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General Information:

1. Accommodation Categories:-

ACCOMMODATION CATEGORIES :-

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

PR, SPR and NSB accommodations will be offered to Credit Facility and Reimbursable cases. SB category is only for non-reimbursable cases.

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 calendar 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) Patients admitted in **labor room** will be charged same as their booked accommodation's room / bed charges irrespective of where they are accommodated in the labor room.
- (f) Check out time is 11:00AM.
- (g) 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, 1st 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) 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, doctor/s visits, Nursing Care and any other professional fees 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.

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.

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

01:01 ROOM / BED AND BOARD

001	ROO001	ROOM / BED AND BOARD : PER DAY	4200	2650	1600	950
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NOTE: The Room / Bed Charges are inclusive of Nursing Care.

02:01 CCU/ICU/PED ICU/POST OP. ICU AND BOARD CHARGES

001	ICU001	ICU / CCU AND BOARD CHARGES : PER DAY	5250	5250	5250	5250
002	ICU002	PED. ICU / 305 AND BOARD CHARGES : PER DAY	1800	1800	1800	1800
003	ICU003	INTENSIVE NURSING CARE UNIT - 415	2400	2400	2400	2400
004	SIC001	P.OP. ICU / SEMI ICU AND BOARD CHARGES : PER DAY	4200	4200	4200	4200

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

			PR/SPR/NSB			SB
001	OXY001	BY HOOD/MASK (PER DAY)		425		325
002	OXY002	BY NASAL CATHETER (PER DAY)		325		175
003	OXY003	BY HOOD/MASK (LESS THAN 6 HOURS)		275		150

04:01 VENTILATOR

001	VEN002	BI-PAP / C PAP		1500		1000
002	VEN003	INFANT VENTILATOR		1850		1200
003	VEN001	VENTILATOR PER DAY		2200		1400

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

			PR	SPR	NSB	SB
001	NUR001	NEO NATAL UNIT (NNU) - NURSERY : PER DAY	1200	1200	1200	1200

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

05:02 PHOTO THERAPY

001	NUR005	PHOTO THERAPY : DOUBLE - PER DAY	600	500	400	250
002	NUR002	PHOTO THERAPY : SINGLE - PER DAY	500	400	300	200

05:03 INCUBATOR / OPEN CARE

001	NUR003	INCUBATOR : PER DAY	650	550	450	300
002	NUR004	OPEN CARE : PER DAY	650	550	450	300
003	NUR006	WARMER CARE : PER DAY	400	350	300	200

HOSPITAL DOCTOR'S FEE

06:01 VISITS : MEDICAL CARE - PER DAY

001	MED005	VISITS : MEDICAL CARE : PER DAY	700	600	500	300
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06:02 CONSULTATION

001	MED006	CONSULTATION (EACH)	700	600	500	300
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SURGICAL FEE

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:01 GENERAL SURGERY						
001	GES037	ADRENALECTOMY	21000	16800	12600	8400
002	GES001	APPENDICECTOMY	12600	10100	7550	5050
003	GES018	ASPIRATION OF SUPERFICIAL COLD ABSCESS	2400	1900	1450	950
004	GES021	AXILLARY LYMPH NODE BIOPSY	7300	5800	4400	2900
005	GES042	BLOCK DISSECTION NECK	24200	19400	14500	9700
006	GES112	CAECOSTOMY	10900	8700	6550	4350
007	GES002	CHOLECYSTECTOMY WITH DUCT EXPLORATION	21800	17450	13100	8700
008	GES013	COLECTOMY WITH ILEOSTOMY	21800	17450	13100	8700
009	GES048	COLOSTOMY	12100	9650	7250	4850
010	GES055	COLOSTOMY / ILEOSTOMY CLOSURE	14500	11600	8700	5800
011	GES058	DEBRIDEMENT(LARGE)	6100	4850	3700	2400
012	GES098	DEBRIDEMENT(MEDIUM)	4900	3900	2900	1950
013	GES059	DEBRIDEMENT(SMALL)	3700	2950	2200	1500
014	GES087	DELTOID MUSCLE BIOPSY	4900	3900	2900	1950
015	GES091	DIAGNOSTIC LAPAROSCOPY ONLY	8400	6700	5050	3350
016	GES092	DIAGNOSTIC LAPAROSCOPY WITH BIOPSY	13400	10700	8000	5350
017	GES093	DIAGNOSTIC LAPAROSCOPY WITH MULTIPLE BIOPSIES	15800	12600	9500	6300
018	GES053	DIVERTICULECTOMY	12100	9650	7250	4850
019	GES102	DRAINAGE OF LARGE & DEEP ABSCESS	4900	3900	2900	1950
020	GES017	DRAINAGE OF SMALL ABSCESS	2400	1900	1450	950
021	GES085	DRAINAGE OF LARGE INTRA ABDOMINAL ABSCESS	12100	9650	7250	4850
022	GES035	DUODENAL DIVERTICULAM	24200	19400	14500	9700
023	GES022	EXCISION BIOPSY-SUPERFICIAL LUMPS	7300	5800	4400	2900
024	GES099	EXCISION OF CARBUNCLE	14500	11600	8700	5800
025	GES110	EXCISION OF DERMOID CYST	8400	6700	5050	3350
026	GES111	EXCISION OF GLOMUS TUMOR (WITH OR WITHOUT EXCISION OF NAIL)	8400	6700	5050	3350
027	GES060	EXCISION OF LARGE SUPERFICIAL SOFT TISSUE MASS /TUMOUR	14500	11600	8700	5800
028	GES100	EXCISION OF MEDIUM SUPERFICIAL SOFT TISSUE MASS/ TUMOUR	10900	8700	6550	4350
029	GES032	EXCISION OF MESENTERIC CYST	16800	13450	10100	6700
030	GES046	EXCISION OF PILONIDAL SINUS	13350	10700	8000	5350
031	GES056	EXCISION OF SEBACEOUS CYST	4900	3900	2900	1950
032	GES033	EXCISION OF SMALL INTESTINAL FISTULA	16800	13450	10100	6700
033	GES101	EXCISION OF SMALL SUPERFICIAL SOFT TISSUE MASS /TUMOUR	8400	6700	5050	3350
034	GES049	EXCISION OF SUBMANDIBULAR GLAND	10300	8250	6200	4100
035	GES086	EXP.LAP.RESECTION OF LIVER SEG.-EXCISION OF UMBILICAL PORT	24200	19400	14500	9700
036	GES084	EXP.LAPAROTOMY+CHOLEDOCHLITHOTOMY + CHOLEDOCHO DUODENOSTOMY	24200	19400	14500	9700
037	GES003	EXPLORATORY LAPAROTOMY ONLY	9700	7800	5800	3900
038	GES114	EXP. LAPAROTOMY WITH DUODENAL PERFORATION CLOSURE	21800	17450	13100	8700
039	GES115	EXP. LAP. WITH EXCISION / DEBULKING OF INTRA-ABDOMINAL TUMOR – MAJOR	29000	23200	17400	11600
040	GES095	FASCIOTOMY - MULTIPLE (WITH DRAINAGE OF DISCHARGING SINUS)	14500	11600	8700	5800
041	GES103	FASCIOTOMY – REDO	7300	5800	4400	2900
042	GES104	FASCIOTOMY – REDO (MULTIPLE)	10900	8700	6550	4350

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:01	GENERAL SURGERY					
043	GES094	FASCIOTOMY (WITH DRAINAGE OF DISCHARGING SINUS)	9700	7800	5800	3900
044	GES116	FEEDING JEJUNOSTOMY	8400	6700	5050	3350
045	GES004	GASTRECTOMY	20500	16400	12300	8200
046	GES005	GASTRECTOMY WITH VAGOTOMY	21800	17450	13100	8700
047	GES006	GASTROJEJUNOSTOMY	16800	13450	10100	6700
048	GES007	GASTROJEJUNOSTOMY WITH VAGOTOMY	19300	15450	11550	7700
049	GES008	GASTROSTOMY	12100	9650	7250	4850
050	GES031	GLAND BIOPSY	6100	4850	3700	2400
051	GES044	HEMI THYROIDECTOMY	16800	13450	10100	6700
052	GES012	HEMICOLECTOMY	21800	17450	13100	8700
053	GES109	HEMIGLOSSECTOMY	23100	18450	13850	9250
054	GES069	HIGHLY SELECTIVE VAGOTOMY	14500	11600	8700	5800
055	GES025	ILEOTRANSVERSE COLOSTOMY	18200	14600	10900	7300
056	GES057	INTESTINAL OBSTRUCTION	16800	13450	10100	6700
057	GES024	INTESTINAL PERFORATION	16800	13450	10100	6700
058	GES105	INTESTINAL RESECTION WITH ANASTOMOSIS – MULTIPLE	21800	17450	13100	8700
059	GES009	INTESTINAL RESECTION WITH ANASTOMOSIS – SINGLE	16800	13450	10100	6700
060	GES061	LAPAROSCOPIC APPENDICECTOMY	14500	11600	8700	5800
061	GES052	LAPAROSCOPIC CHOLECYSTECTOMY	18200	14600	10900	7300
062	GES062	LAPAROSCOPIC DEROOFING OF NON-HYDATID LIVER CYST	20500	16400	12300	8200
063	GES067	LAPAROSCOPIC DRAINAGE OF INTRA-ABDOMINAL COLLECTION	18200	14600	10900	7300
064	GES063	LAPAROSCOPIC DRAINAGE OF LIVER ABCESS	19300	15450	11550	7700
065	GES068	LAPAROSCOPIC DUODENAL PERFORATION CLOSURE	21800	17450	13100	8700
066	GES064	LAPAROSCOPIC GASTRIC PERFORATION CLOSURE	21800	17450	13100	8700
067	GES065	LAPAROSCOPIC GASTRO-JEJUNOSTOMY (GJ)	21800	17450	13100	8700
068	GES066	LAPAROSCOPIC TRUNCAL VAGOTOMY AND GASTRO JEJUNOSTOMY	24200	19400	14500	9700
069	GES070	LAPAROTOMY AND BOWEL RESECTION FOR INTUSSUSCEPTION	16800	13450	10100	6700
070	GES071	LAPAROTOMY AND CLOSURE OF INTESTINAL PERFORATION	16800	13450	10100	6700
071	GES073	LAPAROTOMY AND DIVISION OF INTRA-ABDOMINAL ADHESIONS/BANDS	16800	13450	10100	6700
072	GES072	LAPAROTOMY AND REDUCTION OF INTUSSUSCEPTION	14500	11600	8700	5800
073	GES074	LEFT HEPATECTOMY	26600	21300	16000	10650
074	GES075	LEFT LIVER LOBECTOMY	29000	23200	17400	11600
075	GES047	LIGATION OF VARICOSE VEINS : UNILATERAL	12100	9650	7250	4850
076	GES113	LUMBAR PUNCTURE IN O.T.	2300	1850	1400	900
077	GES020	LYMPH NODE BIOPSY	6100	4850	3700	2400
078	GES011	LYSIS OF ADHESION WITH BOWEL RESECTION WITH ANASTOMOSIS	16800	13450	10100	6700
079	GES010	LYSIS OF INTESTINAL ADHESION	13400	10700	8000	5350
080	GES076	MULTIPLE INTESTINAL RESECTION WITH ANASTOMOSIS	24200	19400	14500	9700
081	GES096	NEEDLE ASPIRATION OF ABSCESS	3700	2950	2200	1500
082	GES039	OESOPHAGO GASTRECTOMY	26600	21300	16000	10650
083	GES054	OMENECTOMY	14500	11600	8700	5800
084	GES082	OPEN CHOLECYSTECTOMY	18200	14600	10900	7300
085	GES106	OPEN CHOLECYSTECTOMY WITH CBD EXPLORTION	20500	16400	12300	8200
086	GES038	OPERATION FOR PANCREAS	26600	21300	16000	10650
087	GES040	PANCREATICO DUODONECTOMY	26600	21300	16000	10650
088	GES083	PARATHYROID ADENOMA WITH HEMI THYROIDECTOMY	21800	17450	13100	8700

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:01	GENERAL SURGERY					
089	GES045	PARATHYROIDECTOMY	16800	13450	10100	6700
090	GES041	PAROTIDECTOMY	21800	17450	13100	8700
091	GES027	PARTIAL SUBTOTAL GASTRECTOMY CA./ULCER	21800	17450	13100	8700
092	GES014	PYLOROMYOTOMY (RAMSTEDT'S)	14500	11600	8700	5800
093	GES015	PYLOROPLASTY WITH VAGOTOMY	16800	13450	10100	6700
094	GES077	RADICAL CHOLECYSTECTOMY	26600	21300	16000	10650
095	GES036	RECURRENT INTESTINAL OBSTRUCTION	16800	13450	10100	6700
096	GES088	REMOVAL OF DEEP FOREIGN BODY-LIMBS	14500	11600	8700	5800
097	GES108	REMOVAL OF MESH & TACKERS	11600	9300	7000	4650
098	GES089	REMOVAL OF SUPERFICIAL FOREIGN BODY-LIMBS	8400	6700	5050	3350
099	GES107	REMOVAL OF SUPERFICIAL FOREIGN BODY-LIMBS -MINOR	4900	3900	2900	1950
100	GES029	REPAIR OF COMMON BILE DUCT (C.B.D.)	21800	17450	13100	8700
101	GES078	RESUTURING OF WOUNDS - LARGE	6100	4850	3700	2400
102	GES050	RESUTURING OF WOUNDS - SMALL	4200	3350	2500	1700
103	GES090	SCLEROTHERAPY	6100	4850	3700	2400
104	GES051	SECONDARY SUTURING OF ABDOMINAL WALL	9700	7800	5800	3900
105	GES026	SIGMOID DIVERTICULUM	18200	14600	10900	7300
106	GES016	SPLENECTOMY	19300	15450	11550	7700
107	GES079	SUB-TOTAL COLECTOMY	21800	17450	13100	8700
108	GES019	SUTURING OF SMALL WOUNDS	3000	2400	1800	1200
109	GES043	THYROIDECTOMY TOTAL	21800	17450	13100	8700
110	GES030	TOTAL COLECTOMY	26600	21300	16000	10650
111	GES028	TOTAL GASTRECTOMY FOR CA.	29000	23200	17400	11600
112	GES023	TRUCUT NEEDLE BIOPSY	3700	2950	2200	1500
113	GES080	TRUNCAL VAGOTOMY AND GASTRO JEJUNOSTOMY	20500	16400	12300	8200
114	GES081	TRUNCAL VAGOTOMY AND PYLOROPLASTY	21800	17450	13100	8700

07:02 GROUP : HERNIA SURGERY

001	HES013	ABDOMINOPLASTY WITH MESH	19300	15450	11550	7700
002	HES008	EPIGASTRIC HERNIA	14500	11600	8700	5800
003	HES009	FEMORAL HERNIA	14500	11600	8700	5800
004	HES010	HIATUS HERNIA	18200	14600	10900	7300
005	HES014	HYDROCELECTOMY : BILATERAL	12700	10150	7600	5100
006	HES006	HYDROCELECTOMY : UNILATERAL	8400	6700	5050	3350
007	HES017	INCISIONAL HERNIA REPAIR WITH ABDOMINOPLASTY	26600	21300	16000	10650
008	HES036	INCISIONAL HERNIA REPAIR WITH MESH	16800	13450	10100	6700
009	HES018	INGUINAL HERNIA - BILATERAL	14500	11600	8700	5800
010	HES001	INGUINAL HERNIA : UNILATERAL	12100	9650	7250	4850
011	HES015	INGUINAL HERNIA WITH MESH REPAIR : BILATERAL	19300	15450	11550	7700
012	HES012	INGUINAL HERNIA WITH MESH REPAIR : UNILATERAL	14500	11600	8700	5800
013	HES002	INGUINAL HERNIA WITH ORCHIDECTOMY	14500	11600	8700	5800
014	HES029	LAPAROSCOPIC TOTAL EXTRA PERITONEAL MESH - (TEP) - UNILATERAL	18200	14600	10900	7300
015	HES020	LAPAROSCOPIC EPIGASTRIC HERNIA REPAIR-INLAY MESH	16800	13450	10100	6700
016	HES019	LAPAROSCOPIC EPIGASTRIC HERNIA REPAIR-ONLAY MESH	16800	13450	10100	6700

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:02 GROUP : HERNIA SURGERY						
017	HES021	LAPAROSCOPIC FUNDOPLICATION(DOR'S)	20500	16400	12300	8200
018	HES022	LAPAROSCOPIC FUNDOPLICATION(NISSEN)	20500	16400	12300	8200
019	HES023	LAPAROSCOPIC INGUINAL HERNIORRHAPHY BILATERAL	16800	13450	10100	6700
020	HES024	LAPAROSCOPIC INGUINAL HERNIORRHAPHY UNILATERAL	13400	10700	8000	5350
021	HES025	LAPAROSCOPIC INGUINAL HERNIORRHAPHY+MESH BILATERAL	21800	17450	13100	8700
022	HES026	LAPAROSCOPIC INGUINAL HERNIORRHAPHY+MESH UNILATERAL	16800	13450	10100	6700
023	HES027	LAPAROSCOPIC LUMBAR HERNIA REPAIR	21800	17450	13100	8700
024	HES028	LAPAROSCOPIC TOTAL EXTRA- (TEP) BILATERAL	21800	17450	13100	8700
025	HES030	LAPAROSCOPIC UMBILICAL HERNIA REPAIR- ONLAY MESH	18200	14600	10900	7300
026	HES031	NISSEN FUNDOPLICATION AND HIATUS HERNIA REPAIR	20500	16400	12300	8200
027	HES007	ORCHIDECTOMY : UNILATERAL OR BILATERAL	12100	9650	7250	4850
028	HES003	RECURRENT HERNIA (INCISIONAL) BILATERAL	16800	13450	10100	6700
029	HES032	RECURRENT HERNIA (INCISIONAL) UNILATERAL	14500	11600	8700	5800
030	HES033	RECURRENT HERNIA WITH MESH BILATERAL	21800	17450	13100	8700
031	HES034	RECURRENT HERNIA WITH MESH UNILATERAL	19300	15450	11550	7700
032	HES011	STRANGULATED HERNIA	16800	13450	10100	6700
033	HES005	UMBILICAL HERNIA	12100	9650	7250	4850
034	HES035	UMBILICAL HERNIA REPAIR WITH MESH	16800	13450	10100	6700
035	HES004	VENTRAL HERNIA (INCISIONAL)	14500	11600	8700	5800

07:03 GROUP : BREAST SURGERY

001	BRS001	BIOPSY OF BREAST	6100	4850	3700	2400
002	BRS006	EXCISION OF MAMMARY FISTULA	9000	7200	5400	3600
003	BRS002	EXCISION OF SMALL FIBROADENOMA	7300	5800	4400	2900
004	BRS003	I. & D. OF BREAST ABSCESS	5500	4400	3300	2200
005	BRS008	LUMPECTOMY – LARGE	9700	7800	5800	3900
006	BRS010	LUMPECTOMY – SMALL	7300	5800	4400	2900
007	BRS005	MASTECTOMY RADICAL WITH AUX. LYMPH NODES	21800	17450	13100	8700
008	BRS004	MASTECTOMY SIMPLE	14500	11600	8700	5800
009	BRS007	SEGMENTAL RESECTION OF BREAST	9000	7200	5400	3600
010	BRS009	WIDE EXCISION BIOPSY OF BREAST	10900	8700	6550	4350

07:04 GROUP : RECTAL SURGERY

001	RES007	ABDOMINAL PERINEAL RESECTION FOR CA. RECTUM	29000	23200	17400	11600
002	RES002	ANAL DILATATION	6100	4850	3700	2400
003	RES008	ANTERIOR RESECTION	19300	15450	11550	7700
004	RES009	ANTERIOR RESECTION WITH TOTAL MESORECTAL EXCISION	21800	17450	13100	8700
005	RES001	FISSURECTOMY	9700	7800	5800	3900
006	RES003	FISTULECTOMY	12100	9650	7250	4850
007	RES004	HAEMORRHOIDECTOMY	13400	10700	8000	5350
008	RES005	I. & D. OF ISCHIO-RECTAL ABSCESS	7300	5800	4400	2900
009	RES011	PERIANAL ABSCESS DRAINAGE	6100	4850	3700	2400
010	RES006	RECTAL POLYP EXCISION	4900	3900	2900	1950
011	RES010	STAPLED HAEMORRHOIDECTOMY	14500	11600	8700	5800

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:05	GROUP : O.B. & GYNAE - OPEN SURGERY					
001	OGS012	ABDOMINAL HYSTERECTOMY	20500	16400	12300	8200
002	OGS016	ANTERIOR & POSTERIOR COLPORRHAPHY	10300	8250	6200	4100
003	OGS060	ANTERIOR COLPORRAPHY	8400	6700	5050	3350
004	OGS063	CAUTERY OF VAGINAL VAULT GRANULOMA	1200	950	700	500
005	OGS088	CERVICAL EXPLORATION WITHOUT BIOPSY	3700	2950	2200	1500
006	OGS089	CERVICAL EXPLORATION WITH BIOPSY	4900	3900	2900	1950
007	OGS033	COMPLETE PERINEAL TEAR REPAIR	6100	4850	3700	2400
008	OGS066	CONE BIOPSY OF CERVIX	7300	5800	4400	2900
009	OGS032	CRYOSURGERY	7300	5800	4400	2900
010	OGS008	D. & C. WITH CERVIX BIOPSY	4200	3350	2500	1700
011	OGS049	D. & C. WITH POLYPECTOMY	4200	3350	2500	1700
012	OGS009	DILATATION & CURETTAGE (D.& C.)	3700	2950	2200	1500
013	OGS007	DILATATION & EVACUATION (D. & E.)	3700	2950	2200	1500
014	OGS028	DRAINAGE OF ABSCESS BARTHOLINS CYST	4900	3900	2900	1950
015	OGS006	E.U.A. (EXAMINATION UNDER ANEASTHESIA)	3000	2400	1800	1200
016	OGS070	END TO END FALLOPIAN TUBAL RECANALISATION / ANASTOMOSIS – UNILATERAL OR BILATERAL	19300	15450	11550	7700
017	OGS025	EXCISION LABIAL CYST / BARTHOLINS CYST	7300	5800	4400	2900
018	OGS073	EXCISION OF VAGINAL WALL CYST	7300	5800	4400	2900
019	OGS075	FOREIGN BODY REMOVAL FROM VAGINA	3700	2950	2200	1500
020	OGS040	FOTHERGILS / MANCHESTER OPERATION FOR UTERINE PROLAPSE	12100	9650	7250	4850
021	OGS078	HEMATOCOLPOS DRAINAGE / COLPOTOMY	6100	4850	3700	2400
022	OGS037	HEMATOMA DRAINAGE	3700	2950	2200	1500
023	OGS038	HYMENECTOMY	3700	2950	2200	1500
024	OGS058	HYSTEROTOMY	14500	11600	8700	5800
025	OGS046	I & D OF LABIAL ABCESS UNILATERAL OR BILATERAL	4900	3900	2900	1950
026	OGS061	INTERNAL ILIAC ARTERY LIGATION	9700	7800	5800	3900
027	OGS021	L.S.C.S.	15100	12100	9050	6050
028	OGS018	L.S.C.S. WITH HYSTERECTOMY	21800	17450	13100	8700
029	OGS090	LSCS WITH PREVIOUS SCAR	18900	15100	11350	7550
030	OGS017	L.S.C.S. WITH TUBECTOMY	16800	13450	10100	6700
031	OGS048	LAPROTOMY & REPOSITIONING OF UTERUS(HAULTENS TECH.)	16800	13450	10100	6700
032	OGS034	LAPROTOMY FOR ECTOPIC PREGNANCY	14500	11600	8700	5800
033	OGS041	LAPROTOMY FOR TWISTED OVARIAN	14500	11600	8700	5800
034	OGS015	MAC DONALD STITCH / CERVICAL ENCIRCLAGE	6100	4850	3700	2400
035	OGS036	MANUAL REMOVAL OF PLACENTA	3700	2950	2200	1500
036	OGS069	MANUAL REMOVAL OF PLACENTA IN OT	4900	3900	2900	1950
037	OGS030	MYOMECTOMY	16800	13450	10100	6700
038	OGS002	NON DESCENT VAGINAL HYSTERECTOMY	20500	16400	12300	8200
039	OGS013	OOPHRECTOMY/SALPINGECTOMY	11500	9200	6900	4600
040	OGS053	OVARIAN CYST ASPIRATION WITH BIOPSY-BILATERAL	12100	9650	7250	4850
041	OGS051	OVARIAN CYST ASPIRATION WITH BIOPSY-UNILATERAL	9700	7800	5800	3900
042	OGS052	OVARIAN CYST ASPIRATION WITHOUT BIOPSY-BILATERAL	10300	8250	6200	4100
043	OGS050	OVARIAN CYST ASPIRATION WITHOUT BIOPSY-UNILATERAL	8400	6700	5050	3350
044	OGS023	OVARIAN CYSTECTOMY	11500	9200	6900	4600
045	OGS010	PANHYSTERECTOMY/TAH WITH BSO	23000	18400	13800	9200

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:05	GROUP : O.B. & GYNAE - OPEN SURGERY					
046	OGS059	PURANDARE'S SLING OPERATION FOR PROLAPSE	12100	9650	7250	4850
047	OGS067	RADICAL HYSTERECTOMY FOR MALIGNANCY / WERTHEIM'S HYSTERECTOMY	24200	19400	14500	9700
048	OGS003	RADICAL VULVECTOMY	23000	18400	13800	9200
049	OGS065	REPAIR OF RECTOVAGINAL FISTULA (RVF)	12100	9650	7250	4850
050	OGS019	REPAIR OF VESICO-VAGINAL FISTULA	20500	16400	12300	8200
051	OGS064	REPOSITIONING OF INVERTED UTERUS (UTERINE INVERSION)	6100	4850	3700	2400
052	OGS057	RESUTURING OF ABDOMINAL WOUND – MAJOR	4900	3900	2900	1950
053	OGS043	RESUTURING OF ABDOMINAL WOUND – MINOR	3000	2400	1800	1200
054	OGS044	RESUTURING OF EPISIOTOMY WOUND	3700	2950	2200	1500
055	OGS014	SALPINGO-OOPHRECTOMY	11500	9200	6900	4600
056	OGS042	SHIRODHKAR SUTURE	6100	4850	3700	2400
057	OGS062	SIMPLE VULVECTOMY	18200	14600	10900	7300
058	OGS055	SUCTION AND EVACUATION	3700	2950	2200	1500
059	OGS087	VAGINAL EXPLORATION WITH REMOVAL OF RING PESSARY	3700	2950	2200	1500
060	OGS011	VAGINAL HYSTERECTOMY WITH VAGINAL AND PELVIC FLOOR REPAIR	24200	19400	14500	9700
061	OGS001	VAGINOPLASTY	21800	17450	13100	8700
062	OGS027	VAULT PROLASE REPAIR - ABDOMINAL COLPOSUSPENSION	19300	15450	11550	7700
063	OGS026	VAULT PROLASE REPAIR - VAGINAL ROUTE	19300	15450	11550	7700
064	OGS091	VAULT BIOPSY	3700	2950	2200	1500
065	OGS045	VULVAL BIOPSY	3000	2400	1800	1200
066	OGS024	WEDGE RESECTION OF OVARY	11500	9200	6900	4600

07:05A DELIVERY FEE

001	DEL001	NORMAL DELIVERY	8500	7500	6250	5000
002	DEL002	FORCEPS DELIVERY	10000	9000	7500	6500

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

001	OGS031	DIAGNOSTIC LAPAROSCOPY	8400	6700	5050	3350
002	OGS068	DIAGNOSTIC LAPAROSCOPY & HYSTEROSCOPY	10300	8250	6200	4100
003	OGL001	DIAGNOSTIC LAPAROSCOPY WITH D. & C.	9500	7600	5700	3800
004	OGS056	DIAGNOSTIC LAPAROSCOPY WITH TUBAL MILKING (FOR ECTOPIC PREGNANCY)	12300	9850	7400	4900
005	OGL002	LAPAROSCOPIC ABLATION OF ENDOMETRIOTIC SPOT	12600	10100	7550	5050
006	OGL003	LAPAROSCOPIC ABSCESS DRAINAGE	8400	6700	5050	3350
007	OGL004	LAPAROSCOPIC ADENOLYSIS	15300	12200	9200	6100
008	OGS085	LAPAROSCOPIC ADHESIOLYSIS & HYSTEROSCOPY	14500	11600	8700	5800
009	OGL005	LAPAROSCOPIC ASPIRATION OF OOCYTE	6900	5500	4100	2750
010	OGL006	LAPAROSCOPIC ASSISTED VAGINAL HYSTERECTOMY (COMPLICATED)	31500	25200	18900	12600
011	OGL007	LAPAROSCOPIC ASSISTED VAGINAL HYSTERECTOMY (SIMPLE)	24700	19750	14800	9900
012	OGL008	LAPAROSCOPIC ASSISTED VAGINAL HYSTERECTOMY WITH BSO	28400	22700	17000	11350
013	OGL009	LAPAROSCOPIC BURCH OPERATION	18900	15100	11350	7550
014	OGL010	LAPAROSCOPIC COLPOSUSPENSION	18900	15100	11350	7550
015	OGL040	LAPROSCOPIC COMPLICATED ENDOMETRIOTIC CYST REMOVAL	19300	15450	11550	7700
016	OGS020	LAPAROSCOPIC CYST ASPIRATION	9700	7800	5800	3900
017	OGL011	LAPAROSCOPIC END TO END ANASTOMOSIS (TUBAL)	21000	16800	12600	8400
018	OGL012	LAPAROSCOPIC ENDOMETRIOSIS	22600	18100	13550	9050
019	OGL013	LAPAROSCOPIC ENDOMYOMECTOMY (COMPLICATED)	21000	16800	12600	8400
020	OGL014	LAPAROSCOPIC ENDOMYOMECTOMY (SIMPLE)	16800	13450	10100	6700

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:05 GROUP : O.B. & GYNAE – LAPAROSCOPIC SURGERY						
021	OGL015	LAPAROSCOPIC EXCISION OF ENDOMETRIC LESION/ABLATION	12600	10100	7550	5050
022	OGL016	LAPAROSCOPIC EXCISION OF RUDIMENTARY HORN	21000	16800	12600	8400
023	OGL017	LAPAROSCOPIC EXCISION OF SCAR ENDOMETROSIS	8400	6700	5050	3350
024	OGL018	LAPAROSCOPIC FALLOPOSCOPY	8400	6700	5050	3350
025	OGL019	LAPAROSCOPIC FIMBRIOLYSIS	12300	9850	7400	4900
026	OGL020	LAPAROSCOPIC FIMBRIOPLASTY	12300	9850	7400	4900
027	OGL021	LAPAROSCOPIC LUNA	15800	12600	9500	6300
028	OGL022	LAPAROSCOPIC MOSCOWITZ	8400	6700	5050	3350
029	OGL023	LAPAROSCOPIC MULTIPLE PUNCTURE	12300	9850	7400	4900
030	OGL024	LAPAROSCOPIC MYOMECTOMY	23600	18900	14150	9450
031	OGL025	LAPAROSCOPIC OMENTECTOMY	14200	11350	8500	5700
032	OGL026	LAPAROSCOPIC OOPHRECTOMY	14500	11600	8700	5800
033	OGS081	LAPAROSCOPIC OVARIAN CYSTECTOMY	14500	11600	8700	5800
034	OGL027	LAPAROSCOPIC OVARIOPLASTY	11900	9500	7100	4750
035	OGL028	LAPAROSCOPIC REMOVAL OF IUCD	8400	6700	5050	3350
036	OGL029	LAPAROSCOPIC REPAIR OF NULLI PAROUS PROLAPSE	32600	26100	19600	13000
037	OGL030	LAPAROSCOPIC RETROPERITONEAL NODE DISSECTION	21000	16800	12600	8400
038	OGL039	LAPAROSCOPIC SALPINGECTOMY	14500	11600	8700	5800
039	OGS079	LAPAROSCOPIC SALPINGECTOMY FOR ECTOPIC PREGNANCY	14500	11600	8700	5800
040	OGS076	LAPAROSCOPIC SALPINGO-OOPHORECTOMY	14500	11600	8700	5800
041	OGS077	LAPAROSCOPIC SALPINGOSTOMY FOR ECTOPIC PREGNANCY	13400	10700	8000	5350
042	OGL031	LAPAROSCOPIC SURGERY FOR ECTOPIC PREGNANCY	16800	13450	10100	6700
043	OGL032	LAPAROSCOPIC SUTURING	6600	5300	3950	2650
044	OGL033	LAPAROSCOPIC TVT	15800	12600	9500	6300
045	OGL034	LAPAROSCOPIC UTERINE SUSPENSION (SLING)	20000	16000	12000	8000
046	OGL035	LAPAROSCOPIC VAULT SUSPENSION	19300	15450	11550	7700
047	OGL036	LAPAROSCOPIC VAULT SUSPENSION WITH MESH	25200	20150	15100	10100
048	OGS074	LAPAROSCOPY & HYSTEROSCOPY WITH OVARIAN BIOPSY	12100	9650	7250	4850
049	OGS072	LAPAROSCOPY & HYSTEROSCOPY WITH OVARIAN DRILLING	12100	9650	7250	4850
050	OGS071	LAPAROSCOPY WITH OVARIAN BIOPSY	12100	9650	7250	4850
051	OGS035	LAPROSCOPIC ASSISTED VAGINAL HYSTERECTOMY(LAVH)	21800	17450	13100	8700
052	OGL037	TOTAL LAPAROSCOPIC HYSTRECTOMY	32600	26100	19600	13000
053	OGL038	TOTAL LAPAROSCOPIC HYSTRECTOMY WITH BSO	37800	30250	22700	15100

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

001	OGH001	HYSTEROSCOPIC ABLATION OF ENDOMETRIUM	12600	10100	7550	5050
002	OGH002	HYSTEROSCOPIC CUTTING OF UTERINE SYNECHIAE	9500	7600	5700	3800
003	OGS080	HYSTEROSCOPIC DIVISION OF THICK SYNECHIAE	12100	9650	7250	4850
004	OGS082	HYSTEROSCOPIC DIVISION OF THIN SYNECHIAE	6100	4850	3700	2400
005	OGH003	HYSTEROSCOPIC GUIDED BIOPSY	6300	5050	3800	2500
006	OGH004	HYSTEROSCOPIC MYOMA RESECTION	15800	12600	9500	6300
007	OGS029	HYSTEROSCOPIC POLYPECTOMY	9700	7800	5800	3900
008	OGS083	HYSTEROSCOPIC REMOVAL OF IUCD	6100	4850	3700	2400
009	OGS084	HYSTEROSCOPIC REMOVAL OF RETAINED PRODUCTS OF CONCEPTION	7300	5800	4400	2900
010	OGS086	HYSTEROSCOPIC RESECTION OF UTERINE SEPTUM	12100	9650	7250	4850
011	OGH005	HYSTEROSCOPIC TRANS CERVICAL RESECTION OF ENDOMETRIUM	15800	12600	9500	6300
012	OGH006	HYSTEROSCOPIC TUBAL CANNULATION	9500	7600	5700	3800
013	OGS004	HYSTEROSCOPY	4400	3500	2600	1750
014	OGS005	HYSTEROSCOPY WITH D. & C.	7300	5800	4400	2900

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:06	GROUP :	OPHTHALMOLOGY SURGERY				
001	OPS015	AC WASH	6100	4850	3700	2400
002	OPS047	ANTERIOR SYNECHIOTOMY	2400	1900	1450	950
003	OPS032	BLEPHAROPLASTY FOR ECTROPION (WITH GRAFTING)	13400	10700	8000	5350
004	OPS030	BLEPHAROPLASTY FOR ECTROPION (WITHOUT GRAFTING)	9000	7200	5400	3600
005	OPS031	BLEPHAROPLASTY FOR ENTROPION (WITHOUT GRAFTING)	9000	7200	5400	3600
006	OPS027	CAPSULOTOMY	7300	5800	4400	2900
007	OPS018	CATARACT EXTRACTION / GLAUCOMA	12100	9650	7250	4850
008	OPS019	CATARACT EXTRACTION WITH I.O.L.IMPLANTATION	15800	12600	9500	6300
009	OPS012	CONJ. TEAR	3700	2950	2200	1500
010	OPS002	CORNEAL GRAFTING	17600	14100	10600	7000
011	OPS025	CRYOPEXY/CYCLOCRYO : BILATERAL	7300	5800	4400	2900
012	OPS024	CRYOPEXY/CYCLOCRYO : UNILATERAL	4900	3900	2900	1950
013	OPS011	CYSTS LID CONJ.	2900	2300	1750	1150
014	OPS020	DACROCYSTORHINOSTOMY	12100	9650	7250	4850
015	OPS028	ENDOSCOPIC DACROCYSTORHINOSTOMY	18200	14600	10900	7300
016	OPS029	ENUCLEATION / EVICERATION OF EYES (WTHOUT IMPLANT)	7300	5800	4400	2900
017	OPS033	ENUCLEATION / EVICERATION WITH IMPLANT	12100	9650	7250	4850
018	OPS034	EPICANTHUS + TELECANTHUS CORRECTION	15800	12600	9500	6300
019	OPS035	EPICANTHUS CORRECTION	9000	7200	5400	3600
020	OPS010	EXAMINATION UNDER G.A.	2200	1750	1300	900
021	OPS036	EXENTRATION OF ORBIT + SOCKET REPAIR	15100	12100	9050	6050
022	OPS001	EXTRACTION OF CHALAZION	2900	2300	1750	1150
023	OPS046	INTRA VITREAL INJECTION	5300	4200	3200	2100
024	OPS022	INTRA-OCULAR FOREIGN BODY REMOVAL	16300	13050	9800	6500
025	OPS014	LID INJURY MAJOR	8400	6700	5050	3350
026	OPS013	LID INJURY MINOR	6100	4850	3700	2400
027	OPS037	LID TUMORS EXCISION AND REPAIR-WITH GRAFTING	13900	11100	8300	5550
028	OPS038	LID TUMORS EXCISON AND REPAIR -WITHOUT GRAFTING	9700	7800	5800	3900
029	OPS005	MAJOR RECONSTRUCTIVE SURGERY	16300	13050	9800	6500
030	OPS009	NEEDLING & ASPIRATION	2400	1900	1450	950
031	OPS023	PERFORATING INJURY REPAIR	14500	11600	8700	5800
032	OPS007	PHACOEMULSIFICATION WITH I.O.L. IMPLANTATION	16800	13450	10100	6700
033	OPS044	PROBING & SYRINGING OF NASO-LACRIMAL DUCT	2400	1900	1450	950
034	OPS039	PTERYGIUM SURGERY WITH GRAFTING	7300	5800	4400	2900
035	OPS040	PTERYGIUM SURGERY WITHOUT GRAFTING	3700	2950	2200	1500
036	OPS026	PTOSIS	12100	9650	7250	4850
037	OPS048	PUPILOPLASTY	7300	5800	4400	2900
038	OPS003	RETINAL DETACHMENT SURGERY	17600	14100	10600	7000
039	OPS021	RETINAL DETACHMENT WITH VITRECTOMY	19300	15450	11550	7700
040	OPS045	SECONDARY I.O.L. IMPLANTATION	12100	9650	7250	4850
041	OPS006	SOCKET RECONSTRUCTION	16300	13050	9800	6500
042	OPS017	SQUINT CORRECTION: MORE THAN 2-MUSCLES / VERTICAL MUSCLES	14500	11600	8700	5800
043	OPS016	SQUINT CORRECTION: UPTO 2-MUSCLES / HORIZONTAL MUSCLES	12100	9650	7250	4850
044	OPS041	TARSORRHPHY	3700	2950	2200	1500
045	OPS043	TRABECULECTOMY	12100	9650	7250	4850
046	OPS008	TUMOR OF IRIS	16300	13050	9800	6500
047	OPS004	VITRECTOMY	17600	14100	10600	7000

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:07	GROUP : ORTHOPEDICS SURGERY – LOWER LIMB					
001	ORL017	ACETABULAR RECONSTRUCTION	21800	17450	13100	8700
002	ORL091	ADJUSTMENT OF EXTERNAL FIXATOR	9700	7800	5800	3900
003	ORL049	AMPUTATION THROUGH FEMUR & TIBIA	14500	11600	8700	5800
004	ORL050	AMPUTATION THROUGH SMALL BONES/DIGITS	7300	5800	4400	2900
005	ORL043	ARTHRODESIS : ANKLE	18200	14600	10900	7300
006	ORL044	ARTHRODESIS : KNEE	18200	14600	10900	7300
007	ORL018	ARTHRODESIS OF HIP	21800	17450	13100	8700
008	ORL035	ARTHROTOMY : HIP/KNEE/SHOULDER	10900	8700	6550	4350
009	ORL036	ARTHROTOMY : OTHER SMALL JOINTS	9700	7800	5800	3900
010	ORL030	BIOPSY : BONES	7300	5800	4400	2900
011	ORL015	C.D.H. (OPEN REDUCTION)	20500	16400	12300	8200
012	ORL014	C.D.H. (RED. & SPICA)	12100	9650	7250	4850
013	ORL081	C.R.I.F. WITH K.WIRE	9700	7800	5800	3900
014	ORL093	C.R.I.F. WITH NAILING	13400	10700	8000	5350
015	ORL001	CLOSED REDUCTION	7300	5800	4400	2900
016	ORL064	CLOSED REDUCTION WITH ELEVATION AND CANNULATED SCREW FIXATION TIBIAL / FEMORAL CONDYLAR	14500	11600	8700	5800
017	ORL041	CLUB FOOT RELEASE (CTEV) : BILATERAL	15800	12600	9500	6300
018	ORL040	CLUB FOOT RELEASE (CTEV) : UNILATERAL	13400	10700	8000	5350
019	ORL010	CONDYLAR PLATING/D.C.S.	15800	12600	9500	6300
020	ORL065	CORE DECOMPRESSION AND FIBULAR GRAFTING FOR AVN / NON-UNION HIP WITH FIXATION	19300	15450	11550	7700
021	ORL066	CORE DECOMPRESSION AND FIBULAR GRAFTING FOR AVN / NON-UNION HIP WITHOUT FIXATION	16800	13450	10100	6700
022	ORL023	DIAGNOSTIC ARTHROSCOPY	9700	7800	5800	3900
023	ORL055	DISARTICULATION - KNEE/ANKLE	12100	9650	7250	4850
024	ORL019	DISARTICULATION THROUGH HIP	18200	14600	10900	7300
025	ORL022	DRAINAGE : HIP/KNEE/ANKLE/SPINE	6600	5300	3950	2650
026	ORL092	DYNAMISATION OF I.M. NAIL	3200	2600	1900	1300
027	ORL045	EXCISION : NAIL & NAIL BED/GANGLION	7300	5800	4400	2900
028	ORL009	EXTERNAL FIXATION - LONG BONES & PELVIS	14500	11600	8700	5800
029	ORL063	FAILED CLUB FOOT FIXATOR CORRECTION	16800	13450	10100	6700
030	ORL089	FASCIOTOMY – FOOT	12100	9650	7250	4850
031	ORL088	FASCIOTOMY – THREE COMPARTMENT LEG	14500	11600	8700	5800
032	ORL016	FIXATION & PLATING - PELVIC	16800	13450	10100	6700
033	ORL057	HALLUX VALGUS/VARUS	10300	8250	6200	4100
034	ORL011	HEMIARTHROPLASTY WITH OR WITHOUT CEMENTING	24200	19400	14500	9700
035	ORL005	INTERLOCKING NAILING	24200	19400	14500	9700
036	ORL067	ISOLATED GRAFTING - MINOR/CORE HARVESTING	7300	5800	4400	2900
037	ORL068	ISOLATED GRAFTING - STANDARD/MAJOR HARVESTING	12100	9650	7250	4850
038	ORL051	LIMB LENGTHENING WITH INSTRUMENTATION	21800	17450	13100	8700
039	ORL034	MAJOR RECONSTRUCTION : NERVE/TENDONS (MORE THAN 3)	19300	15450	11550	7700
040	ORL037	MENISCECTOMY	12100	9650	7250	4850
041	ORL021	MINOR EXCISION OF SWELLING/TUMOR WITH OR WITHOUT BIOPSY	7300	5800	4400	2900
042	ORL046	MINOR PROCEDURES IN FOOT	7300	5800	4400	2900
043	ORL033	MINOR RECONSTRUCTION : NERVES/TENDONS	14500	11600	8700	5800
044	ORL069	MUSCLE PEDICLE GRAFTING	21800	17450	13100	8700
045	ORL070	O.R.I.F ANKLE - BIMALLEOLAR FIXATION	14500	11600	8700	5800

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:07	GROUP :	ORTHOPEDECS SURGERY – LOWER LIMB				
046	ORL087	O.R.I.F. ANKLE – TRIMAZLEOLAR FIXATION	18200	14600	10900	7300
047	ORL002	O.R.I.F. WITH K.WIRE	10900	8700	6550	4350
048	ORL078	O.R.I.F. WITH DHS	16800	13450	10100	6700
049	ORL080	O.R.I.F. WITH K.NAILING / FLAG NAIL / RE-CONSTRUCTION NAIL	16800	13450	10100	6700
050	ORL076	O.R.I.F. WITH PLATING	16800	13450	10100	6700
051	ORL077	O.R.I.F. WITH PLATING (BOTH BONES)	19300	15450	11550	7700
052	ORL004	O.R.I.F. WITH PLATING AND BONE GRAFTING	19300	15450	11550	7700
053	ORL060	O.R.I.F. WITH PLATING AND BONE GRAFTING (BOTH BONES)	22400	17900	13400	9000
054	ORL075	O.R.I.F. WITH SCREWS	10900	8700	6550	4350
055	ORL058	OPEN/ARTHROSCOPIC ANT. C. LIGAMENT RECONSTRUCTION	20500	16400	12300	8200
056	ORL024	OPERATIVE ARTHROSCOPY/QUADRICEPSPLASTY	16800	13450	10100	6700
057	ORL071	OSTEOMYELITIS - LONG BONES	14500	11600	8700	5800
058	ORL072	OSTEOMYELITIS - SMALL BONES	9700	7800	5800	3900
059	ORL048	OSTEOTOMY : MID FOOT	14500	11600	8700	5800
060	ORL013	OSTEOTOMY AROUND HIP	18200	14600	10900	7300
061	ORL031	PATELLECTOMY	10900	8700	6550	4350
062	ORL062	PELVIC OSTEOTOMIES	18200	14600	10900	7300
063	ORL073	PERCUTANEOUS TENOTOMY (3 OR LESS)	7300	5800	4400	2900
064	ORL074	PERCUTANEOUS TENOTOMY (MORE THAN 3)	9700	7800	5800	3900
065	ORL059	PSOAS/PARA VERTEBRAL ABSCESS	9700	7800	5800	3900
066	ORL053	REMOVAL OF IMPLANTS : MAJOR	7300	5800	4400	2900
067	ORL052	REMOVAL OF IMPLANTS : MINOR	4900	3900	2900	1950
068	ORL090	RE-SURFACING OF PATELLA	16800	13450	10100	6700
069	ORL056	REVISION ARTHROPLASTY - HIP/KNEE	36300	29000	21750	14500
070	ORL084	SEQUESTRECTOMY - LONG BONES	14500	11600	8700	5800
071	ORL083	SEQUESTRECTOMY - SMALL BONES	9000	7200	5400	3600
072	ORL086	SKELETAL TRACTION (IN O.T.)	4200	3350	2500	1700
073	ORL007	SKIN GRAFTING - MAJOR	13400	10700	8000	5350
074	ORL008	SKIN GRAFTING - MINOR	8400	6700	5050	3350
075	ORL038	SYNOVECTOMY : HIP/KNEE/SHOULDER/WRIST	12100	9650	7250	4850
076	ORL039	SYNOVECTOMY : OTHER SMALL JOINTS	10300	8250	6200	4100
077	ORL054	TARGETTED DELIVERY OF STEROID	3000	2400	1800	1200
078	ORL047	TENDON ACHILLES/REPAIR & RECONSTRUCTION	10900	8700	6550	4350
079	ORL042	TENDON TRANSFERS : ANKLE/FOOT	14500	11600	8700	5800
080	ORL029	TENDON TRANSFERS AROUND KNEE	14500	11600	8700	5800
081	ORL085	TENSION BAND WIRING	12100	9650	7250	4850
082	ORL025	TENSION BAND WIRING : ISOLATED MED. MALLEOLUS	12100	9650	7250	4850
083	ORL032	TENSION BAND WIRING : PATELLA	12100	9650	7250	4850
084	ORL082	TENSION BAND WIRING / ENCIRCLAGE WIRING	12100	9650	7250	4850
085	ORL027	TIBIAL PLATEAU ELEVATION & FIXATION (I GRAFTING)	18200	14600	10900	7300
086	ORL026	TIBIAL/FEMORAL OESTEOTOMIES	18200	14600	10900	7300
087	ORL012	TOTAL HIP REPLACEMENT	32600	26100	19600	13000
088	ORL028	TOTAL KNEE REPLACEMENT	32600	26100	19600	13000
089	ORL061	TRIPLE ARTHRODESIS - FOOT	18200	14600	10900	7300
090	ORL020	TUMOR EXCISION & RECONSTRUCTION (MAJOR)	23000	18400	13800	9200
091	ORL006	WOUND DEBRIDEMENT & TOILETTING	7300	5800	4400	2900

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:07	GROUP : ORTHOPEDICS SURGERY - SPINE					
092	ORS004	ANTEROLATERAL DECOMPRESSION	21800	17450	13100	8700
093	ORS005	CERVICAL VERTIBRECTOMY	31500	25200	18900	12600
094	ORS001	LAMINECTOMY (LUMBAR/CERVICAL) / DISCECTOMY	25200	20150	15100	10100
095	ORS002	POSTERIOR/ANTERIOR FUSION & INSTRUMENTATION	30300	24200	18200	12100
096	ORS003	POSTERIOR/ANTERIOR FUSION ONLY	23000	18400	13800	9200

07:07 GROUP : ORTHOPEDICS SURGERY -UPPER LIMB

097	ORU025	ARTHRODESIS OF MAJOR JOINTS	16800	13450	10100	6700
098	ORU024	ARTHRODESIS OF MINOR JOINTS	7300	5800	4400	2900
099	ORU029	ARTHROSCOPIC REPAIR SHOULDER-RECURRENT DISLOCATION	21800	17450	13100	8700
100	ORU030	ARTHROSCOPY SHOULDER - DIAGNIOSTIC	14500	11600	8700	5800
101	ORU038	ARTHROSCOPY SHOULDER – OPERATIVE	16800	13450	10100	6700
102	ORU022	BONE GRAFTING - SMALL	10300	8250	6200	4100
103	ORU035	C.R.I.F. WITH K.WIRE	9000	7200	5400	3600
104	ORU012	CARPAL TUNNEL DECOMPRESSION	10300	8250	6200	4100
105	ORU005	CLOSED REDUCTION	7300	5800	4400	2900
106	ORU003	DISARTICULATION - SHOULDER	16800	13450	10100	6700
107	ORU013	EXCISION HEAD OF RADIUS/LOWER END ULNA	9700	7800	5800	3900
108	ORU037	EXCISION OF BURSA	7300	5800	4400	2900
109	ORU023	EXTERNAL FIXATIONS/ILIAZAROV TECHNIQUE	16800	13450	10100	6700
110	ORU034	FASCIOTOMY – FOREARM	12100	9650	7250	4850
111	ORU021	MAJOR AMPUTATIONS	13400	10700	8000	5350
112	ORU031	MANIPULATION UNDER ANESTHESIA (M.U.A.)	7300	5800	4400	2900
113	ORU020	MINOR AMPUTATIONS	7300	5800	4400	2900
114	ORU014	MINOR PROCEDURES-GANGLION/NAIL REMOVAL	13900	11100	8350	5550
115	ORU006	O.R.I.F. WITH K.WIRE	10300	8250	6200	4100
116	ORU007	O.R.I.F. WITH NAILING	14500	11600	8700	5800
117	ORU017	O.R.I.F. WITH NAILING/PLATING WITH BONE GRAFT	18200	14600	10900	7300
118	ORU036	OPEN REDUCTION WITH PLATING	14500	11600	8700	5800
119	ORU032	O.R.I.F. WITH PLATING (BOTH BONES)	19300	15450	11550	7700
120	ORU004	O.R.I.F. WITH PLATING WITH BONE GRAFT (BOTH BONE)	20500	16400	12300	8200
121	ORU026	OSTEOTOMY AND CORRECTIVE SURGERY	16800	13450	10100	6700
122	ORU019	PUTTI PLATE RECONSTRUCTION OF SHOULDER	18200	14600	10900	7300
123	ORU039	RADIAL HEAD REPLACEMENT	14500	11600	8700	5800
124	ORU009	RECONSTRUCTION OF JOINTS	15800	12600	9500	6300
125	ORU010	REPAIR OF TENDONS - 3 OR LESS	12100	9650	7250	4850
126	ORU011	REPAIR OF TENDONS -MORE THAN 3 TENDONS	19300	15450	11550	7700
127	ORU015	TENDON TRANSFER & REPAIR	14500	11600	8700	5800
128	ORU001	TENDON TRANSFER MULTIPLE	18200	14600	10900	7300
129	ORU033	TENSION BAND WIRING	12100	9650	7250	4850
130	ORU027	TOTAL REPLACEMENT - ELBOW/WRIST JOINT	24200	19400	14500	9700
131	ORU008	TOTAL REPLACEMENT - SHOULDER	29000	23200	17400	11600
132	ORU028	TRIGGER THUMB	7300	5800	4400	2900
133	ORU002	TRIPLE ARTHRODESIS – SHOULDER / ELBOW / WRIST	18200	14600	10900	7300
134	ORU018	ULNAR NERVE TRANSFER	15800	12600	9500	6300
135	ORU016	WOUND DEBRIDEMENT AND TOILETTING	7300	5800	4400	2900

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:08	GROUP : THORACIC SURGERY					
001	THS002	BRONCHOSCOPY WITH OR WITHOUT F.B.REMOVAL / BIOPSY	7300	5800	4400	2900
002	THS024	BULLECTOMY	24200	19400	14500	9700
003	THS008	CHEST ASPIRATION	3700	2950	2200	1500
004	THS014	DECORTICATION THORACOTOMY - EX.TUMOR	24200	19400	14500	9700
005	THS020	DECORTICATION WITH LOBECTOMY	30300	24200	18200	12100
006	THS001	EXPLORATORY THORACOTOMY	15800	12600	9500	6300
007	THS005	HIATUS OR DIAPHRAGMATIC HERNIA	21800	17450	13100	8700
008	THS025	HYDATID CYST	21000	16800	12600	8400
009	THS009	INTERCOSTAL DRAINAGE	7300	5800	4400	2900
010	THS012	LOBECTOMY - WEDGE, SEGMENT/LOBE	24200	19400	14500	9700
011	THS022	MEDIASTINAL LYMPHNODE EXCISION & BIOPSY	12100	9650	7250	4850
012	THS003	MEDIASTINAL TUMOR EXCISION	24200	19400	14500	9700
013	THS007	OESOPHAGOSCOPY WITH F.B.REMOVAL	7300	5800	4400	2900
014	THS011	OPEN BIOPSY - PLEURA/LUNG	12100	9650	7250	4850
015	THS017	PERICARDECTOMY	21800	17450	13100	8700
016	THS015	PERICARDIAL ASPIRATION	6100	4850	3700	2400
017	THS018	PERICARDIOSTOMY	18200	14600	10900	7300
018	THS028	PLEURAL ASPIRATION	2100	1700	1250	850
019	THS010	PLEURAL\NEEDLE BIOPSY- PLEURA/LUNG	6100	4850	3700	2400
020	THS027	PLEURODESIS EACH SITTING	2400	1900	1450	950
021	THS013	PNEUMENECTOMY	30500	24400	18300	12200
022	THS006	RECONSTRUCTION OF PERIPHERAL VASCULAR INJURY	24200	19400	14500	9700
023	THS029	REMOVAL OF FOREIGN BODY (BULLET) – CHEST / SHOULDER	24200	19400	14500	9700
024	THS021	RIB RESECTION AND DRAINAGE	14500	11600	8700	5800
025	THS023	SCALENE NODE BIOPSY	6100	4850	3700	2400
026	THS026	SEGMENTAL RESECTION	21000	16800	12600	8400
027	THS004	SURGERY FOR PORTAL HYPERTENSION	21000	16800	12600	8400
028	THS019	THORACOTOMY WITH LIGATION OF PDA	18200	14600	10900	7300

07:09 GROUP : NEURO SURGERY

001	NES001	BURR HOLES FOR CH SDH/ABSCESS	15000	12000	9000	6000
002	NES042	CERVICAL TRACTION (IN O.T.)	2900	2300	1750	1150
003	NES029	CORPECTOMY	35200	28150	21100	14100
004	NES005	CRANIOPLASTY	27800	22250	16700	11100
005	NES014	CRANIOTOMY - A.V.MALFORMATION	41000	32800	24600	16400
006	NES013	CRANIOTOMY - ABSCESS/CYSTS	35200	28150	21100	14100
007	NES016	CRANIOTOMY - ACOUSTIC NEUROMA	35200	28150	21100	14100
008	NES015	CRANIOTOMY - ANEURYSM	41000	32800	24600	16400
009	NES017	CRANIOTOMY - BRAIN STEM TUMOR	41000	32800	24600	16400
010	NES032	CRANIOTOMY - CONTUSIONS	35200	28150	21100	14100
011	NES012	CRANIOTOMY - CRANIOPHARYNGIOMA	35200	28150	21100	14100
012	NES008	CRANIOTOMY - EXTRADURAL HEMATOMA	29000	23200	17400	11600
013	NES018	CRANIOTOMY - FOR CSF RHINORRHEA	35200	28150	21100	14100
014	NES006	CRANIOTOMY - INTRACEREBRAL HEMATOMA	30500	24400	18300	12200
015	NES011	CRANIOTOMY - PITUITARY TUMOR	35200	28150	21100	14100
016	NES010	CRANIOTOMY - POST. FOSSA TUMOR	35200	28150	21100	14100
017	NES007	CRANIOTOMY - SUBDURAL HEMATOMA	31500	25200	18900	12600

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:09	GROUP : NEURO SURGERY					
018	NES041	CRANIOTOMY - TEMPORAL CRANIOTOMY	31500	25200	18900	12600
019	NES009	CRANIOTOMY - VASCULAR TUMOR	35200	28150	21100	14100
020	NES033	CRANIOTOMY FOR DEPRESSED FRACTURE	29000	23200	17400	11600
021	NES034	DECOMPRESSIVE CRANIOTOMY	35200	28150	21100	14100
022	NES023	DISCECTOMY (CERVICAL/DORSAL/MICRO-II LEVELS)	25200	20150	15100	10100
023	NES035	ENDODSCOPIC SURGERY	42500	34000	25500	17000
024	NES046	EXTERNAL VENTRICULAR DRAINAGE (EVD)	15000	12000	9000	6000
025	NES022	LAMINECTOMY (LUMBAR)	25200	20150	15100	10100
026	NES025	MICRODISCECTOMY - MORE THAN II LEVELS	27800	22250	16700	11100
027	NES043	NEUCLEOPLASTY	24200	19400	14500	9700
028	NES028	NEURO-ENDOSCOPIC SKULL BASE SURGERY	35200	28150	21100	14100
029	NES024	OPERATION FOR CANAL STENOSIS (LUMBAR/CERVICAL)	27800	22250	16700	11100
030	NES036	PERIPHERAL NERVE SURGERY	25200	20150	15100	10100
031	NES045	REMOVAL OF V.P.SHUNT	7000	5600	4200	2800
032	NES021	REPAIR OF ENCEPHALOCELE	20500	16400	12300	8200
033	NES019	REPAIR OF MENINGOCELE	20500	16400	12300	8200
034	NES020	REPAIR OF MENINGOMYELOCELE	20500	16400	12300	8200
035	NES004	REVISION OF SHUNT	19500	15600	11700	7800
036	NES003	SHUNT FOR HYDRO CEPHALUS	19500	15600	11700	7800
037	NES037	SPINAL DYSRAPHISM	27800	22250	16700	11100
038	NES038	SPINAL INSTRUMENTATION	35200	28150	21100	14100
039	NES026	SPINAL TUMOR/HEMATOMA/ABSCESS	35200	28150	21100	14100
040	NES030	SURGERY FOR CRANIOSYNOSTOSIS	27800	22250	16700	11100
041	NES027	TRANS SPHENOIDAL PITUITARY /SELLAR SURGERY	35200	28150	21100	14100
042	NES044	UNLOCKING OF FACET JOINT	2100	1700	1250	850
043	NES039	VENTRIC TAP	4200	3350	2500	1700
044	NES002	VENTRICULO AURICULAR SHUNT	19500	15600	11700	7800
045	NES040	VERTEBROPLASTY	27800	22250	16700	11100

07:10 GROUP : E.N.T. SURGERY

001	ENS019	ABSCESS TONSILLECTOMY - I. & D.	7900	6300	4750	3150
002	ENS045	ADENO-TONSILLECTOMY	10300	8250	6200	4100
003	ENS062	ADENOIDECTOMY	7300	5800	4400	2900
004	ENS064	ANGIOFIBROMA REMOVAL	21800	17450	13100	8700
005	ENS058	ANT. NASAL PACK (WITH PACK REMOVAL)	3000	2400	1800	1200
006	ENS027	ANTERIOR WITH POST. NASAL PACKING WITH REMOVAL	6100	4850	3700	2400
007	ENS065	ANTRAL POLYPECTOMY	6100	4850	3700	2400
008	ENS046	ANTRAL WASH : UNILATERAL OR BILATERAL	3700	2950	2200	1500
009	ENS056	BIOPSY CHEEK OR TONGUE : UNILATERAL OR BILATERAL	4900	3900	2900	1950
010	ENS008	BRONCHOSCOPY WITH OR WITHOUT F.B.REMOVAL / BIOPSY	7300	5800	4400	2900
011	ENS041	CALDWELL LUC : BILATERAL	9700	7800	5800	3900
012	ENS040	CALDWELL LUC : UNILATERAL	7300	5800	4400	2900
013	ENS067	CAUTERY PATCHING EAR	3700	2950	2200	1500
014	ENS063	CHANGE OF TRACHEOSTOMY TUBE	1200	950	700	500
015	ENS068	COCHLEAR IMPLANT	36300	29000	21750	14500
016	ENS042	DIAGNOSTIC NASAL ENDOSCOPY	2400	1900	1450	950
017	ENS069	ENDOLYMPHATIC SAC DECOMPRESSION	21800	17450	13100	8700

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:10	GROUP : E.N.T. SURGERY					
018	ENS086	ENDOSCOPIC CHOANAL ATRESIA REPAIR B/L	24200	19400	14500	9700
019	ENS070	ENDOSCOPIC CSF RHINORRHEA REPAIR	21800	17450	13100	8700
020	ENS013	ENDOSCOPIC DACROCYSTORHINOSTOMY	18200	14600	10900	7300
021	ENS009	ETHMOIDECTOMY (EXTERNAL)	13900	11100	8300	5550
022	ENS085	EXCISION OF PALATIAL GROWTH WITH FLAP REPAIR	20500	16400	12300	8200
023	ENS029	EXCISION THYROGLOSSAL CYST	9700	7800	5800	3900
024	ENS087	EXTENDED TRANS LABYRINTHINE APPROACH	26300	21000	15800	10500
025	ENS025	FACIAL NERVE DECOMPRESSION OR GRAFTING	24200	19400	14500	9700
026	ENS071	FACIAL REANIMATION PROCEDURE - LID LOADING	14500	11600	8700	5800
027	ENS072	FACIAL REANIMATION PROCEDURE - TEMPORALIS TRANSFER	16800	13450	10100	6700
028	ENS073	FESS - LIMITED	8400	6700	5050	3350
029	ENS088	FESS – EXTENDED	18200	14600	10900	7300
030	ENS044	FESS : BILATERAL	15800	12600	9500	6300
031	ENS043	FESS : UNILATERAL	10300	8250	6200	4100
032	ENS012	FOREIGN BODY REMOVAL - EAR/NOSE/THROAT	3000	2400	1800	1200
033	ENS022	FRACTURE NASAL BONES	7300	5800	4400	2900
034	ENS024	HEMATOMA PINNA : BILATERAL	6100	4850	3700	2400
035	ENS023	HEMATOMA PINNA : UNILATERAL	3700	2950	2200	1500
036	ENS053	I. & D. OF PARA PHARYNGEAL ABSCESS	8400	6700	5050	3350
037	ENS030	I. & D. OF THYROGLOSSAL CYST	4900	3900	2900	1950
038	ENS057	I. & D. QUINCY	4900	3900	2900	1950
039	ENS059	I. & D. TONSILLAR ABSCESS : UNILATERAL OR BILATERAL	8400	6700	5050	3350
040	ENS031	LARYNGECTOMY (TOTAL)	21800	17450	13100	8700
041	ENS017	LARYNGOSCOPY - DIRECT	3000	2400	1800	1200
042	ENS084	LARYNGOSCOPY - FIBER OPTIC	6100	4850	3700	2400
043	ENS060	LATERAL RHINOTOMY	16800	13450	10100	6700
044	ENS055	LYMPH NODE BIOPSY	6100	4850	3700	2400
045	ENS014	MASTOIDECTOMY (MODIFIED)	16800	13450	10100	6700
046	ENS037	MASTOIDECTOMY WITH TYMPANOPLASTY	21800	17450	13100	8700
047	ENS028	MAXILLARY SINUS SURGERY	8400	6700	5050	3350
048	ENS026	MICRO LARYNGEAL SURGERY	9700	7800	5800	3900
049	ENS006	MICRO LARYNGOSCOPY WITH BIOPSY	6100	4850	3700	2400
050	ENS038	MICROSCOPIC EXAMINATION (E.U.M.)	1800	1450	1100	700
051	ENS034	MYRINGOPLASTY	12100	9650	7250	4850
052	ENS036	MYRINGOTOMY WITH OR WITHOUT GROMMET : BILATERAL	6600	5300	3950	2650
053	ENS035	MYRINGOTOMY WITH OR WITHOUT GROMMET : UNILATERAL	3700	2950	2200	1500
054	ENS048	NASAL CAUTERY IN EPISTAXIS	3700	2950	2200	1500
055	ENS074	NASAL ENDOSCOPIC CAUTERISATION FOR EPISTAXIS	6100	4850	3700	2400
056	ENS033	NASAL POLYPECTOMY : BILATERAL	8400	6700	5050	3350
057	ENS032	NASAL POLYPECTOMY : UNILATERAL	6100	4850	3700	2400
058	ENS002	OESOPHAGOSCOPY WITH F.BODY REMOVAL + BIOPSY	7300	5800	4400	2900
059	ENS007	OSSICULOPLASTY / TYMPANOTOMY	18200	14600	10900	7300
060	ENS001	POSTERIOR NASAL PACK (WITH PACK REMOVAL)	4200	3350	2500	1700
061	ENS052	PRE AURICULAR SINUS : BILATERAL	9700	7800	5800	3900
062	ENS051	PRE AURICULAR SINUS : UNILATERAL	8400	6700	5050	3350
063	ENS076	RHINOPLASTY	14500	11600	8700	5800

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:10	GROUP : E.N.T. SURGERY					
064	ENS016	S.M.R.	8400	6700	5050	3350
065	ENS039	SEPTOPLASTY	6600	5300	3950	2650
066	ENS011	SEPTOPLASTY WITH S.M.D.	9000	7200	5400	3600
067	ENS061	SEPTORHINOPLASTY	16800	13450	10100	6700
068	ENS047	SMD	3700	2950	2200	1500
069	ENS050	SPLIT EAR LOBULE : BILATERAL	3700	2950	2200	1500
070	ENS049	SPLIT EAR LOBULE : UNILATERAL	2400	1900	1450	950
071	ENS015	STAPEDECTOMY	18200	14600	10900	7300
072	ENS021	STYLOIDECTOMY : BILATERAL	14500	11600	8700	5800
073	ENS020	STYLOIDECTOMY : UNILATERAL	8400	6700	5050	3350
074	ENS077	THYROPLASTY	12100	9650	7250	4850
075	ENS078	THYROPLASTY WITH ARYTENOID - ABDUCTION/ADDUCTION	14500	11600	8700	5800
076	ENS005	TONSILLECTOMY	7300	5800	4400	2900
077	ENS018	TRACHEOSTOMY	8400	6700	5050	3350
078	ENS004	TURBINECTOMY : BILATERAL	6600	5300	3950	2650
079	ENS003	TURBINECTOMY : UNILATERAL	4200	3350	2500	1700
080	ENS010	TYMPANOPLASTY	15800	12600	9500	6300
081	ENS079	VOCAL CORD LATERLIZATION	8400	6700	5050	3350
082	ENS054	YOUNG OPERATION	9700	7800	5800	3900

07:11 GROUP : VASCULAR SURGERY

001	VAS018	ABDOMINAL ANEURYSM	29000	23200	17400	11600
002	VAS013	AORTO-FEMORAL BYPASS	26600	21300	16000	10650
003	VAS007	A.V. FISTULA FOR DIALYSIS	10300	8250	6200	4100
004	VAS012	AV GRAFT FOR VASCULAR ACCESS FOR HAEMODIALYSIS	21800	17450	13100	8700
005	VAS033	BASALIC VEIN TRANSPOSITION	21800	17450	13100	8700
006	VAS027	BRACHIAL ARTERY REPAIR WITH GRAFT	29000	23200	17400	11600
007	VAS011	CAROTID ENDARTERECTOMY	26600	21300	16000	10650
008	VAS017	CERVICAL RIB EXCISION	18200	14600	10900	7300
009	VAS003	CERVICO THORACIC SYMPATHECTOMY	18200	14600	10900	7300
010	VAS030	CLOSURE OF A.V. FISTULA	15800	12600	9500	6300
011	VAS028	CLOT EVACUATION	4900	3900	2900	1950
012	VAS010	ENDARTERECTOMY OF PERIPHERAL VESSELS	26600	21300	16000	10650
013	VAS016	EXCISION OF A.V. MALFORMATION	18200	14600	10900	7300
014	VAS019	EXCISION OF HAEMANGIOMA - MAJOR	20500	16400	12300	8200
015	VAS020	EXCISION OF HAEMANGIOMA - MEDIUM	15800	12600	9500	6300
016	VAS021	EXCISION OF HAEMANGIOMA - MINOR	9700	7800	5800	3900
017	VAS009	FEMORAL EMBOLECTOMY : BILATERAL	30300	24200	18200	12100
018	VAS008	FEMORAL EMBOLECTOMY : UNILATERAL	21800	17450	13100	8700
019	VAS022	FEMORO-FEMORAL CROSS OVER GRAFT	30300	24200	18200	12100
020	VAS023	FEMORO-POPLITEAL BYPASS WITH VEIN/GRAFT	30300	24200	18200	12100
021	VAS014	FEMORO-POPLITEAL BYPASS	26600	21300	16000	10650
022	VAS006	HEPATIC RESECTION (LOBECTOMY)	20500	16400	12300	8200
023	VAS026	ILLIAC ARTERY ANRURYSM	29000	23200	17400	11600
024	VAS031	LIGATION OF FEMORAL S.F. JUNCTION	18200	14600	10900	7300
025	VAS032	LIGATION OF SAPHENOUS POPLITEAL JUNCTION	18200	14600	10900	7300

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:11	GROUP : VASCULAR SURGERY					
026	VAS002	LUMBAR SYMPATHECTOMY : UNILATERAL	12100	9650	7250	4850
027	VAS015	PERIPHERAL ANEURYSM REPAIR	21800	17450	13100	8700
028	VAS029	PERMACATH PLACEMENT	5000	4000	3000	2000
029	VAS005	PERMANENT PACING	13400	10700	8000	5350
030	VAS004	TEMPORARY PACING	7300	5800	4400	2900
031	VAS034	THROMBOLETOLOGY WITH DACRON PATCH ARTERIOPLASTY	21800	17450	13100	8700
032	VAS001	THROMBO ENDARTERECTOMY AORTA	25200	20150	15100	10100
033	VAS024	VARICOSE VEINS	18200	14600	10900	7300
034	VAS035	VEIN PATCHPLASTY	26600	21300	16000	10650
035	VAS025	VENOUS RECONSTRUCTION	18200	14600	10900	7300

07:12 GROUP : UROLOGY SURGERY

001	URS123	ADRENELECTOMY OPEN	18200	14600	10900	7300
002	URS035	AMPUTATION OF PENIS - PARTIAL	12100	9650	7250	4850
003	URS034	AMPUTATION OF PENIS - TOTAL	16800	13450	10100	6700
004	URS029	AUGMENTATION CYSTOPLASTY	23000	18400	13800	9200
005	URS053	BASKETING	10900	8700	6550	4350
006	URS010	BLADDER NECK INCISION	12100	9650	7250	4850
007	URS056	BLADDER NECK RECONSTRUCTION	27800	22250	16700	11100
008	URS102	BUCCAL MUCOSAL GRAFT (BILATERAL OR UNILATERAL) URETHROPLASTY OR SUBSTITUTION URETHROPLASTY	21800	17450	13100	8700
009	URS122	CHORDEE WITHOUT HYPOSPADIAS	12100	9650	7250	4850
010	URS066	CIRCUMCISION	6100	4850	3700	2400
011	URS030	CLOSURE OF URETHRAL FISTULA	10900	8700	6550	4350
012	URS008	COMBINATION OF T.U.R.P. + STONE OR TUMOR	26600	21300	16000	10650
013	URS067	COMBINATION OF T.U.R.P. + B.N.I	21800	17450	13100	8700
014	URS132	CYSTOLITHOTOMY	10900	8700	6550	4350
015	URS009	CYSTOLITHOTRIPSY/CYSTOLITHALOPEXY	10900	8700	6550	4350
016	URS095	CYSTOSCOPY + CLOT EVACUATION WITH FULGRATION	6100	4850	3700	2400
017	URS004	CYSTOSCOPY (DIAGNOSTIC)	4900	3900	2900	1950
018	URS068	CYSTOSCOPY WITH BIOPSY/CATHERISATION	6100	4850	3700	2400
019	URS005	CYSTOSCOPY WITH BLADDER BIOSPY OR R.G.P.	6100	4850	3700	2400
020	URS069	CYSTOSTOMY (SUPRAPUBIC)	7300	5800	4400	2900
021	URS051	D.J.STENTING : BILATERAL	10900	8700	6550	4350
022	URS070	D.J.STENTING : UNILATERAL	7300	5800	4400	2900
023	URS093	D.J.STENTING WITH URETERIC CATHETERISATION	10000	8000	6000	4000
024	URS092	DEROOFING OF PROSTATIC ABSCESS	12100	9650	7250	4850
025	URS073	ENDOPYELOTOMY - PCN OR URS	20500	16400	12300	8200
026	URS002	ENDOSCOPIC CORRECTION OF REFLUX : UNILATERAL OR BILATERAL	12100	9650	7250	4850
027	URS074	ENDOSCOPIC DILATATION OF URETERAL STRICTURE	16800	13450	10100	6700
028	URS003	ENDOSCOPIC REMOVAL OF URETHRAL STONE	10900	8700	6550	4350
029	URS012	ENDOSCOPIC VENTRO-SUSPENSION FOR STRESS/TVT/TOT	16800	13450	10100	6700
030	URS064	EPIDIDYMAL CYST	8400	6700	5050	3350
031	URS075	EPIDYDMECTOMY - BILATERAL	12100	9650	7250	4850
032	URS076	EPIDYDMECTOMY - UNILATERAL	8400	6700	5050	3350
033	URS098	EXCISION OF GROWTH PENIS	10900	8700	6550	4350
034	URS037	EXPLORATORY SCROTOTOMY	10900	8700	6550	4350

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:12	GROUP : UROLOGY SURGERY					
035	URS015	EXTROPHY/EPISPADIAS REPAIR	30300	24200	18200	12100
036	URS071	FRENULOPLASTY	8400	6700	5050	3350
037	URS100	HYPOSPADIAS REPAIR – 1ST STAGE	12100	9650	7250	4850
037	URS101	HYPOSPADIAS REPAIR – 2ND STAGE	10900	8700	6550	4350
038	URS105	HYPOSPADIAS REPAIR – SINGLE STAGE	18200	14600	10900	7300
039	URS125	ILEO – INGUINAL LYMPHADENECTOMY UNILATERAL	18200	14600	10900	7300
040	URS119	ILEO – INGUINAL LYMPHADENECTOMY BILATERAL	24200	19400	14500	9700
041	URS133	INTRAVESICAL INJECTION OF BOTULINUM TOXIN FOR O.A.B. (OVER ACTIVE BLADDER)	9700	7800	5800	3900
042	URS113	ISTHAMECTOMY WITH NEPHROPEXY	18200	14600	10900	7300
043	URS062	LAPAROSCOPIC ADRENALECTOMY	23100	18450	13850	9250
044	URS115	LAPAROSCOPIC ASSISTED PCNL	21800	17450	13100	8700
045	URS061	LAPAROSCOPIC RADICAL NEPHRECTOMY	23100	18450	13850	9250
046	URS060	LAPAROSCOPIC SIMPLE NEPHRECTOMY	20500	16400	12300	8200
047	URS055	LAPAROSCOPIC URETEROLITHOTOMY	19500	15600	11700	7800
048	URS137	LASER PROSTATECTOMY	20500	16400	12300	8200
049	URS057	MEATOPLASTY	4900	3900	2900	1950
050	URS063	MEATOTOMY	3000	2400	1800	1200
051	URS094	NEEDLE ASPIRATION OF PROSTATE	3000	2400	1800	1200
052	URS091	NEEDLE BIOPSY OF PROSTATE	3000	2400	1800	1200
053	URS072	NEPHRECTOMY	20500	16400	12300	8200
054	URS020	NEPHRECTOMY (RADICAL)	26800	21450	16100	10700
055	URS018	NEPHRECTOMY (SIMPLE OR PARTIAL)	20500	16400	12300	8200
056	URS045	NEPHRECTOMY RENAL TUMOR	23100	18450	13850	9250
057	URS019	NEPHROLITHOTOMY (ANATROPHIC)	19500	15600	11700	7800
058	URS114	NEPHROPEXY FOR PTOTIC KIDNEY	12100	9650	7250	4850
059	URS023	NEPHROSTOMY - OPEN	13400	10700	8000	5350
060	URS024	NEPHROSTOMY - PERCUTANEOUS (P.C.N.)	10900	8700	6550	4350
061	URS021	NEPHROURETERECTOMY	26800	21450	16100	10700
062	URS040	OPERATION FOR DOUBLE URETER	21800	17450	13100	8700
063	URS041	OPERATION FOR ECTOPIC URETER	23100	18450	13850	9250
064	URS046	OPERATION FOR INJURY OF BLADDER	15800	12600	9500	6300
065	URS110	OPERATION FOR MEGA URETER	18200	14600	10900	7300
066	URS011	OPTICAL INTERNAL URETHROTOMY	12100	9650	7250	4850
067	URS077	ORCHIDECTOMY - UNILATERAL OR BILATERAL	10900	8700	6550	4350
068	URS017	ORCHIOPEXY OR ORCHIDOPEXY : BILATERAL	16800	13450	10100	6700
069	URS016	ORCHIOPEXY OR ORCHIDOPEXY : UNILATERAL	12100	9650	7250	4850
070	URS027	PARTIAL CYSTECTOMY	20500	16400	12300	8200
071	URS121	PCNL – BILATERAL	26800	21450	16100	10700
072	URS047	PCNL – UNILATERAL	21800	17450	13100	8700
073	URS090	PCNL - MULTIPLE PUNCTURE	24200	19400	14500	9700
074	URS131	PERCUTANEOUS CYSTOLITHOTRIPTY (PCLT)	12100	9650	7250	4850
075	URS033	PERINEAL URETHROSTOMY	6100	4850	3700	2400
076	URS118	PERINEPHRIC ABSCESS DRAINAGE – OPEN	9700	7800	5800	3900
077	URS117	PERINEPHRIC ABSCESS DRAINAGE – PERCUTANEOUS	7300	5800	4400	2900
078	URS078	PROSTATIC BIOPSY	3700	2950	2200	1500
079	URS079	PYELOLITHOTOMY	16800	13450	10100	6700

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:12	GROUP : UROLOGY SURGERY					
080	URS022	PYELOPLASTY WITH OR WITHOUT R.G.P.	19500	15600	11700	7800
081	URS106	RADICAL CYSTECTOMY WITH NEOBLADDER	27800	22250	16700	11100
082	URS058	RADICAL CYSTOPROSTATECTOMY	27800	22250	16700	11100
083	URS059	RADICAL RETROPUBIC PROSTATECTOMY	26800	21450	16100	10700
084	URS080	RADICAL/TOTAL CYSTECTOMY WITH URINARY DIVERSION	27800	22250	16700	11100
085	URS081	RECTO-URETHERAL FISTULA - POST SAGGITAL REPAIR	27800	22250	16700	11100
086	URS120	RELOOK PCNL	6100	4850	3700	2400
087	URS052	REMOVAL OF D.J.STENT U/L OR B/L	3700	2950	2200	1500
088	URS044	REPAIR OF URETHRAL INJURY	16800	13450	10100	6700
089	URS043	REPAIR OF V.V.FISTULA	26600	21300	16000	10650
090	URS112	RGP WITH SCLERO THERAPY FOR CHYLURIA	8400	6700	5050	3350
091	URS111	RPLND (RETRO- PERITONEAL LYMPHNODE DISSECTION)	21800	17450	13100	8700
092	URS096	SEPARATION AND DISSECTION OF BLADDER	9700	7800	5800	3900
093	URS082	SUPRAPUBIC DRAINAGE (CLOSED)	6100	4850	3700	2400
094	URS084	SUPRAPUBIC DRAINAGE (OPEN)	6100	4850	3700	2400
095	URS085	SUPRAPUBIC PROSTATECTOMY	16800	13450	10100	6700
096	URS108	SURGERY FOR PEYRONIS DISEASE	18200	14600	10900	7300
097	URS109	SURGERY FOR PRIAPISM	18200	14600	10900	7300
098	URS107	SURGERY FOR RECTOURETHRAL FISTULA	24200	19400	14500	9700
099	URS116	T U R E D (TRANS URETHRAL RESECTION OF EJACULATING DUCT)	12100	9650	7250	4850
100	URS007	T.U.R. - BLADDER TUMOR	19300	15450	11550	7700
101	URS001	T.U.R. - POSTERIOR URETHRAL VALVES	13400	10700	8000	5350
102	URS006	T.U.R. - PROSTATE	19300	15450	11550	7700
103	URS097	T.U.R. - PROSTATE WITH T.U.E.V.P	19300	15450	11550	7700
104	URS086	TESTICULAR BIOPSY	4900	3900	2900	1950
105	URS128	TRANS URETERO URETEROSTOMY	18200	14600	10900	7300
106	URS087	TRANS URETHRAL ELECTRO VAPOUIZATION OF PROSTATE	19300	15450	11550	7700
107	URS026	TROCAR CYSTOSTOMY	7300	5800	4400	2900
108	URS065	URETERIC CATHETERISATION - UNILATERAL OR BILATERAL	6100	4850	3700	2400
109	URS129	URETERO URETEROSTOMY	14500	11600	8700	5800
110	URS025	URETEROINTESTINAL DIVERSION/RE-IMPLANTATION OF URETER	23100	18450	13850	9250
111	URS088	URETEROLITHOTOMY	13400	10700	8000	5350
112	URS130	URETEROLYSIS FOR RETROPERITONEAL FIBROSIS	18200	14600	10900	7300
113	URS127	URETERONEOCYSTOSTOMY WITH BOARI FLAP	18200	14600	10900	7300
114	URS014	URETERONEOEYSTOSTOMY : BILATERAL	24200	19400	14500	9700
115	URS013	URETERONEOEYSTOSTOMY : UNILATERAL	19500	15600	11700	7800
116	URS126	URETEROPLASTY WITH ILEAL REPOSITION	18200	14600	10900	7300
117	URS050	URETEROSCOPIC LITHOTRIPSY	16800	13450	10100	6700
118	URS049	URETEROSCOPIC STONE REMOVAL	13900	11100	8300	5550
119	URS089	URETEROSCOPIC URETEROTOMY	16800	13450	10100	6700
120	URS048	URETEROSCOPY : DIAGNOSTIC	8400	6700	5050	3350
121	URS054	URETHRAL DILATATION	3000	2400	1800	1200
122	URS031	URETHROPLASTY - 1ST STAGE	12100	9650	7250	4850
123	URS032	URETHROPLASTY - 2ND STAGE	10900	8700	6550	4350
124	URS103	URETHROPLASTY FOR POSTERIOR URETHRAL DISTRACTION DEFECT (PUDD)	24200	19400	14500	9700
125	URS099	VARICOCELECTOMY BILATERAL	14500	11600	8700	5800

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:12	GROUP : UROLOGY SURGERY					
126	URS124	VARICOCELECTOMY LAPAROSCOPIC	10900	8700	6550	4350
127	URS104	VARICOCELECTOMY OPEN MICROSURGICAL	10900	8700	6550	4350
128	URS036	VARICOCELECTOMY UNILATERAL	10900	8700	6550	4350
129	URS039	VASO-EPIDIDYMAL ANASTOMOSIS	21800	17450	13100	8700
130	URS038	VASOVASAL ANASTOMOSIS	16800	13450	10100	6700
131	URS042	Y.V.PLASTY OF BLADDER NECK	16800	13450	10100	6700

07:13 GROUP : PLASTIC SURGERY

001	PLS048	ABDOMINOPLASTY	19500	15600	11700	7800
002	PLS028	ABDOMINOPLASTY WITH LIPOSUCTION (COSMETIC)	24200	19400	14500	9700
003	PLS068	BAT EAR BILATERAL	16800	13450	10100	6700
004	PLS033	BLEPHEROPLASTY FOUR LIDS	25200	20150	15100	10100
005	PLS032	BLEPHEROPLASTY TWO LIDS	20500	16400	12300	8200
006	PLS040	BREAST AUGMENTATION (IMPLANT) : BILATERAL	25200	20150	15100	10100
007	PLS039	BREAST AUGMENTATION (IMPLANT) : UNILATERAL	16800	13450	10100	6700
008	PLS041	BREAST AUGMENTATION BY FLAP	28900	23100	17350	11550
009	PLS070	BREAST REDUCTION : BILATERAL	25200	20150	15100	10100
010	PLS069	BREAST REDUCTION : UNILATERAL	16800	13450	10100	6700
011	PLS023	CHEMICAL PEELING	20500	16400	12300	8200
012	PLS010	CLEFT LIP CASE RHINOPLASTY	24200	19400	14500	9700
013	PLS009	CLEFT LIP NOSTRIL	19500	15600	11700	7800
014	PLS002	CLEFT LIP/PALATE : BILATERAL	21800	17450	13100	8700
015	PLS001	CLEFT LIP/PALATE : UNILATERAL	16800	13450	10100	6700
016	PLS005	CLEFT PALATE & LIP : BILATERAL	25200	20150	15100	10100
017	PLS004	CLEFT PALATE & LIP : UNILATERAL	20500	16400	12300	8200
018	PLS008	CLEFT PALATE FISTULA WITH FLAP	20500	16400	12300	8200
019	PLS006	CLEFT PALATE WITH PHARYNGOPLASTY	20500	16400	12300	8200
020	PLS007	CLEFT PALATE-FISTULA SIMPLE	12100	9650	7250	4850
021	PLS021	COMPLICATED SCAR FACE/MULTIPLE SCARS	19500	15600	11700	7800
022	PLS085	CONTRACTURE RELEASE WITH FLAP & SKINGRAFT	25200	20150	15100	10100
023	PLS084	CONTRACTURE RELEASE WITH SKIN GRAFT MORE FINGERS	24200	19400	14500	9700
024	PLS083	CONTRACTURE RELEASE WITH SKIN GRAFT ONE FINGER	16800	13450	10100	6700
025	PLS103	CYST OR GANGLION MULTIPLE	11600	9300	7000	4650
026	PLS022	DERMABRASION FACE	14500	11600	8700	5800
027	PLS098	DETACHMENT OF FLAP	11600	9300	7000	4650
028	PLS122	DISTRACTION OSTEOGENESIS MANDIBLE OR MAXILLA	24200	19400	14500	9700
029	PLS124	DIVISION OF FLAP	7300	5800	4400	2900
030	PLS057	DRESSING - MAJOR	4200	3350	2500	1700
031	PLS114	DRESSING - MEDIUM	3000	2400	1800	1200
032	PLS058	DRESSING - MINOR	2100	1700	1250	850
033	PLS065	EAR LOBULE KELOID : BILATERAL	8400	6700	5050	3350
034	PLS064	EAR LOBULE KELOID : UNILATERAL	7300	5800	4400	2900
035	PLS101	EXCISION OF CYST - MULTIPLE	8400	6700	5050	3350
036	PLS0100	EXCISION OF CYST - SINGLE	4200	3350	2500	1700
037	PLS113	EXCISION OF MOLE - FACE	4200	3350	2500	1700
038	PLS123	EXPLANTATION OF BREAST IMPLANT	14700	11750	8800	5900

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:13	GROUP :	PLASTIC SURGERY				
039	PLS071	EXTRA DIGIT EXCISION	8400	6700	5050	3350
040	PLS034	EYE LIDS - PTOSIS : UNILATERAL	12100	9650	7250	4850
041	PLS036	EYE LIDS : PARTIAL EXCISION & REPAIR WITH SKIN GRAFT & FLAP	18200	14600	10900	7300
042	PLS038	EYE LIDS FOLD RECONSTRUCTION	18200	14600	10900	7300
043	PLS037	EYE LIDS TUMOR EXCISION & REPAIR WITH SKIN GRAFT & FLAP	18200	14600	10900	7300
044	PLS035	EYE LIDS- PTOSIS : BILATERAL	16800	13450	10100	6700
045	PLS031	FACE LIFT WITH OR WITHOUT NECK LIFT (COSMETIC)	27800	22250	16700	11100
046	PLS056	FACE MOLE OR CYST EXCISION - MULTIPLE	14500	11600	8700	5800
047	PLS049	FASCIO CUTANEOUS FLAP REPAIR - LARGE	19500	15600	11700	7800
048	PLS050	FASCIO CUTANEOUS FLAP REPAIR - MEDIUM	14500	11600	8700	5800
049	PLS051	FASCIO CUTANEOUS FLAP REPAIR - SMALL	8400	6700	5050	3350
050	PLS054	FASCIO CUTANEOUS FLAP WITH SKIN GRAFT - LARGE	25200	20150	15100	10100
051	PLS053	FASCIO CUTANEOUS FLAP WITH SKIN GRAFT - MEDIUM	16800	13450	10100	6700
052	PLS052	FASCIO CUTANEOUS FLAP WITH SKIN GRAFT - SMALL	10900	8700	6550	4350
053	PLS025	FAT OR FULL THICKNESS GRAFT - LARGE	16800	13450	10100	6700
054	PLS024	FAT OR FULL THICKNESS GRAFT - SMALL	9700	7800	5800	3900
055	PLS089	FRACTURE FLOOR OF ORBIT	16800	13450	10100	6700
056	PLS080	FRACTURE MANDIBLE + MAXILLA + ORBIT + NOSE	25200	20150	15100	10100
057	PLS079	FRACTURE MANDIBLE OR MAXILLA A.O.	12100	9650	7250	4850
058	PLS117	FRENULOPLASTY	8400	6700	5050	3350
059	PLS073	HAND - TENDON REPAIR (MAGNIFICATION) MULTIPLE	23100	18450	13850	9250
060	PLS072	HAND - TENDON WITH NERVE REPAIR (MAGNIFICATION)	20500	16400	12300	8200
061	PLS016	HYPOSPADIAS - CHORDEE CORRECTIONS	12100	9650	7250	4850
062	PLS015	HYPOSPADIAS - MEATOTOMY	4200	3350	2500	1700
063	PLS017	HYPOSPADIAS - URETHRA RECONSTRUCTION	20500	16400	12300	8200
064	PLS115	INTRAVELAR VELOPLASTY	21800	17450	13100	8700
065	PLS105	JOINT REPLACEMENT (MINOR)	14500	11600	8700	5800
066	PLS116	LARGE SCAR EXCISION	12100	9650	7250	4850
067	PLS027	LIPOSUCTION - LARGE AREA	19500	15600	11700	7800
068	PLS026	LIPOSUCTION - SMALL AREA	12100	9650	7250	4850
069	PLS093	LOCAL FLAP - LARGE	14500	11600	8700	5800
070	PLS092	LOCAL FLAP - MEDIUM	10900	8700	6550	4350
071	PLS091	LOCAL FLAP - MINOR	7300	5800	4400	2900
072	PLS090	LOCAL FLAP/CROSS FINGER FLAP	16800	13450	10100	6700
073	PLS077	MALAR FRACTURE - CLOSED	12100	9650	7250	4850
074	PLS078	MALAR FRACTURE - MINI INTERNAL FIXATION	16800	13450	10100	6700
075	PLS097	MANDIBLE WIRING	12100	9650	7250	4850
076	PLS014	MINOR CORRECTION ON CLEFT LIP	10900	8700	6550	4350
077	PLS075	NASAL FRACTURE - CLOSED	7300	5800	4400	2900
078	PLS076	NASAL FRACTURE WITH COMPOUND WOUND	10900	8700	6550	4350
079	PLS106	NERVE GRAFT (UNDER MAGNIFICATION)	25200	20150	15100	10100
080	PLS107	NERVE REPAIR (MULTIPLE)	25200	20150	15100	10100
081	PLS108	NERVE REPAIR (SINGLE)	19500	15600	11700	7800
082	PLS109	NERVE REPLANTATION (UNDER MAGNIFICATION)	29000	23200	17400	11600
083	PLS013	NOSE TIP RHINOPLASTY	12100	9650	7250	4850
084	PLS047	PHARYNGOPLASTY	16800	13450	10100	6700
085	PLS030	PREAURICULAR SINUS : BILATERAL	8400	6700	5050	3350

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:13	GROUP : PLASTIC SURGERY					
086	PLS029	PREAURICULAR SINUS : UNILATERAL	7300	5800	4400	2900
087	PLS110	RADIAL CLUB HAND CORRECTION	23000	18400	13800	9200
088	PLS074	RECONSTRUCTION OF EAR DEFORMITY – STAGE-I	24200	19400	14500	9700
089	PLS120	RECONSTRUCTION OF EAR DEFORMITY – STAGE-II	19500	15600	11700	7800
090	PLS121	RECONSTRUCTION OF EAR DEFORMITY – STAGE-III	15800	12600	9500	6300
091	PLS087	RELEASE OF TONGUE TIE	3700	2950	2200	1500
092	PLS088	RELEASE OF TONGUE TIE - Z PLASTY REPAIR	8400	6700	5050	3350
093	PLS094	REPAIR OF FRACTURE ZYGOMA	12100	9650	7250	4850
094	PLS119	REPAIR OF LIP – BILATERAL	15800	12600	9500	6300
095	PLS118	REPAIR OF LIP – UNILATERAL	10500	8400	6300	4200
096	PLS096	REPAIR OF MORE THAN ONE FINGER	8400	6700	5050	3350
097	PLS095	REPAIR OF ONE FINGER	7300	5800	4400	2900
098	PLS099	REPAIR OF PINNA	7300	5800	4400	2900
099	PLS011	RHINOPLASTY (COSMETIC)	23100	18450	13850	9250
100	PLS003	SECONDARY DEFORMITY - CLEFT LIP/PALATE/NOSE	21800	17450	13100	8700
101	PLS012	SEPTO-RHINOPLASTY	16800	13450	10100	6700
102	PLS020	SIMPLE SCAR EXCISION	9700	7800	5800	3900
103	PLS018	SIMPLE Z PLASTY ANYWHERE	8400	6700	5050	3350
104	PLS061	SKIN GRAFTING - LARGE/EXTENSIVE	18200	14600	10900	7300
105	PLS060	SKIN GRAFTING - MEDIUM	14500	11600	8700	5800
106	PLS059	SKIN GRAFTING - SMALL	8400	6700	5050	3350
107	PLS102	SMALL NAEVUS - SINGLE	7300	5800	4400	2900
108	PLS063	SPLIT EAR LOBULES : BILATERAL	4900	3900	2900	1950
109	PLS062	SPLIT EAR LOBULES : UNILATERAL	3700	2950	2200	1500
110	PLS067	SYNDACTYLE FINGERS : MORE THAN ONE WEB	23000	18400	13800	9200
111	PLS066	SYNDACTYLE FINGERS : ONE WEB	19500	15600	11700	7800
112	PLS082	T.M. JOINT ANKYLOSIS WITH RIB GRAFT	25200	20150	15100	10100
113	PLS081	T.M. JOINT ANKYLOSIS/CONDYLECTOMY : UNILATERAL	19500	15600	11700	7800
114	PLS111	TENDON TRANSFER (MULTIPLE)	19500	15600	11700	7800
115	PLS112	TENDON TRANSFER (SINGLE)	14500	11600	8700	5800
116	PLS042	TISSUE EXPANDER (INSERTION)	19500	15600	11700	7800
117	PLS055	VAGINOPLASTY WITH SKIN GRAFT AND FLAP	25200	20150	15100	10100
118	PLS086	VAS RECANALISATION (MAGNIFICATION)	19500	15600	11700	7800
119	PLS045	WOUND REPAIR - FACE/HAND/LIMBS - LARGE	14500	11600	8700	5800
120	PLS044	WOUND REPAIR - FACE/HAND/LIMBS - MEDIUM	7300	5800	4400	2900
121	PLS046	WOUND REPAIR - FACE/HAND/LIMBS - MULTIPLE	19500	15600	11700	7800
122	PLS043	WOUND REPAIR - FACE/HAND/LIMBS - SMALL	3700	2950	2200	1500
123	PLS019	Z PLASTY - SCAR EXCISION WITH OR WITHOUT SKINGRAFT	16800	13450	10100	6700

07:14 GROUP : PEDIATRIC SURGERY

001	PES002	ABDOMINOPERINEAL PULL THROUGH / PSARP	24200	19400	14500	9700
002	PES028	ANAL DILATATION	6100	4850	3700	2400
003	PES029	ANORECTAL MYOMECTOMY	13400	10700	8000	5350
004	PES030	APPENDECTOMY	14500	11600	8700	5800
005	PES031	AXILLARY LYMPH NODE BIOPSY	7300	5800	4400	2900
006	PES007	BILIARY ATRESIA/CHOLEDOCHAL CYST	26800	21450	16100	10700

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:14	GROUP : PEDIATRIC SURGERY					
007	PES032	BRONCHOSCOPY DIAGNOSTIC/FB/BIOPSY	8400	6700	5050	3350
008	PES033	CATHETERISATION AND MCU	3000	2400	1800	1200
009	PES034	CENTRAL VENOUS LINE IN NEONATE	2400	1900	1450	950
010	PES035	CERVICAL LYMPH NODE BIOPSY	6100	4850	3700	2400
011	PES036	CHEST ASPIRATION	3000	2400	1800	1200
012	PES037	CHEST TUBE INSERTION	7300	5800	4400	2900
013	PES011	CHEST TUBE MANIPULATION	850	700	500	350
014	PES005	COLOSTOMY/ILEOSTOMY CLOSURE	18200	14600	10900	7300
015	PES013	COLOSTOMY/ILEOSTOMY/JEJUNOSTOMY	12100	9650	7250	4850
016	PES039	COMPLETE DECORICATION/OPEN/THORACOSCOPIC	21800	17450	13100	8700
017	PES010	CYSTIC HYGROMA - MAJOR	21800	17450	13100	8700
018	PES092	CYSTIC HYGROMA MINOR EXCISION/SCLEROTHERAPY	12100	9650	7250	4850
019	PES009	CYSTOGASTROSTOMY	16800	13450	10100	6700
020	PES040	DIAGNOSTIC LAPROSCOPY	8400	6700	5050	3350
021	PES041	DIAPHRAGMATIC HERNIA / EVENTRATION	24200	19400	14500	9700
022	PES042	DRAINAGE OF DEEP/LARGE ABCESS	6100	4850	3700	2400
023	PES043	DRAINAGE OF SMALL ABCESS	4200	3350	2500	1700
024	PES097	DRESSING – SMALL	1800	1450	1100	700
025	PES044	DRESSING LARGE	3000	2400	1800	1200
026	PES046	ESOPHAGOSCOPY /FB	6100	4850	3700	2400
027	PES045	ESPOHAGEAL DILATATION	4200	3350	2500	1700
028	PES047	EXCISION BIOPSY SUP.LUMP/SEB CYST	7300	5800	4400	2900
029	PES048	EXCISION BRANCHIAL SINUS/FISTULA	12100	9650	7250	4850
030	PES095	EXCISION OF EXTRA DIGIT - (IN NEONATE CASES)	4900	3900	2900	1950
031	PES096	EXCISION OF RETRO-PERITONEAL TUMOR	24200	19400	14500	9700
032	PES049	EXCISION THYROGLOSSAL CYST/FISTULA	12100	9650	7250	4850
033	PES050	EXPLORATORY LAPROTOMY	9700	7800	5800	3900
034	PES103	EXPLORATORY LAPROTOMY WITH MULTIPLE BIOPSIES	14500	11600	8700	5800
035	PES051	FUNDOPLICATION	16800	13450	10100	6700
036	PES052	GASTROSCHISIS	21800	17450	13100	8700
037	PES038	GASTROSTOMY	12100	9650	7250	4850
038	PES054	HYDROCOELE BILAT	14500	11600	8700	5800
039	PES055	HYDROCOELE UNILAT	9700	7800	5800	3900
040	PES056	INGUINAL HERNIA IN NEONATE BILAT	16800	13450	10100	6700
041	PES057	INGUINAL HERNIA IN NEONATE UNILAT	12100	9650	7250	4850
042	PES058	INGUINAL HERNIA REPAIR BILAT	14500	11600	8700	5800
043	PES059	INGUINAL HERNIA REPAIR UNILAT	10900	8700	6550	4350
044	PES060	INTESTINAL FISTULA	20500	16400	12300	8200
045	PES004	INTESTINAL OBSTRUCTION	16800	13450	10100	6700
046	PES061	INTUSSUSCEPTION AND RESECTON ANASTMOSIS	17600	14100	10600	7000
047	PES062	INTUSSUSCEPTION REDUCTION (XRAY OR OPERATIVE)	12100	9650	7250	4850
048	PES091	KIDNEY BIOPSY	4000	3200	2400	1600
049	PES063	LAPROSCOPIC APPENDICECTOMY	14500	11600	8700	5800
050	PES064	LIVER ABCESS ASPIRATION	4200	3350	2500	1700
051	PES065	LIVER ABCESS ASPIRATION MULTIPLE	7300	5800	4400	2900
052	PES066	LIVER BIOPSY CLOSED	2400	1900	1450	950
053	PES067	LOBECTOMY	21800	17450	13100	8700

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:14	GROUP	: PEDIATRIC SURGERY				
054	PES068	LYSIS OF INTESTINAL ADHESIONS	14500	11600	8700	5800
055	PES069	MALROTATION INTESTINE	18200	14600	10900	7300
056	PES070	MESENTERIC CYST/DUPLICATION	18200	14600	10900	7300
057	PES072	MULTIPLE POLYPS	12100	9650	7250	4850
058	PES071	MULTIPLE RESECTION ANASTMOSIS	24200	19400	14500	9700
059	PES074	NEONATAL INTESTINAL OBSTRUCTION /ATRESIA	21800	17450	13100	8700
060	PES076	OBPHALOCOELE MAJOR/GASTROSCHISIS	21800	17450	13100	8700
061	PES075	OBSTRUCTED/STRANGULATED HERNIA	16800	13450	10100	6700
062	PES008	OESOPHAGOSTOMY	16800	13450	10100	6700
063	PES077	OMPHALOCOELE MINOR	14500	11600	8700	5800
064	PES078	ORCHIDOPEXY BILAT	19500	15600	11700	7800
065	PES015	ORCHIDOPEXY UNILAT	13400	10700	8000	5350
066	PES100	PARAVERTIBRAL ABCESS	10900	8700	6550	4350
067	PES016	PARTIAL DECORTICATION / RIB RESECTION	14500	11600	8700	5800
068	PES001	PERINEAL ANOPLASTY	12100	9650	7250	4850
069	PES017	PERITONEAL ASPIRATION	2400	1900	1450	950
070	PES012	PERITONEAL DRAINAGE	3000	2400	1800	1200
071	PES006	PNEUMONECTOMY	21800	17450	13100	8700
072	PES018	PULL THROUGH FOR HIRSCHPRUNG'S	24200	19400	14500	9700
073	PES019	PYELOPLASTY	23100	18450	13850	9250
074	PES020	PYLORMYOTOMY	14500	11600	8700	5800
075	PES079	RADIAL ARTERY CATH	3000	2400	1800	1200
076	PES080	RECTAL POLYP	7300	5800	4400	2900
077	PES081	RECTAL SUCTION BIOPSY/OPEN BIOPSY	6100	4850	3700	2400
078	PES014	RECURRENT INTESTINAL OBSTRUCTION	16800	13450	10100	6700
079	PES022	RESECTION AND ANASTMOSIS INTESTINE	18200	14600	10900	7300
080	PES101	RETRO PERITONEAL ABCESS / HAEMATOMA	14500	11600	8700	5800
081	PES102	SCLEROTHERAPY RECTAL PROLAPSE / HAEMANGIOMA	6100	4850	3700	2400
082	PES023	SIGMOIDOSCOPY	3700	2950	2200	1500
083	PES098	SOFT TISSUE TUMOR (LARGE)	10900	8700	6550	4350
084	PES099	SOFT TISSUE TUMOR (SMALL)	7300	5800	4400	2900
085	PES024	SPLEENECTOMY	19500	15600	11700	7800
086	PES025	SUTURING MULTIPLE WOUND	6100	4850	3700	2400
087	PES026	SUTURING OF WOUND	3700	2950	2200	1500
088	PES027	TONGUE TIE EXCISION	3700	2950	2200	1500
089	PES003	TRACHEOESOPHAGEAL FISTULA (T.O.F.)	25200	20150	15100	10100
090	PES082	UMBILICAL /EPIGASTRIC HERNIA	10900	8700	6550	4350
091	PES083	UMBILICAL CATH ARTERIAL	3000	2400	1800	1200
092	PES084	UMBILICAL CATH VENOUS	3000	2400	1800	1200
093	PES085	UMBILICAL GRANULOMA	3000	2400	1800	1200
094	PES086	URACHUS EXCISION	12100	9650	7250	4850
095	PES087	V Y PLASTY TONGUE TIE	7300	5800	4400	2900
096	PES088	VARICOCOELE	12100	9650	7250	4850
097	PES089	VENESECTION / CENTRAL LINE	2400	1900	1450	950
098	PES090	VITELLINE DUCT EXCISION	12100	9650	7250	4850

S.No.	CODE	DESCRIPTION	ACCOMMODATION CATEGORY			
			PR	SPR	NSB	SB
07:15	GROUP : MISCELLANEOUS SURGERY					
001	MSS001	PERITONEOSCOPY – BIOPSY	3700	2950	2200	1500
002	MSS002	SIGMOIDOSCOPY	3700	2950	2200	1500
003	MSS003	ECT	3000	2400	1800	1200
004	MSS004	EPIDURAL INJECTION	2400	1900	1450	950

07:16 GROUP : NEPHROLOGY SERVICES

07:16A NEPHROLOGY SURGERY/PROCEDURES

001	VAS007	A.V.FISTULA FOR DIALYSIS	10300	8250	6200	4100
002	VAS012	AV GRAFT FOR VASCULAR ACCESS FOR HAEMODIALYSIS	21800	17450	13100	8700
003	URS134	CAPD CATHETER PLACEMENT	9700	7800	5800	3900
004	URS135	CAPD CATHETER REMOVAL	4900	3900	2900	1950
005	URS136	CHRONIC HEMODIALYSIS CATHETER (PERMCATH) PLACEMENT	8400	6700	5050	3350

DIALYSIS (IN PATIENT)

07:16B HAEMODIALYSIS

001	DIA011	HAEMODIALYSIS [PROFESSIONAL CHARGES]	1450	1300	1100	950
002	DIA012	HAEMODIALYSIS (ICU-BEDSIDE)	2100	1900	1600	1450
003	DIA013	SLED (Sustained Low Efficiency Dialysis)	2900	2450	2100	1900
004	DIA014	EMERGENCY HAEMODIALYSIS	2100	1900	1600	1450

NOTE :- HAEMODIALYSIS CHARGES INCLUDES PROFESSIONAL FEE OF NEPHROLOGIST FOR HAEMODIALYSIS ONLY. HOWEVER, IT DOES NOT INCLUDE CHARGES FOR ANY CONSUMABLES, VASCULAR ACCESS, MEDICATION AND INVESTIGATIONS.

07:16C OTHER PROCEDURES

001	TRE023	PERITONEAL DIALYSIS	3150	2850	2400	1600
002	DIA009	FEMORAL CATHETERISATION	1600	1500	1300	1050
003	TRE024	SUBCLAVIAN / JUGULAR CANNULATION OR CATHETERISATION	3150	2850	2400	1600
004	TRE075	KIDNEY BIOPSY (LAB. CHARGES EXTRA)	3150	2850	2400	1600
005	DIA006	HAEMODIALYSIS CATHETER DRESSING	250	250	250	200
006	DIA007	FISTULA DRESSING	100	100	100	80
007	DIA008	U.SOUND/ECHO GUIDANCE CHARGES FOR JUGULAR CANNULATION/CATHETERISATION	250	250	250	200
008	DIA010	CAPD TRAINING CHARGES (FOR COMPLETE TRAINING)	5300	4700	4200	3700

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

			PR/SPR/NSB/SB			
001	ANC001	General or Regional Anaesthesia	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			

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY				
		PR	SPR	NSB	SB	
Other specific type of Anaesthesia Charges						
10:02	ANC004	Obst. (Epidural) Anesthesia Upto 1 Hour	2100	1600	1150	750
10:03	ANC019	Anesthesia for Endoscopy - Flat Rate	1150	1150	750	550
10:04	ANC022	TOP-UP of Epidural Anesthesia (Each Time)	650	550	450	225

RADIOLOGY

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
11:01	GROUP : BMD		
001	BMD – PELVIS (BOTH HIP)	2100	1900
002	BMD - SINGLE HIP	1650	1450
003	BMD - WHOLE BODY	3700	3350
004	BMD -SPINE	1650	1500
005	BMD -SPINE + PELVIS	2500	2250
006	BMD -SPINE + SINGLE HIP	2100	1900
11:02	GROUP : C.T. SCAN		
001	3D	4200	3800
002	ANGIO-ABDOMINAL	9250	8300
003	ANGIO-CEREBRAL	6950	6300
004	ANGIO-RENAL	6950	6300
005	ANGIO-PERIPHERAL	9250	8300
006	ANGIO-ABDOMEN AORTA	9250	8300
007	ANGIO-UPPER ABDOMEN (DUAL PHASE LIVER)	6300	5700
008	ANGIO-WHOLE ABDOMEN (DUAL PHASE LIVER)	6950	6300
009	C4 TO C7 - 4 VERTEBRAE	3450	3100
010	EVERY ADDITIONAL VERTEBRA	680	600
011	EXTRA FOR EMERGENCY CASES [**]	580	520
012	EXTRA FOR M.L.C. CASES	580	520
013	EXTREMITIES	2500	2250
014	FACE- CT	3250	2900
015	GUIDANCE BIOPSY (LAB. & DISPOSABLES EXTRA)-CT	2950	2700
016	GUIDED ASPIRATION (LAB. & DISPOSABLES EXTRA)-CT	2950	2700
017	GUIDED F.N.A.C. (LAB. & DISPOSABLES EXTRA)	2950	2700
018	HEAD - PLAIN	1900	1700
019	HEAD - PLAIN + CONTRAST (CONTRAST CHARGE EXT.)	2950	2700
020	HEAD NCCT	1900	1700
021	HEAD NECT	1900	1700
022	HEAD & NECK/FACE-CT	4000	3600
023	HRCT THORAX FULL	4600	4150
024	KUB-PLAIN : CT	4600	4150
025	KUB PLAIN + CONTRAST	5800	5200
026	L3 TO S1- 4 VERTEBRAE	3700	3300
027	LARYNX	3050	2750
028	LIVER – TRIPPLE PHASE	5800	5200

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
11:02 GROUP : C.T. SCAN			
029	LOWER ABDOMEN - CT	4000	3600
030	LOWER THORAX + UPPER ABDOMEN-CT	6950	6300
031	LOWER THORAX/CHEST	3250	2900
032	MISCELLANEOUS [ANKLE/HIP/WRIST ETC.]	2500	2250
033	NECK - CT	3250	2900
034	ORBIT	3250	2900
035	PITUITARY GLAND	2500	2250
036	PNS : AXIAL + CORONAL + SAGITAL	3700	3300
037	PNS FULL	2300	2100
038	PULMONARY ANGIOGRAPHY	6950	6300
039	TEMPORAL BONE [IAM]	3450	3100
040	THORAX/CHEST -CT	3900	3500
041	UPPER ABDOMEN - CT	4000	3600
042	UPPER THORAX	3050	2750
043	VIRTUAL COLONOSCOPY	8100	7300
044	WHOLE ABDOMEN – PLAIN + CONTRAST – CT	6950	6300
045	WHOLE ABDOMEN – DIRECT CONTRAST	5800	5200
046	WHOLE SPINE	12000	10800

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

11:03 GROUP : MAMMOGRAPHY

001	MAMMOGRAPHY [BILATERAL]	1400	1250
002	MAMMOGRAPHY [ONE SIDE]	700	630

11:04 GROUP : ULTRA SOUND

001	ABDOMINAL - SINGLE ORGAN	580	520
002	B.P.P. ONLY	500	450
003	B.P.P. ONLY (TWIN PREG.)	800	720
004	BREAST -U/S	580	520
005	CHEST -U/S	580	520
006	DOPPLER ONLY	500	450
007	DOPPLER ONLY (TWIN PREG.)	800	720
008	EMERGENCY (ON CALL) CHARGE [**]	470	430
009	EYES -U/S	680	600
010	FOLLICULAR/OVALUTION STUDIES	1600	1450
011	GALL BLADDER	580	520
012	GUIDED ASPIRATION IN O.T. -U/S	1350	1200
013	GUIDED ASPIRATION -U/S	950	850
014	GUIDED BIOPSY -U/S	950	850
015	GUIDED MULTI ORGAN ASPIRATION -U/S	1350	1200
016	KIDNEY -U/S	580	520
017	KUB -U/S	900	800
018	LIVER -U/S	580	520
019	LOWER ABDOMEN -U/S	900	800
020	MUSCULAR SKELETON-SONOGRAPHY	740	670

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
11:04 GROUP : ULTRA SOUND			
021	NEONATAL HEAD -U/S	680	600
022	OBS LEVEL II - 3D/4D (U/S)	1800	1600
023	OBS LEVEL II - 3D/4D (U/S) (TWIN PREG.)	2650	2400
024	OBS WITH DOPPLER	1350	1200
025	OBS WITH DOPPLER (TWIN PREG.)	2100	1900
026	OBS. + B.P.P.	1150	1050
027	OBS. + B.P.P. (TWIN PREG.)	1700	1550
028	OBS. + B.P.P. + DOPPLER	1800	1600
029	OBS. + B.P.P. + DOPPLER (TWIN PREG.)	2650	2400
030	OBS. + T.V.S. (7WEEKS)	950	850
031	OBS. ULTRASOUND EACH	850	750
032	OBS. ULTRASOUND EACH (TWIN PREG.)	1250	1150
033	PELVIS + T.V.S. -U/S	950	850
034	PELVIS -U/S	850	750
035	PORTABLE CHARGES (ULTRASOUND)	320	290
036	RENAL DOPPLER -U/S	2100	1900
037	SCAR THICKNESS	130	120
038	SCROTUM / TESTIS	850	750
039	SCROTUM / TESTIS DOPPLER	1650	1500
040	SPLEEN -U/S	580	520
041	THYROID-U/S	700	630
042	TRANSRECTAL	950	850
043	TRANSRECTAL BIOPSY (Procedure & Lab. Charges are extra)	1200	1080
044	TVS EXTRA PAYMENT	130	120
045	UPPER ABDOMEN + BPP + DOPPLER	1750	1600
046	UPPER ABDOMEN + PLEURAL SPACE -U/S	900	800
047	UPPER ABDOMEN DOPPLER -U/S	1350	1200
048	UPPER ABDOMEN -U/S	900	810
049	WHOLE ABDOMEN + BPP + DOPPLER -U/S	1900	1700
050	WHOLE ABDOMEN + DOPPLER -U/S	1750	1600
051	WHOLE ABDOMEN +TVS -U/S	1350	1200
052	WHOLE ABDOMEN + OBS. (ABOVE 10 WEEKS)	1350	1200
053	WHOLE ABDOMEN + OBS. (UPTO 10 WEEKS)	1150	1050
054	WHOLE ABDOMEN -U/S	1150	1050
055	POST VOID RESIDU (PVR)	260	240
056	FOETAL ECHO	2100	1900
057	PENILE DOPPLER	1350	1200

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

11:05 GROUP : XRAY			
001	ABDOMEN ERECT & SUPINE	460	420
002	ADDITIONAL VIEWS FOR ANY REGION	230	210
003	ANKLE (BORDEN'S VIEW)	500	450
004	ANKLE AP & LAT	350	320
005	ANKLE AP BOTH	230	210

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
11:05	GROUP : XRAY		
006	ANKLE LAT AXIAL	350	320
007	ANKLE LATERAL BOTH	350	320
008	APICOGRAM	230	210
009	ARM (HUMERUS) AP & LAT	350	320
010	BA. ENEMA	2850	2550
011	BA. ENEMA (DOUBLE CONTRAST)	3450	3100
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	460	420
016	CERVICAL SPINE/NECK AP LATERAL	460	420
017	CHEST (SINGLE VIEW)	230	210
018	CHEST (2 VIEWS)	460	420
019	COCCYX AP LATERAL	460	420
020	COLOGRAM WITH BARIUM OR GASTROGRAFFIN	1850	1650
021	DEPTT. SCREENING / FLUROSCOPY	180	160
022	DORSO-LUMBAR SPINE AP+LATERAL	460	420
023	ELBOW AP & LAT	350	320
024	FEMUR AP & LAT	460	420
025	FISTULOGRAM/SINOGRAM	1150	1050
026	FOOT AP & OBLIQUE	350	320
027	FOOT AP LATERAL BOTH	700	630
028	FOREARM AP&LAT	350	320
029	GASTROGRAFFIN SWALLOW	1150	1050
030	GASTROGRAFFIN FOLLOW THROUGH	2650	2400
031	HAND (FINGERS) AP + OBLIQUE	350	320
032	HANDS AP BOTH	230	210
033	HIP AP	230	210
034	HIP AP&LAT	460	420
035	HIP LATERAL	230	210
036	HSG	1450	1300
037	INTUSSUSCEPTION (X-RAY CHARGES)	2850	2550
038	IVP	2350	2100
039	IVP + MCU	2800	2500
040	KNEE AP LATERAL AXIAL BOTH	700	630
041	KNEE AP & LAT	350	320
042	KNEE AP & LAT AXIAL	460	420
043	KNEE AP BOTH	230	210
044	KNEE AP LATERAL BOTH	530	480
045	KUB/ABDOMEN (SINGLE VIEW) -XRAY	230	210
046	LEG AP & LAT	460	420
047	LS SPINE AP LATERAL	580	520
048	MANDIBLE AP	230	210
049	MANDIBLE 3 VIEWS (AP + BOTH OBLIQUE)	700	630
050	MANDIBLE BOTH OBLIQUE	460	420
051	MASTOIDS (TOWNS + 2 LATERAL OBLIQUE) 3 VIEWS	700	630

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
11:05	GROUP : XRAY		
052	MCU	1750	1600
053	NASAL BONE	230	210
054	NASOPHARAYNX/ ADENOIDS	230	210
055	NEPHROSTOGRAM	2000	1800
056	OESOPHAGEAL DILATION UNDER FLUROSCOPY	1450	1300
057	PELVIS AP	230	210
058	PER ORBITAL VIEW / IAM	350	320
059	PNS	230	210
060	PORTABLE ABDOMEN PER EXPOSER	350	320
061	PORTABLE ABDOMEN ERECT/SUPINE	700	630
062	PORTABLE CHEST	350	320
063	PORTABLE EXTREMITIES PER EXPOSER	350	320
064	PORTABLE SKULL PER EXPOSER	350	320
065	PORTABLE SPINE PER EXPOSER	350	320
066	PORTABLE X-RAY (PER EXPOSER)	350	320
067	RADIOLOGY CHARGES FOR INTUSSUSCEPTION	2100	1900
068	RGP -RETROGRADE PYELOGRAM	1650	1500
069	RGU + M.C.U.	1850	1700
070	RGU/ASCENDING URETHROGRAM	1550	1400
071	SACRO - COCCYX AP LATERAL	460	420
072	SCAPULA AP	230	210
073	SCAPULA AP LATERAL	460	420
074	SCREENING (ABOVE 15 MTS.)	1600	1450
075	SCREENING (UPTO 15 MTS.)	1150	1050
076	SCREENING FOR ERCP / EPT	1150	1050
077	SHOULDER AP	230	210
078	SHOULDER AXIAL	230	210
079	SI JOINT PA + BOTH OBL.	700	630
080	SI JOINT PA/SACRO ILIAC JOINT	230	210
081	SIALOGRAPHY	1150	1050
082	SKULL : ANY SINGLE VIEW	230	210
083	SKULL AP & LATERAL	460	420
084	SPINE (2 VIEWS)	460	420
085	SPINE (SINGLE VIEW)	230	210
086	STYLOID PROCESS (SINGLE VIEW)	230	210
087	THIGH / FEMUR AP	230	210
088	TM JOINTS (BILATERAL)	700	630
089	TTC	1400	1250
090	VENOGRAPHY/PHLEBOGRAPHY (1 SIDE)	2200	2000
091	VENOGRAPHY/PHLEBOGRAPHY (BILATERAL)	4400	4000
092	WRIST AP & LAT	350	320
093	WRIST AP BOTH	230	210
094	XRAY PER EXPOSER	230	210
095	WRIST AP & LAT + OBLIQUE (SCAPHOID)	530	480

COST OF DYE / CONTRAST EXTRA WHEREVER APPLICABLE.

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY
11:06	GROUP : MRI	ALL CATEGORIES OF IPD & OPD
	BRAIN & FACE	
001	BRAIN	5500
002	BRAIN & SPECTROSCOPY	7500
003	BRAIN + CSF STUDIES	7500
004	BRAIN + CV JUNCTION SCREENING	7500
005	BRAIN + FMRI (ONE ACTIVITY) [BOLD/ASL]	10000
006	BRAIN + ORBIT	10000
007	BRAIN + PERFUSION (CONTRAST EXTRA)	7500
008	BRAIN + SEIZURE PROTOCOL	7500
009	BRAIN + SELLA	7500
010	BRAIN + TRACTOGRAPHY	10000
011	BRAIN ANGIOGRAPHY	5500
012	BRAIN MRI + MRA BRAIN	7500
013	BRAIN MRI + MRA BRAIN & NECK	10000
014	BRAIN WITH IAM	7500
015	BRAIN WITH PNS	7500
016	CISTERNOGRAPHY	5500
017	CONTRAST	3000
018	EXTENDED STUDY	2500
019	FACE	5500
020	FACE + NECK	7500
021	IAM/TEMPORAL BONE	5500
022	MR VENOGRAPHY	5500
023	MYELOGRAPHY (WITHOUT CONTRAST)	2500
024	NECK	5500
025	NECK ANGIOGRAPHY	5500
026	ORBIT	5500
027	PERFUSION IMAGING FOR STROKE (INCLUDES CONTRAST) WITHIN A WEEK OF INITIAL STUDY	5500
028	PNS	5500
029	SCREENING – BRAIN	3000
030	SELLA / PITUITARY	5500
031	SELLA DYNAMIC STUDY (INCLUDES CONTRAST)	10000
032	SPECTROSCOPY	5500
SPINE		
033	3D MRI	2000
034	BRACHIAL PLEXUS	5500
035	CERVICAL SPINE	5500
036	CERVICAL SPINE (FLEXION+EXTENSION) [DYNAMIC CERVICAL SPINE]	10000
037	CERVICAL SPINE WITH BRACHIAL PLEXUS	7500
038	CERVICAL SPINE WITH CVJ SCREENING	7500
039	CERVICAL SPINE WITH SCREENING WHOLE SPINE	7500

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY
11:06	GROUP : MRI	ALL CATEGORIES OF IPD & OPD
	SPINE	
040	CV JUNCTION	5500
041	DORSAL SPINE	5500
042	DORSAL SPINE WITH SCREENING WHOLE SPINE	7500
043	L.S. SPINE	5500
044	L.S. SPINE WITH S.I. JOINTS SCREENING	7000
045	L.S. SPINE WITH SCREENING WHOLE SPINE	7500
046	S.I. JOINTS	5500
047	SCREENING SPINE – PER PART	1500
048	SCREENING WHOLE SPINE	2500
049	WHOLE SPINE	10000
	JOINTS AND EXTREMITIES	
050	ANKLE	5500
051	BILATERAL ANKLES	10000
052	BILATERAL KNEES	10000
053	BILATERAL SHOULDERS	10000
054	BOTH FEET	10000
055	BOTH HANDS	10000
056	CARTILAGE MAPPING (INCLUDES JOINT)	5500
057	FOOT	5500
058	HAND/ FINGER	5500
059	HIPS	5500
060	JOINT (PER JOINT)	5500
061	JOINT SCREENING FOR EFFUSION	2500
062	KNEE	5500
063	MR ARTHROGRAPHY (INCLUDES CONTRAST)	7500
064	SHOULDER	5500
	BODY MR	
065	CARDIAC	7500
066	STERNUM / STERNOCLAVICULAR JOINT	5500
067	THORAX	5500
	MRI OF OTHER PARTS	
068	BREAST	5500
069	FETAL MR	7500
070	LOWER ABDOMEN/PELVIS	5500
071	MR ENTEROCLYSIS	7500
072	MR SINOGRAM / FISTULOGRAM	5500
073	MR UROGRAM	5500
074	MR UROGRAM WITH LOWER ABDOMEN/KUB	7500

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY
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11:06 GROUP : MRI

ALL CATEGORIES OF IPD & OPD

MRI OF OTHER PARTS

075	MRCP	5500
076	MRCP WITH UPPER ABDOMEN	7500
077	MRI KUB	5500
078	MULTIPARAMETRIC PROSTATE	7500
079	PERIPHERAL MRI (NON-CONTRAST)	8000
080	RENAL ANGIOGRAPHY	7500
081	TRIPLE PHASE LIVER (INCLUDES CONTRAST)	10000
082	UPPER ABDOMEN	5500
083	WHOLE ABDOMEN	7500
084	WHOLE BODY SCREENING FOR METS	4000

Please Note: Contrast will be Charged Extra wherever required.

OTHER CHARGES

085	ANAESTHESIA CHARGES	1500
086	EMERGENCY CHARGES*	1000

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

11:07 MISCELLANEOUS CHARGES

001	CT/MRI- DVD/CD	200
002	DUPLICATE X-RAY /ULTRA SOUND/C.T./MRI FILM : PER FILM	125

LABORATORY

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
12:01	GROUP : CLINICAL CHEMISTRY & HORMONES		
001	RBS - RANDOM BLOOD SUGAR	80	70
002	UREA	110	100
003	CREATININE	110	100
004	CALCIUM	140	130
005	PHOSPORUS (INORGANIC PHOS.)	140	130
006	AMYLASE	260	240
007	GTT-GLUCOSE TOLERANCE TEST	450	410
008	URIC ACID-SERUM	130	120
009	FDP (FIBRIN/FIBRINOGEN DEGRADATION PRODUCT)	930	840
010	FLUID ALBUMIN	100	90
011	CALCIUM/CREATININE RATIO- URINE FASTING	210	190
012	PROTEIN/CREATININE RATIO -URINE FASTING	210	190
013	GCT - GLUCOSE CHALLENGE TEST	100	90
014	PPS- AFTER GLUCOSE	100	90
015	TOTAL/SERUM PROTEIN(TP,ALB,GLOB,A/G)	130	120
016	PT (PRO TIME)	170	150
017	BILIRUBIN (DIRECT,INDIRECT,TOTAL)	150	140
018	ALKALINE P TASE-ALP	140	130
019	SGPT/ALT	130	120
020	SGOT /AST	130	120
021	LFT-LIVER FUNCTION TEST	580	520
022	PLASMA FIBRINOGEN	640	580
023	APTT	230	210
024	TROPONIN T (TROP. T)	950	860
025	SODIUM (NA+) ONLY	140	130
026	POTASSIUM (K+) ONLY	140	130
027	SODIUM & POTASSIUM	250	230
028	CHLORIDE (CL-)	140	130
029	BICARBONATE (HCO3-)	140	130
030	ABG - ARTILLARY BLOOD GAS	580	520
031	CHOLESTEROL TOTAL-SERUM	140	130
032	HDL CHOLESTROL - DIRECT	210	190
033	TRIGLYCERIDES	230	210
034	LIPID PROFILE	530	480
035	CPK	220	200
036	CPK (MB)	340	310
037	CHOLESTEROL - FLUID	150	140
038	LDH FLUID	250	230
039	ELECTROLYTES SERUM	340	310

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
12:01	GROUP : CLINICAL CHEMISTRY & HORMONES		
040	LIPASE-SERUM	380	340
041	GAMMA GT / GGT/ GGTP	200	180
042	LDH-SERUM	250	230
043	MAGNESIUM -SERUM	240	220
044	SODIUM-URINE RANDOM SPECIMEN	140	130
045	AMYLASE-URINE	260	230
046	D-DIMER TEST	1030	930
047	FT 3 -FREE T3	320	290
048	FT 4 -FREE T4	320	290
049	TSH	320	290
050	FT3, FT4 & TSH (TOGETHER)	810	730
051	FT3 & FT4 (TOGETHER)	600	540
052	CORTISOL -SERUM	460	420
053	PROLACTIN -SERUM	460	420
054	FSH	460	420
055	LH	460	420
056	PSA - PROSTATE SPECIFIC ANTIGEN	660	600
057	FERRITIN	630	570
058	FBS - FASTING BLOOD SUGAR	80	70
059	PPS (POST PRANDIAL SUGAR)	80	70
060	SBR - BILIRUBIN TOTAL (MICRO METHOD)	120	110
061	ADA	370	330
062	CALCIUM - MICRO METHOD	140	130
063	PPS AFTER BREAKFAST	80	70
064	PPS AFTER LUNCH	80	70
065	PPS AFTER DINNER	80	70
066	URINE FOR CREATININE	110	100
067	NEONATAL TSH SCREEN (NEO TSH)	250	230
068	FBS AND PPS	150	140
069	SERUM ALBUMIN	100	90
070	CBG - CAPILLARY BLOOD GAS	530	480
071	CRP	320	290
072	HCG WITH LIPIDS	840	760
073	ALPHA FETO PROTEIN	720	650
074	BHCG (TUMOR MARKER)	590	530
075	E3-ESTRIOL	980	880
076	VITAMIN B12	960	860
077	FOLATE	960	860
078	FOLATE & VITAMIN B12	1700	1530
079	CA 125	1000	900
080	TRIPLE TEST	2400	2150
081	DUAL TEST	1950	1750
082	PH-CORD BLOOD	170	150
083	VITAMIN D-25 HYDROXY	1350	1250

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
12:02 GROUP : CYTOPATHOLOGY			
001	PAPANICULA SMEAR	360	320
002	FLUIDS FOR MALIGNANT CYTOLOGY	360	320
003	CSF FOR MALIGNANT CYTOLOGY	360	320
004	FNAC	650	590
005	FNAC- CT/US GUIDED	740	670
12:03 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)	290	260
008	TLC & DLC	170	150
009	RED CELL INDICES	230	210
010	ESR	110	100
011	MCH	110	100
012	MCHC	110	100
013	DLC	120	110
014	CBC & MP (TOGETHER)	350	320
015	CBC & PS (TOGETHER)	350	320
016	GASTRIC LAVAGE FOR PMNS	100	90
017	MCV	110	100
018	RETIC COUNT	210	190
019	EOSINOPHIL COUNT	150	140
020	CLOT RETRACTION	100	90
021	BT – BLEEDING TIME	70	60
022	SICKLE CELL PREP.	130	120
023	PLATELET COUNT	130	120
024	RBC FRAGILITY	340	310
025	FILARIAL PREP.	230	210
026	BONE MARROW EXAMINATION	680	610
027	FALCIPARUM & PLASMODIUM VIVAX TEST (F&V)	320	290
028	BONE MARROW IRON STAINING	210	190
029	KALA - AZAR DETECT	380	340
030	BONE MARRROW (ASPIRATION AND EXAMINATION)	920	830
031	FILARIAL ANTIGEN	550	500
032	CBC & MP WITH F&V	420	380
12:04 GROUP : SPECIAL HEMATOLOGY			
001	GLYCOSYLATED HB/HB 1AC	390	350
002	FETAL HB.	150	140
003	G6 PD (CONFIRMATORY)	440	400
004	HB ELECTROPHORESIS	740	670
005	G6 PD SCREENING (SCREENING + CONFIRMATORY)	500	450
006	SERUM IRON	230	210
007	SERUM IRON & TIBC	360	320

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
12:05	GROUP : HISTOPATHOLOGY		
001	FROZEN SECTION WITH BIOPSY SPECIMEN	2000	1800
002	TISSUE FOR GROSS/DOCUMENTATION ONLY	80	70
003	SLIDE FOR HISTOPATHOLOGY	440	400
004	BLOCK FOR HISTOPATHOLOGY	580	520
005	TISSUE -SMALL FOR HISTOPATHOLOGY	550	500
006	TISSUE - MEDIUM FOR HISTOPATHOLOGY	800	720
007	TISSUE - LARGE FOR HISTOPATHOLOGY	1100	1000
12:06	GROUP : MICROBIOLOGY		
001	CULTURE - BLOOD-ROUTINE	380	340
002	CULTURE & SENSITIVITY - MISC.	480	430
003	STOOL FOR CHOLERA (HANGING DROP)	110	100
004	GRAMS STAIN	110	100
005	FUNGUS PREP. -KOH PREP	110	100
006	TRICHOMONAS (VAGINAL SWAB,WET PREP)	110	100
007	DIPHThERIA SMEAR	140	130
008	AFB - SMEAR MISC SPECIMEN.	150	140
009	RAPID UREASE TEST	210	190
010	CRYPTOCOCCUS- SMEAR - CSF	160	150
011	FUNGUS CULTURE	340	310
012	CULTURE & SENSITIVITY - URINE	320	290
013	AFB CULTURE - MISC (MYCOBACTERIUM)	670	600
014	CULTURE- BLOOD -RAPID	900	800
015	WET SMEAR FOR TROPHOZOITES	80	70
016	CULTURE & SENSITIVITY - STOOL	480	430
017	CULTURE & SENSITIVITY - PUS	480	430
018	CULTURE & SENSITIVITY - HVS	480	430
019	CULTURE & SENSITIVITY - THROAT SWAB	480	430
020	CULTURE & SENSITIVITY - CSF	480	430
021	CULTURE & SENSITIVITY - EAR SWAB	480	430
022	AFB -SPUTUM (SAMPLE I)	150	140
023	AFB-URINE (SAMPLE I)	150	140
024	AFB CULTURE - SPUTUM (MYCOBACTERIUM)	680	610
025	AFB CULTURE - URINE (MYCOBACTERIUM)	680	610
026	AFB CULTURE - PUS (MYCOBACTERIUM)	680	610
027	AFB CULTURE - FLUIDS (MYCOBACTERIUM)	680	610
028	MTB/MOTT IDENTIFICATION	780	700
029	SMEAR FOR FUNGUS	110	100
030	CULTURE & SENSIT- SPUTUM	480	430
031	AFB -SPUTUM (SAMPLE II)	150	140
032	AFB -SPUTUM(SAMPLE III)	150	140
033	AFB-URINE (SAMPLE II)	150	140
034	AFB-URINE (SAMPLE III)	150	140
035	URETHERAL SMEAR G.C.	140	130
036	CULTURE OTHERS RAPID	900	800
037	CRYPTOSPORIDIUM - ZN STAIN	150	140
038	PNEUMOCYSTIC CARINI – GRAM STAIN	110	100

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
12:07	GROUP : MISCELLANEOUS LAB INVESTIGATION		
001	FLUID - ROUTINE EXAMINATION	260	230
002	CSF- (SPINAL FLUID) - ROUTINE	270	240
003	SEMEN ANALYSIS	360	320
004	PCT (POST COITAL TEST)	110	100
005	C.S.F. ROUTINE WITH SMEAR FOR CRYPTOCOCCUS	270	240
006	GA FOR OCCULT BLOOD	80	70
007	FLUID FOR CRYSTALS	70	60
008	STONE ANALYSIS (OTHERS)	210	190
009	URINARY CALCULI (STONE FOR CHEMICAL ANALYSIS)	210	190
010	FLUID FOR SUGAR	90	80
12:08	GROUP : PARASITOLOGY		
001	STOOL ROUTINE EXAMINATION	110	100
002	STOOL OCCULT BLOOD	80	70
003	STOOL FOR PH	70	60
004	STOOL REDUCING SUBSTANCES	80	70
005	STOOL FOR WBC/HPF	70	60
006	STOOL/PUS AMOEBA	70	60
007	ROTAVIRUS	380	340
12:09	GROUP : SEROLOGY		
001	VDRL	120	110
002	WIDAL	210	190
003	HBS AG ELISA	340	310
004	HBS AG SPOT	260	230
005	ASO (ASLO) TEST	170	150
006	ANF/ ANA.	570	510
007	CRP (LATEX)	120	110
008	PREGNANCY TEST	130	120
009	UPT (SPOT) [PREGNANCY TEST (SPOT)]	130	----
010	VDRL IN DILUTION	210	190
011	HIV ELISA	420	380
012	HIV SPOT	320	290
013	TORCH TEST (IGM)	1170	1050
014	TOXOPLASMA (IGM)	460	420
015	RUBELLA (IGM)	460	420
016	CYTOMEGALOVIRUS (CMV) (IGM)	460	420
017	HERPES - II (IGM)	460	420
018	HCV ELISA	610	550
019	HCV SPOT	370	330
020	HEPATITIS - A (HAV)	790	710
021	HEPATITIS - E (HEV)	1100	990
022	DS DNA (DOUBLE STRANDED DNA)	790	710
023	TORCH TEST (IGG)	1170	1050
024	TOXOPLASMA (IGG)	460	420
025	RUBELLA (IGG)	460	420
026	CYTOMEGALOVIRUS (CMV) (IGG)	460	420
027	HERPES - II (IGG)	460	420

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
12:09 GROUP : SEROLOGY			
028	BACTERIAL ANTIGEN (5 TESTS)	2200	1980
029	DENGUE SEROLOGY	1000	900
030	DENGUE ANTIGEN	1000	900
031	CHIKUNGUNYA	370	330
032	HCG (MATERNAL)	590	530
033	RA FACTOR	360	320
034	ANTI CCP	1050	950
035	TTG	840	760
036	PRO-CALCITONIN	1700	1530
037	ANTI HBS	530	480
038	INFLUENZA A & B RAPID SREENING TEST	740	670
039	BLOOD CULTURE + TYPHI DOT IGM	450	400
040	RAPID BLOOD CULTURE + TYPHI DOT IGM	950	850
041	WIDAL + TYPHI DOT IGM	300	270

12:10 GROUP : URINALYSIS

001	URINE ROUTINE EXAMINATION	90	80
002	ALBUMIN AND SUGAR	70	60
003	ACETONE	70	60
004	URINE FOR HEMOGLOBIN	60	50
005	URINE FOR MYOGLOBIN	70	60
006	URINE FOR SP. GRAVITY	60	50
007	URINE FOR PH	60	50
008	URINE FOR CHYLE	70	60
009	APT TEST	80	70
010	URINE FOR ALBUMIN	60	50
011	URINE FOR SUGAR	60	50
012	URINE FOR PORPHOBILINOGEN	70	60
013	BILE PIGMENT	80	70
014	UROBILINOGEN	80	70
015	BENCE JONES PROTEIN	150	140
016	24 HR. URINARY PROTEIN (QUANTITATIVE)	210	190
017	URINE OCCULT BLOOD	70	60
018	URINE FOR REDUCING SUBSTANCES	70	60
019	24 HR. URINARY URIC ACID	170	150
020	24 HR. URINARY CALCIUM	170	150
021	24 HR. URINARY SODIUM	170	150
022	24 HR. URINARY POTASSIUM	170	150
023	24 HR. URINARY PHOSPHORUS	170	150
024	CREATININE CLEARANCE	300	270

12:11 BLOOD BANK

001	CROSS MATCHING	200	180
002	GROUPING & TYPING	120	110
003	RELATIVE DONATED BLOOD : PROC.CHARGES	1300	1170
004	WHOLE BLOOD/RED CELLS :HOSPITAL- PROCESSING	1900	1710
005	OTHER BLOOD BANKS : BLOOD ISSUE	100	90

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
12:11	BLOOD BANK		
006	FFP - DONATED - PROCESSING	950	855
007	FFP - HOSPITAL - PROCESSING	1300	1170
008	FFP - PEDIATRIC HOSPITAL - PROCESSING	1000	900
009	FFP - PAEDIATRIC - DONATED - PROCESSING	600	540
010	RAPID DONOR TESTING	300	270
011	PLATELET CONCEN.(RD) - DONATED : PROCESSING	1000	900
012	PLATELET CONCEN(RD) HOSPITAL : PROCESSING	1400	1260
013	DU FACTOR	260	230
014	DIRECT COOMBS	260	230
015	INDIRECT COOMBS	260	230
016	RH ANTIBODY TITRE	710	640
017	REPLACEMENT FFP	-350	-315
018	REPLACEMENT FFP PEDIATRICS	-400	-360
019	REPLACEMENT PLATELET CONCENTRA	-400	-360
020	REPLACEMENT WHOLE BLOOD	-600	-540
021	COLD AGGLUTININS	210	190
022	VENESECTION PROCEDURE	240	220
023	PLATELET APHERESIS	12600	11350
024	TRANSFER BAGS	120	110

PHYSIO - THERAPY

13:01 RATES OF PHYSICAL THERAPY TREATMENT		PR/SPR/NSB/POPD/CASUALTY	SB/GOPD
001	ANTE-NATAL EXERCISES PER SITTING	200	180
002	ANTENATAL EXERCISE - PACKAGE	800	720
003	BREATHING EXERCISE	80	70
004	CERVICAL TRACTION	110	100
005	CHEST PHYSIO-THERAPY (SINGLE)	130	120
006	COLD PACK (MULTIPLE)	110	100
007	COLD PACK (SINGLE)	80	70
008	COMPRESSION THERAPY (MULTIPLE)	300	270
009	COMPRESSION THERAPY (SINGLE)	250	230
010	CONSULTATION (PHYSIOTHERAPY)	160	140
011	CONTRAST BATH (MULTIPLE)	130	120
012	CONTRAST BATH (SINGLE)	90	80
013	CPM - CONTINUOUS PASSIVE MOVEMENT (SINGLE AREA)	110	100
014	CPM - CONTINUOUS PASSIVE MOVEMENT (TWO AREAS)	160	140
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	110	100
020	EXERCISE EXTENSIVE	250	230
021	EXERCISE SIMPLE	150	140
022	EXERCISE SPECIAL	200	180
023	EXERCISES - MOBILIZATION (SINGLE)	200	180
024	EXERCISES – REHABILITATION	260	230

13:01 RATES OF PHYSICAL THERAPY TREATMENT		PR/SPR/NSB/POPD/CASUALTY		SB/GOPD
025	GAIT TRAINING		180	160
026	INFRA RED RAY THERAPY (MULTIPLE)		130	120
027	INFRA RED RAY THERAPY (SINGLE)		80	70
028	INFRA RED SAUNA		260	230
029	INTERFERENTIAL THERAPY (SINGLE AREA)		140	130
030	INTERFERENTIAL THERAPY (MORE THAN TWO AREAS)		260	230
031	INTERFERENTIAL THERAPY (TWO AREAS)		210	190
032	LASER -INFRA RED : POINT (MULTIPLE AREA)		260	230
033	LASER -INFRA RED : POINT (SINGLE AREA)		190	170
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)		220	200
037	LONG WAVE DIATHERMY (SINGLE AREA)		110	100
038	LONG WAVE DIATHERMY (TWO AREAS)		160	140
039	LUMBAR TRACTION		130	120
040	MANUAL MUSCLE TESTING (MULTIPLE)		260	230
041	MANUAL MUSCLE TESTING (SINGLE)		160	140
042	MICROWAVE DIATHERMY (SINGLE AREA)		130	120
043	MICROWAVE DIATHERMY (TWO AREAS)		180	160
044	NEURO-DEVELOPMENTAL THERAPY		210	190
045	NUGABEST		320	290
046	PACKAGE FOR CHRONIC CASES (ADULT) PER MONTH (20 SESSIONS)		3500	3150
047	PACKAGE FOR JOINT MOBILISATION WITH ONE HOT/ELECTRO-THERAPY MODALITY (20 SESSIONS)		4200	3800
048	PACKAGE FOR PEDIATRIC CASES PER MONTH (20 SESSIONS)		3300	3000
049	POST NATAL EXERCISES (ALL SESSIONS)(MULTIPLE)		400	360
050	POST OP. CHEST PHYSIO-THERAPY		110	100
051	PULSED S.W.D. (SINGLE AREA)		130	120
052	PULSED S.W.D. (TWO AREAS)		180	160
053	SHORT WAVE DIATHERMY (TWO AREAS)		170	150
054	SHORT WAVE DIATHERMY (SINGLE AREA)		130	120
055	STEAM PACKS(MULTIPLE)		130	120
056	STEAM PACKS(SINGLE)		80	70
057	STIMULATION (NEURO-MUSCULAR) SINGLE		160	140
058	STIMULATION (NEURO-MUSCULAR) MULTIPLE		210	190
059	SUSPENSION THERAPY		130	120
060	TENS (MULTIPLE)		150	140
061	TENS (SINGLE)		90	80
062	TILT TABLE THERAPY		130	120
063	ULTRA SONIC THERAPY (SINGLE AREA)		100	90
064	ULTRA SONIC THERAPY (MORE THAN TWO AREAS)		220	200
065	ULTRA SONIC THERAPY (TWO AREAS)		170	150
066	ULTRA VIOLET THERAPY (MULTIPLE)		160	140
067	ULTRA VIOLET THERAPY (SINGLE)		130	120
068	WAX BATH (MORE THAN TWO AREAS)		180	160
069	WAX BATH (SINGLE AREA)		100	90
070	WAX BATH (TWO AREAS)		150	140

ENDOSCOPIC PROCEDURES

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY			
		PR	SPR	NSB	SB
14:01	ENDOSCOPIC PROCEDURES (FLAT RATES)				
001	ENDOSCOPY UPPER G.I.		3300		2300
002	EST-ENDOSCOPIC SCLEROTHERAPY		7000		5000
003	FOREIGN BODY REMOVAL		7200		5000
004	COLONOSCOPY – 1 / SIGMOIDOSCOPY		3300		2300
005	COLONOSCOPY - 2		5100		3600
006	COLONOSCOPY – 2 WITH COLONOSOPIC SCLEROTHERAPY		7600		5300
007	POLYPECTOMY		12600		8800
008	OESOPHAGEAL ACHALASIA		4200		3000
009	DILATATION		7600		5300
010	ERCP - ENDOSCOPY		6500		4500
011	PAPILLOTOMY WITH STONE EXTRACTION		12600		8800
012	EVL-ENDOSCOPIC VARICES LIGATION		7000		5000
013	PERCUTANEOUS ENDOSCOPIC GASTROTOMY - PEG		9000		6300
014	THERAPEUTIC ERCP		12600		8800
015	EPT - STONE EXTRACTION		12600		8800
016	OESOPHAGEAL METAL STENT PLACEMENT		12600		8800
017	UGIE & APC		8900		6300
018	COLONOSCOPY & APC		10700		7500
019	ENDOSCOPIC NASO-JEJUNAL FEEDING TUBE INSERTION		6500		4500

NOTE :

- (1). 25% of the above procedures fee will be levied as **“G.E.Room and Equipment charges”**.
- (2). The charges for **“disposables”** and **“laboratory”** will be extra.

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY			
		PR	SPR	NSB	SB
15:01	EXCHANGE BLOOD TRANSFUSION (FLAT RATE)				
001	EXCHANGE BLOOD TRANSFUSION (FLAT RATE) EACH TIME	4200	3550	2400	1600
002	EXCHANGE PLASMA TRANSFUSION (FLAT RATE) EACH TIME	6000	4850	3700	2650

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY			
		PR	SPR	NSB	SB
16:01 TREATMENT					
001	ANAL DILATATION	1700	1700	1300	900
002	ASCITIC FLUID ASPIRATION / PARACENTESIS	1200	1200	1000	650
003	BIOPSY OF BONE	1700	1700	1300	900
004	BIOPSY OF LIVER	1700	1700	1300	900
005	BIOPSY OF MUSCLE	1700	1700	1300	900
006	BIOPSY OF SKIN	900	900	700	500
007	BONE MARROW ASPIRATION / STERNAL PUNCTURE	1200	1200	1000	650
008	CAVAFIX INTRODUCTION	1200	1200	1000	650
009	CENTRAL VENOUS PRESSURE LINE [CETROFIX] INSERT	1200	1200	1000	650
010	CUT DOWN / VENESECTION	1200	1200	1000	650
011	ENDOMETRIAL BIOPSY	2800	2800	1800	1450
012	ENDOTRACHEAL INTUBATION	1200	1200	1000	650
013	INCIDENTAL ABORTION IN WARD	2800	2800	1800	1450
014	INCISION & DRAINAGE OF ABSCESS	1200	1200	1000	650
015	INJECTION FOR PILES (SCLEROTHERAPY)	450	450	350	250
016	INTER COSTAL (TUBE) DRAINAGE	1700	1700	1300	900
017	LUMBAR PUNCTURE	1100	1100	950	650
018	KNEE ASPIRATION	1100	1100	950	650
019	MINOR SURGICAL PROCEDURE IN WARD	1100	1100	950	650
020	MINOR SUTURING	1100	1100	950	650
021	NASAL PACKING + PACK REMOVAL	1850	1850	1450	1000
022	NON STRESS MONITORING [PER TWO HOURS]	250	250	250	150
023	NON STRESS TEST [NST] (PER 20 MINUTES)	600	600	500	350
024	PLEURAL FLUID ASPIRATION / THORACENTESIS	1200	1200	1000	650
025	REFRACTION	110	110	110	60
026	TEMPORARY PACING IN WARD	6000	6000	4850	2650

16:02 TREATMENT (SPOT INVESTIGATIONS)

001	MONTOUX TEST	40	40	40	30
002	RBS DONE WITH GLUCOMETER	50	50	50	50
003	URINE FOR ACETONE	30	30	30	30
004	URINE FOR SUGAR / ALBUMIN	30	30	30	30

16:03 SPECIAL NURSING PROCEDURES

001	SKIN / PELVIC TRACTION APPLICATION	500	500	400	300
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16:04 SPECIAL NURSING PROCEDURE

001	SALSOL NEBULISATION	40	40	40	30
002	NORMAL SALINE NEBULISATION	40	40	40	30
003	LACTODEX MILK PER DAY	50	50	50	50

16:05 PLASTERING

001	PLASTERING : BODY CAST	1800	1800	1250	1000
002	PLASTERING : FOOT / ARM / HAND	750	750	600	450
003	PLASTERING : HIP	1100	1100	750	650
004	PLASTERING : LEG	950	950	700	550

NOTE : MATERIAL COST WILL BE EXTRA

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY		
		PR/SPR/NSB	SB	
17:01	<u>DRESSING</u>			
001	DRESSING – MINOR	80	50	
002	DRESSING – MEDIUM	135	75	
003	DRESSING – MAJOR	275	150	

NOTE : MATERIAL COST WILL BE EXTRA

18:01 CARDIAC MONITORING PER DAY

		PR	SPR	NSB	SB
001	CARDIAC MONITOR : PER DAY	700	700	550	450

WHEN MONITORED IN WARD/ISOLATION.

19:01 CHEMOTHERAPY

		PR/SPR/NSB		SB
001	CHEMOTHERAPY – ONE DAY CYCLE	1500		1200
002	CHEMOTHERAPY – TWO DAYS CYCLE	2500		2000
003	CHEMOTHERAPY – THREE DAYS CYCLE	3400		2600
004	CHEMOTHERAPY – FOUR DAYS CYCLE	4100		3100
005	CHEMOTHERAPY – FIVE DAYS CYCLE	4700		3500

20:01 PSYCHOTHERAPY

001	PSYCHOTHERAPY – SHORT SESSION	400		400
002	PSYCHOTHERAPY – FULL SESSION	650		650

21:01 LASER PROCEDURES

001	AUTOPERIMETRY	1750		1750
002	COLOUR PHOTOS	600		600
003	FUNDUS FLURESIEN ANGIOGRAPHY [SUPPLIES EXTRA]	2300		2300
004	LASER PERIPHERAL IRIDECTOMY	3500		3500
005	LASER PHOTOCOAGULATION	2900		2900
006	LASER PHOTOCOAGULATION - LATTICE & HOLES	4600		4600
007	LASER PHOTOCOAGULATION - R. O. P.	7500		7500
008	O C T	2900		2900
009	YAG CAPSULOTOMY	2900		2900

22:01 SPEECH & HEARING TEST

001	AC BERA	1500		1500
002	ASSR	1900		1900
003	BC BERA	1500		1500
004	COCHLEAR IMPLANT COUNSELING	750		700
005	DIAGNOSTIC OAE-TEOAE/DPOAE	800		750
006	ECOCH G	2500		2500
007	IMPEDANCE	500		450
008	PTA/BOA/FFT	300		250
009	SCREENING OAE	500		300
010	SPECIAL TESTS ABLB/SISI/TD	300		300
011	SPEECH THERAPY (CONSULTATION-EACH SESSION)	200		150

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		PR/SPR/NSB	SB
23:01 ECG (ELECTRO CARDIOGRAM)			
001	ECG (ELECTRO CARDIOGRAM) (EACH)	210	190
24:01 ECHOCARDIOGRAPHY / CAROTID DOPPLER			
001	ARTERY DOPPLER - LOWER LIMB	2100	1600
002	ARTERY DOPPLER - UPPER LIMB	2100	1600
003	DOPPLER STUDY	2100	1600
004	ECHOCARDIOGRAPHY	2100	1600
005	VENOUS DOPPLER - LOWER LIMB	2100	1600
006	VENOUS DOPPLER - UPPER LIMB	2100	1600
007	PORTABLE CHARGES FOR ECHOCARDIOGRAPY/DOPPLER	300	300
008	SCREENING ECHO	650	550
NOTE : No report of Screeing will be issued to the patients, only noting in file to be made.			
25:01 T.M.T. (TREAD MILL TEST)			
001	TREAD MILL TEST (EACH)	1900	1600
26:01 HOLTER MONITOR			
001	HOLTER MONITORING	1900	1600
27:01 E.E.G. (ELECTRO ENCEPHALOGRAMS)			
001	E.E.G. (ELECTRO ENCEPHALOGRAPHY)	1500	1100
28:01 SPECIAL INVESTIGATIONS			
001	P.F.T. (PULMONARY FUNCTION TEST)	650	550
002	URO-FLOWMETRY	600	400
29:01 INSTRUMENTS AND SPECIAL EQUIPMENTS			
001	DVT PUMP	400	300
30:01 CONCESSION (ONLY SB CASES)			
001	CONCESSION ON ROOM / BED		190
002	CONCESSION ON ICU / CCU		1050
003	CONCESSION ON POST OP. ICU / SEMI ICU		840
004	CONCESSION ON INCU-415		480
005	CONCESSION ON PED. ICU		360
005	CONCESSION ON NNU - NURSERY (206)		240

S.No.	DESCRIPTION	ACCOMMODATION CATEGORY	
		PR/SPR/NSB	SB
31:01 DIET FOR ATTENDANT			
001	AERATED COLD DRINKS : 500 ML. BOTTLE	35	N O S E R V I C E
002	BOTTLED DRINKING WATER (1 LITER)	20	
003	TEA ONE CUP	15	
004	COFFEE ONE CUP	20	
005	TEA WITH SNACKS	30	
006	COFFEE & SNACKS	40	
007	FROOTI (200 ML)	15	
008	PACKED JUICES (200 ML)	25	
009	SANDWICHES : VEG (4 SLICES)	30	
010	BREAKFAST [NON-VEGETARIAN] ONLY	80	
011	BREAKFAST [VEGETARIAN] ONLY	70	
012	LUNCH [NON-VEGETARIAN] ONLY	150	
013	LUNCH [VEGETARIAN] ONLY	125	
014	DINNER [NON-VEGETARIAN] ONLY	150	
015	DINNER [VEGETARIAN] ONLY	125	
016	FULL MEALS FOR ATTENDANT [NON-VEGETARIAN] : PER DAY	400	
017	FULL MEALS FOR ATTENDANT [VEGETARIAN] : PER DAY	350	
018	MILK : PER GLASS	20	

CHARGES FOR THALASSAEMIA PATIENTS (SB ONLY)

			ACCOMMODATION CATEGORY	
32:01 FLAT RATE FOR THALASSAEMIA CASES			SB	
001	HOSPITAL SUPPLIED BLOOD	[1-UNIT]	1050	
002	HOSPITAL SUPPLIED BLOOD	[2-UNITS]	1800	
003	HOSPITAL SUPPLIED RH NEG. BLOOD	[1-UNIT]	1260	
004	HOSPITAL SUPPLIED RH NEG. BLOOD	[2-UNITS]	2100	
005	RED CROSS REPLACED BLOOD	[1-UNIT]	325	
006	RED CROSS REPLACED BLOOD	[2-UNITS]	375	
007	RELATIVE REPLACED BLOOD	[1-UNIT]	630	
008	RELATIVE REPLACED BLOOD	[2-UNITS]	950	

33:01 NURSING CARE

		PR	SPR	NSB	SB
001	NURSING CARE : PER DAY	425	425	275	160

*Note :- Nursing care is professional charges for routine nursing care provided by the nurses.
(To be charged only to newborn babies admitted in "Nursery 208".*

AYURVEDIC TREATMENT

34:01 AYURVEDIC TREATMENT

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

001	Agni Karma (Per Sitting)	1000	900
002	Annalepanam (Per Sitting)	1720	1550
003	Avagaha Sweda (Per Sitting)	1100	1000
004	Ekanga Taila Dhara (Per Sitting)	1600	1450
005	Kati Basti (Per Sitting)	1700	1550
006	Ksheera Dhara (Per Sitting)	1700	1550
007	Matra Basti (Per Sitting)	300	270
008	Nadi Sweda-Full Body (Per Sitting)	800	720
009	Nadi Sweda-One Limb (Per Sitting)	500	450
010	Nadi Sweda-Two Limbs (Per Sitting)	630	570
011	Nasya Karma (Per Sitting)	580	520
012	Netra Tarpan (Per Sitting)	800	720
013	Patra Pinda Sweda-Full Body (Per Sitting)	880	790
014	Patra Pinda Sweda-One Limb (Per Sitting)	430	390
015	Patra Pinda Sweda-Two Limbs (Per Sitting)	580	520
016	Raktamokshana (Per Sitting)	1420	1280
017	Sarvang Abhyanga-Adult (Per Sitting)	725	650
018	Sarvang Abhyanga-Child (Per Sitting)	580	520
019	Sarvanga Bashpa Sweda (Per Sitting)	950	860
020	Shashtik Shali Pinda Sweda-Adult (Per Sitting)	1300	1170
021	Shashtik Shali Pinda Sweda-Child (Per Sitting)	1150	1050
022	Shirobasti (7 Days)	10000	9000
023	Taila Dhara (7 Days)	15100	13600
024	Takra Dhara (Per Sitting)	1750	1600
025	Twarita Basti (Per Sitting)	580	520
026	Uttara Basti (Per Sitting)	1430	1290
027	Vamana Karma (12 Days)	5050	4550
028	Virechan Karma (12 Days)	5050	4550
029	Yoga Basti[5A+3N]	10100	9100
030	Kala Basti [10A+6N] 16-Days	19100	17200
031	Karma Basti [18A+12N] 30-Days	30000	27000
032	Snehadhara Sweda+Yoga Basti 14+8 Days	60000	54000
033	Cost of Patrapinda Bundle [Each]	150	150

35:01 MISCELLANEOUS CHARGES

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

36:01 AMBULANCE**ALL CATEGORIES OF IPD**

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.

37:01 MORTUARY

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

O.P.D.

S.No.	DESCRIPTION	
38:01	O.P.D.(PRIVATE) CONSULTATION (EACH TIME)	
		P.O.P.D.
001	CONSULTATION [EACH] : MORNING O.P.D.	600
002	CONSULTATION [EACH] : EVENING O.P.D.	600
003	CONSULTATION [EACH] : HOMEOPATHIC CLINIC	200

39:01 O.P.D.[GENERAL] REGISTRATION (EACH TIME)

		G.O.P.D.
001	NEW REGISTRATION - GENERAL CLINICS	100
002	RE-VISIT REGISTRATION - GENERAL CLINICS	100
003	NEW REGISTRATION - O.B. & WELL BABY CLINIC	100
004	RE-VISIT REGISTRATION - O.B. & WELL BABY CLINIC	100
005	CASUALTY VISIT [EACH TIME]	200

40:01 O.B. REGISTRATION CHARGES

(NON REFUNDABLE – NON ADJUSTABLE)

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

41:01 ECG (ELECTRO CARDIOGRAM)

		OPD CATEGORY	
		POPD/ Casualty	G.O.P.D.
001	ECG (ELECTRO CARDIOGRAM) (EACH)	210	190

42:01 ECHOCARDIOGRAPHY / CAROTID DOPPLER

001	ARTERY DOPPLER - LOWER LIMB	2100	1600
002	ARTERY DOPPLER - UPPER LIMB	2100	1600
003	DOPPLER STUDY	2100	1600
004	ECHOCARDIOGRAPHY	2100	1600
005	VENOUS DOPPLER - LOWER LIMB	2100	1600
006	VENOUS DOPPLER - UPPER LIMB	2100	1600
007	SCREENING ECHO	650	550

43:01 T.M.T. (TREAD MILL TEST)

001	TREAD MILL TEST (EACH)	1900	1600
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44:01 HOLTHER MONITOR

001	HOLTHER MONITORING	1900	1600
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S.No.	DESCRIPTION	OPD CATEGORY	
		POPD/ Casualty	G.O.P.D.
45:01	<u>E.E.G. (ELECTRO ENCEPHALOGRAMS)</u>		
001	E.E.G. (ELECTRO ENCEPHALOGRAPHY)	1500	1100
46:01	<u>SPECIAL INVESTIGATIONS</u>		
001	P.F.T. (PULMONARY FUNCTION TEST)	650	550
002	URO-FLOWMETRY	600	400
47:01	<u>CHEMOTHERAPY CHARGES (In OPD-Casualty Room)</u>		
001	CHEMOTHERAPY- BED & NURSING		175
002	CHEMOTHERAPY- GENERAL SUPPLIES		230
003	CHEMOTHERAPY-THERAPY CHARGES		1450
48:01	<u>GROUP : DIALYSIS</u>		
001	DIALYSIS (PER HAEMODIALYSIS) Package Charges(Artificial Kidney & Tubings Extra)		1600
002	Package Charges for JUGULAR CATHETERISATION		2000
003	SUBCLAVIAN CATHETERISATION – Package Charges		2000
004	FEMORAL CATHETERISATION - Package Charges		1000
005	KIDNEY BIOPSY (LAB CHARGES EXTRA)		1000
006	HAEMODIALYSIS CATHETER DRESSING		250
007	FISTULA DRESSING		100
008	US/ECHO GUIDANCE CHARGES FOR JUGULAR/SUBCLAVIAN CANNULATION OR CATHETERISATION		250
009	PERITONEAL DIALYSIS		1700

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.*

OPD PROCEDURES

	DESCRIPTION	OPD CATEGORY	
		POPD/ Casualty	G.O.P.D.
49:01	<u>O.P.D. Procedures – UROLOGY</u>		
001	BLADDER IRRIGATION	850	650
002	CATHETERIZATION PLAIN (Disposables Extra)	1050	850
003	CHANGE OF SUPRA PUBIC CATHETER	1300	1100
004	PARAPHIMOSIS REDUCTION	1300	1100
005	BCG INSTILLATION IN BLADDER	850	650
50:01	<u>O.P.D. Procedures – ENT</u>		
001	SYRINGING ENT	550	425
51:01	<u>O.P.D. Procedures – OPHTHALMOLOGY</u>		
001	ORTHOPTIC WORK UP(SINGLE VISIT)	70	50
002	PERIMETRY	1300	1300
003	SQUINT WORK UP	110	60
004	REFRACTION	110	60
005	CONVERGENCE EXERCISE (15 DAYS COURSE)	850	550

S.No.	DESCRIPTION	OPD CATEGORY	
		POPD/ Casualty	G.O.P.D.
52:01 GROUP : GYNAEC PROCEDURES			
001	LOCALISATION OF FOETAL HEART BY USG IN LABOR ROOM	120	70
002	PAP SMEAR TAKING	160	80
003	COPPER-T REMOVAL	400	180
004	MAC DONALD STITCH REMOVAL	850	450
53:01 GROUP : LASER PROCEDURES			
001	AUTOPERIMETRY	1750	1750
002	COLOUR PHOTOS	600	600
003	FUNDUS FLURESIEN ANGIOGRAPHY [SUPPLIES EXTRA]	2300	2300
004	LASER PERIPHERAL IRIDECTOMY	3500	3500
005	LASER PHOTOCOAGULATION	2900	2900
006	LASER PHOTOCOAGULATION - LATTICE & HOLES	4600	4600
007	LASER PHOTOCOAGULATION - R. O. P.	7500	7500
008	O C T	2900	2900
009	YAG CAPSULOTOMY	2900	2900
54:01 GROUP : PLASTERING CHARGES			
001	PLASTERING : FOOT/ARM/HAND	650	350
002	PLASTERING : LEG	750	400
003	PLASTERING : HIP	950	500
004	PLASTERING : BODY CAST	1500	750
005	REPLASTERING ROUTINE (REPAIR)	450	250
<i>NOTE : MATERIAL COST WILL BE EXTRA</i>			
55:01 GROUP : SKIN PROCEDURES			
001	BIOPSY OF SKIN (LAB CHARGES EXTRA)	850	450
002	CHEMICAL CAUTERY	650	350
003	CORN REMOVAL (PER CORN)	400	200
004	CRYOTHERAPY (SINGLE LESION)	700	500
005	CRYOTHERAPY (TWO LESION)	1200	850
006	CRYOTHERAPY (MULTIPLE LESION)	1600	1100
007	INTRA LESIONAL INJECTION	650	400
008	SKIN REMOVAL OF BLACKHEADS	650	350
009	SKIN REMOVAL OF MOLUSEUM	650	350
010	SKIN SCRAPING	650	350
011	PATCH TESTING - UPTO 4 ANTIGENS	750	550
012	PATCH TESTING - ABOVE 4 ANTIGENS	1300	1100
013	RF CAUTERY	650	350
014	WOODS LAMP EXAMINATION	450	250
56:01 GROUP : SPEECH & HEARING TEST			
001	ABLB/SISI/TD	300	300
002	SCREENING OAE	500	300
003	OAE-TEOAE/DPOAE DIAGNOSTIC	800	750
004	AC BERA	1500	1500

S.No.	DESCRIPTION	OPD CATEGORY	
		POPD/ Casualty	G.O.P.D.
56:01 GROUP : SPEECH & HEARING TEST			
005	BC AERA	1500	1500
006	ASSR	1900	1900
007	ECOCH G	2500	2500
008	SPEECH THERAPY	200	150
009	COCHLEAR IMPLANT C-C	750	700
010	AUDIOMETRY-PTA/BOA	300	250
011	TYMPANOMETRY-IMPEDANCE	500	450
57:01 GROUP : TREATMENT			
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
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	CONE REMOVAL	500	300
022	COPPER SULPHATE CAUTERY	350	200
023	DEBRIDEMENT OF THE WOUND	350	-----
024	DRESSING - MINOR	100	70
025	DRESSING – MEDIUM	200	100
026	DRESSING – MAJOR	350	200
027	EAR PIERCING : BILATERAL	700	400
028	EXCISION OF TOE NAIL (IN OPD/CASUALTY)	500	350
029	EYE SYRINGING & NEEDLING	300	250
030	ELECTRIC SHOCK IN CASUALTY	130	-----
031	FOLEYS CATHETERISATION	200	150
032	FOREIGN BODY (MINOR) REMOVAL (IN CASUALTY)	500	350
033	GASTRIC LAVAGE / STOMACH WASH	1000	700
034	HYDRO CORTIZONE INJ.	400	200
035	I.V.SERVICE CHARGES (COST OF I.V. EXTRA)	30	-----
036	INCIDENTAL ABORTION	1750	1600

S.No.	DESCRIPTION	OPD CATEGORY	
		POPD/ Casualty	G.O.P.D.
57:01 GROUP : TREATMENT			
037	INJ. GIVING CHARGES	20	-----
038	JAW MANNUAL REDUCTION	700	400
039	K-WIRE RAMOVAL (IN OPD)	500	350
040	KNEE ASPIRATION	700	400
041	MANIPULATION MINOR	500	350
042	MANNUAL EVACUATION	500	300
043	MONTOUX TEST	40	30
044	NASAL PACKING (IN CASUALTY)	500	300
045	NEEDLE ASPIRATION (IN OPD) OF MINOR ABSCESS	500	300
046	NON STRESS MONITORING (PER TWO HOURS)	250	150
047	NST -NON STRESS TEST (PER 20 MINUTES)	600	350
048	PROSTATE BIOPSY	1200	800
049	PULLED ELBOW	400	250
050	SIMPLE MANIPULATION	600	350
051	SODIUM NITRATE CAUTERY	400	200
052	SPO2 MONITORING	120	-----
053	SPOT RBS	60	50
054	STRAPPING	100	-----
055	SUPRA PUBIC CATHETERISATION	1300	1100
056	SUTURING UP TO 5 STITCHES	350	200
057	SUTURING ABOVE 5 STICHES EACH STITCH	150	75
058	SYRINGING OR NEEDLING EYE (IN CASUALTY)	250	200
059	TEMPORARY PACING	3700	2000
060	URINE FOR SUGAR/ALBUMIN - TREATMENT	30	30
57:02 GROUP : NURSING PROCEDURES			
001	STEAM INHALATION.	30	20
002	NEBULIZATION	80	60
003	SKIN/PELVIC TRACTION APPLICATION	250	170

PACKAGE CHARGES FOR MINOR O.T. PROCEDURES

S.No.	DESCRIPTION	PACKAGE RATE	
		POPD/ Casualty	G.O.P.D.
59:01 ENT : MINOR O.T. PROCEDURES			
1	ANT. NASAL PACK	3150	2100
2	ANTRAL WASH : U/L OR B/L	3150	2100
3	BIOPSY OF CHEEK OR TONGUE : U/L OR B/L	3150	2100
4	CAUTERY OF NASAL BLEEDERS WITH PACKING	4200	2850
5	CAUTERY PATCHING EAR	4200	2850
6	CHANGE OF TRACHEOSTOMY TUBE	2100	1500
7	DIAGNOSTIC NASAL ENDOSCOPY	2100	1500
8	EUM -EXAMINATION UNDER MICROSCOPE	550	400
9	EXCISION OF TONGUE TIE	3150	2100
10	FOREIGN BODY REMOVAL-(NOSE/EAR)	2650	1800
11	FOREIGN BODY THROAT(FISH BONE)	3150	2100
12	LARYNGOSCOPY – FIBER OPTIC	3150	2100
13	MYRINGOTOMY FOR ASOM	1100	800
14	NASAL BIOPSY	1100	800
15	NASAL PACK REMOVAL	1100	800
16	SPLIT EAR LOBULE – BILATERAL	4200	2850
17	SPLIT EAR LOBULE – UNILATERAL	3150	2100

59:02 GENERAL SURGERY : MINOR O.T. PROCEDURES

1	ASPIRATION OF SUPERFICIAL COLD ABSCESS	1500	1100
2	AVULSION OF TOE NAIL – B/L	2650	1800
3	AVULSION OF TOE NAIL – U/L	1500	1100
4	BIOPSY OF BREAST	6300	4200
5	DEBRIDEMENT – SMALL	3150	2100
6	DRAINAGE OF SMALL ABSCESS	1500	1100
7	EXCISION BIOPSY – SMALL	2100	1500
8	EXCISION OF SEBACEOUS CYST	3150	2100
9	EXCISION OF SMALL SUPERFICIAL SOFT TISSUE MASS/TUMOUR	5800	3900
10	GLAND BIOPSY	5800	3900
11	I & D OF BREAST ABSCESS	5250	3700
12	LYMPH NODE BIOPSY	5800	3900
13	NEEDLE ASPIRATION OF ABSCESS	2100	1500
14	REMOVAL OF SUPERFICIAL FOREIGN BODY LIMBS – MINOR	2650	1800
15	RESUTURING OF SMALL ABDOMINAL WOUND	3700	2650
16	SCLEROTHERAPY : (INJ. FOR PILES)	1100	800

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

S.No.	DESCRIPTION	PACKAGE RATE	
		POPD/ Casualty	G.O.P.D.
59:03 OB./ GYN : Minor O.T. PROCEDURES			
1	CERVICAL BIOPSY	2650	1800
2	COLPOSCOPY DIAGNOSTIC	1100	800
3	COLPOSCOPY WITH PUNCH BIOPSY	1500	1100
4	COLPOSCOPY WITH PUNCH BIOPSY WITH CRYO CAUTERY	3400	2200
5	CRYO-CAUTERY	2650	1800
6	D. & C. OR D.& E.	3150	2100
7	ENDOCERVICAL CURRETTINGS	3150	2100
8	ENDOMETRIAL ASPIRATION	3150	2100
9	ENDOMETRIAL BIOSPY	3150	2100
10	ENDOMETRIAL BRUSH CYTOLOGY	1100	800
11	HPV-DNA (Charges for Kit Extra)	800	600
12	HYDRO TUBATION : PER SITTING (MED. COST EXT.)	1100	800
13	INCIDENTAL DELIVERY INCLUDING SUTURING	3700	2500
14	POLYP REMOVAL	2650	1800
15	RESUTURING OF EPISIOTOMY	2650	1800
16	RESUTURING OF SMALL ABDOMINAL WOUNDS	2650	1800
17	SUTURING OF SMALL TEARS OVER PERINIUM, VAGINA AND LABIA	2650	1800

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

59:04 OPHTHALMOLOGY : MINOR O.T. PROCEDURES			
1	CHALAZION – SINGLE EYE LID	3800	2600
2	CHALAZION – BOTH EYE LID OR MULTIPLE	5250	3700
3	DRAINAGE OF LID ABSCESS	3000	2000
4	FOREIGN BODY REMOVAL	1300	900
5	SYRINGING	1100	800

59:05 ORTHO : Minor O.T.			
1	CLOSED REDUCTION MANIPULATION : LOWER EXTREMITY*	3150	2100
2	CLOSED REDUCTION MANIPULATION : UPPER EXTREMITY*	2200	1500
3	DRESSING : MAJOR (IN MINOR O.T.) *	1100	800
4	DRESSING : MINOR (IN MINOR O.T.) *	550	400
5	DYNAMISATION OF I.M.NAIL	2200	1500
6	EXCISION OF GANGLION / SOFT TISSUE MASS	5800	3900
7	EXCISION OF TOE/FINGER NAIL	2100	1500
8	INTRA ARTICULAR INJECTION/ASPIRATION (IN MINOR O.T.) – SINGLE JOINT**	1500	1100
9	PELVIC EXTERNAL FIXATOR***	5800	3900
10	REMOVAL OF WIRE AND MINOR IMPLANTS	1500	1100
11	TENDO-ACHILLIS TENOTOMY – B/L	7400	4800
12	TENDO-ACHILLIS TENOTOMY – U/L	4400	3000

- 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 any Medicine and injections will be extra wherever will be used and issued.

S.No.	DESCRIPTION	PACKAGE RATE	
		POPD/ Casualty	G.O.P.D.
59:06	<u>PLASTIC SURGERY : MINOR O.T. PROCEDURES</u>		
1	ARCH BAR REMOVAL	3150	2100
2	EXCISION OF CYST MULTIPLE	7900	5250
3	EXCISION OF CYST SINGLE	4000	2650
4	EXCISION OF KELOID – SMALL	6300	4200
5	EXCISION OF MOLE-FACE	4000	2650
6	FACIOCUTANEOUS FLAP REPAIR - SMALL	7900	5250
7	FULL THICKNESS GRAFT – SMALL	9200	6100
8	HAIR TRANSPLANT : LARGE AREA (1000 Grafts)	81000	81000
9	HAIR TRANSPLANT : MEDIUM AREA (Upto 500 Grafts)	52000	52000
10	HAIR TRANSPLANT : SMALL AREA (<100 Grafts)	22000	22000
11	LOCAL FLAP – MINOR	5250	3700
12	MINOR AMPUTATION – TOE, DIGIT ETC.	6300	4200
13	MINOR IMPLANT REMOVAL – WIRE ETC.	3150	2100
14	REPAIR OF ONE FINGER	5250	3700
15	REPAIR OF PINNA	5250	3700
16	SIMPLE SCAR EXCISION	9200	6100
17	SIMPLE Z PLASTY	8400	5600
18	SKIN GRAFTING – SMALL	7400	5000
19	SMALL NEVUS	6300	4200
20	SPLIT EAR LOBULE – BILATERAL	4200	2850
21	SPLIT EAR LOBULE – UNILATERAL	3150	2100
22	WOUND REPAIR SMALL	3150	2100

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

59:07	<u>UROLOGY : MINOR O.T. PROCEDURES</u>		
1	BIOSPY GROWTH ON PENIS OR SCROTUM	3150	2100
2	CIRCUMCISION	5800	3900
3	DORSAL SLIT	3000	2000
4	MEATOTOMY	3150	2100
5	ORCHIDECTOMY – B/L OR U/L	5900	3900
6	PROSTATIC BIOPSY *	4850	3300
7	TESTICULAR BIOPSY	5250	3700
8	TROCAR SPC**	6300	4200
9	URETHRAL DILATATION	3400	2200

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.

59:08	<u>THORACIC SURGERY : Minor O.T.</u>		
1	CHEST ASPIRATION	3150	2100
2	BRONCHOSCOPY WITH OR WITHOUT F.B.REMOVAL	5250	3700

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

2. Cost of CHEST TUBE is extra.

S.No.	DESCRIPTION	PACKAGE RATE	
		POPD/ Casualty	G.O.P.D.
59:09	PEDIATRIC SURGERY : Minor O.T.		
59:09A	PEDIATRIC SURGERY : GENERAL SURGERY		
1	ASPIRATION OF SUPERFICIAL COLD ABSCESS	1500	1100
2	AVULSION OF TOE NAIL – B/L	2650	1800
3	AVULSION OF TOE NAIL – U/L	1500	1100
4	CATHETERISATION & MCU	2100	1500
5	DEBRIDEMENT – SMALL	3150	2100
6	DRAINAGE OF SMALL ABSCESS	1500	1100
7	DRESSING : MAJOR	1100	800
8	DRESSING : MINOR	550	400
9	EXCISION OF SEBACEOUS CYST	3150	2100
10	EXCISION OF SMALL SUPERFICIAL SOFT TISSUE MASS/TUMOUR	5800	3900
11	GLAND BIOPSY	5800	3900
12	I & D OF BREAST ABSCESS	5250	3700
13	LABIAL ADHESIONS	2100	1500
14	LYMPH NODE BIOPSY	5800	3900
15	NEEDLE ASPIRATION OF ABSCESS	2100	1500
16	PREPUTIAL DILATATION	2100	1500
17	REMOVAL OF SUPERFICIAL FOREIGN BODY LIMBS – MINOR	2650	1800
18	RESUTURING OF SMALL ABDOMINAL WOUND	3700	2650
19	UMBILICAL GRANULOMA	1600	1100
Note : Charges for Lab will be extra wherever is applicable.			
59:09B	PEDIATRIC SURGERY : ENT		
1	EXCISION OF TONGUE TIE	3150	2100
2	SPLIT EAR LOBULE – UNILATERAL	3150	2100
59:09C	PEDIATRIC SURGERY : PLASTIC		
1	EXCISION OF CYST MULTIPLE	7900	5250
2	EXCISION OF CYST SINGLE	4000	2650
3	LOCAL FLAP – MINOR	5250	3700
4	MINOR AMPUTATION – TOE, DIGIT ETC.	6300	4200
5	SIMPLE Z PLASTY	8400	5600
6	SMALL NEVUS	6300	4200
59:09D	PEDIATRIC SURGERY : UROLOGY		
1	BIOSPY GROWTH ON PENIS OR SCROTUM	3150	2100
2	CIRCUMCISION*	5800	3900
3	DORSAL SLIT	3000	2000
4	TROCAR SPC**	6300	4200
5	URETHRAL DILATATION	3400	2200
Note : 1. * Charges for Plasti-Bell will be extra. 2. ** Charges for Supra-Cath will be extra.			

S.No.	DESCRIPTION	PACKAGE RATE	
		POPD/ Casualty	G.O.P.D.
59:09E	PEDIATRIC SURGERY : THORACIC		
1	CHEST ASPIRATION – DIAGNOSTIC	3150	2100
2	CHEST ASPIRATION – THERAPUTIC	4200	2850

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

59:10 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

60:01	GROUP : BOOK CHARGES	
001	ADDITIONAL BOOK CHARGES	20
60:02	GROUP : DUPLICATE PRINTING	
001	DUPLICATE RECEIPTS PRINT	10
002	DUPLICATE REPORT CHARGES	50

