9600
060	GES109	HEMIGLOSSECTOMY	16800	14000	11200	8400	5600
061	GES120	HEPATICO JEJUNOSTOMY	28800	24000	19200	14400	9600
062	GES069	HIGHLY SELECTIVE VAGOTOMY	19200	16000	12800	9600	6400
063	GES025	ILEOTRANSVERSE COLOSTOMY	18000	15000	12000	9000	6000
064	GES057	INTESTINAL OBSTRUCTION	22200	18500	14800	11100	7400
065	GES024	INTESTINAL PERFORATION	22200	18500	14800	11100	7400
066	GES105	INTESTINAL RESECTION WITH ANASTOMOSIS – MULTIPLE	28800	24000	19200	14400	9600
067	GES009	INTESTINAL RESECTION WITH ANASTOMOSIS – SINGLE	22200	18500	14800	11100	7400
068	GES061	LAPAROSCOPIC APPENDICECTOMY	19200	16000	12800	9600	6400
069	GES052	LAPAROSCOPIC CHOLECYSTECTOMY	22800	19000	15200	11400	7600
070	GES062	LAPAROSCOPIC DEROOFING OF NON-HYDATID LIVER CYST	27000	22500	18000	13500	9000
071	GES067	LAPAROSCOPIC DRAINAGE OF INTRA-ABDOMINAL COLLECTION	24000	20000	16000	12000	8000
072	GES063	LAPAROSCOPIC DRAINAGE OF LIVER ABCESS	21600	18000	14400	10800	7200
073	GES068	LAPAROSCOPIC DUODENAL PERFORATION CLOSURE	28800	24000	19200	14400	9600
074	GES064	LAPAROSCOPIC GASTRIC PERFORATION CLOSURE	28800	24000	19200	14400	9600
075	GES065	LAPAROSCOPIC GASTRO-JEJUNOSTOMY (GJ)	28800	24000	19200	14400	9600
076	GES066	LAPAROSCOPIC TRUNCAL VAGOTOMY AND GASTRO JEJUNOSTOMY	32000	26600	21300	16000	10600
077	GES070	LAPAROTOMY AND BOWEL RESECTION FOR INTUSSUSCEPTION	22200	18500	14800	11100	7400
078	GES071	LAPAROTOMY AND CLOSURE OF INTESTINAL PERFORATION	22200	18500	14800	11100	7400
079	GES073	LAPAROTOMY AND DIVISION OF INTRA-ABDOMINAL ADHESIONS/BANDS	22200	18500	14800	11100	7400
080	GES072	LAPAROTOMY AND REDUCTION OF INTUSSUSCEPTION	19200	16000	12800	9600	6400
081	GES074	LEFT HEPATECTOMY	35200	29300	23500	17600	11700
082	GES075	LEFT LIVER LOBECTOMY	38200	31900	25500	19100	12800
083	GES047	LIGATION OF VARICOSE VEINS : UNILATERAL	16000	13300	10600	8000	5300
084	GES113	LUMBAR PUNCTURE IN O.T.	3000	2500	2000	1500	1000
085	GES020	LYMPH NODE BIOPSY	8000	6700	5400	4000	2700
086	GES011	LYSIS OF ADHESION WITH BOWEL RESECTION WITH ANASTOMOSIS	22200	18500	14800	11100	7400
087	GES010	LYSIS OF INTESTINAL ADHESION	17600	14700	11800	8800	5900
088	GES096	NEEDLE ASPIRATION OF ABSCESS	3000	2500	2000	1500	1000
089	GES039	OESOPHAGO GASTRECTOMY	35000	29200	23400	17500	11700
090	GES054	OMENECTOMY	19200	16000	12800	9600	6400
091	GES082	OPEN CHOLECYSTECTOMY	22800	19000	15200	11400	7600
092	GES106	OPEN CHOLECYSTECTOMY WITH CBD EXPLORTION	27000	22500	18000	13500	9000
093	GES038	OPERATION FOR PANCREAS	35200	29300	23400	17600	11700

	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:01	GENERAL SURGERY						
094	GES040	PANCREATICO DUODONECTOMY (WHIPPLE'S PROCEDURE)	35200	29300	23400	17600	11700
095	GES083	PARATHYROID ADENOMA WITH HEMI THYROIDECTOMY	28800	24000	19200	14400	9600
096	GES045	PARATHYROIDECTOMY	22200	18500	14800	11100	7400
097	GES041	PAROTIDECTOMY	28800	24000	19200	14400	9600
098	GES027	PARTIAL SUBTOTAL GASTRECTOMY CA./ULCER	28800	24000	19200	14400	9600
099	GES117	PERITONEAL BIOPSY	4800	4000	3200	2400	1600
100	GES014	PYLOROMYOTOMY (RAMSTEDT'S)	19200	16000	12800	9600	6400
101	GES015	PYLOROPLASTY WITH VAGOTOMY	22200	18500	14800	11100	7400
102	GES077	RADICAL CHOLECYSTECTOMY	35200	29300	23400	17600	11700
103	GES036	RECURRENT INTESTINAL OBSTRUCTION	22200	18500	14800	11100	7400
104	GES088	REMOVAL OF DEEP FOREIGN BODY-LIMBS	19200	16000	12800	9600	6400
105	GES108	REMOVAL OF MESH & TACKERS	15400	12800	10200	7700	5100
106	GES089	REMOVAL OF SUPERFICIAL FOREIGN BODY-LIMBS	11000	9200	7400	5500	3700
107	GES107	REMOVAL OF SUPERFICIAL FOREIGN BODY-LIMBS -MINOR	6600	5500	4400	3300	2200
108	GES029	REPAIR OF COMMON BILE DUCT (C.B.D.)	28800	24000	19200	14400	9600
109	GES078	RESUTURING OF WOUNDS – LARGE / MULTIPLE	8000	6700	5400	4000	2700
110	GES050	RESUTURING OF WOUNDS – SMALL	4800	4000	3200	2400	1600
111	GES051	SECONDARY SUTURING OF ABDOMINAL WALL	12800	10700	8600	6400	4300
112	GES026	SIGMOID DIVERTICULUM	24000	20000	16000	12000	8000
113	GES016	SPLENECTOMY	25400	21200	17000	12700	8500
114	GES079	SUB-TOTAL COLECTOMY	28800	24000	19200	14400	9600
115	GES126	SUTURING OF WOUNDS / LACERATIONS – LARGE / MULTIPLE	7200	6000	4800	3600	2400
116	GES019	SUTURING OF WOUNDS / LACERATIONS – SMALL	4000	3300	2600	2000	1300
117	GES043	THYROIDECTOMY TOTAL	27600	23000	18400	13800	9200
118	GES030	TOTAL COLECTOMY	30000	25000	20000	15000	10000
119	GES028	TOTAL GASTRECTOMY FOR CA.	38200	31900	25500	19100	12800
120	GES023	TRUCUT NEEDLE BIOPSY	3000	2500	2000	1500	1000
121	GES080	TRUNCAL VAGOTOMY AND GASTRO JEJUNOSTOMY	27000	22500	18000	13500	9000
122	GES081	TRUNCAL VAGOTOMY AND PYLOROPLASTY	28800	24000	19200	14400	9600

07:02 HERNIA SURGERY

001	HES013	ABDOMINOPLASTY WITH MESH	25400	21200	17000	12700	8500
002	HES008	EPIGASTRIC HERNIA	17400	14500	11600	8700	5800
003	HES009	FEMORAL HERNIA	17400	14500	11600	8700	5800
004	HES010	HIATUS HERNIA	24000	20000	16000	12000	8000
005	HES014	HYDROCELECTOMY : BILATERAL	16800	14000	11200	8400	5600
006	HES006	HYDROCELECTOMY : UNILATERAL	11000	9200	7400	5500	3700
007	HES017	INCISIONAL HERNIA REPAIR WITH ABDOMINOPLASTY	35000	29200	23400	17500	11700
008	HES036	INCISIONAL HERNIA REPAIR WITH MESH	22200	18500	14800	11100	7400
009	HES018	INGUINAL HERNIA - BILATERAL	19200	16000	12800	9600	6400
010	HES001	INGUINAL HERNIA : UNILATERAL	16000	13300	10600	8000	5300
011	HES015	INGUINAL HERNIOPLASTY : BILATERAL	24000	20000	16000	12000	8000
012	HES012	INGUINAL HERNIOPLASTY : UNILATERAL	17400	14500	11600	8700	5800
013	HES002	INGUINAL HERNIA WITH ORCHIDECTOMY	19200	16000	12800	9600	6400
014	HES029	LAPAROSCOPIC TOTAL EXTRA PERITONEAL MESH - (TEP) - UNILATERAL	24000	20000	16000	12000	8000
015	HES020	LAPAROSCOPIC EPIGASTRIC HERNIA REPAIR-INLAY MESH	22200	18500	14800	11100	7400
016	HES019	LAPAROSCOPIC EPIGASTRIC HERNIA REPAIR-ONLAY MESH	22200	18500	14800	11100	7400
017	HES021	LAPAROSCOPIC FUNDOPLICATION(DOR'S)	27000	22500	18000	13500	9000
018	HES022	LAPAROSCOPIC FUNDOPLICATION(NISSEN)	27000	22500	18000	13500	9000
019	HES023	LAPAROSCOPIC INGUINAL HERNIORRHAPHY BILATERAL	22200	18500	14800	11100	7400
020	HES024	LAPAROSCOPIC INGUINAL HERNIORRHAPHY UNILATERAL	17600	14700	11800	8800	5900
021	HES025	LAPAROSCOPIC INGUINAL HERNIORRHAPHY+MESH BILATERAL	28800	24000	19200	14400	9600
022	HES026	LAPAROSCOPIC INGUINAL HERNIORRHAPHY+MESH UNILATERAL	21600	18000	14400	10800	7200

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:02 HERNIA SURGERY							
023	HES027	LAPAROSCOPIC LUMBAR HERINA REPAIR	28800	24000	19200	14400	9600
024	HES028	LAPAROSCOPIC TOTAL EXTRA- (TEP) BILATERAL	28800	24000	19200	14400	9600
025	HES030	LAPAROSCOPIC UMBILICAL HERNIA REPAIR- ONLAY MESH	24000	20000	16000	12000	8000
026	HES031	NISSEN FUNDOPLICATION AND HIATUS HERNIA REPAIR	27000	22500	18000	13500	9000
027	HES038	ORCHIDECTOMY : BILATERAL	18000	15000	12000	9000	6000
028	HES037	ORCHIDECTOMY : UNILATERAL	14500	12100	9650	7250	4850
029	HES003	RECURRENT HERNIA (INCISIONAL) BILATERAL	22200	18500	14800	11100	7400
030	HES032	RECURRENT HERNIA (INCISIONAL) UNILATERAL	19200	16000	12800	9600	6400
031	HES033	RECURRENT HERNIA WITH MESH BILATERAL	28800	24000	19200	14400	9600
032	HES034	RECURRENT HERNIA WITH MESH UNILATERAL	25400	21200	17000	12700	8500
033	HES011	STRANGULATED HERNIA	22200	18500	14800	11100	7400
034	HES005	UMBILICAL HERNIA	16000	13300	10600	8000	5300
035	HES035	UMBILICAL HERNIA REPAIR WITH MESH	22200	18500	14800	11100	7400
036	HES004	VENTRAL HERNIA (INCISIONAL)	19200	16000	12800	9600	6400

07:03 BREAST SURGERY

001	BRS001	BIOPSY OF BREAST	8000	6700	5400	4000	2700
002	BRS006	EXCISION OF MAMMARY FISTULA	12000	10000	8000	6000	4000
003	BRS002	EXCISION OF SMALL FIBROADENOMA	9600	8000	6400	4800	3200
004	BRS003	I. & D. OF BREAST ABSCESS	7200	6000	4800	3600	2400
005	BRS008	LUMPECTOMY – LARGE	12800	10700	8600	6400	4300
006	BRS010	LUMPECTOMY – SMALL	9600	8000	6400	4800	3200
007	BRS005	MASTECTOMY RADICAL WITH AUX. LYMPH NODES	28800	24000	19200	14400	9600
008	BRS004	MASTECTOMY SIMPLE	19200	16000	12800	9600	6400
009	BRS007	SEGMENTAL RESECTION OF BREAST	12000	10000	8000	6000	4000
010	BRS009	WIDE EXCISION BIOPSY OF BREAST	14400	12000	9600	7200	4800

07:04 RECTAL SURGERY

001	RES007	ABDOMINAL PERINEAL RESECTION FOR CA. RECTUM	34800	29000	23200	17400	11600
002	RES002	ANAL DILATATION	7400	6100	4850	3700	2400
003	RES008	ANTERIOR RESECTION	25400	21200	17000	12700	8500
004	RES009	ANTERIOR RESECTION WITH TOTAL MESORECTAL EXCISION	28800	24000	19200	14400	9600
005	RES001	FISSURECTOMY	8400	7000	5600	4200	2800
006	RES003	FISTULECTOMY	16000	13300	10600	8000	5300
007	RES004	HAEMORRHOIDECTOMY	17600	14700	11800	8800	5900
008	RES005	I. & D. OF ISCHIO-RECTAL ABSCESS	9600	8000	6400	4800	3200
009	RES011	PERIANAL ABSCESS DRAINAGE	8000	6700	5400	4000	2700
010	RES006	RECTAL POLYP EXCISION	6000	5000	4000	3000	2000
011	RES010	STAPLED HAEMORRHOIDECTOMY	19200	16000	12800	9600	6400

07:05 O.B. & GYNAE - OPEN SURGERY

001	OGS012	ABDOMINAL HYSTERECTOMY	24600	20500	16400	12300	8200
002	OGS016	ANTERIOR & POSTERIOR COLPORRHAPHY	13200	11000	8800	6600	4400
003	OGS060	ANTERIOR COLPORRHAPHY	11000	9200	7400	5500	3700
004	OGS063	CAUTERY OF VAGINAL VAULT GRANULOMA	1800	1500	1200	900	600
005	OGS088	CERVICAL EXPLORATION WITHOUT BIOPSY	4800	4000	3200	2400	1600
006	OGS089	CERVICAL EXPLORATION WITH BIOPSY	6600	5500	4400	3300	2200
007	OGS033	COMPLETE PERINEAL TEAR REPAIR	6000	5000	4000	3000	2000
008	OGS066	CONE BIOPSY OF CERVIX	5400	4500	3600	2700	1800
009	OGS032	CRYOSURGERY	5400	4500	3600	2700	1800
010	OGS008	D. & C. WITH CERVIX BIOPSY	5400	4500	3600	2700	1800
011	OGS049	D. & C. WITH POLYPECTOMY	5400	4500	3600	2700	1800
012	OGS009	DILATATION & CURETTAGE (D.& C.) ONLY	5000	4100	3300	2500	1600
013	OGS007	DILATATION & EVACUATION (D. & E.) ONLY	5000	4100	3300	2500	1600
014	OGS028	DRAINAGE OF ABSCESS BARTHOLINS CYST	4200	3500	2800	2100	1400
015	OGS006	E.U.A. (EXAMINATION UNDER ANEASTHESIA)	3600	3000	2400	1800	1200

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:05	O.B. &	GYNAE - OPEN SURGERY					
016	OGS070	END TO END FALLOPIAN TUBAL RECANALISATION / ANASTOMOSIS – UNILATERAL OR BILATERAL	25400	21200	17000	12700	8500
017	OGS025	EXCISION OF LABIAL CYST / BARTHOLINS CYST	4200	3500	2800	2100	1400
018	OGS073	EXCISION OF VAGINAL WALL CYST	8800	7300	5800	4400	2900
019	OGS092	EXP. LAP. WITH REPAIR OF UTERUS PERFORATION OR RUPTURE	28800	24000	19200	14400	9600
020	OGS075	FOREIGN BODY REMOVAL FROM VAGINA	4800	4000	3200	2400	1600
021	OGS040	FOTHERGILS / MANCHESTER OPERATION FOR UTERINE PROLAPSE	16000	13300	10600	8000	5300
022	OGS078	HEMATOCOLPOS DRAINAGE / COLPOTOMY	4200	3500	2800	2100	1400
023	OGS037	HEMATOMA DRAINAGE	4800	4000	3200	2400	1600
024	OGS038	HYMENECTOMY	4400	3700	2950	2200	1500
025	OGS058	HYSTEROTOMY	17400	14500	11600	8700	5800
026	OGS046	I & D OF LABIAL ABCESS UNILATERAL OR BILATERAL	6000	5000	4000	3000	2000
027	OGS061	INTERNAL ILIAC ARTERY LIGATION	12800	10700	8600	6400	4300
028	OGS021	L.S.C.S.	18000	15000	12000	9000	7000
029	OGS018	L.S.C.S. WITH HYSTERECTOMY	27600	23000	18400	13800	9200
030	OGS090	LSCS WITH PREVIOUS SCAR	24000	20000	16000	12000	8000
031	OGS017	L.S.C.S. WITH TUBECTOMY	20400	17000	13600	10200	7500
032	OGS048	LAPROTOMY & REPOSITIONING OF UTERUS(HAULTENS TECH.)	22200	18500	14800	11100	7400
033	OGS034	LAPROTOMY FOR ECTOPIC PREGNANCY	17400	14500	11600	8700	5800
034	OGS041	LAPROTOMY FOR TWISTED OVARIAN	17400	14500	11600	8700	5800
035	OGS015	MAC DONALD STITCH / CERVICAL ENCIRCLAGE	6000	5000	4000	3000	2000
036	OGS036	MANUAL REMOVAL OF PLACENTA (BED SIDE)	4800	4000	3200	2400	1600
037	OGS069	MANUAL REMOVAL OF PLACENTA IN OT	6600	5500	4400	3300	2200
038	OGS030	MYOMECTOMY	20200	16800	13450	10100	6700
039	OGS002	NON DESCENT VAGINAL HYSTERECTOMY	26400	22000	17600	13200	8800
040	OGS013	OOPHRECTOMY/SALPINGECTOMY	15200	12700	10200	7600	5100
041	OGS053	OVARIAN CYST ASPIRATION WITH BIOPSY-BILATERAL	16000	13300	10600	8000	5300
042	OGS051	OVARIAN CYST ASPIRATION WITH BIOPSY-UNILATERAL	12800	10700	8600	6400	4300
043	OGS052	OVARIAN CYST ASPIRATION WITHOUT BIOPSY-BILATERAL	13600	11300	9000	6800	4500
044	OGS050	OVARIAN CYST ASPIRATION WITHOUT BIOPSY-UNILATERAL	11000	9200	7400	5500	3700
045	OGS023	OVARIAN CYSTECTOMY	15200	12700	10200	7600	5100
046	OGS010	PANHYSTERECTOMY/TAH WITH BSO	27600	23000	18400	13800	9200
047	OGS059	PURANDARE'S SLING OPERATION FOR PROLAPSE	16000	13300	10600	8000	5300
048	OGS067	RADICAL HYSTERECTOMY FOR MALIGNANCY / WERTHEIM'S HYSTERECTOMY	32000	26700	21400	16000	10700
049	OGS003	RADICAL VULVECTOMY	30400	25300	20200	15200	10100
050	OGS093	REMOVAL OF MAC DONALD STITCH (IN O.T.)	2400	2000	1600	1200	800
051	OGS065	REPAIR OF RECTOVAGINAL FISTULA (RVF)	16000	13300	10600	8000	5300
052	OGS019	REPAIR OF VESICO-VAGINAL FISTULA	27000	22500	18000	13500	9000
053	OGS064	REPOSITIONING OF INVERTED UTERUS (UTERINE INVERSION)	8000	6700	5400	4000	2700
054	OGS057	RESUTURING OF ABDOMINAL WOUND – MAJOR	6000	5000	4000	3000	2000
055	OGS043	RESUTURING OF ABDOMINAL WOUND – MINOR	4000	3300	2600	2000	1300
056	OGS044	RESUTURING OF EPISIOTOMY WOUND	4800	4000	3200	2400	1600
057	OGS014	SALPINGO-OOPHRECTOMY	15200	12700	10200	7600	5100
058	OGS042	SHIRODHKAR SUTURE	7800	6500	5200	3900	2600
059	OGS062	SIMPLE VULVECTOMY	14400	12000	9600	7200	4800
060	OGS055	SUCTION AND EVACUATION	5000	4100	3300	2500	1600
061	OGS087	VAGINAL EXPLORATION WITH REMOVAL OF RING PESSARY	5000	4100	3300	2500	1600
062	OGS011	VAGINAL HYSTERECTOMY WITH VAGINAL AND PELVIC FLOOR REPAIR	25800	21500	17200	12900	8600
063	OGS001	VAGINOPLASTY	26400	22000	17600	13200	8800
064	OGS027	VAULT PROLASE REPAIR - ABDOMINAL COLPOSUSPENSION	25400	21200	17000	12700	8500
065	OGS026	VAULT PROLASE REPAIR - VAGINAL ROUTE	25400	21200	17000	12700	8500
066	OGS091	VAULT BIOPSY	5000	4100	3300	2500	1600
067	OGS045	VULVAL BIOPSY	4000	3300	2600	2000	1300
068	OGS024	WEDGE RESECTION OF OVARY	15200	12700	10200	7600	5100

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:05A	DELIVERY FEE						
001	DEL001	NORMAL DELIVERY	11000	9500	8000	6500	5500
002	DEL002	FORCEPS DELIVERY	12500	11000	9500	8000	6500

07:05B O.B. & GYNAE – LAPAROSCOPIC SURGERY

001	OGS031	DIAGNOSTIC LAPAROSCOPY	11000	9200	7400	5500	3700
002	OGS068	DIAGNOSTIC LAPAROSCOPY & HYSTEROSCOPY	12600	10500	8400	6300	4200
003	OGL042	DIAGNOSTIC LAPAROSCOPY & HYSTEROSCOPY WITH D & C.	13200	11000	8800	6600	4400
004	OGL001	DIAGNOSTIC LAPAROSCOPY WITH D. & C.	12600	10500	8400	6300	4200
005	OGS056	DIAGNOSTIC LAPAROSCOPY WITH TUBAL MILKING (FOR ECTOPIC PREGNANCY)	16200	13500	10800	8100	5400
006	OGL002	LAPAROSCOPIC ABLATION OF ENDOMETRIOTIC SPOT	16600	13900	11100	8300	5600
007	OGL003	LAPAROSCOPIC ABSCESS DRAINAGE	11000	9200	7400	5500	3700
008	OGL004	LAPAROSCOPIC ADENOLYSIS	18400	15300	12200	9200	6100
009	OGS085	LAPAROSCOPIC ADHESIOLYSIS & HYSTEROSCOPY	20000	16800	13400	10000	6700
010	OGL005	LAPAROSCOPIC ASPIRATION OF OOCYTE	9200	7600	6100	4600	3000
011	OGL006	LAPAROSCOPIC ASSISTED VAGINAL HYSTRECTOMY (COMPLICATED)	39600	33000	26400	19800	13200
012	OGL007	LAPAROSCOPIC ASSISTED VAGINAL HYSTRECTOMY (SIMPLE)	32400	27000	21600	16200	10800
013	OGL008	LAPAROSCOPIC ASSISTED VAGINAL HYSTRECTOMY WITH BSO	36000	30000	24000	18000	12000
014	OGL009	LAPAROSCOPIC BURCH OPERATION	25000	20800	16600	12500	8300
015	OGL010	LAPAROSCOPIC COLPOSUSPENSION	25000	20800	16600	12500	8300
016	OGL040	LAPROSCOPIC COMPLICATED ENDOMETRIOTIC CYST REMOVAL	25400	21200	17000	12700	8500
017	OGS020	LAPAROSCOPIC CYST ASPIRATION	11000	9200	7400	5500	3700
018	OGL011	LAPAROSCOPIC END TO END ANASTOMOSIS (TUBAL)	27600	23000	18400	13800	9200
019	OGL012	LAPAROSCOPIC ENDOMETRIOSIS	30000	25000	20000	15000	10000
020	OGL013	LAPAROSCOPIC ENDORMYOMECTOMY (COMPLICATED)	27600	23000	18400	13800	9200
021	OGL014	LAPAROSCOPIC ENDORMYOMECTOMY (SIMPLE)	22200	18500	14800	11100	7400
022	OGL015	LAPAROSCOPIC EXCISION OF ENDOMETRIC LESION / ABLATION	16600	13900	11100	8300	5600
023	OGL016	LAPAROSCOPIC EXCISION OF RUDIMENTARY HORN	27600	23000	18400	13800	9200
024	OGL017	LAPAROSCOPIC EXCISION OF SCAR ENDOMETROSIS	11000	9200	7400	5500	3700
025	OGL018	LAPAROSCOPIC FALLOPOSCOPY	11000	9200	7400	5500	3700
026	OGL019	LAPAROSCOPIC FIMBRIOLYSIS	15600	13000	10400	7800	5200
027	OGL020	LAPAROSCOPIC FIMBRIOPLASTY	16200	13500	10800	8100	5400
028	OGL021	LAPAROSCOPIC LUNA	20800	17400	13900	10400	7000
029	OGL022	LAPAROSCOPIC MOSCOWITZ	11000	9200	7400	5500	3700
030	OGL023	LAPAROSCOPIC MULTIPLE PUNCTURE	16200	13500	10800	8100	5400
031	OGL024	LAPAROSCOPIC MYOMECTOMY	28300	23600	18900	14150	9450
032	OGL025	LAPAROSCOPIC OMENTECTOMY	18800	15600	12500	9400	6200
033	OGL026	LAPAROSCOPIC OOPHRECTOMY	19200	16000	12800	9600	6400
034	OGS081	LAPAROSCOPIC OVARIAN CYSTECTOMY	19200	16000	12800	9600	6400
035	OGL027	LAPAROSCOPIC OVARIOPLASTY	15800	13100	10500	7900	5200
036	OGL041	LAPAROSCOPIC PELVIC LYMPHADENECTOMY	26400	22000	17600	13200	8800
037	OGL028	LAPAROSCOPIC REMOVAL OF IUCD	11000	9200	7400	5500	3700
038	OGL029	LAPAROSCOPIC REPAIR OF NULLI PAROUS PROLAPSE	43200	36000	28800	21600	14400
039	OGL030	LAPAROSCOPIC RETROPERITONEAL NODE DISSECTION	27800	23100	18500	13900	9200
040	OGL039	LAPAROSCOPIC SALPINGECTOMY	19200	16000	12800	9600	6400
041	OGS079	LAPAROSCOPIC SALPINGECTOMY FOR ECTOPIC PREGNANCY	19200	16000	12800	9600	6400
042	OGS076	LAPAROSCOPIC SALPINGO-OOPHORECTOMY	19200	16000	12800	9600	6400
043	OGS077	LAPAROSCOPIC SALPINGOSTOMY FOR ECTOPIC PREGNANCY	17600	14700	11800	8800	5900
044	OGL031	LAPAROSCOPIC SURGERY FOR ECTOPIC PREGNANCY	22200	18500	14800	11100	7400
045	OGL032	LAPAROSCOPIC SUTURING	8800	7300	5800	4400	2900
046	OGL033	LAPAROSCOPIC TVT	20800	17400	13900	10400	7000
047	OGL034	LAPAROSCOPIC UTERINE SUSPENSION (SLING)	26400	22000	17600	13200	8800
048	OGL035	LAPAROSCOPIC VAULT SUSPENSION	25400	21200	17000	12700	8500
049	OGL036	LAPAROSCOPIC VAULT SUSPENSION WITH MESH	33200	27700	22200	16600	11100

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:05B	O.B. &	GYNAE – LAPAROSCOPIC SURGERY					
050	OGS074	LAPAROSCOPY & HYSTEROSCOPY WITH OVARIAN BIOPSY	16000	13300	10600	8000	5300
051	OGS072	LAPAROSCOPY & HYSTEROSCOPY WITH OVARIAN DRILLING	16000	13300	10600	8000	5300
052	OGS071	LAPAROSCOPY WITH OVARIAN BIOPSY	16000	13300	10600	8000	5300
053	OGL037	TOTAL LAPAROSCOPIC HYSTRECTOMY	42000	35000	28000	21000	14000
054	OGL038	TOTAL LAPAROSCOPIC HYSTRECTOMY WITH BSO	48000	40000	32000	24000	16000

07:05C O.B. & GYNAE – HYSTEROSCOPIC SURGERY

001	OGH001	HYSTEROSCOPIC ABLATION OF ENDOMETRIUM	16600	13900	11100	8300	5600
002	OGH002	HYSTEROSCOPIC CUTTING OF UTERINE SYNECHIAE	12600	10500	8400	6300	4200
003	OGS080	HYSTEROSCOPIC DIVISION OF THICK SYNECHIAE	15000	12500	10000	7500	5000
004	OGS082	HYSTEROSCOPIC DIVISION OF THIN SYNECHIAE	8000	6700	5400	4000	2700
005	OGH003	HYSTEROSCOPIC GUIDED BIOPSY	8000	6700	5400	4000	2700
006	OGH004	HYSTEROSCOPIC MYOMA RESECTION	19000	15800	12600	9500	6300
007	OGS029	HYSTEROSCOPIC POLYPECTOMY	10200	8500	6800	5100	3400
008	OGS083	HYSTEROSCOPIC REMOVAL OF IUCD	8000	6700	5400	4000	2700
009	OGS084	HYSTEROSCOPIC REMOVAL OF RETAINED PRODUCTS OF CONCEPTION	9600	8000	6400	4800	3200
010	OGS086	HYSTEROSCOPIC RESECTION OF UTERINE SEPTUM	16000	13300	10600	8000	5300
011	OGH005	HYSTEROSCOPIC TRANS CERVICAL RESECTION OF ENDOMETRIUM	18000	15000	12000	9000	6000
012	OGH006	HYSTEROSCOPIC TUBAL CANNULATION	10200	8500	6800	5100	3400
013	OGS004	HYSTEROSCOPY DIAGNOSTIC	5800	4800	3800	2900	1900
014	OGS005	HYSTEROSCOPY WITH D. & C.	9600	8000	6400	4800	3200

07:06 OPHTHALMOLOGY SURGERY

001	OPS015	AC WASH	7400	6100	4800	3700	2400
002	OPS047	ANTERIOR SYNECHIOTOMY	3200	2600	2100	1600	1000
003	OPS032	BLEPHAROPLASTY FOR ECTROPION (WITH GRAFTING)	17600	14700	11800	8800	5900
004	OPS030	BLEPHAROPLASTY FOR ECTROPION (WITHOUT GRAFTING)	12000	10000	8000	6000	4000
005	OPS031	BLEPHAROPLASTY FOR ENTROPION (WITHOUT GRAFTING)	12000	10000	8000	6000	4000
006	OPS027	CAPSULOTOMY	8800	7300	5800	4400	2900
007	OPS018	CATARACT EXTRACTION / GLAUCOMA	16000	13300	10600	8000	5300
008	OPS019	CATARACT EXTRACTION WITH I.O.L. IMPLANTATION (LENS COST EXTRA)	20400	17000	13600	10200	6800
009	OPS012	CONJ. TEAR	4400	3700	2950	2200	1500
010	OPS002	CORNEAL GRAFTING	23200	19400	15500	11600	7800
011	OPS025	CRYOPEXY/CYCLOCRYO : BILATERAL	9000	7500	6000	4500	3000
012	OPS024	CRYOPEXY/CYCLOCRYO : UNILATERAL	6000	5000	4000	3000	2000
013	OPS011	CYSTS LID CONJ.	3800	3200	2600	1900	1300
014	OPS020	DACROCYSTORHINOSTOMY	16000	13300	10600	8000	5300
015	OPS028	ENDOSCOPIC DACROCYSTORHINOSTOMY	21800	18200	14600	10900	7300
016	OPS029	ENUCLEATION / EVICERATION OF EYES (WITHOUT IMPLANT)	10800	9000	7200	5400	3600
017	OPS033	ENUCLEATION / EVICERATION WITH IMPLANT	15600	13000	10400	7800	5200
018	OPS034	EPICANTHUS + TELECANTHUS CORRECTION	21000	17500	14000	10500	7000
019	OPS035	EPICANTHUS CORRECTION	13200	11000	8800	6600	4400
020	OPS010	EXAMINATION UNDER G.A.	3000	2500	2000	1500	1000
021	OPS036	EXENTRATION OF ORBIT + SOCKET REPAIR	20000	16700	13300	10000	6700
022	OPS001	EXTRACTION OF CHALAZION	3600	3000	2400	1800	1200
023	OPS042	FOREIGN BODY REMOVAL – EYE	3000	2500	2000	1500	1000
024	OPS049	INTRA VITREAL INJECTION – ANTIBIOTIC/STEROIDS	6000	5000	4000	3000	2000
025	OPS046	INTRA VITREAL INJECTION – ANTI VEGF	7000	5800	4600	3500	2300
026	OPS022	INTRA-OCULAR FOREIGN BODY REMOVAL	21600	18000	14400	10800	7200
027	OPS014	LID INJURY MAJOR	11000	9200	7400	5500	3700
028	OPS013	LID INJURY MINOR	8000	6700	5400	4000	2700
029	OPS037	LID TUMORS EXCISION AND REPAIR-WITH GRAFTING	18400	15300	12200	9200	6100

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:06 OPHTHALMOLOGY SURGERY							
030	OPS038	LID TUMORS EXCISION AND REPAIR -WITHOUT GRAFTING	12000	10000	8000	6000	4000
031	OPS005	MAJOR RECONSTRUCTIVE SURGERY	21600	18000	14400	10800	7200
032	OPS009	NEEDLING & ASPIRATION	3000	2500	2000	1500	1000
033	OPS023	PERFORATING INJURY REPAIR	19200	16000	12800	9600	6400
034	OPS007	PHACOEMULSIFICATION WITH I.O.L. IMPLANTATION (LENS COST EXTRA)	22200	18500	14800	11100	7400
035	OPS044	PROBING & SYRINGING OF NASO-LACRIMAL DUCT	3000	2500	2000	1500	1000
036	OPS039	PTERYGIUM SURGERY WITH GRAFTING	9600	8000	6400	4800	3200
037	OPS040	PTERYGIUM SURGERY WITHOUT GRAFTING	4800	4000	3200	2400	1600
038	OPS026	PTOSIS	15600	13000	10400	7800	5200
039	OPS048	PUPILOPLASTY	9600	8000	6400	4800	3200
040	OPS003	RETINAL DETACHMENT SURGERY	21000	17500	14000	10500	7000
041	OPS021	RETINAL DETACHMENT WITH VITRECTOMY	23100	19300	15450	11550	7700
042	OPS045	SECONDARY I.O.L. IMPLANTATION	15600	13000	10400	7800	5200
043	OPS006	SOCKET RECONSTRUCTION	19600	16300	13050	9800	6500
044	OPS017	SQUINT CORRECTION: MORE THAN 2-MUSCLES / VERTICAL MUSCLES	19200	16000	12800	9600	6400
045	OPS016	SQUINT CORRECTION: UPTO 2-MUSCLES / HORIZONTAL MUSCLES	16000	13300	10600	8000	5300
046	OPS041	TARSORRHPHY – PERMANENT	6600	5500	4400	3300	2200
047	OPS050	TARSORRHPHY – TEMPORARY	4400	3700	2950	2200	1500
048	OPS043	TRABECULECTOMY	16000	13300	10600	8000	5300
049	OPS008	TUMOR OF IRIS	20400	17000	13600	10200	6800
050	OPS004	VITRECTOMY	21600	18000	14400	10800	7200

07:07 ORTHOPEDICS SURGERY – LOWER LIMB

001	ORL017	ACETABULAR RECONSTRUCTION	28800	24000	19200	14400	9600
002	ORL091	ADJUSTMENT OF EXTERNAL FIXATOR	12000	10000	8000	6000	4000
003	ORL049	AMPUTATION THROUGH FEMUR & TIBIA	18000	15000	12000	9000	6000
004	ORL050	AMPUTATION THROUGH SMALL BONES/DIGITS	9000	7500	6000	4500	3000
005	ORL043	ARTHRODESIS : ANKLE	24000	20000	16000	12000	8000
006	ORL044	ARTHRODESIS : KNEE	24000	20000	16000	12000	8000
007	ORL018	ARTHRODESIS OF HIP	28800	24000	19200	14400	9600
008	ORL035	ARTHROTOMY : HIP/KNEE/SHOULDER	14400	12000	9600	7200	4800
009	ORL036	ARTHROTOMY : OTHER SMALL JOINTS	12000	10000	8000	6000	4000
010	ORL030	BIOPSY : BONES	9600	8000	6400	4800	3200
011	ORL015	C.D.H. (OPEN REDUCTION)	27000	22500	18000	13500	9000
012	ORL014	C.D.H. (RED. & SPICA)	16000	13300	10600	8000	5300
013	ORL093	C.R.I.F. WITH NAILING	17600	14700	11800	8800	5900
014	ORL001	CLOSED REDUCTION	9600	8000	6400	4800	3200
015	ORL064	CLOSED REDUCTION WITH ELEVATION AND CANNULATED SCREW FIXATION TIBIAL / FEMORAL CONDYLER	19200	16000	12800	9600	6400
016	ORL041	CLUB FOOT RELEASE (CTEV) : BILATERAL	21000	17500	14000	10500	7000
017	ORL040	CLUB FOOT RELEASE (CTEV) : UNILATERAL	17600	14700	11800	8800	5900
018	ORL010	CONDYLAR PLATING/D.C.S.	20800	17400	14000	10400	7000
019	ORL065	CORE DECOMPRESSION AND FIBULAR GRAFTING FOR AVN / NON-UNION HIP WITH FIXATION	25400	21200	17000	12700	8500
020	ORL066	CORE DECOMPRESSION AND FIBULAR GRAFTING FOR AVN / NON-UNION HIP WITHOUT FIXATION	22200	18500	14800	11100	7400
021	ORL023	DIAGNOSTIC ARTHROSCOPY	12800	10700	8600	6400	4300
022	ORL055	DISARTICULATION - KNEE/ANKLE	14500	12100	9650	7250	4850
023	ORL019	DISARTICULATION THROUGH HIP	24000	20000	16000	12000	8000
024	ORL022	DRAINAGE : HIP/KNEE/ANKLE/SPINE	8000	6700	5400	4000	2700
025	ORL092	DYNAMISATION OF I.M. NAIL	4200	3500	2800	2100	1400
026	ORL045	EXCISION : NAIL & NAIL BED/GANGLION	9600	8000	6400	4800	3200
027	ORL009	EXTERNAL FIXATION - LONG BONES & PELVIS	18000	15000	12000	9000	6000

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:07		ORTHOPEDICS SURGERY – LOWER LIMB					
028	ORL094	EXTERNAL FIXATION (ILIAZAROV TECHNIQUE) – LONG BONES	22200	18500	14800	11100	7400
029	ORL063	FAILED CLUB FOOT FIXATOR CORRECTION	22200	18500	14800	11100	7400
030	ORL089	FASCIOTOMY – FOOT	14400	12000	9600	7200	4800
031	ORL088	FASCIOTOMY – THREE COMPARTMENT LEG	19200	16000	12800	9600	6400
032	ORL016	FIXATION WITH PLATING - PELVIC	22200	18500	14800	11100	7400
033	ORL002	FIXATION WITH K.WIRE : LONG BONE – LOWER EXTREMITIES	14400	12000	9600	7200	4800
034	ORL095	FIXATION WITH K.WIRE – MULTIPLE SMALL BONES FRACTURE – LOWER EXTREMITIES	18000	15000	12000	9000	6000
035	ORL096	FIXATION WITH K.WIRE - SMALL BONE – LOWER EXTREMITIES	12000	10000	8000	6000	4000
036	ORL057	HALLUX VALGUS/VARUS	13600	11300	9000	6800	4500
037	ORL011	HEMIARTHROPLASTY WITH OR WITHOUT CEMENTING	30000	25000	20000	15000	10000
038	ORL005	INTERLOCKING NAILING	31200	26000	20800	15600	10400
039	ORL067	ISOLATED GRAFTING - MINOR/CORE HARVESTING	9600	8000	6400	4800	3200
040	ORL068	ISOLATED GRAFTING - STANDARD/MAJOR HARVESTING	16000	13300	10600	8000	5300
041	ORL051	LIMB LENGTHENING WITH INSTRUMENTATION	26400	22000	17600	13200	8800
042	ORL034	MAJOR RECONSTRUCTION : NERVE/TENDONS (MORE THAN 3)	23100	19300	15450	11550	7700
043	ORL037	MENISCECTOMY	16000	13300	10600	8000	5300
044	ORL021	MINOR EXCISION OF SWELLING/TUMOR WITH OR WITHOUT BIOPSY	9600	8000	6400	4800	3200
045	ORL046	MINOR PROCEDURES IN FOOT	9600	8000	6400	4800	3200
046	ORL033	MINOR RECONSTRUCTION : NERVES/TENDONS	17400	14500	11600	8700	5800
047	ORL069	MUSCLE PEDICLE GRAFTING	28800	24000	19200	14400	9600
048	ORL070	O.R.I.F ANKLE - BIMALLEOLAR FIXATION	19200	16000	12800	9600	6400
049	ORL087	O.R.I.F. ANKLE – TRIMALLEOLAR FIXATION	24000	20000	16000	12000	8000
050	ORL078	O.R.I.F. WITH DHS	22200	18500	14800	11100	7400
051	ORL097	O.R.I.F WITH TENS NAIL/RUSH NAIL – LOWER EXTREMITIES	19200	16000	12800	9600	6400
052	ORL076	O.R.I.F. WITH PLATING – LOWER EXTREMITIES	22200	18500	14800	11100	7400
053	ORL077	O.R.I.F. WITH PLATING (BOTH BONES) – LOWER EXTREMITIES	27600	23000	18400	13800	9200
054	ORL004	O.R.I.F. WITH PLATING AND BONE GRAFTING – LOWER EXTREMITIES	25400	21200	17000	12700	8500
055	ORL060	O.R.I.F. WITH PLATING AND BONE GRAFTING (BOTH BONES) – LOWER EXTREMITIES	31200	26000	20800	15600	10400
056	ORL075	O.R.I.F. WITH SCREWS – LOWER EXTREMITIES	14400	12000	9600	7200	4800
057	ORL058	OPEN/ARTHROSCOPIC ANT. C. LIGAMENT RECONSTRUCTION	27000	22500	18000	13500	9000
058	ORL024	OPERATIVE ARTHROSCOPY/QUADRICEPSPLASTY	22200	18500	14800	11100	7400
059	ORL071	OSTEOMYELITIS : LONG BONES – LOWER EXTREMITIES	19200	16000	12800	9600	6400
060	ORL072	OSTEOMYELITIS : SMALL BONES – LOWER EXTREMITIES	12800	10700	8600	6400	4300
061	ORL048	OSTEOTOMY : MID FOOT	19200	16000	12800	9600	6400
062	ORL013	OSTEOTOMY AROUND HIP	24000	20000	16000	12000	8000
063	ORL031	PATELLECTOMY	14400	12000	9600	7200	4800
064	ORL062	PELVIC OSTEOTOMIES	24000	20000	16000	12000	8000
065	ORL073	PERCUTANEOUS TENOTOMY (3 OR LESS)	9600	8000	6400	4800	3200
066	ORL074	PERCUTANEOUS TENOTOMY (MORE THAN 3)	12800	10700	8600	6400	4300
067	ORL059	PSOAS/PARA VERTEBRAL ABSCESS	12800	10700	8600	6400	4300
068	ORL053	REMOVAL OF IMPLANTS : MAJOR	9600	8000	6400	4800	3200
069	ORL052	REMOVAL OF IMPLANTS : MINOR	6600	5500	4400	3300	2200
070	ORL090	RE-SURFACING OF PATELLA	22200	18500	14800	11100	7400
071	ORL056	REVISION ARTHROPLASTY - HIP/KNEE	48000	40000	32000	24000	16000
072	ORL084	SEQUESTRECTOMY - LONG BONES	19200	16000	12800	9600	6400
073	ORL083	SEQUESTRECTOMY - SMALL BONES	12000	10000	8000	6000	4000
074	ORL086	SKELETAL TRACTION (IN O.T.)	5000	4200	3400	2500	1700
075	ORL007	SKIN GRAFTING - MAJOR	17600	14700	11800	8800	5900
076	ORL008	SKIN GRAFTING - MINOR	11000	9200	7400	5500	3700
077	ORL038	SYNOVECTOMY : HIP/KNEE/SHOULDER/WRIST	16000	13300	10600	8000	5300

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY					
			DR	PR	SPR	NSB	SB	
07:07		ORTHOPEDECS SURGERY – LOWER LIMB						
078	ORL039	SYNOVECTOMY : OTHER SMALL JOINTS	13200	11000	8800	6600	4400	
079	ORL054	TARGETTED DELIVERY OF STEROID	3600	3000	2400	1800	1200	
080	ORL047	TENDON ACHILLES/REPAIR & RECONSTRUCTION	14400	12000	9600	7200	4800	
081	ORL098	TENDON LENGTHENING/STERNOMASTOID RELEASE	18000	15000	12000	9000	6000	
082	ORL042	TENDON TRANSFERS/REPAIR	18000	15000	12000	9000	6000	
083	ORL029	TENDON TRANSFERS/REPAIR – MULTIPLE	21600	18000	14400	10800	7200	
084	ORL085	TENSION BAND WIRING	16000	13300	10600	8000	5300	
085	ORL025	TENSION BAND WIRING : ISOLATED MED. MALLEOLUS	16000	13300	10600	8000	5300	
086	ORL032	TENSION BAND WIRING : PATELLA	16000	13300	10600	8000	5300	
087	ORL082	TENSION BAND WIRING / ENCIRCLAGE WIRING	16000	13300	10600	8000	5300	
088	ORL027	TIBIAL PLATEAU ELEVATION & FIXATION (I GRAFTING)	24000	20000	16000	12000	8000	
089	ORL026	TIBIAL/FEMORAL OESTEOTOMIES	24000	20000	16000	12000	8000	
090	ORL012	TOTAL HIP REPLACEMENT	43200	36000	28800	21600	14400	
091	ORL028	TOTAL KNEE REPLACEMENT	43200	36000	28800	21600	14400	
092	ORL061	TRIPLE ARTHRODESIS - FOOT	24000	20000	16000	12000	8000	
093	ORL020	TUMOR EXCISION & RECONSTRUCTION (MAJOR)	30000	25000	20000	15000	10000	
094	ORL006	WOUND DEBRIDEMENT & TOILETTING	9600	8000	6400	4800	3200	

07:07A ORTHOPEDECS SURGERY - SPINE

095	ORS004	ANTEROLATERAL DECOMPRESSION	28800	24000	19200	14400	9600
096	ORS005	CERVICAL VERTIBRECTOMY	41600	34700	27800	20800	13900
097	ORS001	LAMINECTOMY (LUMBAR/CERVICAL) / DISCECTOMY	33200	27700	22200	16600	11100
098	ORS002	POSTERIOR/ANTERIOR FUSION & INSTRUMENTATION	40000	33500	26800	20000	13400
099	ORS003	POSTERIOR/ANTERIOR FUSION ONLY	30600	25500	20400	15300	10200

07:07B ORTHOPEDECS SURGERY – UPPER LIMB

100	ORU025	ARTHRODESIS OF MAJOR JOINTS	22200	18500	14800	11100	7400
101	ORU024	ARTHRODESIS OF MINOR JOINTS	9600	8000	6400	4800	3200
102	ORU029	ARTHROSCOPIC REPAIR SHOULDER-RECURRENT DISLOCATION	28800	24000	19200	14400	9600
103	ORU030	ARTHROSCOPY SHOULDER - DIAGNIOSTIC	19200	16000	12800	9600	6400
104	ORU038	ARTHROSCOPY SHOULDER – OPERATIVE	22200	18500	14800	11100	7400
105	ORU022	BONE GRAFTING - SMALL	13600	11300	9000	6800	4500
106	ORU012	CARPAL TUNNEL RELEASE / DECOMPRESSION	13600	11300	9000	6800	4500
107	ORU005	CLOSED REDUCTION	9600	8000	6400	4800	3200
108	ORU003	DISARTICULATION - SHOULDER	22200	18500	14800	11100	7400
109	ORU013	EXCISION HEAD OF RADIUS/LOWER END ULNA	12800	10700	8600	6400	4300
110	ORU037	EXCISION OF BURSA	9600	8000	6400	4800	3200
111	ORU040	EXTERNAL FIXATOR – UPPER LIMB	18000	15000	12000	9000	6000
112	ORU034	FASCIOTOMY – FOREARM	16000	13300	10600	8000	5300
113	ORU021	MAJOR AMPUTATIONS	17600	14700	11800	8800	5900
114	ORU031	MANIPULATION UNDER ANESTHESIA (M.U.A.)	9600	8000	6400	4800	3200
115	ORU020	MINOR AMPUTATIONS	9600	8000	6400	4800	3200
116	ORU014	MINOR PROCEDURES-GANGLION/NAIL REMOVAL	9600	8000	6400	4800	3200
117	ORU006	FIXATION WITH K.WIRE -LARGE BONE – UPPER EXTREMITIES	13600	11300	9000	6800	4500
118	ORU041	FIXATION WITH K.WIRE- MULTIPLE SMALL BONE – UPPER EXTREMITIES	15600	13000	10400	7800	5200
119	ORU042	FIXATION WITH K.WIRE-SMALL BONE – UPPER EXTREMITIES	10800	9000	7200	5400	3600
120	ORU007	O.R.I.F. WITH NAILING – UPPER EXTREMITIES	19200	16000	12800	9600	6400
121	ORU017	O.R.I.F. WITH NAILING/PLATING WITH BONE GRAFT – UPPER EXTREMITIES	24000	20000	16000	12000	8000
122	ORU036	O.R.I.F. WITH PLATING – UPPER EXTREMITIES	19200	16000	12800	9600	6400
123	ORU032	O.R.I.F. WITH PLATING (BOTH BONES) – UPPER EXTREMITIES	24600	20500	16400	12300	8200
124	ORU004	O.R.I.F. WITH PLATING WITH BONE GRAFT (BOTH BONE) – UPPER EXTREMITIES	28800	24000	19200	14400	9600

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:07B ORTHOPEDICS SURGERY – UPPER LIMB							
125	ORU043	OSTEOMYELITIS - LONG BONES – UPPER EXTREMITIES	17600	14700	11800	8800	5900
126	ORU044	OSTEOMYELITIS - SMALL BONES – UPPER EXTREMITIES	10800	9000	7200	5400	3600
127	ORU026	OSTEOTOMY AND CORRECTIVE SURGERY	22200	18500	14800	11100	7400
128	ORU019	PUTTI PLATE RECONSTRUCTION OF SHOULDER	24000	20000	16000	12000	8000
129	ORU039	RADIAL HEAD REPLACEMENT	19200	16000	12800	9600	6400
130	ORU009	RECONSTRUCTION OF JOINTS	20800	17400	14000	10400	7000
131	ORU010	REPAIR OF TENDONS - 3 OR LESS	16000	13300	10600	8000	5300
132	ORU011	REPAIR OF TENDONS -MORE THAN 3 TENDONS	21600	18000	14400	10800	7200
133	ORU015	TENDON TRANSFER & REPAIR	18000	15000	12000	9000	6000
134	ORU001	TENDON TRANSFER MULTIPLE	24000	20000	16000	12000	8000
135	ORU033	TENSION BAND WIRING	16000	13300	10600	8000	5300
136	ORU027	TOTAL REPLACEMENT - ELBOW/WRIST JOINT	32000	26600	21300	16000	10600
137	ORU008	TOTAL REPLACEMENT - SHOULDER	38400	32000	25600	19200	12800
138	ORU028	TRIGGER THUMB	9600	8000	6400	4800	3200
139	ORU002	TRIPLE ARTHRODESIS – SHOULDER / ELBOW / WRIST	24000	20000	16000	12000	8000
140	ORU018	ULNAR NERVE TRANSFER	20800	17400	14000	10400	7000
141	ORU016	WOUND DEBRIDEMENT AND TOILETTING	9600	8000	6400	4800	3200

07:08 NEURO SURGERY

001	NES001	BURR HOLES FOR CH SDH/ABSCESS	12000	10000	8000	6000	4000
002	NES042	CERVICAL TRACTION (IN O.T.)	3800	3200	2600	1900	1300
003	NES029	CORPECTOMY	46400	38700	31000	23200	15500
004	NES005	CRANIOPLASTY	36800	30600	24500	18400	12200
005	NES014	CRANIOTOMY - A.V.MALFORMATION	54000	45000	36000	27000	18000
006	NES013	CRANIOTOMY - ABSCESS/CYSTS	46400	38700	31000	23200	15500
007	NES016	CRANIOTOMY - ACOUSTIC NEUROMA	46400	38700	31000	23200	15500
008	NES015	CRANIOTOMY - ANEURYSM	54000	45000	36000	27000	18000
009	NES017	CRANIOTOMY - BRAIN STEM TUMOR	54000	45000	36000	27000	18000
010	NES032	CRANIOTOMY - CONTUSIONS	46400	38700	31000	23200	15500
011	NES012	CRANIOTOMY - CRANIOPHARYNGIOMA	46400	38700	31000	23200	15500
012	NES008	CRANIOTOMY - EXTRADURAL HEMATOMA	38400	32000	25600	19200	12800
013	NES018	CRANIOTOMY - FOR CSF RHINORRHEA	46400	38700	31000	23200	15500
014	NES006	CRANIOTOMY - INTRACEREBRAL HEMATOMA	40200	33500	26800	20100	13400
015	NES011	CRANIOTOMY - PITUITARY TUMOR	46400	38700	31000	23200	15500
016	NES010	CRANIOTOMY - POST. FOSSA TUMOR	46400	38700	31000	23200	15500
017	NES007	CRANIOTOMY - SUBDURAL HEMATOMA	41600	34700	27800	20800	13900
018	NES041	CRANIOTOMY - TEMPORAL CRANIOTOMY	41600	34700	27800	20800	13900
019	NES009	CRANIOTOMY - VASCULAR TUMOR	46400	38700	31000	23200	15500
020	NES033	CRANIOTOMY FOR DEPRESSED FRACTURE	38400	32000	25600	19200	12800
021	NES034	DECOMPRESSIVE CRANIOTOMY	46400	38700	31000	23200	15500
022	NES023	DISCECTOMY (CERVICAL/DORSAL/MICRO-II LEVELS)	33200	27700	22200	16600	11100
023	NES035	ENDODSCOPIC SURGERY	56000	46800	37400	28000	18700
024	NES046	EXTERNAL VENTRICULAR DRAINAGE (EVD)	19800	16500	13200	9900	6600
025	NES022	LAMINECTOMY (LUMBAR)	33200	27700	22200	16600	11100
026	NES025	MICRODISCECTOMY - MORE THAN II LEVELS	36800	30600	24500	18400	12200
027	NES043	NEUCLEOPLASTY	32000	26600	21300	16000	10600
028	NES028	NEURO-ENDOSCOPIC SKULL BASE SURGERY	46400	38700	31000	23200	15500
029	NES024	OPERATION FOR CANAL STENOSIS (LUMBAR/CERVICAL)	36800	30600	24500	18400	12200
030	NES036	PERIPHERAL NERVE SURGERY	33200	27700	22200	16600	11100
031	NES045	REMOVAL OF V.P.SHUNT	8400	7000	5600	4200	2800
032	NES021	REPAIR OF ENCEPHALOCELE	27200	22600	18000	13600	9000
033	NES019	REPAIR OF MENINGOCELE	27200	22600	18000	13600	9000
034	NES020	REPAIR OF MENINGOMYELOCELE	27200	22600	18000	13600	9000

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:08 NEURO SURGERY							
035	NES004	REVISION OF SHUNT	25800	21500	17200	12900	8600
036	NES003	SHUNT FOR HYDRO CEPHALUS	25800	21500	17200	12900	8600
037	NES037	SPINAL DYSRAPHISM	36800	30600	24500	18400	12200
038	NES038	SPINAL INSTRUMENTATION	46400	38700	31000	23200	15500
039	NES026	SPINAL TUMOR/HEMATOMA/ABSCESS	46400	38700	31000	23200	15500
040	NES047	SUBDURAL TAP	4200	3500	2800	2100	1400
041	NES030	SURGERY FOR CRANIOSYNOSTOSIS	36800	30600	24500	18400	12200
042	NES027	TRANS SPHENOIDAL PITUITARY /SELLAR SURGERY	46400	38700	31000	23200	15500
043	NES044	UNLOCKING OF FACET JOINT	2800	2300	1850	1400	900
044	NES039	VENTRIC TAP	5600	4600	3700	2800	1800
045	NES002	VENTRICULO AURICULAR SHUNT	25800	21500	17200	12900	8600
046	NES040	VERTEBROPLASTY	36800	30600	24500	18400	12200

07:09 E.N.T. SURGERY

001	ENS019	ABSCESS TONSILLECTOMY - I. & D.	10400	8700	7000	5200	3500
002	ENS045	ADENO-TONSILLECTOMY	13600	11300	9000	6800	4500
003	ENS062	ADENOIDECTOMY	7200	6000	4800	3600	2400
004	ENS064	ANGIOFIBROMA REMOVAL	28800	24000	19200	14400	9600
005	ENS065	ANTRAL POLYPECTOMY	7400	6100	4850	3700	2400
006	ENS046	ANTRAL WASH : UNILATERAL OR BILATERAL	4400	3700	2950	2200	1500
007	ENS056	BIOPSY CHEEK OR TONGUE : UNILATERAL OR BILATERAL	6000	5000	4000	3000	2000
008	ENS008	BRONCHOSCOPY WITH OR WITHOUT F.B.REMOVAL / BIOPSY	9600	8000	6400	4800	3200
009	ENS041	CALDWELL LUC : BILATERAL	12800	10700	8600	6400	4300
010	ENS040	CALDWELL LUC : UNILATERAL	9600	8000	6400	4800	3200
011	ENS067	CAUTERY PATCHING EAR	4800	4000	3200	2400	1600
012	ENS063	CHANGE OF TRACHEOSTOMY TUBE	1600	1300	1000	800	500
013	ENS068	COCHLEAR IMPLANT	48000	40000	32000	24000	16000
014	ENS042	DIAGNOSTIC NASAL ENDOSCOPY	3000	2500	2000	1500	1000
015	ENS069	ENDOLYMPHATIC SAC DECOMPRESSION	28800	24000	19200	14400	9600
016	ENS086	ENDOSCOPIC CHOANAL ATRESIA REPAIR B/L	24000	20000	16000	12000	8000
017	ENS070	ENDOSCOPIC CSF RHINORRHEA REPAIR	28800	24000	19200	14400	9600
018	ENS013	ENDOSCOPIC DACROCYSTORHINOSTOMY	21800	18200	14600	10900	7300
019	ENS009	ETHMOIDECTOMY (EXTERNAL)	16600	13900	11100	8300	5550
020	ENS085	EXCISION OF PALATIAL GROWTH WITH FLAP REPAIR	27000	22500	18000	13500	9000
021	ENS029	EXCISION THYROGLOSSAL CYST	12800	10700	8600	6400	4300
022	ENS087	EXTENDED TRANS LABYRINTHINE APPROACH	34800	29000	23200	17400	11600
023	ENS025	FACIAL NERVE DECOMPRESSION OR GRAFTING	32000	26600	21300	16000	10600
024	ENS071	FACIAL REANIMATION PROCEDURE - LID LOADING	19200	16000	12800	9600	6400
025	ENS072	FACIAL REANIMATION PROCEDURE - TEMPORALIS TRANSFER	22200	18500	14800	11100	7400
026	ENS073	FESS - LIMITED	11000	9200	7400	5500	3700
027	ENS088	FESS – EXTENDED	24000	20000	16000	12000	8000
028	ENS044	FESS : BILATERAL	20800	17400	14000	10400	7000
029	ENS043	FESS : UNILATERAL	13600	11300	9000	6800	4500
030	ENS012	FOREIGN BODY REMOVAL - EAR/NOSE/THROAT	3600	3000	2400	1800	1200
031	ENS022	FRACTURE NASAL BONES	8800	7300	5800	4400	2900
032	ENS095	GLOSSECTOMY – PARTIAL	16800	14000	11200	8400	5600
033	ENS096	GLOSSECTOMY – TOTAL	28800	24000	19200	14400	9600
034	ENS097	GVELO-PALATOPHARYNGOPLASTY	30000	25000	20000	15000	10000
035	ENS024	HEMATOMA PINNA : BILATERAL	8000	6700	5400	4000	2700
036	ENS023	HEMATOMA PINNA : UNILATERAL	5000	4100	3300	2500	1600
037	ENS053	I. & D. OF PARA PHARYNGEAL ABSCESS	10800	9000	7200	5400	3600
038	ENS030	I. & D. OF THYROGLOSSAL CYST	6400	5400	4300	3200	2200
039	ENS057	I. & D. QUINCY	6400	5400	4300	3200	2200
040	ENS059	I. & D. TONSILLAR ABSCESS : UNILATERAL OR BILATERAL	10800	9000	7200	5400	3600

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:09	E.N.T.	SURGERY					
041	ENS031	LARYNGECTOMY (TOTAL)	28800	24000	19200	14400	9600
042	ENS017	LARYNGOSCOPY - DIRECT	4000	3300	2600	2000	1300
043	ENS084	LARYNGOSCOPY - FIBER OPTIC	7400	6100	4850	3700	2400
044	ENS060	LATERAL RHINOTOMY	22200	18500	14800	11100	7400
045	ENS055	LYMPH NODE BIOPSY	7800	6500	5200	3900	2600
046	ENS014	MASTOIDECTOMY (MODIFIED)	22200	18500	14800	11100	7400
047	ENS037	MASTOIDECTOMY WITH TYMPANOPLASTY	28800	24000	19200	14400	9600
048	ENS028	MAXILLARY SINUS SURGERY	11000	9200	7400	5500	3700
049	ENS099	MAXILLECTOMY	30000	25000	20000	15000	10000
050	ENS098	MAXILLECTOMY -MEDIAL	19200	16000	12800	9600	6400
051	ENS026	MICRO LARYNGEAL SURGERY	12800	10700	8600	6400	4300
052	ENS006	MICRO LARYNGOSCOPY WITH BIOPSY	8000	6700	5400	4000	2700
053	ENS038	MICROSCOPIC EXAMINATION (E.U.M.)	2400	2000	1600	1200	800
054	ENS100	MODIFIED ENDOSCOPIC LATHROP PROCEDURE (M.E.L.)	30000	25000	20000	15000	10000
055	ENS034	MYRINGOPLASTY	16000	13300	10600	8000	5300
056	ENS036	MYRINGOTOMY WITH OR WITHOUT GROMMET : BILATERAL	7200	6000	4800	3600	2400
057	ENS035	MYRINGOTOMY WITH OR WITHOUT GROMMET : UNILATERAL	4800	4000	3200	2400	1600
058	ENS048	NASAL CAUTERY IN EPISTAXIS	4400	3700	2950	2200	1500
059	ENS074	NASAL ENDOSCOPIC CAUTERISATION FOR EPISTAXIS	7400	6100	4850	3700	2400
060	ENS090	NASAL ENDOSCOPY WITH BIOPSY	4800	4000	3200	2400	1600
061	ENS091	NASAL PACK REMOVAL (IN O.T.)	2200	1800	1500	1100	750
062	ENS092	NASAL PACK REMOVAL + CHECK NASAL ENDOSCOPY (IN O.T.)	3000	2500	2000	1500	1000
063	ENS058	NASAL PACKING – ANTERIOR (WITH PACK REMOVAL)	3600	3000	2400	1800	1200
064	ENS094	NASAL PACKING – POSTERIOR (WITH PACK REMOVAL)	4800	4000	3200	2400	1600
065	ENS027	NASAL PACKING – ANTERIOR WITH POSTERIOR (WITH PACK REMOVAL)	6600	5500	4400	3300	2200
066	ENS033	NASAL POLYPECTOMY : BILATERAL	9600	8000	6400	4800	3200
067	ENS032	NASAL POLYPECTOMY : UNILATERAL	7200	6000	4800	3600	2400
068	ENS101	NECK DISSECTION – PARTIAL	18000	15000	12000	9000	6000
069	ENS102	NECK DISSECTION – TOTAL	29000	24200	19400	14500	9700
070	ENS002	OESOPHAGOSCOPY WITH F.BODY REMOVAL + BIOPSY	9600	8000	6400	4800	3200
071	ENS007	OSSICULOPLASTY / TYMPANOTOMY	24000	20000	16000	12000	8000
072	ENS001	POSTERIOR NASAL PACK (WITH PACK REMOVAL)	4800	4000	3200	2400	1600
073	ENS052	PRE AURICULAR SINUS : BILATERAL	12800	10700	8600	6400	4300
074	ENS051	PRE AURICULAR SINUS : UNILATERAL	11000	9200	7400	5500	3700
075	ENS076	RHINOPLASTY	19200	16000	12800	9600	6400
076	ENS016	S.M.R.	11000	9200	7400	5500	3700
077	ENS039	SEPTOPLASTY	8800	7300	5800	4400	2900
078	ENS011	SEPTOPLASTY WITH S.M.D.	12000	10000	8000	6000	4000
079	ENS061	SEPTORHINOPLASTY	22200	18500	14800	11100	7400
080	ENS047	SMD	4800	4000	3200	2400	1600
081	ENS050	SPLIT EAR LOBULE : BILATERAL	4800	4000	3200	2400	1600
082	ENS049	SPLIT EAR LOBULE : UNILATERAL	3200	2600	2100	1600	1000
083	ENS015	STAPEDECTOMY	24000	20000	16000	12000	8000
084	ENS021	STYLOIDECTOMY : BILATERAL	18000	15000	12000	9000	6000
085	ENS020	STYLOIDECTOMY : UNILATERAL	10200	8500	6800	5100	3400
086	ENS077	THYROPLASTY	16000	13300	10600	8000	5300
087	ENS078	THYROPLASTY WITH ARYTENOID - ABDUCTION/ADDUCTION	19200	16000	12800	9600	6400
088	ENS005	TONSILLECTOMY	9600	8000	6400	4800	3200
089	ENS018	TRACHEOSTOMY	11000	9200	7400	5500	3700
090	ENS004	TURBINECTOMY : BILATERAL	8000	6600	5300	4000	2700
091	ENS003	TURBINECTOMY : UNILATERAL	5400	4500	3600	2700	1800
092	ENS010	TYMPANOPLASTY	20800	17400	13900	10400	7000
093	ENS103	VESTIBULAR NEURONECTOMY	30000	25000	20000	15000	10000
094	ENS079	VOCAL CORD LATERLIZATION	11000	9200	7400	5500	3700
095	ENS054	YOUNG OPERATION	12800	10700	8600	6400	4300

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:10 THORACIC SURGERY							
001	THS002	BRONCHOSCOPY WITH OR WITHOUT F.B.REMOVAL / BIOPSY	9600	8000	6400	4800	3200
002	THS024	BULLECTOMY	32000	26600	21300	16000	10600
003	THS035	CERVICAL RIB EXCISION – BILATERAL	30000	25000	20000	15000	10000
004	THS036	CERVICAL RIB EXCISION – UNILATERAL	19200	16000	12800	9600	6400
005	THS008	CHEST ASPIRATION	4800	4000	3200	2400	1600
006	THS031	CLOSURE OF BRONCHO-PLEURAL FISTULA	20800	17400	14000	10400	7000
007	THS014	DECORTICATION THORACOTOMY / EXCISION OF TUMOR	31200	26000	20800	15600	10400
008	THS020	DECORTICATION WITH LOBECTOMY	38400	32000	25600	19200	12800
009	THS037	DIAGNOSTIC THORACOSCOPY AND DRAINAGE	12000	10000	8000	6000	4000
010	THS038	EXCISION OF CHEST WALL TUMOR EXCLUDING RIBS	12000	10000	8000	6000	4000
011	THS039	EXCISION OF CHEST WALL TUMOR INCLUDING RIBS	28800	24000	19200	14400	9600
012	THS001	EXPLORATORY THORACOTOMY	20800	17400	14000	10400	7000
013	THS005	HIATUS OR DIAPHRAGMATIC HERNIA	28800	24000	19200	14400	9600
014	THS025	HYDATID CYST	27800	23100	18500	13900	9200
015	THS009	INTERCOSTAL DRAINAGE	8800	7300	5800	4400	2900
016	THS012	LOBECTOMY - WEDGE, SEGMENT/LOBE	32000	26600	21300	16000	10600
017	THS022	MEDIASTINAL LYMPHNODE EXCISION & BIOPSY	16000	13300	10600	8000	5300
018	THS003	MEDIASTINAL TUMOR EXCISION	32000	26600	21300	16000	10600
019	THS010	NEEDLE BIOPSY- PLEURA / LUNG	6600	5500	4400	3300	2200
020	THS007	OESOPHAGOSCOPY WITH F.B.REMOVAL	9600	8000	6400	4800	3200
021	THS011	OPEN BIOPSY - PLEURA/LUNG	14500	12100	9650	7250	4850
022	THS017	PERICARDECTOMY	28800	24000	19200	14400	9600
023	THS018	PERICARDIOSTOMY	24000	20000	16000	12000	8000
024	THS028	PLEURAL ASPIRATION	2800	2300	1800	1400	900
025	THS027	PLEURODESIS EACH SITTING	3200	2600	2100	1600	1000
026	THS013	PNEUMENECTOMY	38400	32000	25600	19200	12800
027	THS006	RECONSTRUCTION OF PERIPHERAL VASCULAR INJURY	32000	26600	21300	16000	10600
028	THS029	REMOVAL OF FOREIGN BODY (BULLET) – CHEST / SHOULDER	32000	26600	21300	16000	10600
029	THS021	RIB RESECTION AND DRAINAGE	19200	16000	12800	9600	6400
030	THS023	SCALENE NODE BIOPSY	8000	6700	5400	4000	2700
031	THS026	SEGMENTAL RESECTION	27600	23000	18400	13800	9200
032	THS004	SURGERY FOR PORTAL HYPERTENSION	27600	23000	18400	13800	9200
033	THS032	THORACOSCOPIC DECORTICATION	32000	26600	21300	16000	10600
034	THS033	THORACOTOMY FOR ANTERO-LATERAL DECOMPRESSION	32000	26600	21300	16000	10600
035	THS030	THORACOSCOPY WITH DRAINAGE OF LUNG ABSCESS	12000	10000	8000	6000	4000
036	THS034	THORACOTOMY FOR PENETRATING INJURY CHEST	32000	26600	21300	16000	10600
037	THS019	THORACOTOMY WITH LIGATION OF PDA	24000	20000	16000	12000	8000
038	THS040	THYMECTOMY	32000	26600	21300	16000	10600

07:11 VASCULAR SURGERY

001	VAS007	A.V. FISTULA FOR DIALYSIS	13600	11300	9000	6800	4500
002	VAS018	ABDOMINAL ANEURYSM	38400	32000	25600	19200	12800
003	VAS013	AORTO-FEMORAL BYPASS	35200	29300	23400	17600	11700
004	VAS012	AV GRAFT FOR VASCULAR ACCESS FOR HAEMODIALYSIS	28800	24000	19200	14400	9600
005	VAS040	AXILLARY-BRACHIAL BYPASS USING SYNTHETIC GRAFT	42000	35000	28000	21000	14000
006	VAS033	BASALIC VEIN TRANSPOSITION	28800	24000	19200	14400	9600
007	VAS037	BRACHIAL ARTERY REPAIR	24000	20000	16000	12000	8000
008	VAS027	BRACHIAL ARTERY REPAIR WITH GRAFT	38400	32000	25600	19200	12800
009	VAS041	CAROTID AXILLARY BYPASS USING SYNTHETIC GRAFT	42000	35000	28000	21000	14000
010	VAS011	CAROTID ENDARTERECTOMY	36000	30000	24000	18000	12000
011	VAS017	CERVICAL RIB EXCISION	21800	18200	14600	10900	7300
012	VAS003	CERVICO THORACIC SYMPATHECTOMY	21800	18200	14600	10900	7300
013	VAS030	CLOSURE OF A.V. FISTULA	20800	17400	14000	10400	7000

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:11 VASCULAR SURGERY							
014	VAS028	CLOT EVACUATION	6600	5500	4400	3300	2200
015	VAS036	EMBOLECTOMY	28800	24000	19200	14400	9600
016	VAS010	ENDARTERECTOMY OF PERIPHERAL VESSELS	35000	29200	23400	17500	11700
017	VAS016	EXCISION OF A.V. MALFORMATION	24000	20000	16000	12000	8000
018	VAS019	EXCISION OF HAEMANGIOMA - MAJOR	27000	22500	18000	13500	9000
019	VAS020	EXCISION OF HAEMANGIOMA - MEDIUM	20800	17400	14000	10400	7000
020	VAS021	EXCISION OF HAEMANGIOMA - MINOR	12800	10700	8600	6400	4300
021	VAS042	EXPLORATION & REPAIR OF AXILLARY ARTERY	30000	25000	20000	15000	10000
022	VAS043	EXPLORATION & REPAIR OF CAROTID ARTERIAL INJURY	30000	25000	20000	15000	10000
023	VAS044	EXPLORATION & REPAIR OF CAROTID ARTERIAL INJURY USING VEIN PATCH	42000	35000	28000	21000	14000
024	VAS045	EXPLORATION & REPAIR OF FEMORAL ARTERY	30000	25000	20000	15000	10000
025	VAS046	EXTRA-ANATOMICAL AXILLO-FEMORAL BYPASS USING GRAFT	42000	35000	28000	21000	14000
026	VAS009	FEMORAL EMBOLECTOMY : BILATERAL	33600	28000	22400	16800	11200
027	VAS008	FEMORAL EMBOLECTOMY : UNILATERAL	28800	24000	19200	14400	9600
028	VAS022	FEMORO-FEMORAL CROSS OVER GRAFT	38400	32000	25600	19200	12800
029	VAS014	FEMORO-POPLITEAL BYPASS	33600	28000	22400	16800	11200
030	VAS023	FEMORO-POPLITEAL BYPASS WITH VEIN/GRAFT	40000	33300	26700	20000	13300
031	VAS006	HEPATIC RESECTION (LOBECTOMY)	27000	22500	18000	13500	9000
032	VAS047	ILEO-FEMORAL BYPASS USING SYNTHETIC GRAFT	42000	35000	28000	21000	14000
033	VAS026	ILLIAC ARTERY ANEURYSM	38400	32000	25600	19200	12800
034	VAS031	LIGATION OF FEMORAL S.F. JUNCTION	24000	20000	16000	12000	8000
035	VAS032	LIGATION OF SAPHENOUS POPLITEAL JUNCTION	24000	20000	16000	12000	8000
036	VAS002	LUMBAR SYMPATHECTOMY : UNILATERAL	16000	13300	10600	8000	5300
037	VAS015	PERIPHERAL ANEURYSM REPAIR	28800	24000	19200	14400	9600
038	VAS029	PERMACATH PLACEMENT	6000	5000	4000	3000	2000
039	VAS048	POPLITEAL TO ANTERIOR / POSTERIOR TIBIAL BYPASS	42000	35000	28000	21000	14000
040	VAS049	RE-EXPLORATION FOR BLEEDING AT VASCULAR-ANASTOMATIC SITE	14400	12000	9600	7200	4800
041	VAS050	REMOVAL OF INFECTED GRAFT	14400	12000	9600	7200	4800
042	VAS051	REPAIR OF PERIPHERAL VASCULAR INJURY	24000	20000	16000	12000	8000
043	VAS052	SUBCLAVIAN-BRACHIAL BYPASS	42000	35000	28000	21000	14000
044	VAS001	THROMBO ENDARTERECTOMY AORTA	33600	28000	22400	16800	11200
045	VAS034	THROMBOLECTOMY WITH DACRON PATCH ARTERIOPLASTY	28800	24000	19200	14400	9600
046	VAS039	VARICOSE VEINS – BOTH LEG	31200	26000	21000	15600	10400
047	VAS024	VARICOSE VEINS – ONE LEG	24000	20000	16000	12000	8000
048	VAS035	VEIN PATCHPLASTY	35200	29300	23400	17600	11700
049	VAS025	VENOUS RECONSTRUCTION	24000	20000	16000	12000	8000

07:12 UROLOGY SURGERY

001	URS123	ADRENELECTOMY OPEN	24000	20000	16000	12000	8000
002	URS035	AMPUTATION OF PENIS - PARTIAL	16000	13300	10600	8000	5300
003	URS034	AMPUTATION OF PENIS - TOTAL	22200	18500	14800	11100	7400
004	URS029	AUGMENTATION CYSTOPLASTY	30600	25500	20200	15300	10200
005	URS053	BASKETING	12000	10000	8000	6000	4000
006	URS010	BLADDER NECK INCISION (B.N.I.)	16000	13300	10600	8000	5300
007	URS056	BLADDER NECK RECONSTRUCTION	30000	25000	20000	15000	10000
008	URS102	BUCCAL MUCOSAL GRAFT (BILATERAL OR UNILATERAL) URETHROPLASTY OR SUBSTITUTION URETHROPLASTY	28800	24000	19200	14400	9600
009	URS122	CHORDEE WITHOUT HYOSPADIAS	16000	13300	10600	8000	5300
010	URS066	CIRCUMCISION	7200	6000	4800	3600	2400
011	URS030	CLOSURE OF URETHRAL FISTULA	14400	12000	9600	7200	4800
012	URS008	COMBINATION OF T.U.R.P. + STONE OR TUMOR	35200	29300	23400	17600	11700
013	URS067	COMBINATION OF T.U.R.P. + B.N.I	28800	24000	19200	14400	9600

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:12 UROLOGY SURGERY							
014	URS132	CYSTOLITHOTOMY	13200	11000	8800	6600	4400
015	URS009	CYSTOLITHOTRIPTY/CYSTOLITHALOPEXY	13200	11000	8800	6600	4400
016	URS095	CYSTOSCOPY + CLOT EVACUATION WITH FULGRATION	8000	6700	5400	4000	2700
017	URS004	CYSTOSCOPY (DIAGNOSTIC)	6000	5000	4000	3000	2000
018	URS068	CYSTOSCOPY WITH BIOPSY	8000	6700	5400	4000	2700
019	URS005	CYSTOSCOPY WITH BLADDER BIOSPY OR R.G.P.	8000	6700	5400	4000	2700
020	URS069	CYSTOSTOMY (SUPRAPUBIC)	9600	8000	6400	4800	3200
021	URS051	D.J.STENTING : BILATERAL	14400	12000	9600	7200	4800
022	URS070	D.J.STENTING : UNILATERAL	9600	8000	6400	4800	3200
023	URS093	D.J.STENTING WITH URETERIC CATHETERISATION	13200	11000	8800	6600	4400
024	URS092	DEROOFING OF PROSTATIC ABSCESS	16000	13300	10600	8000	5300
025	URS073	ENDOPYELOTOMY - PCN OR URS	27000	22500	18000	13500	9000
026	URS002	ENDOSCOPIC CORRECTION OF REFLUX : UNILATERAL OR BILATERAL	16000	13300	10600	8000	5300
027	URS074	ENDOSCOPIC DILATATION OF URETERAL STRICTURE	22200	18500	14800	11100	7400
028	URS141	ENDOSCOPIC INCISION OF URETEROCELE	18000	15000	12000	9000	6000
029	URS003	ENDOSCOPIC REMOVAL OF URETHRAL STONE	14400	12000	9600	7200	4800
030	URS012	ENDOSCOPIC VENTRO-SUSPENSION FOR STRESS/TVT/TOT	22200	18500	14800	11100	7400
031	URS064	EPIDIDYMAL CYST	11000	9200	7400	5500	3700
032	URS075	EPIDYDMECTOMY - BILATERAL	14500	12100	9650	7250	4850
033	URS076	EPIDYDMECTOMY - UNILATERAL	10100	8400	6700	5050	3350
034	URS098	EXCISION OF GROWTH PENIS	14400	12000	9600	7200	4800
035	URS037	EXPLORATORY SCROTOTOMY	14400	12000	9600	7200	4800
036	URS015	EXTROPHY/EPISPADIAS REPAIR	40000	33500	26800	20000	13400
037	URS071	FRENULOPLASTY	11000	9200	7400	5500	3700
038	URS100	HYPOSPADIAS REPAIR – 1ST STAGE	16000	13300	10600	8000	5300
039	URS101	HYPOSPADIAS REPAIR – 2ND STAGE	14400	12000	9600	7200	4800
040	URS105	HYPOSPADIAS REPAIR – SINGLE STAGE	24000	20000	16000	12000	8000
041	URS119	ILEO – INGUINAL LYMPHADENECTOMY BILATERAL	31800	26500	21200	15900	10600
042	URS125	ILEO – INGUINAL LYMPHADENECTOMY UNILATERAL	24000	20000	16000	12000	8000
043	URS133	INTRAVESICAL INJECTION OF BOTULINUM TOXIN FOR O.A.B. (OVER ACTIVE BLADDER)	12800	10700	8600	6400	4300
044	URS113	ISTHAMECTOMY WITH NEPHROPEXY	24000	20000	16000	12000	8000
045	URS062	LAPAROSCOPIC ADRENALECTOMY	30600	25500	20400	15300	10200
046	URS115	LAPAROSCOPIC ASSISTED PCNL	28800	24000	19200	14400	9600
047	URS061	LAPAROSCOPIC RADICAL NEPHRECTOMY	30600	25500	20400	15300	10200
048	URS060	LAPAROSCOPIC SIMPLE NEPHRECTOMY	27000	22500	18000	13500	9000
049	URS055	LAPAROSCOPIC URETEROLITHOTOMY	25800	21500	17200	12900	8600
050	URS137	LASER PROSTATECTOMY	28800	24000	19200	14400	9600
051	URS057	MEATOPLASTY	6000	5000	4000	3000	2000
052	URS063	MEATOTOMY	3600	3000	2400	1800	1200
053	URS094	NEEDLE ASPIRATION OF PROSTATE	4000	3300	2700	2000	1300
054	URS091	NEEDLE BIOPSY OF PROSTATE	4000	3300	2700	2000	1300
055	URS072	NEPHRECTOMY	27000	22500	18000	13500	9000
056	URS020	NEPHRECTOMY (RADICAL)	36000	30000	24000	18000	12000
057	URS142	NEPHRECTOMY (RADICAL) WITH IVC THROMBECTOMY	42000	35000	28000	21000	14000
058	URS018	NEPHRECTOMY (SIMPLE OR PARTIAL)	27000	22500	18000	13500	9000
059	URS045	NEPHRECTOMY RENAL TUMOR	36000	30000	24000	18000	12000
060	URS019	NEPHROLITHOTOMY (ANATROPHIC)	25800	21500	17200	12900	8600
061	URS114	NEPHROPEXY FOR PTOTIC KIDNEY	16000	13300	10600	8000	5300
062	URS023	NEPHROSTOMY - OPEN	16000	13400	10700	8000	5350
063	URS024	NEPHROSTOMY - PERCUTANEOUS (P.C.N.)	14400	12000	9600	7200	4800
064	URS021	NEPHROURETERECTOMY	36000	30000	24000	18000	12000
065	URS040	OPERATION FOR DOUBLE URETER	28800	24000	19200	14400	9600

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:12 UROLOGY SURGERY							
066	URS041	OPERATION FOR ECTOPIC URETER	27000	22500	18000	13500	9000
067	URS046	OPERATION FOR INJURY OF BLADDER	20800	17400	13900	10400	7000
068	URS110	OPERATION FOR MEGA URETER	24000	20000	16000	12000	8000
069	URS011	OPTICAL INTERNAL URETHROTOMY	16000	13300	10600	8000	5300
070	URS143	ORCHIDECTOMY : RADICAL/HIGH/INGUINAL – UNILATERAL OR BILATERAL	19200	16000	12800	9600	6400
071	URS144	ORCHIDECTOMY - BILATERAL	18000	15000	12000	9000	6000
072	URS145	ORCHIDECTOMY - UNILATERAL	14500	12100	9650	7250	4850
073	URS146	ORCHIDOPEXY LAPROSCOPIC – BILATERAL	25200	21000	16800	12600	8400
074	URS147	ORCHIDOPEXY LAPROSCOPIC – UNILATERAL	18000	15000	12000	9000	6000
075	URS017	ORCHIOPEXY OR ORCHIDOPEXY : BILATERAL	21600	18000	14400	10800	7200
076	URS016	ORCHIOPEXY OR ORCHIDOPEXY : UNILATERAL	16000	13300	10600	8000	5300
077	URS027	PARTIAL CYSTECTOMY	27000	22500	18000	13500	9000
078	URS090	PCNL - MULTIPLE PUNCTURE	31800	26500	21200	15900	10600
079	URS121	PCNL – BILATERAL	35400	29500	23600	17700	11800
080	URS047	PCNL – UNILATERAL	28800	24000	19200	14400	9600
081	URS148	PENILE IMPLANT – 3 PIECE SYSTEM	38400	32000	25600	19200	12800
082	URS149	PENILE IMPLANT – SEMIRIGID 2 PIECE SYSTEM	30000	25000	20000	15000	10000
083	URS131	PERCUTANEOUS CYSTOLITHOTRIPSY (PCLT)	16000	13300	10600	8000	5300
084	URS033	PERINEAL URETHROTOMY	8000	6700	5400	4000	2700
085	URS118	PERINEPHRIC ABSCESS DRAINAGE – OPEN	12800	10700	8600	6400	4300
086	URS117	PERINEPHRIC ABSCESS DRAINAGE – PERCUTANEOUS	9600	8000	6400	4800	3200
087	URS078	PROSTATIC BIOPSY	4800	4000	3200	2400	1600
088	URS079	PYELOLITHOTOMY	21600	18000	14400	10800	7200
089	URS150	PYELOLITHOTOMY – LAPROSCOPIC	26400	22000	17600	13200	8800
090	URS022	PYELOPLASTY WITH OR WITHOUT R.G.P.	25800	21500	17200	12900	8600
091	URS106	RADICAL CYSTECTOMY WITH NEOBLADDER	36800	30600	24500	18400	12200
092	URS058	RADICAL CYSTOPROSTATECTOMY	36800	30600	24500	18400	12200
093	URS059	RADICAL RETROPUBIC PROSTATECTOMY	35400	29500	23600	17700	11800
094	URS080	RADICAL/TOTAL CYSTECTOMY WITH URINARY DIVERSION	36800	30600	24500	18400	12200
095	URS081	RECTO-URETHRAL FISTULA - POST SAGGITAL REPAIR	36800	30600	24500	18400	12200
096	URS120	RELOOK PCNL	8000	6700	5400	4000	2700
097	URS052	REMOVAL OF D.J.STENT U/L OR B/L	4800	4000	3200	2400	1600
098	URS044	REPAIR OF URETHRAL INJURY	20200	16800	13450	10100	6700
099	URS112	RGP WITH SCLERO THERAPY FOR CHYLURIA	11000	9200	7400	5500	3700
100	URS111	RPLND (RETRO- PERITONEAL LYMPHNODE DISSECTION)	28800	24000	19200	14400	9600
101	URS096	SEPARATION AND DISSECTION OF BLADDER	12800	10700	8600	6400	4300
102	URS082	SUPRAPUBIC DRAINAGE (CLOSED)	8000	6700	5400	4000	2700
103	URS084	SUPRAPUBIC DRAINAGE (OPEN)	8000	6700	5400	4000	2700
104	URS085	SUPRAPUBIC PROSTATECTOMY	22200	18500	14800	11100	7400
105	URS108	SURGERY FOR PEYRONIS DISEASE	24000	20000	16000	12000	8000
106	URS109	SURGERY FOR PRIAPISM	24000	20000	16000	12000	8000
107	URS107	SURGERY FOR RECTOURETHRAL FISTULA	32000	26600	21200	16000	10600
108	URS116	T U R E D (TRANS URETHRAL RESECTION OF EJACULATING DUCT)	16000	13300	10600	8000	5300
109	URS007	T.U.R. - BLADDER TUMOR	25400	21200	17000	12700	8500
110	URS001	T.U.R. - POSTERIOR URETHRAL VALVES	17600	14700	11800	8800	5900
111	URS006	T.U.R. - PROSTATE	25400	22000	17000	12700	8500
112	URS097	T.U.R. - PROSTATE WITH T.U.E.V.P	25400	22000	17000	12700	8500
113	URS086	TESTICULAR BIOPSY	4800	4000	3200	2400	1600
114	URS151	TORSION TESTIS	13200	11000	8800	6600	4400
115	URS128	TRANS URETERO URETEROSTOMY	24000	20000	16000	12000	8000
116	URS087	TRANS URETHRAL ELECTRO VAPOUIZATION OF PROSTATE	25400	21200	17000	12700	8500
117	URS152	TRANSPLANT NEPHRECTOMY	26400	22000	17600	13200	8800

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:12 UROLOGY SURGERY							
118	URS026	TROCAR CYSTOSTOMY	9600	8000	6400	4800	3200
119	URS065	URETERIC CATHETERISATION - UNILATERAL OR BILATERAL	7400	6100	4850	3700	2400
120	URS129	URETERO URETEROSTOMY	17400	14500	11600	8700	5800
121	URS025	URETEROINTESTINAL DIVERSION/RE-IMPLANTATION OF URETER / PSOAS HITCH	30000	25000	20000	15000	10000
122	URS088	URETEROLITHOTOMY	17600	14700	11800	8800	5900
123	URS153	URETEROLITHOTOMY – LAPAROSCOPIC	21600	18000	14400	10800	7200
124	URS130	URETEROLYSIS FOR RETROPERITONEAL FIBROSIS	24000	20000	16000	12000	8000
125	URS014	URETERONEOCYSTOSTOMY : BILATERAL	32000	26600	21200	16000	10600
126	URS013	URETERONEOCYSTOSTOMY : UNILATERAL	25800	21500	17200	12900	8600
127	URS127	URETERONEOCYSTOSTOMY WITH BOARI FLAP	24000	20000	16000	12000	8000
128	URS126	URETEROPLASTY WITH ILEAL REPOSITION	24000	20000	16000	12000	8000
129	URS050	URETEROSCOPIC LITHOTRIPSY	22200	18500	14800	11100	7400
130	URS049	URETEROSCOPIC STONE REMOVAL	18400	15300	12200	9200	6100
131	URS089	URETEROSCOPIC URETEROTOMY	22200	18500	14800	11100	7400
132	URS048	URETEROSCOPY : DIAGNOSTIC	11000	9200	7400	5500	3700
133	URS154	URETHRAL CARBUNCLE EXCISION	14400	12000	9600	7200	4800
134	URS054	URETHRAL DILATATION	4000	3300	2600	2000	1300
135	URS140	URETHROPLASTY – END TO END	24000	20000	16000	12000	8000
136	URS155	URETHROPLASTY – ONE STAGE	26400	22000	17600	13200	8800
137	URS103	URETHROPLASTY FOR POSTERIOR URETHRAL DISTRACTION DEFECT (PUDD)	32000	26600	21200	16000	10600
138	URS031	URETHROPLASTY TWO STAGED - 1ST STAGE	14400	12000	9600	7200	4800
139	URS032	URETHROPLASTY TWO STAGED - 2ND STAGE	16800	14000	11200	8400	5600
140	URS043	V.V.FISTULA REPAIR/URETERO-VAGINAL FISTULA REPAIR	32000	26600	21200	16000	10600
141	URS099	VARICOCELECTOMY BILATERAL	16800	14000	11200	8400	5600
142	URS124	VARICOCELECTOMY LAPAROSCOPIC	14400	12000	9600	7200	4800
143	URS156	VARICOCELECTOMY OPEN MICROSURGICAL – BILATERAL	18000	15000	12000	9000	6000
144	URS104	VARICOCELECTOMY OPEN MICROSURGICAL – UNILATERAL	14400	12000	9600	7200	4800
145	URS036	VARICOCELECTOMY UNILATERAL	14400	12000	9600	7200	4800
146	URS039	VASO-EPIDIDYMAL ANASTOMOSIS	20400	17000	13600	10200	6800
147	URS038	VASOVASAL ANASTOMOSIS	20400	17000	13600	10200	6800
148	URS042	Y.V.PLASTY OF BLADDER NECK	20200	16800	13450	10100	6700

07:13 PLASTIC SURGERY

001	PLS048	ABDOMINOPLASTY	25800	21500	17200	12900	8600
002	PLS028	ABDOMINOPLASTY WITH LIPOSUCTION (COSMETIC)	32400	27000	21600	16200	10800
003	PLS068	BAT EAR BILATERAL	22200	18500	14800	11100	7400
004	PLS033	BLEPHEROPLASTY FOUR LIDS	33200	27700	22200	16600	11000
005	PLS032	BLEPHEROPLASTY TWO LIDS	27000	22500	18000	13500	9000
006	PLS040	BREAST AUGMENTATION (IMPLANT) : BILATERAL	33200	27700	22200	16600	11000
007	PLS039	BREAST AUGMENTATION (IMPLANT) : UNILATERAL	22200	18500	14800	11100	7400
008	PLS041	BREAST AUGMENTATION BY FLAP	38200	31800	25500	19100	12700
009	PLS070	BREAST REDUCTION : BILATERAL	33200	27700	22200	16600	11000
010	PLS069	BREAST REDUCTION : UNILATERAL	22200	18500	14800	11100	7400
011	PLS023	CHEMICAL PEELING	27000	22500	18000	13500	9000
012	PLS010	CLEFT LIP CASE RHINOPLASTY	32000	26600	21200	16000	10600
013	PLS009	CLEFT LIP NOSTRIL	25800	21500	17200	12900	8600
014	PLS002	CLEFT LIP/PALATE : BILATERAL	28800	24000	19200	14400	9600
015	PLS001	CLEFT LIP/PALATE : UNILATERAL	22200	18500	14800	11100	7400
016	PLS005	CLEFT PALATE & LIP : BILATERAL	33200	27700	22200	16600	11000
017	PLS004	CLEFT PALATE & LIP : UNILATERAL	27000	22500	18000	13500	9000
018	PLS008	CLEFT PALATE FISTULA WITH FLAP	27000	22500	18000	13500	9000
019	PLS006	CLEFT PALATE WITH PHARYNGOPLASTY	27000	22500	18000	13500	9000

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:13 PLASTIC SURGERY							
020	PLS007	CLEFT PALATE-FISTULA SIMPLE	16000	13300	10600	8000	5300
021	PLS021	COMPLICATED SCAR FACE/MULTIPLE SCARS	25800	21500	17200	12900	8600
022	PLS125	CONTRACTURE RELEASE ONLY (ONE FINGER)	10800	9000	7200	5400	3600
023	PLS085	CONTRACTURE RELEASE WITH FLAP & SKINGRAFT	33200	27700	22200	16600	11000
024	PLS084	CONTRACTURE RELEASE WITH SKIN GRAFT MORE FINGERS	32000	26600	21200	16000	10600
025	PLS083	CONTRACTURE RELEASE WITH SKIN GRAFT ONE FINGER	22200	18500	14800	11100	7400
026	PLS103	CYST OR GANGLION MULTIPLE	15400	12800	10200	7700	5100
027	PLS134	WOUND DEBRIDEMENT – LARGE	9600	8000	6400	4800	3200
028	PLS135	WOUND DEBRIDEMENT – MEDIUM	7800	6500	5200	3900	2600
029	PLS136	WOUND DEBRIDEMENT – SMALL	6000	5000	4000	3000	2000
030	PLS022	DERMABRASION FACE	19200	16000	12800	9600	6400
031	PLS098	DETACHMENT OF FLAP	15400	12800	10200	7700	5100
032	PLS122	DISTRACTION OSTEOGENESIS MANDIBLE OR MAXILLA	32000	26600	21200	16000	10600
033	PLS124	DIVISION OF FLAP	9600	8000	6400	4800	3200
034	PLS057	DRESSING - MAJOR	5000	4200	3350	2500	1700
035	PLS114	DRESSING - MEDIUM	3600	3000	2400	1800	1200
036	PLS058	DRESSING - MINOR	2500	2100	1700	1250	850
037	PLS065	EAR LOBULE KELOID : BILATERAL	11000	9200	7400	5500	3700
038	PLS064	EAR LOBULE KELOID : UNILATERAL	8800	7300	5800	4400	2900
039	PLS101	EXCISION OF CYST - MULTIPLE	11000	9200	7400	5500	3700
040	PLS100	EXCISION OF CYST - SINGLE	5600	4600	3700	2800	1800
041	PLS113	EXCISION OF MOLE - FACE	5600	4600	3700	2800	1800
042	PLS123	EXPLANTATION OF BREAST IMPLANT	19400	16200	13000	9700	6500
043	PLS071	EXTRA DIGIT EXCISION	10100	8400	6700	5050	3350
044	PLS034	EYE LIDS - PTOSIS : UNILATERAL	14500	12100	9650	7250	4850
045	PLS036	EYE LIDS : PARTIAL EXCISION & REPAIR WITH SKIN GRAFT & FLAP	24000	20000	16000	12000	8000
046	PLS038	EYE LIDS FOLD RECONSTRUCTION	24000	20000	16000	12000	8000
047	PLS037	EYE LIDS TUMOR EXCISION & REPAIR WITH SKIN GRAFT & FLAP	24000	20000	16000	12000	8000
048	PLS035	EYE LIDS- PTOSIS : BILATERAL	20200	16800	13450	10100	6700
049	PLS031	FACE LIFT WITH OR WITHOUT NECK LIFT (COSMETIC)	36000	30000	24000	18000	12000
050	PLS056	FACE MOLE OR CYST EXCISION - MULTIPLE	19200	16000	12800	9600	6400
051	PLS049	FASCIO CUTANEOUS FLAP REPAIR - LARGE	25800	21500	17200	12900	8600
052	PLS050	FASCIO CUTANEOUS FLAP REPAIR - MEDIUM	19200	16000	12800	9600	6400
053	PLS051	FASCIO CUTANEOUS FLAP REPAIR - SMALL	11000	9200	7400	5500	3700
054	PLS054	FASCIO CUTANEOUS FLAP WITH SKIN GRAFT - LARGE	33200	27700	22000	16600	11000
055	PLS053	FASCIO CUTANEOUS FLAP WITH SKIN GRAFT - MEDIUM	22200	18500	14800	11100	7400
056	PLS052	FASCIO CUTANEOUS FLAP WITH SKIN GRAFT - SMALL	14400	12000	9600	7200	4800
057	PLS025	FAT OR FULL THICKNESS GRAFT - LARGE	20200	16800	13450	10100	6700
058	PLS024	FAT OR FULL THICKNESS GRAFT - SMALL	11600	9700	7800	5800	3900
059	PLS089	FRACTURE FLOOR OF ORBIT	22200	18500	14800	11100	7400
060	PLS080	FRACTURE MANDIBLE + MAXILLA + ORBIT + NOSE	33200	27700	22000	16600	11000
061	PLS079	FRACTURE MANDIBLE OR MAXILLA A.O.	18000	15000	12000	9000	6000
062	PLS117	FRENULOPLASTY	11000	9200	7400	5500	3700
063	PLS128	GYNAECOMASTIA – BILATERAL	24000	20000	16000	12000	8000
064	PLS129	GYNAECOMASTIA – UNILATERAL	14400	12000	9600	7200	4800
065	PLS073	HAND - TENDON REPAIR (MAGNIFICATION) MULTIPLE	30600	25500	20400	15300	10200
066	PLS072	HAND - TENDON WITH NERVE REPAIR (MAGNIFICATION)	27000	22500	18000	13500	9000
067	PLS016	HYPOSPADIAS - CHORDEE CORRECTIONS	16000	13300	10600	8000	5300
068	PLS015	HYPOSPADIAS - MEATOTOMY	5400	4500	3600	2700	1800
069	PLS017	HYPOSPADIAS - URETHRA RECONSTRUCTION	26400	22000	17600	13200	8800
070	PLS115	INTRAVELAR VELOPLASTY	28800	24000	19200	14400	9600
071	PLS105	JOINT REPLACEMENT (MINOR)	19200	16000	12800	9600	6400

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:13 PLASTIC SURGERY							
072	PLS130	KELOID LARGE (ELSEWHERE)	21600	18000	14400	10800	7200
073	PLS116	LARGE SCAR EXCISION	18000	15000	12000	9000	6000
074	PLS027	LIPOSUCTION - LARGE AREA	25800	21500	17200	12900	8600
075	PLS026	LIPOSUCTION - SMALL AREA	16000	13300	10600	8000	5300
076	PLS093	LOCAL FLAP - LARGE	19200	16000	12800	9600	6400
077	PLS092	LOCAL FLAP - MEDIUM	14400	12000	9600	7200	4800
078	PLS091	LOCAL FLAP - MINOR	9600	8000	6400	4800	3200
079	PLS090	LOCAL FLAP/CROSS FINGER FLAP	22200	18500	14800	11100	7400
080	PLS131	LYMPHEDEMA SURGERY	24000	20000	16000	12000	8000
081	PLS077	MALAR FRACTURE - CLOSED	16000	13300	10600	8000	5300
082	PLS078	MALAR FRACTURE - MINI INTERNAL FIXATION	22200	18500	14800	11100	7400
083	PLS097	MANDIBLE WIRING	25800	21500	17200	12900	8600
084	PLS132	MELANOCYTE GRAFTING – LARGE	36000	30000	24000	18000	12000
085	PLS133	MELANOCYTE GRAFTING – SMALL	18000	15000	12000	9000	6000
086	PLS014	MINOR CORRECTION ON CLEFT LIP	14400	12000	9600	7200	4800
087	PLS075	NASAL FRACTURE - CLOSED	10200	8500	6800	5100	3400
088	PLS076	NASAL FRACTURE WITH COMPOUND WOUND	15600	13000	10400	7800	5200
089	PLS106	NERVE GRAFT (UNDER MAGNIFICATION)	33200	27700	22000	16600	11000
090	PLS107	NERVE REPAIR (MULTIPLE)	33200	27700	22000	16600	11000
091	PLS108	NERVE REPAIR (SINGLE)	25800	21500	17200	12900	8600
092	PLS109	NERVE REPLANTATION (UNDER MAGNIFICATION)	38400	32000	25600	19200	12800
093	PLS013	NOSE TIP RHINOPLASTY	16000	13300	10600	8000	5300
094	PLS047	PHARYNGOPLASTY	22200	18500	14800	11100	7400
095	PLS030	PREAURICULAR SINUS : BILATERAL	12800	10700	8600	6400	4300
096	PLS029	PREAURICULAR SINUS : UNILATERAL	11000	9200	7400	5500	3700
097	PLS110	RADIAL CLUB HAND CORRECTION	27600	23000	18400	13800	9200
098	PLS074	RECONSTRUCTION OF EAR DEFORMITY – STAGE-I	30000	25000	20000	15000	10000
099	PLS120	RECONSTRUCTION OF EAR DEFORMITY – STAGE-II	20400	17000	13600	10200	6800
100	PLS121	RECONSTRUCTION OF EAR DEFORMITY – STAGE-III	18000	15000	12000	9000	6000
101	PLS087	RELEASE OF TONGUE TIE	4800	4000	3200	2400	1600
102	PLS088	RELEASE OF TONGUE TIE - Z PLASTY REPAIR	11000	9200	7400	5500	3700
103	PLS094	REPAIR OF FRACTURE ZYGOMA	16000	13300	10600	8000	5300
104	PLS119	REPAIR OF LIP – BILATERAL	20800	17400	14000	10400	7000
105	PLS118	REPAIR OF LIP – UNILATERAL	14000	11600	9300	7000	4600
106	PLS096	REPAIR OF MORE THAN ONE FINGER	11000	9200	7400	5500	3700
107	PLS095	REPAIR OF ONE FINGER	9600	8000	6400	4800	3200
108	PLS099	REPAIR OF PINNA	9600	8000	6400	4800	3200
109	PLS011	RHINOPLASTY (COSMETIC)	30400	25400	20300	15200	10200
110	PLS003	SECONDARY DEFORMITY - CLEFT LIP/PALATE/NOSE	28800	24000	19200	14400	9600
111	PLS012	SEPTO-RHINOPLASTY	22200	18500	14800	11100	7400
112	PLS020	SIMPLE SCAR EXCISION	11600	9700	7800	5800	3900
113	PLS018	SIMPLE Z PLASTY ANYWHERE	11000	9200	7400	5500	3700
114	PLS061	SKIN GRAFTING - LARGE/EXTENSIVE	24000	20000	16000	12000	8000
115	PLS060	SKIN GRAFTING - MEDIUM	19200	16000	12800	9600	6400
116	PLS059	SKIN GRAFTING - SMALL	11000	9200	7400	5500	3700
117	PLS102	SMALL NAEVUS - SINGLE	9600	8000	6400	4800	3200
118	PLS063	SPLIT EAR LOBULES : BILATERAL	6000	5000	4000	3000	2000
119	PLS062	SPLIT EAR LOBULES : UNILATERAL	4400	3700	2950	2200	1500
120	PLS067	SYNDACTYLE FINGERS : MORE THAN ONE WEB	24000	20000	16000	12000	8000
121	PLS066	SYNDACTYLE FINGERS : ONE WEB	19200	16000	12800	9600	6400
122	PLS082	T.M. JOINT ANKYLOSIS WITH RIB GRAFT	30200	25200	20150	15100	10100
123	PLS081	T.M. JOINT ANKYLOSIS/CONDYLECTOMY : UNILATERAL	24000	20000	16000	12000	8000
124	PLS111	TENDON TRANSFER (MULTIPLE)	25200	21000	16800	12600	8400

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:13 PLASTIC SURGERY							
125	PLS112	TENDON TRANSFER (SINGLE)	17400	14500	11600	8700	5800
126	PLS042	TISSUE EXPANDER (INSERTION)	25800	21500	17200	12900	8600
127	PLS055	VAGINOPLASTY WITH SKIN GRAFT AND FLAP	33200	27700	22000	16600	11000
128	PLS086	VAS RECANALISATION (MAGNIFICATION)	25800	21500	17200	12900	8600
129	PLS045	WOUND REPAIR - FACE/HAND/LIMBS - LARGE	19200	16000	12800	9600	6400
130	PLS044	WOUND REPAIR - FACE/HAND/LIMBS - MEDIUM	9600	8000	6400	4800	3200
131	PLS043	WOUND REPAIR - FACE/HAND/LIMBS - SMALL	4800	4000	3200	2400	1600
132	PLS019	Z PLASTY - SCAR EXCISION WITH OR WITHOUT SKINGRAFT	22200	18500	14800	11100	7400

07:14 PEDIATRIC SURGERY

001	PES002	ABDOMINOPERINEAL PULL THROUGH / PSARP	32000	26600	21200	16000	10600
002	PES028	ANAL DILATATION	7400	6100	4850	3700	2400
003	PES029	ANORECTAL MYOMECTOMY	17600	14700	11800	8800	5900
004	PES030	APPENDECTOMY	17400	14500	11600	8700	5800
005	PES031	AXILLARY LYMPH NODE BIOPSY	7800	6500	5200	3900	2600
006	PES007	BILIARY ATRESIA/CHOLEDOCHAL CYST	35400	29500	23600	17700	11800
007	PES032	BRONCHOSCOPY DIAGNOSTIC/FB/BIOPSY	9600	8000	6400	4800	3200
008	PES033	CATHETERISATION AND MCU	3600	3000	2400	1800	1200
009	PES034	CENTRAL VENOUS LINE IN NEONATE	3200	2600	2100	1600	1000
010	PES035	CERVICAL LYMPH NODE BIOPSY	8000	6700	5400	4000	2700
011	PES036	CHEST ASPIRATION	3600	3000	2400	1800	1200
012	PES037	CHEST TUBE INSERTION	3600	3000	2400	1800	1200
013	PES011	CHEST TUBE MANIPULATION	1100	900	750	550	400
014	PES005	COLOSTOMY/ILEOSTOMY CLOSURE	24000	20000	16000	12000	8000
015	PES013	COLOSTOMY/ILEOSTOMY/JEJUNOSTOMY	16000	13300	10600	8000	5300
016	PES039	COMPLETE DECORICATION/OPEN/THORACOSCOPIC	28800	24000	19200	14400	9600
017	PES010	CYSTIC HYGROMA - MAJOR	26200	21800	17450	13100	8700
018	PES092	CYSTIC HYGROMA MINOR EXCISION/SCLEROTHERAPY	15600	13000	10400	7800	5200
019	PES009	CYSTOGASTROSTOMY	22200	18500	14800	11100	7400
020	PES040	DIAGNOSTIC LAPROSCOPY	11000	9200	7400	5500	3700
021	PES041	DIAPHRAGMATIC HERNIA / EVENTRATION	32000	26600	21200	16000	10600
022	PES042	DRAINAGE OF DEEP/LARGE ABCESS	7400	6100	4850	3700	2400
023	PES043	DRAINAGE OF SMALL ABCESS	5000	4200	3350	2500	1700
024	PES097	DRESSING – SMALL	2200	1800	1450	1100	700
025	PES044	DRESSING LARGE	3600	3000	2400	1800	1200
026	PES046	ESOPHAGOSCOPY /FB	8000	6700	5400	4000	2700
027	PES045	ESPOHAGEAL DILATATION	5600	4600	3700	2800	1800
028	PES047	EXCISION BIOPSY SUP.LUMP/SEB CYST	9600	8000	6400	4800	3200
029	PES048	EXCISION BRANCHIAL SINUS/FISTULA	16000	13300	10600	8000	5300
030	PES095	EXCISION OF EXTRA DIGIT - (IN NEONATE CASES)	3600	3000	2400	1800	1200
031	PES096	EXCISION OF RETRO-PERITONEAL TUMOR	32000	26600	21200	16000	10600
032	PES049	EXCISION THYROGLOSSAL CYST/FISTULA	14500	12100	9650	7250	4850
033	PES050	EXPLORATORY LAPROTOMY	12800	10700	8600	6400	4300
034	PES103	EXPLORATORY LAPROTOMY WITH MULTIPLE BIOPSIES	19200	16000	12800	9600	6400
035	PES051	FUNDOPLICATION	22200	18500	14800	11100	7400
036	PES052	GASTROSCHISIS	28800	24000	19200	14400	9600
037	PES038	GASTROSTOMY	14500	12100	9650	7250	4850
038	PES054	HYDROCOELE BILAT	18000	15000	12000	9000	6000
039	PES055	HYDROCOELE UNILAT	11600	9700	7800	5800	3900
040	PES056	INGUINAL HERNIA IN NEONATE BILAT	20400	17000	13600	10200	6800
041	PES057	INGUINAL HERNIA IN NEONATE UNILAT	15600	13000	10400	7800	5200
042	PES058	INGUINAL HERNIA REPAIR BILAT	18000	15000	12000	9000	6000
043	PES059	INGUINAL HERNIA REPAIR UNILAT	14400	12000	9600	7200	4800

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:14	PEDIATRIC SURGERY						
044	PES060	INTESTINAL FISTULA	27000	22500	18000	13500	9000
045	PES004	INTESTINAL OBSTRUCTION	22200	18500	14800	11100	7400
046	PES061	INTUSSUSCEPTION AND RESECTON ANASTMOSIS	23400	19500	15600	11700	7800
047	PES062	INTUSSUSCEPTION REDUCTION (XRAY OR OPERATIVE)	16000	13300	10600	8000	5300
048	PES091	KIDNEY BIOPSY	4800	4000	3200	2400	1600
049	PES063	LAPAROSCOPIC APPENDICECTOMY	19200	16000	12800	9600	6400
050	PES108	LAPAROSCOPIC HERNIOTOMY	19200	16000	12800	9600	6400
051	PES105	LAPAROSCOPIC ORCHIDOPEXY – BILATERAL	30000	25000	20000	15000	10000
052	PES104	LAPAROSCOPIC ORCHIDOPEXY – UNILATERAL	22200	18500	14800	11100	7400
053	PES064	LIVER ABCESS ASPIRATION	5600	4600	3700	2800	1800
054	PES065	LIVER ABCESS ASPIRATION MULTIPLE	9600	8000	6400	4800	3200
055	PES066	LIVER BIOPSY CLOSED	3200	2600	2100	1600	1000
056	PES067	LOBECTOMY	28800	24000	19200	14400	9600
057	PES068	LYSIS OF INTESTINAL ADHESIONS	19200	16000	12800	9600	6400
058	PES069	MALROTATION INTESTINE	24000	20000	16000	12000	8000
059	PES070	MESENTERIC CYST/DUPLICATION	24000	20000	16000	12000	8000
060	PES072	MULTIPLE POLYPS	16000	13300	10600	8000	5300
061	PES071	MULTIPLE RESECTION ANASTMOSIS	32000	26600	21300	16000	10600
062	PES074	NEONATAL INTESTINAL OBSTRUCTION /ATRESIA	28800	24000	19200	14400	9600
063	PES076	OBPHALOCOELE MAJOR/GASTROSCHISIS	28800	24000	19200	14400	9600
064	PES075	OBSTRUCTED/STRANGULATED HERNIA	22200	18500	14800	11100	7400
065	PES008	OESOPHAGOSTOMY	22200	18500	14800	11100	7400
066	PES077	OMPHALOCOELE MINOR	19200	16000	12800	9600	6400
067	PES078	ORCHIDOPEXY BILAT	25800	21500	17200	12900	8600
068	PES015	ORCHIDOPEXY UNILAT	17600	14700	11800	8800	5900
069	PES100	PARAVERTIBRAL ABCESS	14400	12000	9600	7200	4800
070	PES106	PERCUTANEOUS PIGTAIL CATHETER INSERTION	9600	8000	6400	4800	3200
071	PES109	PERFORATION PERITONITIS	24000	20000	16000	12000	8000
072	PES016	PARTIAL DECORTICATION / RIB RESECTION	19200	16000	12800	9600	6400
073	PES001	PERINEAL ANOPLASTY	16000	13300	10600	8000	5300
074	PES017	PERITONEAL ASPIRATION	3200	2600	2100	1600	1000
075	PES012	PERITONEAL DRAINAGE	3600	3000	2400	1800	1200
076	PES006	PNEUMONECTOMY	28800	24000	19200	14400	9600
077	PES018	PULL THROUGH FOR HIRSCHPRUNG'S	26400	22000	17600	13200	8800
078	PES019	PYELOPLASTY	30600	25500	20400	15300	10200
079	PES020	PYLORMYOTOMY	19200	16000	12800	9600	6400
080	PES079	RADIAL ARTERY CATH	4000	3300	2600	2000	1300
081	PES080	RECTAL POLYP	9600	8000	6400	4800	3200
082	PES081	RECTAL SUCTION BIOPSY/OPEN BIOPSY	7400	6100	4850	3700	2400
083	PES014	RECURRENT INTESTINAL OBSTRUCTION	22200	18500	14800	11100	7400
084	PES107	REMOVAL OF TUBE / CATHETER	2600	2200	1800	1300	900
085	PES022	RESECTION AND ANASTMOSIS INTESTINE	24000	20000	16000	12000	8000
086	PES101	RETRO PERITONEAL ABSCESS / HAEMATOMA	19200	16000	12800	9600	6400
087	PES102	SCLEROTHERAPY RECTAL PROLAPSE / HAEMANGIOMA	8000	6700	5400	4000	2700
088	PES023	SIGMOIDOSCOPY	4800	4000	3200	2400	1600
089	PES098	SOFT TISSUE TUMOR (LARGE)	14400	12000	9600	7200	4800
090	PES099	SOFT TISSUE TUMOR (SMALL)	9600	8000	6400	4800	3200
091	PES024	SPLENECTOMY	25800	21500	17200	12900	8600
092	PES025	SUTURING MULTIPLE WOUND	7400	6100	4850	3700	2400
093	PES026	SUTURING OF WOUND	4800	4000	3200	2400	1600
094	PES027	TONGUE TIE EXCISION	3600	3000	2400	1800	1200
095	PES003	TRACHEOESOPHAGEAL FISTULA (T.O.F.)	33200	27700	22200	16600	11100
096	PES082	UMBILICAL /EPIGASTRIC HERNIA	14400	12000	9600	7200	4800

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
07:14 PEDIATRIC SURGERY							
097	PES083	UMBILICAL CATH ARTERIAL	3600	3000	2400	1800	1200
098	PES084	UMBILICAL CATH VENOUS	3600	3000	2400	1800	1200
099	PES085	UMBILICAL GRANULOMA	3600	3000	2400	1800	1200
100	PES086	URACHUS EXCISION	16000	13300	10600	8000	5300
101	PES087	V Y PLASTY TONGUE TIE	7200	6000	4800	3600	2400
102	PES110	VARICOCELE – BILATERAL	16800	14000	11200	8400	5600
103	PES088	VARICOCELE – UNILATERAL	15600	13000	10400	7800	5200
104	PES089	VENESECTION / CENTRAL LINE	3000	2400	1900	1500	1000
105	PES090	VITELLINE DUCT EXCISION	16000	13300	10600	8000	5300

07:15 MISCELLANEOUS SURGERY

001	MSS001	PERITONEOSCOPY – BIOPSY	4800	4000	3200	2400	1600
002	MSS002	SIGMOIDOSCOPY	4800	4000	3200	2400	1600
003	MSS003	ECT	3600	3000	2400	1800	1200
004	MSS004	EPIDURAL INJECTION	3200	2500	2100	1600	1000

NEPHROLOGY**07:16A NEPHROLOGY SURGICAL PROCEDURES**

001	VAS007	A.V.FISTULA FOR DIALYSIS	13600	11300	9000	6800	4500
002	VAS012	AV GRAFT FOR VASCULAR ACCESS FOR HAEMODIALYSIS	28800	24000	19200	14400	9600
003	URS134	CAPD CATHETER PLACEMENT	12000	10000	8000	6000	4000
004	URS135	CAPD CATHETER REMOVAL	6000	5000	4000	3000	2000
005	URS136	CHRONIC HEMODIALYSIS CATHETER (PERMCATH) PLACEMENT	11000	9200	7400	5500	3700

DIALYSIS (IN PATIENT)**07:16B HAEMODIALYSIS [PACKAGE]**

001	DIA011	HAEMODIALYSIS [IN DEPTT.]	2300	2300	2300	2100	2100
002	DIA012	HAEMODIALYSIS (ICU-BEDSIDE)	3000	3000	3000	2750	2750
003	DIA014	EMERGENCY HAEMODIALYSIS	3000	3000	3000	2750	2750
004	DIA013	SLED (Sustained Low Efficiency Dialysis) – UPTO 8hrs.	4600	4600	4600	4000	3500
005	DIA017	SLED (Sustained Low Efficiency Dialysis) More than 8 Hrs. upto 12 Hrs.	6500	6500	6500	5500	5500

Note : *Haemodialysis includes all consumables and professional charges but it does not include cost of Dialyser (Artificial Kidney & Tubings), any Investigation charges and other medication.*

07:16C OTHER PROCEDURES

001	DIA010	CAPD TRAINING CHARGES (FOR COMPLETE TRAINING)	5000	5000	4500	4000	3500
002	DIA009	FEMORAL CATHETERISATION	1800	1800	1700	1500	1200
003	DIA007	FISTULA DRESSING	110	110	110	110	90
004	DIA006	HAEMODIALYSIS CATHETER DRESSING	275	275	275	275	225
005	TRE075	KIDNEY BIOPSY (LAB. CHARGES EXTRA)	3500	3500	3000	2500	1800
006	DIA016	PERITONEAL CATHETER INSERTION	4800	4000	3200	2400	1600
007	TRE023	PERITONEAL DIALYSIS	3150	3150	2850	2400	1600
008	TRE024	SUBCLAVIAN / JUGULAR CANNULATION OR CATHETERISATION	3150	3150	2850	2400	1600
009	DIA008	U.SOUND/ECHO GUIDANCE CHARGES FOR JUGULAR CANNULATION / CATHETERISATION	275	275	275	275	225

OPERATION THEATER (O.T.) CHARGES

08:01 OGT001 The charges for 'Operation Theater for Delivery cases' will be 30% of the Delivery fee.

09:01 ROO002 The charges for 'Operation Theater' for surgeries will be 30% of the Surgeon's fee.

ANAESTHESIA

10:01	CODE	DESCRIPTION	DR/PR/SPR/NSB/SB
001	ANC001	General/Spinal/Epidural Anaesthesia / Brachial or Regional Blocks	30% of the Surgeon's Fee
002	ANC003	Local Anaesthesia with stand by.	15% of the Surgeon's Fee
003	ANC002	Local Anaesthesia	10% of the Surgeon's Fee
004	ANC005	Anaesthesia outside Operating Room	As per above whichever is applicable

ACCOMMODATION CATEGORY				
DR	PR	SPR	NSB	SB

Other specific type of Anaesthesia Charges

10:02	ANC004	Obst. (Epidural) Anesthesia Upto 1 Hour	2500	2300	1750	1250	825
10:03	ANC019	Anesthesia for Endoscopy - Flat Rate	1400	1250	1250	825	600
10:04	ANC022	TOP-UP of Epidural Anesthesia (Each Time)	800	700	600	500	250

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB

CATHLAB. (CARDIOLOGY) PROCEDURES

11:01

ANGIOGRAPHY PACKAGES

01.	CAD001	CORONARY ANGIOGRAPHY (Stay 1day)	18000	16000	14000	10000	9000
02.	CAD007	PERIPHERAL ANGIOGRAPHY (Stay 1day)	17000	15000	12000	10000	9000
03.	CAD009	RENAL ANGIOGRAPHY (Stay 1day)	17000	15000	12000	10000	9000
04.	CAD010	CHECK ANGIOGRAPHY (Stay 1day)	9000	8000	7000	5000	4500

ANGIOPLASTY PACKAGES

05.	CAD002	CORONARY ANGIOPLASTY (Stay 2days)	140000	130000	110000	90000	85000
06.	CAD008	CAG + ANGIOPLASTY (Stay 2days)	149000	138000	117000	95000	90000
07.	CAD006	PERIPHERAL ANGIOPLASTY (Stay 2days)	90000	80000	70000	60000	54000
08.	CAD011	RENAL ANGIOPLASTY (Stay 2days)	90000	80000	70000	60000	54000

PACEMAKER IMPLANTATION PACKAGES

09.	CAD012	PACEMAKER IMPLANTATION-SINGLE CHAMBER (Stay 3days)	70000	60000	50000	40000	36000
10.	CAD013	PACEMAKER IMPLANTATION-DOUBLE CHAMBER(Stay 3days)	90000	80000	65000	50000	45000
11.	CAD014	PACEMAKER – REPLACEMENT (Stay 3days)	70000	60000	50000	40000	36000

OTHER PACKAGES

12.	CAD018	COIL/PARTICLE EMBOLIZATION (Stay 1day)	45000	40000	34000	25000	20000
13.	CAD003	EP STUDY (Stay 1day)	25000	22000	19000	15000	13500
14.	CAD029	FFR – FRACTIONAL FLOW RESERVE (Stay 1day)	20000	18000	15000	12000	10000
15.	CAD021	IVC FILTER IMPLANTATION (Stay 1day)	25000	22000	19000	15000	13500
16.	CAD016	BALLOON VALVULOPLASTY / BMV/BPV-BALLOON (Stay 2days)	120000	100000	80000	60000	50000
17.	CAD015	ASD / VSD DEVICE CLOSURE (Stay 2days)	75000	65000	55000	45000	40000
18.	CAD017	BIVENTRICULAR DEVICE/COMBO (Stay 3days)	120000	100000	80000	60000	50000
19.	CAD019	ICD/AICD – SINGLE CHAMBER (Stay 3days)	95000	80000	65000	50000	45000
20.	CAD020	ICD/AICD – DOUBLE CHAMBER (Stay 3days)	110000	90000	75000	60000	54000
21.	CAD022	RF ABLATION – 3D MAPPING (Stay 3days)	190000	170000	150000	130000	120000
22.	CAD004	RF ABLATION (Stay 3days)	95000	80000	65000	50000	45000
23.	CAD005	EPS + RFA (Stay 3days)	125000	100000	75000	50000	45000

Inclusions of Packages

- Stay as mentioned above, Professional fee of Cardiologist and Cath lab charges.
- Pre-operative Investigations (RBS, Urea, Creatinine, CBC, BT, Sodium, potassium, Hbs Ag(spot), HIV(spot), HCV(spot), PT, APTT, Platelet Count, Blood grouping & typing, X-Ray Chest, ECG X 1.
- In case of Angioplasty, one Angioplasty Balloon and one PTCA Wire.
- Diagnostic catheters, Guide catheters, all EPS diagnostic catheters, Ablation catheters. Cost of 3D Patch (In case of 3D Mapping)
- Medicine used during the procedure and Routine medicines (Minor Antibiotics, oral Anti-platelets and Anti-cardiac drugs) used within package period.
- Contrast agent

Exclusions of Packages.

- Any other investigation other than listed above in inclusions
- All treatment, Medication, Room/Bed charges and visits of Cardiologist beyond stay mentioned in the package charges.
- Any other incidental procedure other than the main planned package procedure.
- Consultation charges other than Cardiologist.

(Exclusions of Packages contd on next page) .

Exclusions of Packages.

5. In case of Angioplasty, Cost of Stent and additional Ballon or Guidewire if used.
6. Cost of Pace Maker, Lead & accessories. (In case of Pacemaker Replacement, cost of lead and accessories will be charged, If replaced).
7. Cost of Devices, Coil / Particles, Filter Wire, Special wires like Pressure Wire-FFR, OCT, Rotablation, Rotablation Burr.
8. High cost drugs, antibiotics, Use of life saving drugs such as Primacore, Albumin, celaxen, Arixtra, X-tra Ban, Bivaflow, Injectable Anti-platelets like Inj. Aggramed, Inj. Faximab etc., Thromolytic agents and high cost antibiotics, if required. Medicines at the time of discharge (for home), if any.
9. IABP (in case used).
10. Angiography CD

Non-package Cathlab Procedures

11:02

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
24.	CAD023	INTRA AORTIC BALLOON PUMP (IABP) IMPLANTATION	17000	15000	12000	10000	9000
25.	CAD024	FOREIGN BODY REMOVAL	17000	15000	12000	10000	9000
26.	CAD025	FLUROSCOPY	2200	2000	1700	1500	1400
27.	CAD026	TEMPORARY PACEMAKER IMPLANTATION	12000	10000	8000	6000	4000
28.	CAD027	PERICARDIOCENTASIS	17000	15000	12000	9000	6000
29.	CAD028	ELECTIVE CARDIOVERSION	14000	12000	8400	7200	4800

- Note :-**
1. IABP will be charged extra whenever it will be done. It is not inclusive in any of the cathlab packages or Surgery package.
 2. The above charges will includes Professional fee and Cath lab Charges only.
 3. Cost of Ballon and all other disposables and medicinces will be extra.

OTHER CHARGES

11:03

01.	CAD030	INTRA AORTIC BALLOON PUMP (IABP) PER DAY	2500	2500	2500	2500	1800
02.	SCL070	ANGIOGRAPHY CD	500	500	500	500	500
03.	MSS013	INTEROGATION / REPROGRAMMING OF AICD/PACEMAKER	1000	1000	1000	750	500

- Note :-** IABP routine charges (per day) will be levied from next day of IABP implantation.

CARDIAC SURGERY PACKAGES

11:04

01.	CDS003	OPEN HEART/ BYPASS SURGERIES/CABG	250000	230000	215000	200000	180000
02.	CDS004	CLOSED HEART SURGERIES	140000	125000	110000	90000	80000
03.	CDS005	SINGLE VALVE REPLACEMENT	250000	230000	215000	200000	190000
04.	CDS006	DOUBLE VALVE REPLCEMENT	270000	250000	230000	215000	200000
05.	CDS007	CABG + VALVE REPLACEMENT SURGERY	290000	270000	250000	230000	210000
06.	CDS008	BENTALL REPAIR WITH PROSTHETIC VALVE	290000	270000	250000	230000	210000
07.	CDS009	BENTALL REPAIR WITH BIOLOGICAL VALVE	290000	270000	250000	230000	210000
08.	CDS010	ASD/VSD SURGERY	250000	230000	215000	200000	180000

Package includes :-

01. Maximum stay of 8 days.
02. Period of 8 days will be effective from one day prior to the date of surgery.
03. Routine Blood Tests (RBS, Urea, Creatinine, CBC, BT, Sodium, Potassium, Hbs Ag(spot), HIV(spot), HCV(spot), PT, APTT, Platelet Count,LFT), X-Ray Chest and ECG.
04. Two Echocardiography both pre and post surgery.
05. One doppler (if needed)
06. Drugs, Medical Consumables, Professional fee of the Cardio-thoracic Surgeon, Cardiac Anesthesia, Cardiologist for the duration of package.
07. Nursing Care, Diet (patient only) and Physiotherapy.
08. Six Units of Whole Blood for Open Heart Surgery and 4 Units for other Heart Surgeries. (Blood to be donated by patient's relatives).

(Exclusions of Packages are on next page)

Package does NOT include :-

01. All charges beyond package of 8 days will be charged as per hospital Schedule of Charges.
02. Consultation charges other than Cardiologist.
03. Cost of SwanGanz catheter/CCO (if used) shall be charged extra.
04. Nephrology and dialysis services.
05. Additional investigations and Echo etc.
06. Cost of Valve, Vascular Graft, Aortic Graft, PTFE Patch, Visipaque Dye etc.
07. High cost drugs like Inj. Solumedrol, Morotrol, Meronem, Milron, Targocid, Primacore, Albumin, Clexane, Fibrin Glue, Trasylol, Injectable Anti-platelets, Thromolytic agents etc.
08. IABP Procedure charges (in case used) and cost of Balloon.
09. Blood transfusion services for Special Blood Products on cell separator.
10. Rs. 5,000/- for Leukocyte Filter (in case used)
11. For High Risk Cases :- Rs.40,000/- will be an additional charge, over and above the cost of packages.

OTHER NON-PACKAGE CARDIAC SURGERIES

11:05

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY				
			DR	PR	SPR	NSB	SB
01.	CDS011	STERNOTOMY	19000	17000	13600	10200	6800
02.	PLS126	STERNAL DEBRIDEMENT AND MUSCLE FLAP ROTATION	30000	28000	22400	16800	11200
03.	PLS127	STERNAL RESECTION AND RECONSTRUCTION	28000	25000	20000	15000	10000

Note :- Above mentioned charges are only professional fee of the surgeon. All other charges will be levied as per General S.O.C.-2016.

NON-INVASIVE CARDIAC LAB

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		DR/PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
12:01	<u>ECG (ELECTRO CARDIOGRAM)</u>		
001	ECG (ELECTRO CARDIOGRAM) (EACH)	220	200

12:02 ECHOCARDIOGRAPHY / CAROTID DOPPLER

001	ARTERY DOPPLER - LOWER LIMB	2200	1700
002	ARTERY DOPPLER - UPPER LIMB	2200	1700
003	DOBUTAMINE STRESS ECHO	3700	3700
004	DOPPLER STUDY	2200	1700
005	ECHOCARDIOGRAPHY	2200	1700
006	ECHOCARDIOGRAPHY - PEADIATRICS	2100	2100
007	PORTABLE CHARGES FOR ECHOCARDIOGRAPY/DOPPLER	300	300
008	SCREENING ECHO	650	550
009	STRESS ECHO	3700	3700
010	VENOUS DOPPLER - LOWER LIMB	2200	1700
011	VENOUS DOPPLER - UPPER LIMB	2200	1700

NOTE : No report of Screeing will be issued to the patients, only noting in file to be made.

12:03 T.M.T. (TREAD MILL TEST)

001	TREAD MILL TEST (EACH)	1900	1600
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HOLTER MONITOR

12:04

001	HOLTER MONITORING	2000	1700
002	EXTENDED HOLTER MONITORING	8000	6500

GASTROENTEROLOGY

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		DR/PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
ENDOSCOPIC PROCEDURES (FLAT RATES)			
13:01 UPPER GI ENDOSCOPY			
001	ACHALASIA DILATATION	6500	4600
002	ARGON PLASMA COAGULATION – UPPER GI	7000	5000
003	DILATATION	8400	6000
004	ENDO THERAPY FOR BLEEDING – UPPER GI	4500	3200
005	ENDOSCOPIC NASO-JEJUNAL FEEDING TUBE INSERTION	4600	3300
006	ENDOSCOPIC PLACEMENT OF RYLES TUBE	3500	2500
007	ENDOSCOPY UPPER G.I.	3600	2500
008	EPT - STONE EXTRACTION	14000	10000
009	EST-ENDOSCOPIC SCLEROTHERAPY	7700	5500
010	EVL-ENDOSCOPIC VARICES LIGATION	7700	5500
011	FOREIGN BODY REMOVAL	7200	5000
012	H. PYLORI TEST	400	300
013	OESOPHAGEAL ACHALASIA	4600	3300
014	OESOPHAGEAL METAL STENT PLACEMENT	14000	10000
015	PAPILLOTOMY WITH STONE EXTRACTION	14000	10000
016	PEG REMOVAL	3000	2100
017	PERCUTANEOUS ENDOSCOPIC GASTROTOMY - PEG	9000	6300
018	SENGASTAKEN TUBE PLACEMENT	2000	1400
019	SIDE VIEWING ENDOSCOPY	3500	2500
020	UPPER GI WITH POLYPECTOMY	6000	4200
13:02 LOWER GI ENDOSCOPY			
001	ARGON PLASMA COAGULATION – LOWER GI	7000	5000
002	COLONOSCOPY - 2	5600	4000
003	COLONOSCOPY – 2 WITH COLONOSCOPIC SCLEROTHERAPY	8400	6000
004	COLONOSCOPY – I	3600	2500
005	COLONOSCOPY WITH POLYPECTOMY	10000	8800
006	METAL STENT PLACEMENT (LOWER GI) (COST OF STENT EXTRA)	14000	10000
007	SIGMOIDOSCOPY	2000	1400
008	THERAPY FOR BLEEDING – LOWER GI	7000	5000
009	VIDEO PROCTOSCOPY	1500	1200
13:03 ERCP			
001	BRUSHING & BIOSPY	13000	9000
002	ERCP - ENDOSCOPY	7000	5000
003	ERCP-METAL STENT PLACEMENT (COST OF STENT EXTRA)	15000	10500
004	MECHANICAL LITHOTRIPSY	15000	10500
005	PANCREATIC STENTING	14000	10000
006	PANCREATIC STONE REMOVAL	14000	10000
007	PLASTIC STENT DEPLOYMENT	15000	10500
008	PLASTIC STENT REMOVAL	4500	3200
009	STENT REMOVAL & CBD CLEARANCE	15000	10500
010	THERAPEUTIC ERCP	14000	10000
13:04 OTHERS			
001	DIAGNOSTIC ABDOMINAL PARACENTESIS	2000	1400
002	LARGE VOLUME PARACENTESIS	2200	1500
003	LIVER BIOPSY	2600	1800
004	ANESTHESIA FOR ENDOSCOPY - FLAT RATE	1200	800

NOTE :

- (1). 25% of the above procedures fee will be levied as “G.E.Room and Equipment charges”.
- (2). All diagnostic “Medication”, “Radiology” and “laboratory” will be charged extra.
- (3). Any “Drug” like antibiotics, contrast & “Consumables” etc will charged extra.

NEUROLOGY

14:01

S.No.	<u>NEUROLOGICAL INVESTIGATIONS</u>
001	BAEP -BRAINSTEM AUDITORY EVOKED POTENTIALS*
002	E.E.G. (IN DEPTT.)
003	E.E.G. PORTABLE
004	EMG ALL FOUR LIMBS*
005	EMG BOTH LOWER LIMBS*
006	EMG BOTH UPPER LIMBS*
007	FACIAL NERVE NCV
008	FACIAL NERVE NCV, EMG & BLINK*
009	NCV & EMG ALL FOUR LIMBS*
010	NCV & EMG BOTH LOWER LIMBS*
011	NCV & EMG BOTH UPPER LIMBS*
012	NCV ALL FOUR LIMBS
013	NCV BOTH LOWER LIMBS
014	NCV BOTH UPPER LIMBS
015	RNS STUDIES
016	SSEP ALL FOUR LIMBS*
017	SSEP BOTH LOWER LIMBS*
018	SSEP BOTH UPPER LIMBS*
019	VEP* (VISUAL EVOKED POTENTIAL*)

ACCOMMODATION CATEGORY		
DR/PR/SPR/NSB/POPD/CASUALTY		SB/GOPD
	2200	1500
	1500	1100
	2500	2000
	4000	3000
	2500	2000
	2500	2000
	2500	2000
	4000	3000
	6000	5000
	4000	3000
	4000	3000
	4000	3000
	4000	3000
	2500	2000
	2500	2000
	6000	5000
	5000	4000
	4000	3000
	4000	3000
	4000	3000

* Cost of EMG Needle will be extra (As per Market price)

INTERNAL MEDICINE

15:01

SLEEP LAB

001	POLYSOMNOGRAPHY
002	CPAP TITRATION STUDY
003	SPLIT NIGHT STUDY

ACCOMMODATION CATEGORY		
DR/PR/SPR/NSB/POPD/CASUALTY		SB/GOPD
	11000	10000
	9000	8000
	14000	12000

15:02 SPIROMETRY

001	P.F.T. (PULMONARY FUNCTION TEST)
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	700	600
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15:03 VIDEO BRONCHOSCOPY

001	VIDEO BRONCHOSCOPY
002	VIDEO BRONCHOSCOPY WITH BIOPSY OR TBNA
003	VIDEO BRONCHOSCOPY WITH BIOPSY AND TBNA
004	FOREIGN BODY REMOVAL
005	GLUE APPLICATION (Cost of Glue Extra)
006	APC
007	STENT PLACEMENT (Cost of Stent Extra)
008	DIAGNOSTIC THORACOSCOPY
009	THORACOSCOPY WITH PLEURAL BIOPSY
010	THORACOSCOPY & PLEURODESIS

	7500	6500
	8000	7500
	8500	8000
	2500	2000
	2000	1800
	2000	1800
	2500	2000
	9000	8000
	9500	8500
	11000	10000

RADIOLOGY

S.No.	DESCRIPTION
16:01	
<u>BMD</u>	
001	BMD – PELVIS (BOTH HIPS)
002	BMD - SINGLE HIP
003	BMD - WHOLE BODY
004	BMD -SPINE
005	BMD -SPINE + PELVIS
006	BMD -SPINE + SINGLE HIP

ACCOMMODATION CATEGORY		
	DR/PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
	2200	2000
	1750	1600
	3700	3350
	1750	1600
	2600	2350
	2100	1900

16:02	
<u>C.T. SCAN</u>	
001	3D
002	ANGIO-ABDOMINAL
003	ANGIO-CEREBRAL
004	ANGIO-RENAL
005	ANGIO-PERIPHERAL
006	ANGIO-ABDOMEN AORTA
007	ANGIO-UPPER ABDOMEN (DUAL PHASE LIVER)
008	ANGIO-WHOLE ABDOMEN (DUAL PHASE LIVER)
009	C4 TO C7 - 4 VERTEBRAE
010	EVERY ADDITIONAL VERTEBRA
011	EXTRA FOR EMERGENCY CASES [**]
012	EXTRA FOR M.L.C. CASES
013	EXTREMITIES
014	FACE- CT
015	GUIDANCE BIOPSY (LAB. & DISPOSABLES EXTRA)-CT
016	GUIDED ASPIRATION (LAB. & DISPOSABLES EXTRA)-CT
017	GUIDED F.N.A.C. (LAB. & DISPOSABLES EXTRA)
018	HEAD - PLAIN
019	HEAD - PLAIN + CONTRAST (CONTRAST CHARGE EXT.)
020	HEAD NCCT
021	HEAD NECT
022	HEAD & NECK/FACE-CT
023	HRCT THORAX FULL
024	KUB-PLAIN : CT
025	KUB PLAIN + CONTRAST
026	L3 TO S1- 4 VERTEBRAE
027	LARYNX
028	LIVER – TRIPPLE PHASE
029	LOWER ABDOMEN - CT
030	LOWER THORAX + UPPER ABDOMEN-CT
031	LOWER THORAX/CHEST
032	MISCELLANEOUS [ANKLE/HIP/WRIST ETC.]
033	NECK - CT
034	ORBIT
035	PITUITARY GLAND
036	PNS : AXIAL + CORONAL + SAGITAL
037	PNS FULL
038	PULMONARY ANGIOGRAPHY
039	TEMPORAL BONE [IAM]
040	THORAX/CHEST -CT
041	UPPER ABDOMEN - CT

4600	4200
10000	9000
7000	6300
7000	6300
10000	9000
10000	9000
7000	6300
8000	7200
3650	3300
750	650
650	580
650	580
2800	2500
3600	3200
3000	2700
3000	2700
3000	2700
2200	2000
3200	2900
2200	2000
2200	2000
4500	4000
4600	4150
4800	4300
6000	5400
4000	3600
3100	2800
6000	5400
4200	3800
7000	6300
3500	3150
2700	2400
3500	3150
3400	3100
2700	2450
3700	3300
2500	2250
7200	6500
3600	3250
4000	3600
4000	3600

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		DR/PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
16:02	GROUP : C.T. SCAN		
042	UPPER THORAX	3300	3000
043	VIRTUAL COLONOSCOPY	8100	7300
044	WHOLE ABDOMEN – PLAIN + CONTRAST – CT	7000	6300
045	WHOLE ABDOMEN – DIRECT CONTRAST	6000	5400
046	WHOLE SPINE	12000	10800
<i>NOTE : [**] Emergency charges is extra for scans done between 5:00 pm to 8:00 am or on Sundays & holidays.</i>			
047	DVD FOR C.T.SCAN	200	200

16:03 MAMMOGRAPHY

001	MAMMOGRAPHY [BILATERAL]	1500	1350
002	MAMMOGRAPHY [ONE SIDE]	800	700

16:04 ULTRA SOUND

001	ABDOMINAL - SINGLE ORGAN	650	580
002	B.P.P. ONLY	550	500
003	B.P.P. ONLY (TWIN PREG.)	900	800
004	BREAST -U/S	650	580
005	CHEST -U/S	650	580
006	DOPPLER ONLY	550	500
007	DOPPLER ONLY (TWIN PREG.)	900	800
008	EMERGENCY (ON CALL) CHARGE [**]	500	450
009	EYES -U/S	700	630
010	FOLLICULAR/OVALUTION STUDIES	1600	1450
011	GALL BLADDER	650	580
012	GUIDED ASPIRATION -U/S	1050	950
013	GUIDED ASPIRATION IN O.T. -U/S	1500	1350
014	GUIDED BIOPSY -U/S	1050	950
015	GUIDED MULTI ORGAN ASPIRATION -U/S	1500	1350
016	JOINTS – U/S	1000	900
017	KIDNEY -U/S	650	580
018	KUB -U/S	1000	900
019	LIVER -U/S	650	580
020	LOWER ABDOMEN -U/S	1000	900
021	NEONATAL HEAD -U/S	700	630
022	OBS + NT/NB -U/S	1000	900
023	OBS LEVEL II - 3D/4D (U/S)	2000	1800
024	OBS LEVEL II - 3D/4D (U/S) (TWIN PREG.)	2850	2550
025	OBS WITH DOPPLER	1500	1350
026	OBS WITH DOPPLER (TWIN PREG.)	2400	2150
027	OBS. + B.P.P.	1300	1180
028	OBS. + B.P.P. (TWIN PREG.)	1900	1750
029	OBS. + B.P.P. + DOPPLER	2000	1800
030	OBS. + B.P.P. + DOPPLER (TWIN PREG.)	2850	2550
031	OBS. + T.V.S. (7WEEKS)	1100	1000
032	OBS. ULTRASOUND EACH	1000	900
033	OBS. ULTRASOUND EACH (TWIN PREG.)	1400	1250
034	PELVIS -U/S	1000	900
035	PELVIS + T.V.S. -U/S	1100	1000
036	PORTABLE CHARGES (ULTRASOUND)	350	300
037	POST VOID RESIDU (PVR)	260	240
038	RENAL DOPPLER -U/S	2300	2100
039	SCAR THICKNESS	150	140
040	SCROTUM / TESTIS	950	850
041	SCROTUM / TESTIS DOPPLER	1750	1600

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		DR/PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
16:04 GROUP : ULTRA SOUND			
042	SOFT TISSUE SONOGRAPHY	850	760
043	SPLIEN -U/S	650	580
044	THYROID-U/S	800	720
045	TRANSRECTAL	1100	1000
046	TRANSRECTAL BIOPSY (Procedure & Lab. Charges are extra)	1300	1180
047	TVS EXTRA PAYMENT	150	140
048	UPPER ABDOMEN + BPP + DOPPLER	2000	1800
049	UPPER ABDOMEN + PLEURAL SPACE -U/S	1000	900
050	UPPER ABDOMEN -U/S	1000	900
051	UPPER ABDOMEN DOPPLER -U/S	1500	1350
052	WHOLE ABDOMEN + DOPPLER -U/S	2000	1800
053	WHOLE ABDOMEN +TVS -U/S	1600	1450
054	WHOLE ABDOMEN -U/S	1300	1200
055	WHOLE ABDOMEN + BPP + DOPPLER -U/S	2100	1900
056	WHOLE ABDOMEN + OBS. (ABOVE 10 WEEKS)	1500	1350
057	WHOLE ABDOMEN + OBS. (UPTO 10 WEEKS)	1300	1200
058	FOETAL ECHO	2200	2000
059	PENILE DOPPLER	1350	1200

NOTE : [] Emergency charges is extra for scans done between 5:00 pm to 8:00 am or on Sundays & holidays.**

16:05

XRAY

001	ABDOMEN ERECT & SUPINE	500	460
002	ADDITIONAL VIEWS FOR ANY REGION	250	230
003	ANKLE (BORDEN'S VIEW)	520	470
004	ANKLE AP & LAT	370	330
005	ANKLE AP BOTH	250	230
006	ANKLE LAT AXIAL	370	330
007	ANKLE LATERAL BOTH	370	330
008	APICOGRAM	250	230
009	ARM (HUMERUS) AP & LAT	370	330
010	BA. ENEMA	2850	2550
011	BA. ENEMA (DOUBLE CONTRAST)	3500	3150
012	BA. MEAL FOLLOW THROUGH	2650	2400
013	BA. MEAL U.G.I.T.	1850	1700
014	BA. SWALLOW /OESOPHAGOGRAPHY	1150	1050
015	CERVICAL SPINE EXTENSION/FLEXION	500	460
016	CERVICAL SPINE/NECK AP LATERAL	500	460
017	CHEST (SINGLE VIEW)	250	230
018	CHEST (2 VIEWS)	500	460
019	COCCYX AP LATERAL	500	460
020	COLOGRAM WITH BARIUM OR GASTROGRAFFIN	1850	1650
021	DEPTT. SCREENING / FLUROSCOPY	200	180
022	DORSO-LUMBAR SPINE AP+LATERAL	500	460
023	ELBOW AP & LAT	370	330
024	FEMUR AP & LAT	500	460
025	FISTULOGRAM/SINOGRAM	1150	1050
026	FOOT AP & OBLIQUE	370	330
027	FOOT AP LATERAL BOTH	750	690
028	FOREARM AP&LAT	370	330
029	GASTROGRAFFIN SWALLOW	1150	1050
030	GASTROGRAFFIN FOLLOW THROUGH	2900	2600
031	HAND (FINGERS) AP + OBLIQUE	370	330
032	HANDS AP BOTH	250	230

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		DR/PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
16:05	GROUP : XRAY		
033	HIP AP	250	230
034	HIP AP&LAT	500	460
035	HIP LATERAL	250	230
036	HSG	1500	1350
037	INTUSSUSCEPTION (X-RAY CHARGES)	2850	2550
038	IVP	2350	2100
039	IVP + MCU	2800	2500
040	KNEE AP LATERAL AXIAL BOTH	750	690
041	KNEE AP & LAT	370	330
042	KNEE AP & LAT AXIAL	500	460
043	KNEE AP BOTH	250	230
044	KNEE AP LATERAL BOTH	600	550
045	KUB/ABDOMEN (SINGLE VIEW) -XRAY	250	230
046	LEG AP & LAT	500	460
047	LS SPINE AP LATERAL	600	550
048	MANDIBLE AP	250	230
049	MANDIBLE 3 VIEWS (AP + BOTH OBLIQUE)	750	690
050	MANDIBLE BOTH OBLIQUE	500	460
051	MASTOIDS (TOWNS + 2 LATERAL OBLIQUE) 3 VIEWS	750	690
052	MCU	1750	1600
053	NASAL BONE	250	230
054	NASOPHARAYNX/ ADENOIDS	250	230
055	NEPHROSTOGRAM	2000	1800
056	OESOPHAGEAL DILATATION UNDER FLUROSCOPY	1450	1300
057	PELVIS AP	250	230
058	PER ORBITAL VIEW / IAM	370	330
059	PNS	250	230
060	PORTABLE ABDOMEN PER EXPOSER	370	330
061	PORTABLE ABDOMEN ERECT/SUPINE	750	690
062	PORTABLE CHEST	400	360
063	PORTABLE EXTREMITIES PER EXPOSER	400	360
064	PORTABLE SKULL PER EXPOSER	400	360
065	PORTABLE SPINE PER EXPOSER	400	360
066	PORTABLE X-RAY (PER EXPOSER)	400	360
067	RADIOLOGY CHARGES FOR INTUSSUSCEPTION	2100	1900
068	RGP -RETROGRADE PYELOGRAM	1650	1500
069	RGU + M.C.U.	2000	1800
070	RGU/ASCENDING URETHROGRAM	1550	1400
071	SACRO - COCCYX AP LATERAL	500	460
072	SCANOGRAM (FULL LEG / SPINE)	600	550
073	SCAPULA AP	250	230
074	SCAPULA AP LATERAL	500	460
075	SCREENING (ABOVE 15 MTS.)	1800	1600
076	SCREENING (UPTO 15 MTS.)	1300	1200
077	SCREENING FOR ERCP / EPT	1300	1200
078	SHOULDER AP	250	230
079	SHOULDER AXIAL	250	230
080	SI JOINT PA + BOTH OBL.	750	690
081	SI JOINT PA/SACRO ILIAC JOINT	250	230
082	SIALOGRAPHY	1150	1050
083	SKULL : ANY SINGLE VIEW	250	230
084	SKULL AP & LATERAL	500	460
085	SPINE (2 VIEWS)	500	460
086	SPINE (SINGLE VIEW)	250	230
087	STYLOID PROCESS (SINGLE VIEW)	250	230

S.No.	DESCRIPTION
16:05	GROUP : XRAY
088	THIGH / FEMUR AP
089	TM JOINTS (BILATERAL)
090	TTC
091	VENOGRAPHY/PHLEBOGRAPHY (1 SIDE)
092	VENOGRAPHY/PHLEBOGRAPHY (BILATERAL)
093	WRIST AP & LAT
094	WRIST AP BOTH
095	XRAY PER EXPOSER
096	WRIST AP & LAT + OBLIQUE (SCAPHOID)

ACCOMMODATION CATEGORY		
DR/PR/SPR/NSB/POPD/CASUALTY		SB/GOPD
	250	230
	750	690
	1400	1250
	2200	2000
	4400	4000
	370	330
	250	230
	250	230
	600	550

COST OF DYE / CONTRAST EXTRA WHEREVER APPLICABLE.

16:06

MRI

BRAIN & FACE

001	BRAIN
002	BRAIN & SPECTROSCOPY
003	BRAIN + CSF STUDIES
004	BRAIN + CV JUNCTION SCREENING
005	BRAIN + FMRI (ONE ACTIVITY) [BOLD/ASL]
006	BRAIN + ORBIT
007	BRAIN + PERFUSION (CONTRAST EXTRA)
008	BRAIN + SEIZURE PROTOCOL
009	BRAIN + SELLA
010	BRAIN + TRACTOGRAPHY
011	BRAIN ANGIOGRAPHY
012	BRAIN MRI + MRA BRAIN
013	BRAIN MRI + MRA BRAIN & NECK
014	BRAIN WITH IAM
015	BRAIN WITH PNS
016	CISTERNOGRAPHY
017	CONTRAST
018	EXTENDED STUDY
019	FACE
020	FACE + NECK
021	IAM/TEMPORAL BONE
022	MRA ABDOMINAL AORTA
023	MRA ARCH OF AORTA
024	MRA BRAIN + MRA NECK
025	MRA + MRV BRAIN
026	MRA + MRV NECK
027	MRI + MRV BRAIN
028	MRI + MRV NECK
029	MR VENOGRAPHY
030	MYELOGRAPHY (WITHOUT CONTRAST)
031	NECK
032	NECK ANGIOGRAPHY
033	NECK/FACE MR FOR C.A.-MRI (Incl. CT Correlation)
034	ORBIT
035	PERFUSION IMAGING FOR STROKE (INCLUDES CONTRAST) WITHIN A WEEK OF INITIAL STUDY

ALL CATEGORIES OF IPD & OPD	
	5000
	7500
	7500
	6000
	10000
	7500
	7500
	6000
	7500
	10000
	5000
	7500
	10000
	7500
	7500
	5000
	3000
	2500
	5000
	7500
	5000
	7500
	7500
	7500
	7500
	7500
	7500
	7500
	5000
	2500
	5000
	5000
	8500
	5000
	5500

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY
16:06 GROUP : MRI		
BRAIN & FACE		
036	PNS	5000
037	SCREENING – BRAIN	3000
038	SELLA / PITUITARY	5000
039	SELLA DYNAMIC STUDY (INCLUDES CONTRAST)	10000
040	SPECTROSCOPY	5000
041	TM JOINTS	8000
SPINE		
042	3D MRI	2000
043	BRACHIAL PLEXUS	6000
044	CERVICAL SPINE	5000
045	CERVICAL SPINE (FLEXION+EXTENSION) [DYNAMIC CERVICAL SPINE]	7500
046	CERVICAL SPINE WITH BRACHIAL PLEXUS	7500
047	CERVICAL SPINE WITH CVJ SCREENING	6000
048	CERVICAL SPINE WITH SCREENING WHOLE SPINE	7500
049	CV JUNCTION	5000
050	DORSAL SPINE	5000
051	DORSAL SPINE WITH SCREENING WHOLE SPINE	7500
052	L.S. SPINE	5000
053	L.S. SPINE WITH S.I. JOINTS SCREENING	7500
054	L.S. SPINE WITH SCREENING WHOLE SPINE	7500
055	S.I. JOINTS	5000
056	SCREENING SPINE – PER PART	1000
057	SCREENING WHOLE SPINE	3000
058	WHOLE SPINE	10000
JOINTS AND EXTREMITIES		
059	ANKLE	5000
060	BILATERAL ANKLES	10000
061	BILATERAL KNEES	10000
062	BILATERAL SHOULDERS	10000
063	BOTH FEET	10000
064	BOTH HANDS	10000
065	CARTILAGE MAPPING (INCLUDES JOINT)	5500
066	ELBOW	5000
067	FOOT	5000
068	FOREARM	5000
069	HAND/ FINGER	5000
070	HIPS	5000
071	HIPS BOTH	6000
072	JOINT (PER JOINT)	5000
073	JOINT SCREENING FOR EFFUSION	2500
074	KNEE	5000
075	LEG	5000
076	MR ARTHROGRAPHY (INCLUDES CONTRAST)	7500
077	SHOULDER	5000
078	THIGH / FEMUR	5000
079	WRIST	5000

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY
16:06 GROUP : MRI		
BODY MR		
080	CARDIAC	10000
081	STERNUM / STERNOCLAVICULAR JOINT	5000
082	THORAX	5000
083	BREAST	6000
084	FETAL MRI	7500
085	LOWER ABDOMEN/PELVIS	5000
086	LOWER ABDOMEN & PELVIS	6000
087	MR ENTEROCLYSIS	7500
088	MR SINOGRAM / FISTULOGRAM	5500
MRI OF OTHER PARTS		
089	MR UROGRAM	5000
090	MR UROGRAM WITH LOWER ABDOMEN/KUB	7500
091	MRCP	6000
092	MRCP WITH UPPER ABDOMEN	7500
093	MRI KUB	5000
094	MULTIPARAMETRIC PROSTATE	7500
095	PERIPHERAL ANGIOGRAPHY MRI (NON-CONTRAST) PER LIMB	8000
096	RENAL ANGIOGRAPHY	7500
097	TRIPLE PHASE LIVER (INCLUDES CONTRAST)	10000
098	UPPER ABDOMEN	5000
099	WHOLE ABDOMEN	8000
100	WHOLE BODY SCREENING FOR METS	4000
Please Note: Contrast will be Charged Extra wherever required.		
16:07 OTHER CHARGES		
101	ANAESTHESIA CHARGES	1500
102	EMERGENCY CHARGES*	1000
16:08 MISCELLANEOUS CHARGES		
001	DUPLICATE DVD FOR MRI	200
002	DUPLICATE X-RAY /ULTRA SOUND/C.T./MRI FILM : PER FILM	125

NOTE : [*] Emergency charges is extra for scans done between 5:00 pm to 8:00 am or on Sundays & holidays.

LABORATORY

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		DR/PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
17:01	GROUP : CLINICAL CHEMISTRY & HORMONES		
001	RBS - RANDOM BLOOD SUGAR	80	70
002	UREA	110	100
003	CREATININE	120	110
004	CALCIUM	150	140
005	PHOSPORUS (INORGANIC PHOS.)	150	140
006	AMYLASE	300	270
007	GTT-GLUCOSE TOLERANCE TEST	500	450
008	URIC ACID-SERUM	130	120
009	FDP (FIBRIN/FIBRINOGEN DEGRADATION PRODUCT)	930	840
010	FLUID ALBUMIN	110	100
011	CALCIUM/CREATININE RATIO- URINE FASTING	230	210
012	PROTEIN/CREATININE RATIO -URINE FASTING	230	210
013	GCT - GLUCOSE CHALLENGE TEST	100	90
014	PPS- AFTER GLUCOSE	100	90
015	TOTAL/SERUM PROTEIN(TP,ALB,GLOB,A/G)	140	130
016	PT (PRO TIME)	190	170
017	BILIRUBIN (DIRECT,INDIRECT,TOTAL)	170	160
018	ALKALINE P TASE-ALP	150	140
019	SGPT/ALT	140	130
020	SGOT /AST	140	130
021	LFT-LIVER FUNCTION TEST	630	570
022	PLASMA FIBRINOGEN	640	580
023	APTT	250	230
024	TROPONIN T (TROP. T)	1150	1050
025	SODIUM (NA+) ONLY	150	140
026	POTASSIUM (K+) ONLY	140	130
027	SODIUM & POTASSIUM	270	240
028	CHLORIDE (CL-)	140	130
029	BICARBONATE (HCO3-)	160	150
030	ABG - ARTILLARY BLOOD GAS	630	570
031	CHOLESTEROL TOTAL-SERUM	140	130
032	HDL CHOLESTROL - DIRECT	220	200
033	TRIGLYCERIDES	250	230
034	LIPID PROFILE	820	720
035	CPK	240	220
036	CPK (MB)	370	340
037	CHOLESTEROL - FLUID	150	140
038	LDH FLUID	280	260
039	ELECTROLYTES SERUM	360	330
040	LIPASE-SERUM	420	380
041	GAMMA GT / GGT/ GGTP	220	200
042	LDH-SERUM	280	250
043	SERUM PROTEIN ELECTROPHORESIS	490	440
044	MAGNESIUM -SERUM	270	240
045	SODIUM-URINE RANDOM SPECIMEN	150	140
046	AMYLASE-URINE	300	270
047	D-DIMER TEST	1100	1000
048	FT 3 -FREE T3	340	310
049	FT 4 -FREE T4	340	310
050	TSH	340	310
051	FT3, FT4 & TSH (TOGETHER)	900	800
052	FT3 & FT4 (TOGETHER)	650	550
053	CORTISOL -SERUM	500	450

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		DR/PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
17:01	GROUP : CLINICAL CHEMISTRY & HORMONES		
054	PROLACTIN -SERUM	500	450
055	FSH	500	450
056	LH	500	450
057	PSA - PROSTATE SPECIFIC ANTIGEN	700	640
058	FERRITIN	630	570
059	FBS - FASTING BLOOD SUGAR	80	70
060	PPS (POST PRANDIAL SUGAR)	80	70
061	SBR - BILIRUBIN TOTAL (MICRO METHOD)	130	120
062	ADA	400	360
063	CALCIUM - MICRO METHOD	150	140
064	PPS AFTER BREAKFAST	80	70
065	PPS AFTER LUNCH	80	70
066	PPS AFTER DINNER	80	70
067	URINE FOR CREATININE	120	110
068	NEONATAL TSH SCREEN (NEO TSH)	250	230
069	SERUM ALBUMIN	110	100
070	CBG - CAPILLARY BLOOD GAS	580	520
071	CRP	350	320
072	HCG WITH LIPIDS	920	840
073	ALPHA FETO PROTEIN	750	680
074	BHCG (TUMOR MARKER)	630	570
075	E3-ESTRIOL	1100	1000
076	VITAMIN B12	1000	900
077	FOLATE	1000	900
078	FOLATE & VITAMIN B12	1850	1670
079	CA 125	1100	1000
080	TRIPLE TEST	2550	2300
081	DUAL TEST	2000	1800
082	VITAMIN D-25 HYDROXY	1450	1350
083	MICROALBUMIN	550	500
084	INSULIN (FASTING)	750	680
085	INSULIN (PP)	750	680
086	INSULIN (RANDOM)	750	680
087	TROPONIN I (TROP. I)	1150	1050
088	CARDIO 1 (TNI,MYO,MB,BNP,DDMR)	1750	1580
089	NT-proBNP	1800	1620
17:02	GROUP : CYTOPATHOLOGY		
001	PAPANICULA SMEAR	400	360
002	FLUIDS FOR MALIGNANT CYTOLOGY	400	360
003	CSF FOR MALIGNANT CYTOLOGY	400	360
004	FNAC	700	650
005	FNAC- CT/US GUIDED	930	820
006	TBNA (TRANS BRONCHIAL NEEDLE ASPIRATION)	820	710
17:03	GROUP : HEMATOLOGY		
001	HB (HEMOGLOBIN)	100	90
002	TLC (WBC COUNT)	100	90
003	MALARIAL PARASITES (MP)	110	100
004	PERIPHERAL SMEAR	150	140
005	RBC COUNT	110	100
006	HEMATOCRIT (HCT/PCV)	110	100
007	CBC (COMPLETE BLOOD COUNT)	320	290

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		DR/PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
17:03 GROUP : HEMATOLOGY			
008	TLC & DLC	170	160
009	RED CELL INDICES	230	220
010	ESR	120	110
011	MCH	110	100
012	MCHC	110	100
013	DLC	130	120
014	CBC & MP (TOGETHER)	380	350
015	CBC & PS (TOGETHER)	380	350
016	GASTRIC LAVAGE FOR PMNS	110	100
017	MCV	110	100
018	RETIC COUNT	230	210
019	EOSINOPHIL COUNT	150	140
020	CLOT RETRACTION	120	110
021	BT – BLEEDING TIME	80	70
022	SICKLE CELL PREP.	140	130
023	PLATELET COUNT	50	50
024	RBC FRAGILITY	370	340
025	FILARIAL PREP.	230	210
026	BONE MARROW EXAMINATION	750	670
027	FALCIPARUM & PLASMODIUM VIVAX TEST (F&V)	350	320
028	BONE MARROW IRON STAINING	230	210
029	KALA - AZAR DETECT	420	380
030	BONE MARRROW (ASPIRATION AND EXAMINATION)	920	830
031	FILARIAL ANTIGEN	600	550
032	CBC & MP WITH F&V	480	430
17:04 GROUP : SPECIAL HEMATOLOGY			
001	GLYCOSYLATED HB/HB 1AC	400	380
002	FETAL HB.	160	150
003	G6 PD (CONFIRMATORY)	490	440
004	HB ELECTROPHORESIS	820	740
005	G6 PD SCREENING (SCREENING + CONFIRMATORY)	550	500
006	SERUM IRON	250	230
007	SERUM IRON & TIBC	400	350
17:05 GROUP : HISTOPATHOLOGY			
001	FROZEN SECTION WITH BIOPSY SPECIMEN	2200	2000
002	TISSUE FOR GROSS/DOCUMENTATION ONLY	90	80
003	SLIDE FOR HISTOPATHOLOGY	480	430
004	BLOCK FOR HISTOPATHOLOGY	630	570
005	TISSUE -SMALL FOR HISTOPATHOLOGY	550	500
006	TISSUE - MEDIUM FOR HISTOPATHOLOGY	800	720
007	TISSUE - LARGE FOR HISTOPATHOLOGY	1100	1000
008	SMALL BIOPSY (SPECIAL STAIN)	1000	900
009	RADICAL SPECIMEN	1500	1300
17:06 GROUP : MICROBIOLOGY			
001	CULTURE - BLOOD-ROUTINE	420	380
002	CULTURE- BLOOD -RAPID	950	850
003	STOOL FOR CHOLERA (HANGING DROP)	110	100
004	GRAMS STAIN	120	110
005	FUNGUS PREP. -KOH PREP	120	110
006	TRICHOMONAS (VAGINAL SWAB,WET PREP)	120	110
007	DIPHThERIA SMEAR	150	140

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		DR/PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
17:06 GROUP : MICROBIOLOGY			
008	RAPID UREASE TEST	230	210
009	NIGROSIN PREPRATION FOR CRYPTOCOCCUS	170	160
010	FUNGUS CULTURE	370	340
011	WET SMEAR FOR TROPHOZOITES	90	80
012	CULTURE & SENSITIVITY - CSF	500	450
013	CULTURE & SENSITIVITY - EAR SWAB	500	450
014	CULTURE & SENSITIVITY - HVS	500	450
015	CULTURE & SENSITIVITY - MISC.	500	450
016	CULTURE & SENSITIVITY - PUS	500	450
017	CULTURE & SENSITIVITY - SPUTUM	500	450
018	CULTURE & SENSITIVITY - STOOL	500	450
019	CULTURE & SENSITIVITY - THROAT SWAB	500	450
020	CULTURE & SENSITIVITY - URINE	350	320
021	AFB CULTURE - SPUTUM (MYCOBACTERIUM)	750	670
022	AFB CULTURE - URINE (MYCOBACTERIUM)	750	670
023	AFB CULTURE - PUS (MYCOBACTERIUM)	750	670
024	AFB CULTURE - FLUIDS (MYCOBACTERIUM)	750	670
025	AFB CULTURE - MISC (MYCOBACTERIUM)	730	660
026	MTB/MOTT IDENTIFICATION	780	700
027	SMEAR FOR FUNGUS	120	110
028	AFB - SPUTUM (SAMPLE I)	160	150
029	AFB - SPUTUM (SAMPLE II)	160	150
030	AFB - SPUTUM(SAMPLE III)	160	150
031	AFB - URINE (SAMPLE I)	160	150
032	AFB - URINE (SAMPLE II)	160	150
033	AFB - URINE (SAMPLE III)	160	150
034	AFB - SMEAR MISC SPECIMEN.	160	150
035	URETHERAL SMEAR G.C.	150	140
036	CULTURE OTHERS RAPID	950	850
037	CRYPTOSPORIDIUM - ZN STAIN	160	150
038	SMEAR FOR PNEUMOCYSTIC CARINI	120	110
17:07 GROUP : MISCELLANEOUS LAB INVESTIGATION			
001	FLUID - ROUTINE EXAMINATION	260	230
002	CSF- (SPINAL FLUID) - ROUTINE	300	270
003	SEMEN ANALYSIS	380	340
004	PCT (POST COITAL TEST)	120	110
005	C.S.F. ROUTINE WITH SMEAR FOR CRYPTOCOCCUS	300	270
006	GA FOR OCCULT BLOOD	90	80
007	FLUID FOR CRYSTALS	80	70
008	FLUID FOR SUGAR	90	80
17:08 GROUP : PARASITOLOGY			
001	STOOL ROUTINE EXAMINATION	110	100
002	STOOL OCCULT BLOOD	90	80
003	STOOL FOR PH	80	70
004	STOOL REDUCING SUBSTANCES	90	80
005	STOOL FOR WBC/HPF	80	70
006	STOOL/PUS AMOEBA	80	70
007	ROTAVIRUS	420	380
17:09 GROUP : SEROLOGY			
001	VDRL	120	110
002	WIDAL	230	210
003	HBS AG ELISA	380	340

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		DR/PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
17:09 GROUP : SEROLOGY			
004	HBS AG SPOT	290	260
005	ASO (ASLO) TEST	190	170
006	ANF/ ANA.	630	560
007	CRP (LATEX)	130	120
008	PREGNANCY TEST	140	130
009	UPT (SPOT) [PREGNANCY TEST (SPOT)]	140	130
010	VDRL IN DILUTION	230	210
011	HIV ELISA	450	400
012	HIV SPOT	360	320
013	TORCH TEST (IGM)	1200	1100
014	TOXOPLASMA (IGM)	500	450
015	RUBELLA (IGM)	500	450
016	CYTOMEGALOVIRUS (CMV) (IGM)	500	450
017	HERPES - II (IGM)	500	450
018	HCV ELISA	630	570
019	HCV SPOT	410	370
020	HEPATITIS - A (HAV)	870	780
021	HEPATITIS - E (HEV)	1200	1100
022	DS DNA (DOUBLE STRANDED DNA)	870	780
023	TORCH TEST (IGG)	1200	1100
024	TOXOPLASMA (IGG)	500	450
025	RUBELLA (IGG)	500	450
026	CYTOMEGALOVIRUS (CMV) (IGG)	500	450
027	HERPES - II (IGG)	500	450
028	BACTERIAL ANTIGEN (5 TESTS)	2400	2200
029	DENGUE ANTIGEN	600	600
030	DENGUE IGG ANTIBODY	600	600
031	DENGUE IGM ANTIBODY	600	600
032	CHIKUNGUNYA	410	370
033	HCG (MATERNAL)	630	570
034	RA FACTOR	400	340
035	ANTI CCP	1150	1050
036	TTG	880	830
037	PRO-CALCITONIN	1900	1700
038	INFLUENZA A & B RAPID SREENING TEST	1100	1000
039	BLOOD CULTURE + TYPHI DOT IGM	500	450
040	RAPID BLOOD CULTURE + TYPHI DOT IGM	1000	900
041	WIDAL TEST + TYPHI DOT IGM	330	300

17:10 GROUP : URINALYSIS

001	URINE ROUTINE EXAMINATION	100	90
002	ALBUMIN AND SUGAR	80	70
003	ACETONE	80	70
004	URINE FOR HEMOGLOBIN	70	60
005	URINE FOR MYOGLOBIN	80	70
006	URINE FOR SP. GRAVITY	70	60
007	URINE FOR PH	70	60
008	URINE FOR CHYLE	70	60
009	APT TEST	90	80
010	URINE FOR ALBUMIN	70	60
011	URINE FOR SUGAR	70	60
012	URINE FOR PORPHOBILINOGEN	80	70
013	BILE PIGMENT	90	80
014	UROBILINOGEN	90	80

S.No.	DESCRIPTION
17:10 GROUP : URINALYSIS	
015	BENCE JONES PROTEIN
016	24 HR. URINARY PROTEIN (QUANTITATIVE)
017	URINE OCCULT BLOOD
018	URINE FOR REDUCING SUBSTANCES
019	24 HR. URINARY URIC ACID
020	24 HR. URINARY CALCIUM
021	24 HR. URINARY SODIUM
022	24 HR. URINARY POTASSIUM
023	24 HR. URINARY PHOSPHORUS
024	CREATININE CLEARANCE

ACCOMMODATION CATEGORY	
DR/PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
160	150
230	210
80	70
80	70
190	170
190	170
190	170
190	170
190	170
330	300

17:11 BLOOD BANK

001	CROSS MATCHING
002	GROUPING & TYPING
003	RELATIVE DONATED BLOOD : PROC.CHARGES
004	WHOLE BLOOD/RED CELLS :HOSPITAL- PROCESSING
005	OTHER BLOOD BANKS : BLOOD ISSUE
006	FFP - DONATED - PROCESSING
007	FFP - HOSPITAL - PROCESSING
008	RAPID DONOR TESTING
009	PLATELET CONCEN.(RD) - DONATED : PROCESSING
010	PLATELET CONCEN(RD) HOSPITAL : PROCESSING
011	DU FACTOR
012	DIRECT COOMBS
013	INDIRECT COOMBS
014	RH ANTIBODY TITRE
015	REPLACEMENT FFP
016	REPLACEMENT PLATELET CONCENTRA
017	REPLACEMENT WHOLE BLOOD
018	COLD AGGLUTININS
019	VENESECTION PROCEDURE
020	PLATELET APHERESIS
021	TRANSFER BAGS

120	120
130	120
1300	1170
1900	1700
100	90
750	750
1100	1100
330	300
750	750
1100	1100
280	250
290	260
290	260
750	680
-350	-350
-350	-350
-600	-540
230	210
260	240
11000	11000
130	130

18:01 SPOT INVESTIGATIONS

001	ABG (ARTILLARY BLOOD GAS) – (ICU BED SIDE)
002	MONTOUX TEST
003	RBS DONE WITH GLUCOMETER
004	URINE FOR ACETONE
005	URINE FOR SUGAR / ALBUMIN

DR/PR/SPR/NSB	SB
630	570
40	30
50	50
30	30
30	30

19:01 EXCHANGE BLOOD TRANSFUSION (FLAT RATE)

001	EXCHANGE BLOOD TRANSFUSION (FLAT RATE) EACH TIME
002	EXCHANGE PLASMA TRANSFUSION (FLAT RATE) EACH TIME

DR	PR	SPR	NSB	SB
5000	4600	3850	2600	1750
7000	6500	5300	4000	2900

PHYSIO - THERAPY

20:01 RATES OF PHYSICAL THERAPY TREATMENT

ACCOMMODATION CATEGORY		
DR/PR/SPR/NSB	SB	
220	200	
850	750	
90	80	
120	110	
140	130	
120	110	
90	80	
300	270	
250	230	
160	140	
130	120	
90	80	
120	110	
180	160	
320	290	
210	190	
260	230	
370	330	
120	100	
250	230	
150	140	
200	180	
200	180	
260	230	
180	160	
150	130	
90	80	
260	230	
150	140	
280	250	
230	200	
260	230	
200	180	
320	290	
210	190	
230	210	
110	100	
180	160	
150	130	
270	240	
170	150	
140	130	
200	170	
210	190	
320	290	
3500	3200	
4400	4000	
3500	3200	
450	400	
110	100	
140	130	
200	170	
200	170	

001	ANTE-NATAL EXERCISES PER SITTING
002	ANTENATAL EXERCISE - PACKAGE
003	BREATHING EXERCISE
004	CERVICAL TRACTION
005	CHEST PHYSIO-THERAPY (SINGLE)
006	COLD PACK (MULTIPLE)
007	COLD PACK (SINGLE)
008	COMPRESSION THERAPY (MULTIPLE)
009	COMPRESSION THERAPY (SINGLE)
010	CONSULTATION (PHYSIOTHERAPY)
011	CONTRAST BATH (MULTIPLE)
012	CONTRAST BATH (SINGLE)
013	CPM - CONTINUOUS PASSIVE MOVEMENT (SINGLE AREA)
014	CPM - CONTINUOUS PASSIVE MOVEMENT (TWO AREAS)
015	ELECTRICAL MUSCLE TESTING (MULTIPLE)
016	ELECTRICAL MUSCLE TESTING (SINGLE)
017	EMG BIO-FEEDBACK (SINGLE)
018	EMG BIO-FEEDBACK (MULTIPLE)
019	EXERCISE : TEACHING ONLY
020	MULTIPLE EXERCISE/EXERCISE WITH ADL TRAINING
021	EXERCISE SIMPLE
022	EXERCISE SPECIAL
023	EXERCISES - MOBILIZATION (SINGLE)
024	EXERCISES – REHABILITATION
025	GAIT TRAINING
026	INFRA RED RAY THERAPY (MULTIPLE)
027	INFRA RED RAY THERAPY (SINGLE)
028	INFRA RED SAUNA
029	INTERFERENTIAL THERAPY (SINGLE AREA)
030	INTERFERENTIAL THERAPY (MORE THAN TWO AREAS)
031	INTERFERENTIAL THERAPY (TWO AREAS)
032	LASER -INFRA RED : POINT (MULTIPLE AREA)
033	LASER -INFRA RED : POINT (SINGLE AREA)
034	LASER -INFRA RED : SCAN (MULTIPLE AREA)
035	LASER -INFRA RED : SCAN (SINGLE AREA)
036	LONG WAVE DIATHERMY (MORE THAN TWO AREAS)
037	LONG WAVE DIATHERMY (SINGLE AREA)
038	LONG WAVE DIATHERMY (TWO AREAS)
039	LUMBAR TRACTION
040	MANUAL MUSCLE TESTING (MULTIPLE)
041	MANUAL MUSCLE TESTING (SINGLE)
042	MICROWAVE DIATHERMY (SINGLE AREA)
043	MICROWAVE DIATHERMY (TWO AREAS)
044	NEURO-DEVELOPMENTAL THERAPY
045	NUGABEST
046	PACKAGE FOR CHRONIC CASES (ADULT) PER MONTH (20 SESSIONS)
047	PACKAGE FOR JOINT MOBILISATION WITH ONE HOT/ELECTRO-THERAPY MODALITY (20 SESSIONS)
048	PACKAGE FOR PEDIATRIC CASES PER MONTH (20 SESSIONS)
049	POST NATAL EXERCISES (ALL SESSIONS)(MULTIPLE)
050	POST OP. CHEST PHYSIO-THERAPY
051	PULSED S.W.D. (SINGLE AREA)
052	PULSED S.W.D. (TWO AREAS)
053	SHORT WAVE DIATHERMY (TWO AREAS)

PHYSIO - THERAPY

ACCOMMODATION CATEGORY			
DR/PR/SPR/NSB			SB
	140		130
	150		130
	90		80
	160		140
	210		190
	130		120
	160		150
	100		90
	130		120
	110		100
	230		210
	180		160
	160		140
	130		120
	190		170
	100		90
	160		150

20:01 RATES OF PHYSICAL THERAPY TREATMENT

054	SHORT WAVE DIATHERMY (SINGLE AREA)
055	STEAM PACKS(MULTIPLE)
056	STEAM PACKS(SINGLE)
057	STIMULATION (NEURO-MUSCULAR) SINGLE
058	STIMULATION (NEURO-MUSCULAR) MULTIPLE
059	SUSPENSION THERAPY
060	TENS (MULTIPLE)
061	TENS (SINGLE)
062	TILT TABLE THERAPY
063	ULTRA SONIC THERAPY (SINGLE AREA)
064	ULTRA SONIC THERAPY (MORE THAN TWO AREAS)
065	ULTRA SONIC THERAPY (TWO AREAS)
066	ULTRA VIOLET THERAPY (MULTIPLE)
067	ULTRA VIOLET THERAPY (SINGLE)
068	WAX BATH (MORE THAN TWO AREAS)
069	WAX BATH (SINGLE AREA)
070	WAX BATH (TWO AREAS)

21:01 TREATMENT – IPD

	DR	PR	SPR	NSB	SB	
001	ANAL DILATATION	2000	1800	1800	1450	1000
002	ASCITIC FLUID ASPIRATION / PARACENTESIS	1500	1300	1300	1100	750
003	BIOPSY OF BONE	2000	1800	1800	1450	1000
004	BIOPSY OF LIVER	2000	1800	1800	1450	1000
005	BIOPSY OF MUSCLE	2000	1800	1800	1450	1000
006	BIOPSY OF SKIN	1200	1000	1000	800	600
007	BONE MARROW ASPIRATION / STERNAL PUNCTURE	1500	1300	1300	1100	750
008	CAVAFIX INTRODUCTION	1500	1300	1300	1100	750
009	CENTRAL VENOUS PRESSURE LINE [CETROFIX] INSERTION	1500	1300	1300	1100	750
010	CUT DOWN / VENESECTION	1500	1300	1300	1100	750
011	ENDOMETRIAL BIOPSY	3200	3000	3000	2000	1600
012	ENDOTRACHEAL INTUBATION	1500	1300	1300	1100	750
013	INCIDENTAL ABORTION IN WARD	3200	3000	3000	2000	1600
014	INCISION & DRAINAGE OF ABSCESS	1500	1300	1300	1100	750
015	INJECTION FOR PILES (SCLEROTHERAPY)	600	500	500	400	300
016	INTER COSTAL (TUBE) DRAINAGE	2000	1800	1800	1450	1000
017	LUMBAR PUNCTURE	1500	1200	1200	1050	750
018	KNEE ASPIRATION	1500	1200	1200	1050	750
019	MINOR SURGICAL PROCEDURE IN WARD	1500	1200	1200	1050	750
020	MINOR SUTURING	1500	1200	1200	1050	750
021	NASAL PACKING + PACK REMOVAL	2200	2000	2000	1600	1100
022	NON STRESS MONITORING [PER TWO HOURS]	300	250	250	250	150
023	NON STRESS TEST [NST] (PER 20 MINUTES)	700	600	600	500	350
024	PLEURAL FLUID ASPIRATION / THORACENTESIS	1500	1300	1300	1100	750
025	REFRACTION	140	120	120	120	70

22:01 SPECIAL NURSING PROCEDURES

001	SKIN / PELVIC TRACTION APPLICATION	600	500	500	400	300
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22:02 SPECIAL NURSING PROCEDURE

001	SALSOL NEBULISATION	60	50	50	50	40
002	NORMAL SALINE NEBULISATION	60	50	50	50	40
003	LACTODEX MILK PER DAY	60	50	50	50	50

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY				
		DR	PR	SPR	NSB	SB
22:03	PLASTERING					
001	PLASTERING : BODY CAST	2200	2000	2000	1400	1100
002	PLASTERING : FOOT / ARM / HAND	1000	850	850	700	500
003	PLASTERING : HIP	1400	1200	1200	850	700
004	PLASTERING : LEG	1200	1050	1050	800	600

NOTE : MATERIAL COST WILL BE EXTRA

23:01	DRESSING	DR/PR/SPR/NSB			SB
		001	DRESSING – MINOR		100
002	DRESSING – MEDIUM		150	85	
003	DRESSING – MAJOR		300	170	

NOTE : MATERIAL COST WILL BE EXTRA

SPECIAL PROCEDURES

24:01	CHEMOTHERAPY	DR/PR/SPR/NSB		SB
		001	CHEMOTHERAPY – ONE DAY CYCLE	
002	CHEMOTHERAPY – TWO DAYS CYCLE		2800	2200
003	CHEMOTHERAPY – THREE DAYS CYCLE		3800	2900
004	CHEMOTHERAPY – FOUR DAYS CYCLE		4600	3500
005	CHEMOTHERAPY – FIVE DAYS CYCLE		5200	3900

25:01	PSYCHOTHERAPY	DR/PR/SPR/NSB		SB
		001	PSYCHOTHERAPY – SHORT SESSION	
002	PSYCHOTHERAPY – FULL SESSION		750	750

26:01	LASER PROCEDURES(OPHTHALMOLOGY)	ALL CATEGORIES OF IPD & OPD	
		001	AUTOPERIMETRY (FIELDS)
002	COLOUR PHOTOS		650
003	FUNDUS FLURESIIEN ANGIOGRAPHY [SUPPLIES EXTRA]		2500
004	LASER PERIPHERAL IRIDECTOMY		3850
005	LASER PHOTOCOAGULATION – PER SITTING		3200
006	LASER PHOTOCOAGULATION - LATTICE & HOLES		5000
007	LASER PHOTOCOAGULATION - R. O. P.		8300
008	O C T		3200
009	YAG CAPSULOTOMY		3200

27:01	LASER PROCEDURES (DERMATOLOGY) (AESTHETIC CLINIC)	DR/PR/SPR/NSB/POPD		SB/GOPD
		001	FRAXEL (FOR ACNE SCARS)	
002	LASER HAIR REMOVAL – CHIN (PER SESSION)		1500	1200
003	LASER HAIR REMOVAL – FACE (PER SESSION)		4000	3200
004	LASER HAIR REMOVAL - NECK (PER SESSION)		2000	1600
005	LASER HAIR REMOVAL – SIDE LOCK (PER SESSION)		1500	1200
006	LASER HAIR REMOVAL – UPPER LIP (PER SESSION)		1000	800
007	LASER RE-SURFACING		10000	8000
008	LASER TATTO REMOVAL – SMALL		2500	2000
009	LASER TATTO REMOVAL – MEDIUM		4000	3200
010	LASER TATTO REMOVAL – LARGE		6000	4800
011	LASER TATTO REMOVAL – EXTENSIVE		8000	6400

28:01	SPECIAL INVESTIGATIONS	DR/PR/SPR/NSB/POPD	SB/GOPD
001	URO-FLOWMETRY	650	450

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		DR/PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
29:01 SPEECH & HEARING TEST			
001	AC BERA	1800	1800
002	ASSR	2300	2300
003	BC BERA	1800	1800
004	COCHLEAR IMPLANT COUNSELING	750	700
005	DIAGNOSTIC OAE-TEOAE/DPOAE	800	750
006	ECOCH G	2500	2500
007	IMPEDANCE – TYMPANOMETRY	600	500
008	AUDIOMETRY – PTA/BOA/FFT	400	300
009	SCREENING OAE	600	400
010	ABLB/SISI/TD	300	300
011	SPEECH THERAPY (CONSULTATION-EACH SESSION)	200	150

30:01 INSTRUMENTS AND SPECIAL EQUIPMENTS

		DR	PR	SPR	NSB	SB
001	CARDIAC MONITOR : PER DAY (When monitored in ward/isolation)	700	700	700	550	450
002	DVT PUMP	400	400	400	350	300

31:01 DIET FOR ATTENDANT

		DR/PR/SPR/NSB		SB
001	AERATED COLD DRINKS : 500 ML. BOTTLE		40	40
002	BOTTLED DRINKING WATER (1 LITER)		25	25
003	TEA ONE CUP		20	15
004	COFFEE ONE CUP		25	20
005	TEA WITH SNACKS		35	30
006	COFFEE & SNACKS		40	35
007	FROOTI (200 ML)		20	20
008	PACKED JUICES (200 ML)		25	25
009	SANDWICHES : VEG (4 SLICES)		35	30
010	BREAKFAST [NON-VEGETARIAN] ONLY		90	-----
011	BREAKFAST [VEGETARIAN] ONLY		80	40
012	LUNCH [NON-VEGETARIAN] ONLY		165	-----
013	LUNCH [VEGETARIAN] ONLY		140	100
014	DINNER [NON-VEGETARIAN] ONLY		165	-----
015	DINNER [VEGETARIAN] ONLY		140	100
016	FULL MEALS FOR ATTENDANT [NON-VEGETARIAN] : PER DAY		400	-----
017	FULL MEALS FOR ATTENDANT [VEGETARIAN] : PER DAY		350	200
018	MILK : PER GLASS		20	15

32:01 FLAT RATE FOR THALASSAEMIA CASES (SB ONLY)

001	HOSPITAL SUPPLIED BLOOD - [1-UNIT]	1150
002	HOSPITAL SUPPLIED BLOOD - [2-UNITS]	2000
003	HOSPITAL SUPPLIED RH NEG. BLOOD - [1-UNIT]	1400
004	HOSPITAL SUPPLIED RH NEG. BLOOD - [2-UNITS]	2300
005	RED CROSS REPLACED BLOOD - [1-UNIT]	350
006	RED CROSS REPLACED BLOOD - [2-UNITS]	425
007	RELATIVE REPLACED BLOOD - [1-UNIT]	700
008	RELATIVE REPLACED BLOOD - [2-UNITS]	1050

33:01 CONCESSION (ONLY SB CASES)

001	CONCESSION ON ROOM / BED	210
002	CONCESSION ON ICU / CCU	1140
003	CONCESSION ON POST OP. ROOM	600
004	CONCESSION ON SEMI ICU	920
005	CONCESSION ON INCU (415)	600
006	CONCESSION ON PED. ICU / SPL. NURSERY (305)	400
007	CONCESSION ON NNU - NURSERY (206)	320
008	CONCESSION ON HDU – LABOR ROOM	1000

AYURVEDIC TREATMENT

34:01 AYURVEDIC TREATMENT

ACCOMMODATION CATEGORY	
DR/PR/SPR/NSB/POPD/CASUALTY	SB/GOPD

001	Avagaha Sweda (Per Sitting)	1300	1100
002	Ekanga Taila Dhara (Per Sitting)	1800	1600
003	Kati Basti (Per Sitting)	2100	1800
004	Ksheera Dhara (Per Sitting)	2100	1800
005	Matra Basti (Per Sitting)	400	350
006	Nadi Sweda-Full Body (Per Sitting)	1000	900
007	Nadi Sweda-One Limb (Per Sitting)	600	500
008	Nadi Sweda-Two Limbs (Per Sitting)	800	700
009	Nasya Karma (Per Sitting)	750	600
010	Netra Tarpan (Per Sitting)	1000	800
011	Patra Pinda Sweda-Full Body (Per Sitting)	1200	1000
012	Patra Pinda Sweda-One Limb (Per Sitting)	800	700
013	Patra Pinda Sweda-Two Limbs (Per Sitting)	1000	850
014	Sarvang Abhyanga-Adult (Per Sitting)	1000	800
015	Sarvang Abhyanga-Child (Per Sitting)	700	600
016	Sarvanga Bashpa Sweda (Per Sitting)	1200	1000
017	Shashtik Shali Pinda Sweda-Adult (Per Sitting)	1700	1500
018	Shashtik Shali Pinda Sweda-Child (Per Sitting)	1500	1300
019	Shirobasti (7 Days)	14000	11000
020	Taila Dhara (7 Days)	18000	15000
021	Takra Dhara (Per Sitting)	2000	1800
022	Twarita Basti (Per Sitting)	700	600
023	Uttara Basti (Per Sitting)	1700	1500
024	Vamana Karma (12 Days)	6000	5000
025	Virechan Karma (12 Days)	7000	6000
026	Yoga Basti[5A+3N]	14000	12000
027	Kala Basti [10A+6N] 16-Days	22000	20000
028	Karma Basti [18A+12N] 30-Days	35000	32000
029	Snehadhara Sweda+Yoga Basti 14+8 Days	75000	70000
030	Cost of Patrapinda Bundle [Each]	200	200

S.No.	DESCRIPTION	ALL CATEGORIES OF IPD & OPD
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35:01 AMBULANCE

001	UPTO 5 KM (To & Fro)	200
002	MORE THAN 5KM AND UPTO 10 KM (To & Fro)	400
003	BEYOND 10 KM PER KM (To & Fro)	25

- Note :
- (1). Holy Family Hospital's ambulance is meant for the use of the hospital's own patients referred for scanning or transfer to another hospital only.
 - (2). All distance will be on to and fro basis.
 - (3). Waiting charges Rs.100/- per hour. Initial half an hour waiting is free.
 - (4). During the night (in between 6.00PM to 8.00AM) - Rs.100/- per hour will be extra.
 - (5). Ambulance will not be provided to discharged patients.
 - (6) Ambulance will not be used for transporting the dead body.
 - (7) The ambulance will be available for use only within the city limits of Delhi and New Delhi.
 - (8) The ambulance will not be available on Sundays and holidays.

36:01 MORTUARY

1. Any inpatient who has expired in Hospital – Rs.500/- per day.
2. Dead Bodies brought from outside – Rs. 1500/- per day.

37:01 MISCELLANEOUS CHARGES

001	DUPLICATE COPY OF THE BILL	50
002	COMPLITION OF RE-IMBURSEMENT FORM	20

O.P.D.

S.No.	DESCRIPTION	
38:01	O.P.D.(PRIVATE) CONSULTATION (EACH TIME)	
001	CONSULTATION [EACH]	700
003	CONSULTATION [EACH] : HOMEOPATHIC CLINIC	300
39:01	O.P.D.[GENERAL] REGISTRATION (EACH TIME)	
001	NEW REGISTRATION - PER CLINIC	150
002	RE-VISIT REGISTRATION - PER CLINIC	100
003	NEW REGISTRATION - O.B. & WELL BABY CLINIC	150
004	RE-VISIT REGISTRATION - O.B. & WELL BABY CLINIC	100
005	CASUALTY VISIT [EACH TIME]	300
BOOK CHARGES		
006	ISSUE OF CONTINUATION OPD BOOK(On old book completely full)	20
007	ISSUE OF DUPLICATE OPD BOOK	50

40:01 O.B. REGISTRATION CHARGES
(NON REFUNDABLE – NON ADJUSTABLE)

001	O.B. REGISTRATION FOR PR & SPR CATEGORY THROUGH POPD	PR	SPR	NSB	SB
		250	250		
002	O.B. REGISTRATION FOR NSB & SB CATEGORY THROUGH GOPD			150	150

OPD PROCEDURES

41:01 CHEMOTHERAPY CHARGES (In OPD-Casualty Room)

001	CHEMOTHERAPY- BED & NURSING	POP/ Casualty/ GOPD	200
002	CHEMOTHERAPY- GENERAL SUPPLIES		250
003	CHEMOTHERAPY-THERAPY CHARGES		1500

42:01 GROUP : DIALYSIS

		ALL CATEGORIES OF OPD
001	DIALYSIS (PER HAEMODIALYSIS) Package Charges(Artificial Kidney Extra)	1900
002	EXTENDED DIALYSIS (8 HOURS DIALYSIS)	3000
003	Package Charges for JUGULAR CATHETERISATION	2000
004	SUBCLAVIAN CATHETERISATION – Package Charges	2000
005	FEMORAL CATHETERISATION - Package Charges	1200
006	KIDNEY BIOPSY (LAB CHARGES EXTRA)	1200
007	HAEMODIALYSIS CATHETER DRESSING	250
008	FISTULA DRESSING	100
009	US/ECHO GUIDANCE CHARGES FOR JUGULAR/SUBCLAVIAN CANNULATION OR CATHETERISATION	250
010	PERITONEAL DIALYSIS	1800

Note : Haemodialysis includes all consumables and professional charges but it does not include cost of Dialyser (Artificial Kidney), any Investigation charges and other medication.

43:01 O.P.D. Procedures – UROLOGY

		OPD CATEGORY	
		POP/ Casualty	G.O.P.D.
001	BLADDER IRRIGATION	900	700
002	CATHETERIZATION PLAIN (Disposables Extra)	200	200
003	CHANGE OF SUPRA PUBIC CATHETER	1400	1200
004	PARAPHIMOSIS REDUCTION	1400	1200
005	BCG INSTILLATION IN BLADDER	900	700

S.No.	DESCRIPTION	OPD CATEGORY	
		POP/ Casualty	G.O.P.D.
43:02 O.P.D. Procedures – ENT			
001	SYRINGING ENT	600	450
43:03 O.P.D. Procedures – OPHTHALMOLOGY			
001	ORTHOPTIC WORK UP(SINGLE VISIT)	80	60
002	SQUINT WORK UP	120	70
003	REFRACTION	120	100
004	CONVERGENCE EXERCISE (15 DAYS COURSE)	950	600
43:04 O.P.D. Procedures – GYNAE			
001	LOCALISATION OF FOETAL HEART BY USG IN LABOR ROOM	130	80
002	PAP SMEAR TAKING	180	100
003	INTRA UTERINE CONTRACEPTIVE DEVICE (IUCD) REMOVAL – (COPPER T ETC.)	500	400
004	MAC DONALD STITCH REMOVAL	1000	600
44:01 PLASTERING CHARGES			
001	PLASTERING : FOOT/ARM/HAND	750	400
002	PLASTERING : LEG	850	450
003	PLASTERING : HIP	1050	600
004	PLASTERING : BODY CAST	1700	850
005	REPLASTERING ROUTINE (REPAIR)	500	300
<i>NOTE : MATERIAL COST WILL BE EXTRA</i>			
45:01 SKIN PROCEDURES			
001	BIOPSY OF SKIN (LAB CHARGES EXTRA)	900	500
002	BOTOX INJECTION (PER UNIT)	250	250
003	CHEMICAL CAUTERY	700	400
004	CORN REMOVAL (PER CORN) – IN OPD	500	300
005	CORN REMOVAL (PER CORN) – MINOR O.T.	600	400
006	CRYO SURGERY (SINGLE LESION)	800	600
007	CRYO SURGERY (TWO LESION)	1300	900
008	CRYO SURGERY (MULTIPLE LESION)	1700	1200
009	FILLER INJECTION (COST OF FILLER EXTRA)	5000	5000
010	INTRA LESIONAL INJECTION	700	500
011	REMOVAL OF BLACKHEADS	700	400
012	REMOVAL OF MOLUSEUM	700	400
013	SCRAPING	700	400
014	PATCH TESTING - UPTO 4 ANTIGENS	800	600
015	PATCH TESTING - ABOVE 4 ANTIGENS	1400	1200
016	RF CAUTERY	700	400
017	WOODS LAMP EXAMINATION	500	300
46:01 TREATMENT & PROCEDURES – OPD			
001	LUMBAR PUNCTURE	950	500
002	BONE MARROW ASPIRATION/STERNAL PUNCTURE	950	500
003	CUT DOWN/VENESECTION	600	350
004	CENTRAL VENOUS PRESSURE LINE (CETROFIX) INSERTION	950	-----
005	I&D - INCISION & DRAINAGE OF ABSCESS	950	500
006	ENDOTRACHEAL INTUBATION	950	500
007	MINOR SURGICAL PROCEDURE	1200	600
008	CAVAFIX INTRODUCTION	950	-----
009	PLEURAL FLUID ASPIRATION(TAPING)/THORACENTESIS	950	500

46:01 TREATMENT & PROCEDURES – OPD

		OPD CATEGORY	
		POPD/ Casualty	G.O.P.D.
010	ASCITIC FLUID ASPIRATION/PARACENTESIS	950	500
011	INTER COSTAL (TUBE) DRAINAGE [COST OF CHEST TUBE EXTRA]	1200	600
012	INTRA ARTICULAR INJECTION (OPD)– SINGLE JOINT	600	300
013	BIOPSY OF BONE	1200	600
014	BIOPSY OF LIVER (LAB CHARGES EXT.)	1400	700
015	BIOPSY OF MUSCLE (LAB CHARGES EXT.)	1200	600
016	BLADDER WASH	500	300
017	CHANGE OF TRACHEOSTOMY TUBE	800	500
018	CHANGE OF COLOSTOMY BAG	300	200
019	CHEST STRAPPING	300	-----
020	CLOSED REDUCTION – MINOR (IN OPD/CASUALTY)	500	350
021	COPPER SULPHATE CAUTERY	350	200
022	DEBRIDEMENT OF THE WOUND	350	-----
023	DRESSING - MINOR	100	70
024	DRESSING – MEDIUM	200	100
025	DRESSING – MAJOR	350	200
026	EAR PIERCING : BILATERAL	700	400
027	EXCISION OF TOE NAIL (IN OPD/CASUALTY)	500	350
028	EYE SYRINGING & NEEDLING	300	250
029	D.C. (ELECTRIC) SHOCK IN CASUALTY	130	-----
030	FOLEYS CATHETERISATION	200	150
031	FOREIGN BODY (MINOR) REMOVAL (IN CASUALTY)	500	350
032	GASTRIC LAVAGE / STOMACH WASH	1000	700
033	HYDRO CORTIZONE INJ.	400	200
034	I.V.SERVICE CHARGES (COST OF I.V. EXTRA)	30	-----
035	INCIDENTAL ABORTION	1750	1600
036	INJ. GIVING CHARGES	30	20
037	JAW MANNUAL REDUCTION	700	400
038	K-WIRE RAMOVAL (IN OPD)	500	350
039	KNEE ASPIRATION	700	400
040	MANIPULATION MINOR	500	350
041	MANNUAL EVACUATION	500	300
042	MONTOUX TEST	40	30
043	NASAL PACKING (IN CASUALTY)	500	300
044	NEEDLE ASPIRATION (IN OPD) OF MINOR ABSCESS	500	300
045	NON STRESS MONITORING (PER TWO HOURS)	250	150
046	NST -NON STRESS TEST (PER 20 MINUTES)	600	350
047	PROSTATE BIOPSY	1200	800
048	PULLED ELBOW	400	250
049	SIMPLE MANIPULATION	600	350
050	SODIUM NITRATE CAUTERY	400	200
051	SPO2 MONITORING	120	-----
052	SPOT RBS	60	50
053	STRAPPING	100	-----
054	SUPRA PUBIC CATHETERISATION	1300	1100
055	SUTURING UP TO 5 STITCHES	350	200
056	SUTURING ABOVE 5 STICHES EACH STITCH	150	75
057	SYRINGING OR NEEDLING EYE (IN CASUALTY)	250	200
058	TEMPORARY PACING	3700	2000
059	URINE FOR SUGAR/ALBUMIN - TREATMENT	30	30

47:02 GROUP : NURSING PROCEDURES

001	STEAM INHALATION.	30	20
002	NEBULIZATION	80	60
003	SKIN/PELVIC TRACTION APPLICATION	250	170

PHYSIO - THERAPY

48:01 RATES OF PHYSICAL THERAPY TREATMENT

		OPD CATEGORY	
		POPD/ Casualty	G.O.P.D.
001	ANTE-NATAL EXERCISES PER SITTING	220	200
002	ANTENATAL EXERCISE - PACKAGE	850	750
003	BREATHING EXERCISE	90	80
004	CERVICAL TRACTION	120	110
005	CHEST PHYSIO-THERAPY (SINGLE)	140	130
006	COLD PACK (MULTIPLE)	120	110
007	COLD PACK (SINGLE)	90	80
008	COMPRESSION THERAPY (MULTIPLE)	300	270
009	COMPRESSION THERAPY (SINGLE)	250	230
010	CONSULTATION (PHYSIOTHERAPY)	150	100
011	CONTRAST BATH (MULTIPLE)	130	120
012	CONTRAST BATH (SINGLE)	90	80
013	CPM - CONTINUOUS PASSIVE MOVEMENT (SINGLE AREA)	120	110
014	CPM - CONTINUOUS PASSIVE MOVEMENT (TWO AREAS)	180	160
015	ELECTRICAL MUSCLE TESTING (MULTIPLE)	320	290
016	ELECTRICAL MUSCLE TESTING (SINGLE)	210	190
017	EMG BIO-FEEDBACK (SINGLE)	260	230
018	EMG BIO-FEEDBACK (MULTIPLE)	370	330
019	EXERCISE : TEACHING ONLY	120	100
020	EXERCISE SIMPLE	150	140
021	EXERCISE SPECIAL	200	180
022	EXERCISES - MOBILIZATION (SINGLE)	200	180
023	EXERCISES – REHABILITATION	260	230
024	MULTIPLE EXERCISE/EXERCISE WITH ADL TRAINING	250	230
025	GAIT TRAINING	180	160
026	INFRA RED RAY THERAPY (MULTIPLE)	150	130
027	INFRA RED RAY THERAPY (SINGLE)	90	80
028	INFRA RED SAUNA	260	230
029	INTERFERENTIAL THERAPY (SINGLE AREA)	150	140
030	INTERFERENTIAL THERAPY (MORE THAN TWO AREAS)	280	250
031	INTERFERENTIAL THERAPY (TWO AREAS)	230	200
032	LASER -INFRA RED : POINT (MULTIPLE AREA)	260	230
033	LASER -INFRA RED : POINT (SINGLE AREA)	200	180
034	LASER -INFRA RED : SCAN (MULTIPLE AREA)	320	290
035	LASER -INFRA RED : SCAN (SINGLE AREA)	210	190
036	LONG WAVE DIATHERMY (MORE THAN TWO AREAS)	230	210
037	LONG WAVE DIATHERMY (SINGLE AREA)	110	100
038	LONG WAVE DIATHERMY (TWO AREAS)	180	160
039	LUMBAR TRACTION	150	130
040	MANUAL MUSCLE TESTING (MULTIPLE)	270	240
041	MANUAL MUSCLE TESTING (SINGLE)	170	150
042	MICROWAVE DIATHERMY (SINGLE AREA)	140	130
043	MICROWAVE DIATHERMY (TWO AREAS)	200	170
044	NEURO-DEVELOPMENTAL THERAPY	210	190
045	NUGABEST	320	290
046	PACKAGE FOR CHRONIC CASES (ADULT) PER MONTH (20 SESSIONS)	3500	3200
047	PACKAGE FOR ELECTROMODALITY + JOINT MOBILIZATION EXERCISE (10 SESSIONS)	2400	2200

PHYSIO - THERAPY

48:01 RATES OF PHYSICAL THERAPY TREATMENT

		OPD CATEGORY	
		POPD/ Casualty	G.O.P.D.
048	PACKAGE FOR JOINT MOBILISATION WITH ONE HOT/ELECTRO-THERAPY MODALITY (20 SESSIONS)	4400	4000
049	PACKAGE FOR PEDIATRIC CASES PER MONTH (20 SESSIONS)	3500	3200
050	POST NATAL EXERCISES (ALL SESSIONS)(MULTIPLE)	450	400
051	POST OP. CHEST PHYSIO-THERAPY	110	100
052	PULSED S.W.D. (SINGLE AREA)	140	130
053	PULSED S.W.D. (TWO AREAS)	200	170
054	SHORT WAVE DIATHERMY (TWO AREAS)	200	170
055	SHORT WAVE DIATHERMY (SINGLE AREA)	140	130
056	STEAM PACKS(MULTIPLE)	150	130
057	STEAM PACKS(SINGLE)	90	80
058	STIMULATION (NEURO-MUSCULAR) SINGLE	160	140
059	STIMULATION (NEURO-MUSCULAR) MULTIPLE	210	190
060	SUSPENSION THERAPY	130	120
061	TENS (MULTIPLE)	160	150
062	TENS (SINGLE)	100	90
063	TILT TABLE THERAPY	130	120
064	ULTRA SONIC THERAPY (SINGLE AREA)	110	100
065	ULTRA SONIC THERAPY (MORE THAN TWO AREAS)	230	210
066	ULTRA SONIC THERAPY (TWO AREAS)	180	160
067	ULTRA VIOLET THERAPY (MULTIPLE)	160	140
068	ULTRA VIOLET THERAPY (SINGLE)	130	120
069	WAX BATH (MORE THAN TWO AREAS)	190	170
070	WAX BATH (SINGLE AREA)	100	90
071	WAX BATH (TWO AREAS)	160	150
072	EXERCISE + WALKING	250	230
073	HP + EXERCISE	200	180
074	IFT + HP + EXERCISE	280	250
075	IFT + HP + MOBILISATION EXERCISE	320	290
076	IFT + SWD +EXERCISE (MULTIPLE)	350	320
077	IFT + SWD +EXERCISE (SINGLE)	300	270
078	IFT + US + HP + EXERCISE	330	300
079	IFT + US2 + HP + EXERCISE	370	340
080	IFT +US + HP + MOBILISATION EXERCISE	380	340
081	IFT2 + SW2 + EXERCISE	400	360
082	SWD + MOBILISATION EXERCISE	270	240
083	SWD + US + EXERCISE	280	260
084	SWD + US + MOBILISATION EXERCISE	330	300
085	SWD + US2 + CTR + EXERCISE	380	340
086	WAX + MOBILISATION EXERCISE	250	230

NOTE : For OPD patients, if more than one modality of physiotherapy will be performed in single sitting, the charges of higher modality will be charged in full and rest of the modalities will be charged half.

PACKAGE CHARGES FOR MINOR O.T. PROCEDURES

S.No.	DESCRIPTION	OPD CATEGORY	
		POPD/ Casualty	G.O.P.D.
49:01	<u>ENT : MINOR O.T. PROCEDURES</u>		
1	ANT. NASAL PACK	3500	2300
2	ANTRAL WASH : U/L OR B/L	3500	2300
3	BIOPSY OF CHEEK OR TONGUE : U/L OR B/L	3500	2300
4	CAUTERY OF NASAL BLEEDERS WITH PACKING	4600	3150
5	CAUTERY PATCHING EAR	4600	3150
6	CHANGE OF TRACHEOSTOMY TUBE	2300	1650
7	DIAGNOSTIC NASAL ENDOSCOPY	2300	1650
8	EUM -EXAMINATION UNDER MICROSCOPE	600	450
9	EXCISION OF TONGUE TIE	3500	2300
10	FOREIGN BODY REMOVAL-(NOSE/EAR)	2900	2000
11	FOREIGN BODY THROAT(FISH BONE)	3500	2300
12	LARYNGOSCOPY – FIBER OPTIC	3500	2300
13	MYRINGOTOMY FOR ASOM	1200	900
14	NASAL BIOPSY	1200	900
15	NASAL PACK REMOVAL	1200	900
16	SPLIT EAR LOBULE – BILATERAL	4600	3150
17	SPLIT EAR LOBULE – UNILATERAL	3500	2300

49:02 GENERAL SURGERY : MINOR O.T. PROCEDURES

1	ASPIRATION OF SUPERFICIAL COLD ABSCESS	1650	1200
2	AVULSION OF TOE NAIL – B/L	2900	2000
3	AVULSION OF TOE NAIL – U/L	1650	1200
4	BIOPSY OF BREAST	6900	4600
5	DEBRIDEMENT – SMALL	3500	2300
6	DRAINAGE OF SMALL ABSCESS	1650	1200
7	EXCISION BIOPSY – SMALL	2300	1650
8	EXCISION OF SEBACEOUS CYST	3500	2300
9	EXCISION OF SMALL SUPERFICIAL SOFT TISSUE MASS/TUMOUR	6400	4300
10	GLAND BIOPSY	6400	4300
11	I & D OF BREAST ABSCESS	5800	4100
12	LYMPH NODE BIOPSY	6400	4300
13	NEEDLE ASPIRATION OF ABSCESS	2300	1650
14	REMOVAL OF SUPERFICIAL FOREIGN BODY LIMBS – MINOR	2900	2000
15	RESUTURING OF SMALL ABDOMINAL WOUND	4100	2900
16	SCLEROTHERAPY : (INJ. FOR PILES)	1200	900

Note : Charges for Lab will be extra wherever is applicable.

49:03 OB./ GYN : Minor O.T. PROCEDURES

1	CERVICAL BIOPSY	3500	2500
2	COLPOSCOPY DIAGNOSTIC	1200	900
3	COLPOSCOPY WITH PUNCH BIOPSY	4100	3100
4	COLPOSCOPY WITH PUNCH BIOPSY WITH CRYO CAUTERY	5500	4100
5	CRYO-CAUTERY	2900	2000
6	D. & C. OR D.& E.	3500	2300
7	ENDOCERVICAL CURRETTINGS	3500	2300
8	ENDOMETRIAL ASPIRATION	3500	2300
9	ENDOMETRIAL BIOSPY	3500	2300
10	ENDOMETRIAL BRUSH CYTOLOGY	1200	900

S.No.	DESCRIPTION	OPD CATEGORY	
		POPD/ Casualty	G.O.P.D.
49:03 OB./ GYN : Minor O.T. PROCEDURES			
11	HPV-DNA COLLECTION CHARGES (Charges for Kit & Lab Extra)	900	650
12	HYDRO TUBATION : PER SITTING (MED. COST EXT.)	1200	900
13	INCIDENTAL DELIVERY INCLUDING SUTURING	5000	3750
14	POLYP REMOVAL	2900	2000
15	RESUTURING OF EPISIOTOMY	2900	2000
16	RESUTURING OF SMALL ABDOMINAL WOUNDS	2900	2000
17	SUTURING OF SMALL TEARS OVER PERINIUM, VAGINA AND LABIA	2900	2000

Note : 1. Charges for Lab. will be extra wherever is applicable.

49:04 OPHTHALMOLOGY : MINOR O.T. PROCEDURES			
1	CHALAZION – SINGLE EYE LID	4200	2850
2	CHALAZION – BOTH EYE LID OR MULTIPLE	5800	4100
3	DRAINAGE OF LID ABSCESS	3300	2200
4	FOREIGN BODY REMOVAL	1500	1000
5	SYRINGING	1200	900

49:05 ORTHO : Minor O.T.			
1	CLOSED REDUCTION MANIPULATION : LOWER EXTREMITY*	3500	2300
2	CLOSED REDUCTION MANIPULATION : UPPER EXTREMITY*	2400	1650
3	DRESSING : MAJOR (IN MINOR O.T.) *	1200	900
4	DRESSING : MINOR (IN MINOR O.T.) *	600	450
5	DYNAMISATION OF I.M.NAIL	2400	1650
6	EXCISION OF GANGLION / SOFT TISSUE MASS	6400	4300
7	EXCISION OF TOE/FINGER NAIL	2300	1650
8	INTRA ARTICULAR INJECTION/ASPIRATION (IN MINOR O.T.) – SINGLE JOINT**	1650	1200
9	PELVIC EXTERNAL FIXATOR***	6400	4300
10	REMOVAL OF WIRE AND MINOR IMPLANTS	1650	1200
11	TENDO-ACHILLIS TENOTOMY – B/L	8200	5300
12	TENDO-ACHILLIS TENOTOMY – U/L	4850	3300

Note : 1. * Cost of P.O.P. and other materials will be extra wherever is applicable.
 2. ** Cost of Injectable extra
 3. *** Charges for Implant will be extra.
 4. Cost of Medicine and injections will be extra wherever will be used.

49:06 PLASTIC SURGERY : MINOR O.T. PROCEDURES			
1	ARCH BAR REMOVAL	3500	2300
2	EXCISION OF CYST MULTIPLE	8700	5800
3	EXCISION OF CYST SINGLE	4400	2900
4	EXCISION OF KELOID – SMALL	6900	4600
5	EXCISION OF MOLE-FACE	4400	2900
6	FACIOCUTANEOUS FLAP REPAIR - SMALL	8700	5800
7	FULL THICKNESS GRAFT – SMALL	10000	6700
8	HAIR TRANSPLANT : LARGE AREA (1000 Grafts)	89000	89000
9	HAIR TRANSPLANT : MEDIUM AREA (Upto 500 Grafts)	57000	57000
10	HAIR TRANSPLANT : SMALL AREA (<100 Grafts)	24000	24000
11	LOCAL FLAP – MINOR	5800	4100
12	MINOR AMPUTATION – TOE, DIGIT ETC.	6900	4600
13	MINOR IMPLANT REMOVAL – WIRE ETC.	3500	2300
14	REPAIR OF ONE FINGER	5800	4100
15	REPAIR OF PINNA	5800	4100

S.No.	DESCRIPTION	OPD CATEGORY	
		POPD/ Casualty	G.O.P.D.
49:06	<u>PLASTIC SURGERY : MINOR O.T. PROCEDURES</u>		
16	SIMPLE SCAR EXCISION	10000	6700
17	SIMPLE Z PLASTY	9200	6200
18	SKIN GRAFTING – SMALL	8200	5300
19	SMALL NEVUS	6900	4600
20	SPLIT EAR LOBULE – BILATERAL	4600	3150
21	SPLIT EAR LOBULE – UNILATERAL	3500	2300
22	WOUND REPAIR SMALL	3500	2300

Note : Charges for Lab will be extra wherever is applicable.

49:07 <u>UROLOGY : MINOR O.T. PROCEDURES</u>			
1	BIOSPY GROWTH ON PENIS OR SCROTUM	3500	2300
2	CIRCUMCISION	6400	4300
3	DORSAL SLIT	3300	2200
4	MEATOTOMY	3500	2300
5	ORCHIDECTOMY – B/L OR U/L	6500	4300
6	PROSTATIC BIOPSY *	5350	3650
7	TESTICULAR BIOPSY	5800	4100
8	TROCAR SPC**	6900	4600
9	URETHRAL DILATATION	3750	2400

Note : * Charges for TRU-CUT BIOPSY GUN will be Extra.

****Charges for SUPRA-CATH will be extra.**

Charges for Lab will be extra wherever is applicable.

49:08 <u>THORACIC SURGERY : Minor O.T.</u>			
1	CHEST ASPIRATION	3500	2300
2	BRONCHOSCOPY WITH OR WITHOUT F.B.REMOVAL	5800	4100

NOTE : 1. Charges for Lab. will be extra wherever is applicable.

2. Cost of CHEST TUBE is extra.

49:09 PEDIATRIC SURGERY : Minor O.T.

49:09A <u>PEDIATRIC SURGERY : GENERAL SURGERY</u>			
1	ASPIRATION OF SUPERFICIAL COLD ABSCESS	1650	1200
2	AVULSION OF TOE NAIL – B/L	2900	2000
3	AVULSION OF TOE NAIL – U/L	1650	1200
4	CATHETERISATION & MCU	2300	1650
5	DEBRIDEMENT – SMALL	3500	2300
6	DRAINAGE OF SMALL ABSCESS	1650	1200
7	DRESSING : MAJOR	1200	900
8	DRESSING : MINOR	600	450
9	EXCISION OF SEBACEOUS CYST	3500	2300
10	EXCISION OF SMALL SUPERFICIAL SOFT TISSUE MASS/TUMOUR	6400	4300
11	GLAND BIOPSY	6400	4300
12	I & D OF BREAST ABSCESS	5800	4100
13	LABIAL ADHESIONS	2300	1650
14	LYMPH NODE BIOPSY	6400	4300
15	NEEDLE ASPIRATION OF ABSCESS	2300	1650
16	PREPUTIAL DILATATION	2300	1650
17	REMOVAL OF SUPERFICIAL FOREIGN BODY LIMBS – MINOR	2900	2000
18	RESUTURING OF SMALL ABDOMINAL WOUND	4100	2900
19	UMBILICAL GRANULOMA	1750	1200

Note : Charges for Lab will be extra wherever is applicable.

S.No.	DESCRIPTION	OPD CATEGORY	
		POPD/ Casualty	G.O.P.D.
49:09B PEDIATRIC SURGERY : ENT			
1	EXCISION OF TONGUE TIE	3500	2300
2	SPLIT EAR LOBULE – UNILATERAL	3500	2300
49:09C PEDIATRIC SURGERY : PLASTIC			
1	EXCISION OF CYST MULTIPLE	8700	5800
2	EXCISION OF CYST SINGLE	4400	2900
3	LOCAL FLAP – MINOR	5800	4100
4	MINOR AMPUTATION – TOE, DIGIT ETC.	6900	4600
5	SIMPLE Z PLASTY	9200	6200
6	SMALL NEVUS	6900	4600
49:09D PEDIATRIC SURGERY : UROLOGY			
1	BIOSPY GROWTH ON PENIS OR SCROTUM	3500	2300
2	CIRCUMCISION*	6400	4300
3	DORSAL SLIT	3300	2200
4	TROCAR SPC**	6900	4600
5	URETHRAL DILATATION	3750	2400
49:09E PEDIATRIC SURGERY : THORACIC			
1	CHEST ASPIRATION – DIAGNOSTIC	3500	2300
2	CHEST ASPIRATION – THERAPUTIC	4600	3150

Note : 1. * Charges for Plasti-Bell will be extra.
2. ** Charges for Supra-Cath will be extra.

Note : 1. Charges for Lab. will be extra wherever is applicable.
2. Cost of CHEST TUBE is extra.

49:10 MINOR O.T. PROCEDURE CHARGES : PRIVATE PATIENTS

- 1 The doctor is free to charge a differential fee for their Pvt. Patients.
- 2 Charges for the O.T and Local Anesthesia will be 25% of the surgical fee.
- 3 The disposables will be charged on actual.
- 4 Lab. Charges will be extra wherever applicable.

MISCELLANEOUS CHARGES

50:01 GROUP : DUPLICATE PRINTING

001	DUPLICATE RECEIPTS PRINT	10
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NOTE : *The hospital reserves the right to modify the above mentioned charges without prior notice whenever it deems necessary.*