

**Request for Proposal (RFP) for  
Implementing Medical Insurance Scheme  
for State Employees and Pensioners  
(MEDISEP)**

**Finance Department  
Government of Kerala**

Downloaded Copy - Association of Retired Teachers (ART)  
Farook College

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## **Disclaimer**

The Medical Insurance Scheme for State Employees and Pensioners (MEDISEP) will be implemented by the Department of Finance, Government of Kerala for all serving employees of the State Government including the High Court of Kerala, and their family who are covered under the existing Kerala Government Servants Medical Attendant Rules [KGSMA Rules, 1960], part time contingent employees, part time teachers, teaching and non-teaching staff of aided schools and colleges and their family and pensioners and their spouses and family pensioners on compulsory basis, and all India Service officers serving in the State who are covered under the existing Kerala Government Servants Medical Attendant Rules [KGSMA Rules, 1960] on optional basis. In addition to the above mentioned categories employees and pensioners of the universities which receive Grant-in-Aid from the State Government and Local Self Government Institutions and the directly recruited personal staff of the Chief Minister, Ministers, Leader of Opposition, Chief Whip, Speaker, Deputy Speaker, Chairman of the Financial Committee and personal staff pensioners/family pensioners shall also be considered as beneficiary for this scheme.

This document has been prepared based on the information that is presently available with Finance Department, Govt. Of Kerala and that which is publicly available. The information contained in this Request

for Proposal document (the “RFP”) or subsequently provided to bidder(s), whether verbally or in documentary form or any other form by or on behalf of the Authority or any of its employees or advisors, is provided to bidder(s) on the terms and conditions set out in this RFP including such other terms and conditions subject to which such information is provided.

This RFP includes statements, which reflect various assumptions and assessments arrived at, by the Authority in relation to the Scheme. Such assumptions, assessments and statements do not purport to contain all the information that each bidder may require. This RFP may not be appropriate for all persons, and it is not possible for the Authority, its employees or advisors to consider the investment objectives, financial situation and particular needs of each party who reads or uses this RFP. The assumptions, assessments, statements and information contained in the bidding documents, may not be complete, accurate, adequate or correct. Each bidder should, therefore, conduct its own investigations and analysis and should check the accuracy, adequacy, correctness, reliability and completeness of the assumptions, assessments, statements and information contained in this RFP and obtain independent advice from appropriate sources.

Information provided in this RFP to the bidder(s) is on a wide range of matters, some of which may depend upon interpretation of law. The information given is not

intended to be an exhaustive account of statutory requirements and should not be regarded as a complete or authoritative statement of law. The Authority accepts no responsibility for the accuracy or otherwise for any interpretation or opinion on law expressed herein.

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The Authority also accepts no liability of any nature whether resulting from negligence or otherwise howsoever caused arising from Bidder's reliance upon any of the statements contained in this RFP. The Authority may in its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information, assessment or assumptions contained in this RFP.

The issue of this RFP does not imply that the Authority is bound to select a bidder or to appoint the selected bidder or concessionaire, as the case may be, for the scheme and the Authority reserves the right to reject all or any of

the bidders or bids without assigning any reason whatsoever.

The bidder shall bear all its costs associated with or relating to the preparation and submission of its bid including but not limited to preparation, copying, postage, delivery fees, expenses associated with any demonstrations or presentations which may be required by the Authority or any other costs incurred in connection with or relating to its bid. All such costs and expenses will remain with the bidder and the Authority shall not be liable in any manner whatsoever for the same or for any other costs or other expenses incurred by a bidder in preparation or submission of the bid, regardless of the conduct or outcome of the bidding process.

## **Introduction**

The medical treatment for Kerala Government employees including the High Court of Kerala and their family members is currently covered under the Kerala Government Servants Medical Attendant Rules [KGSMA Rules, 1960]. The employees are eligible for medical reimbursement for both outpatient and inpatient medical care from government hospitals and empanelled private hospitals. Further, the employees also have the provision to avail Interest Free Medical Advance (IFMA) for medical treatment. Along with this, the State Government provides Rs. 300 per month as medical allowance for pensioner/family pensioners. The State Government spends around Rs 230 crores a year to meet medical expenses of the employees and pensioners. This includes Rs 70 crore for medical reimbursement, Rs 150 crore for medical allowance for pensioners and Rs 10 crore for Interest Free Medical Advance.

The Tenth Pay Revision Commission has recommended introducing Health Insurance Scheme for employees and pensioners in Kerala. Based on this, the Honorable Finance minister has announced the implementation of the Health Insurance program in the budget speech of 2017-18. Government of Kerala vide GO (P) No. 54/2017/Fin dated 24<sup>th</sup> April 2017 accorded sanction for implementing the Health Insurance Scheme for State Government employees, pensioners and family pensioners. The proposed health insurance scheme will

be known as **Medical Insurance Scheme for State Employees and Pensioners (MEDISEP)**.

The scheme is intended to provide comprehensive health insurance coverage to all serving employees of the State Government including the High Court of Kerala who are covered under the existing Kerala Government Servants Medical Attendant Rules [KGSMA Rules, 1960] and pensioners. This also includes newly recruited employees and their family, part time contingent employees, part time teachers, teaching, non-teaching staff of aided schools and colleges and their family and pensioners and their spouses and family pensioners on compulsory basis, and all Civil Service officers serving under the Government of Kerala on optional basis. It is estimated that approximately 5 lakh State Government Employees and 5 lakh pensioners will be beneficiaries of the scheme. In addition to the above mentioned categories employees and pensioners of the universities which receive Grant-in-Aid from the State Government and Local Self Government Institutions and the directly recruited personal staff of the Chief Minister, Ministers, Leader of Opposition, Chief Whip, Speaker, Deputy Speaker, Chairmen of the Financial Committees and personal staff pensioners/family pensioners shall also be considered as beneficiary for this scheme. Notwithstanding the above, the Authority have the discretion to include or exclude any categories of beneficiaries to / from the coverage of the Scheme at any stage of the Scheme.



The scheme envisages cashless treatment facility to beneficiaries through an insurance company and a network of empanelled hospitals according to the criteria specified by the Government. The benefit package of the scheme would include a basic benefit package which will provide coverage for catastrophic secondary and tertiary care procedures, emergency and trauma care and day care procedures. The benefit package determined by the expert committee constituted by the government for the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) and Karunya Arogya Suraksha Padathi (KASP) will be used as basis for MEDISEP. The scheme also proposes an additional coverage for specified treatment for catastrophic illnesses like transplant surgeries. The scheme will also cover all pre-existing diseases of the beneficiaries from the inception of the scheme. However, Out Patient Treatment will not be covered under this scheme.

## **Features of MEDISEP**

### **Title of the Scheme**

This Scheme may be called the **MEDICAL INSURANCE SCHEME FOR THE STATE EMPLOYEES AND PENSIONERS (MEDISEP)**

### **Application of the Scheme**

This Scheme shall come into force on the 1<sup>st</sup> day of April 2019.

Subject to the provisions of this Scheme the Government employees and pensioners shall be the members of the Scheme with effect from the 1st day of commencement of the scheme.

### **DEFINITIONS**

In this Scheme unless the context otherwise requires: --

- I) "Additional Coverage" means the additional sum insured for specified diseases.
- II) "Authority" means Principal Secretary, Finance Department, Government of Kerala.
- III) "Beneficiaries" means All Serving employees of the State Government including the High Court of Kerala and their family who are covered under the existing Kerala Government Servants Medical

Attendant Rules [KGSMA Rules, 1960], part time contingent employees, part time teachers, teaching & non-teaching staff of aided schools and colleges and their family and pensioners and their spouses and family pensioners on compulsory basis, and all All India Service officers serving under the Government of Kerala on optional basis . In addition to the above mentioned categories, employees and pensioners of the universities which receive Grant-in-Aid from the State Government and Local Self Government Institutions and the directly recruited personal staff of the Chief Minister, Ministers, Leader of Opposition, Chief Whip, Speaker, Deputy Speaker, Chairmen of the Financial Committees and personal staff pensioners/ family pensioners shall also be considered as beneficiary for this scheme. Notwithstanding the above, the Authority have the discretion to include or exclude any categories of beneficiaries to / from the coverage of the Scheme at any stage of the Scheme.

- IV) “Cashless facility” means a facility provided to the insured by the insurance company, to make payments of treatment costs directly to the hospital in respect of treatment undergone in a network provider, to the extent of approval given where such treatment is in accordance with the policy terms and conditions.

- V) "Catastrophic illness" means severe illness requiring prolonged hospitalization for recovery. These illnesses (speciality and super speciality) involve high costs for treatment and may incapacitate the person from working, creating a financial hardship.
- VI) "Day Care Centre" means any registered institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and is under supervision of a registered and qualified medical practitioner and must comply with all minimum criterion.
- VII) "Day one" means the date on which the scheme will come into force.
- VIII) "Dependant" means those who are dependant on the employee for their livelihood.
- IX) "Empanelled Hospitals" means those hospitals fulfilling the minimum prescribed standards and thereby tied up as network hospitals by the insurer.
- X) "Enrolment" means registration of beneficiaries to the scheme.
- XI) "Enrolment Period" means the period given for the registration of the beneficiaries to the scheme.
- XII) "Family" means all or any of the following relatives of an insured person, namely:

A. In the case of an insured employee:

- (i) legal spouse of the employee (who do not have the eligibility to enrol in this scheme).
- (ii) minor or adopted child/children dependant upon the insured, till they get employed, married or attained the age of 25 years whichever is earlier.
- (iii) Physically challenged/mentally challenged children of the employee without any age restriction. (certificate should be produced as specified in the scheme).
- (iv) dependant parents of the employee .

B. In the case of insured pensioner:

Spouse (who do not have the eligibility to enrol in this scheme) and physically challenged/mentally challenged children of the pensioner without any age restriction.(certificate should be produced as specified in the scheme).

C.In the case of insured family pensioner.

Physically challenged/mentally challenged children of the pensioner without any age restriction. (certificate should be produced as specified in the scheme).

XIII) "Government" means Government of Kerala.

- XIV) “Medical insurance policy” is a contract between an insurer and the Government in which the insurer agrees to provide specified health insurance cover to the employees and pensioners at a particular “premium”.
- XV) “Hospital” means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under relevant Act, having the standards and benchmarks for hospitalisation that provides network prescribed by IRDAI.
- XVI) “Hospitalisation” means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
- XVII) “Inpatient care” means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- XVIII) “Insurer” means Insurance Company registered under IRDAI and selected by Government of Kerala.
- XIX) “Insured Person” means a person who has got insurance coverage under the scheme.

- XX) “Medical Board” means standing medical board constituted by the Director of Health Services consisting of not less than 3 members.
- XXI) “Medical Expenses” means those expenses that an Insured Person has necessarily incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner.
- XXII) “New Born Benefit” means the benefit given to the new born child/children along with the insured mother.
- XXIII) “New born baby” means baby born during the Policy Period.
- XXIV) “AB-PMJAY” means Ayushman Bharat Pradhan Mantri Jan Arogya Yojana .
- XXV) KASP means the proposed Karunya Arogya Suraksha Padhathi.
- XXVI) “Period of Contract” means three years from the date of signing of MoU/Agreement.
- XXVII) “Period of Insurance” means three years from the date of signing of MoU/Agreement between the Government and Insurer.
- XXVIII) “Pre-existing disease” is a medical condition/disease that existed before the commencement of the insurance coverage obtained from the health insurance policy.

- XXIX) “Pre-hospitalization/Post-hospitalisation Medical Expenses” means medical expenses incurred during pre-defined number of days preceding/succeeding the hospitalisation of the Insured Person. 30 days before hospitalisation and 60 days after discharge.
- XXX) “Premium” means the payment made on behalf of the insured persons as consideration for the policy. The Premium of the employee shall be deducted from their salary in monthly instalments and the premium of the pensioner shall be met from their medical allowance.
- XXXI) “Policy plan period” means the three year period from the date which the scheme starts.
- XXXII) “Provider Network” means hospitals or health care providers enlisted by an insurer, to provide medical services to an insured by cashless facility.
- XXXIII) “State Nodal Cell” means the implementation and monitoring mechanism for MEDISEP under the Authority.
- XXXIV) “Sum Assured” means the total benefit coverage provided by the insurer.
- XXXV) “CGHS” means Central Government Health Scheme.
- XXXVI) “HDU” means High Definition Unit.
- XXXVII) “ICU” means Intensive Care Unit.



**Scope of the Scheme**

The scope of the scheme shall be to provide coverage for the eligible expenses incurred by the beneficiary for the listed procedures under the basic benefit package including day care packages adopted from AB-PMJAY and the additional package listed as Section B of Annexure-1. The coverage will include the cost of medicines, procedures, doctor and attendant fees, room charges, diagnostic charges, dietary charges availed from empaneled hospitals. The scheme will provide cashless facility for the enlisted procedures and will cover all pre-existing diseases. The coverage is restricted only to the empaneled public and private hospitals under the scheme. However, the coverage of the medical assistance under the scheme shall also be extended in respect of accident /emergency cases where the patient is treated for approved treatment / surgery undergone in non-empaneled hospitals. In such cases, treatment cost shall be reimbursed by the insurance company based on the approved rates/package of the scheme.

**Eligibility of Beneficiaries**

- i) All serving employees of State Government including teaching and non-teaching staff of Aided Schools and Colleges by remitting prescribed premium. In addition to the above mentioned categories, employees of the universities which

receive Grant-in-Aid from the State Government and Local Self Government Institutions and the directly recruited personal staff of the Chief Minister, Ministers, Leader of Opposition and Chief Whip, Speaker, Deputy Speaker and the Chairmen of the Financial Committees shall also be considered as beneficiary for this scheme.

- ii) Newly appointed employees who joined service during the policy period of three years shall join the scheme by remitting the premium from the month of joining and can avail Rupees Two Lakh per annum as Basic Sum Insured.
- iii) Part time Contingent employees/pensioners and part time teachers/pensioners subject to remittance of prescribed premium. The part-time contingent pensioners/family pensioners and Ex-gratia Pensioners/family pensioners should execute an authorisation for deducting the prescribed monthly premium from their monthly pension.
- iv) All service pensioners including teaching and non-teaching staff of aided schools and colleges by deduction of entitled medical allowance. In addition to the above mentioned categories pensioners of the universities which receive Grant-in-Aid from the State Government and Local Self Government Institutions and the directly recruited personal staff pensioners/family pensioners shall also be considered as beneficiary for this scheme.
- v) Those who avail LWA under Appendix XII A, XII B and XII C part I KSR shall not have the eligibility to

join/continue in the scheme during the policy period.

- vi) Those who avails Leave Without Allowance for a short spell not exceeding the period of one year during the policy period shall have the option to remit the premium in advance during the tenure of the leave but before the date of renewal of the policy.
- vii) In the case of employees under deputation and employees not drawing salary through SPARK, the Drawing and Disbursing Officer concerned shall deduct the premium and remit the same to the TSB account to be opened for this purpose. The remittance details shall be forwarded to Finance (Health Insurance) Department.
- viii) Pensioners under National Pension System have the option to enrol in the scheme by remitting the prescribed premium.
- ix) If an employee is under suspension, the premium during the period shall be deducted from the subsistence allowance admissible.
- x) If an employee is dismissed or terminated from service as a part of major penalty, he/she shall cease to be the beneficiary of the scheme with effect from the date of order of such dismissal/termination.
- xi) If an employee retires/ superannuates during the policy period, the membership of his/her policy shall sustain and remittance towards the premium

payment will be deducted from his/her entitled medical allowance as a pensioner.

### **Enrolment of Beneficiary**

- i)** The beneficiaries must mandatorily fulfil their enrolment procedure as prescribed by Government within the duration of enrolment Period.
- ii)** Enrolment of such beneficiaries shall not be allowed after the expiry of the enrolment period.
- iii)** In case of pensioners the prescribed enrolment procedure shall be followed as specified by Government from time to time.
- iv)** The database of beneficiaries will be maintained by the State Nodal Cell and will be shared with the selected insurer for initiating the enrolment process. The enrolment of the beneficiaries and issuance of ID cards would be undertaken by the insurer.
- v)** The date of expiry of policy shall be co-terminus for all the beneficiaries.
- vi)** Insured will have the option to change the details regarding dependant beneficiary.
- vii)** Every employee/pensioner will be notified regarding enrolment with Permanent Employee Numbers/Pension Payment Order Number.
- viii)** The empanelled Hospitals/Nursing Homes/Day Care Clinics and the beneficiaries shall have the access to the dedicated website to see their relevant information.

- ix)** The beneficiaries falling under the category of compulsory enrolment shall remain the member of the scheme with future renewals automatically awarded. The beneficiaries falling under the category of optional enrolment, if wish to opt out of the scheme, shall be required to submit the declaration to the Finance Department for discontinuation from the Scheme at the time of next renewal of the Scheme. In such cases the benefits shall cease on the expiry of the policy.
- x)** No fresh enrolment of the serving employees and pensioners shall be allowed after the date of expiry of enrolment period.
- xi)** The scheme shall also be compulsory to new government employees who would be joining after the date of expiry of enrolment period of the scheme.
- xii)** The enrolment of new employees, who join after the date of expiry of Enrolment Period, shall continue throughout the policy plan period.

### **Family Enrolment**

The Scheme shall cover a family and dependants as follows.

#### **A. In the case of an insured employee:**

- (i) legal spouse of the employee (who do not have the eligibility to enrol in this scheme).

ii) minor or adopted child/children dependant upon the insured, till they get employed, married or attained the age of 25 years whichever is earlier.

(iii) Physically challenged/mentally challenged child/children of the employee without any age restriction.(certificate should be produced as specified in the scheme).

iv) dependant parents of the employee.

**B. In the case of insured pensioner:**

Spouse (who do not have the eligibility to enrol in this scheme) and physically challenged/mentally challenged child/children of the pensioner without any age restriction. (certificate should be produced as specified in the scheme).

**C. In the case of insured family pensioner:**

Physically challenged/mentally challenged child/children of the pensioner without any age restriction. (certificate should be produced as specified in the scheme).

**Addition & Deletion of Family Members**

A. Addition to the family is allowed in following contingencies during the policy period.

- i) Marriage of the beneficiary (requiring inclusion of spouse's name)
- ii.) Children born during policy period

B. Deletion from Family is allowed in following contingencies

- i)** Death of covered beneficiary.
- ii)** Divorce of the spouse.
- iii)** Member becoming ineligible (on condition of dependency)

### **Identity Cards**

Beneficiaries shall be identified by " ID Card" issued by the insurer/ TPA which would contain Unique Insurance Identification Number along with Permanent Employee Number (PEN)/ Pension Payment Order Number (PPO) , AADHAR and all relevant details of MEDISEP members. This card would be used at the Provider Network to access health insurance benefits.

### **Benefit Package.**

The scheme envisages cashless treatment facility to beneficiaries through an insurance company and a network of empanelled hospitals for the benefit package given below.

- i)** **Basic Coverage** - The Insurer shall pay all expenses (as per package costs specified) incurred in course of medical treatment availed by the beneficiaries in empanelled hospitals (24 hours admission clause) for the medical, surgical and day care procedures as enlisted in Section A of Annexure 1
- ii)** **Additional Coverage:** The Insurance coverage given over and above the basic coverage for catastrophic

illnesses specified enlisted in Section B of Annexure 1

- iii) Coverage of Pre-existing diseases:** All diseases under the Scheme shall be covered from day one and there shall not be any waiting period.
- iv) Pre&Post hospitalization benefit:** Benefits up to 30 days Pre-Hospitalization & up to 60 days Post Hospitalization respectively which would cover all expenses related to treatment of the sickness for which hospitalization was done. The beneficiary shall avail this benefit on cashless basis in empanelled hospitals.
- v) Newborn child/children** to an insured mother would be covered from day one up to the expiry of the current policy plan period. However, next year the child/children could be covered as a regular member of the family. All Congenital diseases of newborn child/children shall be covered under the scheme.
- vi)** The insurance coverage shall start from day one and continue till the expiry of the policy plan period.

#### **AGE LIMIT.**

There shall be no age limit for the beneficiaries/dependants except dependant child/children for admitting into the scheme.



**SUM INSURED ON FAMILY FLOATER BASIS.**

As mentioned in the previous section, the coverage of the scheme will be provided as follows.

1. Basic Benefit Package: This caters to the benefit package list mentioned in **Section A of Annexure 1** in which medical, surgical and day care procedures will be covered up to a sum of Rs. Two lakhs per annum for a period of three years.
2. Additional Cover for Catastrophic illnesses; This caters to the additional benefit list mentioned in **Section B of Annexure 1** For these procedures the scheme shall provide Rupees Six Lakhs for a block period of three years on a floater basis. i.e. the additional coverage of Rs. Two lakhs per annum can be used together within the block period for treatment of catastrophic illnesses. This is in addition to the basic benefit package availed by the beneficiary during the insured period.
3. Corpus fund for Catastrophic illnesses: An additional sum of not less than Rs. 25 crore per year shall be provided by the Insurer as a corpus fund for specified catastrophic illness enlisted in **Section B of Annexure 1** . This can be used in case the treatment expenses exceed the additional coverage listed in **Section B of Annexure 1** and the corpus fund shall provide additionally Rupees Three lakhs per family for a block period of three years. This is in addition to

the above two coverage for the beneficiary during the insured period.

**Payment of Premium**

The Government of Kerala will pay the insurance premium on behalf of the employees/pensioners to the Insurance Company. For the first year the premium will be initially calculated based on the number of beneficiaries in position covered under the Scheme as on 1/4/2019. Of this amount, 50 % will be paid as the first instalment on signing the agreement and commencement of the Scheme. During the implementation, the actual premium will be arrived at based on the number of identity cards distributed. The remaining 50% will be calculated as per the premium amount and will be paid in two equal instalments after the successful completion of six months of the scheme and before end of the first policy year.

The same payment schedule will be continued during the second and third year. For these years the total annual premium will be calculated on the basis of number of identity cards or certificates of Pay Drawing Officers issued under the Scheme as on 1st June of the policy period. The payment of premium will be based on the data made available.

**Period of insurance and period of contract:**

The Scheme will be introduced from the date agreed by the Government of Kerala and Insurer for a period of three years. The period of Insurance contract will be effective from the date of signing of agreement and shall expire three months after the date of expiry of policy

plan period or at completion of all the obligations of the insurance company, whichever is later. In case the contract is terminated after the expiry of the Policy Plan Period, the Insurer shall continue to remain liable for making payments in respect of all the claims lodged with it or the TPA in respect of all the claims/ invoices of Provider Network and Beneficiaries on or before the date of expiry of the policy plan period.

### **Empanelled Provider Network**

The empanelled provider network for MEDISEP will include public and private hospitals which will be empanelled by the insurer. All the secondary and tertiary government hospitals and super speciality institutions including the Regional Cancer Center (RCC), Malabar Cancer Center (MCC), Cochin Cancer Center (CCC) and Sree Chitra Thirunal Institute of Medical Sciences and Technology (SCTIMST), shall be automatically included in the provider network.

The insurer shall empanel private hospitals as network hospitals fulfilling the required infrastructure and human resources criteria laid down for as part of the empanellment process. The network hospitals shall also agree to the package rates of the scheme for the procedures of various specialities under MEDISEP. Based on the clinical specialities, hospitals will be divided into three categories

- (1) Category -1 General Purpose Hospitals:**  
These are hospitals having 50 or more beds with the following specialities: General Medicine,

General Surgery, Obstetrics and Gynaecology, Paediatrics, Orthopedics, ENT, Dermatology ICU and Critical Care units.

**(2)** Category- 2 Speciality and Super Speciality Hospitals. Hospitals having 50 or more beds can be empanelled as a specialty hospital, provided they have at least 10 beds earmarked for the speciality. The specialities include Cardiology, Cardiovascular and Cardiothoracic surgery, Genito Urinary Surgery, Gastroenterology, Ophthalmology, Pulmonology, Poly Trauma & Critical Care, Plastic Surgery, Neurosurgery, Neurology, Pediatric Surgery, Nephrology, Rheumatology, Endocrinology etc.

**(3)** Category-3: Hospitals for Transplant Surgery: Hospitals with experience in conducting transplant surgeries (Kidney, Liver, Heart Transplant)

The insurance company shall ensure the availability of a minimum of five hospitals in category one (excluding government hospitals) in each district of the state and the availability of a minimum 25 network hospitals (excluding government hospitals) in the areas under each cluster of districts indicated below.

In category 2, (excluding government hospitals) the insurance company should ensure a minimum of five hospitals for each speciality group of the benefit package in each cluster. In category 3, (excluding government hospitals) the insurance company shall ensure a

minimum of two hospitals for transplant surgeries mentioned in additional benefit package in each cluster.

The insurance company can empanel all specialities or a group of specialities depending on availability of each specialities in a network hospital. A network hospital can be empanelled for all three categories or for any one of the three categories specified above.

Cluster-1 (Northern Districts): Kasaragod, Kannur, Wayanad, Kozhikode, Malappuram, Palakkad.

Cluster-2 (Central Districts): Thrissur, Ernakulam, Kottayam, Idukki,

Cluster-3 (Southern Districts): Alappuzha, Pathanamthitta, Kollam, Thiruvananthapuram.

If any district or cluster does not have the number of hospitals as specified above, the successful insurance company can seek specific exemption for that district or cluster and the same will be considered by the Authority after verification of the available qualified hospitals in that district or cluster.

In addition to this, the insurer shall ensure the empanellment of a minimum one of each network hospitals situated in Mangalore, Coimbatore and Delhi. In addition, the insurer may empanel additional hospitals outside the state.

The insurer shall consider the list of hospitals which are part of the medical reimbursement scheme of Government of Kerala and empanelled hospitals under CGHS or other central/state insurance schemes in Kerala, while conducting the empanellment process for MEDISEP.

Notwithstanding above , the clustering of hospitals as mentioned above shall not restrict the choice of the insured to seek treatment in hospitals out side the cluster which belongs to his/her residence.

The guidelines/operational procedures of de-panellment of network hospitals whose services are not satisfactory as per the requisite standards should be developed and executed by the insurer at any stage of the scheme based on the recommendations of the Authority provided after affording reasonable opportunity to be heard to all concerned.

### **Pre-authorization and Claim Settlement**

The insurer should establish a comprehensive process flow and mechanisms regarding pre authorization and claims settlement of procedures under the scheme. The process of pre-authorization should be done electronically through e-pre authorization mode. The insurer shall appoint enough number of medical auditors for scrutinizing the said process. The pre-authorization must be done round the clock and the process would be monitored by the State Nodal Cell. A provision for emergency intimation and approval should also be established subject to proper approval later. In instance of dispute, the final decision on pre authorization rest with the Authority.

### **Establishment of 24\*7 Call Center**

The insurer shall set up a 24 X 7, 365 days a year toll free helpline with online work flow. The call centre should be set up in Thiruvananthapuram city limits and

shall be available to all the beneficiaries for taking any information/ clarification regarding enrolment, benefits available under the Scheme, exclusions, list of empanelled private as well as government hospitals, process to be followed for lodging claim with Insurance Company or with State Government and for redressal of any complaint regarding enrolment, treatment, exclusions, benefits etc. available under the Scheme.

### **DISPUTE RESOLUTION AND GRIEVANCE REDRESSAL**

If any dispute arises between the parties namely insurer & beneficiary, insurer & empanelled hospital and beneficiary & empanelled hospital and during the policy plan period or thereafter, in connection with the validity, interpretation, implementation or alleged breach of any provision of the scheme etc, it will be settled in the following way.

#### **1. District Level Grievance Redressal Committee (DGRC)**

A Grievance Redressal committee shall be set up in each District for redressing of grievance of beneficiaries/Network provider by the Insurer. The committee will constitute following members:

- i) District Collector
- ii) District Medical Officer
- iii) Representative of Insurer

The Committee will resolve the Grievance within 30 days from the date of receiving the application. The

aggrieved, if not satisfied with the decision of the committee, can approach to the State Level Committee.

## **2.State Level Grievance Redressal Committee (SLGRC)**

A State Level GRC consisting of the following members will be set up to examine the grievances which could not be solved in the DGRC

- i) Additional Secretary (Finance Health Insurance Department)
- i) Additional Secretary (Health & Family Welfare Department)
- ii) Additional DHS, Medical
- iii) Joint Director DME
- iv) Representative of Insurer

The Committee will resolve the Grievance within 30 days from the date of receiving the application. The aggrieved, if not satisfied with the decision of the committee, can approach the Appellate Authority for arbitration.

## **3.Appellate Authority**

The appellate authority will consist of the following members

- i) Principal Secretary (Finance)
- i) Principal Secretary (Health & Family Welfare)
- ii) Director of Health Services
- iii) Director of Medical Education

The decision of the appellate authority will be final & binding to all the parties.



In case of disputes arising between the Government of Kerala and the Insurer, in respect of the validity, interpretation, implementation or alleged breach of any provision of the scheme etc, can be directly taken up with the appellate authority for resolution.

The civil courts situated in Thiruvananthapuram, Kerala shall have exclusive jurisdiction of any disputes which remain unresolved by the any of the above procedure.

### **Penalty clause**

Failure to abide by the terms of the Scheme as stipulated in the tender document will attract penalty as may be determined by the Government of Kerala, subject to the minimum of five times of the amount towards the expenditure incurred by the beneficiary in individual basis. Apart from the above , in the event of non compliance affecting the project as a whole at any stage of the scheme will attract a penalty subject to a maximum of 75 % of the estimated annual project cost.

### **Performance Monitoring**

The insurer shall furnish a Fortnightly / Monthly / Quarterly / Annual report to the Authority with heads of department / organization wise details of the number of subscribers enrolled, number of claims received and the total amount disbursed - diseases, treatments and surgeries-wise. Moreover, heads of department / organization wise monthly report detailing the opening balance of number of employees of the month, additions

and deletions during the month shall be furnished. Similarly, heads of department / organization wise monthly report shall reveal the opening balance of number of Identity Cards, number of Identity Cards issued during the month and balance yet to be issued. Regarding the scheme performance, the insurer shall furnish details of pre authorization, claims settlement, complaints redressal, claims ratio and any other parameters decided by the government.

### **Process Manual for Scheme Implementation**

The insurer will publish a detailed manual for the "MEDISEP" which shall include operational guidelines and details of the scheme in consultation with Authority, with provision to update and modify the same. The insurer shall follow the guidelines and instructions given in the manual while implementing the scheme. All guidelines and relevant information regarding MEDISEP shall be also made available on the official website of the scheme.

### **CLAIM SETTLEMENT**

The empanelled Hospital shall be reimbursed the cost of treatment as per agreed MEDISEP package rates with hospitals. The Insurance Company shall settle the claims of the empanelled hospitals within 15 working days of receipt of the complete documents along with the discharge summary of the patient. The claim settlement progress will be scrutinized and reviewed by the Authority.

In case of any claim is found untenable, the TPA/ Insurer shall communicate reasons to the Health provider and Designated Authority of the State / Nodal Department for this purpose with a copy to the Beneficiary. All such claims shall be reviewed by the State Government on monthly /quarterly basis.

The empanelled Hospitals/Nursing Homes shall have a right of appeal to Nodal Department/Authority against the TPA/ Insurer,if,the Health Care Provider feels that the claim is payable. The Nodal Department can direct the Insurer/ TPA to re-open the claim, if, proper and relevant documents as required are submitted.

### **Information Technology Platform**

The insurer shall develop a dedicated information technology platform by means of suitable web portal and data base & management information system for supporting the implementation of MEDISEP and provide real time access to State Nodal Cell for monitoring the scheme performance. The information technology platform is expected to include the following parameters.

- i. Database of beneficiaries.
- ii. Database of Enrolment .
- iii. Package details in the network hospitals.
- iv. e- Health database: This database will maintain the patient details along with the diagnosis and treatment details. This Database will also be linked to the Enrolment Database & Claims Transaction Database to form the Central Database.

- v. e-Pre authorization: The Hospital will require a Pre-Authorization e-form to be filled before going in for the treatment.
- vi. Claim processing and settlement Data Base: The claims processing database should include claim intimation, scrutiny of claims and status update and upon verification, settlement of claims.
- vii. MIS Reporting: Real-time reporting on performance and monitoring indicators.
- viii. Accounting system: Payment Reconciliation.
- ix. Third Party Integration: This will include (a) Electronic clearance of bills with payment gateway (b) SMS Gateway.

The web portal for MEDISEP shall provide information on the scheme details, List of empanelled and de-empanelled Hospitals, claims status, grievance redressal mechanisms, and other relevant information about the scheme. The insurer shall be responsible for ensuring the regular backup of data in collaboration with the State Nodal Cell.

The IT platform developed for the implementation of the scheme will be owned by the Government of Kerala and at the shared information of beneficiaries and claims should be used only for the said purpose. The insurer should strictly maintain the confidentiality of any form of data or information shared by the Authority and protect information created, disclosed or acquired in the context of the client and health service provider relationship.

**Invitation for “Request of Proposal” for Implementation of Medical Insurance Scheme for State Employees and Pensioners (MEDISEP)**

**Submission of Proposals.**

By virtue of the provisions contained in GO (P) No. 54/2017/Fin dated 24<sup>th</sup> April 2017, the Authority seek detailed proposals from IRDAI Accredited Insurance Companies interested in implementing the scheme. The proposed document should include the following.

**Tender Processing Fee**

The Tender processing fee is Rs.20000/- ( **Rupees Twenty Thousand only**) which has to be remitted electronically along with the bid documents.

**SECTION A - TECHNICAL PROPOSAL:**

**QUALIFYING CRITERIA:**

The participant should be insurance company/consortium authorized to conduct the business of health insurance by the Insurance Regulatory and Development Authority. Of India. Copy of IRDAI license to conduct health insurance business, attested by a Notary Public or by a Group A or B Officer of the Central Government or State Government shall be enclosed.

Third Party Administrator, if any, implementing the scheme on behalf of the Insurance Company should also be an agency approved by the Insurance Regulatory and Development Authority of India. The Insurance Company

or/and the Third-Party Administrator should have offices for processing claims in all districts of Kerala with headquarters in Thiruvananthapuram. The details of Third Party Administrator(s) if any/branches of the insurance company shall be furnished to the State Nodal Cell within one month from the date of signing the agreement.

The insurance company/consortium should have experience in the field of providing health insurance in India for a period of not less than three years as on the date of opening of the tender and average annual turnover not less than Rs. 1,000 crore during the last three financial years individually or as a consortium. Copies of annual audited returns of the company to support the above, duly attested by a Notary Public or by a Group A or B Officer of the Central Government or State Government shall be enclosed.

The insurance company should have experience for not less than three years in implementing health insurance schemes covering more than 2 lakh families or 10 lakh individuals (including family member beneficiaries). The data available with the Insurance Regulatory and Development Authority of India for overall number of beneficiaries covered under health insurance shall be provided as proof of 2 lakh families or 10 lakh individuals being covered under health insurance schemes.

It is essential that the number of beneficiaries covered under health insurance schemes are supported by

documentary proof. A copy of mass health insurance policy or Memorandum of Understanding or Agreement executed shall be furnished. Alternatively, the details of number of persons covered under health insurance schemes duly certified by the Statutory Auditors/sourced from IRDAI / Annual Reports of the insurance company / Returns filed by the company shall be filed as proof. The copies of all documentary proof shall be counter signed by the competent authority of insurance company.

The Insurance Company should have accredited hospital network in all districts of the State of Kerala. The empanelment criteria prescribed under Annexure-2 shall be adhered to by the successful Insurance Company. The final list of the empanelled hospitals with specialities covered under the Scheme shall be furnished two weeks before the execution of agreement.

The Insurance Company should not have been banned or debarred by Insurance Regulatory and Development Authority for non-settlement of claim or any other issues. The Insurance Company should give an undertaking on this.

A detailed business plan highlighting the process proposed to be adopted for the implementation of the Scheme should be given by the Insurance Company.

## **SECTION B - FINANCIAL PROPOSAL**

Annual Premium quoted shall be for a Basic Sum insured of Rupees **Two Lakhs per annum for a period of three**

**years** for illnesses listed in the Basic Package (**Section A of Annexure-1**) and additional coverage of **Six Lakhs for a block period of three years** for catastrophic illnesses specified in the **Section B of Annexure 1**, subject to the maximum permissible limit of Rs. 3,600 plus GST applicable per annum.

### **1. Content of RFP Documents.**

The participant must submit the proposal as per the details mentioned below:

- (i) Technical proposal
- (ii) Financial proposal

1. The technical proposal should provide the following details.

- a) Covering Letter as per the format provided in Annexure IV.
- b) Power of Attorney (POA) document which authorizes the signatory to sign on the documents on behalf of the company/consortium (Prime participant in case of a consortium) should be attached in the format available with the participating agency.
- c) Company/Consortium Profile - Management Structure, Main Business & Areas of Specialization, Duration of Business, Service Centres in Kerala etc.
- d) Key Corporate Clients, Value of Contracts and Salient Features of Contract/Agreement with Clients.



- e) Details of the Third-Party Administrator and list of network hospitals.
- f) Proposal should contain a comprehensive detail on implementation of tasks assigned to insurer in accordance with the first part of the document.
- g) Profit & Loss Account of the last three financial years and net worth of company/consortium.

2. The submitted proposals shall remain valid for 180 (One hundred and Eighty) days after the deadline for submission. In exceptional circumstances, prior to the expiry of the original time limit, the participants' consent may be solicited for an extension of the period of validity. The request and the responses thereto shall be made in writing.

3. The proposals may be cancelled. --

(a) if both covers i.e. Financial Proposal and Technical Proposal are not submitted in the respective covers.

(b) if any details related to the financial proposal are mentioned in technical proposal.

**4. Amendments to tender documents. --**

(a) At any time 48 hours prior to the deadline for submission of RFP, the Government of Kerala may, for any reason, modify the tender documents, by amendments.

(b) The amendments will be notified through corrigendum posted on the website [www.finance.](http://www.finance.)

kerala.gov.in. Such amendments will form part of the tender document. Bidders are advised to constantly watch for any corrigendum at the above-mentioned website.

(c) In order to provide prospective participants reasonable time to take the amendments into account in preparing their tenders, the Authority may, at its discretion, extend the deadline for the submission of the tender.

#### **5. Canvassing.**

Participants shall not canvass in any form to influence the RFP process and this would result in disqualification of the participant.

#### **6. Signature in each page of document.**

Each page of proposal document uploaded must be signed by the competent authority of the participant. Any document or sheet not signed shall also be a cause for rejection of the proposals.

#### **7. Procedure for evaluation of the Technical and Financial Proposals**

The Authority will constitute a proposal evaluation committee to evaluate the responses of the participants. The Proposal Evaluation Committee shall evaluate the responses to the proposal and all supporting documents & documentary evidences listed below. Inability to submit requisite supporting documents or documentary

evidence, may result in non-consideration of the proposals. The decision of the Proposal Evaluation Committee in the evaluation of responses to the proposals shall be final. No correspondence will be entertained outside the evaluation process of the Committee. The short-listed participants/consortium shall be called for detailed presentation/meeting in Thiruvananthapuram.

Once the technical proposals have been evaluated, only the qualified tenderers will be informed about the opening of financial proposal and such financial proposal will be opened in the presence of one representative of each qualified tenderer who choose to be present. The contract will be awarded to the tenderer, whose tender is determined to be the lowest evaluated one among the qualified tenderers.

As per the G.O (P) No. 54/2017/Fin, dated 24/04/2017 the scheme shall be implemented through the insurance company approved by IRDAI, after a competitive bidding process, by giving preference to public sector insurance company. Hence, in case of having more than one company/consortium with L1 status after opening of financial bid, preference will be given to public sector company/consortium, if any, among them.

The Authority reserves the right to accept or reject any tender or annul the tender process and reject all tenders at any time prior to award of contract.

#### **08. Notification of award and signing of Agreement.**

Orders accepting the proposal will be issued by the Finance Department, Government of Kerala. The successful participant shall enter into a signed Agreement within seven days of receipt of the order communicating the order of acceptance of proposal.

### **9. Period of agreement.**

The agreement will be in force for a period of three years from the date of commencement of the Scheme. The Authority shall have the right to cancel the agreement, at any time during the period of the Scheme, if the insurance company defaults in delivery of services or it is found that it has misrepresented any fact during the tender process to attain qualification or breaches any of the conditions of the contract.

### **10. Activity Flow of the Request for Proposals (RFP)**

1	Publication of RFP	1/1/2019
2	Pre-Bid Conference	17/1/2019
3	Authority response to queries latest by	21/1/2019
4	RFP due date	31/1/2019
5	RFP technical proposal evaluation	04/2/2019
6	RFP financial proposal evaluation	After the successful evaluation of Technical bids.

**Note:1. Pre-Bid meeting will be convened at 11 am on 17/1/2019 in the South Conference Hall, Kerala Government Secretariat, Thiruvananthapuram.**

**2. The Authority have discretion to alter the above dates.**

**Annexure-1**  
**Benefit Package List of MEDISEP**

The scheme envisages cashless treatment facility to beneficiaries through an insurance company and a network of empanelled hospitals for (1) Basic Benefit package which covers medical, surgical and day care procedures will be covered up to a sum of Rs. Two lakhs per annum. (2) Additional Cover for Catastrophic illnesses which is in addition to the basic benefit packages for super speciality and transplant surgeries.

The benefit package determined by the expert committee constituted by the government for the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) and Karunya Arogya Suraksha Padathi (KASP) will be used as basis for MEDISEP.

**Section A: Basic Benefit Package**

The basic benefit package will consist of 1823 procedures recommended by the expert committee and the details are given in Table-1

**Table:1 Procedures and Specialty wise category of Basic Benefit Package.**

SI.No	Specialty	No. of packages
1	Cardiology	50
2	Cardio-thoracic surgery	125
3	Cardio-vascular surgery	
4	Ophthalmology	83
5	ENT	120
6	Orthopedics	235
7	Poly trauma	12
8	Urology	227
9	Obstetrics & Gynecology	96
10	General Surgery	350
11	Neurosurgery	96
12	Interventional Neuroradiology	27
13	Plastic & reconstructive	9
14	Burns management	12
15	Oral and Maxillofacial Surgery	56
16	Pediatric medical management	6
17	Neo-natal	10
18	Pediatric surgery	97
19	General Medicine	34
20	Oncology	157
21	Emergency Room Packages (Care requiring less than 12 hrs stay)	4

22	Mental Disorders Packages	17
	<b>Total</b>	<b>1823</b>

# Details of each specialty group is listed below.

\* Any changes of surgical procedures and cost of procedures suggested by Expert Committee would also be duly effected for MEDISEP also.

In addition to the above procedures, the basic benefit package will also cover all other medical procedures for which admission can be done in General/Semi Private/Private Wards, HDU, and ICU. The costs medical packages are based on "Fixed day Per-diem Payment" system and requires pre-authorization for progressive extension of treatment after 1st day and every 5-day interval. The maximum limit of per day costs for each type of admission given in the Table 2.

**Table 2: Medical Procedures Benefit Package Costing**

SI.No	Package	Benefits of the Package	Maximum Per Day Costs
1	Non-Surgical (Medical) treatment in General Ward/Semi Private Ward/Pay Ward for Adults /Paediatrics	These package rates will include bed charges (General ward), Nursing and boarding charges, Surgeons, Anaesthetists, Medical Practitioner, Consultants fees, Anaesthesia, Blood, Oxygen, O.T. Charges, Medicines and Drugs, X-Ray and Diagnostic Tests including CT and MRI scans. Expenses incurred for diagnostic test and medicines up to 1 day before the admission of the patient and cost of diagnostic test and medicine up to 5 days of the discharge from the hospital for the same ailment / surgery be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting (1-day Pre-hospitalisation) to his discharge from hospital and 5 days after discharge and any complication while in hospital, making the transaction truly cashless to the patient.	1750.00

2	If admitted in HDU/SNCU	This includes bed charges (HDU/SNCU), Nursing and boarding charges, Surgeons, Anaesthetists, Medical Practitioner, Consultants fees, Anaesthesia, Blood, Oxygen, O.T. Charges, Medicines and Drugs, X-Ray and Diagnostic Tests etc. during stay in HDU/SNCU	2000.00
3	If admitted in ICU/NICU (without Ventilation)	This includes bed charges ICU/NICU), Nursing and boarding charges, Surgeons, Anaesthetists, Medical Practitioner, Consultants fees, Anaesthesia, Blood, Oxygen, O.T. Charges, Medicines and Drugs, X-Ray and Diagnostic Tests etc. during stay in ICU/NICU	2500.00
4	If admitted in ICU/NICU (with Ventilation)	This includes bed charges (ICU/NICU with ventilator <sup>55</sup> ), Nursing and boarding charges, Surgeons, Anaesthetists, Medical Practitioner, Consultants fees, Anaesthesia, Blood, Oxygen, O.T. Charges, Medicines and Drugs, X-Ray and Diagnostic Tests etc. during stay in ICU/NICU with ventilation	2750.00

**Section B-** The additional benefit package is aimed at providing insurance coverage to catastrophic illnesses and transplantation procedures. The list of diseases which comes under this category includes (1) Liver, Kidney, Heart, Lungs, and Bone Marrow transplantation surgical procedures (2) Catastrophic Oncological Procedures (3) Complex Open-Heart Surgeries – (draft procedure list given below) (4) Catastrophic Neurology procedures (5) Accident and Trauma cases involving Multiple Fractures.

The details of the procedures and costing such catastrophic illness would be worked out in accordance with the existing rates prescribed by CGHS or other government insurance schemes, with the selected insurance provider before the commencement of the scheme. The draft procedure list for additional coverage and final list for the basic benefit package is detailed below.

**Draft List of Procedures for the Additional Coverage**

<b>Cardiology</b>		
<b>SI.No</b>	<b>Package Name</b>	<b>Package Cost</b>
1	IMPLANTABLE CARDIAC DEFIBRILLATOR [ICD]	4,50,000.00
2	CARDIAC RESYNCHRONISATION THERAPY [CRT]	3,10,000.00
<b>Cardio Thoracic and Cardio Vascular</b>		
<b>SI.No</b>	<b>Package Name</b>	<b>Package Cost</b>
1	CABG+DVR+TVR	2,75,000.00
2	CABG+AVR+MVR/REPAIR	2,25,000.00
3	CABG+DVR	2,25,000.00
4	DAVID PROCEDURE	2,25,000.00
5	DVR+TVR	2,25,000.00
6	AVR+MV REPAIR+TV REPAIR	2,20,000.00

**Details of Procedures and Procedure Cost as part of basic benefit package.**

<b>General Surgery</b>		
<b>SI No</b>	<b>Package Name</b>	<b>Package Cost</b>
1	Abbe Operation	8,400.00
2	Abdomino Perineal Resection	28,000.00
3	Adhenolysis + Appendicectomy	23,000.00
4	Adventitious Burse - Excision	15,875.00
5	Aneurysm not Requiring Bypass Techniques	36,000.00
6	Aneurysm Resection & Grafting	36,000.00
7	Anorectoplasty	15,950.00
8	Anterior Exenteration	50,000.00
9	Anterior Resection + TME (Stapled Anastomosis)	60,000.00
10	Anterior Resection for CA	16,500.00
11	Appendicectomy	10,200.00
12	Appendicectomy - Appendicular Abscess - Drainage	12,000.00
13	Appendicular Abscess - Drainage	12,000.00
14	Appendicular Perforation	15,000.00
15	Arterial Embolectomy	23,000.00
16	Arteriovenous (AV) Malformation of Soft Tissue Tumour - Excision	15,875.00
17	Aspiration of cold Abscess of Lymphnode	3,000.00
18	Aspiration of Empyema	2,500.00
19	Axillary Lymph node - Excision	3,500.00
20	Bakers Cyst - Excision	6,000.00
21	Benign Tumour Excisions	3,800.00
22	Bilateral Inguinal block dissection	20,000.00
23	Biliary Enteric and Duodenal Bypass	20,000.00
24	Bleeding Ulcer - Gastrectomy & vagotomy	25,000.00
25	Bleeding Ulcer - Partial Gastrectomy	25,000.00
26	Block dissection Cervical Nodes	14,725.00
27	Branchial Fistula	14,725.00
28	Breast Lump - Excision-Unilateral	6,500.00
29	Bursa - Excision	4,525.00
30	Burst Abdomen Repair	15,000.00
31	Bypass - Inoperable Pancreas	15,000.00



32	Caecopexy	14,725.00
33	Caecostomy	10,000.00
34	Carbuncle excision	3,950.00
35	Carotid artery aneurysm repair	20,000.00
36	Carotid Body tumour - Excision	20,000.00
37	Cavernostomy	14,575.00
38	Cervial Lymphnodes - Excision	3,300.00
39	Cholecystectomy	16,000.00
40	Cholecystectomy & Exploration of CBD	22,000.00
41	Cholecysto jejunostomy	16,875.00
42	Cholecystostomy	14,575.00
43	Closure of Colostomy	5,000.00
44	Closure of Hollow Viscus Perforation	15,150.00
45	Coccygeal Teratoma Excision	15,000.00
46	Colocystoplasty	16,875.00
47	Coloectomy - Total	20,000.00
48	Colostomy	14,000.00
49	Congenital Atresia & Stenosis of Small Intestine	20,000.00
50	Congenital Arteriovenous Fistula (large)	24,150.00
51	Congenital Arteriovenous Fistula (small)	10,000.00
52	Corn - Excision	575.00
53	Cyst over Scrotum - Excision	2,000.00
54	Cystectomy - Total	16,800.00
55	Cystic Mass - Excision	2,000.00
56	Cyto Reductive Surgery	7,825.00
57	Debridement of Ulcer	5,000.00
58	Decortication (Pleurectomy)	20,000.00
59	Dermoid Cyst - Large - Excision	4,000.00
60	Dermoid Cyst - Small - Excision	2,000.00
61	Diagnostic Laparoscopy	8,000.00
62	Dissecting Aneurysms	36,000.00
63	Distal Pancreatectomy	60,000.00
64	Distal Pancreatectomy with PancreaticoJejunostomy	25,000.00
65	Dorsal Slit and Reduction of Paraphimosis	2,000.00
66	Drainage of Ischio Rectal Abscess	5,000.00
67	Drainage of liver Abscess	14,725.00
68	Drainage of perivertebral abscess	10,000.00
69	Drainage of Psoas Abscess	7,500.00
70	Drainage of Subdiaphragmatic Abscess	10,000.00
71	Drainage Pericardial Effusion	13,750.00
72	Dressing under GA	1,000.00
73	Duodenal Diverticulum	20,000.00
74	Duodenal Jejunostomy	20,000.00
75	Duodenectomy	22,475.00
76	Duplication of Intestine	18,000.00
77	Epidedectomy	8,975.00
78	Epididymal Swelling -Excision	6,175.00
79	Estlander Operation (lip)	7,250.00
80	Evacuation of Scrotal Hematoma	5,600.00
81	Examination under Anesthesia	1,650.00
82	Excision and Skin Graft of Venous Ulcer	15,000.00
83	Excision Benign Tumor -Small intestine	16,875.00
84	Excision Filarial Scrotum	11,500.00

85	Excision Mammary Fistula	6,175.00
86	Excision Meckel's Diverticulum	17,025.00
87	Excision of Growth from Tongue only	6,000.00
88	Excision of Growth from Tongue with neck node dissection	15,000.00
89	Excision of Large Swelling in Hand/Foot	3,000.00
90	Excision of Lingual Thyroid	14,000.00
91	Excision of Moles	350.00
92	Excision of Molluscum contagiosum	400.00
93	Excision of Neurofibroma	3,000.00
94	Excision of Parathyroid Adenoma/Carcinoma	22,000.00
95	Excision of Small Swelling in Hand/Foot	1,725.00
96	Excision of Subcutaneous Tissues In Lymphoedema	10,000.00
97	Excision of Swelling in Neck	5,000.00
98	Excision Pilonidal Sinus	9,500.00
99	Excision Small Intestinal Fistula	15,725.00
100	Excision, klatskins tumour	70,000.00
101	Excision of Sinus and Curettage	7,900.00
102	Exploratory Laparotomy	10,000.00
103	Exploratory Thoracotomy	17,300.00
104	Extended cholecystectomy	40,000.00
105	Facial Decompression	16,875.00
106	Femoropopliteal by pass procedure	26,500.00
107	Fibro Lipoma of Spermatic with Lord Excision	6,250.00
108	Fibroadenoma - Bilateral	8,000.00
109	Fibroadenoma - Unilateral	7,000.00
110	Fibroma – Excision	7,000.00
111	Fissurectomy	8,000.00
112	Fissurectomy and Haemorrhoidectomy	12,750.00
113	Fissurectomy with Sphincterotomy	12,750.00
114	Fistulectomy	10,200.00
115	Flap Reconstructive Surgery	25,875.00
116	Foreign Body Removal in Deep Region under GA	5,600.00
117	Foreign Body Removal in Suprficialregion without GA	2,000.00
118	Free Grafts - Large Area 10%	8,000.00
119	Free Grafts - Theirech- Small Area 5%	7,475.00
120	Free Grafts - Very Large Area 20%	10,000.00
121	Free Grafts - Wolfe Grafts	10,000.00
122	Freys procedure	50,000.00
123	Fulguration	3,500.00
124	Fundoplication	20,000.00
125	G J Vagotomy/ Vagotomy + Pyloroplasty	17,000.00
126	Ganglion - large - Excision	4,525.00
127	Ganglion - Small - Excision	3,250.00
128	Gastric Perforation	15,000.00
129	Gastro jejuno Colic Fistula	14,000.00
130	Gastrojejunostomy	16,875.00
131	Gastrostomy	16,725.00
132	Graham's Operation for duodenal perforation	16,875.00
133	Granuloma - Excision	4,525.00
134	Growth in the Scalp - Excision	4,000.00
135	Haemangioma - Excision (large)	10,000.00
136	Haemangioma - Excision (small)	5,000.00
137	Haemorrhage of Small Intestine	17,025.00

138	Haemorrhoid – injection	750.00
139	Haemorrhoidectomy	10,200.00
140	Haemorrhoidectomy+ Fistulectomy	15,000.00
141	Hemi thyroidectomy	10,000.00
142	Hemicolectomy	18,025.00
143	Hemithyoplasty	13,575.00
144	Hepatic Resection (lobectomy)	20,000.00
145	Hernia - Epigastric	12,000.00
146	Hernia - Femoral	12,000.00
147	Hernia - Incisional	15,000.00
148	Hernia - Repair & release of obstruction	15,000.00
149	Hernia - Spigelian	12,000.00
150	Hernia - Umbilical	12,000.00
151	Hernia - Ventral	14,000.00
152	Hernia Hiatus- Trans abdominal	15,000.00
153	Hernia -hiatus-Transthoracic	25,000.00
154	Hernia-inguinal and Hydrocele -unilateral.	13,000.00
155	Herniorrhaphy/hernioplasty-Inguinal- bilateral	13,000.00
156	Herniorrhaphy/hernioplasty-Inguinal- unilateral	10,000.00
157	Hydatid Cyst of Liver	12,500.00
158	Hydrocele - Excision /Eversion TV sac- Unilateral	7,000.00
159	Hydrocele - Excision/Eversion TV sac - Bilateral	10,000.00
160	Hydrocele + Orchiectomy	8,000.00
161	Ileostomy	19,600.00
162	Ileotransverse/colocolic Anastomosis	10,000.00
163	IlieoSigmoidostomy	17,000.00
164	Incision and Drainage of large Abscess	4,000.00
165	Infected Bunion Foot - Excision	4,525.00
166	Inguinal Node (dissection) - Unilateral	11,350.00
167	Intercostal drainage	3,000.00
168	Intestinal Obstruction	14,500.00
169	Intestinal perforation	14,500.00
170	Intestinal Perforation (Resection Anastomosis)	20,000.00
171	Intussusception	15,000.00
172	Isthmusectomy	9,000.00
173	Ivor lewis procedure	40,000.00
174	Jejunostomy	19,675.00
175	Lap. Assisted Hemi colectomy Right/Left	25,000.00
176	Lap. Assisted small bowel resection	15,875.00
177	Lap. Assisted Total Colectomy	35,000.00
178	Lap. Cholecystectomy & CBD exploration	25,000.00
179	Lap. For intestinal obstruction	15,725.00
180	Lap. Hepatic resection	25,000.00
181	Lap. Hydatid of liver surgery	20,000.00
182	Lap/Endoscopic Intestinal resection	15,300.00
183	Lap/Endoscopic Peritonities	11,500.00
184	LAPAROSCOPIC HELLERS'S PROCEDURE	60,000.00
185	Laparoscopic Inguinal Hernia - Bilateral	18,000.00
186	Laparoscopic Inguinal hernia - Unilateral	14,000.00
187	Laparoscopic Adhesiolysis	19,550.00
188	Laparoscopic Anterior resection	80,000.00
189	Laparoscopic Appendicectomy	18,000.00
190	Laparoscopic APR	70,000.00

191	Laparoscopic Cardiomyotomy	50,000.00
192	Laparoscopic Cholecystectomy	20,000.00
193	Laparoscopic cystogastrostomy	20,000.00
194	Laparoscopic deroofting cyst	20,000.00
195	Laparoscopic fundoplication	70,000.00
196	Laparoscopic Gastrostomy	18,000.00
197	Laparoscopic Hernia Repair-other than ventral,inguinal &hiatus	18,000.00
198	Laparoscopic Hiatus Hernia Repair	22,000.00
199	LAPAROSCOPIC LEINECTOMY	70,000.00
200	LAPAROSCOPIC MILES PROCEDURE	60,000.00
201	LAPAROSCOPIC PROCTECTOMY	70,000.00
202	Laparoscopic Pyloromyotomy	20,000.00
203	Laparoscopic Rectopexy	16,875.00
204	LAPAROSCOPIC REPAIR, PROCIDENTIA (Rectal)	50,000.00
205	Laparoscopic Splenectomy	20,000.00
206	Laparoscopic ventral hernia repair	20,000.00
207	LAPROSCOPIC NISSEN'S PROCEDURE	50,000.00
208	Laser Ablation Varicose Vein	18,000.00
209	Left Hepatectomy	60,000.00
210	Left Lateral sectionectomy	50,000.00
211	Left Trisectionectomy	85,000.00
212	Ligation of Ankle Perforators	11,850.00
213	Lipoma excision	2,875.00
214	Loop Colostomy Sigmoid	19,750.00
215	Lord's Procedure (haemorrhoids)	5,600.00
216	Mastectomy	12,000.00
217	Median pancreatectomy	70,000.00
218	Mediastinal Tumour	26,450.00
219	Mesenteric Caval Anastomosis	16,875.00
220	Mesenteric Cyst - Excision	16,000.00
221	Microdochectomy	5,000.00
222	Microlaryngoscopic Surgery	15,000.00
223	Necrosectomy	1,00,000.00
224	Nodular Cyst –Excision	3,450.00
225	Oeshophagoscopy for foreign body removal	7,500.00
226	Oesophageal Varices Banding	6,000.00
227	Oesophagectomy	17,500.00
228	Oesophagectomy for Carcinoma Oesophagus	25,000.00
229	Oesophagus Portal Hypertension	20,325.00
230	Operation for Bleeding Peptic Ulcer	20,000.00
231	Operation for Carcinoma Lip - Vermilionectomy	10,000.00
232	Operation for Carcinoma Lip - Wedge Excision and Vermilionectomy	12,000.00
233	Operation for Carcinoma Lip - Wedge-Excision	10,000.00
234	Operation for carcinoma lip- cheek advancement	12,000.00
235	Operation of Choledochal Cyst	15,000.00
236	Operations for Acquired Arteriovenous Fistula	21,900.00
237	Operations for Replacement of Oesophagus by Colon	25,000.00
238	Orchidectomy	8,500.00
239	Orchidectomy + Herniorraphy	14,000.00
240	Palliative Gastro Jejunostomy	1,500.00
241	PancreaticoDuodenectomy	25,000.00
242	Papilloma Rectum - Excision	4,000.00
243	Partial Thyroidectomy	12,000.00

244	Partial Pericardectomy	20,000.00
245	Partial/Subtotal Gastrectomy for Carcinoma	22,000.00
246	Patch Graft Angioplasty	20,000.00
247	Pelvic Abscess - Open Drainage	10,000.00
248	Pericardiostomy	30,000.00
249	Peritoneal dialysis per sitting	2,000.00
250	Phimosis Under LA	1,250.00
251	Pneumonectomy	25,000.00
252	Portal Hypertension shunt surgery	50,000.00
253	Porto Caval Anastomosis	28,750.00
254	Posterior Exentration	60,000.00
255	Procedures Requiring Bypass Techniques	15,000.00
256	Prolapse of Rectal Mass - Excision	10,000.00
257	Pyeloplasty	12,275.00
258	R Lateral sectionectomy	50,000.00
259	R Trisectionectomy	70,000.00
260	Radical Cholecystectomy	60,000.00
261	Radical Mastectomy	17,500.00
262	Radical Neck Dissection - Excision	21,200.00
263	Radio Ablation Varicose vein	1,920.00
264	Rectal Dilation	5,100.00
265	Rectal polyp	3,375.00
266	Rectopexy	11,275.00
267	Removal of Foreign Body from Trachea or Oesophagus	5,000.00
268	Removal Tumours of Chest Wall	20,000.00
269	Repair of Common Bile Duct	15,000.00
270	Repair of Main Arteries of the Limbs	30,000.00
271	Repair Stenosis of Renal Artery	27,075.00
272	Resection Anastomosis (Large Intestine)	15,000.00
273	Resection Anastomosis (Small Intestine)	15,725.00
274	Resection Enucleation of Adenoma (lung)	10,000.00
275	Resection Enucleation of Adenoma Thyroid	10,600.00
276	Restorative Proctocolectomy	70,000.00
277	Resuturing of Burst Abdomen	15,000.00
278	Retroperitoneal Tumor - Excision	20,000.00
279	Rib Resection & Drainage	10,000.00
280	Right Hepatectomy	50,000.00
281	Scrotal Swelling (Multiple) - Excision	6,175.00
282	Segmental Resection of Breast	13,650.00
283	Sigmoid Colectomy	35,000.00
284	Sigmoid Diverticulum	18,000.00
285	Simple closure - Peptic perforation	15,000.00
286	Sinus - Excision	5,600.00
287	Skin Flaps - Rotation Flaps	8,970.00
288	Sleeve resection, stomach	20,000.00
289	Soft Tissue Sarcoma	14,000.00
290	Soft Tissue Tumor (large) - Excision	10,000.00
291	Soft Tissue Tumor (small) - Excision	5,000.00
292	Splenectomy	29,150.00
293	Splenectomy - For Trauma	20,000.00
294	Split thickness skin grafts - Large (> 8% TBSA)	15,000.00
295	Split thickness skin grafts - Medium (4 - 8% TBSA)	10,000.00
296	Split thickness skin grafts - Small (< 4% TBSA)	5,000.00

297	Submandibular Lymph node - Excision	5,025.00
298	Submandibular Mass Excision + Reconstruction	20,000.00
299	Subtotal Thyroidectomy	13,000.00
300	Superficial Parotidectomy	14,000.00
301	Superficial Varicosity	2,650.00
302	Surgery for Arterial Aneurism Spleen Artery	20,000.00
303	Surgery for Arterial Aneurism -Vertebral	25,000.00
304	Suturing of wounds with local anesthesia	500.00
305	Suturing without local anesthesia	250.00
306	Swelling Over Scapular Region	4,525.00
307	Sympathetectomy - Lumbar	15,000.00
308	Sympathetectomy - Cervical	22,000.00
309	Temporal Bone resection	15,000.00
310	Temporary Pacemaker Implantation	13,800.00
311	Tendon Transfer-Leprosy	25,000.00
312	Terminal Colostomy	14,000.00
313	Thoracocentesis	14,000.00
314	Thoracoplasty	23,050.00
315	Thoracoscopic Decortication	25,000.00
316	Thoracoscopic Hydatid Cyst excision	20,000.00
317	Thoracoscopic Lobectomy	25,000.00
318	Thoracoscopic Pneumonectomy	30,000.00
319	Thoracoscopic Segmental Resection	25,000.00
320	Thoracoscopic Sympathectomy	15,000.00
321	Thoracostomy	10,000.00
322	Thorax (penetrating wounds)	15,000.00
323	Thymectomy	20,000.00
324	Thyroidectomy-Endoscopic	22,000.00
325	Tissue Reconstruction Flap Leprosy	25,000.00
326	Total Colectomy	30,000.00
327	Total Gastrectomy	35,000.00
328	Total Gastrectomy + D2 Dissection	50,000.00
329	Total Pelvic Exenteration	70,000.00
330	Total thyroidectomy	20,000.00
331	Total Thyroidectomy and Block Dissection	25,000.00
332	Tracheal Stenosis (End to end Anastomosis) (Throat)	17,000.00
333	Tracheoplasty (Throat)	17,000.00
334	Trans abdominal esophago gastrectomy	50,000.00
335	Trans Hiatal Oesophagectomy	40,000.00
336	Tranverse Colostomy	14,000.00
337	Trendelenburg Operation	10,000.00
338	Umbilical Sinus - Excision	5,600.00
339	Upper GI endoscopy	1,100.00
340	Upper GI endoscopy with biopsy	1,500.00
341	Vagotomy	13,575.00
342	Vagotomy & Drainage	16,875.00
343	Varicose Veins - Excision and Ligation	10,000.00
344	Varicose veins – injection	1,500.00
345	Vasectomy	2,500.00
346	Vasovasostomy	12,425.00
347	Video Assisted Thoracoscopic Surgery/Thoracolaparoscopic oesophagectomy	80,000.00
348	Volvulus of Large Bowel	25,000.00

349	Warren Shunt	17,000.00
350	Whipple's (Any Type)	70,000.00

<b>ENT</b>		
<b>SI No</b>	<b>Package Name</b>	<b>Package Cost</b>
	<b>EAR</b>	
1	Aural polypectomy	8550
2	Decompression sac	11350
3	Ear lobe repair - single (daycare)	1500
4	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin and Cartilage	4,000
5	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin Only	2,500
6	Facial nerve decompression	9050
7	Fenestration	7900
8	Glomus Tympanicum Excision	10000
9	Labyrinthectomy	20000
10	Mastoid Abscess Drainage	5000
11	Mastoidectomy	12500
12	Mastoidectomy cortical modified/ radical	18500
13	Mastoidectomy With Myringoplasty	15000
14	Mastoidectomy with tympanoplasty	16000
15	Myringoplasty	9050
16	Myringoplasty with Ossiculoplasty	14225
17	Myringotomy - Bilateral	7325
18	Myringotomy - Unilateral	4450
19	Myringotomy with Grommet - One ear	6500
20	Myringotomy with Grommet - Both ear	10200
21	Ossiculoplasty	9500
22	Otoendoscopy	1500
23	Partial amputation - Pinna	4000
24	Perichondritis Pinna Debridement	5000
25	Pharyngectomy and reconstruction	25000
26	Preauricular sinus	5600
27	Skull base surgery (preauth required)	37000
28	Stapedectomy	11350
29	Total Amputation & Excision of External Auditory Meatus	9050
30	Excision of Pinna for Growths (Squamous/Basal) Injuries - Total Amputation & Excision of External Auditory Meatus	8000
31	Excision of Pinna for Growths (Squamous/Basal) Injuries Total Amputation	6500
32	Tympanoplasty	12000
33	Tympanotomy	4000
34	Vidian neurectomy - Micro	9000
35	Aural polypectomy + Tympanoplasty	14000
36	Removal of foreign body from ear	3000
	<b>NOSE</b>	
1	Angiofibrom Excision	18000
2	Ant. Ethmoidal artery ligation - open/ endoscopic	13575
3	Antrostomy - Bilateral	8500
4	Antrostomy - Unilateral	6000
5	Caldwell - luc- Unilateral	5025
6	Cranio-facial resection	22500
7	Cryosurgery	7900
8	Endoscopic Hypophysectomy	21000
9	Endoscopic DCR	7000

10	Ethmoidectomy - External	11500
11	Fracture - setting maxilla	9625
12	Fracture - setting nasal bone	5000
13	Fracture reduction nose with septal correction	9125
14	Functional Endoscopic Sinus (FESS)	11000
15	Intra Nasal Ethmoidectomy	7900
16	Intranasal Diathermy	3000
17	Nasal polypectomy - Bilateral	9000
18	Nasal polypectomy - Unilateral	6000
19	Radical fronto ethmo sphenodectomy	18000
20	Rhinoplasty	15000
21	CSF Rhinorrhoea - Repair	14000
22	Rhinosporidiosis	14000
23	Rhinotomy - Lateral	12069
24	Septoplasty	7325
25	Septoplasty + FESS	11500
26	Septo-rhinoplasty	12500
27	Sinus Antroscopy	5100
28	Submucos resection	6500
	<b>THROAT</b>	
1	Arytenoidectomy	17100
2	Adenoidectomy	5675
3	Cleft palate repair	15000
4	Choanal atresia	12500
5	Excision of Cystic Hygroma Extensive	8250
6	Excision of Cystic Hygroma Major/ Extensive	10000
7	Excision of Cystic Hygroma Minor	5000
8	Excision of the Mandible Segmental	7500
9	Maxilla - Excision	12500
10	Maxillectomy	11125
11	Oro Antral fistula	11350
12	Palatopharyngoplasty	15950
13	Parapharyngeal - Exploration	12500
14	Parapharyngeal Abscess - Drainage	12500
15	Parapharyngeal - Tumour excision	20000
16	Parotidectomy - Conservative	13425
17	Parotidectomy - Radical Total	15000
18	Partial Glossectomy	6000
19	Pharyngeal diverticulum's - Excision	13650
20	Pharyngoplasty	13650
21	Ranula excision	5000
22	Release of Tongue Tie	3375
23	Repair of Parotid Duct	8250
24	Retro pharyngeal abscess - Drainage	5750
25	Styloidectomy - One side	8975
26	Styloidectomy - Both side	11275
27	Thyroglossal Fistula/ cyst - Excision	11350
28	Thyroglossal Fistula - Excision	11275
29	Removal of Submandibular Salivary gland	12000
30	Tonsillectomy - Bilateral/Unilateral	9125
31	Adeno Tonsillectomy-Bilateral/Unilateral	12500
32	Tonsillectomy + Myrinogotomy	11275
33	Tonsillectomy + Styloidectomy	14225
34	Tracheostomy	5000
35	Trans Antral Ethmoidectomy	6750



36	Turbineotomy Partial - Bilateral	7825
37	Turbineotomy Partial - Unilateral	4950
38	Uvulopharyngo Plasty	14000
39	Youngs operation	6175
40	Adeno Tonsillectomy	9663
41	Commodo Operation (glossectomy)	17500
42	Excision of Branchial Cyst	7000
43	Excision of Branchial Sinus	9200
44	Excision of CA cheek/ oral cavity + radial forearm flap	30000
45	Excision of growth Jaw + free fibular flap reconstruction	30000
46	Hemiglossectomy	11275
47	Hemi-mandibulectomy with graft	17025
48	Laryngectomy with block dissection	25000
49	Laryngofissure	5000
50	Laryngopharyngectomy with Gastric pull-up/ jejunal graft	30000
51	Laryngopharyngectomy	20000
52	Peritonsillar abscess under LA	2500
53	Superficial Parotidectomy	12000
54	Total Glossectomy	16725
55	Total Laryngectomy + Neck dissection	25000
56	Total Parotidectomy	18000

<b>Ophthalmology</b>		
<b>SI.No</b>	<b>Package Name</b>	<b>Package Cost</b>
1	Abscess Drainage of Lid	575
2	Acid and alkali burns	1,300
3	ALT-Argon laser trabeculoplasty	1,725
4	Amniotic Membrane grafting	2725
5	Anterior Chamber Reconstruction +Perforating corneo - Scleral Injury + IOL	11,500
6	Argon/diode laser for Retinal Detachment	1,300
7	Bandage Contact Lenses for Corneal perforation	575
8	Buckle Removal	7,500
9	Canaliculo Dacryocysto Rhinostomy	10,000
10	Canaliculoplasty	2500
11	Capsulotomy (YAG)	2,225
12	Cataract – Unilateral-ECCE.	4250
13	Cataract with foldable hydrophobic acrylic IOL by Phaco emulsification tech	7,500
14	Cataract with foldable hydrophobic acrylic IOL by Phaco emulsification tech + Glaucoma	15,000
15	Cataract with non-foldable IOL using SICS technique	5,750
16	Cataract with non-foldable IOL using SICS technique + Glaucoma	12,500
17	Cauterisation of ulcer/subconjunctival injection - both eye	250
18	Cauterisation of ulcer/subconjunctival injection - One eye	125
19	Chalazion - both eye	750
20	Chalazion - one eye	600
21	Collagen crosslinking (UV radiation Keratoconus)	2500
22	Conjunctival tumour excision + AMG	5,000
23	Corneal Foreign Body Removal	500
24	Corneal Grafting	6,000

25	Cyclocryotherapy/Cyclophotocoagulation	4,025
26	Dacryocystectomy (DCT)	2300
27	Dacryocystectomy with implants	11,000
28	Dacryocystorhinostomy(DCR)-plain	3300
29	DALK-Deep Anterior Lamellar Keratoplasty	19000
30	DSAEK Descement's stripping automated endothelial keratoplasty	18000
31	Ectropion correction -both lids	5,000
32	Ectropion Correction -one lid	2500
33	Entropion correction -one lid	2000
34	Entropion correction-both lids	4,000
35	Enucleation	5,000
36	Enucleation with Implant	7,500
37	Epicantuhus correction	2500
38	Epilation	300
39	ERG/EOG/VEP	1500
40	Evisceration	3,500
41	Exenteration	7,500
42	Fracture Orbital repair	10500
43	Glaucoma Surgery (Trabeculectomy only) with or without Mitomycin C, including postoperative medications for 12 weeks (and wherever surgical or laser procedures required for bleb augmentation and anterior chamber maintenance)	10,000
44	Glaucoma Surgery with valve	10,000
45	Injection Botulinum for Blepharospasm,Squint,etc	3000
46	Intraocular Foreign Body Removal from Anterior Segment	4,000
47	Intraocular Foreign Body Removal from Posterior Segment	20,000
48	Intravitreal Injection of Antibiotics	3500
49	Iridectomy – Laser	2,000
50	Iridectomy – Surgical	3,000
51	Iris cyst removal	2,500
52	IRIS Prolapse – Repair	5,600
53	Keratoplasty	9125
54	Keratoprosthesis Stage 1&2	15000
55	Laser for retinopathy (per sitting)	1,500
56	Lensectomy /pediatric lens aspiration	9,000
57	Lid tear	3,500
58	Limbal Dermoid Removal	4,000
59	Optic Nerve Decompression	10000
60	Orbital Decompression	10000
61	Orbital Abscess I&D	4000
62	Orbitotomy	10,000
63	Perforating Corneo - Scleral Injury	10,000
64	Probing and syringing of Lacrimal sac Unilateral/bilateralunder GA	2000
65	Prophylactic Cryoretinopexy- Closed	5,675
66	PRP - Retinal Laser including 3 sittings	5,000
67	Pterygium (Day care)	1500
68	Pterygium + ConjunctivalAutograft	7,500
69	Ptosis Surgery	10,000

70	Ptosis Surgery -fasanella servat procedure-one lid	3000
71	Ptosis Surgery -LPS resection -one lid	7000
72	Retinal Detachment Surgery	15,000
73	Silicon Oil removal Surgery	3000
74	Small Tumour of Lid – Excision + Lid Reconstruction	5,000
75	Socket Reconstruction with amniotic membrane	8,000
76	Squint correction (per muscle)	4,000
77	Surgical Membranectomy	8,000
78	Telecanthus correction	5800
79	Tumours of IRIS	4450
80	UV radiation for cross linkig for Keratoconus	2250
81	Vitrectomy	7,500
82	Vitrectomy + Retinal Detachment surgery (pre-auth required)	17,500
83	YAG Laser capsulotomy	1,500
84	Intravitreal Injection of AntiVEGF/Ozudex/Triamcinolone- cost of the drug request in a template for approval	

<b>Obstetrics &amp; Gynecology</b>		
<b>SI.No</b>	<b>Package Name</b>	<b>Package Cost</b>
1	Abdominal Myomectomy	16000
2	Abdominal Perineal neo construction Cx + Uteria + Vagina	20000
3	Ablation of Endometriotic Spot + Adhenolysis	10000
4	Ablation of Endometriotic Spot +Salpingostomy	10000
5	Ablation of Endometrium	5750
6	Adhenolysis + Hernia - Ventral - Lipectomy/Incision	16000
7	Adhenolysis+ Ovarian Cystectomy	10000
8	Adhenolysis+ Salpingostomy	10000
9	Amniocentesis	5000
10	Assisted labour-Vacuum/forceps delivery	7000
11	Bartholins Cyst Enuclation/ Incision drainage	3000
12	Broad Ligment Haemotoma drainage	10000
13	Caesarian Delivery	11000
14	Caesarian hysterectomy	22000
15	Cervical biopsy and Polypectomy	4500
16	Cervical Tear	5000
17	Chorionic villus sampling	5000
18	Colpotomy	1500
19	Cone Biopsy Cervix	1000
20	Conventional Tubectomy	4000
21	Cordocentesis	5000
22	Cyst -Vaginal Enuclation	3000
23	Cyst-Labial	3000
24	Cystocele - Anterior repair	12000
25	Cystocele - Anterior Repair + Perineal Tear Repair	14000
26	D&C (Dilatation &curretage) + Electro Cauterisation Cryo Surgery	4000
27	D&C (Dilatation&curretage)	3000
28	Destructive operation	6000
29	Diagnostic laparoscopy	11000

30	Dilation and Evacuation (D&E)	5100
31	Drag hysteroscopy	6000
32	Electro Cauterisation Cryo Surgery	4000
33	Exploration of abdominal haematoma (after laparotomy +LSCS)	14000
34	Foreign Body retrieval from vagina	3000
35	Fothergill's operation	17000
36	Fractional Curretage	4000
37	Gaping Perineal wound secondary suturing/ episiotomy	2500
38	HaematoColpo/Excision - Vaginal Septum	5000
39	High risk deliveries <ul style="list-style-type: none"> <li>· Premature delivery</li> <li>· Expected Gestation at delivery less than 35 weeks</li> <li>· Mothers with eclampsia or imminent eclampsia</li> <li>· Obstructed labour,</li> <li>· Major Fetal malformation requiring intervention immediately after birth</li> <li>· Mothers with severe anaemia (&lt;7 g/dL)</li> <li>· Other maternal and fetal conditions as per guidelines-Such as Rh haemolytic disease,uncontrolled diabetes, severe growth retardation etc that qualify for high risk delivery etc.</li> </ul>	10000
40	Hymenectomy& Repair of Hymen	7000
41	Hysterectomy - abdominal / vaginal+/-salpingo oophorectomy	20000
42	Hysterectomy - Wertheim's operation	25000
43	Hysteroscopic adhesiolysis	6000
44	Hysteroscopic IUCD removal	3000
45	Hysteroscopic myomectomies	6000
46	Hysteroscopic polypectomy	8050
47	Hysteroscopic Tubal Cannulation	15000
48	Hysterotomes - 2nd Trimester abortions	5000
49	Hysterotomy -Tumors removal	17000
50	Intrauterine transfusions	10000
51	Laparoscopic adhesiolysis	6000
52	Laparoscopic cystectomy	15000
53	Laparoscopic hysterectomy (TLH)	25000
54	Laparoscopic myomectomy	17000
55	Laparoscopic ovariectomy	12000
56	Laparoscopic tubal surgeries - salpingectomy, salpingotomy	12500
57	Laparotomy -failed laproscopy to explore	14000
58	Laparotomy for broad ligament haematoma	16000
59	Laparotomy for ectopic repture	14000
60	Laparotomy for ectopic pregnancy	10000
61	Laparotomy to explore for IUCD perforation	14000
62	LLETZ	15000
63	Manual removal of placenta	5000
64	McDonald's stitch	5000
65	MTP > 12 weeks	6500
66	MTP upto 12 weeks	5000
67	MTP upto 8 weeks	3500
68	Non descent vaginal hysterectomy	14000

69	Normal Vaginal delivery	6000
70	Normal Vaginal delivery with 3rd /4th degree Perineal Tear Repair	7000
71	Ovarian Cystectomy	17000
72	Ovarian Cystectomy in Pregnancy	18000
73	Ovariectomy/Oophorectomy	11520
74	Perforation of Uterus after D&C-laparotomy and closure	15725
75	Perineal Tear Repair	2200
76	Prolapse Uterus - Manchester	15000
77	Prolapse Uterus -L forts	15000
78	Pyometra Dilation	5000
79	Radical Vulvectomy	15000
80	Repair for rectovaginal fitulas	14000
81	Repair of post coital tear, perineal injury	3500
82	Rupture Uterus and repair with tubal ligation	20000
83	Sacrocolpopexy	16000
84	Salpingo-Oophorectomy	11500
85	Shirodkar's stitch	4000
86	Surgeries for Prolapse - Sling Surgeries	16000
87	Surgeries for Stress Incontinence 'Burch'	35000
88	Trans-vaginal tape/ Trans-obturator tape	5000
89	Tuboplasty	10000
90	Uterine Synechia - Cutting	8625
91	Vacuum Delivery	7000
92	Vaginal hysterectomy with anterior and posterior colpoperineorrhaphy	22000
93	Vaginal Tear -Repair	3600
94	Vaginoplasty	10000
95	Vulval Tumors - Removal	6000
96	Vulvectomy simple	15000

<b>Orthopedics</b>		
<b>SI.No</b>	<b>Package Name</b>	<b>Package Cost</b>
1	ACCESSORY BONE – EXCISION	13,575.00
2	AC joint reconstruction/ Stabilization/ Acromionplasty	25,000.00
3	AMPUTATION One Finger/ TOE	1,500.00
4	Amputation - Above Elbow	15,000.00
5	AMPUTATION - Above Knee	18,000.00
6	Amputation - Below Elbow	16,875.00
7	AMPUTATION - PART OF TOE &FIXATION OF K WIRE	5,375.00
8	AMPUTATION – WRIST	15,000.00
9	AMPUTATION- 2 -Fingers/Toe	2,225.00
10	AMPUTATION ANKLE	13,425.00
11	AMPUTATION FORE FOOT/hand(whole/Partial)	15,000.00
12	AMPUTATION LEG	15,000.00
13	AMPUTATION MORE than 2-Fingers/Toes	6,000.00
14	ANTERIOR SPINE FIXATION	35,000.00
15	APPLICATION OF P.O.P CASTS FOR UPPER /LOWER LIMBS	3,000.00
16	APPLICATION OF FUNCTIONAL CAST BRACE	3,500.00

17	APPLICATION OF P.O.P SPICAS & JACKETS	3,500.00
18	APPLICATION OF SKIN TRACTION	1,000.00
19	APPLICATION OF SKELETAL TRACTIONS	3,000.00
20	ARTHRODESIS ANKLE TRIPLE	17,875.00
21	ARTHRODESIS KNEE JOINT	40,000.00
22	Arthrodesis of Ankle	30,000.00
23	Arthrodesis of shoulder	40,000.00
24	Arthrodesis of Wrist	30,000.00
25	Arthrodesis Subtalar joint	14,000.00
26	ARTHROPLASTY OF FEMUR HEAD EXCISION	22,500.00
27	ARTHROPLASTY(JOINTS)-EXCISION	15,000.00
28	ARTHROSCOPIC SYNOVIAL BIOPSY	17,100.00
29	ARTHROSCOPIC ACL/PCL AVULSION FIXATION	20,000.00
30	ARTHROSCOPIC JOINT DEBRIDEMENT	20,550.00
31	ARTHROSCOPIC LATERAL RELEASE PATELLAR DISLOCATION	5,375.00
32	Arthroscopic Meniscus Repair/ Meniscectomy/Balancing	20,000.00
33	ARTHROSCOPIC OCD FIXATION	22,850.00
34	ARTHROTOMY & SYNEVECTOMY	17,025.00
35	ARTHROTOMY any joint	16,725.00
36	ASPIRATION& INTRA ARTICULAR INJECTIONS	900.00
37	BANDAGE&STAPPING FOR FRACTURES	500.00
38	BIMALLEOLAR FRACTURE FIXATION	15,000.00
39	BIMODULAR BIPOLAR HEMIARTHROPLASTY-hip/shoulder	35,000.00
40	BONE BIOPSY	5,675.00
41	BONE GRAFTING	11,275.00
42	Bone Tumour Excision (malignant/ benign) + Joint replacement	1,50,000.00
43	Bone Tumour Excision + reconstruction using implant (malignant/ benign)	50,000.00
44	BONE TUMOUR & RECONSTRUCTION - MAJOR EXCISION	14,500.00
45	BONE TUMOUR & RECONSTRUCTION - MINOR EXCISION	11,200.00
46	Bone Tumour (malignant/ benign) curettage and bone grafting	20,000.00
47	BOTH BONE FOREARM FRACTURE	16,875.00
48	BURSA EXCISION	4,525.00
49	CALCANEAL FRACTURE ORIF (Plate )	15,000.00
50	CALCANEAL SPUR - EXICISION U/L	6,675.00
51	CALCANEAL SPUR - EXICISION OF BOTH	10,125.00
52	CDH CLOSED REDUCTION & HIP SPICA	17,100.00
53	CERVICAL DISCECTOMY & FUSION	22,625.00
54	CHRONIC OSTEO MYELITIS & CEMENT BEADS	16,950.00
55	Clavicle fracture management - conservative (daycare)	3,000.00
56	CLAVICLE SURGERY	16,875.00
57	CLOSE FIXATION - FOOT BONES	7,325.00
58	CLOSE FIXATION HAND BONES	7,825.00
59	CLOSE INTERLOCK NAILING & BONE GRAFTING	19,000.00
60	CLOSE REDUCTION - SMALL JOINTS	4,000.00
61	CLOSED INTERLOCKING TIBIA & ORIF OF FRACTURE FIXATION	17,000.00
62	CLOSED INTERLOCKING INTRA MEDULLARY	17,500.00
63	CLOSED REDUCTION & PERCUTANEOUS PINNING	15,000.00
64	CLOSED REDUCTION & PERCUTANEOUS SCREW FIXATION(neck of Femur)	15,000.00
65	Closed Reduction & proceed to Posterior stabilization	18,025.00
66	Closed Reduction and Internal Fixation with K wire	6,750.00
67	CLOSED REDUCTION INTERNAL FIXATION OF RADIUS	13,575.00

68	Closed reduction of dislocation (Knee/ Hip)	6,000.00
69	Closed reduction of dislocation (Shoulder/ Elbow)	5,000.00
70	CLOSED REDUCTION OF FRCATURES OF LIMB &P.O.P	4,000.00
71	Closed Reduction of the Hip (including hip Spika)	9,000.00
72	Clubfoot Phase 3 Bracing Visit	1,200.00
73	CRUSH INJURY SINGLE FINGER TIP	2,500.00
74	CTEV JESS	20,400.00
75	CTEV POP CAST B/L	1,250.00
76	CTEV POP CAST U/L	750.00
77	CTEV TENOTOMY B/L	5,750.00
78	CTEV TENOTOMY U/L	4,600.00
79	DEBRIDEMENT & CLOSURE - MINOR	3,375.00
80	Debridement & Closure of Major injuries - contused lacerated wounds (anti-biotic + dressing) - minimum of 3 sessions	7,000.00
81	Debridement and VAC	5,000.00
82	DECOMPRESSION AND FUSION OF CERVICAL/ THORACIC/LUMBAR VERTEBRA	28,300.00
83	DECOMPRESSION & STABILISATION WITH MOSSMIAMI	22,550.00
84	DECOMPRESSION OF CARPAL TUNNEL SYNDROME	6,000.00
85	Disarticulation (hind & for quarter)	25,000.00
86	DQTS	4,600.00
87	DRAINAGE OF ABSCESS COLD	2,300.00
88	DUPUYTREN CONTRACTURE	13,500.00
89	ELBOW ARTHROSCOPY-ADHESIOLYSIS	16,950.00
90	ELBOW ARTHROSCOPY-CAPITELLUM FIXATION	22,700.00
91	ELBOW ARTHROSCOPY-TENNIS ELBOW RELEASE	18,100.00
92	Elbow replacement	40,000.00
93	EPIDURAL STEROID INJECTION	2,875.00
94	EPIPHYSEAL STIMULATION	11,275.00
95	EXPLORATION & NERVE REPAIR	11,200.00
96	External fixation - both bones of forearms	25,000.00
97	EXTERNAL FIXATION -LONG BONE	15,000.00
98	EXTERNAL FIXATION-PELVIS	16,875.00
99	EXTERNAL FIXATION-SMALL BONE	13,075.00
100	FASCIOTOMY	8,000.00
101	FB EXPLORATION & REMOVAL	2,300.00
102	FIXATER WITH JOINT ARTHROLYSIS	20,025.00
103	FRACTURE- FEMORAL NECK OPEN REDUCTION &PINNING	18,000.00
104	FRACTURE -FIBULA INTERNAL FIXATION	11,775.00
105	FRACTURE FIXATION MIPPO	28,375.00
106	Fracture intercondylar Humerus + olecranon osteotomy	20,000.00
107	FRACTURE- RADIUS INTERNAL FIXATION	10,775.00
108	FRACTURE- TIBIA INTERNAL FIXATION	17,000.00
109	FRACTURED FRAGMENT EXCISION	8,475.00
110	FRACTURE-FEMORAL NECK-MUA &INTERNAL FIXATION	28,225.00
111	FRACTURE-HIP INTERNAL FIXATION	17,000.00
112	FRACTURE-HUMEROUS INTERNAL FIXATION	17,000.00
113	FRACTURE-ULNA INTERNAL FIXATION	10,625.00
114	GCT CURRETAGE& CEMENT	22,700.00
115	GCT CURRETAGE&BG	20,400.00
116	GIRDLE STONE ARTHROPLASTY	16,725.00
117	Head radius - Excision + Fracture - Ulna Internal Fixation	20,000.00
118	HEAD RADIUS EXCISION	17,025.00

119	HEMI ARTHROPLASTY HIP/shoulder-uni polar	27,000.00
120	HIGH TIBIAL OSTEOTOMY	17,000.00
121	HIP ARTHROSCOPY LABRAL FIXATION	30,000.00
122	HIP REGION SURGERY	20,175.00
123	Hip Spica	4,600.00
124	ILIZAROV FIXATION - Deformity CORRECTION	28,375.00
125	ILIZAROV FIXATION FOR NONUNION LONGBONES	28,375.00
126	IMPLANT REMOVAL	6,750.00
127	INTERNAL FIXATION LATERAL EPICONDYLE	11,200.00
128	INTERNAL FIXATION OF OTHER SMALL BONE-meta tarsal/meta carpal	10,000.00
129	INTERNAL FIXATION RADIAL EPICONDYLE	11,200.00
130	INTERNAL WIRE FIXATION OF MANDIBLE &MAXILLA	10,925.00
131	INTERTROCHANTERIC FRACTURE FIXATION	22,700.00
132	INTRA articular STEROID INJECTION	900.00
133	INTRA LESIONAL STEROID INJECTION	800.00
134	JOINT RECONSTRUCTION	25,000.00
135	K-Wire Removal	2,000.00
136	LAMINECTOMY	20,025.00
137	LEG LENGTHENING	25,000.00
138	LISFRANK FRACTURE SURGERY	8,400.00
139	LOOSE BODY ARTHROSCOPIC SURGERY	11,425.00
140	LOOSE BODY EXCISION/REMOVAL-OPEN	8,550.00
141	LOWER END RADIUS FRACTURE-ORIF	15,725.00
142	LRS (LIMB RECONSTRUCTION SURGERY)	28,375.00
143	LUMBAR DISCECTOMY&FUSION	22,625.00
144	METACARPAL FRACTURE	6,525.00
145	MONOMALLEOLAR FRACTURE FIXATION	8,475.00
146	MULTIPLE TENDON REPAIR-multiple tendon with multiple muscle involvement	20,000.00
147	NAIL BED AVULSION	5,000.00
148	NERVE REPAIR SURGERY	15,000.00
149	NERVE TRANSPLANT / RELEASE/Neurolysis	17,000.00
150	OLECRANON RECONSTRUCTION/FIXATION	13,425.00
151	OPEN MENISECTOMY	13,650.00
152	OPEN REDUCTION INTERNAL FIXATION(2 SMALL BONE)	13,425.00
153	OPEN REDUCTION INTERNAL FIXATION(LARGE BONE)- Femur/Tibia/Humerus	20,000.00
154	Open Reduction of CDH	30,000.00
155	OPEN REDUCTION OF SMALL JONIT	15,000.00
156	OPEN REDUCTION WITH PHEMISTER GRAFTING	20,000.00
157	OSTEOCHONDROMA - FIBULA EXICISION	13,350.00
158	OSTEOCHONDROMA FEMUR - EXCISION	16,725.00
159	OSTEOCHONDROMA - HUMERUS EXCISION	16,725.00
160	OSTEOCHONDROMA - PATELLA – EXCISION	13,350.00
161	OSTEOCHONDROMA - RADIUS EXCISION	13,350.00
162	OSTEOCHONDROMA - TIBIA EXCISION	13,350.00
163	OSTEOCHONDROMA - ULNA EXCISION	13,350.00
164	OSTEOCHONDROMA SMALL BONES – EXCISION	10,000.00
165	OSTEOTOMY- LONG BONE	30,000.00
166	OSTEOTOMY- SMALL BONE	20,250.00



167	PATELLECTOMY	16,725.00
168	PELVIC Acetabular FRACTURE-FIXATION	30,000.00
169	PELVIC OSTEOTOMY	30,000.00
170	Percutaneous - Fixation of Fracture	7,000.00
171	PHALANX FRACTURE-Fixation	4,225.00
172	POP Cast wedging (Day care)	1,000.00
173	POSTERIOR SPINE FIXATION	22,550.00
174	PREPATELLAR BURSA AND REPAIR OF MCL OF KNEE	17,300.00
175	PROXIMAL HUMERAL FRACTURE	16,875.00
176	RADIAL HEAD RECONSTRUCTION	16,875.00
177	RADIAL HEAD REPLACEMENT	30,000.00
178	RDP( Recurrent Dislocation Patella) OPEN SURGERY	17,025.00
179	RECONSTRUCTION PLC	16,875.00
180	RECONSTRUCTION MCL	16,875.00
181	RECONSTRUCTION MPFL	20,325.00
182	RECONSTRUCTION OF ACL/ PCL	27,000.00
183	RECONSTRUCTION OF ACL/ PCL with meniscal repair	30,000.00
184	REDUCTION OF FACIAL FRACTURES OF MAXILLA	9,700.00
185	REDUCTION OF COMPOUND FRACTURES and External Fixature	20,000.00
186	REDUCTION OF FRACTURES OF MANDIBLE & MAXILLA- EYE LEFT SPLINTING	10,200.00
187	REDUCTION OF FRACTURES OF MANDIBLE & MAXILLA- GUMMING SPLINTS	10,200.00
188	REDUCTION OF FRACTURES OF MANDIBLE & MAXILLA-CAST NETAL SPLINTS	10,200.00
189	RETROCALCANEAL BURSA- EXCISION	11,200.00
190	SCAPHOID FRACTURE-Internal fixation	13,425.00
191	SCAPULA FRACTURE	11,125.00
192	Scoliosis Correction Surgery	1,60,000.00
193	Sequestrectomy of Long Bones + anti-biotics + dressing	25,000.00
194	SHOULDER ARTHROSCOPY - BANKARTS REPAIR	28,450.00
195	SHOULDER ARTHROSCOPY - BANKARTS REPAIR with REMPLISSAGE	38,200.00
196	SHOULDER ARTHROSCOPY-ACJ RECONSTRUCTION	27,300.00
197	SHOULDER ARTHROSCOPY-ADHESIOLYSIS PAS	11,200.00
198	SHOULDER ARTHROSCOPY-BICEPS TENODESIS	13,500.00
199	SHOULDER ARTHROSCOPY-CALCIFIC TENDINITIS DECOMPRESSION	16,950.00
200	SHOULDER ARTHROSCOPY-CAPSULAR SHIFT	20,400.00
201	SHOULDER ARTHROSCOPY-LATERAL END CLAVICLE EXCISION	13,500.00
202	SHOULDER ARTHROSCOPY-LATERJET PROCEDURE	30,000.00
203	SHOULDER ARTHROSCOPY-LOOSE BODY REMOVAL	13,500.00
204	SHOULDER ARTHROSCOPY-REMPLISSAGE	13,500.00
205	SHOULDER ARTHROSCOPY-ROTATOR CUFF SSP ISP REPAIR	28,450.00
206	SHOULDER ARTHROSCOPY-ROTATOR CUFF SUPRASPINATUS REPAIR	22,700.00
207	SHOULDER ARTHROSCOPY-SLAP REPAIR	16,950.00
208	SHOULDER ARTHROSCOPY-SUBACROMIAL DECOMPRESSION	11,200.00
209	SHOULDER ARTHROSCOPY-SUPRASCAPULAR NERVE DECOMPRESSION	15,800.00
210	SHOULDER JACKET	5,750.00
211	SINUS OVER SACRUM EXCISION	8,475.00
212	SKIN GRAFTING	8,475.00
213	SUPRACONDYLAR FRACTURE PAEDIATRIC-Internal fixation	11,125.00

214	SUPRACONDYLARINTERCONDYLAR FRACTURE- ADULT-Internal Fixation	16,875.00
215	SYNOVECTOMY	20,175.00
216	SYNOVIAL CYST- EXCISION	8,550.00
217	TENDO ACHILLES REPAIR	11,350.00
218	TENDO ACHILLES TENOTOMY	5,675.00
219	TENDON GRAFTING	20,475.00
220	TENDON RELEASE	5,000.00
221	TENDON REPAIR MULTIPLE- single tendon with multiple muscle involvement	9,050.00
222	TENDON REPAIR SINGLE -single tendon with single muscle involvement	6,825.00
223	TENDON SURGERY OF FOOT	2,225.00
224	TENOLYSIS	9,050.00
225	TENOTOMY	9,050.00
226	TENSION BAND WIRING PATELLA	15,000.00
227	TENSION BAND WIRING OLECRANON	14,150.00
228	Total Hip Replacement (cemented)	75,000.00
229	Total Hip Replacement (cementless)	90,000.00
230	Total Knee replacement	80,000.00
231	TRIGGER THUMB& TRIGGER FINGER	2,875.00
232	TRU CUT BIOPSY BONE TUMOR	4,600.00
233	TUBEROSITY AVULSION HUMEROUS	11,125.00
234	Tumour of bone - Prophylactic fixation	15,000.00
235	WOUND DEBRIDIMENT	1,150.00

<b>Poly Trauma</b>		
<b>SI.No</b>	<b>Package Name</b>	<b>Package Cost</b>
1	Nerve Plexus injuries, Tendon injury repair/reconstruction/ Transfer	50,000
2	Plexus injury along with Vascular injury repair/ graft	60,000
3	Internal fixation with Flap cover Surgery for wound in compound fracture	40,000
4	Head injury requiring Facio-Maxillary Injury repairs & fixations (including implants)	35,000
5	Internal fixation of Pelviacetabular fracture	40,000
6	Craniotomy and evacuation of Haematoma – subdural/Extra dural along with fixation of fracture of single long bone	60,000
7	Craniotomy and evacuation of Haematoma – subdural/Extra dural along with fixation of fracture of 2 or more long bone.	75,000
8	Visceral injury requiring surgical intervention along with fixation of fracture of single long bone.	30,000
9	Visceral injury requiring surgical intervention along with fixation of fracture of 2 or more long bones.	45,000
10	Chest injury with one fracture of long bone (with implants)	35,000
11	Chest injury with fracture of 2 or more long bones	45,000
12	Emergency tendons repair ± Peripheral Nerve repair/ reconstructive surgery	30,000

<b>Urology</b>		
<b>SI.No</b>	<b>Package Name</b>	<b>Package Cost</b>
1	Acute management of upper urinary tract trauma - conservative (per day)	2,000.00
2	Adrenalectomy-bilateral, Laparoscopic	40,000.00
3	Adrenalectomy-bilateral, open	32,000.00
4	Adrenalectomy-unilateral, Laparoscopic	30,000.00
5	Adrenalectomy-unilateral, open	25,000.00
6	Anatrophic nephrolithotomy	30,000.00
7	ANDERSON HYNES PYELOTOMY	13,000.00
8	Augmentation cystoplasty-Laparoscopic	40,000.00
9	Augmentation cystoplasty-open	30,000.00
10	BILATERAL NEPHROURECTOMY (NATIVE)	17,000.00
11	Bilateral Orchidectomy for hormone ablation	10,000.00
12	BIOPSY OF BLADDER (CYSTOSCOPIC)	6,000.00
13	Bladder injury repair (as an independent procedure with or without urethral injury)	20,000.00
14	Bladder injury repair (only to be used if done as a part of ongoing laparotomy/other surgery)	10,000.00
15	Bladder injury repair with colostomy (as an independent procedure with or without urethral injury)	25,000.00
16	Bladder Neck incision-endoscopic	15,000.00
17	Bladder Tumour (Fulguration)	5,000.00
18	Boari flap for ureteric stricture, Laparoscopic	40,000.00
19	Boari flap for ureteric stricture, open	30,000.00
20	CAECO CYSTOPLASTY	10,000.00
21	CAVERNOSTOMY	11,550.00
22	Chronic prostatitis-Package for evaluation/investigation (ultrasound + culture + prostate massage) for 1 month (medicines). Follow up visit once in 3 months	2,500.00
23	CIRCUMCISION -medically indicated	2,950.00
24	CLOSURE OF URETHRAL FISTULA	8,100.00
25	Correction of Exstrophy of Bladder	20,000.00
26	Cysto Gastrostomy	15,000.00
27	Cysto Jejunostomy	15,000.00
28	Cystolitholapaxy	10,000.00
29	Cystolithotomy-open, including cystoscopy	15,000.00
30	Cystolithotripsy/Urethral Stone endoscopic, including cystoscopy	15,000.00
31	CYSTOPLASTY	18,600.00
32	Diagnostic Cystoscopy	5,000.00
33	DILATATION OF STRICTURE URETHRA UNDER G.A.	3,000.00
34	DIVERTICULECTOMY	18,000.00
35	DJ stent bilateral including cystoscopy, ureteric catheterization, retrograde pyelogram	12,000.00
36	DJ stent unilateral including cystoscopy, ureteric catheterization, retrograde pyelogram	10,000.00
37	Dormia Extraction of Calculus	5,675.00

38	Drainage of Perinephric Abscess	8,550.00
39	Emergency management of Acute retention of Urine (per day)	1,500.00
40	Emergency management of Hematuria (per day)	1,500.00
41	Emergency management of Ureteric stone - Package for evaluation/investigation (ultrasound + culture) for 3 weeks (medicines).	3,500.00
42	Endopyelotomy (antegrade with laser/bugbee)	28,000.00
43	Endopyelotomy (retrograde with laser/bugbee)	25,000.00
44	ENDOSCOPIC TEFLON INJECT	4,000.00
45	Endoureterotomy (laser/bugbee)	20,000.00
46	EPIDIDYMECTOMY	8,500.00
47	Excision of Urethral Carbuncle	6,000.00
48	Exploration of Epididymis (Unsuccessful Vaso vasostomy)	8,475.00
49	EXPLORATORY SCROTOTOMY	6,200.00
50	Extracorporeal shock-wave Lithotripsy (SWL) stone, with or without stent (one side)	13,000.00
51	Extracorporeal shock-wave Lithotripsy (SWL) stone, with or without stent (both sides)	22,750.00
52	Extrophy Bladder repair including osteotomy if needed + epispadias repair + ureteric reimplant	50,000.00
53	Holmium Laser Prostatectomy	40,000.00
54	Hypospadias Repair and Orchiopexy	18,300.00
55	Hypospadias repair-single stage	20,000.00
56	Hypospadias repair-two or more stage	30,000.00
57	Ileal replacement for ureteric stricture	40,000.00
58	Ilio-Inguinal lymphadenectomy-bilateral	25,000.00
59	Ilio-Inguinal lymphadenectomy-unilateral	15,000.00
60	Internal Ureterotomy including cystoscopy as an independent procedure	10,000.00
61	Internal Urethrotomy	7,825.00
62	Intravesical BCG/Mitomycin 6 induction cycles (weekly for 6 weeks-total cost of 6 cycles)	12,000.00
63	Intravesical BCG/Mitomycin maintenance for 12 doses (total cost of 12 doses)	24,000.00
64	LAPROSCOPIC OPERATION FOR VARICOCELE	14,500.00
65	Lithotripsy	12,500.00
66	Meatoplasty	3,500.00
67	Meatotomy	3,500.00
68	Nephrectomy (Benign) Laparoscopic	35,000.00
69	Nephrectomy (Benign) Open	30,000.00
70	Nephrectomy-Partial or Hemi, Laparoscopic	30,000.00
71	Nephrectomy-Partial or Hemi, Open	25,000.00
72	Nephrectomy-Radical (Renal tumor) Laparoscopic	40,000.00
73	Nephrectomy-Radical (Renal tumor) Open	35,000.00
74	Nephro ureterectomy (Benign) Laparoscopic	36,000.00
75	Nephro ureterectomy (Benign) Open	31,000.00
76	Nephro ureterectomy with cuff of bladder Laparoscopic	40,000.00
77	Nephro ureterectomy with cuff of bladder Open	35,000.00
78	Nephrolithotomy-Open	20,000.00

79	Nephropexy	15,000.00
80	Nephrostomy-percutaneous ultrasound guided	11,925.00
81	Neurogenic bladder-Package for evaluation/investigation (catheter + ultrasound + culture + RGU/ MCU) for 1 month (medicines - antibiotics).Follow up visit once in 3 months	7,500.00
82	Open bladder diverticulectomy with/without ureteric re-implantation	25,000.00
83	Open Resection of Bladder Neck	12,000.00
84	Open simple prostatetctomy for BPH	25,000.00
85	Operation for Cyst of Kidney	15,000.00
86	Operation for Double Ureter	20,000.00
87	Operation for ectopic ureter	20,000.00
88	OPERATIONS FOR HYDRONEPHROSIS	15,000.00
89	Orchiectomy-High inguinal	12,000.00
90	Orchiopexy-with laparoscopy, bilateral	25,000.00
91	Orchiopexy-with laparoscopy, unilateral	20,000.00
92	Orchiopexy-without laparoscopy, bilateral	15,000.00
93	Orchiopexy-without laparoscopy, unilateral	10,000.00
94	Other Cystectomies	30,000.00
95	PALOMO'S BILATERAL	9,700.00
96	PALOMO'S UNILATERAL	4,850.00
97	Paraganglioma excision with liver mobilization	50,000.00
98	PARTIAL AMPUTATION OF THE PENIS	7,800.00
99	Partial Cystectomy-Laparoscopic	30,000.00
100	Partial Cystectomy-open	20,000.00
101	Partial Penectomy	15,000.00
102	PCNL (Percutaneous Nephrolithotomy) - Bilateral	40,000.00
103	PCNL (Percutaneous Nephrolithotomy) - Unilateral	25,000.00
104	Pelvic lymphadenectomy laparoscopic, after prior cancer surgery	30,000.00
105	Pelvic lymphadenectomy open, after prior cancer surgery	25,000.00
106	Penile prosthesis insertion, Malleable (Indian implant)	30,000.00
107	Perineal Urethrostomy without closure	20,000.00
108	Perinephric Abscess drainage (Open)	20,000.00
109	Perinephric Abscess drainage (percutaneous)	10,000.00
110	Post TURBT - Check Cystoscopy (Per sitting) with or without cold-cup biopsy	10,000.00
111	Post Urethral Valve fulguration	10,275.00
112	Priapism-aspiration/shunt	15,000.00
113	Pyelolithotomy-Laparoscopic	30,000.00
114	Pyelolithotomy-Open	20,000.00
115	Pyeloplasty/pyeloureterostomy/pyelopyelostomy Laparoscopic	30,000.00
116	Pyeloplasty/pyeloureterostomy/pyelopyelostomy Open	25,000.00
117	Radical cystectomy with continent diversion-open	50,000.00
118	Radical Cystectomy with Ileal Conduit-open	50,000.00
119	Radical cystectomy with neobladder-open	50,000.00
120	Radical Cystectomy with ureterosigmoidostomy-open	35,000.00
121	Radical Cystectomy with ureterostomy-open	35,000.00
122	Radical prostatectomy - laparoscopic	70,000.00
123	Radical prostatectomy - open	50,000.00

124	Reduction of Paraphimosis	2,000.00
125	Renal Cyst deroofing or marsupialization-Laparoscopic	30,000.00
126	Renal Cyst deroofing or marsupialization-Open	20,000.00
127	Retroperitoneal Fibrosis	29,800.00
128	Retroperitoneal lymph node dissection-Laparoscopic	35,000.00
129	Retroperitoneal lymph node dissection-open	25,000.00
130	RETROPERITONEOSCOPIC OPERATION FOR HYDERONEPHROSIS	25,000.00
131	RETROPERITONEOSCOPIC PYEOLITHOTOMY	25,200.00
132	RETROPERITONEOSCOPIC SURGERY FOR RENAL CYST	19,700.00
133	RETROPERITONEOSCOPIC URETEROLITHOTOMY	25,000.00
134	RETROPERITONEOSCOPY NEPHRECTOMY	35,000.00
135	RETROPERITONEOSCOPY PARTIAL NEPHRECTOMY	30,000.00
136	Retropubic Prostatectomy	16,950.00
137	Stress incontinence surgery with slings	35,000.00
138	Stress incontinence surgery, laparoscopic	30,000.00
139	Stress incontinence surgery, open	20,000.00
140	Stricture Urethra	8,550.00
141	Suprapubic Cystostomy - Open, as an independent procedure	10,000.00
142	Suprapubic Drainage - Closed/Trocar	5,000.00
143	TESTICULAR BIOPSY	2550
144	Total Penectomy + Perineal Urethrostomy	20,000.00
145	Trans Vesical Prostatectomy	18,000.00
146	Transrectal Ultrasound guided prostate biopsy (minimum 12 core)	10,000.00
147	Transurethral Fulguration	5,000.00
148	TURBT (Transurethral Resection of the Bladder Tumor)	25,000.00
149	TUR-fulgration (Transurethral fulgration of the Bladder Tumor)	18,000.00
150	TURP + Fissurectomy	28,000.00
151	TURP + Fistulectomy	28,000.00
152	TURP + Haemorrhoidectomy	30,000.00
153	TURP + Herniorraphy	30,000.00
154	TURP + Hydrocele	28,000.00
155	TURP + Nephrectomy	35,000.00
156	TURP + Orchidectomy	28,000.00
157	TURP + Urethrolithotomy	30,000.00
158	TURP + URS	27,000.00
159	TURP/Laser + Circumcision	26,000.00
160	TURP/Laser + Cystolithotomy-open	32,000.00
161	TURP/Laser + Cystolithotripsy	35,000.00
162	TURP/Laser + Hernioplasty	30,000.00
163	TURP/Laser + Hydrocele surgery	28,000.00
164	TURP/Laser + Orchidectomy	27,500.00
165	TURP/Laser + TURBT	30,000.00
166	TURP/Laser + Urethral dilatation-endoscopic	27,500.00
167	TURP/Laser + Urethral dilatation-non endoscopic	26,000.00
168	TURP/Laser + URS with stone removal	31,000.00
169	TURP/Laser + VIU (visual internal Ureterotomy)	30,000.00

170	TURP-Transurethral Resection of the Prostate, BPH, Monopolar/Bipolar/Laser	25,000.00
171	Urachal Cyst excision -open	15,000.00
172	URETERIC CATHETERISATION	1,700.00
173	Ureteric reimplantation-bilateral-Laparoscopic	35,000.00
174	Ureteric reimplantation-bilateral-open	25,000.00
175	Ureteric reimplantation-unilateral-Laparoscopic	30,000.00
176	Ureteric reimplantation-unilateral-open	20,000.00
177	Ureteric sampling including cystoscopy, ureteric catheterization, retrograde pyelogram	10,000.00
178	Ureterocalycostomy Laparoscopic	30,000.00
179	Ureterocalycostomy Open	25,000.00
180	Ureterocele incision including cystoscopy, ureteric catheterization, retrograde pyelogram	15,000.00
181	URETERO-COLIC ANASTOMOSIS	20,000.00
182	Ureterolithotomy-Laparoscopic	30,000.00
183	Ureterolithotomy-Open	20,000.00
184	Ureterolysis-Laparoscopic, for retroperitoneal fibrosis (with or without omental wrapping)	30,000.00
185	Ureterolysis-open, for retroperitoneal fibrosis (with or without omental wrapping)	20,000.00
186	Ureteroscopy+stone removal with lithotripsy, bilateral	30,000.00
187	Ureteroscopy+stone removal with lithotripsy, lower ureter, unilateral	20,000.00
188	Ureteroscopy+stone removal with lithotripsy, upper ureter, unilateral	25,000.00
189	Ureterotomy (Cutaneous)	20,000.00
190	Uretero-ureterostomy Laparoscopic	35,000.00
191	Uretero-ureterostomy Open	25,000.00
192	Uretero-vaginal/uterine fistula repair Laparoscopic	37,000.00
193	Uretero-vaginal/uterine fistula repair open	27,000.00
194	Urethral Dilatation-endoscopic as an independent procedure	5,000.00
195	Urethral Dilatation-non endoscopic as an independent procedure	2,000.00
196	Urethral Reconstuction	11,275.00
197	Urethroplasty-End to end	20,000.00
198	Urethroplasty-Substitution-single stage	30,000.00
199	Urethroplasty-Substitution-two stage	35,000.00
200	Urethroplasty-Transpubic	30,000.00
201	Urethroplasty-two stage without substitution	30,000.00
202	Urethrorectal fistula repair	40,000.00
203	Urethrovaginal fistula repair	30,000.00
204	Urinary tract trauma - open surgery (exploratory)	20,000.00
205	Urinary tract trauma - Laparoscopy surgery	30,000.00
206	URS Extraction of Stone - Bilateral	17,025.00
207	URS Extraction of Stone - Unilateral	11,850.00
208	URS extraction with DJ stenting-Bilateral	18,500.00
209	URS extraction with DJ stenting-Unilateral	13,000.00
210	URS extraction with ESWL-Bilateral	20,000.00
211	URS extraction with ESWL-Unilateral	15,000.00
212	URS with DJ Stenting With ESWL-Unilateral	17,025.00
213	Varicocele-bilateral-microsurgical	20,000.00

214	Varicocele-bilateral-non microsurgical	15,000.00
215	Varicocele-unilateral-microsurgical	12,000.00
216	Varicocele-unilateral-non microsurgical	10,000.00
217	VASOVASOSTOMY	11,700.00
218	Vesico Ureteric Reflux - Unilateral	15,000.00
219	Vesico ureteric Reflux - Bilateral	20,000.00
220	VIU (Visual Internal Urethrotomy )	8,400.00
221	VIU + Cystolithopexy	15,000.00
222	VIU + Hydrocelectomy	17,100.00
223	VIU and Meatoplasty	10,200.00
224	VVF/Uterovaginal Repair - Abdominal, Laparoscopic	30,000.00
225	VVF/Uterovaginal Repair - Abdominal,Open	25,000.00
226	VVF/Uterovaginal Repair - Transvaginal approach	25,000.00
227	Y V Plasty of Bladder Neck/Bladder Neck Reconstruction	20,000.00

<b>Neuro Surgery</b>		
<b>SI.No</b>	<b>Package Name</b>	<b>Package Cost</b>
1	Abscess Tapping multiple	30,000.00
2	Abscess Tapping single	20,000.00
3	Aneurysm Clipping including angiogram	65,000.00
4	Anterior Encephalocele	50,000.00
5	Arterio venous malformation (AVM) excision (whatever size and location)	50,000.00
6	Brachial Plexus - Repair	27,000.00
7	Brain Biopsy	15,000.00
8	Burr hole	15,000.00
9	Burr hole with chronic Sub Dural Haematoma (including pre and post Op. CT)	20,000.00
10	Carotid Endarterectomy	40,000.00
11	Cerebrospinal Fluid (CSF) Rhinorrhoea	30,000.00
12	Cervical Disc Multiple level without Fusion	40,000.00
13	Cervical Ribs - Bilateral	35,000.00
14	Cervical Ribs - Unilateral	20,000.00
15	Corpectomy for Spinal Fixation (without implant)	45,000.00
16	Corpectomy for Spinal Fixation with implant	55,000.00
17	Cranial Nerve Anastomosis	32,000.00
18	CranioPlasty - Endogenous graft	20,000.00
19	CranioPlasty - Exogenous graft (+ cost of implant)	20,000.00
20	Craniostenosis	28,000.00
21	Depressed Fracture	40,000.00
22	Duroplasty - Endogenous	12,500.00
23	Duroplasty - Exogenous(+ cost of implant)	12,500.00
24	Endoscopic CSF Rhinorrhea Repair	35,000.00
25	Epilepsy Surgery	50,000.00
26	Excision of Brain Abscess	36,000.00
27	Excision of Brain Tumor Supratentorial& others	55,000.00
28	Excision of Brain Tumor Supratentorial-Basal	50,000.00
29	Excision of Brain Tumor Supratentorial-Brainstem	50,000.00



30	Excision of Brain Tumor Supratentorial-C P Angle	50,000.00
31	Excision of Brain Tumor Supratentorial-Parasagittal	50,000.00
32	Excision of Orbital Tumour	40,000.00
33	External Ventricular Drainage (EVD) including antibiotics	30,000.00
34	Foramen Magnum Decompression	45,000.00
35	Gamma Knife radiosurgery (GKRS)/ SRS for tumours/ Arteriovenous malformation (AVM)	75,000.00
36	Haematoma - Brain (head injuries) (including pre and post Op. CT)	55,000.00
37	Haematoma - Brain (hypertensive)	50,000.00
38	Haematoma (Child subdural) inclusive of General anaesthesia, pre and post Op. CT	50,000.00
39	Laminectomy with Fusion	40,000.00
40	Laminectomy with Fusion and fixation	50,000.00
41	Local Neurectomy	16,000.00
42	Lumbar Disc including pre and post Op. MRI	30,000.00
43	Meningocele - Anterior	36,000.00
44	Meningocele - Lumbar	36,000.00
45	Meningococcal - Occipital	50,000.00
46	Micro discectomy - Cervical	40,000.00
47	Micro discectomy - Lumbar	40,000.00
48	Muscle Biopsy with report (+ cost of glue)	7,000.00
49	Nerve Biopsy excluding Hansens	7,000.00
50	Nerve Decompression	16,000.00
51	Peripheral Nerve Surgery Major	30,000.00
52	Peripheral Nerve Surgery Minor	15,000.00
53	Peripheral Neurectomy (Trigeminal)	16,500.00
54	Posterior Cervical Discectomy without implant	30,000.00
55	Posterior Cervical Fusion with implant (Lateral mass fixation)	50,000.00
56	R.F. Lesion for Trigeminal Neuralgia	16,500.00
57	Scalp Arterio venous malformation (AVM)	25,000.00
58	Shunt (peritoneal, ventriculo-atrial/ peritoneal, theco peritoneal)	30,000.00
59	Skull Traction	8,825.00
60	Spina Bifida - Small - Repair	25,000.00
61	Spina Bifida Surgery-major	36,000.00
62	Spine - Canal Stenosis	40,000.00
63	Spine - Decompression & Fusion	40,000.00
64	Spine - Decompression & Fusion with fixation	50,000.00
65	Spine - Extradural Haematoma	30,000.00
66	Spine - Extradural Haematoma with fixation	40,000.00
67	Spine - Extradural Tumour	30,000.00
68	Spine - Extradural Tumour with fixation	40,000.00
69	Spine - Intradural Haematoma	40,000.00
70	Spine - Intradural Haematoma with fixation	50,000.00
71	Spine - Intradural Tumour	40,000.00
72	Spine - Intradural Tumour with fixation	50,000.00
73	Spine - Intramedullar Tumour	50,000.00
74	Spine - Intramedullar Tumour - fixation	60,000.00
75	Stereotactic Lesioning	60,000.00

76	Superficial Temporal Artery (STA): middle cerebral artery (MCA) or (other EC - IC) Bypass procedure	60,000.00
77	Temporal Rhizotomy	18,000.00
78	Thoracic/Lumbar Corpectomy with fusion inclusive of implant	60,000.00
79	Trans oral Surgery	40,000.00
80	Trans Sphenoidal including pre and post Op. MRI	50,000.00
81	Transoral surgery (Anterior) and CV Junction (Posterior Sterilization) (+ cost of implant)	55,000.00
82	Tumours - Supratentorial	50,000.00
83	Tumours Meninges - Gocussa	50,000.00
84	Tumours Meninges - Posterior	50,000.00
85	Twist Drill Craniostomy	15,000.00
86	Ventricular Puncture	15,000.00
87	Brain mapping	3,500.00
88	Lumber pressure monitoring	5,390.00
89	Placement of icp monitor -	2,500.00
90	R.F. lesion for trigeminal neuralgia -	22,000.00
91	Spasticity surgery -	34,320.00
92	Subdural tapping	1,958.00
93	Trans cranial doppler	3,000.00
94	Trigeminal rhizotomy	16,000.00
95	Spinal Fusion Procedure with implant	40,000.00
96	Additional clip for Aneurysm Clipping	15,000.00

<b>Interventional Radiology</b>		
<b>SI.No</b>	<b>Package Name</b>	<b>Package Cost</b>
1	Coil embolization for aneurysms (includes cost of first 3 coils + balloon and/ or stent if used) 1 to 20 coils may be required as per need.	1,00,000
2	Additional coil for coil embolization for aneurysms	24000
3	Dural AVMs/AVFs (per sitting) with glue	70,000
4	Dural AVMs/AVFs (per sitting) with onyx	1,50,000
5	Carotico-cavernous Fistula (CCF) embolization with coils. [includes 5 coils, guide catheter, micro-catheter, micro-guidewire, general items]	1,50,000
6	Carotid-cavernous Fistula (CCF) embolization with balloon (includes one balloon, guide catheter, micro-catheter, micro-guidewire, general items)	75,000
7	Cerebral & Spinal AVM embolization (per sitting). Using Histoacryl	1,00,000
8	Parent vessel occlusion - Basic	30,000
9	Additional coil for Parent Vessel Occlusion	24,000
10	Additional balloon for Parent Vessel Occlusion	11,000

11	Balloon test occlusion	70,000
12	Intracranial balloon angioplasty with stenting	1,60,000
13	Intracranial thrombolysis / clot retrieval	1,60,000
14	Pre-operative tumour embolization (per session)	40,000
15	Vertebroplasty	40,000
16	Radio Frequency Ablation of tumors under CT,USG and/or DSA guidance	50,000
17	TACE (Trans Arterial Chemo -Embolisation )	1,00,000
18	PTA (Percutaneous Trans arterial Angioplasty)	60,000
19	PTA and Stenting	1,20,000
20	PTBD (percutaneous trans hepatic biliary drainage)	25,000
21	PTBD and Stenting	80,000
22	TIPS( Trans jugular Porto-systemic shunting) treatment of Portal hypertension	1,80,000
23	Direct Puncture Procedures	5,000
24	Pain procedures -direct	5,000
25	Pain Procedures with catheter	20,000
26	SEMS( Self Expandable Metallic Stent deployment in oesophagus for treating cancer)	35,000
27	Vertebroplasty	40,000

<b>Plastic and Reconstructive Surgery</b>		
<b>Sl. No</b>	<b>Package Name</b>	<b>Package Cost</b>
1	Ear Pinna Reconstruction with costal cartilage/ Prosthesis (including the cost of prosthesis/implants). *If requiring multiple stages, each stage will cost Rs. 30,000 provided the operating surgeon demonstrates the photographic results of previous stages.	30,000
2	Revascularization of limb/digit	25,000

3	Hemangioma – Sclerotherapy (under GA)	35,000
4	Hemangioma – Debulking/ Excision	35,000
5	Tissue Expander for disfigurement following burns/ trauma/ congenital deformity (including cost of expander / implant)	50,000
6	Scalp avulsion reconstruction	50,000
7	NPWT(Negative Pressure Wound Therapy-Inpatient only)	2,000/dayin addition to GW /ICU admission rate)
8	Pressure Sore – Surgery	30,000
9	Diabetic Foot – Surgery	30,000

<b>Burns Management</b>		
<b>Sl.No</b>	<b>Package Name</b>	<b>Package Cost</b>
1	<b>% Total Body Surface Area Burns (TBSA) (thermal/ scald/ flame burns) - any %</b> (not requiring admission). Needs at least 5-6 dressing	7,000
2	<b>% Total Body Surface Area Burns (TBSA) (thermal/ scald/ flame burns): Upto 40 %</b> ; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	40,000
3	<b>% Total Body Surface Area Burns (TBSA) (thermal/ scald/ flame burns): 40 % - 60 %</b> ; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	50,000
4	<b>% Total Body Surface Area Burns (TBSA) (thermal/ scald/ flame burns): &gt; 60 %</b> ; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	80,000
5	<b>Electrical contact burns: Low voltage- without part of limb/limb loss</b> ; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	30,000

6	<b>Electrical contact burns: Low voltage- with part of limb/limb loss;</b> Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	40,000
7	<b>Electrical contact burns: High voltage- without part of limb/limb loss;</b> Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	50,000
8	<b>Electrical contact burns: High voltage- with part of limb/limb loss;</b> Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	60,000
9	<b>Chemical burns: Without significant facial scarring and/or loss of function;</b> Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	40,000
10	<b>Chemical burns: With significant facial scarring and/or loss of function;</b> Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	60,000
11	<b>Post Burn Contracture surgeries for Functional Improvement (Package including splints, pressure garments, silicone-gel sheet and physiotherapy): Excluding Neck contracture;</b> Contracture release with - Split thickness Skin Graft (STSG) / Full Thickness Skin Graft (FTSG)/ Flap cover is done for each joint with post-operative regular dressings for STSG / FTSG / Flap cover.	50,000
12	<b>Post Burn Contracture surgeries for Functional Improvement (Package including splints, pressure garments, silicone-gel sheet and physiotherapy): Neck contracture;</b> Contracture release with - Split thickness Skin Graft (STSG) / Full Thickness Skin Graft (FTSG)/ Flap cover is done for each joint with post-operative regular dressings for STSG / FTSG / Flap cover.	50,000

### Cardiology

Sl.No	Package Name	Package Cost
1	Balloon Aortic Valvotomy	30,000.00
2	Balloon Mitral Valvotomy	30,000.00
3	Balloon Pulmonary Valvotomy	30,000.00
4	Coarctoplasty with stenting	45,000.00
5	Coarctation dilatation	25,000.00
6	Medical treatment of Acute MI with Thrombolysis /Stuck Valve Thrombolysis	15,000.00
7	Pericardiocentesis	4,000.00

8	Peripheral Angioplasty with double stent (medicated)	
9	Peripheral Angioplasty with stent (medicated)	60,000.00
10	Permanent pacemaker implantation including Pacemaker value/pulse generator replacement (DOUBLE CHAMBER)	1,40,000.00
11	Permanent pacemaker implantation (only VVI) including Pacemaker value/pulse generator replacement (SINGLE CHAMBER)	70,000.00
12	PTCA - double stent (medicated, inclusive of diagnostic angiogram) Rs.31,750 for every additional stent)	96,750.00
13	PTCA - single stent (medicated, inclusive of diagnostic angiogram)	65,000.00
14	Renal Angioplasty with double stent (medicated)	90,000.00
15	Renal Angioplasty with single stent (medicated)	60,000.00
16	Temporary Pacemaker implantation	5,000.00
17	Vertebral Angioplasty with double stent(medicated)	90,000.00
18	Vertebral Angioplasty with single stent (medicated)	60,000.00
19	VSD Device Closure	80,000.00
20	ASD Device Closure	80,000.00
21	Bronchial artery Embolisation (for Haemoptysis)	25,000.00
22	Carotid angioplasty with stent (medicated)	1,30,000.00
23	Catheter directed Thrombolysis for: Deep vein thrombosis (DVT), Mesenteric Thrombosis & Peripheral vessels	50,000.00
24	Balloon Atrial Septostomy	18,000.00
25	Coiling - Pseudoaneurysms of Abdomen	55,000.00
26	Embolization - Arteriovenous Malformation (AVM) in the Limbs	40,000.00
27	PDA multiple Coil insertion	20,000.00
28	PDA Coil (one) insertion	15,000.00
29	PDA Device Closure	40,000.00
30	PDA stenting	40,000.00
31	Percutaneous Transluminal Tricuspid Commissurotomy (PTTC)	25,000.00
32	Peripheral Angioplasty with balloon	25,000.00
33	PTSMA	25,000.00
34	Pulmonary artery stenting	40,000.00
35	Pulmonary artery stenting (double)	65,000.00
36	Right ventricular outflow tract (RVOT) stenting	40,000.00
37	Rotablation+ Balloon Angioplasty	65,000.00
38	Rotablation+ Balloon Angioplasty + 1 stent (medicated)	1,00,000.00
39	Rotablation+ Balloon Angioplasty + 2 stent (medicated)	1,25,000.00
40	Thrombolysis for peripheral ischemia	10,000.00
41	CARDIAC RESYNCHRONISATION THERAPY [CRT]	3,10,000.00
42	CORONARY ANGIOGRAM	5,000.00
43	ELECTROPHYSIOLOGICAL STUDY	10,000.00
44	FAILED PTCA	15,000.00
45	IMPLANTABLE CARDIAC DEFIBRILLATOR [ICD]	4,50,000.00
46	IVC FILTER	60,000.00
47	PERIPHERAL ANGIOGRAM INCLUDING CAROTID, FOUR VESSEL ANGIO	6,000.00
48	TEST OF PACEMAKER	500.00
49	Plain Old Balloon Angioplasty-POBA	35,000.00
50	PERCUTANEOUS SEPTAL MYOCARDIAL ABLATION REQUIRING PPI	1,00,000.00

**Cardio Thoracic and Cardio Vascular**

<b>Sl.No</b>	<b>Package Name</b>	<b>Package Cost</b>
1	Any RV to PA conduit (Valved)	1,15,000.00
2	Aortaplasty with stent (Aorta Repair) for Coarctation	45,000.00
3	Aortic Aneurysm Repair using Cardiopulmonary bypass (CPB)	1,50,000.00
4	Aortic Aneurysm Repair without using Cardiopulmonary bypass (CPB)	75,000.00
5	Aortic Angioplasty with two stents / Iliac angioplasty with stent Bilateral	90,000.00
6	Aortic Arch Replacement	1,60,000.00
7	AORTIC DISSECTION TYPE A	2,00,000.00
8	Aortic Valve Repair	80,000.00
9	Aortic Valve Replacement (bi-leaflet mechanical (pyrolite carbon) valve	1,20,000.00
10	Aortic Valve Replacement (biological valve)	1,50,000.00
11	Aorto Bi Iliac / Bi femoral /Axillo bi femoral bypass with (single) Synthetic Graft	50,000.00
12	Aorto Bi Iliac / Bi femoral /Axillo bi femoral bypass with(double) Synthetic Graft	1,00,000.00
13	Aortopulmonary Window (AP Window)	90,000.00
14	Aorto-uni-iliac/uni-femoral bypass with synthetic graft	70,000.00
15	Arterial Switch Operation	1,20,000.00
16	ASCENDING AORTIC ANEURYSM	1,50,000.00
17	Atrial Septal Defect (ASD)	90,000.00
18	Atrioventricular septal defect/ Atrioventricular (AV) Canal Defect	1,00,000.00
19	AV REPAIR+MV REPAIR	2,00,000.00
20	AVR+MV REPAIR	2,00,000.00
21	AVR+OMV	2,00,000.00
22	AVR+VSD	2,00,000.00
23	Axillo Brachial Bypass using with Synthetic Graft	65,000.00
24	Bilateral thrombo embolectomy	30,000.00
25	Blalock-Thomas-Taussig (BT) Shunt (inclusives of grafts)	1,00,000.00
26	Brachio - Radial Bypass with Synthetic Graft	45,000.00
27	Bronchial Repair Surgery for Injuries due to FB	40,000.00
28	CABG+ANUERYSM	2,00,000.00
29	CABG+AORTO CAROTID BYPASS	2,00,000.00
30	CABG+ASD	1,00,000.00
31	CABG+CAROTID ENDARTERECTOMY	1,50,000.00
32	CABG+LA MYXOMA	1,50,000.00
33	CABG+MVR+TVR	2,00,000.00
34	CABG+POVD	1,60,000.00
35	CABG+TVR	1,50,000.00
36	CABG+VSR WITH IABP SUPPORT	1,50,000.00
37	Carotid artery bypass with Synthetic Graft	60,000.00
38	Carotid endarterectomy	40,000.00
39	Central Shunt	50,000.00
40	Closed Mitral Valvotomy	30,000.00
41	Coarctation Repair	30,000.00

42	Coarctation Repair with interposition graft	38,000.00
43	Congenital Cystic Lesions	30,000.00
44	COR TRIATRIATUM	1,20,000.00
45	Coronary artery bypass grafting (CABG)	90,000.00
46	Coronary artery bypass grafting (CABG) + one mechanical Valve Replacement + Intra-aortic balloon pump (IABP)	1,75,000.00
47	Coronary artery bypass grafting (CABG) with Intra-aortic balloon pump (IABP)	1,25,000.00
48	Coronary artery bypass grafting (CABG) with LV Aneurysmal repair	1,00,000.00
49	Coronary artery bypass grafting (CABG) with Mitral Valve repair with ring	1,25,000.00
50	Coronary artery bypass grafting (CABG) with Mitral Valve repair without ring	1,00,000.00
51	Coronary artery bypass grafting (CABG) with post MI Ventricular Septal Defect (VSD)repair	1,25,000.00
52	Deep Vein Thrombosis (DVT) - Inferior Vena Cava (IVC) filter	80,000.00
53	Diaphragmatic Eventeration	40,000.00
54	Diaphragmatic Injuries/Repair	40,000.00
55	Dissecting Aneurysms with Cardiopulmonary bypass (CPB) (inclu. Graft)	1,25,000.00
56	Dissecting Aneurysms without Cardiopulmonary bypass (CPB) (incl. graft)	60,000.00
57	Double Switch Operation	1,20,000.00
58	Double Valve Replacement (bi-leaflet mechanical (pyrolite carbon) valve)	1,50,000.00
59	Double Valve Replacement (biological valve)	1,75,000.00
60	Ebsteins	90,000.00
61	Encysted Empyema/Pleural Effusion - Tubercular	10,000.00
62	Excision of Arterio Venous malformation - Large	50,000.00
63	Excision of Arterio Venous malformation - Small	30,000.00
64	Excision of body Tumor with vascular repair	45,000.00
65	Femoro Distal / Femoral - Femoral / Femoral infra popliteal Bypass with Synthetic Graft	70,000.00
66	Femoro Distal / Femoral - Femoral / Femoral infra popliteal Bypass with Vein Graft	70,000.00
67	First rib Excision by transaxillary approach, Excision of cervical rib / fibrous band / muscle by cervical approach	30,000.00
68	Fontan	90,000.00
69	Foreign Body Removal with scope	20,000.00
70	Glenn Shunt (without cardiopulmonary bypass)	35,000.00
71	Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy	10,000.00
72	Intracardiac repair (ICR) for Tetralogy of Fallot (TOF)	1,00,000.00
73	Intrathoracic Aneurysm-Aneurysm not Requiring Bypass Techniques	90,000.00
74	Intrathoracic Aneurysm-Requiring Bypass Techniques	1,25,000.00
75	Lung Cyst	50,000.00



76	Lung Injury repair	35,000.00
77	LVOT EXCISION	1,50,000.00
78	Mitral Valve Repair	1,20,000.00
79	Mitral Valve Replacement (bi-leaflet mechanical (pyrolite carbon) valve	1,20,000.00
80	Mitral Valve Replacement (biological valve)	1,50,000.00
81	Mustards	1,05,000.00
82	MV REPAIR+TVR	1,25,000.00
83	MVR+TVR	1,50,000.00
84	Oesophageal Diverticula /Achalasia Cardia	40,000.00
85	Oesophageal tumour excision and follow up care (open preferred)	60,000.00
86	OMV+TVR	1,50,000.00
87	Open Mitral Valvotomy	75,000.00
88	Open Pulmonary Valvotomy	75,000.00
89	Operations for Congenital Arteriovenous Fistula	15,000.00
90	Operations for Stenosis of Renal Arteries	40,000.00
91	Patent Ductus Arteriosus (PDA) Closure	30,000.00
92	Pericardiectomy	45,000.00
93	Pulmonary artero venous malformation	40,000.00
94	Pulmonary AV Fistula surgery	45,000.00
95	Pulmonary Embolectomy	1,25,000.00
96	Pulmonary Sequestration Resection	40,000.00
97	Pulmonary Valve Replacement	1,20,000.00
98	PULMONARY VALVE REPLACEMENT+TVR	1,20,000.00
99	Pulmonary Valvotomy + Right Ventricular Outflow Tract (RVOT) Resection	90,000.00
100	Ring for any Valve Repair	30,000.00
101	Root Replacement (Aortic Aneurysm/ Aortic Dissection) / Bentall Procedure	1,75,000.00
102	Ross Procedure	1,05,000.00
103	RSOV	1,00,000.00
104	Sennings	1,05,000.00
105	Space-Occupying Lesion (SOL) mediastinum	50,000.00
106	Surgery for Arterial Aneurysm -Upper/Distal Abdominal Aorta	90,000.00
107	Surgery for Arterial Aneurysm Renal Artery	40,000.00
108	Surgery for Cardiac Tumour/ Left Atrial (LA) Myxoma/ Right Atrial (RA) Myxoma	95,000.00
109	Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM)	1,20,000.00
110	Surgical Correction of Bronchopleural Fistula	50,000.00
111	Thoracotomy, Thoraco Abdominal Approach	30,000.00
112	Thromboembolectomy	20,000.00
113	Thyomectomy	35,000.00
114	Total Anomalous Pulmonary Venous Connection (TAPVC)	1,05,000.00
115	Tricuspid Valve Repair	1,00,000.00
116	Tricuspid Valve Replacement (bi-leaflet mechanical (pyrolite carbon) valve	1,20,000.00

117	Tricuspid Valve Replacement (biological valve)	1,25,000.00
118	Truncus Arteriosus Surgery	1,15,000.00
119	Ventricular Septal Defect (VSD)	75,000.00

<b>Pediatric surgery</b>		
<b>SI.No</b>	<b>Package Name</b>	<b>Package Cost</b>
1	Anal Dilatation	5,525.00
2	Anal Transposition for Ectopic Anus	19,025.00
3	Chordee Correction	11,125.00
4	Closure Colostomy	5,000.00
5	Colectomy	20,000.00
6	Colostomy	14,000.00
7	Colon Transplant	25,000.00
8	Cystolithotomy	10,000.00
9	Esophageal Atresia (Fistula)	20,475.00
10	Exomphalos Major	17,000.00
11	Gastrostomy	20,475.00
12	Hernia - Diaphragmatic	12,000.00
13	Hernia - Epigastric	8,450.00
14	Hernia-Inguinal – Unilateral	9,000.00
15	Hernia-Inguinal – Bilateral	12,000.00
16	Meckel's Diverticulectomy	13,870.00
17	Meniscectomy	6,675.00
18	Nephrolithotomy	15,000.00
19	Orchidopexy - Bilateral	11,000.00
20	Orchidopexy - Unilateral)	7,000.00
21	Pyelolithotomy	15,000.00
22	Pyeloplasty	20,000.00
23	Pyloric Stenosis (Ramsted OP)	12,500.00
24	Rectal Polyp	4,576.00
25	Resection & Anastomosis of Intestine	17,500.00
26	Supra Pubic Drainage - Open	4,895.00
27	Torsion Testis	12,250.00
28	Tracheo Esophageal Fistula	23,320.00
29	Ureterotomy	11,125.00
30	Urethroplasty	16,875.00
31	Vesicostomy	13,425.00
32	Ankyloglossia Major	15,000.00
33	Ankyloglossia Minor	5,000.00
34	Ano Rectal Malformation - PSARP	20,000.00
35	Ano Rectal Malformation - Abd-Perineal PSARP	22,000.00
36	Ano Rectal Malformation - Anoplasty	20,000.00
37	Ano Rectal Malformation - Cutback	7,500.00
38	Ano Rectal Malformation - Redo Pullthrough	15,000.00
39	Ano Rectal Malformation - Transposition	16,500.00
40	Anti GERD Surgery	11,000.00
41	Cleft Lip	15,000.00
42	Cleft Palate	15,000.00
43	Congenital Diaphragmatic Hernia	25,000.00
44	Congenital Lobar Emphysema	25,000.00
45	Duplication Cyst Excision	20,000.00
46	Exomphalos/gastroschisis	25,000.00

47	Fecal Fistula Closure	25,000.00
48	Gastrostomy + Esophagoscopy+ Threading	20,000.00
49	GI Tumor Excision	30,000.00
50	Hernia & Hydrocele BL	15,000.00
51	Hernia & Hydrocele UL	10,000.00
52	Hirschsprung's Disease - Myectomy	25,000.00
53	Hirschsprung's Disease - Pull Through	25,000.00
54	Hirschsprung's Disease - Retal Biopsy -Open	10,000.00
55	Hirschsprung's Disease - Retal Biopsy-Punch	7,000.00
56	Hirschsprung's Disease - Sphincterotomy	10,000.00
57	Intussusception - Non -Operative Reduction in infants	10,000.00
58	Intussusception - Operative in infants	25,000.00
59	Ladds Procedure	20,000.00
60	Rectal Polypectomy - Sigmoiescopic (Ga)	8,000.00
61	Retro-Peritoneal Lymphangioma Excision	25,000.00
62	Sacrococcygeal Teratoma	20,000.00
63	Undescended Testis - Bilateral Non-Palpable (laparoscopic)	25,000.00
64	Undescended Testis - Re-exploration/Second Stage	20,000.00
65	Bronchoscopy Diagnostic (GA)	5,000.00
66	Bronchoscopy for foreign body	12,000.00
67	Cystoscopy - Diagnostic	4,000.00
68	Cystoscopy - Valve ablation	15,000.00
69	Cystoscopy- Stent Removal & RGP	10,000.00
70	Cystoscopy - Injection Deflux	15,000.00
71	Proctoscopy	2,000.00
72	Sigmoidoscopy	5,000.00
73	Oesophagoscopy & dilation	8,000.00
74	Oesophagoscopy - Foresign Body removal	8,000.00
75	Thoracoscopy - Diagnostic	12,500.00
76	Thoracoscopy - Theraputic for Empyema	20,000.00
77	Thorocostomy	10,000.00
78	Ectopiavesica Primary Repair	30,000.00
79	Bladder augmentation	30,000.00
80	Ureteric Reimplantation - unilateral	20,000.00
81	Ureteric Reimplantation -Bilateral	25,000.00
82	Nephrectomy - Unilateral	30,000.00
83	Choleclochal cyst Excision	20,000.00
84	Cholecystectomy - open	15,000.00
85	Cholecystectomy - Laparoscopic	25,000.00
86	Hepatic Lobectomy - Cancer	25,000.00
87	KASAI- Operation -Biliaryatresia	30,000.00
88	Splenectomy (Open)	25,000.00
89	Splenectomy (Laparoscopic)	30,000.00
90	Appendicectomy (Open)	11,000.00
91	Appendicectomy (Laparoscopic)	18,000.00
92	Thyroglossal Cyst Exersion	12,000.00
93	Thyroidectomy (Hemi)	12,000.00
94	Thyroidectomy -Total	20,000.00
95	Lymphnode Biopsy neck/axilla,ingerinal (one side)	7,500.00
96	Lymphnode Biopsy (both side)	12,000.00
97	Ranula Excision	5,000.00
98	Excision small swellings	1,500.00

<b>Surgical Oncology</b>		
<b>SI.No</b>	<b>Package Name</b>	<b>Package Cost</b>
1	Tracheal resection	25,000
2	Sternotomy with superior mediastinal dissection	40,000
3	Substernal bypass	30,000
4	Resection of nasopharyngeal tumour	40,000
5	Myocutaneous flap	20,000
6	Fasciocutaneous flap	15,000
7	Palatectomy- Soft palate	20,000
8	Palatectomy- Hard palate	20,000
9	Microvascular reconstruction	45,000
10	Composite resection	40,000
11	Composite resection with reconstruction(excluding microvascular)	60,000
12	Neck dissection-selective	12,000
13	Neck dissection-comprehensive	16,000
14	Total Maxillectomy	18,000
15	Radical Maxillectomy	25,000
16	Radical parotidectomy	25,000
17	Partial laryngectomy ( voice preserving)	20,000
18	Voice prosthesis	30,000
19	Total Thyroidectomy with central compartment LN dissection	20,000
20	Total Thyroidectomy with central compartment LN dissection with Lateral LN dissection	25,000
21	Tracheostomy	5,000
22	Axillary dissection	15,000
23	Breast conserving surgery (lumpectomy + axillary surgery)	12,000

24	Lung metastectomy- solitary	30,000
25	Lung metastectomy- multiple (< four)	50,000
26	Lung metastectomy- multiple (> four)	60,000
27	Sleeve resection of lung cancer	70,000
28	Oesophagectomy with two field lymphadenectomy	60,000
29	Oesophagectomy with three field lymphadenectomy	60,000
30	Enucleation of pancreatic neoplasm	25,000
31	Radical Cholecystectomy	25,000
32	Abdominal wall tumour resection	25,000
33	Abdominal wall tumour resection with reconstruction	35,000
34	Oesophageal stenting including stent cost	40,000
35	Triple bypass GI tract	30,000
36	Segmentectomy- hepatobiliary system	50,000
37	Radical Hysterectomy + Bilateral pelvic lymph node dissection + bilateral salpingo ophorectomy (BSO)/ ovarian transposition	50,000
38	Skin Tumours Wide Excision + Reconstruction	25,000
39	Skin Tumours Amputation	8,000
40	Radical Vaginectomy	30,000
41	Radical Vaginectomy + Reconstruction	35,000
42	Bilateral Pelvic Lymph Node Dissection (BPLND)	20,000
43	Radical Trachelectomy	40,000
44	Vulvectomy with bilateral groin dissection	45,000
45	Limb salvage surgery for bone tumor with prosthesis	70,000
46	Hemipelvectomy	45,000
47	Sacral resection	40,000
48	Chest wall resection with reconstruction for soft tissue / bone tumors	40,000

<b>Medical Oncology</b>			
<b>Sl. No</b>	<b>Site</b>	<b>Package Name</b>	<b>Package Cost</b>
1	Lymphoma, Non-Hodgkin's	R-CHOP Regimen (per cycle) x 6	25,000
2	Multiple Myeloma	Bortezomib+ lenalidomide+ dexamethasone, per cycle x6	20,000
3	Multiple Myeloma	Bortezomib+ cyclophosphamide+ dexamethasone, per cycle x 6	10,000
4	Multiple Myeloma	MPT - melphalan, thalidomide and prednisolone, per cycle x 9	6,000
5	Multiple Myeloma	Bortezomib + dexamethasone, per cycle x 9	6,000
6	Multiple Myeloma	Thalidomide+Dexamethasone(Oral)/ month - max 12 months	3,000
7	Colon Rectum	5-Fluorouracil-Oxaliplatin - Leucovorin (FOLFOX) - Max. 6 cycles (Per cycle)	10,000
8	Bone Tumors/Osteosarcoma/ Hepatoblastoma -Operable	Cisplatin/carboplatin - Adriamycin- max 6 cycles (Per cycle)	3,000
9	Lymphoma, Hodgkin'S	Adriamycin Bleomycin VinblastinDacarbazine (ABVD) - max 8 cycles (Per cycle) (Day 1 & Day 15)	10,000
10	Cervix	Cisplatin/Carboplatin (AUC2) along with RT- max 6 cycles (Per cycle)	5,000
11	Neuroblastoma Stage I –III	Variable Regimen – Neuroblastoma - max 1 year (Per cycle)	9,000
12	Wilm'sTumor	SIOP/National Wilms Tumour Study Group (NWTs) regimen(Stages I - V)- max 6 months (Per month) - Wilm's tumour	7,000
13	Colon - rectum	Monthly 5-FU	4,000
14	Breast	Paclitaxel weekly x 12 weeks	4,000
15	Breast	Cyclophosphamide/Methotrexate/5Fluorouracil (CMF) (Per cycle)	1,500
16	Breast	Tamoxifen tabs - maximum 12 cycles (Per month)	100
17	Breast	Adriamycin/Cyclophosphamide (AC) – per cycle (Maximum 4 cycles)	3,000
18	Breast	5- Fluorouracil A-C (FAC) – per cycle (Maximum 6 cycles)	3,100
19	Breast	AC (AC Then Taxol)	3,000
20	Small Cell Lung Cancer	Cisplatin/Etoposide (IIIB) – per cycle (Max. 6 cycles only)	4,000
21	Oncology oesophagus	Cisplatin + 5 FU(Neoadjuvant Chemotherapy)/Adjuvant (ADJ)- per cycle (Max. of 6 cycles only)	3,000
22	Stomach	Docetaxel +Oxaliplatin+5FU 20,000 per cycle for 4 cycles CapOX- 10,000 per cycle for 8 cycles	4,000
23	Breast	Aromatase Inhibitors (Anastazole/Letrozole/Exemestane) - maximum 12 cycles (Per month)	900

24	Urinary Bladder	Weekly Cisplatin/Carboplatin- max 6 cycles with RT (Per week)	2,000
25	Urinary Bladder	Methotrexate/Vinblastin Adriamycin Cyclophosphamide (MVAC)	5,000
26	Retinoblastoma	Carbo/Etoposide/Vincristine-max 6 cycles (Per cycle)	4,000
27	Febrile Neutropenia	IV antibiotics and other supportive therapy (Per episode)	30,000
28	Vaginal/ Vulval Cancer	Cisplatin/5-FU	3,000
29	Ovary	Taxol + Carboplatin-max 6 cycles (Per cycle)	15,000
30	Multiple Myeloma	Melphalan -Prednisone (oral) – per month (max 12 months) - Ovarian CA, Bone CA	1,500
31	Rectal Cancer Stage 2 And 3	Gemcitabine +capecitabine-15,000 per cycle for 6 cycles	4,000
32	Multiple Myeloma	Zoledronic acid - Max 12 cycles (Per month)	2,000
33	Gestational Trophoblast Ds. High Risk	Etoposide-Methotrexate-Actinomycin / Cyclophosphamide -Vincristine (EMA-CO)-max 6 cycles (Per cycle)	10,000
34	Gestational Trophoblast Ds. Low Risk	Actinomycin- max 10 cycles (Per cycle)	1,000
35	Gestational Trophoblast Ds. Low Risk	Weekly Methotrexate (Per week) max. 10 cycles	1,000
36	Ovary Germ Cell Tumour	Bleomycin-Etoposide-Cisplatin (BEP) - max cycles 4 (Per cycle)	6,000
37	Prostate	Hormonal Therapy - Per month	3,000
38	Testis	Bleomycin-Etoposide-Cisplatin (BEP) regimen for germ cell tumour - max cycles 4 (Per cycle)	10,000
39	Acute Myeloid Leukemia	Induction Phase, up to (Daunomycin and cytosine arabinoside (3:7))	1,00,000
40	Acute Myeloid Leukemia	Consolidation Phase, up to (High dose cytosine arabinoside – per cycle, max. of 3 to 4 cycles)	75,000
41	Histocytosis	Variable Regimen-Histocytosis-max 1 year (Per month)	8,000
42	Rhabdomyosarcoma	Vincristine-Actinomycin-Cyclophosphamide (VACTC) based chemo - max 1 year (Per month) - Rhabdomyosarcoma	6,000
43	Ewing's Sarcoma	Variable Regimen Inv - Hematology, Biopsy – Payable	6,000
44	Unlisted Regimen	Palliative CT- Max 6 cycles (Per cycle)	5,000
45	Terminally Ill	Palliative And Supportive Therapy - Per month	3,000
46	Acute Lymphatic Leukemia	Maintenance Phase - Per month (x 24)	5,000
47	Acute Lymphatic Leukemia	Induction Phase, up to (Daunomycin and cytosine arabinoside (3:7))	50,000
48	Acute Lymphatic Leukemia	Consolidation Phase, up to (High dose cytosine arabinoside – per cycle, max. of 3 to 4 cycles)	50,000
49	Head and Neck	Tab Gefitinib/Erlotinib-Max 1 Year (Per month)	3,000

50	Renal cell carcinoma	Sunitinib/ Pazopanib (per day)	2,500
51	Chronic myeloid leukemia	Imatinib (per month) x 5 years	6,000
52	Gall Bladder Cancer	Gemcitabine + cisplatin (per cycle) – for 6 cycles	10,000
53	Chemotherapy based on a request in Template		

<b>Pediatric Oncology</b>			
<b>SI No.</b>	<b>Package Name</b>		<b>Package Cost</b>
1	Acute lymphoblastic leukemia (chemotherapy including diagnostics): induction		55,000
2	Acute lymphoblastic leukemia (chemotherapy including diagnostics): consolidation		35,000
3	Acute lymphoblastic leukemia (chemotherapy including diagnostics): maintenance		15,000
4	Acute lymphoblastic leukemia: radiation		5,000
5	Acute lymphoblastic leukemia: Supportive care/ rehabilitation		20,000
6	Acute myeloid leukemia (chemotherapy including diagnostics): induction		55,000
7	Acute myeloid leukemia (chemotherapy including diagnostics): consolidation		35,000
8	Acute myeloid leukemia: Supportive care/ rehabilitation		30,000
9	Hodgkin Lymphoma (Favorable group) (chemotherapy including diagnostics): induction		45,000
10	Hodgkin Lymphoma (Favorable group): radiation		10,000
11	Hodgkin Lymphoma (Favorable group): Supportive care/ rehabilitation		15,000
12	Hodgkin Lymphoma (unfavorable group): chemotherapy including diagnostics		70,000
13	Hodgkin Lymphoma (unfavorable group): radiation		15,000
14	Hodgkin Lymphoma (unfavorable group): Supportive care/ rehabilitation		25,000
15	Non-Hodgkin Lymphoma: chemotherapy including diagnostics		1,00,000
16	Non-Hodgkin Lymphoma: Supportive care/ rehabilitation		50,000
17	Retinoblastoma (Intraocular): chemotherapy including diagnostics		45,000
18	Retinoblastoma (Intraocular): radiation		10,000
19	Retinoblastoma (Intraocular): surgery		10,000
20	Retinoblastoma (Intraocular): supportive care/ rehabilitation		20,000
21	Retinoblastoma (extraocular): chemotherapy including diagnostics		65,000
22	Retinoblastoma (extraocular): radiation		10,000
23	Retinoblastoma (extraocular): supportive care/ rehabilitation		35,000
24	Brain tumors: chemotherapy including diagnostics		40,000
25	Brain tumors: radiation		30,000
26	Brain tumors: surgery		40,000
27	Brain tumors: supportive care/ rehabilitation		25,000
28	Wilms tumors: chemotherapy including diagnostics		20,000
29	Wilms tumors: radiation		5,000
30	Wilms tumors: surgery		20,000
31	Histiocytosis: chemotherapy including diagnostics		45,000
32	Histiocytosis: supportive care/ rehabilitation		5,000
33	Bone tumors/soft tissue sarcomas : chemotherapy including diagnostics		80,000



34	Bone tumors/soft tissue sarcomas : radiation	25,000
35	Bone tumors/soft tissue sarcomas : surgery (inlcuding prosthesis)	80,000
36	Bone tumors/soft tissue sarcomas : supportive care/ rehabilitation	50,000
37	Chronic Myeloid Leukemia : chemotherapy including diagnostics	80,000
38	Chronic Myeloid Leukemia : supportive care/ rehabilitation	20,000
39	Request for Chemotherapy -based on a template	
40	Request for Radiation-based on a template	
41	Chemotherapy based on a request in Template	

<b>Radiation Oncology</b>		
<b>SI No</b>	<b>Package Name</b>	<b>Package Cost</b>
1	Cobalt 60 External Beam Radiotherapy (Radical/Adjuvant / Neoadjuvant)	20,000
2	Cobalt 60 External Beam Radiotherapy (Palliative)	10,000
3	Linear Accelerator External Beam Radiotherapy (Palliative)	20,000
4	Linear Accelerator, External Beam Radiotherapy 3D CRT/2D Planning (Radical/Adjuvant/ Neoadjuvant)	50,000
5	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (Radical/Adjuvant/Neoadjuvant)	75,000
6	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) (Radical/Adjuvant/Neoadjuvant)	1,20,000
7	SRT(Stereota1036ic radiotherapy)	70,000
8	SRS (Streotactic radiosurgery)	70,000
9	Respiratory Gating along with Linear Accelerator planning	70,000
10	Electron beam with Linear accelerator (Radical)	50,000
11	Tomotherapy(Radical/Adjuvant/Neoadjuvant)	75,000
12	Brachytherapy High Dose Radiation (Intracavitary) - per fraction, maximum of 4 sessions	4,500
13	Brachytherapy High Dose Radiation (Interstitial) - for one application, multiple dose	30,000
14	Brachytherapy High Dose Radiation (Intraluminal) - per fraction, maximum 4 sessions	4,500
15	Request for radiation in Template	

<b>Oral and Maxillo Facial Surgery</b>		
<b>SI.No</b>	<b>Package Name</b>	<b>Package Cost</b>
1	Fixation of fracture of jaw with closed reduction (1 jaw) using wires - under LA	5,000
2	Fixation of fracture of jaw with open reduction (1 jaw) and fixing of plates/ wire – under GA	12,000
3	Sequestrectomy	11,000
4	TM joint ankylosis of both jaws - under GA	15,000
5	Release of fibrous bands & grafting -in (OSMF) treatment under GA	3,000
6	Extraction of impacted tooth under LA (other than Molar)	500

7	Cyst & tumour of Maxilla/mandible by enucleation/excision/marsupialization under LA	2,500
8	Alveoloplasty- LA	2000
9	Apicoectomy	1000
10	Complicated Ext. per Tooth under LA	250
11	Correction of oro-antral communication- GA	7000
12	Correction of sialocoele under GA	5000
13	Correction of sialocoele under LA	2000
14	I & D Dentoalveolar infection without extension to fascial spaces	1000
15	Dentoalveolar infection with extension to fascial spaces	5000
16	Dentoalveolar trauma - wiring	3000
17	En bloc resection for benign aggressive tumors under GA	14000
18	Enucleation of odontogenic Cyst under GA	7000
19	Enucleation of odontogenic Cyst under LA	3000
20	Excision biopsy of precancerous/ suspicious hard tissue lesions	1000
21	Excision of mucocoele of U/L lip under LA	1000
22	Extraction of tooth including LA	150
23	Extraoral parotid sialolithotomy under GA	11000
24	Flap operation per Tooth	350
25	Fracture mandible- open reduction and internal fixation under LA	9000
26	Fracture mandible- closed reduction and fixation under LA	5000
27	Fracture mandible- management of complications	29000
28	Fracture mandible open reduction and internal fixation under GA	24000
29	Fracture middle third of face- Closed reduction- LA	5000
30	Fracture middle third of face -Conservative management	5000
31	Fracture middle third of face- Open reduction- GA	24000
32	Fracture wiring under LA	6900
33	Fracture Zygoma open reduction and internal fixation- GA	25000
34	Gingivectomy per Tooth	500
35	Impacted Molar including LA	750
36	Intraoral parotid sialolithotomy under GA	9000
37	Intraoral parotid sialolithotomy under LA	2000
38	Intraoral submandibular sialolithotomy under LA	2000
39	Intraoral/ Extra oral submandibular sialolithotomy under GA	9000
40	Labial frenum excision-LA	2000
41	Lingual frenum excision- LA	2000
42	Marsupialization of cysts under LA	2000
43	Naso- orbital fractures- management under GA	24000
44	Orbital blow out fractures correction with homogenous grafts, alloplastic grafts	24000
45	Osteoradionecrosis management by sequestrectomy	5000
46	Osteoradionecrosis management by excision	9000
47	Osteoradionecrosis management by excision and vascularized grafts	29000
48	Pyogenic granuloma excision	2000
49	Segmental resection for benign aggressive tumors with reconstruction plate and nonvascularized homografts under GA	14500
50	Segmental Resection for benign aggressive tumors with reconstruction plate and vascularized homografts under GA	29000

51	Segmental resection for benign aggressive tumors with reconstruction plate under GA	14000
52	Stripping of precancerous lesions with local closure	1000
53	Stripping of precancerous lesions with grafting	10000
54	Sulcus extension procedures- LA	2000
55	Trigeminal neuralgia management by absolute alcohol injection	1000
56	Trigeminal neuralgia management by peripheral neurectomy	2000

<b>Emergency Package</b>		
<b>SI No.</b>	<b>Package Name</b>	<b>Package Costs</b>
1	Emergency with stable cardiopulmonary status	1000
2	Emergency consultation: acute colic, high fever, cut, stitches, soft tissue injury, FB removal	1000
3	Single bone fracture plaster, nebulization for asthmatic attack, moderate dehydration, hypoglycaemia in a diabetic, Dengue without complication, Syncope, Food poisoning etc	1000
4	Animal bites (Payment after completion of 5th dose)	1700

<b>Mental Health</b>		
<b>SI No.</b>	<b>Package Name</b>	<b>Package Amount per day as stated in the medical package rates (Ward/HDU/ICU)</b>
1	Organic, including symptomatic, mental disorders (routine ward)	
2	Mental and Behavioural disorders due to psychoactive substance use (routine ward)	
3	Schizophrenia, schizotypal and delusional disorders (routine ward)	
4	Mood (affective) disorders (routine ward)	
5	Neurotic, stress-related and somatoform disorders (routine ward)	
6	Behavioural syndromes associated with physiological disturbances and physical factors (routine ward)	
7	Mental retardation (routine ward)	
8	Organic, including symptomatic, mental disorders (HDU)	
9	Mental and Behavioural disorders due to psychoactive substance use (HDU)	
10	Schizophrenia, schizotypal and delusional disorders (HDU)	
11	Mood (affective) disorders (HDU)	
12	Neurotic, stress-related and somatoform disorders (HDU)	
13	Behavioural syndromes associated with physiological disturbances and physical factors (HDU)	
14	Mental Retardation (HDU)	
15	Pre- Electro Convulsive Therapy (ECT) and Pre- Transcranial Magnetic Stimulation (TMS) Package (Cognitive Tests, Complete Haemogram, Liver Function Test, Renal Function Test, Serum Electrolytes, Electro Cardiogram (ECG), CT/MRI Brain, Electroencephalogram, Thyroid Function Test, VDRL, HIV Test, Vitamin B12 levels, Folate levels, Lipid Profile, Homocysteine levels)	10,000
16	Electro Convulsive Therapy (ECT) - per session	3,000
17	Transcranial Magnetic Stimulation (TMS) - per session	1,000

<b>General Medicine</b>		
<b>SI No</b>	<b>Package name</b>	<b>Package Amount per day (drop down) for admission type: As per medical package rates of wards/HDU/ICU</b>
1	Any ailments can be admitted in the respective ward as per the decision of the treating Doctor, but has to be supported with substantiative documents.	The minimum number of days needed has to be blocked first, depending on the needs it can be enhanced by providing the supportive documents
2	Acute disseminated Encephalomyelities ,Multiple Sclerosis, Auto immune encephalities, longitudinally extensive myelities ,Acute Transverse Myelitis, Guillian Barre Syndrome	In addition cost of the drug-IV Methyl Prednisolone/Immunoglobulin if needed can be claimed using the template attached, along with utilise Plasmapheresis package ,if needed.
3	Acute Stroke	In addition if Chemical Thrombolectomy is indicated cost of the drug can be claimed using the template
4	Neuro muscular weakness due to immune based diseases like AIDP, Myasthenia and CIDP with/without haemodynamic compromise autonomic disturbance	In addition IV Immunoglobulin if needed can be claimed using the template attached, along with utilise Plasmapheresis package ,if needed.
5	Meningitis/Encephalitis-Bacterial/Fungal/Viral	In addition the drugs needed exclusively for the care of the infection if needed can be claimed using the template attached
6	Neck dystonia/Blepharospasm/Hemifacial spasam /Writers cramp which needs treatment with Inj Botulinum toxin	In addition the cost of Inj Botulinum toxin if needed can be claimed using the template attached
7	Haemophilia	In addition if treatment with Clotting factors is indicated cost of the drug can be claimed using the template
		<b>Package Cost</b>
8	APD with Cyler initiation and continuous dialysis for 5 days	15000
9	CAPD initiation with fluid	17500
10	CHARCOAL HEMOPERFUSION FOR POISONING (CATRIDGE+HEMODIALYSIS CATHETER )	12500
11	CONTINUOUS ARTERIO VENUS DIALYSIS (CAVD)	15000
12	CRRT continuation one day additional	25000
13	CRRT/CVVHDF initiation + cost for disposable	35000
14	DIALYSIS FEMORAL CATHETERISATION BILATERAL	1500
15	DONOR NEPHRECTOMY	45000
16	DOUBLE LUMEN SUB CLAVIAN CATHETER	1500
17	EMERGENCY DIALYSIS FEMORAL PUNCTURE	1000
18	EMERGENCY DIALYSIS SUBCLAVIAN PUNCTURE	1250
19	HAEMO DIALYSIS	1000
20	INTERMITTANT PERITONEAL DIALYSIS	3500

21	KIDNEY BIOPSY (NEEDLE AND LIGHT MICROSCOPY)	4000
22	KIDNEY BIOPSY (NEEDLE+IMMUNOFLUORESCENCE AND LIGHT MICROSCOPY )	6000
23	KIDNEY BIOPSY (NEEDLE+IMMUNOFLUORESCENCE+LIGHT MICROSCOPY +Electron Microscopy)	13000
24	Permanent Catheter ( double cuffed permeath )insertion alone	12500
25	PLASMAPHERESIS(PLASMA FILTER) +DOUBLE LUMEN HEMODIALYSIS CATHETER with albumin replacement.	25000
26	RENAL TRANSPLANTATION with conventional immunosuppressant	150000
27	RENAL TRANSPLANTATION with induction immunosuppressant	200000
28	Temporary Dialysis Catheter insertion	2500
29	Post Kidney Transplantation Immunosuppressant	Actual cost can be claimed utilising a Template attached
30	AV Shunt for dialysis	6,000
31	Inj Monoclonal Antibodies	Based on a request in the Template
32	Blood and blood component transfusion (admission for a diagnostic procedure leading to treatment requiring admission, e.g. bone marrow and bone biopsy, endoscopy, liver biopsy, bronchoscopy, CT/MRI under GA, broncho-alveolar lavage, lumbar puncture, muscle biopsy, pleural aspiration, ascitic tapping etc.)	1000/day
33	High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging) - can only be clubbed with medical package. Rs 5000 per annum limit to a family	capped @ Rs 5000 per annum for a family
34	High end histopathology (Biopsies) and advanced serology investigations - can only be clubbed with medical package. Rs 5000 per annum limit to a family	capped @ Rs 5000 per annum for a family

<b>Paediatrics Medical Management</b>		
<b>SI No.</b>	<b>Package name</b>	<b>Package Amount per day (drop down) for admission type: Routine ward (Rs 1750)/ HDU /SNCU(Rs 2000)/ ICU/NICU (without ventilator) (Rs 2500)NICU/ ICU (with ventilator) (Rs 2750)</b>
1	Any ailments can be admitted in the respective ward as per the decision of the treating Doctor, but has to be supported with substantiative documents.	The minimum number of days has to be blocked first, depending on the needs it can be enhanced providing the supportive documents

2	CRRT (per session)	20,000
3	Blood and blood component transfusion up to a limit of 2 days(admission for a diagnostic procedure leading to treatment requiring admission, e.g. bone marrow and bone biopsy, endoscopy, liver biopsy, bronchoscopy, CT/MRI under GA, broncho-alveolar lavage, lumbar puncture, muscle biopsy, FNAC, pleural aspiration, ascitic tapping, neostigmine challenge test etc.)	1,000/ day
4	Blood and blood component transfusion for indications like Thalassemia/Hemoglobinopathies - upto a limit of 2 days	1,000/ day
5	High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging) - can only be clubbed with medical package.	capped @ Rs 5000 per annum for a family
6	High end histopathology (Biopsies) and advanced serology investigations - can only be clubbed with medical package.	capped @ Rs 5000 per annum for a family

<b>Neo-natal</b>		
<b>Sl No</b>	<b>Package name</b>	<b>Package Amount</b>
1	Basic neonatal care package (Rs. 500 per day, maximum 1500): Babies that can be managed by side of mother in postnatal ward without requiring admission in SNCU/NICU: <ul style="list-style-type: none"> <li>• Any newborn needing feeding support</li> <li>• Babies requiring closer monitoring or short-term care for conditions like: <ul style="list-style-type: none"> <li>o Birth asphyxia (need for positive pressure ventilation; no HIE)</li> <li>o Moderate jaundice requiring phototherapy</li> <li>o Large for dates (&gt;97 percentile) Babies</li> <li>o Small for gestational age (less than 3rd centile)</li> </ul> </li> </ul>	500/ day
2	Special Neonatal Care Package (Rs. 2500 per day, maximum of 15000 - pre-auth after 4 days): Babies that required admission to SNCU or NICU Babies admitted for short term care for conditions like: <ul style="list-style-type: none"> <li>• Mild Respiratory Distress/tachypnea</li> <li>• Mild encephalopathy</li> <li>• Severe jaundice requiring intensive phototherapy</li> <li>• Haemorrhagic disease of newborn</li> <li>• Unwell baby requiring monitoring</li> <li>• Some dehydration</li> <li>• Hypoglycaemia</li> </ul> Mother's stay in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate	2500/day

3	<p>Intensive Neonatal Care Package (Rs. 4000 per day, maximum of Rs. 40,000 – pre-auth is needed after 5 days) Babies with birthweight 1500-1799 g</p> <p style="text-align: center;">or</p> <p>Babies of any birthweight and at least one of the following conditions:</p> <ul style="list-style-type: none"> <li>• Need for mechanical ventilation for less than 24 hours or non-invasive respiratory support (CPAP, HFFNC)</li> <li>• Sepsis / pneumonia without complications</li> <li>• Hyperbilirubinemia requiring exchange transfusion</li> <li>• Seizures</li> <li>• Major congenital malformations (pre-surgical stabilization, not requiring ventilation)</li> <li>• Cholestasis significant enough requiring work up and in-hospital management</li> <li>• Congestive heart failure or shock</li> </ul> <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	4000/day
4	<p>Advanced Neonatal Care Package (Rs. 5000 per day, maximum of Rs. 60,000 – pre-auth is needed after 7 days): Babies with birthweight of 1200-1499 g</p> <p style="text-align: center;">or</p> <p>Babies of any birthweight with at least one of the following conditions:</p> <ul style="list-style-type: none"> <li>• Any condition requiring invasive ventilation longer than 24 hours</li> <li>• Hypoxic Ischemic encephalopathy requiring Therapeutic Hypothermia</li> <li>• Cardiac rhythm disorders needing intervention (the cost of cardiac surgery or implant will be covered under cardiac surgery packages)</li> <li>• Sepsis with complications such as meningitis or bone and joint infection, DIC or shock</li> <li>• Renal failure requiring dialysis</li> <li>• Inborn errors of metabolism</li> </ul> <p>Mother's stay in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	5000/day

5	<p>Critical Care Neonatal Package (Rs. 6000 per day, maximum of Rs. 90,000 – pre-auth after 10 days): Babies with birthweight of &lt;1200 g</p> <p style="text-align: center;">or</p> <p>Babies of any birthweight with at least one of the following conditions:</p> <ul style="list-style-type: none"> <li>• Severe Respiratory Failure requiring High Frequency Ventilation or inhaled Nitric Oxide (iNO)</li> <li>• Multisystem failure requiring multiple organ support including mechanical ventilation and multiple inotropes</li> <li>• Critical congenital heart disease</li> </ul> <p>Mother's stay in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	6000/day
6	<p>Chronic Care Package (Rs. 2500 per day, maximum of Rs. 25,000): If the baby requires stay beyond the upper limit of usual stay in Package no 0004 or 0005 for conditions like severe BPD requiring respiratory support, severe NEC requiring prolonged TPN support</p>	2500/day
7	<p>Laser Therapy for Retinopathy of Prematurity (Irrespective of no. of eyes affected) - per session</p>	1,500
8	<p>Advanced Surgery for Retinopathy of Prematurity</p>	15,000
9	<p>Ventriculoperitoneal Shunt Surgery (VP) or Omayya Reservoir</p>	5,000
10	<p>External Drainage for Hydrocephalus</p>	5,000



**Annexure- II**  
**Empanelment Guidelines for MEDISEP**

The following are the general guidelines which shall be used by the insurance company for empanelling the network hospitals for MEDISEP. The provider network for MEDISEP will include public and private hospitals which will be empanelled by the insurer. All the secondary and tertiary public hospitals and super specialty institutions including the Regional Cancer Center (RCC), Malabar Cancer Center (MCC), Cochin Cancer Center and Sree Chitra Thirunal Institute of Medical Sciences & Technology (SCTIMST), all Government Medical Colleges , District & General Hospitals, Women & child Hospitals shall be automatically included in the provider network.

The insurer shall empanel private hospitals as network hospitals fulfilling the required infrastructure and human resources criteria laid down for as part of the empanelment process. The network hospitals shall also agree on the package rates of the scheme. Based on the clinical specialties three categories are specified as below.

- (1) **Category -1** General Purpose Hospitals: These are hospitals having 50 or more beds with the following specialities: General Medicine, General Surgery, Obstetrics and Gynecology, Pediatrics, Orthopedics, ENT, Dermatology.
  
- (2) **Category- 2** Speciality and Super Speciality Hospitals (specialities list given below) Hospitals having 50 or more beds can be empanelled as a speciality hospital, provided they have at least 10 beds earmarked for the speciality. The specialities include Cardiology, Cardiovascular and Cardiothoracic surgery, Genito Urinary Surgery, Gastroenterology, Ophthalmology, Pulmonology, Poly Trauma & Critical Care, Plastic Surgery, Neurosurgery, Neurology, Pediatric Surgery, Nephrology, Rheumatology, Endocrinology etc.

- (3) **Category-3:** Hospitals for Transplant Surgery: Hospitals with experience in conducting transplant surgeries.

The insurance company shall ensure the availability of a minimum of five hospitals in category one (excluding government hospitals) in each district of the state and the availability of a minimum 25 network hospitals (excluding government hospitals) in the areas under each cluster of districts indicated below.

In category 2 (excluding government hospitals), the insurance company should ensure a minimum of five hospitals for each speciality of the benefit package in each cluster. In category 3 (excluding government hospitals), the insurance company should ensure a minimum of two hospitals for transplant surgeries mentioned in additional benefit package in each cluster.

The insurance company can empanel all specialities or a group of specialities depending on availability of each specialities in a network hospital. A network hospital can be empanelled for all three categories or for any one of the three categories specified.

**Cluster-1** (Northern Districts): Kasaragod, Kannur, Wayanad, Kozhikode, Malappuram, Palakkad.

**Cluster-2** (Central Districts): Thrissur, Ernakulam, Kottayam, Idukki.

**Cluster-3** (Southern Districts): Alappuzha, Pathanamthitta, Kollam, Thiruvananthapuram.

If any district or cluster does not have the number of hospitals as specified above, the successful insurance company can seek specific exemption for that district or cluster and the same will be considered by the Authority after verification of the available qualified hospitals in that district or cluster.

In addition to this, the insurer shall ensure the empanelment of a minimum one of each network hospitals situated in Mangalore, Coimbatore, and Delhi. In addition, the insurer may empanel additional hospitals outside the state.

**Table: Minimum Requirement of Network Hospitals in Each Cluster**

Type of Hospitals	Number of Hospitals		
	Cluster 1	Cluster 2	Cluster 3
<b>Category 1</b>	25	25	25
<b>Category 2</b>			
Cardiology	5	5	5
Cardiovascular and Cardiothoracic surgery	5	5	5
Neurology	5	5	5
Neuro Surgery	5	5	5
Genito Urinary Surgery	5	5	5
Oncology	5	5	5
Poly Trauma & Critical Care,	5	5	5
Pediatric Surgery	5	5	5
Nephrology	5	5	5
Rheumatology,	5	5	5
Gastroenterology	5	5	5
Endocrinology	5	5	5
Plastic Surgery	5	5	5
Ophthalmology	5	5	5
Pulmonology	5	5	5
<b>Category 3</b>	2	2	2

The insurer shall also consider the empanelled hospitals under CGHS or other central state health insurance schemes in Kerala, while conducting the empanelment process for MEDISEP.

The guidelines/operational procedures of de-empanelment of network hospitals whose services are not satisfactory as per the requisite standards should be developed by the insurer in consultation with the Authority at the time of commencement of the scheme.

The minimum criteria for empanelment of private providers are specified below.

**A. General Criteria for Infrastructure and Manpower**

1. At least one in-house surgeon and or in-house physician (MD) shall be available for empanelment of surgical and medical specialities respectively.

2. All the doctors working in the hospitals whether full time or part-time should be registered under Travancore Cochin Medical Council.
3. The hospital should have at least minimum of 3 MBBS doctors as duty doctors, for bed strength of 50 and above. The doctors mentioned above may also act as duty doctors.
4. Round- the-clock, availability of Duty Doctors & Paramedical staff
5. Casualty should be equipped with Monitors, Defibrillator, Crash Cart, Resuscitation equipment, Oxygen and Suction facility and with attached toilet facility.
6. Fully equipped Operation Theatre along with required equipments as mentioned in the specific requirements for each Speciality.
7. Post-operative ward with adequate number of Monitors, Ventilators and other required facilities.
8. ICU facility with Monitors, Ventilators, Oxygen facility, Suction facility, Defibrillator, and required other facilities & requisite staff.
9. Separate male and female wards with toilet and other basic amenities.
10. Round-the-clock advanced diagnostic facilities either 'In-House' or with 'tie-up' with a nearby Diagnostic Centre.
11. Round-the-clock Blood Bank facilities either 'In-House' or with 'Tie-up' with a nearby Blood Bank.
12. Round-the-clock own Ambulance facilities.
13. Records Maintenance: Maintain complete records as required on day-to-day basis and can provide necessary records of hospital / patients to the Society/Insurer or his representative as and when required.
14. 24 Hrs In-house pharmacy
15. Bio Medical waste management facility available.
16. The insurance company shall empanel the specific specialities in the hospital after inspection of human resources and infrastructure availability of each speciality. The insurance company shall use

existing guidelines of CGHS or other state health insurance schemes for verification and empanelment.

**Annexure- III - RFP Notice****Government of Kerala****INVITATION for REQUEST for PROPOSAL (RFP) for IMPLEMENTING MEDICAL INSURANCE SCHEME for STATE EMPLOYEES AND PENSIONERS (MEDISEP)**

Competitive proposals are invited from IRDAI accredited insurance companies/consortium for implementation of **MEDICAL INSURANCE SCHEME for STATE EMPLOYEES AND PENSIONERS (MEDISEP)** for the year 2019-2022 as per the terms and conditions specified in the Request for Proposal (RFP).

All eligible/ interested insurance companies/consortium are mandated to get enrolled on the e-Procurement portal (<http://www.etenders.kerala.gov.in>) and the tender document will be available on the same portal to download the tender documents and participate in the subsequent bidding process. The tender document for this may also be downloaded from the official website of the Finance Department, Government of Kerala (<http://www.finance.kerala.gov.in>).

The Technical and Financial bids will be evaluated by the Proposal Evaluation Committee duly constituted by the **Finance Department, Government of Kerala**. Financial bids of only the technically qualified offers shall be opened before the successful bidders by the State Government/ State Government appointed Agency for awarding of the contract. Following schedule will be observed in this regard.

Sl.No	Particulars	Date
1	Publication of RFP	01/01/2019
2	Pre-Bid Conference	17/01/2019
3	Authority response to queries latest by	21/01/2019
4	RFP due date	31/01/2019
5	RFP technical proposal evaluation	04/02/2019
6	RFP financial proposal evaluation	After the successful evaluation of Technical bids.

**Note:1. Pre-Bid meeting will be convened at 11 am on 17/1/2019 in the South Conference Hall, Kerala Government Secretariat, Thiruvananthapuram.**

**2. The Authority have discretion to alter the above dates.**

The completed Bid documents should be submitted electronically before **01.00 PM on 31/01/2019** at <http://www.etenders.kerala.gov.in>

**Annexure- IV**

**Covering Letter for Proposal Submission.**

(On office letter head of Insurance Company/Consortium)

To

The Principal Secretary  
Finance Department  
Govt. of Kerala  
Thiruvananthapuram,  
Pin- 695001

Dear Sir,

**Sub:** Submission of Proposals for Implementing Medical Insurance Scheme for State Employees and Pensioners (MEDISEP) - 2019-2022

**Ref:** RFP No. dated 01/01/2019

With reference to the above, I am / we are enclosing technical and financial proposals for implementing the Medical Insurance Scheme for State Employees and Pensioners (MEDISEP) 2019-2022. I/We have carefully read and understood the above referred document including instructions, terms & conditions and all the contents stated therein, and all subsequent corrigendum published on the official website of Finance Department, Government of Kerala.

Thanking You

Yours faithfully,

(Signature of the Authorized Person)

Name:

Mobile No:



**Annexure- V- Format for Financial Bid Submission**  
(On office letter head of Insurance Company/Consortium)

**FINANCIAL BID FOR IMPLEMENTING MEDICAL INSURANCE  
SCHEME FOR STATE EMPLOYEES AND PENSIONERS (MEDISEP)**

Sl. No	Particulars	Total Premium
1	Premium for the coverage of basic benefit package of Rs.2.00 Lakhs per annum and additional coverage and other benefits as detailed in the RFP per family on floater basis for three years block period.	
2	Taxes (if any)	
3.	Total in Figures	
4	Total in Words	

Notes:

- a) All terms and conditions as stated in the RFP document.
- b) Conditional bids are not acceptable.
- c) Bid submitted in the above format is only acceptable.
- d) Bid should only be submitted on insurance company's letter head.

Name and Signature of Authorized Person

(with Designation seal)

Contact No.

Place:

Date:

seal

Office