

# REQUEST FOR PROPOSAL

## FOR

Selection of Insurance Company  
for the implementation of  
Mukhya Mantri Ayushman Arogya (MAA) Yojana  
In the State of Rajasthan

## ISSUED BY:

*Rajasthan State Health Assurance Agency*

*(November, 2024)*

ED (Policy)  
RSHAA  
Rajasthan, Jaipur

मुख्य लेखाधिकारी  
राजस्थान स्टेट हेल्थ एश्योरेंस एजेंसी  
जयपुर

  
(Kesar Lal Meena)  
IAS  
Additional CEO, RSHAA

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## Abbreviations

AB-PM JAY	Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana
BFU	Beneficiary Family Unit
CGRMS	Central Grievance Redressal Management System
CGIP	Composite Gross Insurance Premium for MAA-Yojana
CGHS	Central Government Health Scheme
CRC	Claims Review Committee
DAL	Denial of Authorization Letter
DCA	Draft Contract Agreement
DGRC	District Grievance Redressal Committee
DGNO	District Grievance Nodal Officer
DoMHFW	Department of Medical, Health and Family Welfare Rajasthan
EHCP	Empanelled Health Care Provider
EWS	Economically Weaker Section
GF&AR	General Financial and Accounts Rules
INR	Indian National Rupees
LCGIP	Lowest Composite Gross Insurance Premium
IRDAI	Insurance Regulatory Development Authority of India
MoHFW	Ministry of Health & Family Welfare, Government of India
MAA	Mukhya Mantri Ayushman Arogya Yojana
NHA	National Health Authority
NOA	Notification of Award
RC	Risk Cover
RGHS	Rajasthan Government Health Scheme
RSBY	Rashtriya Swasthya Bima Yojana
RSHAA	Rajasthan State Health Assurance Agency
RTPP Act	Rajasthan Transparency in Public Procurement Act-2012
RTPP Rule	Rajasthan Transparency in Public Procurement Rule-2013
SECC	Socio Economic Caste Census
SGRC	State Grievance Redressal Committee
SGNO	State Grievance Nodal Officer
SMD	Swasthaya Margdarshak
UT	Union Territories



## Bid Data Sheet

<b>Project title</b>	<b>Mukhya Mantri Ayushman Arogya (MAA) Yojana</b>
<b>Objectives of the project</b>	The objective of MAA Yojana is to reduce out of pocket hospitalisation expenses, reduce unmet needs and improve access of identified families to quality inpatient care and day care surgeries for treatment of diseases and medical conditions through a network of Empanelled Health Care Providers (EHCP).
<b>Name of Bid Inviting Authority</b>	<b>Chief Executive Officer, Rajasthan State Health Assurance Agency (RSHAA)</b>
<b>Name and Contact of Bid Inviting Authority</b>	Chief Executive Officer, RSHAA Address: Old R.T.D.C. Head Office, (Hotel Swagatam campus), near Railway Station, Jaipur  Tel No.: 0141-2200611 Email: <a href="mailto:ceo-rshaa@gov.in">ceo-rshaa@gov.in</a>
<b>Bid Procedure</b>	<b>Single Stage: Two part open competitive e-Bid procedure through <a href="http://eproc.rajasthan.gov.in">http://eproc.rajasthan.gov.in</a></b>
<b>Bid Evaluation Criteria (Selection Method)</b>	<b>Least Cost Based Selection (LCBS) i.e. lowest-1 (L-1) method.</b>
<b>Websites for downloading the bidding document, corrigendums, addendums etc.</b>	Websites: <a href="http://sppp.rajasthan.gov.in">http://sppp.rajasthan.gov.in</a> , <a href="http://eproc.rajasthan.gov.in">http://eproc.rajasthan.gov.in</a> , <a href="https://maayojana.rajasthan.gov.in">https://maayojana.rajasthan.gov.in</a>
<b>Bid Document Fee</b>	Document Fee: Rs. 59000/- (fifty nine thousand including 18% GST) only in form of banker's cheque or demand draft of a scheduled bank in favour of CEO, RSHAA payable at Jaipur .
<b>RISL Processing Fee</b>	<ul style="list-style-type: none"> <li>RISL e-processing fee: Rs. 2500.00 (Two Thousand Five Hundred ) only in form of Demand Draft/Banker's Cheque in favour of MD, RISL payable at Jaipur.</li> </ul>
<b>Estimated Cost of Project</b>	Rupees 4400.00 (Four Thousand Four Hundred) Crores , for 2 years.
<b>Bid Security and mode of payment</b>	Amount (INR): 22 Crores in form of banker's cheque or demand draft or bank guarantee in specified format, of a scheduled bank or Insurance Surety Bonds issued by Insurer registered with the Insurance Regulatory and Development Authority (IRDA) for transact the business of issuing Insurance Surety Bonds in favour of CEO RSHAA payable at Jaipur.
<b>Period of sale of bidding documents (Start/End Date)</b>	<ul style="list-style-type: none"> <li>From: 13-11-2024 at 5:00 pm</li> <li>To: 12-12-2024 at 5.30 pm</li> </ul>
<b>Submission required</b>	Financial bid : BOQ (Excel format) at eproc portal as per clause 7.8 of the tender document

<b>Contact details for all queries</b>	<p>Name: Sh. Kesar Lal Meena  Designation: Additional CEO, RSHAA  Address: Old R.T.D.C. Head Office, (Hotel Swagatam campus), near Railway Station, Jaipur  Tel No.0141-2200113  Email: <a href="mailto:edp.rshaa@rajasthan.gov.in">edp.rshaa@rajasthan.gov.in</a> <a href="mailto:jceo-rshaa@gov.in">jceo-rshaa@gov.in</a></p>
<b>Language of bid</b>	English
<b>Currency of bid</b>	Indian National Rupees (INR)
<b>Eligibility to bid</b>	<p>a. The Bidder should be a registered private or public owned insurance company incorporated under The Companies Act, 1956 and/or 2013, in India.</p> <p>b. The Bidder should be registered with the Insurance Regulatory Development Authority of India (IRDAI) to carry out health insurance business for at least the last three completed financial years.</p> <p>c. The Bidder shall have overall done the group health cover policy of at least 1,00,000 families in any State of India in the last three financial years.</p> <p>d. The Bidder shall have Gross Direct Premium Income from Health Insurance Business (excluding personal accident or travel cover) of at least Rs. 200 crores in any State of India in the last three financial years.</p> <p>e. The Bidder should strictly comply section 7 and 11 of RTPP act, 2012.</p> <p>f. The Bidder should unconditionally accept the terms and conditions of this Tender Document.</p> <p>g. Bidder should have a registered number of GST and Income tax/PAN number.</p>
<b>Manner, Start/End Date for the submission of bids</b>	<p>e-bid</p> <ul style="list-style-type: none"> <li>From: 13-11-2024 at 5.00 pm</li> <li>To: 12-12-2024 at 5.30 pm</li> </ul>
<b>Submission of Banker's Cheque/Demand Draft for bid document Cost, Bid Security and RISL e-Processing Fee in hard copy To office of CEO, RSHAA</b>	<ul style="list-style-type: none"> <li>From: 13-11-2024 at 5.00 pm</li> <li>To: 12-12-2024 at 5.30 pm</li> </ul>
<b>Insurance Contract Period</b>	<p>2 years</p> <p>However the policy will be renewed every year and contract can also be extended for another one year i.e. 2 years + 1 year based upon KPI performance mentioned in DCA Schedule 12 and Other terms and conditions of this RFP.</p>



<b>Validity of the bids</b>	180 days from last date for submission of the bid document, excluding the last date of submission.
<b>Mode for submission of Bids</b>	Bidders are to upload their Bids on the e-procurement portal [ <a href="https://eproc.rajasthan.gov.in">https://eproc.rajasthan.gov.in</a> ]. <b>Submission of Bids through any other mode will not be accepted.</b>
<b>Important Dates</b>	
<b>Date of publishing of Tender Document</b>	From: 13-11-2024 at 5.00 pm
<b>Last date of receiving Pre-bid queries</b>	20-11-2024 at 5.00 pm
<b>Pre-bid meeting</b>	22-11-2024 at 11.30 am
<b>Issue of Addendum / revised Tender Document (if required)</b>	After approval of competent authority.
<b>Last date and time of bid submission/ Bid Due Date</b>	12-12-2024 at 5.30 pm
<b>Date and time for online opening of technical proposals</b>	13-12-2024 at 11:00AM
<b>Date and time of financial Bid opening</b>	To be conveyed to responsive bidders once technical bid is finalized.
<b>Issue of Notice of Award (NOA)</b>	Within 3 days of approval of award by competent authority
<b>Acceptance of Notice of Award</b>	Within 3 days of the issue of Notice of Award.
<b>Signing of Insurance Contract</b>	Within 15days of issue of Notice of Award.

Note 1: The Bidding Process Schedule set out above is indicative in nature and the RSHAA may, in its sole discretion and without prior notice to the Bidders, amend the Bidding Process Schedule. This responsibility shall lie with the Bidders to verify the Bid Process Schedule and the RSHAA shall not incur any liability whatsoever arising out of amendments to the Bidding Process Schedule. RSHAA shall give notice of changes to the Bidding Process Schedule, if any, by Addendum. All bidders are advised to check for any further clarifications, amendments/addendums and corrigendum related to this RFP at the following website:

**Website:**

<https://eproc.rajasthan.gov.in>

<https://sppp.rajasthan.gov.in>

<https://maayojana.rajasthan.gov.in>

Note 2: This document is not transferable.

# **Rajasthan State Health Assurance Agency**

**Mukhya Mantri Ayushman Arogya Yojana**  
Old RTDC Swagatam Campus, Near Railway Station Jaipur-302006,  
( Tel.Ph.-0141-2200611, 2211113, email id: ceo-rhsaa@gov.in)

## **REQUEST FOR PROPOSAL**

### **FOR**

**Selection of Insurance Company  
for the implementation of  
Mukhya Mantri Ayushman Arogya (MAA) Yojana  
In the State of Rajasthan**


File No. F04(11) RSHAA/ Poling/ RFP2025-27

Date: 13/12/2024

#### **Notice Inviting Bid**

e-Bids for Selection of Insurance Company for the implementation of Mukhya Mantri Ayushman Arogya (MAA) Yojana are invited from interested bidders upto 5.30 pm 12-12-2024. Other particulars of the bid may be visited on the procurement portal (<http://eproc.rajasthan.gov.in>, <http://sppp.raj.nic.in>) of the state; and <https://maayojana.rajasthan.gov.in> Departmental website. The estimated value of the procurement is Rs. 4400 crores for two years.

UBN .....

  
**Chief Executive Officer,  
Rajasthan State Health Assurance Agency  
Jaipur, Rajasthan**



# Rajasthan State Health Assurance Agency

**Mukhya Mantri Ayushman Arogya (MAA) Yojana**

RTDC Swagatam Campus, Near Railway Station Jaipur-302006,

(Tel.Ph.-0141-2200611, 2211113, email id: ceo-rhsaa@gov.in)

## REQUEST FOR PROPOSAL

### FOR

### Selection of Insurance Company

### for the implementation of

**Mukhya Mantri Ayushman Arogya (MAA) Yojana**

**In the State of Rajasthan**

NIB No. .... 06 / 2024-25 ..... Date. 13/11/2024

1. Single stage-Two-Envelope (unconditional Technical and Financial) bids are invited electronically by CEO, RSHAA, Jaipur for Selection of Insurance Company for the implementation of Mukhya Mantri Ayushman Arogya Yojana in the State of Rajasthan. Brief particulars of the procurement are given below :-

Approximate value of Services	Amount of Bid Security (Enclose bid security declaration/Insurance Surety Bond, if applicable)	Period of the Contract	Validity period of Bids	Processing fee for e-procurement	Price of Bidding Document	Last time and date of receiving e-Bids
Rs.4400 Crore	Rs.22 Crore	Two Year (extendable for 1 year)	180 Days	Rs.2500	Rs.59,000 (including 18% GST)	Up to 5.30 PM on dated 12-12-2024

2. The complete Bidding Document containing Instructions to Bidders and Bid Data, Evaluation and Qualification Criteria, Specifications, Bidding forms, General Conditions of Contract, Special Conditions of Contract, Contract Forms, etc. may be seen at or downloaded from the website of State Public Procurement Portal <http://sppp.rajasthan.gov.in> or e-procurement portal <http://eproc.rajasthan.gov.in> or <https://maayojana.rajasthan.gov.in>
3. Technical and Financial Bids, duly digitally signed by the bidder on all pages and serially numbered, enclosed in separate two covers, and a third cover containing scanned copies of documents of payment of price of Bidding Document, electronic bid processing fee (both being non-refundable) and Bid Security (Bid Security Declaration/Insurance Surety Bonds, if

applicable) must be submitted electronically to the CEO, RSHAA on the e-procurement portal <http://eprpc.rajasthan.gov.in> by using your ID, password and digital signature certificate, latest upto 5.30 PM on dated 12-12-2024.

4. The instruments of payment of price of Rupees 59000/- of the Bidding Document and the amount of bid security of Rupees 22 Crores (Bid Security Declaration, if applicable (As Per Qual-4b) must be in the form of two separate bank demand drafts/ banker's cheques of a Scheduled Bank in India drawn in the name of CEO, RSHAA payable at Jaipur (bid security may also be deposited in the form of bank guarantee issued by a Scheduled Bank in India in the specified given format as per Qual-4c or Insurance Surety Bonds issued by Insurer registered with the Insurance Regulatory and Development Authority of India (IRDAI) for transact the business of issuing Insurance Surety Bonds). The electronic bid processing fee of Rupees 2500/- must be paid by another separate bank demand draft/ banker's cheque of a Scheduled Bank in India drawn in the name of Managing Director, RISL payable at Jaipur. All these three original instruments of payment must be submitted physically in a sealed cover by the Bidder to the RSHAA, office of CEO, RSHAA, Jaipur upto 5.30 PM of dated 12-12-2024.
5. The procedure for submission of bids including payment of price of Bidding Document, e-procurement processing fee, Bid Security, etc. has also been specified on the e-Procurement Portal and in the Bidding Document.
6. The Technical Bids shall be opened at 11.00 AM on dated 13-12-2024 in the office of CEO, RSHAA, Jaipur in the presence of the Bidders or their representatives who wish to be present.
7. The CEO, RSHAA, Jaipur is not bound to accept the successful Bid and may reject any or all Bids without assigning any reason thereof.
8. The Bidders shall have to submit proofs of their GST registration and the Permanent Account Number (PAN) of Income Tax.

  
**Chief Executive Officer,**  
Rajasthan State Health Assurance Agency,  
Jaipur



## Directions for e-Procurement

- 1) The Bidder or his authorized signatory shall submit his Technical and Financial/ Price Bids/ Proposals only in electronic format through on-line submission on e-Procurement Portal, <http://eproc.rajasthan.gov.in>. However, the Banker's Cheque/ Demand Drafts for Price of Bidding Document and e-procurement processing fee of RISL, and Banker's Cheque/ Demand Draft/ Bank Guarantee for Bid Security should be submitted physically at the office of CEO, RSHAA, Jaipur within the time specified in the Notice Inviting Bids/ Bidding Document but scanned copies of the same must also be uploaded along with the Technical Bid in its cover or a separate cover on e-Procurement Portal.
- 2) In case, a Bidder fails to physically submit the Demand Drafts for Price of Bidding Document and e-procurement processing fee of RISL, and Banker's Cheque/ Demand Draft/ Bank Guarantee for Bid Security within the specified time as stated in para 1) above, its Bid shall be rejected.
- 3) To participate in online bidding process, Bidders must procure a Digital Signature Certificate (Type II or III) as per Information Technology Act-2000 using which they can digitally sign their electronic bids. Bidders can procure the same from any CCA approved certifying agency, i.e. TCS, Safecrypt, Ncode etc. Bidders who already have a valid Digital Signature Certificate (DSC) need not procure a new DSC. Also, bidders must register on the e-Procurement Portal (Bidders already registered on <http://eproc.rajasthan.gov.in> before 13-11-2024 must register again).
- 4) CEO, RSHAA, Jaipur shall not be responsible for any delay in online submission of Bid/ Proposal by a Bidder due to any reason, whatsoever like slow speed, choking of web site due to heavy load, etc. Therefore, the Bidders are advised to upload their complete Bids well in advance.
- 5) Bidders are also advised to refer "Bidders Manual Kit" available on e-Procurement Portal for further details about the e-Tendering process.
- 6) Training for the bidders on the usage of e-Tendering System (e-Procurement) is also being arranged by Department of Information Technology & Communication, Government of Rajasthan on a regular basis. Bidders interested for training may contact e-Procurement Cell, DoIT&C for booking the training slot.

Contact No: 0141-4022688 (Help desk 10 am to 6 pm on all working days)

e-mail: [eproc@rajasthan.gov.in](mailto:eproc@rajasthan.gov.in) Address : e-Procurement Cell, RISL, Yojana Bhawan, Tilak Marg, C-Scheme, Jaipur

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## Preamble

The Government of Rajasthan is committed to provide affordable and accessible quality health care services to the citizen of Rajasthan without economic hardship. Health insurance is viewed as an important policy strategy to provide health care services while reducing out of pocket expenditure as well as catastrophic expenditure in health sector which burdens individual heavily in case of poverty ridden households. Many families delayed treatment voluntarily due to economic constraints leading to exacerbation of the condition of the patient and poor health outcomes. Therefore Mukhya Mantri Ayushman Arogya (MAA) Yojana is implemented in the State with following aims-

- To provide accessible, available and affordable healthcare services to all families especially poor and vulnerable section of society
- To provide timely quality healthcare without economic burden to reduce OOP of families
- Strengthening of health care infrastructure of state especially public healthcare infrastructure with the participation of private healthcare providers

The MAA-Yojana envisages to provide free health insurance coverage to the poor and vulnerable section of the population which includes SECC families of AB-PMJAY and State sponsored families of NFSA, , Small and Marginal Farmers, contractual workers, EWS families and beneficiaries of COVID-19 ex-gratia scheme. Rest of the population (excluding RGHS/CGHS and any other category as decided by GoR ) can onboard the scheme as per the decision of State Government.

The wallet of Rs. 25 lakh shall be serviced to the beneficiaries on Insurance and Trust mode as is being done

This single RFP is being floated for providing health insurance coverage to the SECC families of AB-PMJAY and all the eligible families of Rajasthan as mentioned above registered in Jan Aadhar database for the coverage of Rs. 5.00 lakh under Insurance mode segmented into Rs. 50,000/- for secondary illnesses and Rs. 4,50,000/- for tertiary illnesses for the packages incorporated in this RFP. Coverage of remaining Rs. 20 lakh will be provided on trust mode by RSHAA as per current provisions.





### Disclaimer

The information contained in this Tender Document or subsequently provided to the interested Bidders, is being provided to the interested Bidders on the terms and conditions set out in this Tender. The purpose of these Tender Documents (**RFP, DCA and Schedules**) along with all its Addendums, if any and such other terms and conditions is to provide interested parties with information that may be useful to them in making their pre-qualification, technical and financial offers pursuant to this RFP.

This RFP includes statements, which reflect various assumptions and assessments arrived at by the RSHAA (State Health Agency) in relation to the Project. Such assumptions, assessments and statements do not purport to contain all the information that each Bidder may require.

This Tender Document is not an agreement and is neither an offer nor invitation by the Government of Rajasthan to the prospective Bidders or any other person. The purpose of this Tender Document is to provide the Bidder(s) with information to assist the formulation of their bid. This Tender Document may not be appropriate for all persons and it is not possible for the State Government or the RSHAA or its representatives, to consider the objectives, financial situation and particular needs of each Bidder who reads or uses this Tender Document. Each Bidder should conduct its own investigations and analysis and should check the accuracy, reliability and completeness of the information in this Tender Document, and where necessary obtain independent advice from appropriate sources. Neither the State Government nor the RSHAA nor their employees or their consultants make any representation or warranty as to the accuracy, reliability or completeness of the information in this Tender Document. The Government of Rajasthan shall incur no liability under any law including the law of contract, tort, the principles of restitution, or unjust enrichment, statute, rules or regulations as to the accuracy, reliability or completeness of the Tender document. The statements and explanations contained in this Tender document are intended to provide an understanding to the Bidders about the subject matter of this Tender and should not be construed or interpreted as limiting in any way or manner the scope of services and obligations of the Bidders that will be set forth in the Insurer's Contract or the Government of Rajasthan's rights to amend, alter, change, supplement or clarify the scope of work, or the Insurance Contract to be signed pursuant to this Tender Document the terms thereof or herein contained. Consequently, any omissions, conflicts or contradictions in the Bidding Documents, including this Tender Document, are to be noted, interpreted and applied appropriately to give effect to this intent, and no claims on that account shall be entertained by the Government of Rajasthan.

Information provided in the Tender Documents 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 Government of Rajasthan accepts no responsibility for the accuracy or otherwise for any interpretation or opinion on law expressed herein.

The Government of Rajasthan, its employees and advisors make no representation or warranty and shall have no liability to any person, including any Bidder or Bidder(s) under any law, statute, rules or regulations or tort, principles of restitution or unjust enrichment or otherwise for any loss, damages, cost or expense which may arise from or be incurred or suffered on account of anything contained in the Bidding Documents or otherwise, including the accuracy, adequacy, correctness, completeness or reliability of the Bidding Documents and any assessment, assumption, statement or information contained therein or deemed to form part of the Bidding Documents or arising in any way for participation in this Bid.

The Government of Rajasthan also accepts no liability of any nature whether resulting from negligence or otherwise howsoever caused arising from reliance of any Bidder upon the statements contained in the Bidding Documents.

The Government of Rajasthan 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 Tender Document.

The issue of this Tender Documents does not imply that the Government of Rajasthan is bound to select a Bidder or to appoint the Selected Bidder or Service Provider, as the case may be, for the Project and the Government of Rajasthan 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, uploading, expenses associated with any demonstrations or presentations which may be required by the Government of Rajasthan 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 Government of Rajasthan 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 Selection process.

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## Definitions and Interpretations

**Act** means the Rajasthan Transparency in Public Procurement Act, 2012.

**Addendum or Addenda** means document issued in continuation or as modification or as clarification to certain points in the Tender Documents. The bidders would need to consider the main document as well as any addenda issued subsequently for responding to the bid.

**AB-PMJAY** shall refer to Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), a scheme managed and administered by the Ministry of Health and Family Welfare, Government of India through National Health Authority.

**Applicable Laws** refers to all laws, brought into force and effect by Government of India or the Government of Rajasthan, including rules, regulations and notifications made there under, and judgments, decrees, injunctions, writs and orders of any court of record, applicable to this RFP.

**Beneficiary** means a member of the MAA-Yojana Beneficiary Family Units who is eligible to avail benefits under the Mukhya Mantri Ayushman Arogya Yojana Referred to as MAA Beneficiary henceforth in the document.

**Beneficiary Family Unit or MAA-Yojana Beneficiary Family Unit** refers to those families including all its members figuring in the Jan Aadhar Database of Government of Rajasthan. Families covered under Rajasthan Government Health Scheme (RGHS) and Central Government Health Scheme (CGHS) shall not be eligible to avail benefits under MAA-Yojana. The beneficiary families are divided into two major categories i.e. free category and paid category. The number of families entitled under free category is approximately 1.25 crore which is almost constant and families under paid category is approx. 10-12 lakh which is relatively variable.

In addition to the number of eligible MAA-Yojana Beneficiary Family Units as given above, the Government of India/ State Government may add more beneficiaries to the Scheme as part of additional sponsored category after mutual consent with insurer. The premium for add-on beneficiary families will be borne by the State Government /Gol respectively.

**Benefit Risk Cover or Benefit Cover** refers to the annual basic cashless hospitalisation coverage of Rs. 25.00 lakhs per family per year on Insurance mode (Rs. 5.00 lakh) and trust mode (Rs. 20.00 lakh) as is being provided in the current scheme. The Insurance mode coverage of Rs. 5.00 lakh shall be segmented into **Rs. 50,000/- for secondary illnesses and Rs. 4,50,000/- for tertiary illness** per family per annum on family floater basis that the insured families would receive under the Mukhya Mantri Ayushman Arogya Yojana. In addition to this coverage of Rs. 5.00 lakh on insurance mode, additional coverage of Rs. 20.00 lakh will be provided to beneficiary family on trust mode as decided by Government of Rajasthan. Expenditure of this additional coverage shall be borne by RSHAA on trust mode. The processing and payment of the submitted claims on trust mode will be done by Insurer and the amount related will be reimbursed by RSHAA.

**Bid** refers to a bid containing Qualification Bid and Financial Bid, that is submitted by eligible Insurance Company for qualification and award of contract in accordance with this Tender Document as per the provisions laid down therein. Bid (s) means collectively, Bids submitted by the Bidders

**Bidder (s)** refers to eligible insurance company which submit their Bids in accordance with this Tender Document.

**Bid Validity Period** shall mean the period of 180 days from the Bid Due Date (excluding the Bid Due Date) for which each bid shall remain valid.

**Companies Act** refers to the Companies Act, 2013, provided that references to any repealed provision contained in the Companies Act, 1956 shall be read as references to the corresponding provision contained in the Companies Act, 2013.

**Contract** means draft Contract provided to the Bidders which shall be executed between selected Insurance Company and RSHAA for implementation of the Scheme.

**Days** mean and shall be interpreted as calendar days unless otherwise specified.

**EHCP or Empanelled Health Care Providers** shall mean and refer to those public or private health care providers who are empanelled by the RSHAA for providing services to the Beneficiaries under MAA-Yojana.

**Financial Bid refers to** financial bid submitted by a Bidder in the BOQ (Excel Format) available at eproc portal.

**Financial Year** means the accounting year (viz. 1<sup>st</sup> April to 31<sup>st</sup> March) followed by the Bidder in the course of its normal business in India.

**Fraud** shall mean and include any intentional deception, manipulation of facts and / or documents or misrepresentation made by a person or organization with the knowledge that the deception could result in unauthorized financial or other benefit to herself/himself or some other person or organization. It includes any act that may constitute fraud under any applicable law in India.

**Government/ GOR** means the Government of Rajasthan.

**Health Benefit Package** refers to the bundled package of services required to treat a condition/ailment/ disease that insured families would receive under MAA-Yojana and detailed in Schedule 3 (a) of Insurance Contract.

**Health Insurance** The term health insurance is a type of insurance that covers medical expenses.

**Health Insurance Policy** is a contract between an insurer and an individual /group/household/family in which the insurer agrees to provide specified health insurance cover at a particular "premium".

**IEC** shall mean Information Education and Communication and refer to all such efforts undertaken by the Rajasthan State Health Assurance Agency, the Government of Rajasthan that are aimed at promoting information and awareness about the MAA-Yojana and its benefits to the potential beneficiaries in particular and to the general population at large.

**Insurer** means the successful bidder who has been selected pursuant to this bidding process and has agreed to the terms and conditions of the Tender Document and has signed the Insurance Contract with the Government of Rajasthan.



**Material Misrepresentation** shall mean an act of intentional hiding or fabrication of a material fact which, if known to the other party, could have terminated, or significantly altered the basis of a contract, deal, or transaction.

**MoHFW** shall mean the Ministry of Health and Family Welfare, Government of India.

**Premium Income** means gross direct premium income of the insurer without taking into account from time to time income on reinsurance accepted by the insurance company.

**Policy Cover Period** shall mean the standard period of 12 calendar months from the date of start of the Policy Cover or lesser period as per contract entered between RSHAA and the Insurer.

**Qualification Bid** refers to qualification proposal submitted by a Bidder, in the format provided in Appendix I of this RFP

**Rajasthan State Health Assurance Agency (RSHAA)** refers to the agency/ body set up by the Department of Medical, Health and Family Welfare, Government of Rajasthan for the purpose of coordinating, managing and implementing the Mukhya Mantri Ayushman Arogya Yojana in the State of Rajasthan.

**Risk Cover** shall mean an annual risk cover of Rs. 25,00,000/- (Rupees Twenty Five lakhs only) per family per year on Insurance mode (Rs. 5.00 lakh) and trust mode (Rs. 20.00 lakh) as is being provided in the current scheme. The Insurance mode coverage of Rs. 5.00 lakh shall be segmented into **Rs. 50,000/- for secondary illnesses and Rs. 4,50,000/- for tertiary illness** on family floater basis, covering in-patient care and daycare surgeries for treatment of diseases and medical conditions pertaining to secondary and / or tertiary treatment as defined in Schedule 3 (a), through a network of Empanelled Health Care Providers (EHCP) for the MAA-Yojana Beneficiary Family Units. In addition, coverage of Rs.20.00 lakh per family per year will be provided on trust mode thus total coverage of Rs. 25.00 lakh per family per year will be provided under the scheme.

**Successful Bidder** shall mean the Bidder (Insurance Company) whose bid document is responsive, which has been prequalified and whose financial bid is the lowest among all the shortlisted Bidders and whom Government of Rajasthan intends to select and with whom it signs the Insurance Contract for this Scheme.

**Scheme** shall mean the Mukhya Mantri Ayushman Arogya Yojana managed and administered by the Department of Medical, Health and Family Welfare, Government of Rajasthan through RSHAA.

**Selected Bidder** shall mean the successful bidder who has been selected in the bid exercise and has agreed to the terms and conditions of the Tender Document and has signed the Insurance Contract with the State Government.

**Service Area** refers to all the districts in the State of Rajasthan covered and included under this Tender Document for the implementation of MAA-Yojana.

**Tender/Bidding Document** refers to this Tender Document including RFP, DCA and Schedules. Without prejudice, the Tender Documents shall include all Addenda issued by the RSHAA, any

written responses of queries and any other documents made available by the RSHAA to the Bidders from time to time during the tendering process including the contract

**Term** means duration of the contract, in accordance with the provisions thereof.

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## 1. INTRODUCTION AND BACKGROUND

- 1.1 The name of the Scheme is "Mukhya Mantri Ayushman Arogya Yojana" and shall hereafter be referred to as the MAA-Yojana or "Scheme".
- 1.2 The scheme aims to reduce the out of pocket healthcare expenditure through Universal Health Insurance Scheme to all its eligible beneficiary families through a network of Empanelled Health Care Providers (EHCP), for the risk covers as defined below.
- 1.3 The following benefits will be covered for the eligible MAA\_Yojana beneficiary families under the SCHEME.
  - a. Cashless hospitalization expenses coverage including treatment for medical conditions and diseases requiring secondary and tertiary level of medical and surgical care treatment including defined day care surgeries and follow -up care;
  - b. Pre- and post-hospitalisation cover;
  - c. Risk Cover (RC) shall mean an annual risk cover of Rs. 25,00,000/- (Rupees Twenty Five lakhs only) per family per year on Insurance mode (Rs. 5.00 lakh) and trust mode (Rs. 20.00 lakh) as is being provided in the current scheme. The Insurance mode coverage of Rs. 5,00,000 (Rupees Five Lakh only) is segmented into **Rs. 50,000/- for secondary illnesses and Rs. 4,50,000/- for tertiary illness** on family floater basis per eligible MAA-Yojana Beneficiary Family Unit per annum under MAA-Yojana;
  - d. Eligible family will include all family members mentioned in Jan Aadhar Card/Jan Aadhar database/any other identity card as decided State Government updated from time to time;
- 1.4 In order to provide above benefits to the eligible MAA-Yojana families, Insurance Company will have to, but not limited to, perform following tasks:
  - a) Setting up of State and District level offices and deployment of staff;
  - b) Providing Preauthorization of Procedures;
  - c) Providing coverage to Beneficiaries availing Portability of Care;
  - d) Claims Processing, and management thereof;
  - e) Claims Payment;
  - f) Audit compliances
  - g) Anti-fraud Activities
  - h) Support RSHAA in monitoring and evaluation related activities of Scheme implementation
  - i) Training/Orientation/Workshop of EHCPs, District and State level officials etc.

For further details about the Scheme including risk cover, benefit packages and procedures covered, premium payment details, proposed roles and responsibilities of the Insurer and all other relevant details, refer to DCA and Schedules of the Tender Document.

## 2. Purpose of this RFP & Brief Description of Selection Process

2.1 The purpose of this Tender Document is to select the most competent and experienced Insurance Company to provide the Benefit Risk Cover under the Scheme referred to in 1.3 above and in detail in DCA.

2.2 **Beneficiaries and Geographical Coverage:** This Universal Health Insurance Scheme is intended to provide the benefit to those families including all its members figuring in the Jan Aadhar Database of Government of Rajasthan. Families covered under Rajasthan Government Health Scheme (RGHS) and Central Government Health Scheme (CGHS) or any other category as decided by GoR, shall not be eligible to avail benefits under MAA-Yojana. The beneficiary families are divided into two major categories i.e. free category and paid category. The number of families entitled under free category is approximately 1.25 crore which is almost constant and families under paid category is approx. 10 lakh which is relatively variable.

For the beneficiary families under free category that may be included during intermediate period between two quarters, premium amount will be paid with the premium installment of next quarter. Calculation of this premium amount will be done monthly on Pro-rata basis, based on addition of families in every month of the quarter. Premium of such families for last quarter shall be paid on completion of the policy year. These families shall be eligible to get the benefit of the scheme from the date of registration under the scheme.

For the beneficiary families under paid category that may be included during intermediate period between two quarters shall be eligible to get the benefit of the scheme from the 1<sup>st</sup> day of the next quarter.

In some exceptional cases, District Collectors will have the power to recommend the treatment of poor and vulnerable families as per the guideline issued vide no. 1093 dated 12-04-22 and its amendments issued subsequently.

In addition to the number of eligible MAA-Yojana Beneficiary Family Units as given above, the State Government may add more beneficiaries to the Scheme as part of additional sponsored category. The premium for add-on beneficiary families will be borne by the State Government. For the beneficiary families that may be included during intermediate period between two quarters, premium amount will be paid with the premium installment of next quarter. Calculation of this premium amount will be done monthly on Pro-rata basis, based on addition of families in every month of the quarter. Premium of such families for last quarter shall be paid on completion of the policy.

2.3 The unit of coverage for Benefit Risk Cover will be a MAA-Yojana Beneficiary Family Unit, which will include all family members as further defined in DCA.

Number of District	No. of Beneficiary Family Units added by the State for cover under the Scheme
50 districts	At present 1.94 Crore Jan Aadhar families are registered out of which 1.33 Crore families are registered under the MAA-Yojana.

2.4 Bid is being invited for the entire State.

2.5 The lowest bidder insurance company will be declared successful bidder (L-1).



- 2.6 The RSHAA hereby invites applications from interested and eligible Insurance Companies to participate in the tendering process as per the terms, conditions and guidelines detailed in Tender Documents.

### 3. Eligibility and Qualification Criteria for Bidders

#### 3.1 Eligibility Criteria

- 3.1.1 The Bidder should be a registered private or public owned insurance company incorporated under The Companies Act, 1956 and/or 2013, in India.
- 3.1.2 The Bidder should be registered as private or public insurance companies with the Insurance Regulatory and Development Authority of India (IRDAI) for at least last three consecutive financial years and holding the valid licence to provide insurance services as on the date of issue of this Tender Document.
- 3.1.3 The Bidder should be registered with the IRDAI to carry out health insurance business for at least last three financial years immediately preceding Bid Due Date. For the avoidance of doubt, for the purposes of this Tendering Process and determining health insurance business, health insurance business will exclude personal accident and travel cover, whether explicitly stated or not.
- 3.1.4 The Bidder shall be single entity and any kind of consortium and/or coinsurance shall not be allowed. Bids submitted by any consortium shall be termed as Non-Responsive and shall be rejected.
- 3.1.5 The Bidder should unconditionally accept the terms and conditions of this Tender Document.

#### 3.2 Qualification Criteria

- 3.2.1 To be considered technically qualified, the Bidder meeting above eligibility criteria shall demonstrate that it satisfies the following **Qualification Criteria**:
- The Bidder shall have done the group health policy cover (excluding personal accident or travel cover) of at least 1,00,000 families in any state of India in the three financial years, immediately preceding Bid Due Date.
  - The Bidder shall have gross direct Premium Income from Health Insurance (excluding personal accident or travel cover) of at least Rs. 200 crores in any state of India in the three financial years, immediately preceding Bid Due Date.
- 3.2.2 If any Bidder fails to meet the minimum Qualification Criteria, its Bid shall be termed as Non Responsive and rejected.
- 3.3 Required Documents for Eligibility and Qualification Criteria: This is for guidance purpose detailed required checklist of Qualification Bid is provided in Clause 7.7.1 of this RFP and format Qual 6 of Appendix I

SN	Criteria	Document Required
1.	The Bidder should be a registered private or public owned insurance	Certification of Incorporation along with the Articles & Memorandum of

SN	Criteria	Document Required
	company	Associations of the Company under The Companies Act, 1956 and/or 2013, in India
2.	The Bidder should be registered as private or public insurance companies with the Insurance Regulatory and Development Authority of India (IRDAI) for at least last three consecutive financial years	True certified copies of the existing registration granted by the IRDAI for carrying on general insurance (including health insurance) or standalone health insurance business in India and last three years' renewal certificates
3.	The Bidder should be registered with the IRDAI to carry out health insurance business for at least last three financial years	True certified copies of the existing registration granted by the IRDAI for carrying on general insurance (including health insurance) or standalone health insurance business in India and last three years' renewal certificates
4.	The Bidder shall have done the group health policy cover (excluding personal accident or travel cover) of at least 1,00,000 families in any state of India in the three financial years, immediately preceding Bid Due Date.	True certified copies of work orders/LoA which provides proof that the Insurance Company has done group health insurance policy (excluding personal accident or travel cover) covering at least 1,00,000 families in any state of India for the last three completed financial years preceding Bid Due Date and bidder shall also submit satisfactory completion certificate issued by work orders/LoA issuing entity.
5.	The Bidder shall have gross direct Premium Income from Health Insurance (excluding personal accident or travel cover) of at least Rs. 200 crores in any state of India in the three financial years, immediately preceding Bid Due Date.	Declaration / Undertaking / Certificate from their Statutory Auditor which provides proof that the bidder has Gross Direct Premium Income from health insurance business (other than accidental and travel insurance premium) of at least Rs. 200 crores in any state of India in all the three Financial Years immediately preceding Bid Due Date
5	Tax registration The bidder should have a registered number of- i. GST ii. Income Tax / Pan number.	Copies of relevant certificates of registration
6	Mandatory Undertaking Bidder should: - a) not be insolvent, in	A Self Certified letter on non judicial stamp paper duly notarized as per QUAL- 4 a



SN	Criteria	Document Required
	<p>receivership, bankrupt or being wound up, not have its affairs administered by a court or a judicial officer, not have its business activities suspended and must not be the subject of legal proceedings for any of the foregoing reasons;</p> <p>b) not have, and their directors and officers not have, been convicted of any criminal offence related to their professional conduct or the making of false statements or misrepresentations as to their qualifications to enter into a procurement contract within a period of three years preceding the commencement of the procurement process, or not have been otherwise disqualified pursuant to debarment proceedings;</p> <p>c) Not have a conflict of interest in the procurement in question as specified in the bidding document.</p> <p>d) Comply with the code of integrity as specified in the bidding document.</p>	

Note: RSHAA has right to verify the documents submitted by the bidders at any time, even after award of contract.

#### 4. Grounds for Rejecting the Bid

##### 4.1 Fraud and Corruption

- 4.1.1 Each Bidder and its officers, employees, agents and advisers shall observe the highest standard of ethics during the Bidding Process.
- 4.1.2 Without prejudice to the rights of the RSHAA under **Clause 4.1**, if a Bidder is found by the RSHAA to have directly or indirectly or through an agent, engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice and / or restrictive practice during the Bidding Process, such Bidder shall not be eligible to participate in any tender or bid process conducted by the State / UT Government or any of the other

ministries, departments, State/ UT owned enterprises or undertakings of the State/ UT Government or the RSHAA for a period of three years from the date that such an event occurs.

4.1.3 For the purpose of this **Clause 4.1**, the following terms will have the meanings given to them below:

a. **corrupt practice** means:

- (i) offering, giving, receiving or soliciting, directly of value to influence the actions of any person connected with the Bidding Process. For the avoidance of doubt, offering of employment to, or employing, or engaging in any manner whatsoever, directly or indirectly, any official of the State/ UT Government or the RSHAA who is or has been associated in any manner, directly or indirectly, with the Bidding Processor has dealt with matters concerning the Scheme or arising from it at any time prior to the expiry of one year from the date such official resigns or retires from or otherwise ceases to be in the service of the State/ UT Government or the RSHAA, will be deemed to constitute influencing the actions of a Person connected with the Bidding Process; or
- (ii) engaging in any manner whatsoever, whether during the Bidding Processor before or after the execution of the Insurance Contract, as the case may be, any Person in respect of any matter relating to the Scheme, the Bidding Process or the Insurance Contract, who at anytime has been or is a legal, financial or technical advisor of the State/ UT Government or the RSHAA on any matter concerning the Scheme.

b. **fraudulent practice** means any act or omission, including a misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a person to obtain a financial or any other benefit or to avoid an obligation.

c. **coercive practice** means impairing or harming, or threatening to impair or harm, directly or indirectly, any person or the property of the person to influence improperly the actions of a person.

d. **undesirable practice** means:

- (i) establishing contact with any person connected with or employed or engaged by the RSHAA or its advisors with the objective of canvassing, lobbying or in any manner influencing or attempting to influence the Bidding Process; or
- (ii) having a Conflict of Interest (as defined in **Clause 4.2** below).

e. **restrictive practice** means forming a cartel or arriving at any understanding or arrangement amongst Bidders with the objective of restricting or manipulating full and fair competition in the Bidding Process.

#### **4.2. Compliance with the Code of Integrity and No Conflict of Interest** **Code of Integrity**

Any person participating in a procurement process shall -



- (a) not offer any bribe, reward or gift or any material benefit either directly or indirectly in exchange for an unfair advantage in procurement process or to otherwise influence the procurement process;
- (b) not misrepresent or omit that misleads or attempts to mislead so as to obtain a financial or other benefit or avoid an obligation;
- (c) not indulge in any collusion, Bid rigging or anti-competitive behavior to impair the transparency, fairness and progress of the procurement process;
- (d) not misuse any Information shared between the procuring Entity and the Bidders with an intent to gain unfair advantage in the procurement process;
- (e) not indulge in any coercion including impairing or harming or threatening to do the same, directly or indirectly, to any party or to its property to influence the procurement process;
- (f) not obstruct any investigation or audit of a procurement process;
- (g) Disclose conflict of interest, if any; and
- (h) Disclose any previous transgressions with any Entity in India or any other country during the last three years or any debarment by any other procuring entity.

**Conflict of Interest:-**

The Bidder participating in a bidding process must not have a Conflict of Interest. A Conflict of Interest is considered to be a situation in which a party has interests that could improperly influence that party's performance of official duties or responsibilities, contractual obligations, or compliance with applicable laws and regulations.

A bidder may be considered to be in Conflict of interest with one or more parties in an bidding process if, including but not limited to:

- (a) have controlling partners/shareholders in common; or
- (b) receive or have received any direct or indirect subsidy from any of them; or
- (c) have the same legal representative for purposes of the Bid; or
- (d) have a relationship with each other, directly or through common third parties, that puts them in a position to have access to information about or influence on the Bid of another Bidder, or influence the decisions of the Procuring Entity regarding the bidding process; or
- (e) The bidder participates in more than one Bid in abiding process. Participation by a Bidder in more than one Bid will result in the disqualification of all Bids in which the Bidder is involved. However, this does not limit the inclusion of the same subcontractor, not otherwise participating as a Bidder, in more than one Bid; or
- (f) the Bidder or any of its affiliates participated as a consultant in the preparation of the design or technical specifications of the Goods, Works or Services that are the subject of the Bid; or
- (g) Bidder or any of its affiliates has been hired (or is proposed to be hired) by the procuring Entity as engineer-in-charge/consultant for the contract.

**4.3 Misrepresentation by the Bidder**

**4.3.1 The RSHAA shall have the right to reject any bid if:**

- a. at any time, a material misrepresentation is made by the Bidder; or
- b. the Bidder does not provide, within the time specified by the RSHAA, any additional information sought by the RSHAA for the purposes of evaluating the Bid.

**4.3.2 The RSHAA has the right to reject any Bid if it is found that during the evaluation or at any time before signing the Insurance Contract or after its execution and during the period of its subsistence thereof the Bidder, in the opinion of the RSHAA, has made a material**

misrepresentation or has given any materially incorrect or false information, the Bidder shall be disqualified forthwith, if not yet selected as the Successful Bidder by issuance of the Notice of Award (NOA). If the Bidder has already been issued the NOA or it has entered into the Insurance Contract, as the case may be, the same shall, notwithstanding anything to the contrary contained therein or in this Tender Document, be liable to be terminated, by a communication in writing by the RSHAA to the Bidder, without the RSHAA being liable in any manner whatsoever to the Bidder.

#### **4.4 Other Grounds Declaring a Bid Ineligible**

##### **4.4.1 If the bidder has:**

- a. been black-listed to bid for government sponsored health insurance schemes by Government of India or any state government **during last three years**, and such black-listing subsists as on the last date of bid submission; or
- b. failed to comply with the Insurance Laws and such non-compliance continues as on the last date of bid submission; or
- c. any contract for the implementation of a government-sponsored health insurance scheme has been terminated by at least four governments or government instrumentalities for breach by such Bidder, in any of the three (3) years immediately prior to the last date of bid submission, then such an Insurance Company shall not be eligible to submit a Bid.

##### **4.4.2 A Bid submitted by any such Insurance Company shall be rejected by the RSHAA at any stage that the RSHAA acquires any such knowledge and undertakes its due diligence.**

#### **4.5 RSHAA's Right to Evaluate Eligibility**

##### **4.5.1 The RSHAA reserves the right to require a Bidder to submit documentary evidence, in the form and manner that the RSHAA deems appropriate, to prove that it continues to satisfy the Eligibility Criteria at any time:**

- a. after the last date of bid submission; or
- b. prior to or after the issuance of the NOA or execution of the Insurance Contract, if such a Bidder is selected as the Successful Bidder.

##### **4.5.2 The RSHAA reserves the right to verify all statements, information and documents submitted by Bidders in response to the Tender Document. Any such verification or lack thereof by the RSHAA will neither relieve the Bidders of their obligations or liabilities nor affect any rights of the RSHAA under this Tender Document.**

##### **4.5.3 If the RSHAA is of the opinion that the Bidder does not satisfy the Qualification Criteria, then the RSHAA shall have the right to:**

- a. disqualify the Bidder and reject its Bid; or
- b. revoke the NOA or terminate the Insurance Contract after acceptance of its Bid by issuing a written notice to the Bidder.

##### **4.5.4 The RSHAA's determination of a Bidder's eligibility shall be final and binding. The RSHAA shall not be liable, in any manner whatsoever, to the Bidder for a rejection of its Bid, the**



revocation of the NOA issued to it or the termination of the Insurance Contract executed with it.

- 4.5.5 If the RSHAA terminates the Insurance Contract in accordance with **Clause 4.4** and /or **Clause 4.5**, then the Insurer shall be liable to repay the Premium received by it and take other measures upon such termination, in accordance with the provisions of the RTPP Act and Rule and clause 27.5 (b) of Insurance Contract, including liability to pay penal charges, if any, levied by the RSHAA.

## **5. Clarifications and Pre-Bid Meeting**

### **5.1 Clarifications and Queries**

- 5.1.1 If a Bidder requires any clarification on the Tender Document, it may notify the RSHAA in writing, provided that all queries or clarification requests should be received on or before the due date and time mentioned in the Bid Data Sheet.
- 5.1.2 RSHAA shall endeavour to respond to all the questions raised or clarifications sought by the Bidders within the period specified therein, but normally no later than 10 (ten) days prior to the Bid Due Date. However, RSHAA reserves the right not to respond to any question or provide any clarification, in its sole discretion, and nothing in this Clause 5.1 shall be taken or read as compelling or requiring the RSHAA to respond to any question or to provide any clarification.
- 5.1.3 The responses to such queries shall be published on the Scheme website / e-tender portal (as appropriate) of the State Government or the RSHAA / the Scheme  
(<https://maayojana.rajasthan.gov.in>  
<http://sppp.rajasthan.gov.in>, <http://eproc.rajasthan.gov.in>,  
<https://maayojana.rajasthan.gov.in>) within the time frame indicated in the Bid Data Sheet.
- 5.1.4 It shall be the duty of the Bidders to regularly check the relevant website(s)/ e-tender portal (as appropriate) for the response to the queries or requests for clarifications. The RSHAA's written responses (including an explanation of the query but not identification of its source) will be made available to all the Bidders on the relevant website/ e-tender portal (as appropriate) specified in the Bid Data Sheet.
- 5.1.5 The RSHAA may also on its own motion, if deemed necessary, issue interpretations and clarifications to all Bidders. All clarifications and interpretations issued by the RSHAA shall be deemed to be part of the Tender Documents. Verbal clarifications and information given by RSHAA/NHA or its employees or representatives shall not in any way or manner be binding on the RSHAA. These will be put up on the RSHAA's/Schemes/ E-tender website:  
(<http://sppp.rajasthan.gov.in>, <http://eproc.rajasthan.gov.in>,  
<https://maayojana.rajasthan.gov.in>) )

### **5.2 Pre-Bid Meeting**

- 5.2.1 The Pre-Bid Conference shall be convened at the designated date, time and place in Bid Data Sheet. Only those persons who are authorised representatives of the insurance companies shall be allowed to participate in the Pre-Bid Conference. A maximum of 2 (two)

- representatives of each Bidder shall be allowed to participate on production of authority letter from the Bidder.
- 5.2.2 During the course of Pre-Bid Conference, the Bidders shall be free to seek clarifications and make suggestions for consideration of the RSHAA. The RSHAA shall endeavour to provide clarifications and such further information as it may, at its sole discretion, consider appropriate or facilitating a fair, transparent and competitive Tendering process.
- 5.2.3 Any revision to the Tender Documents listed in this RFP that may become necessary as a result of the Pre-Bid Conference or the queries and clarifications received from the Bidders will be made by the RSHAA exclusively through the issue of an Addendum in accordance with clause 6.1 of this RFP.
- 5.2.4 Any oral clarification or information provided by or on behalf of the RSHAA at the Pre-Bid Meeting will not have the effect of modifying the Tender Document in any manner, unless the RSHAA issues an Addendum for the same or the RSHAA issues written interpretations and clarifications in accordance with **Clause 6.1**. All such Addendum will be published on the relevant website/ e-tender portal (<http://sppp.rajasthan.gov.in>, <http://vproc.rajasthan.gov.in>, <https://maayojana.rajasthan.gov.in>)

## **6. Amendments to the Tender Documents**

### **6.1 Issuance of Addendum**

- 6.1.1 Up until the date that is specified in the Bid Data Sheet, the RSHAA may, for any reason, whether at its own initiative or in response to a query raised or clarification requested by Bidder(s) at the Pre-Bid Meeting, amend the Tender Document by issuing an Addendum.
- 6.1.2 Any Addendum thus issued will be uploaded on the portal <http://sppp.rajasthan.gov.in>, <http://vproc.rajasthan.gov.in>, <https://maayojana.rajasthan.gov.in> )
- 6.1.3 The Bidders are required to read the Tender Document with any Addendum that may be issued in accordance with this **Clause 6.1**.
- 6.1.4 Each Addendum shall be definitive and binding on the Bidders,
- 6.1.5 Any oral statement made by the RSHAA or its advisors regarding the Bidding Process, the Tender Document or the Scheme or on any other matter related to the Scheme, shall not be considered as amending the Tender Document.

### **6.2 Issuance of Revised Tender Documents**

- 6.2.1 The RSHAA shall use its best efforts to issue the Addendum or the revised Tender Documents reflecting all the amendments and changes agreed to by the RSHAA, on the date specified in the Bid Schedule. The Addendum or the revised Tender Documents issued by the RSHAA shall be definitive and binding.
- 6.2.2 The RSHAA will assume that the information contained in or provisions of the revised Tender Documents have been taken into account by the Bidder in its Bid.



- 6.2.3 The RSHAA assumes no responsibility for the failure of a Bidder to submit the Bid in accordance with the terms of the revised Tender Documents or Addendum issued or for any consequent losses suffered by the Bidder.

### **6.3 Availability of Information**

- 6.3.1 The information relating to or in connection with the Scheme, the Tendering Process and the Tender Document, including all notices issued by the RSHAA to all Bidders in accordance with this Tender Document; queries and responses or clarifications; minutes of the Pre-Bid Meeting, addenda and/ or the revised Tender Documents shall be uploaded on the Scheme website/ e-tender portal (<http://sppp.rajasthan.gov.in>, <http://eproc.rajasthan.gov.in>, <https://maayojana.rajasthan.gov.in>) specified in the Bid Data Sheet and remain published at least until the last date of bid submission.
- 6.3.2 If, at any time prior to the last date of bid submission, a Bidder faces any technical issue or technical error in accessing the website specified in the Data Sheet, the Bidder may seek assistance from the RSHAA by sending an e-mail request to [JCEO-RSHAA@GOV.IN](mailto:JCEO-RSHAA@GOV.IN) with copy marked to [EDP-RSHAA@RAJASTHAN.GOV.IN](mailto:EDP-RSHAA@RAJASTHAN.GOV.IN) or call at Ph. (0141-2200113).
- 6.3.3 The RSHAA shall make best efforts to respond to e-mail request(s) in 6.3.2 and resolve the technical issue or error or provide an alternative solution to the Bidder, within not later than 7 days of receipt of such request(s).

### **6.4 Correspondence with Bidders**

- 6.4.1 Unless stated otherwise in Tender Documents, the RSHAA will not entertain any correspondence with the Bidders.

### **6.5 Proprietary Data and Confidentiality**

- 6.5.1 The Bidding Documents provided by the RSHAA are and shall remain or becomes the property of the RSHAA and are transmitted to the Bidders solely for the purpose of preparation and the submission of a Bid in accordance herewith. Bidders are to treat all information as strictly confidential and shall not use it for any purpose other than for preparation and submission of their Bid.
- 6.5.2 Information relating to the examination, clarification, evaluation and recommendation for the Bidders shall not be disclosed to any person who is not officially concerned with the Tendering process.
- 6.5.3 The RSHAA will treat all information, submitted as part of the Bid, in confidence and will require all those who have access to such material to treat the same in confidence. The RSHAA may not divulge any such information unless it is directed to do so by any statutory entity that has the power under law to require its disclosure or is to enforce or assert any right or privilege of the statutory entity and/ or the RSHAA or as may be required by law (including under the Right to Information Act, 2005) or in connection with any legal process.
- 6.5.4 The RSHAA shall not be required to return any Bid or part thereof or any information provided along with the Bid to the Bidders, other than in accordance with provisions of this RFP.

### **6.6 Acknowledgement by Bidder**

- 6.6.1 It shall be deemed that by submitting a Bid, the Bidder has:
- (a) made a complete and careful examination of the Tender Documents, all the

information on the website specified in the Bid Information Sheet and all other information made available by the RSHAA, including the Addenda, clarifications and interpretations issued by the RSHAA;

- (b) acknowledged and accepted the risk of inadequacy, error or mistake in the information provided in the Tender Documents or furnished by or on behalf of the RSHAA
- (b) satisfied itself about all matters, things and necessary required for submitting an informed Bid, execution of the Project in accordance with the Contract and performance of all of its obligations there/under;
- (d) acknowledged and agreed that inadequacy, lack of completeness or incorrectness of information provided in the Bidding Documents or ignorance of any of the matters shall not be a basis for any claim for compensation, damages, extension of time for performance of its obligations, loss of profits etc. from the RSHAA, or a ground for termination of the Contract; and
- (e) agreed to be bound by the undertakings provided by it under and in terms hereof.

## **7. Preparation of Bids**

### **7.1 Interpretation of Tender Documents**

- 7.1.1 The entire Tender Document with all its Volumes (**RFP, DCA, Schedules and any addendums if issued**) must be read as a whole.
- 7.1.2 If the Bidder finds any ambiguity or lack of clarity in the Tender Documents, the Bidder must inform the RSHAA in writing at the earliest and under any circumstances not later than the last date for receiving queries mentioned in the Bid Data Sheet.
- 7.1.3 The RSHAA will then direct the Bidders regarding the interpretation of the Tender Documents.

### **7.2 Cost Associated with Preparation and Submission of Proposals**

- 7.2.1 Bidders shall bear all direct and indirect costs associated with the preparation of their respective Bids including, but not limited to carrying out their independent assessments, attending pre-bid meetings, due diligence and verification of information provided by the RSHAA.
- 7.2.2 The RSHAA shall not be responsible or liable for any direct or indirect cost, regardless of the outcome of the Bidding Process, including cancellation of the Bid Process by the RSHAA for any reason whatsoever.

### **7.3 Language of the Bid**

- 7.3.1 The Bid prepared by the Bidder and all correspondence and documents related to the Bid exchanged between the Bidder and the RSHAA shall be only in the English language.



- 7.3.2 Any printed literature/ document furnished by the Bidder, if asked for by the RSHAA as a part of the bid submission documents as provided in **Clause 7.7**, may be written in another language, as long as such literature is accompanied by a translation of its pertinent passages in English in which case, for the purposes of interpretation of the Bid, the English translation shall prevail. In all such cases, the translated literature/ document shall be duly notarized by a public notary. Supporting materials which are not translated into English may not be considered by the RSHAA during the bid evaluation.

#### **7.4 Due Diligence by the Bidder**

- 7.4.1 The Bidder is expected to examine all instructions, forms, terms, specifications and other information in the Tender Documents at its own cost.
- 7.4.2 The RSHAA shall not be liable to the Bidder for any consequences pursuant to the Bidder's failure to undertake its own due diligence and reliance solely on the information provided in this Tender Document.

#### **7.5 Validity of Bids**

- 7.5.1 Each Bid shall remain valid for a period of 180 days from the last date of bid submission (excluding the last date of bid submission). A Bid valid for a shorter period shall be rejected as being Non-Responsive.
- 7.5.2 In exceptional circumstances, the RSHAA may request the Bidders to extend the Bid validity period prior to the expiration of the Bid validity period. All such requests and the responses shall be made in writing.
- 7.5.3 An extension of the Bid validity period will not entitle Bidders to modify its Bid.

#### **7.6 Premium**

- 7.6.1 The Bidders are, as a part of their Financial Bid, required to quote the Premium:
- for providing Benefit Risk Cover Benefit per eligible MAA-Yojana Beneficiary Family Unit per annum on family floater basis in the State of Rajasthan;
  - Premium quoted shall be inclusive of all costs except GST and other taxes (if applicable as per Law) in the format specified in the BOQ (Excel Format) at eproc portal;
  - All Premium quoted shall be only in Indian Rupees and up to two decimal places.
  - RSHAA will not provide any other Cost/ reimbursement/payment apart from premium quoted by the Bidder

#### **7.7 Formats for Bid Submission**

Bid submission shall be a single stage exercise with 2 envelopes/ steps, the two being: **Qualification Bid and Financial Bid**.

#### 7.7.1 Formats for **Qualification Bid**

- a. Bid Application Cover Letter: **Qual-1**
- b. Applicant Details: **Qual-2**
- c. Power of Attorney for Signing of Bids: **Qual-3**
- d. Bidder's Undertaking: The undertaking by the bidder regarding unconditional acceptance to all the terms and conditions of the Scheme as provided in this Tender Document: **Qual-4, mandatory under taking Qual-4a, Form of Bid Securing Declaration (If applicable) 4b, Format of Bank Guarantee for bid security 4c.**
- e. Supporting documents to be submitted: Annexures **Qual-5-a to 5-d**
  - (i) True certified copies of the existing registration granted by the IRDAI for carrying on general insurance (including health insurance) or standalone health insurance business in India and last three years' renewal certificates: marked as Annexure **Qual-5-a**
  - (ii) Last three (3) years' audited Balance Sheet and Profit and Loss Statement with Auditors' Report: marked as Annexure **Qual-5-b**
  - (iii) True certified copies of work orders/LoA which provides proof that the Insurance Company has done group health insurance policy Insurance (excluding personal accident or travel cover) covering at least 1,00,000 families in any State of India for the three completed financial years, immediately preceding Bid Due Date: marked as Annexure **Qual-5-c**
  - (iv) Certification from chartered accountant which provides proof that the Insurance Company has Gross Direct Premium Income from health of at least Rs. 200 crores in any state of India in the three financial years, immediately preceding Bid Due Date: marked as Annexure **Qual-5-d**
- f. Checklist for submission of Qualification Bid: **Qual-6**

#### 7.8 Formats for **Financial Bid**

- a) The Bidder shall submit its financial bid only in the BOQ (Excel Format) form at eproc portal. Financial bid submitted in any other form shall make the bid non-responsive and be liable to rejection by the RSHAA.
- b) The certificate from the Bidder's appointed actuary stating that the Premium quoted by the Bidder for the Scheme has been actuarially calculated, in the format set out in **Form Fin-2**.

#### 7.9 **Validity of Bids**

The Bids shall be valid for a period specified in the Bid Information Sheet. A Bid validity for a period shorter than that specified will be rejected by the RSHAA as being non-responsive. The validity of Bids may be extended by mutual consent of the respective Bidders and the RSHAA. An extension of the Bid validity period will not entitle a Bidder to modify its Bid.

### 8. **Content of Bids**

#### 8.1 **Qualification Bid Submission**

8.1.1 Bidders shall only submit the Qualification Bid in the format set out in Forms Qual-1 to



Qual4, Qual 4a, Qual 4b, Qual 4c, Qual-5-a to Qual-5-d, Qual-6 as specified in Clause 7.7.1 above.

- 8.1.2 Bidders shall not include any other documents as part of the Qualification Bid except the documents specified in Clause 8.1.1.

## **8.2 Financial Bid Submission**

- 8.2.1 Bidders shall only submit the financial bid in the format set out at BOQ (Excel Format) at eproc portal and form Fin.2 as specified in clause 7.8 above and not include any other documents as part of the financial bid.

- 8.2.2 Each Bidder is required to quote the premium in format in BOQ (Excel Format) at eproc portal:

- a. For providing the (i) Risk Cover, as set out in Form **Fin-1**.
- b. for each MAA-Yojana Beneficiary Family Unit eligible and covered under the Scheme the premium quoted shall be per annum and shall be inclusive of all costs except GST and other applicable taxes payable in respect of such Premium;
- c. all amounts quoted shall be only in Indian Rupees and up to two decimal places.

## **8.3 Signing of the Bid**

- 8.3.1 Each Bid including all its pages must be typed or written in indelible ink and should be physically signed by the authorized signatory of the Bidder, who shall also initial each page. The pages of the Bid shall be numbered serially.
- 8.3.2 All the alterations, omissions, additions or any other amendments made to the Bid shall be initialled by the authorized signatory of the Bidder.

## **8.4 Electronic Submission of the Bid**

- 8.4.1 Each Bidder shall submit their Bids on the e-tender portal (<http://eproc.rajasthan.gov.in>). No other mode of submission is permitted as per the guidelines specified in this Tender Document and the instructions available on the said e-tender portal. Detailed guidelines for viewing bids and submission of online bids are given on the website. The authorized signatories of the prospective Bidders are required to register on the portal. The authorized signatories of the Bidders must have an ID and Digital Signature Certificate (DSC) from designated firms listed on the e-procurement portal and register with the website using the allotted ID and DSC.
- 8.4.2 The Bid shall contain no alterations, omissions or additions. Any interlineations, erasures, or overwriting will be valid only if they are signed by the authorized signatory of the Bidder.
- 8.4.3 The RSHAA shall not be responsible for any delays, in submission of Bids, loss or non-receipt of Bids.

## **8.5 Bid Submission Due Date**

- 8.5.1 The Bid shall be submitted on or before Bid Due Date specified in Bid Information Sheet.

After the specified time on the last date of bid submission, the e-tender portal shall not be able to accept any bid submissions and all such provisions on the said portal shall be disabled.

- 8.5.2 If there are delays by the State Government in deactivating the bid submission provision on the e-tender portal, and a bidder is able to upload the documents, the same shall be summarily rejected if the upload time in the software and the system is later than the submission time and date specified in **Clause 8.5.1** above.
- 8.5.3 The RSHAA may, at its discretion, extend the last date of bid submission for all Bidders by issuing an Addendum in accordance with **Clause 6.1**. In such a case, all rights and obligations of the RSHAA and the Bidders will thereafter be subject to the Bid Due Date as extended.

#### **8.6 Substitution, Modification or Withdrawal of Bids**

- 8.6.1 Bidder may, in accordance with the terms of this RFP, substitute, modify or withdraw its Bid after submission at any time prior to Bid Due Date.
- 8.6.2 The Bidders can view the status of their Bids on the <http://eproc.rajasthan.gov.in> section of the e-procurement portal and decrypt their Bids (i.e. in case the Bid has been encrypted using passkeys) for substitution or modification at any time before the Bid Due Date
- 8.6.3 For substitution or modification of the Bids, the Bidders may access the link <http://eproc.rajasthan.gov.in> on the e-procurement portal and make any substitution or modifications to their Bids at any time prior to the Bid Due Date. For this purpose, substitution or modifications by other means will not be accepted. On the e-procurement portal substitution or modifications of Bids is allowed any number of times prior to the Bid Due Date
- 8.6.4 For withdrawal of the Bids, the Bidders may access the e-portal <http://eproc.rajasthan.gov.in> and withdraw their Bids at any time prior to the Bid Due Date and time. Provided that in the event the Bids cannot be withdrawn through the e-portal, the Bidder may withdraw its Bid by issuing a written notice of withdrawal to the RSHAA, provided that written notice of the withdrawal is received by the RSHAA prior to Bid Due Date and time. Such written notice should be duly signed by the authorised signatory of the Bidder and should be properly sealed, and shall include a copy of the authorization. The Bidder shall not be permitted to withdraw its Bid on or after the specified time on the Bid Due Date
- 8.6.5 The withdrawal notice shall be prepared, sealed, marked, and delivered in envelopes being marked "WITHDRAWAL" and either be hand delivered or be sent by registered post, speed post or courier to the address below: [CEO, RSHAA; old R.T.D.C. Head Office, (Hotel Swagatam Campus), near Railway Station Jaipur]
- 8.6.6 If the RSHAA receives a withdrawal notice before the specified time on the Bid Due Date, then the RSHAA shall not open its Qualification Bid and in the event the hard copies have been received, the same shall be returned to such Bidder unopened.

#### **9. Opening of Bids**

- 9.1 The RSHAA shall open the Qualifying Bids received on or before time specified in Bid Data Sheet as Bid Due Date at the date and time indicated in the Bid Data Sheet as per the time that is displayed from the server clock at the top of the e-tender Portal on the following address:  
<http://eproc.rajasthan.gov.in>



- 9.2 The Bids shall be opened in the presence of the designated representatives of the Bidders who choose to attend.
- 9.3 Only two (2) authorized representative (s) of the bidder (s) can attend the bid opening on producing authority letter from the Bidder.
- 9.4 The names of all Bidders who have submitted Bids will be read out, and other such details as the RSHAA, at its sole discretion, may consider appropriate, will be announced at the opening of Bids.
- 9.5 Qualifying Bids will be opened at the time mentioned in the Bid Data Sheet. The RSHAA will prepare a record of the opening of each part of the Bids that will include, as a minimum, the names of the Bidders whose Bids have been received. The Bidders' representatives who are present will be requested to sign the record. The omission of a Bidder's representative's signature on the record will not invalidate the contents and effect of the record.
- 9.6 Once all the Qualifying Bids have been opened online through e-Tendering procedure, they will be evaluated for responsiveness and to determine whether the Bidders will qualify for the opening of the Financial Bids. The procedure for evaluation of the responsiveness of the Qualification Bid and the eligibility of Bidders is set out at **Clause 10.1**.
- 9.7 The Qualified Bidders will be informed of a date, time and place for the opening and evaluation of their Financial Bids.
- 9.8 The Financial Bids of only those Bidders who have passed the Qualification Criteria will be considered for evaluation on the intimated date. The Financial Bids will be opened in the presence of the representatives of Qualified Bidders that choose to be present. Representatives of Bidders that are not declared as Qualified Bidders will not be permitted to attend the opening of Financial Bids. The procedure for evaluation of the Financial Bids is set out at **Clause 10.2 and 10.4**.
- 9.9 The Bidders may remain present in the Office of the RSHAA at the time of opening of Financial Bids. However, the results of the Financial Bids of all Bidders shall be available on the e-Tender Portal immediately after the completion of opening process.
- 9.10 Bidders are advised that the qualification of Bidders and evaluation of the Bids will be entirely at the discretion of the RSHAA. Bidders will be deemed to have understood and agreed that no explanation or justification on any aspect of the Selection process or selection will be given.
- 9.11 Any information contained in a Bid will not in any manner be construed as binding on the RSHAA, its agents, successors or assigns; but will be binding on the Bidder, in the event that the Insurance Contract is subsequently awarded to it on the basis of such information.

## **10.Evaluation of Bids and Selection of Successful Bidder (s)**

### **10.1 Stage 1: Evaluation of the Qualification Bid**

- 10.1.1 The Qualification Bids will first be evaluated for responsiveness to the Tender Documents and evidences for fulfilment of the qualification criteria based on the following parameters:
- a. The Bid is complete in all respects and in the prescribed formats.

- b. It contains no material alterations, conditions, deviations or omissions.
  - c. All documents required as specified in the Tender Documents and submitted by the Bidder are appropriate and valid.
  - d. All undertakings required under this Tender Document are in the prescribed format and unconditional.
  - e. Based on the review of documents the RSHAA comes to the conclusion, beyond any reasonable doubt, that the Bidder fulfils the minimum qualification criteria.
  - f. The application is unconditional in all respects.
- 10.1.2 Qualification Bids not meeting any of the criteria mentioned in **Clause 10.1.1** above shall be liable to be rejected.
- 10.1.3 In order to determine whether the Bidder is eligible and meets the qualification criteria, the RSHAA will examine the documentary evidence of the Bidder's qualifications submitted by the Bidder and any additional information which the RSHAA receives from the Bidder upon request by the RSHAA.
- 10.1.4 After completion of the evaluation of the Qualification Bids, the RSHAA will notify the Eligible Bidders of the date, time and place of opening of the Financial Bids. Such notification may be issued upon the completion of the evaluation Qualification Bids, in which case the Financial Bids may be opened either on the same day or the next working day. The Financial Bids of those Bidders who are not declared as Eligible Bidders will not be opened.
- 10.1.5 All the qualified bidders, who choose to be present, shall have the right to attend the final meeting in which financial bids shall be evaluated.
- 10.2 Stage 2: Evaluation of Financial Bids
- Upon opening of the Financial Bids of the Eligible Bidders, they will first be evaluated for responsiveness to the Tender Documents. If: (i) any Financial Bid is not complete in all respects; or (ii) any Financial Bid is not duly signed by the authorized representative of the Bidder; or (iii) any Financial Bid is not in the prescribed formats; and (iv) any Financial Bid contains material alterations, conditions, deviations or omissions, then such Financial Bid shall be deemed to be substantially non-responsive. Such Financial Bid that is deemed to be substantially non-responsive shall be rejected.
- 10.3 Stage 3: Clarifications during Bid Evaluation
- 10.3.1 In evaluating the Financial Bids, the RSHAA may seek clarifications from the Bidders regarding the information in the Bid by making a request to the Bidder. The request for clarification and the response shall be in writing. Such response(s) shall be provided by the Bidder to the RSHAA within the time specified by the RSHAA for this purpose.
- 10.3.2 If a Bidder does not provide clarifications sought by the RSHAA within the prescribed manner and time, the RSHAA may elect to reject its Bid. In the event that the RSHAA elects not to reject the Bid, the RSHAA may proceed to evaluate the Bid by construing the particulars requiring clarification to the best of its understanding, and the Bidder shall not be allowed to subsequently question such interpretation by the RSHAA.
- 10.3.3 No change in the Premium quoted or any change to substance of any Bid shall be sought,



offered or permitted.

#### 10.4 Stage 4: Selection of the Successful Bidder

##### 10.4.1 Once the Financial Bids of the Eligible Bidders have been opened and evaluated:

- a. The RSHAA shall notify an Eligible Bidder whose Financial Bid is found to be complete in all respect, of the date, time and place for the ranking of the Financial Bids and selection of the Successful Bidder (s) (the Selection Meeting) and invite such Eligible Bidder to be present at the Selection Meeting.
- b. The RSHAA shall notify an Eligible Bidder whose Financial Bid is found to be substantially non-responsive, that such Eligible Bidder's Financial Bid shall not be evaluated further.

##### 10.4.2 In selecting the Successful Bidder, the objectives of the RSHAA is to select Bidder that:

- a. is an Eligible Bidder;
- b. has submitted a Financial Bid complete in all respects; and has quoted the: a) Lowest Gross Insurance Premium (L-1).

In case two or more bidders have the same lowest gross premium (rounded off to two decimal points), then the Successful Bidder will be selected through following process:

- (i) In case one bidder is private sector and another is a public sector company, preference shall be given to public sector company.
- (ii) If both are same (both private or both public), then the bidder with higher **Average turnover** in the last three financial years will be selected.

### 11. Execution of Insurance Contract

#### 11.1 Notification of Award

##### 11.1.1 Upon selecting the Successful Bidder (s) in accordance with **Clause 10.4** above, the RSHAA shall issue two original copies of the Notification of Award (NOA) to the Successful Bidder (s):

- declaring it as the Successful Bidder (s);
- accepting its Financial Bid (as corrected by the RSHAA if required);
- requesting it to fulfil the conditions specified in **Clause 11.1.2**; and

subject to fulfilment of the conditions specified in **Clause 11.1.2**, requesting it to execute the Insurance Contract and to fulfil the conditions precedent to execution in accordance with **Clause 11.2**.

##### 11.1.2 The Bidder (s) declared as the Successful Bidder shall:

- a. Within **three days** of receiving the NOA, sign and return one original copy of the NOA to the RSHAA as acceptance thereof and in acceptance of the terms of the revised draft

Insurance Contract issued by the RSHAA in accordance with **Clause 11.2** and it will be required to notify its acceptance of the terms of such further revised draft Insurance Contract; and

- b. For the purpose of claim processing Insurance companies will be allowed to utilize the services of in-house TPA or may engage TPA duly recognized and authorized by IRDA.
- c. Within **ten days** of receiving the NOA, provide to the RSHAA information regarding the plan of the outsourcing of non-core business to any agency/ in-house TPA/engagement of TPA. It shall be the obligation of the Insurer to satisfy itself of the qualifications of such agency/ in-house TPA/engagement of TPA and other providers including reinsurance companies as per IRDAI regulations. The Insurer may be asked to submit documents establishing the qualification of such outsourced agency/in-house TPA/engagement of TPA and its arrangements with such agency/in-house TPA/engagement of TPA. No such submission is required if the Insurer does not propose to hire a outsource agency or any other intermediary for any non-core task related to the MAA-Yojana and/ or for reinsurance.

11.1.3 If the Bidder (s) that is issued the NOA does not comply with either or all of the conditions set out in **Clause 11.1.2**, the RSHAA may elect to grant such Bidder (s) an extension of time for the completion of such condition(s) or to disqualify the Bidder selected as the Successful Bidder (s) including debarring the Bidder (s) from participating in any future MAA-Yojana Tenders in the State of Rajasthan for a period of three consecutive years from such date.

11.1.4 If the RSHAA elects to disqualify such Bidder (s), then the RSHAA may evaluate second lowest (L2) Financial Bid of the Eligible Bidder received in accordance with the procedure at **Clause 10.4**. The RSHAA may exercise this option only during the validity period of the Bids, as extended from time to time, and not thereafter.

## **11.2 Execution of the Insurance Contract**

The RSHAA and the Selected Bidder (s) shall sign the Insurance Contract within 15 days of the acceptance of the NOA by the Selected Bidder (s). The Insurance Contract shall be executed in the form of the final drafts provided by the RSHAA.

11.2.1 The Selected Bidder (s) shall execute the Insurance Contract in the revised draft form published by the RSHAA or in the further revised draft form issued by the RSHAA, with minimal changes or amendments being made to reflect facts or to correct minor errors. The RSHAA shall, before the date specified in the Bid Schedule for the execution of the Insurance Contract, provide the Selected Bidder (s) with the final execution draft of the Insurance Contract.

11.2.2 The RSHAA shall not entertain any request from the Selected Bidder (s) for negotiations of or deviations to the final execution draft of the Insurance Contract provided by the RSHAA.

11.2.3 If the Selected Bidder (s) seeks to materially negotiate or seeks any material deviation from the final execution draft of the Insurance Contract, the RSHAA may elect to disqualify the Selected Bidder (s) and revoke the NOA issued to the Selected Bidder (s). If the RSHAA elects to disqualify such Bidder (s) and revoke the NOA, then the consequences set out in



**Clause 11.1.3 and Clause 11.1.4** shall follow.

- 11.2.4 Subject to the Selected Bidder (s) complying with **Clause 11.1.2**, the RSHAA and the Selected Bidder (s) shall execute the Insurance Contract on the date specified in the Bid Schedule or such other date notified by the RSHAA. The Insurance Contract shall be executed in the form of the final execution draft provided by the RSHAA under **Clause 11.2.1**.
- 11.2.5 The Selected Bidder (s) agrees that as conditions precedent to the execution of the Insurance Contract in accordance with **Clause 11.2.4**, it shall submit executed copies of the services agreements signed by the outsourced agency and other Service Providers nominated by it in accordance with **Clause 11.1.2(b)**. Such services agreement (s) shall be in compliance with the provisions of the Insurance Contract.
- 11.2.6 If the RSHAA is ready and willing to execute the Insurance Contract, but the Selected Bidder (s) does not agree to execute the Insurance Contract within the time period specified in **Clause 11.2.4** or to fulfil the conditions precedent to the execution of the Insurance Contract that are specified in **Clause 11.2.4**, the RSHAA may elect to grant the Selected Bidder (s) an extension of time for the execution of the Insurance Contract or to disqualify the Selected Bidder and revoke the NOA. If the RSHAA elects to disqualify such Bidder (s) and revoke the NOA, then the consequences set out in **Clause 11.1.3 and Clause 11.1.4** shall follow.

## **12. Rights of the State Health Agency**

The RSHAA reserves the right, in its sole discretion and without any liability to the Bidders, to:

- a. accept or reject any Bid or annul the Bidding Process or reject all Bids at any time prior to the award of the Insurance Contract, without thereby incurring any liability to the affected Bidder(s);
- b. accept the lowest Bid;
- c. suspend and/or cancel the Bidding Process and/or amend and/or supplement the Bidding Process or modify the dates or other terms and conditions relating thereto;
- d. consult with any Bidder in order to receive clarification or further information in relation to its Bid; and
- e. independently verify, disqualify, reject and / or accept any and all submissions or other information and/or evidence submitted by or on behalf of any Bidder.

## **13. Grievance Redressal during Procurement Process**

The designation and address of the Appellate Authority

The designation and address of the Appellate Authority First appellate authority is Additional Chief Secretary/Principal Secretary, Medical and Health department, GoR. Second appellate authority is Finance Secretary (Budget), Finance Department, Government of Rajasthan.

(1) Filing an appeal

If any Bidder or prospective bidder is aggrieved that any decision, action or omission of the Procuring Entity is in contravention to the provisions of the Act or the Rules or the or the Guidelines issued there under, he may file an appeal to Appellate Authority, as specified in the Bidding Document within a period of ten days from the date of such decision or action, omission, as the case may be clearly giving the specific ground or grounds on which he feels aggrieved:

Provided that after the declaration of a bidder as successful the appeal may be filed only by a Bidder who has participated in procurement proceedings:

Provided further that in case a procuring Entity evaluates the Technical Bids before the opening of the financial Bids, an appeal related to the matter of Financial Bids may be filed only by a bidder whose technical bid is found to be acceptable.

(2) The officer to whom an appeal is filed under para (1) shall deal with the appeal as expeditiously as possible and shall endeavor to dispose it of within thirty days from the date of the appeal.

(3) If the officer designated under para(1) fails to dispose off the appeal filed within the period specified in para(2), or if the Bidder or prospective bidder or the Procuring Entity is aggrieved by the order passed by the first Appellate Authority, the Bidder or prospective bidder or the Procuring Entity, as the case may be, may file a second appeal to second Appellate Authority specified in the Bidding Document in this behalf within fifteen days from the expiry of the period specified in para (2) or of the date of receipt of the order passed by the First Appellate Authority, as the case may be.

(4) Appeal not to lie in certain cases

No appeal shall lie against any decision of the Procuring Entity relating to the following matters, namely:-

- (a) Determination of need of procurement;
- (b) Provisions limiting participation of Bidders in the Bid process;
- (c) The decision of whether or not to enter into negotiations;
- (d) Cancellation of a procurement process;
- (e) Applicability of the provisions of confidentiality

(5) Form of Appeal

- (a) An appeal under para(1) or (3) above shall be in the annexed Form along with as many copies as there are respondents in the appeal.
- (b) Every appeal shall be accompanied by an order appealed against, if any. Affidavit verifying the facts stated in the appeal and proof of payment of fee.
- (c) Every appeal may be presented to Appellate Authority, as the case may be, in person or through registered post or authorized representative.

(6) Fee for Filing Appeal

- (a) Fee for filing first appeal shall be rupees two thousand five hundred and second appeal shall be rupees ten thousand which shall be non-refundable.



- (b) The fee shall be paid in the form of bank demand draft of banker's cheque of Scheduled Bank in India payable in the name of Appellate Authority concerned
- (7) Procedure for disposal of appeal
  - (a) The Appellate Authority as the case may be, upon filing of appeal, shall issue notice accompanied by copy of appeal, affidavit and documents, if any, to the respondents and fix date of hearing.
  - (b) On the date fixed for hearing, the Appellate Authority, as the case may be, shall,-
    - (i) Hear all the parties to appeal present before him; and
    - (ii) Peruse or inspect documents, relevant records or copies there of relating to the matter.
  - (c) After hearing the parties, perusal or inspection of documents and relevant records or copies there of relating to the matter, the Appellate Authority concerned shall pass an order in writing and provide the copy of order to the parties to appeal free of cost.
  - (d) The order passed under sub-clause(c) above shall also be placed on the State Public Procurement Portal.



(e) **Form No. – 1 Memorandum of Appeal (See sub-rule 1 of rule 83)**

Memorandum of Appeal under the Rajasthan Transparency in Public

Procurement Act, 2012

Appeal No ..... of  
Before ..... (Appellate Authority)

**1 Particulars of appellant:**

(i) Name and father's name of the appellant

.....

(ii) Official address

(iii) Residential address

**2. Name and address of the respondent(s)**

(i).....

(ii).....

(iii).....

3. Number and date of the order appealed against and name and designation of the officer / authority who passed the order, or a statement of a decision, action or omission of the procuring entity in contravention to the provisions of the Act by which the appellant is aggrieved

4. If the Appellant proposes to be represented by

a representative the name and postal address

of the representative.

5. Number of affidavits and documents enclosed with the appeal:

6. Grounds of appeal:-

.....  
.....  
.....(Supported by affidavit)

7. Prayer

Place .....

Date .....

Appellant's Signature





#### 14. MISCELLANEOUS AND GENERAL CONDITIONS OF CONTRACT

- 14.1 The Bidding Process shall be governed by, and construed in accordance with, the laws of India and the Courts in the State in which the Authority has its headquarters shall have exclusive jurisdiction over all disputes arising under, pursuant to and/or in connection with the Bidding Process. In absence of any provision in the document; or ambiguity in thereof, provisions of the Rajasthan Transparency in Public Procurement Act, 2012 and Rules 2013 shall be finally agreed to by both the parties.'
- 14.2 The Authority, in its sole discretion and without incurring any obligation or liability, reserves the right, at any time, to;
- (a) Suspend and/or cancel the Bidding Process and/or amend and/or supplement the Bidding Process or modify the dates or other terms and conditions relating thereto;
  - (b) Consult with any Bidder in order to receive clarification or further information;
  - (c) Retain any information and/or evidence submitted to the Authority by, on behalf of, and/or in relation to any Bidder; and/or
  - (d) Independently verify, disqualify, reject and/or accept any and all submissions or other information and/or evidence submitted by or on behalf of any Bidder.
- 14.3 It shall be deemed that by submitting the proposal, the Bidder agrees and releases the Authority, its employees, agents and advisers, irrevocably, unconditionally, fully and finally from any and all liability for claims, losses, damages, costs, expenses or liabilities in any way related to or arising from the exercise of any rights and/or performance of any obligations hereunder, pursuant hereto and/or in connection with the Bidding process and waives, to the fullest extent permitted by applicable laws, any and all rights and/or claims it may have in this respect, whether actual or contingent, whether present or in future.
- 14.4 The Bidding Documents and RFP are to be taken as mutually explanatory and unless otherwise expressly provided elsewhere in this RFP, in the event of any conflict between them the priority shall be given to RFP.
- 14.5 The implementation of the Scheme and the bidding process will be undertaken in a transparent manner. Subject to the provisions of the Right to Information Act, 2005, the parties agree that they will not raise objections to disclosure of information pursuant to receipt of requests by the relevant public authority under the provisions of the said Act.

##### 14.6 Bid Security

Every bidder, if not exempted, participating in the procurement process will be required to furnish the bid security as specified in the bidding document.

- a) In lieu of bid security-
- b) i. a bid securing declaration (as per QUAL-4b) shall be taken from Departments/Boards, Companies, Undertakings, Corporations, Autonomous bodies, Registered Societies and Cooperative Societies which are owned or controlled or managed by the State/Central Government.
- c) Bid security instrument or cash receipt of bid security or a bid securing declaration or Insurance Surety Bonds shall necessarily accompany the technical bid.
- d) Bid security of a bidder lying with the procuring entity in respect of other bids awaiting decision shall not be adjusted towards bid security for the fresh bids. The bid security originally deposited may, however, be taken into consideration in case bids are re-invited.

- e) The bid security may be given in the form of a banker's cheque or demand draft or bank guarantee, in specified format, of a scheduled bank or Insurance Surety Bonds issued by Insurer registered with the Insurance Regulatory Authority of India (IRDAI) for transact the business of issuing Insurance Surety Bonds.
- f) The bid security must remain valid thirty days beyond the original or extended validity period of the bid.
- g) The issuer of the bid security and the confirmer, if any, of the bid security, as well as the form and terms of the bid security, must be acceptable to the procuring entity.
- h) Prior to presenting a submission, a bidder may request the procuring entity to confirm the acceptability of proposed issuer of a bid security or of a proposed confirmer, if required. The procuring entity shall respond promptly to such a request.
- i) The bank guarantee presented as bid security shall be got confirmed from the concerned issuing bank. However, the confirmation of the acceptability of a proposed issuer or of any proposed confirmer does not preclude the procuring entity from rejecting the bid security on the ground that the issuer or the confirmer, as the case may be, has become insolvent or has otherwise ceased to be creditworthy.
- j) The bid security of unsuccessful bidders shall be refunded soon after final acceptance of successful bid and signing of agreement and submitting performance security.
- k) The Bid security taken from a bidder shall be forfeited, including the interest, if any, in the following cases, namely: -
  - a. when the bidder withdraws or modifies its bid after opening of bids;
  - b. when the bidder does not execute the agreement, if any, after placement of supply/work order within the specified period;
  - c. when the bidder fails to commence the supply of the goods or service or execute work as per supply/ work order within the time specified;
  - d. when the bidder does not deposit the performance security within specified period after the supply/ work order is placed; and
  - e. if the bidder breaches any provision of code of integrity, prescribed for bidders, specified in the RPPP Act /Rule and in this bidding document.
- l) Notice will be given to the bidder with reasonable time before bid security deposited is forfeited.
- m) No interest shall be payable on the bid security.
- n) In case of bidders who are successful in the process of procurement process, their bid security may be adjusted against performance security

#### 14.7 Performance Security Deposit (PSD)-

- a) Performance Security shall be solicited from successful Bidder except Departments/Boards, Companies, Undertakings, Corporations, Autonomous bodies, Registered Societies and Cooperative Societies which are owned or controlled or managed by the State/Central Government. However, a performance security declaration shall be taken from them.
- b) The amount of Performance Security shall be 2.5% of the amount of the Annual Premium amount of the policy year to be paid on annual basis. The currency of



Performance Security shall be Indian Rupees.

c) Performance Security shall be furnished in one of the following forms :-

1. Bank Draft/ Banker's Cheque of a Scheduled Bank.
2. National Savings Certificates and any other script/instrument under National Savings Schemes for promotion of small savings issued by a Post Office in Rajasthan, if the same can be pledged under the relevant rules. They shall be accepted at their surrender value at the time of bid and formally transferred in the name of procuring entity with the approval of Head Post Master;
3. Bank guarantee/s of a scheduled bank. It shall be got verified from the issuing bank. Other conditions regarding bank guarantee shall be same as mentioned in the RTPP rule 42 for bid security;
4. Fixed Deposit Receipt (FDR) of a scheduled bank. It shall be in the name of procuring entity on account of bidder and discharged by the bidder in advance. The procuring entity shall ensure before accepting the Fixed Deposit Receipt that the bidder furnishes an undertaking from the bank to make payment/premature payment of the Fixed Deposit Receipt on demand to the procuring entity without requirement of consent of the bidder concerned. In the event of forfeiture of the performance security, the Fixed Deposit shall be forfeited along with interest earned on such Fixed Deposit.
5. Insurance Surety Bonds issued by Insurer registered with the Insurance Regulatory Authority of India (IRDAI) for transact the business of issuing Insurance Surety Bonds.

(d) Performance security furnished in the forms specified in clause 1 to 5 of clause c) shall remain valid for a period of 180 days beyond the date of completion of all contractual obligations of the bidder.

(e) If the service provider violates any of the terms and conditions of the contract, the performance security shall be liable to forfeited wholly or partly as decided by the procuring entity.

#### **14.8 Additional Performance Security.-**

- (1) In addition to Performance Security as specified in rule 75, an Additional Performance Security shall also be taken from the successful bidder in case of unbalanced bid. The Additional Performance Security shall be equal to fifty percent of Unbalanced Bid Amount. The Additional Performance Security shall be deposited in lump sum by the successful bidder before execution of Agreement. The Additional Performance Security shall be deposited through Demand Draft, Banker's Cheque, Government Securities [Bank guarantee].

Explanation : For the purpose of this rule,-

- (i) Unbalanced Bid means any bid below more than fifteen percent of Estimated Bid Value.
- (ii) Estimated Bid Value means value of subject matter of procurement mention in bidding documents by the Procuring Entity.
- (iii) Unbalanced Bid Amount means positive difference of eighty five percent of Estimated Bid Value minus Bid Amount Quoted by the bidder.

(2) The Additional Performance Security shall be refunded to the contractor after satisfactory completion of the entire work. The Additional Performance Security shall be forfeited by the Procuring Entity when work is not completed within stipulated period by the contractor.

#### 14.9 Additional Conditions of Contract

##### 1. Correction of arithmetic errors:-

Provided that Financial Bid is substantially responsive, the Procuring Entity will correct arithmetical errors during evaluation of Financial Bids on the following basis, namely: -

- (a) if there is a discrepancy between the unit price and the total price that is obtained by multiplying the unit price and quantity, the unit price shall prevail and the total price shall be corrected, unless in the opinion of the Procuring Entity there is an obvious misplacement of the decimal point in the unit price, in which case the total price as quoted shall govern and the unit price shall be corrected;
- (b) if there is an error in a total corresponding to the addition or subtraction of subtotals, the subtotals shall prevail and the total shall be corrected; and
- (c) if there is a discrepancy between words and figures, the amount in words shall prevail, unless the amount expressed in words is related to an arithmetic error, in which case the amount in figures shall prevail subject to (a) and (b) above.

If the Bidder that submitted the lowest evaluated Bid does not accept the correction of errors, its Bid shall be disqualified and its Bid Security shall be forfeited or its Bid Securing Declaration shall be executed.

##### 2. Procuring Entity's Right to vary Quantities:-

- (a) At the time of award of contract, the quantity of Goods, works or service originally specified in the Bidding Document may be increased or decreased by a specified percentage, but such increase or decrease shall not exceed fifty percent, of the quantity specified in the Bidding Document. It shall be without any change in the unit prices or other terms and conditions of the Bid and the conditions of contract.
- (b) If the procuring Entity does not procure any subject matter of procurement or procures less than the quantity specified in the Bidding Document due to change in circumstances, the Bidder shall not be entitled for any claim or compensation except otherwise provided in the Conditions of Contract.

#### 14.10 Punishment

If the Bidder during the supply of service, interferes with the procurement process as mentioned in Section 42 of RTTP Act, then following actions can be taken:-

- (a) As per Section 42 of RTTP Act, the Bidder could be punished with fine which may extend up to INR Fifty (50) Lakhs or ten percent of the assessed value of procurement whichever is less besides forfeiture of Performance Security; and/or
- (b) As per Section 46 of RTTP Act, the bidder may be debarred from participating in any procurement process undertaken by the procuring entity for a period not exceeding three (03) years.

#### 14.11 Compliance with existing Laws/Rules:-

- a. The Insurer agrees to abide by all laws of the land as applicable for operation and maintenance of the scheme.
- b. Any issue for which RFP document is silent but covered in RTTP Act, 2012/RTTP Rule, 2013 and GF&AR shall be decided as per provisions of the said Act/Rules.



## Appendix-I

### Format: Qual-1: Bid Application Cover Letter

[On the letterhead of the Bidder]

Date:

From:

[insert name of Bidder]  
[insert address of Bidder]

To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Madam/Sir,

**Sub: Qualification Bid for Implementation of the Mukhya Mantri Ayushman Arogya (MAA) Yojana in the State of Rajasthan**

With reference to your Tender Documents dated \_\_\_\_\_, we, [insert name of Bidder], wish to submit our Qualification Bid for the award of the Insurance Contract(s) for the implementation of the Mukhya Mantri Ayushman Arogya (MAA) Yojana in the State of Rajasthan. Our details have been set out as per Qual 2 of Volume I of Tender Document.

We hereby submit our Qualification Bid, which is unconditional and unqualified. We have examined the Tender Documents issued by the Rajasthan State Health Assurance Agency.

1. We acknowledge that the Department of Medical, Health & Family Welfare, Government of Rajasthan or any other person nominated by the Government of \_\_\_\_\_ (the Rajasthan State Health Assurance Agency) will be relying on the information provided in our Qualification Bid and the documents accompanying such Qualification Bid for selection of the Eligible Bidders for the evaluation of Financial Bids, and we certify that all information provided in the Qualification Bid is true and correct. Nothing has been omitted which renders such information misleading and all documents accompanying such Qualification Bid are true copies of their respective originals.
2. We shall make available to the Rajasthan State Health Assurance Agency any clarification that it may find necessary or require to supplement or authenticate our Qualification Bid.
3. We acknowledge the right of the Rajasthan State Health Assurance Agency to reject our Qualification Bid or not to declare us as the Eligible Bidder, without assigning any reason or otherwise and we hereby waive, to the fullest extent permitted by applicable laws, our right to challenge the same on any account whatsoever.
4. We undertake that:

- a. We satisfy the Qualification Criteria and meet all the requirements as specified in the Tender Documents.
  - b. We agree and release the Rajasthan State Health Assurance Agency and their employees, agents and advisors, irrevocably, unconditionally, fully and finally from any and all liability for claims, losses, damages, costs, expenses or liabilities in any way related to or arising from the Tender Documents and/or in connection with the Bidding Process, to the fullest extent permitted by applicable laws and waive any and all rights and/or claims I/we may have in this respect, whether actual or contingent, whether present or in future.
5. We represent and warrant that:
- a. We have examined the Tender Documents and have no reservations to the same, including all Addenda issued by the Rajasthan State Health Assurance Agency.
  - b. We accept the terms of the Insurance Contract of the Tender Document and shall seek no material deviation from or otherwise seek to materially negotiate the terms of the draft main Insurance Contract or the draft Supplementary Insurance Contract, if declared as the Successful Bidder.
  - c. [We are registered with the IRDAI] to undertake the general insurance (including health insurance) business or standalone health insurance business in India and we hold a valid registration for the same as on the date of submission of this Bid. *[Note to Bidders: Please choose the correct option.]*
  - d. We have not and will not undertake any canvassing in any manner to influence or to try to influence the process of selection of the Successful Bidder.
  - e. The Tender Documents and all other documents and information that are provided by the Rajasthan State Health Assurance Agency to us are and shall remain the property of the Rajasthan State Health Assurance Agency and are provided to us solely for the purpose of preparation and the submission of this Bid in accordance with the Tender Documents. We undertake that we shall treat all information received from or on behalf of the Rajasthan State Health Assurance Agency as strictly confidential and we shall not use such information for any purpose other than for preparation and submission of this Bid.
  - f. The Rajasthan State Health Assurance Agency is not obliged to return the Qualification Bid or any part thereof or any information provided along with the Qualification Bid, other than in accordance with provisions set out in the Tender Documents.
  - g. We have made a complete and careful examination of the Tender Documents and all other information made available by or on behalf of the Rajasthan State Health Assurance Agency.
  - h. We have satisfied ourselves about all things, matters and information, necessary and required for submitting an informed Bid and performance of our obligations under the Insurance Contract.



- i. Any inadequacy, lack of completeness or incorrectness of information provided in the Tender Documents or by or on behalf of the Rajasthan State Health Assurance Agency or ignorance of any matter related thereto shall not be a basis for any claim for compensation, damages, relief for non-performance of its obligations or loss of profits or revenue from the Rajasthan State Health Assurance Agency or a ground for termination of the Insurance Contract.
  - j. Our Bid shall be valid for a period of 180 days from the last date of bid submission, i.e., until \_\_\_\_\_.
6. We undertake that if there is any change in facts or circumstances during the Bidding Process, or if we become subject to disqualification in accordance with the terms of the Tender Documents, we shall inform the Rajasthan State Health Assurance Agency of the same immediately.
7. We are submitting with this Letter, the documents that are listed in the checklist set out in Qual 6 of the tender document.
8. We undertake that if we are selected as the Successful Bidder we shall:
  - a. Sign and return an original copy of the Notice of Award (NOA) to the Rajasthan State Health Assurance Agency (RSHAA) within three days of receipt of the NOA, as confirmation of our acceptance of the NOA.
  - b. Not seek to materially negotiate or seek any material deviations from the final drafts of the Insurance Contract provided to us by the Rajasthan State Health Assurance Agency.Execute the Insurance Contract with **QUAL 2 - DETAILS OF THE BIDDER**
9. Details of the Company
  - a. Name:
  - b. Address of the corporate headquarters and its branch office head in the State, if any:
  - c. Date of incorporation and/or commencement of business:
10. Details of individual(s) who will serve as the point of contact/communication for the State Nodal Agency:
  - c. Name:
  - d. Designation:
  - e. Company:
  - f. Address:
  - g. The Rajasthan State Health Assurance Agency.
11. We hereby irrevocably waive any right or remedy which we may have at any stage at law or howsoever arising to challenge the criteria for evaluation of the Qualification Bid or

question any decision taken by the Rajasthan State Health Assurance Agency in connection with the evaluation of the Qualification Bid, declaration of the Eligible Bidders, or in connection with the Bidding Process itself, or in respect of the Insurance Contract(s) for the implementation of the MAA-Yojana in the State of Rajasthan

12. We agree and undertake to abide by all the terms and conditions of the Tender Documents, including all Addenda, Annexures and Appendices.
13. This Bidding Process, the Tender Documents and the Bid shall be governed by and construed in all respects according to the laws for the time being in force in India.

We submit this Letter accompanying the Qualification Bid under and in accordance with the terms of the Tender Documents.

Dated this *[insert date]* day of *[insert month]*, 2024

\_\_\_\_\_  
(Signature)

.....(insert name of the authorized signatory)

In the capacity of \_\_\_\_\_[position]

Duly authorized to sign this Bid for and on behalf of \_\_\_\_\_[name of Bidder]





## Format: Qual-2: Applicant Details

1. Details of the Company
  - a. Name:
  - b. Address of the corporate headquarters:
  - c. Corporate Identification Number:
  - d. PAN
  - e. Date of incorporation:
  - f. Date of commencement of business:
  - g. Address and contact numbers of its branch office in the State of Rajasthan, if any:
  - h. Name and contact details of Branch Head in the State of Rajasthan:
2. Details of the individual who will serve as the point of contact / communication for the Rajasthan State Health Assurance Agency for the purposes of this tender:
  - a. Name:
  - b. Designation:
  - c. Company:
  - d. Address:
  - e. Telephone Number:
  - f. Mobile number:
  - g. E-mail Address:
  - h. Fax Number:
3. Particulars of the Authorised Signatory of the Bidder:
  - a. Name:
  - b. Designation:
  - c. Company:
  - d. Address:
  - e. Telephone Number:
  - f. Mobile number:
  - g. E-mail Address:
  - h. Fax Number:

Dated this \_\_\_\_ day of \_\_\_\_, 2024

\_\_\_\_ (Signature)

..... (insert name of the authorized signatory)

In the capacity of \_\_\_\_ [position]

Duly authorized to sign this Bid for and on behalf of \_\_\_\_ [name of Bidder]

### Format: Qual-3: Power of Attorney for Signing of Bids

(On Rs. 100 Stamp paper duly attested by Notary Public)

#### POWER OF ATTORNEY

Know all men by these presents that we \_\_\_\_\_  
(name and address of the registered office) having CIN  
..... (insert registration number / CIN of the Insurance Company) do hereby constitute,  
appoint and authorize Mr./Ms. \_\_\_\_\_ (name and residential address)  
who is presently employed with us and holding the position of \_\_\_\_\_  
as our attorney, to do in our name and on our behalf, all such acts, deeds and things necessary  
in connection with or incidental to submission of a bid pursuant to Tender Document  
No. .... dated ..... (insert Tender Document No. and date of issue) issued by Government of  
....., acting through the Rajasthan State Health Assurance Agency, for the **Mukhya  
Mantri Ayushman Arogya (MAA) Yojana**, including signing and submission of all  
documents and providing information/responses to Rajasthan State Health Assurance Agency  
in all matters in connection with our Bid.

We hereby declare that all acts, deeds and things done by our said attorney pursuant to this  
Power of Attorney shall always be deemed to have been ratified by us and done by us.

Dated this the \_\_\_\_\_ Day of \_\_\_\_\_ 2024

For \_\_\_\_\_  
(Name, Designation and Address)

Accepted

\_\_\_\_\_  
(Signature)  
(Name, Title and Address of the Attorney)

Date: \_\_\_\_\_





## Format: Qual-4: Bidder's Undertaking

[On letterhead of the Bidder]

From

[Name of Bidder]

[Address of Bidder]

Date: [insert date], 2024

To

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Madam/Sir,

Subject: Undertaking Regarding Compliance with Terms of the Mukhya Mantri Ayushman Arogya (MAA) Yojana

I, [insert name] designated as [insert title] at [insert location] of [insert name of Bidder] and being the authorized signatory for and on behalf of the Bidder, do hereby declare and undertake that we have read the Tender Documents for award of Insurance Contract for the implementation of the **Mukhya Mantri Ayushman Arogya (MAA) Yojana**

We hereby undertake and explicitly agree that if we are selected as the Successful Bidder, we shall adhere to and unconditionally comply with the terms of the MAA-Yojana as set out in the Tender Documents and the Insurance Contract.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2024

\_\_\_\_\_  
(Signature)

.....(insert name of the authorized signatory)

In the capacity of \_\_\_\_ [position]

Duly authorized to sign this Bid for and on behalf of \_\_\_\_ [name of Bidder]

3

#### **Qual-4-a**

### **Declaration by the Bidder in compliance of Section 7 & 11 of the RTPP Act**

---

#### **Declaration by the Bidder**

In relation to our Proposal submitted to Chief Executive Officer, Rajasthan State Health Assurance Agency, Jaipur for Selection of Insurance Company for the Implementation of 'Mukhya Mantri Ayushman Arogya (MAA) Yojana in the State of Rajasthan' in response to their NIB No..... Dated ....., we hereby declare under Section 7 and 11 of the Rajasthan Transparency in Public Procurement Act, 2012, that;

1. We possess the necessary professional, technical, financial and managerial resources and competence required by the Bidding Document issued by the CEO, RSHAA, Jaipur;
2. We have fulfilled our obligation to pay such of the taxes payable to the Central Government or the State Government or any local authority, as specified in the Bidding Document;
3. We are not insolvent, in receivership, bankrupt or being wound up, not have our affairs administered by a court or a judicial officer, not have our business activities suspended and are not the subject of legal proceedings for any of the foregoing reasons;
4. We do not have, and our directors and officers not have, been convicted of any criminal offence related to our professional conduct or the making of false statements or misrepresentations as to our qualifications to enter into a procurement contract within a period of three years preceding the commencement of this procurement process, or not have been otherwise disqualified pursuant to debarment proceedings;
5. We do not have a conflict of interest as specified in the Rajasthan Transparency in Public Procurement Act, the Rajasthan Transparency in Public Procurement Rules and this Bidding Document, which materially affects fair competition;
6. We have complied and shall continue to comply with the Code of Integrity as specified in the Rajasthan Transparency in Public Procurement Act, the Rajasthan Transparency in Public Procurement Rules and this Bidding Document, till completion of all our obligations under the Contract.
7. We fulfill any other qualifications as may be prescribed.

Date:

Signature of Bidder

Place:

Name :

Designation:

Address:



Qual-4-b

**Form of Bid Securing Declaration**

*(To be executed on a non-judicial stamp paper)*

Date:

Bid No.:

To: **CEO, RSHAA, Jaipur**

We, the undersigned, declare that that we are a..... (Please enclose an authentic certificate issued by the Administrative Department of respective government under which the bidder entity is constituted.):

(i) Departments/Boards of the State Government or Central Government; or

(ii) Government Companies as defined in clause (45) of section 2 of the Companies Act, 2013; or

(iii) Company owned or controlled, directly or indirectly, by the Central Government, or by any State Government or Governments, or partly by the Central Government and partly by one or more State Governments which is subject to audit by the Auditor appointed by the Comptroller and Auditor-General of India under sub-section (5) or (7) of section 139 of the Companies Act, 2013; or

(iv) Autonomous bodies, Registered Societies, Cooperative Societies which are owned or controlled or managed by the State Government or Central Government.

We understand that we are eligible for submission of a Bid Securing Declaration in lieu of Bid Security under Rule 42 (3) of RTPP Rules, 2013:

We understand that, according to your conditions, bids must be supported by a Bid-Securing Declaration.

We accept that we will automatically be suspended from being eligible for bidding in any contract with you, **CEO, RSHAA, Jaipur**, for the period of time of ..... starting on ..... if we are in breach of our obligation(s) under the bid conditions, more specifically, if we:

(a) withdraw or modify our Bid after deadline for submission of bids, during the period of bid validity specified in the Bid Data Sheet (hereinafter "the BDS"); or

(b) having been notified during the period of bid validity specified in the BDS, about the acceptance of our Bid by you,

(i) fail or refuse to execute the Contract Agreement within the time period specified in the BDS,

(ii) fail or refuse to furnish the performance security, in accordance with the Instructions to Bidders (hereinafter "the ITB") within the time period specified in the BDS, or

(c) breach a provision of the Code of Integrity specified in the *RTPP Act, RTPP Rules* and the ITB.

We understand this Bid-Securing Declaration shall expire if we are not the successful Bidder, upon the earlier of (i) our receipt of your notification to us of the name of the successful Bidder; or (ii) thirty days after the expiration of our Bid.

Signed:

*[insert signature of person whose name and capacity are shown]*

Signed:-----

Name :-----

In the capacity of:-----

Duly authorized to sign the bid for and on behalf of:

Dated on day of

Corporate Seal:-----

## Qual- 4c

### Format of Bank guarantee for Bid Security

Bank Guarantee - Unconditional

(To be executed on a non-judicial stamp paper)

(To be issued by a Scheduled Bank in India)

[insert Bank's Name, and Address of Issuing Branch or Office]

Beneficiary: [insert name and address of the Procuring Entity]

Date: [insert date]

Bid Security No.: [insert number]

We have been informed that [insert name of the Bidder] (hereinafter called "the Bidder") has submitted to you its bid dated [insert date] (hereinafter called "the Bid") for the execution of [insert name of contract] under Notice Inviting Bids No. [insert NIB number] ("the NIB"). Furthermore, we understand that, according to your conditions, bids must be supported by a Bank guarantee.

At the request of the Bidder, we [insert name of Bank] hereby irrevocably undertake to pay you any sum or sums not exceeding in total an amount of \_\_\_\_\_ [insert amount in figures] [insert amount in words] upon receipt by us of your first demand in writing accompanied by a written statement stating that the Bidder is in breach of its obligation(s) under the bid conditions, because the Bidder:

(a) has withdrawn or modified its Bid after deadline for submission of bids, during the period of bid validity in the Bid document; or

(b) having been notified during the period of bid validity specified in the Bid Document, about the acceptance of its Bid by you,

(i) failed or refused to execute the Contract Agreement within the time specified in the Bid Document, or

(ii) failed or refused to furnish the performance security, in accordance with the Bid Document within the time specified in the Bid Document, or

(c) has breached a provision of the Code of Integrity specified in the RPPP Act, RPPP Rules. This guarantee will expire:

(a) if the Bidder is the successful Bidder, upon our receipt of copies of the contract signed by the Bidder and the performance security issued to you upon the instruction of the Bidder; and

(b) if the Bidder is not the successful Bidder, upon the earlier of

(i) our receipt of a copy of your notification to the Bidder of the name of the successful Bidder; or (ii) thirty days after the expiration of the validity of the Bidder's bid.

Consequently, any demand for payment under this guarantee must be received by us at the office on or before that date.

Signed: \_\_\_\_\_ [insert signature of person whose name and capacity are shown]

Name: \_\_\_\_\_ [insert complete name of person signing the Bid Security]

In the capacity of: \_\_\_\_\_ [insert legal capacity of person signing the Bid Security]

Duly authorized to sign the Bid Security for and on behalf of \_\_\_\_\_ [insert name of the Bank]

Dated on day of \_\_\_\_\_ [insert date of signing]

Bank Name and complete branch address: \_\_\_\_\_

Pin: \_\_\_\_\_

Bank's Seal

[affix seal of the Bank]



### Format: Qual-5: List of Supporting Documents

- a. True certified copies of the registration granted by the IRDAI for carrying on general insurance (including health insurance) or standalone health insurance business in India and last three years' renewal certificates.
- b. Last three years "audited Balance Sheet and Profit and Loss Statement with Auditors" Report.
- c. True certified copies which provides proof that the Insurance Company has a group health insurance policy (excluding personal accident or travel cover) covering at least 1,00,000 families in any State of India for the last three completed financial years immediately preceding Bid Due Date. Insurer has to submit work satisfaction certificate from the work order issuing entity.
- d. True certified copies from chartered accountant which provides proof that the Insurance Company has Gross Direct Premium Income from Health Insurance (excluding personal accident or travel cover) of at least Rs. 200 crores in any State of India in the last three financial years, immediately preceding Bid Due Date.
- e. Undertaking Regarding Outsource agency, Other Providers (if applicable).

A handwritten mark in blue ink, consisting of a stylized '3' with a horizontal line extending to the right and a small loop at the top.

Format: Qual-5 (e) : Undertaking Regarding Outsource Agency, Other Providers (if applicable)

(on letter head of the Bidder)

Date: [insert date], 2024

To

CEO,  
Rajasthan State Health Assurance Agency  
R.T.D.C. Head Office, (Hotel Swagatam campus),  
Railway Station, Jaipur

Dear Madam / Sir,

Subject: Undertaking Regarding Appointment of Outsourced, and Similar Agencies / Intermediaries

I, [insert name] designated as [insert title] at [insert location] of [insert name of Bidder] and being the authorized signatory for and on behalf of the Bidder, do hereby declare and undertake that we have read the Tender Documents for award of Insurance Contract for the implementation of the Mukhya Mantri Ayushman Arogya (MAA) Yojana.

We hereby undertake and explicitly agree that if we are selected as the Successful Bidder, we shall for the purpose of any non-core business related to MAA-Yojana, appoint only those third parties appoint those Outsource agencies and similar agencies / intermediaries that meet the criteria specified, if any, in the Tender Documents.

We hereby undertake and explicitly agree that if we are selected as the Successful Bidder, we shall for the purpose of this tender will hire reinsurance companies as per IRDA 2016 regulations (including order of preference) and will inform the RSHAA details of arrangement with reinsurance company at the time of signing of the contract.

Dated this \_\_\_\_\_ day of , 2024

\_\_\_\_\_(Signature)

.....(insert name of the authorized signatory) In the capacity of [position]

Duly authorized to sign this Bid for and on behalf of [name of Bidder]



## Format: Qual-6: Checklist for Qualification Bid

[On letterhead of the Bidder]

We, ..... (insert name of the Bidder), hereby confirm that we are submitting the following documents as a part of our Qualification Bid in response to this Tender Document under the MAA-Yojana:

No.	Document	Document No. (Reference no. to be provided in the Qualification Bid)	Submitted (Yes / No)
1	Bid Application Cover Letter	Qual-1	
2	Applicant Details	Qual-2	
3	Power of Attorney	Qual-3	
4	Undertaking by the bidder regarding unconditional acceptance to all the terms and conditions of the Scheme	Qual-4	
5	Mandatory Undertaking	Qual-4-a	
6	Bid Security Declaration	Qual-4-b	
7	Bank Guarantee Format for Bid Security	Qual-4-c	
8	True certified copies of the registration granted by the IRDAI & and last three years' renewal certificates	Qual-5-a	
9	Last 3 Years audited Balance Sheet and Profit and Loss Statement with Auditors Report	Qual-5-b	
10	True certified copies which provides proof that the Insurance Company has group health insurance policy (excluding personal accident or travel cover) covering at least 1,00,000 families in any state of India for the last three completed financial years	Qual-5-c	
11	True certified copies from chartered accountant which provides proof that the Insurance Company has Gross Direct Premium Income from Health Insurance of at least Rs. 200 crores in any state of India in each of the last three completed financial years	Qual-5-d	
12	Checklist for Qualification Bid	Qual-6	

Dated this \_\_\_\_ day of \_\_\_\_\_, 2024

\_\_\_\_\_(Signature)

.....(insert name of the authorized signatory)

In the capacity of \_\_\_\_ [position]

Duly authorized to sign this Bid for and on behalf of \_\_\_\_ [name of Bidder]

## Appendix-II

### Format: Fin-1: Financial Bid

[On letterhead of the Bidder]

From

[insert name of Bidder]  
[insert address of Bidder]

Date: [insert date], 2024

To

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Madam / Sir,

Subject: Financial Bid for Implementation of the Mukhya Mantri Ayushman Arogya (MAA) Yojana in the State of Rajasthan .

With reference to your Tender Documents dated (Insert Date) we, [insert name of Bidder], wish to submit our Financial Bid for the award of the Insurance Contract(s) for the implementation of the Mukhya Mantri Ayushman Arogya (MAA) Yojana ( in the State of Rajasthan. Our details have been set out in our Qualification Bid.

1. We hereby submit our Financial Bid, which is unconditional and unqualified. We have examined the Tender Documents, including all the Addenda.
2. We acknowledge that the Rajasthan State Health Assurance Agency will be relying on the information provided by us in the Financial Bid for evaluation and comparison of Financial Bids received from the Eligible Bidders and for the selection of the Successful Bidder for the award of the Insurance Contract for the implementation of the MAA-Yojana in the State of Rajasthan. We certify that all information provided in the Financial Bid is true and correct. Nothing has been omitted which renders such information misleading and all documents accompanying our Financial Bid are true copies of their respective originals.
3. We shall make available to the Rajasthan State Health Assurance Agency any clarification it may find necessary or require to supplement or authenticate the Financial Bid.
4. We acknowledge the right of the Rajasthan State Health Assurance Agency to reject our Financial Bid or not to select us as the Successful Bidder, without assigning any reason or otherwise and we hereby waive, to the fullest extent permitted by applicable laws, our right to challenge the same on any account whatsoever.





5. We hereby acknowledge and confirm that all the undertakings and declarations made by us in our Qualification Bid are true, correct and accurate as on the date of opening of our Financial Bid
6. We acknowledge and declare that the Rajasthan State Health Assurance Agency is not obliged to return the Financial Bid or any part thereof or any information provided along with the Financial Bid, other than in accordance with the provisions set out in the Tender Document.
7. We undertake that if there is any change in facts or circumstances during the Bidding Process which may render us liable to disqualification in accordance with the terms of the Tender Documents, we shall advise the Rajasthan State Health Assurance Agency of the same immediately.
8. We are quoting the following Premium:

NO.	Cover	Number of MAA-Yojana Beneficiary Family Units	Annual Premium per family (in Rs.) (inclusive of all costs except GST and Other taxes)	GST/Other Taxes (if applicable as per Law)	Total Annual Premium including all applicable taxes.
		(A)	(B)	(C)	(D) (A)x(B)+(C)=(D)
1	Rs. 5,00,000 cover segmented into Rs. 50,000/- for secondary illnesses and Rs. 4,50,000/- for tertiary illness per MAA-Yojana Beneficiary Family Unit eligible for BASIC RISK COVER to meet hospitalization expenses as per the Scheme.	As Rate Quoted in the BOQ (Excel Format) at eproc portal.			

[Note to Bidders: Rate is not to be filled up in Fin.1, it is only to be signed by the Insurer and Rate be quoted in BOQ (Excel format) only at eproc portal. Selection of L1 bidder shall be done based on the value quoted in the column B in above table at eproc portal.

9. We acknowledge, confirm and undertake that:
  - a. The terms and conditions of the Tender Documents and the Premium being quoted by us for the implementation of the Scheme are determined on a technically sound basis, are financially adequate, viable and sustainable on the basis of information and claims experience available in our records.
10. We hereby irrevocably waive any right or remedy, which we may have at any stage at law or howsoever arising, to challenge the criteria for evaluation of the Financial Bid or question any decision taken by the Rajasthan State Health Assurance Agency in

connection with the evaluation of the Financial Bid, declaration of the Selected Bidder, or in connection with the Bidding Process itself, in respect of the Insurance Contract and the terms and implementation thereof.

11. We agree and undertake to abide by all the terms and conditions of the Tender Documents, including all Addenda, Annexures and Appendices.
12. We have studied the Tender Documents (including all the Addenda, Annexures and Appendices) and all the information made available by or on behalf of the Rajasthan State Health Assurance Agency carefully. We understand that except to the extent as expressly set forth in the Insurance Contract, we shall have no claim, right or title arising out of any documents or information provided to us by the Rajasthan State Health Assurance Agency or in respect of any matter arising out of or concerning or relating to the Bidding Process.
13. We agree and understand that the Bid is subject to the provisions of the Tender Documents. In no case, shall we have any claim or right against the Rajasthan State Health Assurance Agency if the Insurance Contract is not awarded to us or our Financial Bid is not opened or found to be substantially non-responsive.
14. This Bid shall be governed by and construed in all respects according to the laws for the time being in force in India. The competent courts at Jaipur, Rajasthan will have exclusive jurisdiction in the matter.
15. Capitalized terms which are not defined herein will have the same meaning ascribed to them in the Tender Documents.

We hereby confirm that we are submitting this Financial Bid under and in accordance with the terms of the Tender Documents.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2024

\_\_\_\_ (signature)

.....(insert name of the authorized signatory)

In the capacity of \_\_\_\_ [position]

Duly authorized to sign this Bid for and on behalf of \_\_\_\_ [name of Bidder]





## Format: Fin-2: Certificate from Bidder's Appointed Actuary

[On letter head of the Bidder's Appointed Actuary]

From

[Name of Actuary]  
[Address of Actuary]

Date: [insert date], 2024

To

\_\_\_\_\_  
\_\_\_\_\_

Dear Madam / Sir,

Subject: Actuarial Certificate in respect of Premium quoted by [insert name of Bidder] in its Financial Bid dated [insert date] for the MAA-Yojana in the State of Rajasthan .

I/ We, [insert name of actuary], am/are a registered actuary under the laws of India and am / are licensed to provide actuarial services.

[insert name of Bidder] (the Bidder) is an insurance company engaged in the business of providing general insurance (including health insurance) services in India and we have been appointed by the Bidder as its actuary.

I/ We understand that the Bidder will submit its Bid for the implementation of the Ayushman Bharat – National Health Protection Mission (the Scheme) in the State of Rajasthan .

I, [insert name] designated as [insert title] at [ ] of [insert name of actuary] do hereby certify that:

- a. We have read the Tender Documents for award of Insurance Contract for the implementation of the Scheme.
- b. The rates, terms and conditions of the Tender Documents and the Premium being quoted by the Bidder for the Scheme are determined on a technically sound basis, are financially adequate, viable and sustainable on the basis of information and claims experience available in the records of the Bidder.
- c. Following assumptions have been taken into account while calculating the price for the **Benefit Risk Cover** under the MAA-Yojana:
  - i. Projected Claim Ratio – \_\_\_\_ %
  - ii. Administrative Cost – \_\_\_\_ %
  - iii. Profit – \_\_\_\_ %

Dated this \_\_\_\_ day of \_\_\_\_\_, 2024



At [insert place]

\_\_\_\_\_  
[Signature]

In the capacity of \_\_\_\_  
[position]

A handwritten signature in blue ink, consisting of a stylized 'C' followed by a '2' and a diagonal slash.



### Appendix-III

#### Format of Bank guarantee for Performance Security

(To be issued by a Scheduled Bank in India and properly stamped) Bank's Name and  
Address of Issuing Branch

CEO,  
RSHAA, Jaipur

THIS DEED OF GUARANTEE executed on this the \_\_\_\_\_ day of \_\_\_\_\_  
at \_\_\_\_\_ by \_\_\_\_\_  
(Name of the Bank) having its Head/ Registered office at \_\_\_\_\_  
hereinafter referred to as "the Guarantor" which  
expression shall unless it be repugnant to the subject or context thereof include successors,  
administrators and assigns;

In favour of CEO, RSHAA, Jaipur, hereinafter referred to as "Procuring Entity", which  
expression shall, unless repugnant to the context or meaning thereof include its successors in  
office and assigns.

WHEREAS,

A. By the Agreement being entered into between Procuring Entity  
and \_\_\_\_\_, a company/ firm incorporated under the provisions of the  
Companies Act, 1956/ any other law, having its registered office/ permanent address at \_\_\_\_\_  
hereinafter called the "Service Provider". The Service Provider has  
been selected for Implementation of 'Mukhya Mantri Ayushman Arogya (MAA) Yojana' in  
the State of Rajasthan'.

B. In terms of the Contract, the Service Provider is required to furnish to Procuring Entity, an  
unconditional and irrevocable bank guarantee for an amount of Rs. \_\_\_\_\_/-(Rupees  
\_\_\_\_\_ Only) as security for due and punctual performance/ discharge of its  
obligations under the Agreement.

At the request of the Service Provider, the Guarantor has agreed to provide guarantee, being  
these presents guaranteeing the due and punctual performance/ discharge by the Service  
Provider of its obligations under the Agreement.

**NOW THEREFORE THIS DEED WITNESSETH AS FOLLOWS:**

1. The Guarantor hereby irrevocably guarantees the due and punctual performance by the  
Service Provider of all its obligations relating to the Assignment during the Agreement  
Period or extension thereof.
2. The Guarantor shall, without demur, pay to Procuring Entity sums not exceeding in  
aggregate Rs. \_\_\_\_\_/- (Rupees \_\_\_\_\_ Only), within five (5) calendar

days of receipt of a written demand therefore from Procuring Entity stating that the Service Provider has failed to meet its performance obligations under the Agreement.

The Guarantor shall not go into the veracity of any breach or failure on the part of the Service Provider or validity of demand so made by Procuring Entity and shall pay the amount specified in the demand notwithstanding any direction to the contrary given or any dispute whatsoever raised by the Service Provider or any other person. The Guarantor's obligations hereunder shall subsist until all such demands are duly met and discharged in accordance with the provisions hereof.

3. In order to give effect to this Guarantee, Procuring Entity shall be entitled to treat the Guarantor as the principal debtor. The obligations of the Guarantor shall not be affected by any variations in the terms and conditions of the Agreement or other documents or by the extension of time for performance granted to the Service Provider or postponement/ non exercise/ delayed exercise of any of its rights by Procuring Entity or any indulgence shown by Procuring Entity to the Second Party and the Guarantor shall not be relieved from its obligations under this Guarantee on account of any such variation, extension, postponement, non exercise, delayed exercise of any of its rights by Procuring Entity or any indulgence shown by Procuring Entity provided nothing contained herein shall enlarge the Guarantor's obligation hereunder.

4. This Guarantee shall be irrevocable and shall remain in full force and effect until 6 months after fulfillment of all the obligations of the Service Provider under the Agreement, unless discharged/ released earlier by Procuring Entity in accordance with the provisions of the Agreement. The Guarantor's liability in aggregate be to a sum of Rs. \_\_\_\_\_/- (Rupees \_\_\_\_\_ only).

5. This Guarantee shall not be affected by any change in the constitution or winding up of the Service Provider/ the Guarantor or any absorption, merger or amalgamation of the Service Provider/ the Guarantor with any other person.

6. The Guarantor has power to issue this guarantee and discharge the obligations contemplated herein, and the undersigned is duly authorised to execute this Guarantee pursuant to the power granted under \_\_\_\_\_.

**IN WITNESS WHEREOF THE GUARANTOR HAS SET ITS HANDS HEREUNTO ON THE DAY, MONTH AND YEAR FIRST HEREINABOVE WRITTEN.**

**SIGNED AND DELIVERED by**

\_\_\_\_\_ Bank and Branch

by the hand of Shri \_\_\_\_\_  
its \_\_\_\_\_ and authorised official.

(Signature of the Authorised Signatory)  
(Official Seal)

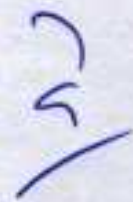




**Draft Contract Agreement  
for  
Selection of Insurance Company for the implementation of  
Mukhya Mantri Ayushman Arogya (MAA) Yojana  
In the State of Rajasthan**

November, 2024

Insurance Contract  
*To be signed with the Insurance Company*



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## Abbreviations

AB-PM JAY	Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana
BFU	Beneficiary Family Unit
CGRMS	Central Grievance Redressal Management System
CGHS	Central Government Health Scheme
CRC	Claims Review Committee
DCA	Draft Contract Agreement
DGRC	District Grievance Redressal Committee
DGNO	District Grievance Nodal Officer
DoMHFW	Department of Medical, Health and Family Welfare Rajasthan
EWS	Economically Weaker Section
EHCP	Empanelled Health Care Provider
INR	Indian National Rupees
LCGIP	Lowest Composite Gross Insurance Premium
IRDAI	Insurance Regulatory Development Authority of India
MoHFW	Ministry of Health & Family Welfare, Government of India
MAA-Yojana	Mukhya Mantri Ayushman Arogya Yojana
NHA	National Health Authority
NMC	National Medical Council
NOA	Notification of Award
RC	Risk Cover
RGHS	Rajasthan Government Health Scheme
RMC	Rajasthan Medical Council
RSBY	Rashtriya Swasthya Bima Yojana
RSHAA	Rajasthan State Health Assurance Agency
SECC	Socio Economic Caste Census
SGRC	State Grievance Redressal Committee
SGNO	State Grievance Nodal Officer
SMD	Swasthaya Margdarshak
TID	Transaction Identity
UCN	Unique Complaint Number
UT	Union Territories
UCN	Unique Complaint Number

2

### Recitals

Insurance Contract

for the implementation of

Mukhya Mantri Ayushman Arogya (MAA) Yojana

This Agreement for the implementation of MAA-Yojana for providing the MAA-Yojana Cover (the **Insurance Contract**) is made at \_\_\_\_\_ on \_\_\_\_\_:

### BETWEEN

Government of Rajasthan represented by the Rajasthan State Health Assurance Agency (RSHAA), having his principal office at Jaipur, Rajasthan (hereinafter referred to as the **Rajasthan State Health Assurance Agency** which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and permitted assigns), represented through \_\_\_\_\_;

AND

The \_\_\_\_\_ an insurance company, a Private / Public Limited Company, having CIN No. \_\_\_\_\_ and having its registered office at \_\_\_\_\_ (hereinafter referred to as the **Insurer**, which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and permitted assigns), represented through \_\_\_\_\_,

The Rajasthan State Health Assurance Agency and the Insurer shall collectively be referred to as the **Parties** and individually as the **Party**.

### WHEREAS

- A. The "Mukhya Mantri Ayushman Arogya (MAA) Yojana" (the **MAA-Yojana**), a Government of Rajasthan scheme, requires providing health insurance cover to the extent of Rs. 25,00,000/- per family per annum on Insurance mode (Rs. 5.00 lakh) and trust mode (Rs. 20.00 lakh). The insurance mode coverage shall be segmented into **Rs. 50,000/- for secondary illnesses and Rs. 4,50,000/- for tertiary illness** per family per annum on family floater and cashless basis through an established network of health care providers to the MAA-Yojana Beneficiary Family Units.

Number of Districts	No. of MAA-Yojana Beneficiary Family Units eligible for cover under the Scheme
50	At present 1.94 Crore Jan Aadhar families are registered out of which 1.33 Crore families are registered under the MAA-Yojana.

- B. The Government of Rajasthan has decided to implement the MAA-Yojana to provide health insurance to all its families that are eligible for the scheme in the State of Rajasthan.
- C. The scheme aims to reduce the out of pocket healthcare expenditures through Universal Health Insurance Scheme to all its eligible beneficiary families.



These eligible MAA-Yojana beneficiary families will be provided coverage for secondary, tertiary and day care procedures (as applicable) for treatment of diseases and medical conditions through a network of Empanelled Health Care Providers (EHCP).

- D. On \_\_\_\_\_ the Rajasthan State Health Assurance Agency commenced a bidding process by issuing tender documents (the **Tender Documents**), inviting insurance companies to submit their bids for the implementation of the MAA-Yojana. Pursuant to the Tender Documents, the bidders submitted their bids on \_\_\_\_\_ for the implementation of the MAA-Yojana.
- E. Following a process of evaluation of financial bids submitted by bidders, the Rajasthan State Health Assurance Agency accepted the Bid of the Insurer for the implementation of the MAA-Yojana. The Rajasthan State Health Assurance Agency issued a notification of award dated \_\_\_\_\_ (the **NOA**) and requested the Insurer to execute this Insurance Contract. The Insurer accepted the NOA on \_\_\_\_\_.
- F. The Insurer represents and warrants that it has the experience, capability and know-how required for carrying on health insurance business and has agreed to provide health insurance services and provision of the Risk Cover (*defined below*) to the Beneficiary Family Units (*defined below*) eligible under the MAA-Yojana for the implementation of the MAA-Yojana in all the districts in the State of Rajasthan.
- G. Subject to the terms, conditions and exclusions set out in this Insurance Contract and Policy (*defined below*), the Insurer undertakes that if during a Policy Cover Period (*defined below*) of such Policy any Beneficiary covered by MAA-Yojana Policy:
- (i) undergoes a Medical Treatment or Surgical Procedure requiring Hospitalization or a Day Care Treatment or Follow-up Care (as mentioned in the **Tender Document**) to be provided by an Empanelled Health Care Provider (as mentioned in the **Tender Document**)

then the Insurer shall pay the packages as defined to the Empanelled Health Care Provider in accordance with the terms of this Insurance Contract and such Policy, to the extent of the Sum Insured of Rs. 5.00 lakh segmented into Rs. 50,000 for secondary and Rs. 4,50,000 for tertiary packages under such Policy.

**NOW THEREFORE IT IS AGREED AS FOLLOWS:**



## 1. Definitions and Interpretations

### 1.1 Definitions

Unless the context requires otherwise, the following capitalized terms and expressions shall have the following meanings for the purpose of this Insurance Contract:

- a. **Addendum or Addenda** means document/s issued in continuation or as modification or as clarification to certain points in the Tender Documents. The bidders would need to consider the main document as well as any addenda issued subsequently for responding to the bid.
- b. **AB-PMJAY** shall refer to Ayushman Bharat– Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), a scheme managed and administered by the Ministry of Health and Family Welfare, Government of India through National Health Authority.
- c. **Annexure** means an annexure to this Insurance Contract.
- d. **Appellate Authority** shall mean the authority designated by the Rajasthan State Health Assurance Agency which has the powers to accept and adjudicate on appeals by the aggrieved party against the decisions of any Grievance Redressal Committee set up pursuant to the Insurance Contract between the Rajasthan State Health Assurance Agency and the Insurer.
- e. **Beneficiary** means a member of the MAA-Yojana Beneficiary Family Units who is eligible to avail benefits under the Mukhya Mantri Ayushman Arogya (MAA) Yojana.
- f. **Beneficiary Family Unit** refers to those families including all its members figuring in the Jan Aadhar Database of Government of Rajasthan. Families covered under Rajasthan Government Health Scheme (RGHS) and Central Government Health Scheme (CGHS) or any other category as decided by GoR shall not be eligible to avail benefits under MAA-Yojana.
- g. **Benefit Package or Health Benefit Package** refers to the bundled package of services required to treat a condition/ailment/ disease that insured families would receive under MAA-Yojana and detailed in Schedule 3 (a) of Insurance Contract
- h. **Bid** refers to the qualification and the financial bids submitted by an eligible Insurance Company pursuant to the release of this Tender Document as per the provisions laid down in this Tender Document and all subsequent submissions made by the Bidder as requested by the RSHAA for the purposes of evaluating the bid.
- i. **Bidder** shall mean any eligible Insurance Company which has submitted its bid in response to this Tender released by the Government of Rajasthan.
- j. **Cashless Access Service** means a facility extended by the Insurer to the Beneficiaries where the payments of the expenses that are covered under the Risk Cover are directly made by the Insurer to the Empanelled Health Care Providers in accordance with the terms and conditions of this Insurance Contract, such that none of the Beneficiaries are required to pay any amounts to the Empanelled Health Care Providers in respect



of such expenses, either as deposits at the commencement or at the end of the care provided by the Empanelled Health Care Providers for packages covered.

- k. **CHC** means a community health centre located at the block level in the State of Rajasthan.
- l. **Claim** means a claim that is received online by the Insurer from an Empanelled Health Care Provider.
- m. **Claim Payment** means the payment of eligible Claim received by an Empanelled Health Care Provider from the Insurer in respect of benefits under the Risk Cover made available to a Beneficiary.
- n. **Clause** means a clause of this Insurance Contract.
- o. **Day Care Treatment** means any Medical Treatment and/or Surgical Procedure at an Empanelled Health Care Provider or Day Care Centre in less than 24 hours due to technological advancements, which would otherwise have required Hospitalization.
- p. **Days** mean and shall be interpreted as calendar days unless otherwise specified.
- q. **Empanelled Health Care Provider** means a hospital, a nursing home, a district hospital, a CHC, or any other health care provider, whether public or private, satisfying the minimum criteria for empanelment and that is empanelled by the RSHAA in accordance with terms of this Contract for the provision of health services to the Beneficiaries under MAA-Yojana.
- r. **Fraud** shall mean and include any intentional deception, manipulation of facts and / or documents or misrepresentation made by a person or organization with the knowledge that the deception could result in unauthorized financial or other benefit to herself/himself or some other person or organization. It includes any act that may constitute fraud under any applicable law in India.
- s. **Hospital IT Infrastructure** means the hardware and software to be installed at the premises of each Empanelled Health Care Provider for the provision of Cashless Access Services, the minimum specifications of which have been set out in the Tender Documents/guidelines/orders issued by RSHAA from time to time.
- t. **Hospitalization** means any Medical Treatment or Surgical Procedure which requires the Beneficiary to stay at the premises of an Empanelled Health Care Provider for 24 hours or more from time of admission, excluding day care treatment/conditions as defined in the package list.
- u. **ICU or Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards. The unit should have doctor-nursing ratio per bed and necessary infrastructure as per HEM guidelines.

- v. **Insurance Contract/Agreement** shall mean this contract between the Rajasthan State Health Assurance Agency and the Insurer for the provision of the benefits under the Risk Cover, to the Beneficiaries and setting out the terms and conditions for the implementation of the MAA-Yojana.
- w. **Insurer** means the successful bidder which has been selected pursuant to this bidding process and has agreed to the terms and conditions of the Tender Document and has signed the Insurance Contract with RSHAA for implementation of MAA-Yojana.
- x. **IRDAI** means the Insurance Regulatory and Development Authority of India established under the Insurance Regulatory and Development Authority Act, 1999.
- y. **IRDA Solvency Regulations** means the IRDA (Assets, Liabilities and Solvency Margin of Insurers) Regulations, 2000, as amended from time to time.
- z. **Law/Applicable Law** means any statute, law, ordinance, notification, rule, regulation, judgment, order, decree, bye-law, approval, directive, guideline, policy, requirement or other governmental restriction or any similar form of decision applicable to the relevant party and as may be in effect on the date of the execution of this Agreement and during the subsistence thereof.
- aa. **MAA-Yojana Beneficiary Database** refers to all Jan Aadhar database of Government of Rajasthan.
- bb. **MAA-Yojana Guidelines** mean the guidelines issued by RSHAA from time to time for the implementation of the **MAA-Yojana**, to the extent modified by the Tender Documents pursuant to which the Insurance Contract has been entered into; provided that Rajasthan State Health Assurance Agency may, from time to time, amend or modify the **MAA-Yojana Guidelines** or issue new **MAA-Yojana Guidelines**, which shall then be applicable to the Insurer. This includes all the guidelines issued by RSHAA for the implementation of **MAA-Yojana**.
- cc. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which: i) is required for the medical management of the illness or injury suffered by the insured; ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; iii) must have been prescribed by a medical practitioner; iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India
- dd. **Material Misrepresentation** shall mean an act of intentional hiding or fabrication of a material fact which, if known to the other party, could have terminated, or significantly altered the basis of a contract, deal, or transaction.
- ee. **Medical Practitioner/Officer** means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction, acting within the scope and jurisdiction of his/her license.
- ff. **Medical Treatment** means any medical treatment of an illness, disease or injury.



including diagnosis and treatment of symptoms thereof, relief of suffering and prolongation of life, provided by a Medical Practitioner, but that is not a Surgical Procedure. Medical Treatments include but not limited to: bacterial meningitis, bronchitis-bacterial/viral, chicken pox, dengue fever, diphtheria, dysentery, epilepsy, filariasis, food poisoning, hepatitis, malaria, measles, meningitis, plague, pneumonia, septicaemia, tuberculosis (extra pulmonary, pulmonary etc.), tetanus, typhoid, viral fever, urinary tract infection, lower respiratory tract infection and other such diseases requiring Hospitalization, as per HBPs detailed in Schedule 3 (a) of Insurance Contract.

- gg. **MoHFW** shall mean the Ministry of Health and Family Welfare, Government of India.
- hh. **NHA** shall mean the National Health Authority set up the Ministry of Health and Family Welfare, Government of India with the primary objective of coordinating the implementation, operation and management of AB-PMJAY. It will also foster co-ordination and convergence with other similar schemes being implemented by the Government of India and State Governments.
- ii. **Package Rate** means the fixed maximum charges for a Medical Treatment or Surgical Procedure or for any Follow-up Care that will be paid by the Insurer under Cover, which shall be determined in accordance with the rates provided in this Contract. The package rate may be reviewed and revised by RFP package committee as per the need.
- jj. **Party** means either the Insurer or the Rajasthan State Health Assurance Agency and **Parties** means both the Insurer and the Rajasthan State Health Assurance Agency.
- kk. **Policy Cover Period** shall mean the standard period of 12 calendar months from the date of start of the Policy Cover or lesser period as per Contract entered between RSHAA and Insurer, unless cancelled earlier in accordance with this Insurance Contract.
- ll. **Premium** means the aggregate sum agreed by the Parties as the annual premium to be paid by the Rajasthan State Health Assurance Agency to the Insurer for each Beneficiary Family Unit that is eligible for the scheme, as consideration for providing the Cover to such Beneficiary Family Unit under this Insurance Contract.
- mm. **Risk Cover** shall mean an annual risk cover of Rs. 25,00,000/- (Rupees Twenty Five lakhs only) per family per year on Insurance mode (Rs. 5.00 lakh) and trust mode (Rs. 20.00 lakh) as is being provided in the current scheme. The Insurance mode coverage of Rs. 5,00,000/- (Rupees five lakhs only) is segmented into **Rs. 50,000/- for secondary illnesses and Rs. 4,50,000/- for tertiary illness** on family floater basis, covering medical conditions pertaining to secondary and / or tertiary treatment as defined in Schedule 3 (a) of Insurance Contract, through a network of Empanelled Health Care Providers (EHCP) for the **MAA-Yojana** Beneficiary Family Units validated by the Government of Rajasthan or the designated Rajasthan State Health Assurance Agency (RSHAA).

- nn. **Risk Premium** means the sum agreed by the Parties as the annual premium to be paid by the Rajasthan State Health Assurance Agency to the Insurer for each Beneficiary Family Unit that is covered under the Scheme, as consideration for providing the Risk Cover to such Beneficiary Family Unit under this Insurance Contract and the Policy. In addition to the Insurance mode coverage of Rs. 5.00 lakh, coverage of Rs.20.00 lakh per family per year will be provided on trust mode thus total coverage of Rs. 25.00 lakh per family per year will be provided under the scheme.
- oo. **Schedule** means a schedule of this Insurance Contract.
- pp. **Scheme** shall mean the Mukhya Mantri Ayushman Arogya (MAA) Yojana managed and administered by the Rajasthan State Health Assurance Agency, Department of Medical, Health and Family Welfare, Government of Rajasthan.
- qq. **Selected Bidder** shall mean the successful bidder which has been selected in the bid exercise and has agreed to the terms and conditions of the Tender Document and has signed the Insurance Contract with the Rajasthan State Health Assurance Agency, Department of Medical, Health and Family Welfare, Government of Rajasthan.
- rr. **Service Area** refers to the entire State of Rajasthan and all State (s)/UT (s) of India in case of portability covered and included under this Contract for the implementation of MAA-Yojana.
- ss. **Rajasthan State Health Assurance Agency (RSHAA)** refers to the society set up under the provisions of Rajasthan Societies Registration Act, 1958 (Act No.28 of 1958) by the Department of Medical, Health & Family Welfare, Government of Rajasthan for the purpose of providing medical facility/treatment to general public in all areas of State through empanelled private and Government hospitals.
- tt. **Successful Bidder** shall mean the bidder whose bid document is responsive, which has been pre-qualified and whose financial bid is the lowest among all the shortlisted and with whom the Government of Rajasthan intends to select and sign the Insurance Contract for this Scheme.
- uu. **Sum Insured** shall mean an annual risk cover of Rs. 25,00,000/- (Rupees Twenty Five lakhs only) per family per year on Insurance mode (Rs. 5.00 lakh) and trust mode (Rs. 20.00 lakh) as is being provided in the current scheme. The Insurance mode coverage of Rs. 5.00 lakh shall be segmented into Rs. 50,000/- for secondary illnesses and Rs. 4,50,000/- for tertiary illness per family per annum on family floater basis. This shall be called the basic Sum Insured, which shall be fixed irrespective of the size of the MAA-Yojana Beneficiary Family Unit, against which the beneficiary family unit may seek benefits as per the benefit package proposed under the MAA-Yojana. In addition, coverage of Rs.20.00 lakh per family per year will be provided on trust mode thus total coverage of Rs. 25.00 lakh per family per year will be provided under the scheme.
- vv. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life,



performed in a hospital or day care centre by a medical practitioner as per HBP's detailed in Schedule 3 (a) of Insurance Contract.

ww. **State Government** refers to the duly elected Government in the State.

xx. **Tender Documents** refers to this Tender Document including "Request for Proposal", "Schedules to Insurance Contract" and Draft Contract Agreement" to be signed by the Insurance Company" including all amendments, modifications issued by the RSHAA in writing pursuant to the release of the Tender Document.

yy. **Turn-around Time** means the time taken by the Insurer in completing the task. These tasks include but not limited to beneficiary verification, processing preauthorization, processing a Claim received from an Empanelled Health Care Provider and in making a Claim Payment including investigating such Claim or rejection of the such Claim etc. defined in this Contract.

zz. **Material Breach** means breach of any term and condition as enlisted in this contract caused due to any act and/or omission by the Insurer's wilful misconduct and/or negligence.

## 1.2 Interpretation

- a. Any grammatical form of a defined term herein shall have the same meaning as that of such term.
- b. Any reference to an agreement, contract, instrument or other document (including a reference to this Insurance Contract) herein shall be to such agreement, instrument or other document as amended, varied, supplemented, modified or suspended at the time of such reference.
- c. Any reference to an "agreement" includes any undertaking, deed, agreement and legally enforceable arrangement, whether or not in writing, and a reference to a document includes an agreement (so defined) in writing and any certificate, notice, instrument and document of any kind.
- d. Any reference to a statutory provision shall include such provision as modified or re-enacted or consolidated from time to time.
- e. Terms and expressions denoting the singular shall include the plural and vice versa.
- f. Any reference to "persons" denotes natural persons, partnerships, firms, companies, corporations, joint ventures, trusts, associations, organizations or other entities (in each case, whether or not incorporated and whether or not having a separate legal entity).
- g. The term "including" shall always mean "including, without limitation", for the purposes of this Insurance Contract.
- h. The terms "herein", "hereof", "hereinafter", "hereto", "hereunder" and words of similar import refer to this Tender as a whole.

- i. Headings are used for convenience only and shall not affect the interpretation of this Insurance Contract.
- j. The Schedules and Annexures to this Insurance Contract form an integral part of this Insurance Contract and will be in full force and effect as though they were expressly set out in the body of this Insurance Contract.
- k. References to Recitals, Clauses, Schedules or Annexures in this Insurance Contract shall, except where the context otherwise requires, be deemed to be references to Recitals, Clauses, Schedules and Annexures of or to this Insurance Contract.
- l. References to any date or time of day are to Indian Standard Time.
- m. Any reference to day shall mean a reference to a calendar day.
- n. Any reference to a month shall mean a reference to a calendar month.
- o. Any reference to any period commencing from a specified day or date and till or until a specified day or date shall include both such days or dates.
- p. Any agreement, consent, approval, authorization, notice, communication, information or report required under or pursuant to this Insurance Contract from or by any Party shall be valid and effectual only if it is in writing under the hands of a duly authorized representative of such Party.
- q. The provisions of the Clauses, the Schedules and the Annexures of this Insurance Contract shall be interpreted in such a manner that will ensure that there is no inconsistency in interpretation between the intent expressed in the Clauses, the Schedules and the Annexures. In the event of any inconsistency between the Clauses, the Schedules and the Annexures, the Clauses shall prevail over the Schedules and the Annexures.
- r. The Parties agree that in the event of any ambiguity, discrepancy or contradiction between the terms of this Insurance Contract and the terms of any Policy issued by the Insurer, the terms of this Insurance Contract shall prevail, notwithstanding that such Policy is issued by the Insurer at a later point in time.
- s. The rule of construction, if any, that an agreement should be interpreted against the Party responsible for the drafting and preparation thereof shall not apply to this Insurance Contract.





## 1. Name and Objective of the Scheme

### 1.1 Name of the Scheme

The name of the Scheme shall be 'Mukhya Mantri Ayushman Arogya (MAA) Yojana', hereinafter referred to as the "MAA-Yojana" or the "Scheme".

### 1.2 Objectives of the Scheme

The objective of the scheme is to reduce the out of pocket healthcare expenditures through Universal Health Insurance Scheme to its all eligible beneficiary families through a network of Empanelled Health Care Providers (EHCP), for the risk covers as defined below.

## 2. MAA-Yojana Beneficiaries and Beneficiary Family Unit

- a. The Parties agree that for the purpose of this Insurance Contract and any Policy issued pursuant to this Insurance Contract, all the persons that are eligible for the scheme as per Jan Aadhar database in the Service Area shall be eligible to become Beneficiaries.
- b. Families covered under Rajasthan Government Health Scheme (RGHS) and Central Government Health Scheme (CGHS) and any other category as decided by GoR shall not be eligible to avail benefits under **MAA-Yojana**. The Insurer agrees that: (i) no entry or exit age restrictions will apply to the members of a Beneficiary Family Unit; and (ii) no member of a Beneficiary Family Unit will be required to undergo a pre-insurance health check-up or medical examination before their eligibility as a Beneficiary and all pre-existing illnesses of the beneficiaries will be covered.
- c. Unit of coverage under the Scheme shall be a family and each family for this Scheme shall be called a **MAA-Yojana** Beneficiary Family Unit, which will comprise all members in that family. Any addition in the family will be allowed only as per the provisions approved by the Government of Rajasthan.
- d. The presence of name in the Jan Aadhar database, (amended from time to time, due to addition of family member, as per Guidelines - Schedule 4) shall be the proof of eligibility of the Beneficiary Family Unit for the purpose of availing benefits under this Insurance Contract and a Policy issued pursuant to this Insurance Contract.

## 3. Risk Covers and Sum Insured

### 3.1 Risk Cover and Sum Insured

The Benefits within the scheme, to be provided on a cashless and paperless basis to the beneficiaries up to the limit of their annual coverage, package charges on specific procedures and subject to other terms and conditions outlined herein, are the following

- a) **Risk Cover (RC)** will include hospitalization / treatment expenses coverage including treatment for medical conditions and diseases requiring secondary and tertiary level of medical and surgical care treatment and also including defined day care treatment (as applicable) and follow up care along with cost for pre and post-hospitalisation treatment as detailed in Schedule 3 (a).

- b) As on the date of commencement of the Policy Cover Period, the **MAA-Yojana** Sum Insured in respect of the Risk Cover for each **MAA-Yojana** Beneficiary Family Unit under insurance mode shall be **Rs. 5,00,000 (Rupees Five Lakhs Only)** segmented into **Rs. 50,000/- for secondary illnesses and Rs. 4,50,000/- for tertiary illness** per family per annum on family floater basis. This shall be called the **Sum Insured**, which shall be fixed irrespective of the size of the **MAA-Yojana** Beneficiary Family Unit.
- c) The Insurer shall ensure that the Scheme's risk cover shall be provided to each **MAA-Yojana** Beneficiary Family Unit on a family floater basis covering all the members of the **MAA-Yojana** Beneficiary Family Unit including Senior Citizens, i.e., the Sum Insured shall be available to any or all members of such Beneficiary Family Unit for one or more Claims during each Policy Cover Period. New family members may be added after due approval process as defined by the Government.
- d) Pre-existing conditions/diseases are to be covered from the first day of the start of policy, subject to the exclusions given in **Schedule 2**.
- e) Coverage of health services related to surgical nature for defined procedures shall also be provided on a day care basis. The Insurance Company shall provide coverage for the defined day care treatments, procedures and medical treatments as given in **Schedule 3**.
- f) Pre and Post Hospitalisation expenses: Expenses incurred for consultation, diagnostic tests and medicines before the admission of the patient in the same hospital upto 5 days and up to 15 days of the discharge from the hospital for the same ailment/ surgery. After expiry of 15 days period patient will have to bear the cost of follow up related to that package. However, if due to negligence of hospital any complications or failure occurs even after expiry of 15 days post discharge and patient is treated in the same hospital then hospital shall bear the expenses related to treatment.

### 3.2 Benefit Package: **MAA-Yojana** Cover

- a. The benefits within this Scheme under the Risk Cover are to be provided on a cashless basis to the **MAA-Yojana** Beneficiaries up to the limit of their annual coverage and includes:
  - (i) Hospitalization expense benefits
  - (ii) Day care treatment benefits (as applicable)
  - (iii) Follow-up care benefits
  - (iv) Pre- and post-hospitalization expense benefits
  - (v) Newborn child/ children benefits
- b. The details of benefit packages are furnished in **Schedule 3: 'Packages and Rates'** and exclusions are furnished in **Schedule 2: 'Exclusions to the Policy'**.
- c. For availing select treatment in any empanelled hospitals, preauthorisation is required to be taken for defined cases.
- d. The Insurer shall reimburse claims of Empanelled Health Care Provider under the **MAA-Yojana** based on Package Rates determined as follows:
  - (i) If the package rate for a medical treatment or surgical procedure requiring Hospitalization or Day Care Treatment (as applicable) is fixed in **Schedule 3**, then the Package Rate so fixed shall apply for the Policy Cover Period.
  - (ii) **MAA-Yojana** is a cashless scheme, where no beneficiary should be made to pay for availing treatment in any **MAA-Yojana** empanelled hospitals.



However, upon exhaustion of the beneficiary **MAA-Yojana** wallet of Rs. 50,000 and 4,50,000 or if the treatment cost exceeds the benefit coverage amount available with the beneficiary families then the liability for such remaining treatment cost as per the package rates defined in the Schedule 3 will not be of the insurer. Payment of such additional amount over Rs. 50,000 in case of secondary wallet and/or Rs. 4,50,000 in case of tertiary wallet shall be the responsibility of RSHAA upto the limit of additional 20.00 lakhs on trust mode. The processing and payment of the submitted claims on trust mode will be done by Insurer and the amount related will be reimbursed by RSHAA. After the first month of respective policy year, an advance amount will be paid to the insurer by RSHAA on monthly basis based on the claim payment made by the insurer to the EHCPs in the previous month of respective policy year regarding trust mode. This will be subject to adjustment at the time of next advance payment.

- (iii) In case a **MAA-Yojana** Beneficiary is required to undertake multiple surgical procedures in one OT session, then the procedure with highest rate shall be considered as the primary package and reimbursed at 100%, thereupon the 2nd surgical procedure shall be reimbursed at 50% of package rate, 3rd and subsequent surgical procedures shall be reimbursed at 25% of the package rate.
  - (iv) Surgical and Medical packages will not be allowed to be availed at the same time (Except for certain add on procedures as defined in Schedule 3). Certain packages as mentioned in **Schedule 3** will only be reserved for Public EHCPs as decided by the RSHAA. Modifications in the reserved packages may be done by RSHAA from time to time.
  - (v) Incentive will be provided to certain hospitals (as defined in schedule 3 (b)) which will be over and above the rates defined in Schedule 3. The cost towards the incentive shall be borne by RSHAA on trust mode.
- e. For the purpose of Hospitalization expenses as package rates shall include all the costs associated with the treatment, amongst other things:
- (i) Registration charges.
  - (ii) Bed charges
  - (iii) Nursing and boarding charges.
  - (iv) Surgeons, Anaesthetists, Medical Practitioner, Consultants fees etc.
  - (v) Anaesthesia, Blood Transfusion (for surgical packages), Oxygen, O.T. Charges, Cost of Surgical Appliances etc.
  - (vi) Medicines and drugs.
  - (vii) Cost of prosthetic devices, implants etc.
  - (viii) Pathology and radiology tests: Medical procedures include basic Radiological imaging and diagnostic tests such as X-ray, USG, Haematology, pathology etc. However, High end radiological diagnostic and High-end histopathology (Biopsies) and advanced serology investigations packages can be booked as a separate add-on procedure if required. Surgical packages are all inclusive and do not permit addition of other diagnostic packages.
  - (ix) Pre and Post Hospitalization expenses: Expenses incurred for consultation, diagnostic tests and medicines before the admission of the patient in the same hospital upto 5 days and up to 15 days of the discharge from the hospital for the same ailment/ surgery will be part of it. After expiry of 15 days period patient

will have to bear the cost of follow up related to that package. However, if due to negligence of hospital any complications or failure occurs even after expiry of 15 days post discharge and patient is treated in the same hospital then hospital shall bear the expenses related to treatment.

- (x) Any other expenses related to the treatment of the patient in the hospital.
- f. For the purpose of Day Care Treatment expenses shall include, amongst other things:
  - (i) Registration charges;
  - (ii) Surgeons, anaesthetists, Medical Practitioners, consultants' fees, etc.;
  - (iii) Anaesthesia, blood transfusion, oxygen, operation theatre charges, cost of surgical appliances, etc.;
  - (iv) Medicines and drugs;
  - (v) Cost of prosthetic devices, implants, organs, etc.
  - (vi) Pathology and radiology tests: Medical procedures include basic Radiological imaging and diagnostic tests such as X-ray, USG, Haematology, pathology etc. However, High end radiological diagnostic and High-end histopathology (Biopsies) and advanced serology investigations packages can be booked as a separate add-on procedure if required. Surgical packages are all inclusive and do not permit addition of other diagnostic packages.
  - (vii) Pre and Post Hospitalization expenses: Expenses incurred for consultation, diagnostic tests and medicines before the admission of the patient in the same hospital upto 5 days and up to 15 days of the discharge from the hospital for the same ailment/ surgery will be part of it.
- (i) If RSHAA increases the cost of any existing package, then claims of increased cost of package shall be paid by the Insurer and this additional package cost will be paid by RSHAA to Insurance Company. Starting from second month of respective policy year, an advance amount will be paid to the insurer by RSHAA on monthly basis based on the claim payment made by the insurer to the EHCPs in the previous month of respective policy year. This will be subject to adjustment at the time of next advance payment.
- (ii) If RSHAA include new packages under the scheme on trust mode, then processing and payment of such claims shall be done by the Insurer. No separate claim processing fee shall be paid to Insurer for additional package if any. The additional cost of these new packages shall be paid by RSHAA to Insurer. After the first month of respective policy year, an advance amount will be paid to the insurer by RSHAA on monthly basis based on the claim payment made by the insurer to the EHCPs in the previous month of respective policy year regarding trust mode. This will be subject to adjustment at the time of next advance payment.
- (iii) Insurer shall process the claims of Road Traffic Accident victims of AB-PMJAY on TMS of NHA, New Delhi. No separate claim processing fee shall be paid to Insurer for additional claims if any.
- (iv) No financial implications on any Party if certain Packages are dropped/or cost is reduced from the existing Package list.





- g. The RSHAA and Insurer shall publish the Package Rates on its website in advance of each Policy Cover Period.
- h. Insures has to ensure that EHCP provides cashless treatment to the beneficiaries.

#### **4. Identification of MAA-Yojana Beneficiary Family Units**

- A. Beneficiary identification will include the following broad steps:  
EHCP ensures eligibility of the family and beneficiary in the scheme through software by either of the followings:

- 1. Family Identification:

- a. By entering of the ID Card number as prescribed by GoR (Jan Aadhar/state specific family ID) or its acknowledgement slip number
- b. By entering of the Aadhar Card Number of beneficiary which is/are linked with the unique family identity card
- c. By entering of the PMJAY ID/HHID no. of eligible SECC family linked with unique family identity card.
- d. Jan Aadhar/Aadhar linked mobile number or any other mode as decided by RSHAA.
- e. By entering of the ABHA ID no. of beneficiary linked with unique family identity card.

- 2. Beneficiary Identification:

- i. After identification of family unit, beneficiary will be identified through UIDAI authentication method of identification as far as possible.
- ii. In case of failure of UIDAI authentication or if Aadhaar card is not issued for a patient, any specified photo ID issued by Government or semi Government like Jan Aadhar Card, Voter ID, Driving License, PAN Card, Passport etc produced by the beneficiary at the point of contact shall be admissible. Photo ID shall be duly verified by the EHCP.
- iii. In addition to the family members mentioned in the Jan Aadhar database, children of that family up to the age of one year will also be considered the member of that family even without having name in the family ID Card. For the children upto age of 5 years, biometric identification and photo ID is not mandatory. In such cases identification may be done based on the UIDAI authentication and/or photo ID of any other person from

beneficiary family unit. However, name of the children must be included in the Jan Aadhar Card/state specific family ID card/its acknowledgement slip.

- B. Addition of new family members will be allowed as per existing rules for addition in the existing family ID card.

These guidelines are only indicative in nature and RSHAA reserves the rights to modify or change, them if required.

## 5. Empanelment of Health Care Providers

- a. All public hospitals with inpatient facilities (Community Health Centre and above) shall deemed to be empanelled from the date of commencement of new policy year.
- b. The private hospitals empanelled under current phase of **MAA-Yojana** (2023-25) shall be deemed empanelled at the time of commencement of new policy year. Inspection of all deemed empanelled private hospitals shall be done for ensuring the empanelment criteria as per the Hospital Empanelment Guidelines of the scheme. RSHAA or any other agency/committee appointed by RSHAA shall carry out the inspection mentioned above as per the HEM guidelines. However, the final decision regarding empanelment of hospital will rest with RSHAA.
- c. The RSHAA shall carry out empanelment and periodic renewal of empanelment of health care providers for offering services under the **MAA-Yojana**.
- d. Under circumstances of any dispute, final decision related to empanelment of health care providers shall vest exclusively with the RSHAA.
- e. Detailed guidelines regarding empanelment of health care providers are provided at **Schedule 5**.

## 6. Agreement with Empanelled Health Care Providers

- a. Once a health care provider is found to be eligible for empanelment and if the empanelment is approved by RSHAA, then RSHAA (or any other officer nominated by RSHAA) and the selected Insurance Company shall enter into a tripartite Provider Service Agreement with such health care provider to provide the medical treatments, surgical procedures, day care treatments (as applicable), and follow-up care for which such health care provider meets the infrastructure and personnel requirements.
- b. This Provider Service Agreement shall be a tripartite agreement where the Insurer shall be the third party. Format for this Agreement is provided at **Schedule 6**.
- c. The Agreement of an EHCP shall continue for a period as per duration of at **least 02 years** from the date of the execution of the tripartite Provider Services Agreement or till validity of Insurance Contract whichever is earlier, unless the EHCP is de-



empanelled in accordance with **De-empanelment guidelines issued by RSHAA from time to time** and its agreement terminated in accordance with its terms, provided the insurer's contract is extended accordingly. The performance of the EHCPs will be reviewed from time to time for the purpose of continuation of empanelment. Guideline of the same shall be issued separately.

- d. The Insurer agrees that neither it nor its outsourced agency will enter into any understanding with the EHCP that are in contradiction to or that deviates from or breaches the terms of the Insurance Contract between the RSHAA and the Insurer or tripartite Service Provider Agreement with the EHCP.
- e. If the Insurer or its outsourced agency or any of its representatives violates the provisions of **Clause 6.d.** above, it shall be deemed as a material breach and the RSHAA shall have the right to initiate appropriate action against the Insurer or its out sourced agency or the EHCP or all of them.

As a part of the Agreement, the Insurer shall ensure that each EHCP has within its premises the required IT infrastructure (hardware and software) as per the **MAA-Yojana** guidelines. All Private EHCPs shall be responsible for all costs related to hardware and maintenance of the IT infrastructure.

## **7. De-empanelment of Health Care Providers**

- a. The RSHAA shall suspend or de-empanel an EHCP from the **MAA-Yojana**, as per the guidelines mentioned in **Schedule 5** and/or as per applicable laws and/or rules.

## **8. Issuance of Policies**

- a. For the purpose of issuance of a policy, all eligible beneficiary family units in the entire State of Rajasthan shall be covered under one policy. The Insurer shall issue a Policy before the commencement of the Policy Cover Period for entire State. The Insurer shall communicate policy document to all **MAA-Yojana** beneficiary units as per the **MAA-Yojana** Beneficiary Database.
- b. The first Policy Cover Period under the Policy for the scheme shall commence from the date-----*(insert date)*.
- c. The terms and conditions set out in each Policy issued by the Insurer to the Rajasthan State Health Assurance Agency shall at a minimum include:
  - i. the Policy number;
  - ii. the Policy Cover Period under such Policy; and
  - iii. the terms and conditions for providing the Covers, which shall not deviate from or dilute in any manner the terms and conditions of insurance set out in this Insurance Contract.
- d. Notwithstanding any delay by the Insurer in issuing or failure by the Insurer to issue a Policy for the scheme in accordance with **Clause 8(a)**, the Insurer agrees that the

Policy Cover Period for the State shall commence on the date determined and that it shall provide the eligible Beneficiaries in the State with the Risk Cover from that date onwards.

- e. In the event of any discrepancy, ambiguity or contradiction between the terms and conditions set out in the Insurance Contract and a Policy issued for the scheme by the Insurer, the terms of the Insurance Contract shall prevail for the purpose of determining the Insurer's obligations and liabilities to the RSHAA and the MAA-Yojana Beneficiaries.

## 9. Period of Insurance Contract and Policy

### 9.1 Term of the Insurance Contract with the Insurer

- a. This Insurance Contract shall be for a period of 02 (Two) years with starting date \_\_\_\_\_. The contract can be extended for another 01 year (2 years +1 year).
- b. Though the Contract period is for 02 (two) years, it is to be reviewed for renewal after every 12 months from start date of the policy with reference to the performance criteria laid out in Schedule 12.
- c. However, notwithstanding provisions under clause 9.1.a, extension of Insurance Contract shall be mutually agreed between both the parties.

### 9.2 Policy Cover Period

In respect of each policy, the Policy Cover Period shall be for a period of 12 months from the date of commencement of such Policy Cover Period starting at 00:00 hours on *(insert date)*, until 23:59 hours on the date of expiration on *(insert date)*. Provided that upon early termination of this Insurance Contract, the Policy Cover Period for the scheme shall terminate on the date of such termination, wherein the premium shall be paid on pro-rata basis after due adjustment of any recoveries on account of termination.

For the avoidance of doubt, the expiration of the risk cover for any Beneficiary Family Unit in the State during the Policy Cover Period shall not result in the termination of the Policy Cover Period for the State.

### 9.3 Policy Cover Period for the MAA\_Yojana Beneficiary Family Unit

- a. During the first Policy Cover Period for a *(insert name of the state)*, the policy cover shall commence **from 00:00 hours on the *(insert date)***.
- b. The end date of the policy cover for each Beneficiary Family Unit of Rajasthan be 12 months from the date of start of the Policy Cover or the date on which the available Sum Insured in respect of that Cover becomes zero.

### 9.4 Cancellation of Policy Cover

Upon early termination of the Insurance Contract between the RSHAA and the Insurer, all Policies issued by the Insurer pursuant to the Insurance Contract shall be deemed



cancelled with effect from the Termination Date subject to the Insurer fulfilling all its obligations at the time of Termination as per the provisions of the Insurance Contract.

For implications and protocols related to early termination, refer to **Clause 27 and 28**.

## **10. Premium and Premium Payment**

### **10.1 Payment of Premium**

- a. Rajasthan State Health Assurance Agency (RSHAA) will, on behalf of the Beneficiary Family Units that are targeted / identified by the RSHAA and covered by the Insurer, pay the Premium for the benefit cover to the Insurer in accordance with the **Schedule 8**.
- b. The insurer shall have to submit the invoice for the release of due premium prior to the commencement of policy in each quarter.
- c. The RSHAA shall make the payment of premium to the respective Insurance Company through RSHAA's Escrow Account.
- d. Detailed premium payment guidelines are provided at **Schedule 8**.

### **10.2 Refund of Premium and Payment of Additional Premium at the end of each Policy Cover Period**

The Insurer shall issue a letter to the RSHAA within 60 days of completion of policy year stating the Insurer's Claim Ratio for all 12 months of policy year. In the letter, the Insurer shall indicate the amount of premium that the Insurer shall be obliged to refund. The amount of premium to be refunded shall be calculated based on the provisions as mentioned below-

- a. Claim Ratio%: Claim Ratio shall be calculated as; total Claims paid for the given policy year ÷ total premium paid for the given policy year x 100.
- b. After adjusting a defined percent for administrative cost (including all costs excluding only service tax and any cess, if applicable) and after settling all claims, if there is surplus: 100 percent of leftover surplus should be refunded by the Insurer to the RSHAA within 30 days. The percentage that will be need to be refunded will be as per the following:
  - i. Administrative cost allowed 10% of total premium paid, if claim ratio less than 60%.
  - ii. Administrative cost allowed 12% of total premium paid, if claim ratio between 60-70%.
  - iii. Administrative cost allowed 15% of total premium paid, if claim ratio is more than 70% and upto 85%.
- c. Total claims paid to EHCPs by the Insurer will be deducted from this remaining amount as mentioned at point b above.
- d. After deduction of claim paid amount from the remaining premium amount, if there is surplus, 100 percent of leftover surplus should be refunded by the Insurer to the RSHAA.
- e. The entire surplus as determined through formula mentioned above should be

refunded by the insurer to the RSHAA within 30 days of letter issued by Insurer.

- f. An amount of **1% of the premium** to be paid shall be deducted from the premium paid as per the schedule for purposes of carrying out IEC, monitoring and evaluation activities by RSHAA. This amount shall be included in the administrative cost mentioned in **Clause b above**.
- g. Insurer shall be liable to pay the approved claims and compliance of appeal/review decisions or other decisions/directions etc. issued by competent authority even after the calculation of refund or refund of the premium. Insurer shall pay the amount of the such liability and raise the bill to RSHAA for the reimbursement. RSHAA shall reimburse that amount taking into consideration clause 10.2 (b) above and as per the risk sharing between RSHAA and Insurer.
- h. If the Insurer delays payment or fails to pay the refund amount within 30 days from the date of communication by Insurer or the 90 days from the end of the policy year then the Insurer shall be liable to pay interest at the rate of 12 percent per annum of the refund amount due and payable to the RSHAA for every calendar day of delay beyond such 30 days/90 days period whichever is earlier.
- i. If the Insurer fails to refund the Premium within 120 days period from the end of the policy year and/ or the default interest thereon, the RSHAA shall be entitled to recover such amount as a debt due from the Insurer through means available within law.

If the Insurer's Claim Ratio for the full 12 months is in excess of 115 percent then the RSHAA will be liable to bear 50% of additional claim cost in excess of the total Premium already paid by it and remaining 50% shall be borne by the Insurance Company. The total premium, including this additional claim cost, shall be borne by RSHAA.

However, Payment of Premium by RSHAA and Refund of premium by Insurer are two separate activities. Payment of Premium shall be as per Clause 10.1 and Refund of Premium by Insurer shall be as per Clause 10.2. If Insurer does not refund the premium amount within 90 days period, in that case refund of premium can be correlated with the payment of premium.

### 10.3 Taxes

The Insurer shall protect, indemnify and hold harmless the Rajasthan State Health Assurance Agency, from any and all claims or liability to:

- a. pay any statutory levies / tax assessed or levied by any competent tax authority on the Insurer or on the Rajasthan State Health Assurance Agency for or on account of any act or omission on the part of Insurer; or
- b. on account of the Insurer's failure to file tax returns as required by applicable Laws or comply with reporting or filing requirements under applicable Laws relating to Goods and service tax; or



- c. arising directly or indirectly from or incurred by reason of any misrepresentation by or on behalf of the Insurer to any competent tax authority in respect of the service tax.

#### **10.4 Premium All Inclusive (excluding GST/other taxes if applicable by Law)**

Except as expressly permitted, the Insurer shall have no right to claim any additional amount from the Rajasthan State Health Assurance Agency in respect of:

- a. the risk cover provided to each eligible Beneficiary Family Unit; or
- b. the performance of any of its obligations under this Insurance Contract; or
- c. any costs or expenses that it incurs in respect thereof.

#### **10.5 No Separate Fees, Charges or Premium**

The Insurer shall not charge any Beneficiary Family Unit or any of the Beneficiaries with any separate fees, charges, commission or premium, by whatever name called, for providing the benefits under this Insurance Contract and a Policy.

#### **10.6 Approval of Premium and Terms and Conditions of Cover by IRDAI**

It is a sole duty of the Insurer to duly obtain IRDAI's requisite approval on regulation and directions with regard to product filing premium and /or any other related regulatory compliances and maintain the same during the entire course of contract period.

### **11. Cashless Access of Services**

- a. The **MAA-Yojana** beneficiaries shall be provided treatment free of cost for all such ailments covered under the Scheme within the limits/ sub-limits and sum insured, i.e., not specifically excluded under the Scheme.

The insurer shall reimburse EHCP as per the package cost specified in this Document agreed for specified packages

- b. The Insurer shall ensure that each EHCP shall at a minimum possess the Hospital IT Infrastructure required to access the **MAA-Yojana** Beneficiary Database and undertake verification based on the Beneficiary Identification process laid out, using unique Family ID Jan Aadhar card/Jan Aadhar enrolment number//PMJAY ID or HHID of SECC families/Aadhar card or any other family ID as decided by GoR.
- c. The Insurer shall provide each EHCP with an operating manual/relevant guidelines and TMS module describing in detail the verification, pre-authorisation and claims procedures within 7 days of signing of agreement.
- d. **The Insurer shall, at a minimum, conduct the following training:**
  - 1. The Insurer shall provide training to the Swasthya Margdarshak for all EHCPs in a State or State cluster at least once every 6 months, that is, at least twice during each

Policy Cover Period. Such training shall minimum include: list of covered procedures and prices, pre-authorisation procedures and requirements, IT training for making online Claims and ensuring proper installation and functioning of the Hospital IT Infrastructure for each Empanelled Health Care Provider.

- II. The Insurer shall organize training workshops for each public EHCP at the hospital premises at least once every 6 months, that is, at least twice during each Policy Cover Period and at any other time requested by the EHCP, to increase knowledge levels and awareness of the hospital staff.
- III. If a particular EHCP frequently submits incomplete documents or incorrect information in Claims or in its request for authorisation as part of the pre-authorisation procedure, then the Insurer shall undertake a follow-up training for such EHCP.

The EHCP shall establish the eligibility of the family and identity of the family member of a MAA-Yojana Beneficiary Family Unit as per the procedure described in the schedule-4.

## 12.Pre-authorisation of Procedures

- a. All procedures in **Schedule 3** that are earmarked for pre-authorisation shall be subject to mandatory pre-authorisation. In addition, in case of Inter-State portability, all procedures shall be subject to mandatory pre-authorisation irrespective of the pre-authorisation status in **Schedule 3**.
- b. Insurer will not allow any EHCP, to undertake any such earmarked procedure without pre-authorisation unless under emergency. Process for emergency approval will be followed as per guidelines laid down under **MAA-Yojana**.
- c. The Insurer shall ensure that in all cases pre-authorisation request related decisions are communicated to the EHCP as per TAT mentioned in Schedule 12.B.2. If there is no response from the Insurer within prescribed TAT of EHCP filing the pre-authorisation request, the request of the EHCP shall be deemed to be automatically authorised and shall affect performance KPIs mentioned in Schedule 12.B.2.
- d. Reimbursement of all claims for procedures listed under **Schedule 3** shall be as per the limits prescribed for each such procedure unless stated otherwise in the pre-authorisation letter/communication.
- e. In cases where the **MAA-Yojana** beneficiary is admitted in the EHCP during the current Policy Cover Period but is discharged after the end of the Policy Cover Period, the claim has to be paid by the Insurer from the Policy which was operating during the period in which the **MAA-Yojana** beneficiary was admitted.
- f. Regarding Claims Adjudication, Insurer shall ensure adherence to guidelines issued and updated from time to time by RSHAA.



- g. TID (Transaction ID) for the patient will be generated by the Private EHCP on the same day of the admission (upto 12.00 mid night) of the patient. In case of government EHCP, this timeline will be 24 hours. For day care procedures, where admission of full day is not necessary, TID will be generated within 01 hour of admission by private EHCP and 06 hours of admission by government EHCP.
- h. The hospital operator will send all documents required for pre-authorization to the insurance company using the Centralized **MAA-Yojana**/ States transaction management application.
- i. The insurance company will have to approve or reject the request within 6 hours in case of emergency, in 12 hours in case of normal cases and 2 hours in case of day care packages. If the insurance company fails to do so, the request will be considered deemed to be approved after 6 hours/12 hours/2 hours by default.
- j. Pre-auth to be processed in consultation with a specialist. No claim could be rejected without having been examined by a **specialist doctor** of related specialty.
- k. If pre-authorization request is rejected, Insurance Company will provide the reasons for rejection. Rejection details will be captured and stored in the transaction database.
- l. If the beneficiary or the hospital is not satisfied by the rejection reason, they can appeal to RSHAA. RSHAA shall have the power to review the pre auth rejected by Insurer.

### 13.Portability of Benefits

- a. The benefits of **MAA-Yojana** will be portable across the country and a beneficiary covered under the scheme will be able to get benefits under the scheme across the country at any EHCP under AB-PMJAY.
- b. Package rates of the hospital's state where benefits are being provided will be applicable while payment will be done by the insurance company that is covering the beneficiary under its policy.
- c. The Insurer is required to honour claims from any empanelled hospital under the scheme/AB-PMJAY within India and will settle claims within 30 days of receiving them.
- d. To ensure true portability of AB-PMJAY, State Governments participating in the AB-PMJAY are deemed to be in arrangement with ALL other States through NHA, that are implementing AB-PMJAY for allowing sharing of network hospitals, transfer of claim & transaction data arising in areas beyond the service area.
- e. Detailed guidelines of portability will be issued separately by RSHAA.

## 14. Claims Adjudication

### 14.1 Claim Payments and Turn-around Time

All Empanelled Health Care Providers (EHCP) will make use of IT system of MAA-Yojana to manage the claims related transactions. IT system of MAA-Yojana has been developed for online transactions and all stakeholders are advised to maintain online transactions preferably to ensure the claim reporting in real time. The MAA-Yojana strives to make the entire claim management paperless that is at any stage of claim registration, intimation, payment, investigation by EHCP or by the Insurer the need of submission of a physical paper shall not be required. This mean that this claim data will be sent electronically through IT system to the Central/ State server.

Once a claim has been raised (has hit the Central/State server), the following will need to be adhered to by the Insurance Company regarding claim settlement:

- A. The private EHCP is expected to upload all claim related documents and submit the claim within 24 hours of discharge of the beneficiary. In case of public EHCP this timeline would be 72 hours. In case the claim is submitted after given timeline of 24 hours or 72 hours for private and government EHCP respectively till 15 additional days, 50% of claim amount shall be payable. After passing of 24 hours+15 days (in case of private hospital) and 72 hours+15 days (in case of govt hospital), no amount shall be paid to the EHCP.
- B. The Insurer shall make claim payments to each EHCP against payable claims on a daily basis through electronic transfer to such EHCP's designated bank account. Insurer is then also required to provide the details of such payments against each paid claim on the online portal (IT System of MAA-Yojana).
- C. The Insurer or the agency (IRDAI compliant only) appointed by it shall decide on the acceptance or rejection of any claim received from an EHCP. Any rejection notice issued by the Insurer or the agency to EHCP shall clearly state that rejection is subject to the EHCP's right to appeal against rejection of the claim.
- D. If a claim is not rejected, the Insurer shall either make the payment (based on the applicable package rate) or shall raise query/flag TIDs for further investigation into the claim received from EHCP.
- E. The process of rejection or payment including investigation in relation to claim shall be carried out in such a manner that it is completed (Turn-Around Time, TAT) shall be no longer than 15 calendar days (irrespective of the number of working days). In case of query to EHCP, the time taken by EHCP in responding to the query shall not be counted in the TAT period of 15 days. In case EHCP does not reply the query within 30 days of query raised, the claim will be pulled back



for the adjudication on merit basis. The TAT will not be applicable on TIDs which are flagged for further investigation, but the investigation has to be completed within 30 days.

- F. The counting of days for TAT shall start from the date of claim submission.
- G. All claims investigations shall be undertaken by qualified and experienced medical practitioners, with at least MBBS degree holder (registered in Medical Council of any state/NMC) , appointed by the Insurer or its representative, to ascertain the nature of the disease, illness or accident and to verify the eligibility thereof for availing the benefits under this Agreement and relevant Cover Policy. The Insurer's medical staff shall not impart any advice on any treatment or medical procedures or provide any guidance related to cure or other care aspects. However, the Insurance Company can ensure that the treatment was in conformity to the Standard Treatment Guidelines. **Pre-authorization to be processed in consultation with specialist. No claim could be rejected without having been examined by a specialist doctor of that particular specialty.**
- H. If the Beneficiary is admitted by an Empanelled Health Care Provider during a Policy Cover Period, but is discharged after the end of such Policy Cover Period and the Policy is not renewed, then the arising Claim shall be paid in full by the Insurer subject to the available Sum Insured.
- I. If a Claim is made during a Policy Cover Period and the Policy is not subsequently renewed, then the Insurer shall make the Claim Payment in full subject to the available Sum Insured.
- J. If delay by RSHAA in release of Premium results in delay of Claim Payment by the Insurer beyond laid down TATs, then the same may not be considered towards penalty under Schedule 12 B
- K. The Insurer shall make Claim Payments to each Empanelled Health Care Provider against Claims received through electronic transfer to such Empanelled Health Care Provider's designated bank account.
- L. The Insurer shall submit monthly details of:
  - (i) all Claims that are under investigation to the district nodal officer of the Rajasthan State Health Assurance Agency for its review;
  - (ii) every Claim that is pending Beyond Turn Around Time to the State Health Agency, along with its reasons for delay in processing such Claim; and
  - (iii) details of applicable penalty as per KPIs mentioned under Schedule 12 .
  - (iv) summary of total preauth, claims submitted, approved etc

- M. The Insurer may collect at its own cost, complete Claim papers from the Empanelled Health Care Provider, if required for audit purposes. This shall not have any bearing on the Claim Payments to the Empanelled Health Care Provider. In case the insurer hires Third Party Administrator (TPA), claims processed by the TPA shall be responsibility of the Insurer.
- N. The Insurer shall, at all times, comply with and ensure that its TPA is in compliance with TPA Regulations, Health Insurance Regulations and any other Law issued or notified by the IRDAI in relation to the provision of Cashless Access Services and Claims processing.
- O. The overall responsibility of the execution of the Contract will rest solely and completely with the Insurer.
- P. With regard to submission of claims, claims processing, handling of claim queries, and all other related details, Insurer shall adhere to prevalent Claims Adjudication guideline/directions/orders issued by RSHAA from time to time.
- Q. RSHAA reserves the right to review and reopen the rejected claim, if needed.

#### **14.2 Penalty on Delay in settlement of claims**

There will be a penalty for delay in settlement of claims by the Insurance Company beyond the Turn Around Time (TAT) of 15 days. A penalty of 0.1% of claimed amount per day for delay beyond 15 days to be paid to the RSHAA by the Insurance Company. This penalty will become due after 30 days in case of Inter-State claims or portability of benefits.

#### **14.3 Update of Claim Settlement**

The Insurance Company will need to update the claim settlement data on the portal on a daily basis and this data will need to be updated within T+3 working days for nationalized banks and T+ 7 working days for Rural Banks. Any claim payment which has not been updated within this timeline shall be deemed to have been unpaid and the interest, as applicable, shall be charged thereon.

#### **14.4 Right to Appeal and Reopening of Claims**

- a. The Empanelled Health Care Provider shall have a right of appeal against a rejection of a claim /full claim amount not paid by the Insurer, if the Empanelled Health Care Provider feels that the claim is payable.
- b. Before filing an appeal, the EHCP shall have right to file review application for claim rejected/less paid by insurer within 15 days of its rejection/less payment. Insurer shall decide the review application within 15 days of filing the application. Decision of review shall be taken in a joint meeting of Insurer, TPA and the aggrieved EHCP. After discussion if the claim is decided in favour of the EHCP, the Insurer will reopen and pay the claim amount to EHCP within 15 days and in case



the EHCP is not satisfied with the decision, then the EHCP shall have right to appeal in DGRC against the decision of the review meeting within 15 days of its decision.

- c. There is two tier system of claim rejection appeal where first level of claim rejection appeal is District Grievance Redressal Committee (DGRC) constituted at district level and second level of appeal is Claim Review Committee (CRC) constituted at State level.
- d. The entire process of claim rejection appeal shall be done through online "Claim Rejection Appeal Portal". However, EHCP can submit their appeal personally/through email in the office of Dy. CM&HO (Nodal Officer) of the concerned district till the online portal is operational. Thereafter, only online appeals shall be entertained. District Nodal Officer will maintain register of all such offline appeals.
- e. All the appeals shall be disposed in First In First Out (FIFO) basis as far as possible.
- f. The DGRC/CRC may suo moto review any claim and direct either or both the Insurer and the health care provider to produce any records or make any deposition as it deems fit.
- g. The District Collector shall have right to constitute as many committee/s (benches) as required for disposal of claim rejection appeal.
- h. DGRC meeting shall be convened as and when required but not later than 30 days to ensure timely disposal of claim rejection appeals and other grievances.
- i. DGRC shall examine the appeal preferably within 30 working days and give its decision. In case the decision is not awarded within stipulated time period, then the DGRC shall record the reasons for the same. However, if appeal is not disposed within stipulated time period, it shall not form the ground for dishonoring the decision of DGRC/CRC by insurer/service provider.
- j. If EHCP/Insurer is still aggrieved with the decision of DGRC, the matter may be filed through online mode in Claim Review Committee (CRC) constituted at State level within 30 days of decision of DGRC. Appeals received at CRC after stipulated time period of 30 days shall not be considered.
- k. CEO, RSHAA shall have the right to constitute as many Claim Review Committee/s as required for review and disposal of claim rejection appeals.
- l. The decisions of the DGRC and CRC shall be a speaking order stating the reasons for the decision.
- m. Decision of CRC shall be final and binding upon both the parties.

- n. A fee, as decided by RSHAA will be paid by party (private EHCP or insurer) to RSHAA for hearing of these appeals in order to avoid frivolous matters being forwarded to DGRC/CRC. This amount of fee will be non-refundable.
- o. The process and modalities regarding Review of Rejected Claims will be followed in accordance with the guidelines issued by RSHAA from time to time.

#### **14.5 No Contributions**

- a. The Insurer agrees that any Beneficiary Family Unit or any of the Beneficiaries or any other third party shall be entitled to obtain additional health insurance or any other insurance cover of any nature whatsoever, including in relation to the benefits provided under this Insurance Contract and a Policy, either individually or on a family floater cover basis.
- b. Notwithstanding that such Beneficiary Family Unit or any of the Beneficiaries or any third party acting on their behalf effect additional health insurance or any other insurance cover of any nature whatsoever, the Insurer agrees that:
  - (i) its liability to make a Claim Payment shall not be waived or discharged in part or in full based on a rateable or any other proportion of the expenses incurred and that are covered by the benefits under the Covers;
  - (ii) it shall be required to make the full Claim Payment in respect of the benefits provided under this Insurance Contract and the relevant Policy; and
  - (iii) if the total expenses incurred by the Beneficiary exceeds the available Sum Insured under the Covers, then the Insurer shall make payment to the extent of the available Sum Insured in respect of the benefits provided under this Insurance Contract and the relevant Policy and the other insurers shall pay for any excess expenses not covered.

#### **15.No Duty of Disclosure**

- a. Notwithstanding the issue of the Tender Documents and any other information provided by the Rajasthan State Health Assurance Agency prior to the date of this Insurance Contract, the Insurer hereby acknowledges that it does not rely on and has not been induced to enter into this Insurance Contract or to provide the Covers or to assess the Premium for providing the Covers on the basis of any statements, warranties, representations, covenants, undertakings, indemnities or other statements whatsoever and acknowledges that none of the Rajasthan State Health Assurance Agency or any of its agents, officers, employees or advisors or any of the enrolled Beneficiary Family Units have given or will give any such warranties, representations, covenants, undertakings, indemnities or other statements.
- b. Prior to commencement of each Policy Cover Period, the Rajasthan State Health Assurance Agency undertake to prepare or cause a third party to prepare the Beneficiary Database as correctly as possible. The Insurer acknowledges that,



notwithstanding such efforts being made by the State Health Agency, the information in the Beneficiary Database may not be accurate or correct and that the Beneficiary Database may contain errors or mistakes.

Accordingly, the Insurer acknowledges that the Rajasthan State Health Assurance Agency makes no warranties, representations, covenants, undertakings, indemnities or other statements regarding the accuracy or correctness of the Beneficiary Database that will be provided by it to the Insurer.

- c. The Insurer represents, warrants and undertakes that it has completed its own due diligence and is relying on its own judgment in assessing the risks and responsibilities that it will be undertaking by entering into this Insurance Contract and in providing the Covers to the enrolled Beneficiary Family Units and in assessing the adequacy of the Premium for providing the Covers for the Beneficiary Family Units.
  - d. Based on the acknowledgements of the Insurer in this Clause, the Insurer:
    - (i) acknowledges and confirms that the Rajasthan State Health Assurance Agency has made no and will make no material disclosures to the Insurer;
    - (ii) acknowledges and confirms that the Rajasthan State Health Assurance Agency shall not be liable to the Insurer for any misrepresentation or untrue, misleading, incomplete or inaccurate statements made by the Rajasthan State Health Assurance Agency or any of its agents, officers, employees or advisors at any time, whether made wilfully, negligently, fraudulently or in good faith; and
    - (iii) hereby releases and waives all rights or entitlements that it has or may have to:
      - make any claim for damages and/or declare this Insurance Contract or any Policy issued under this Insurance Contract declared null and void; or
- as a result of any untrue or incorrect statements, misrepresentation, misdescription or non-disclosure of any material particulars that affect the Insurer's ability to provide the Covers.

## 16. Fraud Control and Management

- a. The insurer shall develop a online-comprehensive fraud control system for the scheme which shall at the minimum include regular monitoring, data analytics, e-cards audit, medical audit, field investigation, hospital audit, corrective action, notices, proceedings, recovery etc. It shall comply with provisions of MAA-Yojana Anti-Fraud Guidelines and Advisories as issued from time to time.
- b. For an indicative (not exhaustive) list of fraud triggers that may be automatically and on a real-time basis be tracked as provided in **Schedule 13**. The Insurer shall have capacities and track the indicative (not exhaustive) triggers and it can add more triggers to the list.



- c. For all trigger alerts related to possible fraud at the level of EHCPs, the Insurer shall take the lead in immediate investigation of the case in close coordination and under constant supervision of the RSHAA.
- d. Investigations pursuant to any such alert shall be concluded urgently and all final decision related to outcome of the Investigation and consequent penal action, if the fraud is proven, shall vest solely with the RSHAA.
- e. The RSHAA shall take all such decision within the provisions of the Insurance Contract, MAA-Yojana Anti Fraud Guidelines, Recovery Guidelines and Advisories etc and be founded on the Principles of Natural Justice and as per applicable laws.
- f. The RSHAA shall on an ongoing basis measure the effectiveness of anti-fraud measures in the Scheme through a set of indicators. For a list of such indicative (not exhaustive) indicators, refer to **Schedule 14**.
- g. The Insurer shall be responsible for monitoring and controlling the implementation of the MAA-Yojana in the State in accordance with **Clause 23**.
- h. In the event of a fraudulent Claim being made or a false statement or declaration being made or used in support of a fraudulent Claim or any fraudulent means or device being used by any Empanelled Health Care Provider or the TPA or other intermediary hired by the Insurer or any of the Beneficiaries to obtain any benefits under this Insurance Contract or any Policy issued by the Insurer (each a Fraudulent Activity), then Insurer shall:
  - (i) refuse to honour a fraudulent Claim or Claim arising out of Fraudulent Activity or any Fraudulent Activity relating to a Claim from the Empanelled Health Care Provider and/or any entity that has undertaken or participated in a Fraudulent Activity; and/or
  - (ii) recommend the disciplinary action to RSHAA against the Empanelled Healthcare provider that has made a fraudulent Claim or undertaken or participated in any unethical practices, including but not limited to issuing show-cause notice, levying penalties as per provisions or suspension or de-empanelment to the State Empanelment Committee, with the procedure specified in Schedule 5;
  - (iii) recommend the termination of the services of EHCP.

These cases shall be recommended to RSHAA, decision of RSHAA shall be final.

- (iv) The Rajasthan State Health Assurance Agency shall have the right to conduct a random audit of any or all cases in which the Insurer has exercised such remedies against an Empanelled Health Care Provider and/or any Beneficiary.
- i. The Insurer hereby releases and waives all rights or entitlements to:
  - (i) make any claim for damages and/or have this Insurance Contract or any Policy issued under this Insurance Contract declared null and void; or

as a result of any fraudulent Claim by or any Fraudulent Activity of any Empanelled Health Care Provider.

These guidelines are only indicative in nature and RSHAA reserves the rights to modify or change, if required.



## 17. Representations and warranties of the Insurer

### 17.1 Representations and Warranties

The Insurer represents, warrants and undertakes that:

- a. The Insurer has the full power, capacity and authority to execute, deliver and perform this Insurance Contract and it has taken all necessary actions (corporate, statutory or otherwise), to execute, deliver and perform its obligations under this Insurance Contract and that it is fully empowered to enter into and execute this Insurance Contract, as well as perform all its obligations hereunder.
- b. Neither the execution of this Insurance Contract nor compliance with its terms will be in conflict with or result in the breach of or constitute a default or require any consent under:
  - (i) any provision of any agreement or other instrument to which the Insurer is a party or by which it is bound;
  - (ii) any judgment, injunction, order, decree or award which is binding upon the Insurer; and/or
  - (iii) the Insurer's Memorandum and Articles of Association or its other constituent documents.
- c. The Insurer is duly registered with the IRDAI, has duly obtained renewal of its registration from the IRDAI and to the best of its knowledge, will not have its registration revoked or suspended for any reason whatsoever during the Term of this Insurance Contract. The Insurer undertakes that it shall continue to keep its registration with the IRDAI valid and effective throughout the Term of this Insurance Contract.
- d. The Insurer has conducted the general insurance (including health insurance) business in India for at least 3 financial years prior to the submission of its Bid and shall continue to be an insurance company that is permitted under Law to carry on the general insurance (including health insurance) business throughout the Term of this Insurance Contract.
- e. In the financial year prior to the submission of its Bid, the Insurer has maintained its solvency ratio in full compliance with the requirements of the IRDAI Solvency Regulations and the Insurer undertakes that it shall continue to maintain its solvency ratio in full compliance with the IRDAI Solvency Regulations throughout the Term of this Insurance Contract.
- f. The Insurer has complied with and shall continue to comply with all Laws, including but not limited to the rules or regulations issued by the IRDAI in connection with the conduct of its business and the MAA-Yojana Guidelines issued by Rajasthan State Health Assurance Agency from time to time.

g. The Insurer has quoted the Premium and accepted the terms and conditions of this Insurance Contract:

- (i) after the Insurer and its Appointed Actuary have duly satisfied themselves regarding the financial viability of the Premium; and
- (ii) in accordance with the Insurer's underwriting policy approved its Board of Directors.

The Insurer shall not later deny issuance of a Policy or payment of a Claim on the grounds that: (x) the Premium is found financially unviable; or (y) the assumptions taken by the Insurer and/or its Appointed Actuary in the actuarial certificate submitted with its Bid have been breached; or (z) the Insurer's underwriting policy has been breached.

- h. Without prejudice to **Clause 17.1 (e)** above, the Insurer is and shall continue to be capable of meeting its liabilities to make Claim Payments, servicing the Covers being provided by it under this Insurance Contract and has and shall continue to have sufficient infrastructure, trained manpower and resources to perform its obligations under this Insurance Contract.
- i. The Insurer has at no time, whether prior to or at the time of submission of its Bid and at the time of execution of this Contract, been black-listed or been declared as ineligible from participating in government sponsored schemes (including the MAA-Yojana) by the IRDA.
- j. After the issuance of each Policy, the Insurer shall not withdraw or modify the Premium or the terms and conditions of the Covers provided to the Beneficiaries during the Term of this Insurance Contract.
- k. The Insurer abides and shall continue to abide by the Health Insurance Regulations and the code of conduct prescribed by the IRDA or any other governmental or regulatory body with jurisdiction over it, from time to time.

#### 17.2 Continuity and Repetition of Representations and Warranties

The Insurer agrees that each of the representations and warranties set out in **Clause 17.1** are continuing and shall be deemed to repeat for each day of the Term.

#### 17.3 Information regarding Breach of Representations and Warranties

The Insurer represents, warrants and undertakes that it shall promptly, and in any event within 15 days, inform the Rajasthan State Health Assurance Agency in writing of the occurrence of a breach or of obtaining knowledge of a potential breach of any of the representations and warranties made by it in **Clause 17.1** at any time during the continuance of the Term.





## **18. Project Office and District Offices and Manpower**

### **18.1 Project Office at the State Level**

The Insurer shall establish a Project Office at a convenient place at Jaipur, Rajasthan for coordination with the RSHAA on a regular basis within timeline provided under Schedule 12

### **18.2 District Offices**

- a. The Insurer shall set up an office in each of the districts of the State of Rajasthan at the district headquarters of such district (each a District Office) within given timelines.
- b. Each District Office shall be responsible for coordinating the Insurer's activities at the district level with the RSHAA's district level administration.

### **18.3 Organizational Set up and Functions**

- a. In addition to the support staff for other duties, the Insurer shall recruit or employ experienced and qualified personnel exclusively for the purpose of implementation of the MAA-Yojana and for the performance of its obligations and discharge of its liabilities under the Insurance Contract. Detailed list of staff to be provided by Insurer is provided under Schedule 16:
- b. In addition to the personnel mentioned in Schedule 16, the Insurer shall recruit or employ experienced and qualified personnel for each of the following roles within its organisation exclusively for the purpose of the implementation of the Scheme:
  - (i) To undertake Information Technology related functions which will include, among other things, collating and sharing claims related data with the RSHAA and running of the website at the State level and updating data at regular intervals on the website. The website shall have information on MAA-Yojana in the local language and English with functionality for claims settlement and account information access for the MAA-Yojana Beneficiaries and the EHCP.
  - (ii) To implement the grievance redressal mechanism and to participate in the grievance redressal proceedings provided that such persons shall not carry out any other functions simultaneously if such functioning will affect their independence as members of the grievance redressal committees at different levels.
  - (iii) To coordinate the Insurer's State level obligations with the State level administration of the RSHAA.
  - (iv) Development and deployment of IT system as mentioned in Clause 16.a above, scheme progress monitoring and tele-audit and will handover the same to RSHAA. All cloud infrastructure billing shall be borne by Insurer.
- c. In addition to the personnel mentioned above, the Insurer shall recruit or employ experienced and qualified personnel (IT and others) for each of the following roles

within its organisation at the State/district level, exclusively for the purpose of the implementation of the MAA-Yojana:

- (i) To undertake the Management Information System (MIS) functions, which include creating the MIS dashboard and collecting, collating and reporting data.
  - (ii) To generate reports in formats prescribed by the RSHAA from time to time or as specified in the Scheme Guidelines, at monthly intervals.
  - (iii) To undertake the Pre-authorisation functions under MAA-Yojana.
  - (iv) To undertake paperless claims settlement for the Empanelled Health Care Providers with electronic clearing facility, including the provision of necessary Medical Practitioners to undertake investigation of claims made.
  - (v) To undertake audit and fraud control functions.
  - (vi) To undertake feedback functions which include designing feedback formats, collecting data based on those formats from different stakeholders like MAA-Yojana beneficiaries, the EHCPs etc., analysing the feedback data and recommending appropriate actions.
  - (vii) To coordinate the Insurer's district level obligations with the district level administration of the RSHAA.
  - (viii) To hire separate agency/s for all kind of audits/field investigation audit as mentioned in schedule-12 (C) in consultation with RSHAA. The agencies empanelled by NHA may be deployed for the said purpose.
- d. Provided, however, that the Insurer shall not outsource any roles or functions that are its core functions as a health insurer or that relate to its assumption of risk under MAA-Yojana Cover or that the Insurer is prohibited from outsourcing under the Insurance Laws, including but not limited to: implementation of the grievance redressal mechanism, managing its District Offices, undertaking Claims Payments (other than in accordance with the Health Insurance Regulations).
- e. The Insurer shall provide a list of all such appointments and replacement of such personnel to the RSHAA within 30 days of all such appointments and replacements. The Insurer shall ensure that its employees coordinate and consult with the RSHAA's corresponding personnel for the successful implementation of MAA-Yojana and the due performance of the Insurer's obligations and discharge of the Insurer's liabilities under the Insurance Contract and the Policies issued hereunder.
- f. The Insurer shall complete the recruitment of such employees within 45 days of the signing of the Insurance Contract and in any event, prior to commencement of the Policy Cover Period.
- g. The Insurer shall raise timely invoices for the due premium amount as per the terms of this Insurance Contract.
- h. The Insurer shall promptly refund the due premium amount in pursuance of Clause 10.2 of this Insurance Contract.



## 19. Other Obligations

### 19.1 Insurer's Obligations before start of the policy

The Insurer shall mandatorily complete the following activities before the start of policy in the State:

- a. Sign tripartite agreement with the empanelled hospitals
- b. Ensure that requisite hardware and software is available in the empanelled hospitals
- c. State and district offices as mentioned above are set up and functional
- d. Ensuring availability of Policy number for the Policy for State that is issued by the Insurer.
- e. Ensuring that contact details of the District Coordinator of the Insurer, and the nodal officer of the other service providers appointed by the Insurer are provided to RSHAA before the commencement of each Policy Cover Period.
- f. Integrate IT system for payment in next 15 days.

### 19.2 State Health Agency's Obligations

The Rajasthan State Health Assurance Agency shall mandatorily complete the following activities before the start of the policy in the State:

- a. Payment of premium as per schedule mentioned under Clause 10.1
- b. Appoint the District Nodal Officers (DNOs) and other required staff for each district and work with the DNO appointed by it to create the requisite organization structure at the district level to effectively implement and manage the MAA-Yojana within 30 days of the signing of this Insurance Contract.
- c. Set up State and District level grievance committees as detailed out in this contract document.
- d. Set up Claims review committee as mentioned in clause 14.4.

## 20. Service beyond Service Area

To ensure true portability of AB-PMJAY, State Governments participating in the Scheme are deemed to be in arrangement with ALL other States, through NHA, that are implementing AB-PMJAY for allowing sharing of network hospitals, transfer of payment of claims & transaction data arising in areas beyond the service area.

## **21. Plan for Provision of Services in the Absence of Internet Connectivity**

The Insurer agrees that if, in the implementation of the Scheme and use of the prescribed technology and systems, there is an issue causing interruption in the provision of Cashless Access Services, the Insurer shall:

- a. make all efforts to put in place an alternate mechanism to ensure continued provision of Cashless Access Services to the MAA-Yojana Beneficiaries;
- b. take all necessary measures to fix the technology or related issues to bring the Cashless Access Services back onto the online platform within the earliest possible time in close coordination with the RSHAA ; and
- c. furnish all data/information in relation to the cause of interruptions, the delay or other consequences of interruptions, the mitigating measures taken by the Insurer and any other related issues to the RSHAA in the format prescribed by the RSHAA at that point in time.

## **22. Management Information System**

- a. All Management Information System (MIS) shall be on a centralised web-based architecture designed by the RSHAA, for the purposes of the Scheme.
- b. The Insurer shall maintain a MIS dashboard that will act as a visual interface to provide at-a-glance views on key ratios and measures of data regarding the implementation of the Scheme.
- c. The Insurer shall update the information on the MIS dashboard real time and shall provide the RSHAA and any number of authorized representatives of the RSHAA or its advisors/ consultants with access to the various modules on the MIS dashboard. The RSHAA shall have the right to download, print or store the data available on the MIS dashboard.
- d. In addition, the Insurer shall submit reports to the RSHAA regarding health-service usage patterns, Claims data and such other information regarding the delivery of benefits as may be required by the RSHAA on a monthly basis.
- e. In addition, the Insurer shall be responsible for submitting such other data and information as may be requested by the RSHAA and to submit such reports in formats as required by and specified by the RSHAA from time to time.
- f. All data generated by the Insurer in relation to the implementation and management of the Scheme and/or in performing its obligations under the Insurance Contract shall be the property of the RSHAA. The Insurer undertakes to handover all such information and data, IT system and applications with their source code to the RSHAA within 10 days of the expiration or cancellation of the Policy for that State and on the expiration or early termination of the Insurance Contract.



## 23. Monitoring and Control

### 23.1 Scope of Monitoring

- a. Monitoring under MAA-Yojana shall include supervision and monitoring of all the activities under the MAA-Yojana undertaken by the Insurer and ensuring that the Insurer complies with all the provisions of the Insurance Contract signed with the Rajasthan State Health Assurance Agency (RSHAA) and all contracts and sub-contracts/ agreements issued by the Insurer pursuant to the Insurance Contract with the RSHAA for implementation of the Scheme.
- b. Monitoring shall include but not be limited to:
  - i. Overall performance and conduct of the Insurer.
  - ii. Claims management process.
  - iii. Grievance redressal process.
  - iv. Fraud control process
  - v. Any other aspect/ activity of the Insurer related to the implementation of the Scheme.

### 23.2 Monitoring Activities to be undertaken by the Insurer

#### 23.2.1 General Monitoring Obligations

Under the MAA-Yojana, the Insurer shall monitor the entire process of implementation of the Scheme on an ongoing basis to ensure that it meets its obligations under its Insurance Contract with the RSHAA. Towards this obligation the Insurer shall undertake, **but not be limited to**, the following tasks:

- a. Ensure compliance to all the terms, conditions and provisions of the Scheme.
- b. Ensure monitoring of processes for seamless access to cashless health care services by the MAA-Yojana beneficiaries under the provisions of the Scheme.
- c. Ensure monitoring of processes for timely processing, management and payment of all claims of the EHCPs.
- d. Ensure monitoring of processes/transactions/entities for fraud control
- e. Ensure fulfilment of minimum threshold levels as per the agreed Key Performance Indicators (KPIs) laid down in Schedule 12.
- f. Ensure compliance from all its sub-contractors, vendors and intermediaries hired/ contracted by the Insurer under the Scheme for the fulfilment of its obligations.
- g. Ensure conducting various audits in timebound manner and submit report to RSHAA as per details mentioned in the the Schedule-12.

### 23.3 Monitoring Activities to be undertaken by the Rajasthan State Health Assurance Agency

#### 23.3.1 Audits by the Rajasthan State Health Assurance Agency- (State Anti Fraud Unit, RSHAA)

- a. Audit of the audits undertaken by the Insurer: The RSHAA can undertake sampled audits of all audits undertaken by the Insurer.
- b. Direct audits: In addition to the audit of the audits undertaken by the Insurer referred in **Clause 23.3.1.a**, the RSHAA shall have the right to undertake direct audits on a regular basis conducted either directly by it or through its authorized representatives/agencies including appointed third parties. Direct audits shall include:
  - (i) Claims audit: For the purpose of claims audit, the RSHAA shall constitute a **Claims Review Committee (CRC)** that shall look into certain percentage (as decided by RSHAA) of the claims rejected or approved/paid by the Insurer to assure itself of the legitimacy of the Insurer's decisions. Claims settlement decisions of the Insurer that are disputed by the concerned EHCP shall be examined in depth by the CRC after such grievance of the EHCP is forwarded by the concerned Grievance Redressal Committee (GRC) to the CRC. CRC can any time examine any rejected/less paid claim suo moto if needed.

CRC shall examine the merits of the case within 30 working days as far as possible and communicate its decisions to concerned parties.

During the claims audit the RSHAA shall look into the following aspects (indicative, not exhaustive):

- Evidence of rigorous review of claims adjudication.
- Comprehensiveness of claims submissions (documentation) by the EHCPs.
- Number of type of queries raised by the Insurer during review of claims – appropriateness of queries.
- Accuracy of claims settlement.

- (ii) Concurrent Audits: The RSHAA shall have the right to set up mechanisms for concurrent audit of the implementation of the Scheme and monitoring of Insurer's performance under this Insurance Contract.

#### 23.3.2 Spot Checks by the Rajasthan State Health Assurance Agency

- a. The RSHAA shall have the right to undertake spot checks of district offices of the Insurer/TPA(s) and the premises of the EHCP without any prior intimation.
- b. The spot checks shall be random and will be at the sole discretion of the RSHAA .

#### 23.3.3 Performance Review and Monitoring Meetings

- a. The RSHAA shall organize fortnightly meetings for the first three months and monthly review meetings thereafter with the Insurer. The RSHAA shall have the



right to call for additional review meetings as required to ensure smooth functioning of the Scheme.

- b. Whereas the RSHAA shall issue the Agenda for the review meeting prior to the meeting while communicating the date of the review meeting, as a general rule the Agenda shall have the following items:
  - (i) Review of action taken from the previous review meeting.
  - (ii) Review of performance and progress in the last month/quarter: utilization pattern, claims pattern, etc. This will be done based on the review of reports submitted by the Insurer in the quarter under review.
  - (iii) KPI Results review – with discussions on variance from prescribed threshold limits, if any.
  - (iv) Contracts management issue(s), if any.
  - (v) Risk review, fraud alerts, action taken of fraud alerts.
  - (vi) Any other item.
- c. All meetings shall be documented and minutes shared with all concerned parties.
- d. Apart from the regularly monthly/quarterly review meetings, the RSHAA shall have the right to call for interim review meetings as and when required on specific issues.

#### 23.4 Key Performance Indicators for the Insurer

- a. A set of critical indicators where the performance level below the threshold limit set, shall attract financial penalties and shall be called **Key Performance Indicators** (KPI). For list of KPIs, see **Schedule 12**.
- b. At the end of every 12 months, if there is renewal of the tenure, the RSHAA shall have the right to amend the KPIs, which if amended, shall be applicable preemptively on the Insurer and the Insurer shall be obliged to abide by the same.

#### 23.5 Measuring Performance

- a. Performance shall be measured as per timeline and threshold provided in Schedule 12.
- b. Indicator performance results shall be reviewed in the quarterly review meetings and reasons for variances, if any, shall be presented by the Insurer.
- c. Insurers shall pay RSHAA all penalties imposed by the RSHAA on the Insurer in line with KPIs mentioned in Schedule 12 within 15 days of receipt of Penalty Notice from RSHAA. RSHAA shall ensure that Penalty Notice contains all the details regarding penalties being imposed.
- d. Penalty Notice shall be shared with Insurers time to time and calculation of penalties shall be as detailed in Schedule 12.

- e. If the Insurer wishes to contest the penalty levied by RSHAA, it may represent to the RSHAA along with necessary documentary proof within 10 days of receipt of the notice.
- f. RSHAA may examine the evidence and facts and arrive at final penalty amount/decision and shall convey the same to Insurer within 30 days.
- g. Failure to pay penalty within the timeline will invite penal interest on the penalties as specified in Schedule 12.D.
- h. If the Insurer fails to pay Penalty within 90-day period and/ or the default interest thereon, the RSHAA shall be entitled to recover such amount along with applicable interest, if any, as a debt due from the Insurer. Please refer to Clause 41 for details regarding Dispute Resolution
- i. Also, based on the review, the RSHAA shall have the right to issue rectification orders demanding the performance to be brought up to the levels desired as per the MAA-Yojana Guidelines.
- j. Along with monitoring of KPIs, RSHAA may issue rectification orders to Insurer. All such rectifications shall be undertaken by the Insurer within 30 days of the date of issue of such Rectification Order unless stated otherwise in such Order(s).
- k. At the end of the rectification period, the Insurer shall submit an Action Taken Report with evidences of rectifications done to the RSHAA .
- l. If the RSHAA is not satisfied with the Action Taken Report, it shall call for a follow up meeting with the Insurer and shall have the right to take appropriate actions within the overall provisions of the Insurance Contract between the RSHAA and the Insurer.
- m. RSHAA as policy holder can also approach to IRDAI for necessary action in case the Insurer persistently fails to meet contractual obligations. Such instances of default may be related to not meeting baseline KPIs, not paying penalties in timely manner or fail to return premium etc.

#### 23.6 Penalties

- a. KPI related penalties are provided in the KPI table in **Schedule 12** and imposition of penalties shall be as specified in Clause 23.5

#### 24.Outsourcing of Non- core Business by Insurer to an Agency

- a. The Insurer shall notify the RSHAA of the agencies or service providers that it wishes to appoint within three days of NOA.
- b. The agency or service provider to be appointed by the insurer shall be as per the latest regulations issued by IRDAI.



- c. For the purpose of hiring an outsourced agency or service provider the Insurer shall enter into a Service Level Agreement with the concerned agency or service provider and within 14 days submit a redacted copy to the RSHAA .
- d. The Insurer in all cases shall ensure that the appointment and functioning of agency or service provider shall be in due compliance with latest regulations of IRDAI and any deviation in this manner shall be considered a case of breach of the contract.
- e. The appointment of intermediaries or service providers shall not relieve the Insurer from any liability or obligation arising under or in relation to the performance of obligations under this Insurance Contract and the Insurer shall at all times remain solely responsible for any act or omission of its intermediaries or service providers, as if it were the acts or omissions of the Insurer.
- f. The Insurer shall be responsible for ensuring that its service agreement(s) with intermediaries and service providers such as TPAs, outsourced agency for non-core business etc include provisions that vest the Insurer with appropriate recourse and remedies, in the event of non-performance or delay in performance by such intermediary or service provider.
- g. The Insurer shall notify the Rajasthan State Health Assurance Agency of the intermediaries or service providers that it wishes to appoint before the date of execution of this Insurance Contract.
- h. In view of section 3(4) of IRDAI (TPA-Health Services) (Amendments) Regulations, 2019, Government shall constitute a committee for final selection of the shortlisted/screened TPA/s for claim processing under the scheme.
- i. Insurer shall share the monthly progress report of TPA/s with RSHAA.

## **25.Reporting Requirements**

- a. The Insurer shall submit all reports mandated by RSHAA
- b. All reports shall be uploaded by the Insurer online on the RSHAA web portal along with separate email and physical copy.
- c. The RSHAA shall review all progress reports and provide feedback, if any, to the Insurer.
- d. All Audits reports shall be reviewed by the RSHAA and based on the audit observations, determine remedial actions, wherever required.

## **26.Grievance Redressal**

A robust and strong grievance redressal mechanism has been designed for MAA-Yojana. The District authorities shall act as a frontline for the redressal of Beneficiaries' / Providers / other

Stakeholder's grievances. The District authorities shall also attempt to solve the grievance at their end. The grievances so recorded shall be numbered consecutively and the Beneficiaries / Providers or any other aggrieved party shall be provided with the number assigned to the grievance. The District authorities shall provide the Beneficiaries / Provider or any other aggrieved party with details of the follow-up action taken as regards the grievance as per the process laid down. The District authorities shall also record the information in pre-agreed format of any complaint / grievance received by oral, written or any other form of communication.

Under the Grievance Redressal Mechanism of MAA-Yojana, set of two tier Grievance Redressal Committees have been set up to attend the grievances of various stakeholders at different levels. Details of Grievance Redressal mechanisms and guidelines will be published and revised by RSHAA from time to time. Insurer shall ensure adherence to these guidelines while conducting grievance redressal.

## **27. Term and Termination**

### **27.1 Term**

This Insurance Contract shall become effective on the date of its execution and shall continue to be valid and in full force and effect until:

- a. expiration of the Policy Cover Period under each Policy issued under this Insurance Contract; and
- b. the discharge of all the Insurer's liabilities for all Claims made by the Empanelled Health Care Providers on or before the date of expiration of the Policy Cover Period for each Policy. For the avoidance of doubt, this shall include a discharge of the Insurer's liability for all amounts blocked for the Beneficiaries before the date of expiration of such Policy Cover Period; and
- c. the discharge of all the Insurer's liabilities to the Rajasthan State Health Assurance Agency, including for refund of any Premium for any of the previous Policy Cover Periods.

The Insurer undertakes that it shall discharge all its liabilities in respect of all such Claims raised in respect of each Policy and all of its liabilities to the Rajasthan State Health Assurance Agency within 60 days of the date of expiration of the Policy Cover Period for that Policy. However, later if RSHAA is brought to the notice regarding any dues/over or under payment of claims to EHCPs/penalties to be recoverable from Insurer as per RFP, that shall be liability of Insurer even after expiry of policy period.

The period of validity of this Insurance Contract shall be the **Term**, unless this Insurance Contract is terminated earlier.

### **27.2 Termination by the Rajasthan State Health Assurance Agency**

- a. The Rajasthan State Health Assurance Agency shall have the right to terminate this Insurance Contract upon the occurrence of any of the following events (each an



**Insurer Event of Default**), provided that such event is not attributable to a Force Majeure Event:

- (i) the Insurer fails to duly obtain a renewal of its registration with the IRDAI or the IRDAI revokes or suspends the Insurer's registration for the Insurer's failure to comply with applicable Insurance Laws or the Insurer's failure to conduct the general or health insurance business in accordance with applicable Insurance Laws or the code of conduct issued by the IRDAI; or
  - (ii) If at any time any payment, assessment, charge, lien, refund of premium, penalty or damage herein specified to be paid by the Insurer to the RSHAA, or any part thereof, shall be in arrears and unpaid within 60 days of receipt of a written notice from the RSHAA requesting payment thereof; or
  - (iii) the Insurer is otherwise in material breach of this Insurance Contract that remains unrectified despite receipt of a 60-day cure notice from the RSHAA ; or
  - (iv) any representation, warranty or undertaking given by the Insurer proves to be incorrect in a material respect or is breached; or
  - (v) The Insurer has successively infringed the terms and conditions of the Insurance Contract and/or has failed to rectify the same even after the expiry of the notice period for rectification of such infringement then it would amount to material breach of the terms of the Insurance Contract by the Insurer; or
  - (vi) The Insurer has failed to perform or discharge any of its obligations in accordance with the provisions of the Insurance Contract with RSHAA unless such event has occurred because of a Force Majeure Event, or due to reasons solely attributable to the RSHAA without any contributory factor of the Insurer; or
  - (vii) The Insurer engaging or knowingly has allowed any of its employees, agents, tenants, contractor or representative to engage in any activity prohibited by law or which constitutes a breach of or an offence under any law, in the course of any activity undertaken pursuant to the Insurance Contract; or
  - (viii) The Insurer has been adjudged as bankrupt or become insolvent; or
  - (ix) Any petition for winding up of the Insurer has been admitted and liquidator or provisional liquidator has been appointed or the Insurer has been ordered to be wound up by Court of competent jurisdiction, except for the purpose of amalgamation or reconstruction with the prior consent of the RSHAA, provided that, as part of such or reconstruction and the amalgamated or reconstructed entity has unconditionally assumed all surviving obligations of the Insurer under the Insurance Contract; or
  - (x) The Insurer has abandoned the Project Office(s) of the MAA-Yojana and is non-contactable for two weeks over phone and email; or
  - (xi) Performance against KPI is below the threshold specified in **Schedule 12, including pertaining to SPD trigger**; or
  - (xii) Intentional or unintentional act of undisputedly proven fraud committed by the Insurer.
- b. Upon the occurrence of an Insurer Event of Default, the Rajasthan State Health Assurance Agency may, without prejudice to any other right it may have under this Insurance Contract, in law or at equity, issue a notice of its intention to terminate this Insurance Contract to the Insurer (**Preliminary Termination Notice**).

If the Insurer fails to remedy or rectify the Insurer Event of Default stated in the Preliminary Termination Notice within 30 days of receipt of the Preliminary Termination Notice, the Rajasthan State Health Assurance Agency will be entitled to terminate this Insurance Contract by issuing a final termination notice (**Final Termination Notice**).

- c. RSHAA will provide pro-rata premium for the period for which insurer has provided the policy within 30 days of effective date of termination and fulfilment of obligations of Insurer. In case excess premium with respect to pro-rata policy has been already received by the insurer then insurer will need to refund the excess premium excluding the premium due for the pro-rata period within 30 days of end of policy.

#### 27.3 Rajasthan State Health Assurance Agency Event of Default

- a. The Insurer can terminate this Insurance Contract upon the occurrence of non-payment of instalment premium within 90 days of the due date by the Rajasthan State Health Assurance Agency that remains uncured despite receipt of a 15 day cure notice or Preliminary Termination Notice from the Insurer (a **Rajasthan State Health Assurance Agency Event of Default**), provided that such event is not attributable to a Force Majeure Event.
- b. Upon the occurrence of a Rajasthan State Health Assurance Agency Event of Default (non-payment of instalment of premium within 90 days of from the Premium Due Date), the Insurer may, without prejudice to any other right it may have under this Insurance Contract, in law or at equity, issue a Preliminary Termination Notice to the State Health Agency. If the Rajasthan State Health Assurance Agency fails to remedy or rectify the Event of Default stated in the Preliminary Termination Notice issued by the Insurer within 15 days of receipt of the Preliminary Termination Notice, the Insurer will be entitled to terminate this Insurance Contract by issuing a Final Termination Notice.
- c. The RSHAA has failed to perform or discharge any of its obligations in accordance with the provisions of the Insurance Contract with Insurer unless such event has occurred because of a Force Majeure Event,

#### 27.4 Termination Date

The **Termination Date** upon termination of this Insurance Contract for:

- a. an Insurer Event of Default, shall be the date of issuance of the Final Termination Notice;
- b. a Rajasthan State Health Assurance Agency Event of Default, shall be the date falling 15 Business Days from the date of the Final Termination Notice issued by the Insurer; and
- c. a Force Majeure Event, shall be the date of expiration of the written notice.



## 27.5 Consequences of Termination

Upon termination of this Insurance Contract, the Insurer shall:

- a. Continue to provide the benefits to the Beneficiaries until the Termination Date.
- b. Pay to the Rajasthan State Health Assurance Agency on the Termination Date (where termination is due to an Insurer Event of Default or a Force Majeure Event), a sum that shall be calculated as follows for the State:

$$TC = P \times N \times \frac{UT}{365}$$

Where:

**TC** is the sum to be paid by the Insurer to the Rajasthan State Health Assurance Agency on the Termination Date in respect of the State;

**P** is the Premium per Beneficiary Family Unit that has been or has to be paid by the Rajasthan State Health Assurance Agency to the Insurer for the Policy Cover Period in which the Termination Date occurs;

**N** is the total number of Beneficiary Family Units covered in the State, for whom the Premium has been or has to be paid by the Rajasthan State Health Assurance Agency to the Insurer for the Policy Cover Period in which the Termination Date occurs; and

**UT** is the unexpired term of the Policy for that State, calculated as the number of days between the Termination Date and the date of expiration of the Policy Cover Period (had such Policy continued).

Such payment shall be made by the Insurer to the Rajasthan State Health Assurance Agency exclusive of all applicable taxes and duties. The Insurer shall bear and pay all applicable taxes and duties in respect of such amount.

- c. Continue to be liable for all Claims made by the Empanelled Health Care Providers on or before the Termination Date, including:
  - (i) all amounts blocked for treatment of the Beneficiaries before the Termination Date, where the Beneficiaries were discharged after the Termination Date; and
  - (ii) all amounts that were pre-authorized for Claim Payment before the Termination Date, where the pre-authorization has occurred prior to the Termination Date but the Beneficiaries were discharged after the Termination Date.

The Insurer undertakes that it shall discharge its liabilities in respect of all such Claims raised within 45 days of the Termination Date.

## 27.6 Migration of Policies Post Termination

- a. At least 120 days prior to the expiration of this Insurance Contract or the Termination Date, the RSHAA may issue a written request to the Insurer seeking a migration of

the Policies for all the districts in the Service Area (**Migration Request**) to another insurance company (**New Insurer**) .

- b. Once the RSHAA has issued such a Migration Request:
  - (i) The RSHAA shall have the right to identify the New Insurer to whom the Policies will be migrated up to 30 days prior to the expiration date or the Termination Date.
  - (ii) The RSHAA shall also have the right to withdraw the Migration Request at any time prior to the 30 days period immediately preceding the expiration date or the Termination Date. If the RSHAA chooses to withdraw the Migration Request, then the remaining provisions of this **Clause 28.6** shall not apply from the date of such withdrawal and this Insurance Contract shall terminate forthwith upon the withdrawal of the Migration Request. The reasons for withdrawal of Migration Request shall be placed on record by RSHAA .
- c. Upon receiving the Migration Request, the Insurer shall commence preparing Claims data, and current status of implementation of training provided to Empanelled Health Care Providers and any other information sought by the RSHAA in the format prescribed by the RSHAA at that point in time.
- d. Within 7 days of receiving notice of the New Insurer, the Insurer shall promptly make available all of the data prepared by it to the New Insurer.
- e. The Insurer shall not be entitled to:
  - (i) refuse to honour any Claims made by the EHCPs on or before the date of expiration or the Termination Date until the migration process has been completed and the New Insurer assumes all of the risks under the Policies for the Service Area; or
  - (ii) cancel the Policies for the Service Area until the migration process has been completed and the New Insurer assumes all of the risks under the Policies for the Service Area; or
  - (iii) charge the RSHAA , the New Insurer or any third person with any commission, additional charges, loading charges or otherwise for the purpose of migrating the Policies to the New Insurer.
- f. The Insurer shall be entitled to retain the proportionate Premium for the period between the date on which a termination notice has been issued and the earlier to occur of: (x) the date on which the New Insurer assumes all the risks under the Policies; and (y) the date of withdrawal of the Migration Request (the **Migration Termination Date**).

#### 27.7 Hand-Over Obligations

Without prejudice to the provisions of **Clause 28**, on expiration of the Term or on the Termination Date, the Insurer shall:

- a. assign all of its rights, but not any payment or other obligations or liabilities, under its Services Agreements with the Empanelled Health Care Providers and any other



agreements with its intermediaries or service providers for the implementation of MAA-Yojana in favour of the Rajasthan State Health Assurance Agency and/or to the New Insurer, provided that the Insurer has received a written notice to this effect at least 30 days' prior to the date of expiration of the Term or the Termination Date;

- b. hand-over, transfer and assign all rights and title to and all intellectual property rights in all data, information and reports in favour of the Rajasthan State Health Assurance Agency or to the New Insurer, whether such data, information or reports have been collected, collated, created, generated or analysed by the Insurer or its intermediaries or service providers on its behalf and whether such data, information and reports is in electronic or physical form;
- c. In case of outsourced Software development, the following should be delivered to RSHAA by the Insurer:
  - All product components
  - Base documents, user manuals, installation manual, operations manuals, test procedures, etc.
  - Various review records, bug reports, documents related to third party components used in the project, etc.

Steps will be taken to ensure adequate knowledge transfer. It will include transfer of skills and operating processes and procedures. This can be achieved through focused training sessions for specific user and system officials group and obtaining detailed documentation from all existing vendors. Suitable guidelines on maintaining documentation of all processes, maintaining back up of critical data and applications which are incorporated in the Government's IT policy, will be strictly enforced.

All data related to RSHAA operations and its customers that are stored at original vendor site will be transferred. It will include data and documents that have been collected by the Insurer for performing the activity.

## 28. Force Majeure

### 28.1 Definition of Force Majeure Event

A **Force Majeure Event** shall mean the occurrence in the State of Rajasthan of any of the following events after the date of execution of this Insurance Contract, which was not reasonably foreseeable at the time of execution of this Insurance Contract and which is beyond the reasonable control and influence of a Party (the **Affected Party**) and which causes a delay and/or inability for that Party to fulfil its obligations under this Insurance Contract:

- a. fire, flood, atmospheric disturbance, lightning, storm, typhoon, tornado, earthquake, washout or other Acts of God;
- b. war, riot, blockade, insurrection, acts of public enemies, civil disturbances, terrorism, sabotage or threats of such actions; and
- c. strikes, lock-out or other disturbances or labour disputes, not involving the employees

of such Party or any intermediaries appointed by it,

but regardless of the extent to which the conditions in the first paragraph of this **Clause 28.1** are satisfied, Force Majeure Event shall not include:

- a. a mechanical breakdown; or
- b. weather conditions which should reasonably have been foreseen by the Affected Party claiming a Force Majeure Event and which were not unusually adverse; or
- c. non-availability of or increase in the cost (including as a result of currency exchange rate fluctuations) of suitably qualified and experienced labour, equipment or other resources, other than the non-availability of equipment due to an event that affected an intermediary of the Insurer and that, if it had happened to the Insurer hereunder, would have come within the definition of Force Majeure Event under **Clause 28.1**; or
- d. economic hardship or lack of money, credit or markets; or
- e. events of physical loss, damage or delay to any items during marine, air or inland transit to the State of Rajasthan unless the loss, damage or delay was directly caused by an event that affected a intermediary of the Insurer and that, if it had happened to the Insurer hereunder, would have come within the definition of Force Majeure Event under **Clause 28.1**; or
- f. late performance or other breach or default by the Insurer (including the consequences of any breach or default) caused by the acts, omissions or defaults of any intermediary appointed by the Insurer unless the event that affected the intermediary and caused the act, omission or default would have come within the definition of Force Majeure Event under **Clause 28.1** if it had affected the Insurer; or
- g. a breach or default of this Insurance Contract (including the consequences of any breach or default) unless it is caused by an event that comes within the definition of Force Majeure Event under **Clause 28.1**; or
- h. the occurrence of a risk that has been assumed by a Party to this Contract; or
- i. any strike or industrial action that is taken by the employees of the Insurer or any intermediary appointed by the Insurer or which is directed at the Insurer; or
- j. the negligence or wilful recklessness of the Insurer, the intermediaries appointed by it, their employees or other persons under the control and supervision of the Insurer.

## 28.2 Limitation on the Definition of Force Majeure Event

Any event that would otherwise constitute a Force Majeure Event pursuant to **Clause 28.1** shall not do so to the extent that the event in question could have been foreseen or avoided by the Affected Party using reasonable *bona fide* efforts, including, in the case of the Insurer, obtaining such substitute goods, works, and/or services which were necessary and reasonable



in the circumstances (in terms of expense and otherwise) for performance by the Insurer of its obligations under or in connection with this Insurance Contract.

### 28.3 Claims for Relief

- a. If due to a Force Majeure Event the Affected Party is prevented in whole or in part from carrying out its obligations under this Insurance Contract, the Affected Party shall notify the other Party accordingly (**Force Majeure Notice**).
- b. The Affected Party shall not be entitled to any relief for or in respect of a Force Majeure Event unless it has notified the other Party in writing of the occurrence of the Force Majeure Event as soon as reasonably practicable and in any event within 7 days after the Affected Party knew, or ought reasonably to have known, of the occurrence of the Force Majeure Event and it has complied with the requirements of **Clause 28.3** of this Insurance Contract.
- c. Each Force Majeure Notice shall:
  - (i) fully describe the Force Majeure Event;
  - (ii) specify the obligations affected by the Force Majeure Event and the extent to which the Affected Party cannot perform those obligations;
  - (iii) estimate the time during which the Force Majeure Event will continue; and
  - (iv) specify the measures proposed to be adopted to mitigate or minimise the effects of the Force Majeure Event.
- d. As soon as practicable after receipt of the Force Majeure Notice, the Parties shall consult with each other in good faith and use reasonable endeavours to agree appropriate mitigation measures to be taken to mitigate the effect of the Force Majeure Event and facilitate continued performance of this Insurance Contract.

If Parties are unable to arrive at a mutual agreement on the occurrence of a Force Majeure Event or the mitigation measures to be taken by the Affected Party within 15 days of receipt of the Force Majeure Notice, then the other Party shall have a right to refer such dispute to grievance redressal in accordance with **Clause 26**.

- e. Subject to the Affected Party having complied with its obligations under **Clause 28.3**, the Affected Party shall be excused from the performance of the obligations that is affected by such Force Majeure Event for the duration of such Force Majeure Event and the Affected Party shall not be in breach of this Insurance Contract for such failure to perform for such duration; provided however that no payment obligations (including Claim Payments) shall be excused by the occurrence of a Force Majeure Event.

### 28.4 Mitigation of Force Majeure Event

Upon receipt of a Force Majeure Notice, each Party shall:

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

#### 28.5 Resumption of Performance

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

#### 28.6 Termination upon Subsistence of Force Majeure Event

If a Force Majeure Event continues for a period of 4 weeks or more within a continuous period of 365 days, either Party may terminate this Insurance Contract by giving the other Party 90 days' written notice.

### 29.ASSIGNMENT

#### 29.1 Assignment by Insurer

No Policy and no right, interest or Claim under this Insurance Contract or Policy or any obligations or liabilities of the Insurer arising under this Insurance Contract or Policy or any sum or sums which may become due or owing to the Insurer, may be assigned, transferred, pledged, charged or mortgaged by the Insurer.

#### 29.2 Assignment by Beneficiaries or Empanelled Health Care Providers

- a. The Parties agree that each Policy shall specifically state that no Beneficiary shall have the right to assign or transfer any of the benefits or the Covers made available to it under this Insurance Contract or any Policy.
- b. The Parties agree that the Empanelled Health Care Providers may assign, transfer, pledge, charge or mortgage any of their rights to receive any sums due or that will become due from the Insurer in favour of any third party.

Without limiting the foregoing, the Parties acknowledge that the public Empanelled Health Care Providers in the Service Area that are under the management of Rajasthan Medical Relief Society (RMRS) may assign all or part of their right to receive Claims Payments from the Insurer in favour of the Government of Rajasthan or any other department, organization or public body that is under the ownership and/or control of the Government of Rajasthan.

On and from the date of receipt of a written notice from the public Empanelled Health Care Providers in the Service Area or from the Government of Rajasthan, the Insurer shall pay all or part of the Claims Payments to the person(s) so notified.



### 30. Confidentiality of Information and Data Protection

30.1 Insurer will treat any and all such information which has come to the knowledge of the Insurer that may relate but not be limited to MAA-Yojana, Disclosing Party's business, operations, financials, services, facilities, processes, methodologies, technologies, intellectual property, trade secrets, this agreement and/or its contents, research and development, trade names, Personal Data, Sensitive Personal Data, methods and procedures of operation, business or marketing plans, licensed document know-how, ideas, concepts, designs, drawings, flow charts, diagrams, quality manuals, checklists, guidelines, processes, formulae, source code materials, specifications, programs, software packages/ codes, clients and suppliers, partners, principals, employees, consultants and authorized agents and any information which is of a manifestly confidential nature ( including the MAA-Yojana ) , that is supplied by Disclosing Party to the Insurer or otherwise acquired/ accessed by the Insurer during the course of dealings between the Parties or otherwise in connection with the scope of this Agreement

"Personal Data" shall mean any data / information that relates to a natural person which, directly or indirectly, in combination with other information available or likely to be available with, is capable of identifying such natural person and

"Sensitive Personal Data" shall mean personal data revealing, related to, or constituting, as may be applicable— (i) passwords; (ii) financial data; (iii) health data; (iv) official identifier; (v) sex life; (vi) sexual orientation; (vii) biometric data; (viii) genetic data; (ix) transgender status; (x) intersex status; (xi) caste or tribe; (xii) religious or political belief or affiliation; or (xiii) any other category of data as per applicable laws of India as amended from time to time.

The Term confidential information also mean all non-public, especially health, treatment and payment related information as confidential, and such party shall not disclose or use such information in a manner contrary to the purposes of this Agreement and/or the applicable laws.

All the beneficiary and transaction data generated through the scheme shall be kept securely by the insurer and will not be shared with any other agency than the ones defined and/or specifically permitted in the agreement.

30.2. The obligation of confidentiality with respect to Confidential Information will not apply to any information:

If the information is or becomes publicly known and available other than as a result of prior authorized disclosure

If the Insurer is legally compelled by applicable law, by any court, governmental agency, or regulatory authority or subpoena or discovery request in pending litigation, but only if, to the extent lawful, the Insurer gives prompt written notice of that fact to RSHAA prior to disclosure so that the RSHAA may request a protective order or other remedy, the Insurer may disclose only such portion of the Confidential Information which it is legally obligated to disclose.

#### 30.3. Obligation to Maintain Confidentiality:

Insurer agrees to retain the Confidential Information in strict confidence, to protect the security, integrity, and confidentiality of such information and to not permit unauthorized

access to or unauthorized use, disclosure, publication, or dissemination of Confidential Information except in conformity with this Contract.

Confidential Information provided by RSHAA is and will remain the sole and exclusive property of the RSHAA and will not be disclosed or revealed by Insurer except (i) to other employees of the Insurer who have a need to know such information and agree to be bound by the terms of this Contract or (ii) with the RSHAA's express prior written consent.

Upon termination of this Contract, Insurer will ensure that all Confidential Information including all documents, memoranda, notes and other writings or electronic records prepared by the Insurer and its employees for this engagement are returned to the RSHAA.

Insurer shall at no time, even after termination, be permitted to disclose Confidential Information, except to the extent that such Confidential Information is excluded from the obligations of confidentiality under this Contract. The onus to prove that the exclusion is applicable is on the Insurer.

30.4 As prerequisite to signing of the contract, Insurer shall sign Non Disclosure Agreement (Provided in Schedule 17) and Individual Confidentiality Undertaking (provided in Schedule 18)

### **31. Intellectual Property Rights**

Each party will be the owners of their intellectual property rights (IPR) involved in this project and will not have any right over the IPR of the other party. Both parties agree that for the purpose of fulfilling the conditions under this contract they may allow the other party to only use their IPR for the contract period only. However, after the end of the contract no parties will have any right over the IPR of other party.

RSHAA shall have a right in perpetuity to use such newly created IPR, which may not be limited to processes, products, specifications, reports, drawings and any other documents produced leveraging any data which it has got access to during the performance and completion of services under this Agreement and for the purposes of inter-alia use of such services under this Agreement. Insurer undertakes to disclose all such Intellectual Property Rights, to the best of its knowledge and understanding, arising in performance of the services of this Agreement to the RSHAA.

### **32. Indemnification and Limitation of Liability:**

- 32.1 Insurer (the "Indemnifying Party") undertakes to indemnify, hold harmless the RSHAA (the "Indemnified Party") from and against all claims, liabilities, losses, expenses (including reasonable attorneys' fees), fines, penalties, taxes or damages (Collectively "Loss") on account of bodily injury, death or damage to tangible personal property arising due to failure to perform its obligations and responsibilities in favour of any person, corporation or other entity (including the Indemnified Party) attributable to the Indemnifying Party's negligence or willful default in performance or non-performance under this Agreement.
- 32.2 If the Indemnified Party promptly notifies Indemnifying Party in writing of a third party claim against Indemnified Party that any Service provided by the Indemnifying Party infringes a copyright, trade secret or patents incorporated in India of any third party, Indemnifying Party will defend such claim at its expense and will pay any costs or damages, that may be finally awarded against Indemnified Party.
- 32.3 The liability of either Party (whether in contract, tort, negligence, strict liability in tort, by statute or otherwise) for any claim in any manner related to this Agreement, including



the work, deliverables or Services covered by this Agreement, shall be the payment of direct damages only which shall in no event exceed one time the total contract value payable under this Agreement. The liability cap given under this Clause shall not be applicable to the indemnification obligations set out in Clause 30 and breach of Clause 31

- 32.4 In no event shall either party be liable for any consequential, incidental, indirect, special or punitive damage, loss or expenses (including but not limited to business interruption, lost business, lost profits, or lost savings).

### **33. Entire Agreement**

This Insurance Contract entered into between the Parties represents the entire agreement between the Parties setting out the terms and conditions for the provision of benefits in respect of the MAA-Yojana Cover to the Beneficiaries that are covered by the Insurer.

### **34. Relationship**

- a. The Parties to this Insurance Contract are independent contractors. Neither Party is an agent, representative or partner of the other Party. Neither Party shall have any right, power or authority to enter into any agreement or memorandum of understanding for or on behalf of, or incur any obligation or liability of, or to otherwise bind, the other Party.
- b. This Insurance Contract shall not be interpreted or construed to create an association, agency, joint venture, collaboration or partnership between the Parties or to impose any liability attributable to such relationship upon either Party.
- c. The engagement of any intermediaries or service providers by the Insurer shall not in any manner create a relationship between the Rajasthan State Health Assurance Agency and such third parties.

### **35. Variation or Amendment**

- a. Except as expressly set forth in this Insurance Contract, no variation or amendment of this Insurance Contract shall be binding on either Party unless and to the extent that such variation is recorded in a written document executed by both Parties but where any such document exists and is so signed, neither Party shall allege that such document is not binding by virtue of an absence of consideration.
- b. Notwithstanding anything to the contrary in **Clause 35(a)** above, the Insurer agrees that the Rajasthan State Health Assurance Agency shall be free to issue MAA-Yojana Guidelines from time to time (including pursuant to the issuance of recommendations of the Working Group constituted by the NHA) and the Insurer shall comply with all such MAA-Yojana Guidelines issued during the Term, whether or not the provisions or terms of such MAA-Yojana Guidelines have the effect of varying or amending the terms of this Insurance Contract.



### 36. Severability

If any provision of this Insurance Contract is invalid, unenforceable or prohibited by law, this Insurance Contract shall be considered divisible as to such provision and such provision shall be inoperative and the remainder of this Insurance Contract shall be valid, binding and of the like effect as though such provision was not included herein.

### 37. Notices

Any notice given under or in connection with this Insurance Contract shall be in writing and in the English language. Notices may be given, by being delivered to the address of the addressee as set out below (in which case the notice shall be deemed to be served at the time of delivery) by registered post or by fax (in which case the original shall be sent by registered post).

To: **Insurer**

Attn: Mr. / Ms. \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

To: **Rajasthan State Health Assurance Agency**

Attn: Mr. / Ms. \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### 38. No waiver

Except as expressly set forth in this Insurance Contract, no failure to exercise or any delay in exercising any right, power or remedy by a Party shall operate as a waiver. A single or partial exercise of any right, power or remedy does not preclude any other or further exercise of that or any other right, power or remedy. A waiver is not valid or binding on the Party granting that waiver unless made expressly in writing.

### 39. Governing Law and Jurisdiction

- a. This Insurance Contract and the rights and obligations of the Parties under this Insurance Contract shall be governed by and construed in accordance with the Laws of the Republic of India.
- b. The courts in Jaipur, Rajasthan shall have the exclusive jurisdiction over any disputes arising under, out of or in connection with this Insurance Contract.

### 40. Publicity:

Insurer shall not use the trademarks and /or IPR of RSHAA and/or anything related to MAA-Yojana scheme without the prior written consent of RSHAA and/or any Competent Authority who is authorised to give such permission. Insurer shall not publish or permit to be published either along or in conjunction with any other person any press release, information,



article, photograph, illustration or any other material of whatever kind relating to this Agreement or the business of the Parties or relating to MAA-Yojana without prior reference to and approval in writing from RSHAA for purposes other than those covered under scope of this Agreement.

## **41.DISPUTE RESOLUTION**

Any dispute or difference whatsoever arising between the Parties, whatsoever arising between the parties to this Contract out of or relating to the construction, meaning, scope, operation or effect of this Contract or the validity of the breach or termination of this Agreement (a "**Dispute**") shall be determined in accordance with the procedure set out in this Clause.

### **41.1 Notice of Dispute and Manner of Dispute Resolution**

41.1.1 Either Party may notify the other Party in writing of a Dispute (a "**Dispute Notice**"). The Parties shall attempt to resolve the Dispute amicably in accordance with the amicable resolution procedure set forth in Clause 41.2.

41.1.2 The Parties agree to use their best efforts for resolving all Disputes arising under or in respect of this Agreement promptly, equitably and in good faith and further agree to provide each other with reasonable access during normal business hours to all non-privileged records, information and data pertaining to any Dispute.

### **41.2 Amicable Resolution**

41.2.1 In the event of any Dispute between the Parties, either Party may require such Dispute to be referred to [CEO of RSHAA ] and the [Chairman of the Board of Directors]/[governing body] of the Insurer for amicable settlement. Upon such reference, the said persons shall meet no later than 7 (seven) days from the date of reference to discuss and attempt to amicably resolve the Dispute.

41.2.2 If the Dispute is not amicably settled within 15 (fifteen) days of the meeting for amicable resolution between the parties; either Party may refer the Dispute to Dispute Resolution Committee in accordance with the provisions of Clause 41.3.

### **41.3 Dispute Resolution Committee**

41.3.1 Any Dispute which is not resolved amicably by amicable resolution procedure under Clause 41.2 shall be finally decided by Dispute Resolution Committee. The committee will be comprised of following members-

1. Additional Chief Secretary/Principal Secretary, M&H, GoR: Chairperson
2. Secretary Finance, GoR or representative not below the rank of Joint Secretary: Member
3. Director, SIPF, GoR: Member
4. DLR, M&H, GoR: Member

The decision of the Dispute Resolution Committee shall be final and binding for both the parties.

#### 41.4 Performance Pending Disputes

This Agreement and the rights and obligations of the Parties shall remain in full force and effect, pending written settlement in any amicable settlement proceedings or the decision of dispute resolution committee hereunder, unless this Agreement has been terminated; or expressly provided otherwise in this Agreement.

IN WITNESS WHEREOF, the Parties have caused this Insurance Contract to be executed by their duly authorized representatives as of the date stated above.

**SIGNED, SEALED and DELIVERED  
DELIVERED**

**SIGNED, SEALED and**

For and on behalf of  
State of \_\_\_\_\_  
Company \_\_\_\_\_

For and on behalf of  
**Insurance**

Represented by

Represented by

In the presence of:

(1)

In the presence of:

(1)





## **Schedules to Insurance Contract**

November, 2024

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## **Schedule 1: Details of the scheme and Beneficiaries**

### **1.1 Name and Objective of the of the Scheme**

The name of the Scheme is "Mukhya Mantri Ayushman Arogya Yojana (MAA-Yojana)". The objective of MAA-Yojana is to to reduce the out of pocket healthcare expenditures through Universal Health Insurance Scheme to all its eligible beneficiary families through a network of Empanelled Health Care Providers (EHCPs).

### **1.2 Beneficiaries**

**Beneficiary Family Unit** refers to those families including all its members figuring in the Jan Aadhar Database of Government of Rajasthan. Families covered under Rajasthan Government Health Scheme (RGHS) and Central Government Health Scheme (CGHS) and any other category as decided by GoR shall not be eligible to avail benefits under MAA-Yojana.

In addition to the number of eligible MAA-Yojana Beneficiary Family Units as given above, the Government of India/ State Government may add more beneficiaries to the Scheme as part of additional sponsored category after mutual consent with insurer. The premium for add-on beneficiary families will be borne by the State Government /GoI respectively as mentioned in Schedule-8.

#### **1.2.1 Unit of Coverage**

Unit of coverage under the Scheme shall be a family registered under Jan Aadhar database of Government of Rajasthan and each family for this Scheme shall be called a MAA-Yojana Beneficiary Family Unit, which will comprise of all members in that family. Any addition in the family will be allowed only in case of marriage and/or birth/ adoption as reflected in Jan Aadhar database.

#### **1.2.2 Number of Beneficiary family Units**

At present 1.94 Crore Jan Aadhar families are registered out of which 1.33 Crore families are registered under the MAA-Yojana.

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## **Schedule 2: Exclusions to the Policy**

Mukhya Mantri Ayushman Arogya Yojana shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

- Condition that does not require hospitalization and can be treated under Out Patient Care.
- Except those expenses covered under pre and post hospitalisation expenses of the illness/package. Further expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes only during the hospitalized period and expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending physician.
- Any dental treatment or surgery which is corrective, prosthetic, cosmetic procedure, periodontal diseases, dental implants etc. are excluded. Exception to the above would be treatment needs arising from trauma / injury/ neoplasia / tumour / cyst requiring hospitalisation for bone treatment.
- Any assisted reproductive techniques, or infertility related procedures, unless featuring in the National Health Benefit Package list.
- Vaccination and immunization
- Surgeries related to ageing face & body, laser procedures for tattoo removals, augmentation surgeries and other purely cosmetic procedures such as fat grafting, neck lift, aesthetic rhinoplasty etc.
- Circumcision for children less than 2 years of age shall be excluded (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident)
- Persistent Vegetative State: a condition in which a medical patient is completely unresponsive to psychological and physical stimuli and displays no sign of higher brain function, being kept alive only by medical intervention.

***However, the packages which are included in the scheme shall not be rejected on the ground of above stated exclusions.***



### **Schedule 3: (a) Health Benefit Packages**

- a. Rates and packages as given at the end of this document will remain same for entire duration of contract.
- b. Secondary illnesses include those packages as defined in the secondary packages list for which the risk cover is Rs.50,000/- per eligible family per annum.
- c. Tertiary illnesses include those packages as defined in the tertiary packages list for which the risk cover is Rs.4,50,000/- per eligible family per annum.
- d. Payment of the claims shall be done as per the package rate mentioned in the package list. Additional incentive shall be payable as per the specifications mentioned in Schedule 3(b).
- e. Guidelines regarding MDP (minimum documents protocol)/STP (standard treatment protocol) shall be shared separately.
- f. List of Health Benefit Packages is enclosed at the end of this document.

A handwritten mark in blue ink, possibly a signature or initials, consisting of a large '3' with a horizontal line underneath it.

### Schedule 3 (b)

#### Differential Pricing Guidelines:

1. Mukhya Mantri Ayushman Arogya Yojana provides additional incentive on the procedure rate based on following criteria's:

S. No.	Category	Incentive (Over and above base package rate)
1	Full NABH accreditation *	15%
2	<ul style="list-style-type: none"><li>• NQAS certified hospitals</li><li>• Running PG / DNB course in the empanelled specialty</li></ul>	05%
3	Backward/Aspirational (11) districts- Banswara, Sirohi, Pratapgarh, Dungarpur, Baran, Chittorgarh, Bundi, Dholpur, Jaisalmer, Karauli, Rajsamand	05 % for government EHCPs and 10% for Private EHCPs

\* Applicable to the relevant specialty/s accredited only.

2. Incentive of 15% over and above package rate for NABH accreditation will be applicable to the relevant specialty/s accredited only. In case EHCP updates its NABH status post empanelment, this incentive will be applicable from the date of service ticket raised in the TMS of the scheme. Other packages will be paid as per 100% package rate.
3. If a hospital is falling in two or more categories of incentives it will be entitled for the higher price out of both applicable categories.
4. **The cost towards incentivization to the EHCPs over and above base package rate shall be borne by RSHAA on trust mode.** After the first month of respective policy year, an advance amount will be paid to the insurer by RSHAA on monthly basis based on the claim payment made by the insurer to the EHCPs in the previous month of respective policy year regarding payment of incentive. This will be subject to adjustment at the time of next advance payment.
5. Incentive will not be applicable on implant packages.
6. Calculation of incentive will be done on paid claims/TIDs.



## **Schedule 4: Guidelines for Identification of MAA-Yojana Beneficiary Family Units**

### **Brief Process Flow**

- A. Beneficiary identification will include the following broad steps:  
Swasthya Margdarshak ensures eligibility of the family and beneficiary in the scheme through software by either of the followings:

#### **1. Family Identification:**

- a. By entering of the ID Card number as prescribed by GoR (Jan Aadhar/state specific family ID) or its acknowledgement slip number
- b. By entering of the Aadhar Card Number of beneficiary which is/are linked with the unique family identity card
- c. By entering of the PMJAY ID/HHID no. of eligible SECC family linked with unique family identity card.
- d. Jan Aadhar/Aadhar linked mobile number or any other mode as decided by RSHAA.
- e. By entering of the ABHA ID no. of beneficiary linked with unique family identity card.
- f.

#### **2) Beneficiary Identification:**

- i) After identification of family unit, beneficiary will be identified through UIDAI authentication method of identification as far as possible.
- ii) In case of failure of UIDAI authentication or if Aadhaar card is not issued for a patient, any specified photo ID issued by Government or semi Government like Jan Aadhar Card, Voter ID, Driving Licence, PAN Card, Passport etc produced by the beneficiary at the point of contact shall be admissible. Photo ID shall be duly verified by the EHCP.
- iii) For the children upto age of 5 years, biometric identification and photo ID is not mandatory. In such cases identification may be done based on the UIDAI authentication and/or photo ID of any other person from beneficiary family unit. However, name of the children must be included in the Jan Aadhar Card/state specific family ID card/its acknowledgement slip.
- iv) Infants upto the age of 1 year will be included in the family without having its name in Jan Aadhar Card/family ID card.

- B. Addition of new family members will be allowed as per existing rules of Government of Rajasthan for addition in the existing family ID card.

These guidelines are only indicative in nature and RSHAA reserves the rights to modify or change, if required.

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## **Schedule 5: Guidelines for Empanelment of Private Health Care Providers and Other Related Issues**

### **Basic Principles**

For providing the benefits envisaged under the Scheme, Rajasthan State Health Assurance Agency (RSHAA) through State Empanelment Committee (SEC) shall empanel private health care service providers. Public healthcare providers (Community Health Centers and above level) shall automatically stand empanelled under the scheme.

At district level, District Empanelment Committee (DEC) are constituted which will be responsible for hospital empanelment-related activities at the district level and to assist the State Empanelment Committee (SEC) in empanelment with regards to network providers in their districts. However, RSHAA reserves the right to amend the mechanism of empanelment from time to time.

### **1.1. Institutional Set-Up for Empanelment:-**

#### **A. State Empanelment Committee (SEC) shall consist of following members:**

1. CEO, Rajasthan State Health Assurance Agency- Chairperson or any other officer designated by CEO not below the rank of Assistant CEO;
2. Executive Director -Policy, Rajasthan State Health Assurance Agency - Member
3. Senior most accounts person of Rajasthan State Health Assurance Agency - Member;
4. Nodal Officer (HEM), RSHAA - Member
5. One State government official nominated by the RSHAA (if required) - Member
- Representative nominated by Insurance Company - Special Invitee

#### **B. Objective of SEC:**

- Scrutiny and timely disposal of applications forwarded from DEC.
- Approval/disapproval of the applications found correct/incorrect as per the empanelment guidelines and reverting back those to DEC found with any shortcoming/s.
- Ensure that empanelled provider meets the minimum criteria as per guidelines for general and/or specialty care facilities.
- Necessary disciplinary action on hospitals found indulged in corrupt and/or fraudulent practices.
- Ensuring transparency in the process of empanelment and de-empanelment.
- Timely supervision and monitoring of all empanelled hospitals.
- Maintain coordination with State Anti-Fraud Unit (SAFU) for disciplinary proceedings against hospitals.



**C. District Empanelment Committee (DEC) shall consist of following members:**

- |   |                    |
|---|--------------------|
| ➤ Chief Medical Officer of the district   | -Chair Person      |
| ➤ Dy.CMHO, Health/FW (Nodal officer of the scheme)                                  | - Member Secretary |
| ➤ Representative of District Collector (not below SDM)                              | - Member           |
| ➤ District Program Coordinator, MAA-Yojana (DPM-NHM/NUHM in case DPC not available) | - Member           |
| ➤ Representative nominated by Insurance Company                                     | - Member           |

**Note:** For Jaipur district two empanelment committees shall be constituted (Jaipur-1 and Jaipur-2) and for other Divisional HQ, DEC may include additional members, if required.

**1.2. Empanelment of hospitals (requirements and process)**

**A. Empanelment requirements**

1. RSHAA shall empanel hospitals only in the state of Rajasthan.
2. RSHAA can empanel hospitals across India for Transplant Surgeries and other specified surgeries till the Inter State Portability is functional under MAA-Yojana.
3. All public facilities with capability of providing inpatient services (Community Health Centre level and above) are deemed empanelled under MAA-Yojana.
4. The private hospitals empanelled under current phase of MAA-Yojana (2023-25) shall be deemed empanelled at the time of commencement of new policy year. Inspection of all deemed empanelled private hospitals shall be done for ensuring the empanelment criteria as per the Hospital Empanelment Guidelines of the scheme RSHAA or any other agency/committee appointed by RSHAA shall carry out the inspection mentioned above as per the HEM guidelines. However, the final decision regarding empanelment of hospital will rest with RSHAA.
5. Only those Private hospitals which are working regularly in the state at the time of submission of application shall be eligible for empanelment under the scheme. Following are the criteria for empanelment

**5.1 For Super Specialty hospitals-** working for last 6 months regularly in the state.

**5.2 Other private hospitals-**working for last 01 year regularly in the state.

**5.3 For Chain hospitals:** Work experience not required (Chain hospitals are defined as- "a hospital chain is a non-profit or for-profit company or organization that provides two or more hospitals and other broad healthcare facilities and services in two or more States of India under the same centralized strategic leadership).

**5.4 Hospitals situated in the 11 backward districts (Baran, Banswara, Bundi, Chittorgarh, Dholpur, Dungarpur, Jaisalmer, Karauli, Pratapgarh, Rajsamand and Sirohi) of the State:** work experience not required.

**5.5 All private hospitals which are taking benefits under the Rajasthan Investment Promotion Scheme (RIPS) and have 100 beds and more with an investment of more than 05 crores will be exempted from the requirement of any working**



- experience in the State.
6. Hospitals will have to produce certificate of pollution control board/provisional registration under Clinical Establishment Act 2010 as proof of work experience. Hospital can also produce certificate/document of empanelment under MMCSBY/BSBY/CGHS/ECHS/SIPF/JSY for the said duration but it is mandatory to produce valid Rajasthan Pollution Control Board certificate along with online hospital empanelment application along with these certificates.
  7. Change in Location/Ownership of empanelled hospital: In case any empanelled hospital changes its location or ownership, it has to apply a fresh as per the guidelines.
  8. Employee State Insurance Corporation (ESIC) hospitals shall also be eligible for empanelment in MAA-Yojana, based on the approvals.
  9. Empanelment criteria are prepared for various types of hospitals / specialties catered by the hospitals and attached in **Annexure 1 and Annexure 2**.
  10. For empanelment under the scheme hospital shall necessarily have to meet the general criteria whereas hospitals desiring to get empanelled for a speciality shall have to fulfill the criteria laid down for that particular speciality in Annexure 2 and revised/modified guidelines by RSHAA from time to time.
  11. Hospitals will undergo a renewal process for empanelment once every 2 years or **till the** expiry of validity of Tripartite Insurance Contract whichever is earlier to determine compliance to minimum standards.
  12. Provisional registration in Clinical Establishment Act, 2010 is mandatory for all private hospitals, whereas it is not mandatory for government hospitals.
  13. Empanelment of de-empanelled and suspended hospitals of Bhamashah Swasthaya Bima Yojana (BSBY Phase I and phase II) and Mukhaya Mantri Chiranjeevi Swasthaya Bima Yojana (MMCSBY)/Mukhaya Mantri Ayushman Arogya (MAA) Yojana would be subject to final decision by RSHAA.
  14. Hospital Empanelment guidelines can be revised by RSHAA as per government recommendations.
  15. Private hospitals empanelled under **MAA-Yojana** will be reviewed annually. If any hospital found not to be functional under the scheme or had multiple grievances (denial of treatment/money charging etc) then decision of de-empanelment of hospital from the scheme may be taken by RSHAA.
  16. **Basic Hospital Services**
    - a. **Allocation of beds in network hospitals for MAA-Yojana patients:**  
The empanelled hospital shall allocate at least one third of their total bed capacity for admitting scheme patients. Hospital shall mark such beds with bed head marking as "Reserved Bed for MAA-Yojana patient."

- b. **Set Up of Kiosk:** A hospital kiosk (help desk) shall be established at every hospital on prominent place at reception where "Swasthya Margdarshak" will be stationed.
- For Private hospital: Swasthya Margdarshak shall be appointed by the hospital.
  - For Public hospital: Swasthya Margdarshak will be engaged through RMRS/scheme fund.
- c. **Swasthya Margdarshak** will act as a facilitator for registration of beneficiaries and help in preauthorization, claim submission along with all necessary documents, follow-up and Kiosk-Management (including proper communication with the patient for helping him/her) etc.
- d. **Help Desk:** It shall be mandatory for EHCP to establish a help desk at a prominent place preferably at the entrance of the EHCP or the OPD/IPD registration area for facilitating the scheme beneficiaries.
- e. **Hospital Nodal Officer (HNO):** Hospital Nodal Officer shall be an identified doctor (at least MBBS) in the hospital who will facilitate in submission of online pre-authorization and claim requests in the hospital and will look after the administrative and technical aspect of the scheme in hospital.
- f. **Doctors** in each hospital should be at least MBBS and registered under Rajasthan Medical Council from time to time.

#### B. PROCESSES FOR EMPANELMENT OF HOSPITALS

1. Hospital shall apply for empanelment under the scheme through its SSO ID (Single Sign on).
2. All required details along with the supporting documents shall be uploaded online by the hospital. The application shall go to the log in of District Nodal Officer through online mode.
3. This application is to be scrutinized by the District Empanelment Committee and processed within **30 days** of its receipt from the final submission of the online application completed in all aspects by the hospital. In case of any delay, the reason shall be recorded by DEC.
4. The District Empanelment Committee will get the hospital inspected physically and verify the hospital details submitted by hospital on online portal.
5. District Empanelment Committee may approve /disapprove the hospital application as per the criteria laid down under the scheme and send its clear recommendation to SEC.
6. DEC is required to ensure that all the details submitted by hospital are verified at its level. Later, if any discrepancy is found in the details it shall be responsibility of DEC.
7. These hospitals details along with the District Empanelment Committee remarks will be sent to SEC online. SEC on the basis of report sent by DEC, will take a decision



on approval/rejection/seeking further clarifications (field verification) from the DEC. Decision of SEC shall be final.

8. If hospital feels aggrieved with the decision of SEC, it may file appeal to SGRC **within 15 days** of the decision of SEC.
9. After approval of the State Empanelment Committee, a separate admin user for the hospital will be created to carry out transactions for providing treatment to the beneficiaries.
10. Application Fee (non refundable):-

For private hospitals-Rs.10,000/-

For private hospitals located in 11 aspirational districts/27 aspirational blocks- Rs. 5,000/-.

The application fees shall be deposited at the time of submission of application through RTGS/NEFT/ or any other mode as decided by RSHAA in favour of CEO, Rajasthan State Health Assurance Agency Jaipur. UTR Number will be given to District CMHO office (DEC) /RSHAA (SEC).

### 1.3 Role of DEC

1. After applying online for empanelment under the scheme by hospital, the application should be scrutinized by the DEC and processed completely **within 30 days** of its receipt from the final submission of the online application completed in all aspects by the hospital. In case of any delay, the reason shall be recorded by DEC.
2. SSO ID of the district nodal officer will be mapped with the HEM portal ofMAA-Yojana. This login ID will be used to download the application and also for uploading the inspection report. DEC will maintain separate files for each hospital at district level.
3. As a first step, the documents uploaded have to be physically verified with the original documents produced by the hospital. In case any documents are found incorrect/improper/inadequate, the DEC may return the application to the hospital for rectifying/completing any errors/shortcomings in the documents.
4. After the verification of documents, the DEC shall ensure physical inspection of the premises of the hospital and verify the physical presence of the details entered in the empanelment application, including but not limited to equipment, human resources, service standards and quality and submit a report in a set format with proper recommendation whether found fit for approval or not by DEC through the portal along with supporting pictures/videos/document scans.
5. DEC shall ensure time to time physical verification of the hospital even after empanelment. The verification team shall have at least one qualified medical doctor

(minimum MBBS).

6. The team will verify the information provided by the hospitals on the web-portal and will also verify that hospitals have applied for empanelment for all specialties as available in the hospital.
7. In case during inspection, it is found that hospital has not applied for one or more specialties but the same facilities are available, then the hospital will be instructed to apply for the missing specialties within a stipulated a timeline (i.e. **7 days** from the inspection date).
  - i) In this case, the hospital will need to fill the application form again on the web portal. However, all the previously filled information by the hospital will be pre-populated and hospital will be expected to enter the new information.
  - ii) If the hospital does not apply for the other specialties in the stipulated time, it shall be disqualified from the empanelment process.
8. In case during inspection, it is found that hospital has applied for multiple specialties, but all do not conform to minimum requirements under MAA-Yojana then the hospital will only be empanelled for specialties that conform to MAA-Yojana norms.

#### **1.4 Role of SEC**

1. The SEC will consider, among other things, the reports submitted by the DEC and recommendation approve or reject the empanelment request of hospital. SEC may seek clarification from DEC/hospital, if needed.
2. In case of refusal, the SEC will record in writing the reasons for refusal and either direct the hospital through DEC rectify the deficiencies, or in case of egregious emissions from the empanelment request, either based on documentary or physical verification, direct the hospital to submit a fresh request for empanelment on the online portal.
3. The SEC reserves the power for relaxation of criteria of empanelment to ensure that sufficient number and specialties of empanelled facilities are available in the state.
4. Hospital will be intimated as soon as a decision is taken regarding its empanelment and the same will be updated on the MAA-Yojana web portal. If the application is approved, the hospital will be assigned a unique hospital registration number under MAA-Yojana.
5. If the application is rejected, the hospital will be intimated of the reasons on the basis of which the application was not accepted and comments supporting the decision will be provided on the web portal.
6. In case the private hospital chooses to withdraw (voluntary withdrawal) from MAA-



Yojana, it shall be permitted for re-empanelment under the scheme after a period of **6 months**.

7. If a private hospital does not create any TID for a period of **90 days** it would be considered as withdrawal from the MAA-Yojana. RSHAA may decide regarding continuation of the services of hospital, on providing justified grounds.
8. If a hospital is blacklisted/de-empanelled from the scheme for a defined period due to fraud/abuse/malpractices etc, after following due process by the RSHAA, it can be permitted to re-apply after cessation of the blacklisting/de-empanelled period or revocation of the blacklisting or de-empanelment order, whichever is earlier.
9. RSHAA reserves the rights to restrict the number of private hospitals to get empanelled under the scheme.

#### **1.5 Signing of Contract**

1. Tripartite agreement shall be executed between the Insurance Company, RSHAA and the hospital.
2. Each empanelled hospital will need to provide name of nodal officer who will be the focal point for the MAA-Yojana for administrative and medical purposes at hospital level.
3. Once the hospital is empanelled, a separate admin user for the hospital will be created to carry out transactions for providing treatment to the beneficiaries.

#### **1.6. Disciplinary action against the EHCPs:**

Disciplinary action against the EHCPs shall be taken as per the guidelines for suspension/de-empanelment of EHCPs issued by RSHAA available at <https://maayojana.rajasthan.gov.in>. These guidelines can be amended by RSHAA from time to time.



## Annex 1: Detailed Empanelment Criteria

### Category 1: Essential criteria:

A hospital would be empanelled as a network private hospital with the approval of the Rajasthan State Health Assurance Agency if it adheres with the following minimum criteria:

1. Hospital should have inpatient beds as detailed below with adequate spacing and supporting staff as per norms-

For 11 Aspirational/backward districts (Baran, Banswara, Bundi, Chittorgarh, Dholpur, Dungarpur, Jaisalmer, Karauli, Pratapgarh, Rajasamand and Sirohi)	
For 27 Aspirational blocks – Sajjangarh (Banswara), Kishanganj (Baran), Ramsar (Barmer), Weir (Bharatpur), Kolayat (Bikaner), Keshoraipatan (Bundi), Nimbahera (Chittorgarh), Rajgarh (Churu), Ramgarh Pachwara (Dausa), Baseri (Dholpur), Jothari (Dungarpur), Gangapur city (Gangapur city), Sangariya (Hanumangarh), Fatehgarh (Jaisalmer), Ahore (Jalore), Khanpur (Jhalawar), Shergarh (Jodhpur Rural), Masalpur (Karauli), Neemrana (Kotputli Behrod), Jayal (Nagaur), Rani (Pali), Pipalkhunt (Pratapgarh), Bheem (Rajasamand), Kotri (Shahpura), Abu Road (Sirohi), Peeplu (Tonk), Kherwara (Udaipur).	10 inpatient beds
Single Specialty Dental, Eye and ENT hospitals located in 11 aspirational/backward districts or 27 aspirational blocks*	5 beds
Hospitals located in remaining districts	30 inpatient beds
* This relaxation of 5 beds is only for 01 year. Thereafter minimum bed criteria for Single Specialty Dental, Eye and ENT EHCP would be 10 beds to remain empanelled under the scheme.	

2. Total Inpatient beds: All the Beds should be in a single hospital premises.

- a. Minimum hospital built-up area should be 20 sq. mt. per bed (excluding, Lift, Ramps, stairs etc).
- b. For beds in the general ward, bed-space will be 8 sq. mt./bed
- c. For ICU/OT bed space will be 11 sq. mt./bed with 25 % additional support area for services (for example nursing and doctors desk etc.).
- d. Hospital should be located at the place with adequate road width (Minimum 30 feet road) for easy movement of the ambulance.
- e. Hospital will submit self declaration for the provisions from point number a to d mentioned above, that would be verified by DEC during inspection.
- f. The hospital should have proper parking space and should not be situated in the residential block of the colony. Hospital will submit self declaration for the same.
- g. General ward should have basic amenities- bed, mattress, linen, water, electricity, cleanliness, patient friendly common washroom etc. Non-AC but with fan/Cooler and heater in winter.

3. Adequate Staff: EHCP should meet following staff requirements-



**3.1.Nursing staff:** ICU with ventilator support-1 staff nurse for every 3 beds; ICU without ventilator support- 1 staff nurse for every 4 beds; General ward-1 staff nurse for every 8 beds.

**3.2.Duty Doctor:** ICU with ventilator support-1 doctor for every 8 beds; ICU without ventilator support- 1 doctor for every 12 beds; General ward-1 doctor for every 25 beds.

4. It should have adequate and qualified medical and nursing staff (doctors & nurses), physically in charge round the clock; (necessary certificates to be produced during empanelment).
5. Medical Practitioners/Doctors/Specialists who provide their services under the scheme shall be associated with the EHCP as mentioned below-
  - Super specialist Doctor can work in maximum 3 EHCPs which may fall in more than 01 district in case of on call/visiting doctor (part time). In case Super specialist provide its services on full time basis, it shall only be associated with 01 EHCP.
  - Specialists who provide their services on call/visiting (part time), it shall only be associated with maximum 03 EHCPs in one district. In case Specialists provide its services on full time basis, it shall only be associated with 01 EHCP.
  - Anaesthetist can work in maximum 5 EHCPs which may fall within same district in case of on call/visiting doctor (part time). In case Anaesthetist provides its services on full time, it shall only be associated with 1 EHCP.
  - *Details are mentioned in below given table-*

S.N O	Degree of Doctor	Allowed in EHCP's
1	MCH/DNB Plastic & reconstructive Surgery	Upto three hospitals which may <b>fall in more than 1 district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
2	DM/DNB Cardiology	Upto three hospitals which may <b>fall in more than 1 district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
3	MCH/DNB CTVS Surgery	Upto three hospitals which may <b>fall in more than 1 district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
4	BDS and MDS (Oral and Maxillofacial Surgery)	Upto three hospitals which may <b>fall in 1 district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
5	DM/DNB Endocrinology	Upto three hospitals which may <b>fall in more than 1 district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
6	DM/DNB Gastroenterology	Upto three hospitals which may <b>fall in more than 1 district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.

7	MD/DNB General Medicine	01 EHCP only (Full time only)
8	MS/DNB (General Surgery)	01 EHCP only (Full time only)
9	MD/DNB Radio diagnosis/DM Interventional radiology	Upto three hospitals which may <b>fall in more than 1 districts</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
10	DM/DNB Medical Oncology	Upto three hospitals which may <b>fall in more than 1 district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
11	MD/DNB Psychiatry	Upto three hospitals which may fall in 1 <b>district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
12	MD Pediatrics (For Neonatal package ) / DM / DNB Neonatal Care (For Neonatal packages only )	01 EHCP only  <b>Full Time only (For Neonatal packages only )</b>
13	DM/DNB Nephrology	Upto three hospitals which may <b>fall in more than 1 district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
14	DM/DNB Neurology	Upto three hospitals which may <b>fall in more than 1 district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
15	MCH/DNB Neuro Surgery	Upto three hospitals which may <b>fall in more than 1 district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
16	MS/DNB/DGO Obs & Gyane.	Upto three hospitals which may fall in 1 <b>district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
17	MS/DNB/DOT Ophthalmology	Upto three hospitals which may fall in 1 <b>district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
18	MS/DNB/ D. Ortho Orthopaedics	Upto three hospitals which may fall in 1 <b>district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
19	MS/DNB/DORL ENT Surgeon	Upto three hospitals which may fall in 1 <b>district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
20	MD/DNB/DCH Paediatrics (Only for pediatrics package not for neonatology )	Upto three hospitals which may fall in 1 <b>district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
21	MCH/DNB Paediatric Surgery	Upto three hospitals which may <b>fall in more than 1 district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
22	MD/DNB PMR (Physical Medicine and Rehabilitation)	Upto three hospitals which may fall in 1 <b>district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.



23	MD/DNB Respiratory Medicine/Pulmonology/DTCD	Upto three hospitals which may fall in <b>1 district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
24	MD/DNB Radiotherapy	Upto three hospitals which may <b>fall in more than 1 district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
25	MCH/DNB Surgical Oncology	Upto three hospitals which may <b>fall in more than 1 district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
26	MCH/DNB Urology	Upto three hospitals which may <b>fall in more than 1 district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
27	MD/DNB/ DA Anaesthesia	Upto <b>05 hospitals</b> which may fall in <b>within same district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
28	MCH/DNB Gastro Surgery	Upto three hospitals which may <b>fall in more than 1 district</b> in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.
29	Bone Marrow Transplant DM/DNB Clinic Hematology, DM/ DNB Medical Oncology, DM/FNB Pediatric Hematology / Oncology	Upto three hospitals which may <b>fall in more than 1 district</b> in case of on call/visiting doctor.  Only 1 hospital in case of full time enrolment.

1. **Provision for 11 Aspirational districts/27 aspirational blocks:** General Surgeon and Specialists (part time/visiting/on call) will be allowed in 3 districts including 11 aspirational districts/27 aspirational blocks.
2. Since the availability of doctors is limited, therefore, this guideline/RFP provision will be applicable as per old 33 districts.
3. This guideline will be limited to private empanelled hospitals only.
4. All packages and cross specialities are open for government hospitals.
5. Doctors with equivalent degree recognized by National Medical Council and registered in Rajasthan Medical Council will be allowed to avail in their related specialities and superspecialties.
6. All the doctors working in the hospitals whether full time or part time should be registered under Rajasthan Medical Council. In case he/she has applied for registration in RMC but certificate has not been issued, such hospital may be allowed for a period of upto 03 months if hospital declares to produce RMC certificate within due time. In case doctor is registered in RMC but his/her certificate is expired, such doctor will be allowed to work for a period of 03 months. Hospital has to produce renewal certificate within stipulated time period. DEC shall verify such application during visit and write a clear remark in DEC inspection report.

7. Requirement of Doctors as per Speciality

S.NO	Speciality Name	Doctors required for speciality	Full Time/On Call/Visiting
1	Burns Management	MS/DNB General Surgery or MCH/DNB Plastic & reconstructive Surgeon or MCH Paediatric Surgery	
2	Cardiology	DM/DNB Cardiology, MD General Medicine	Full Time MD/DNB- General Medicine
3	Cardio-thoracic & Vascular Surgery	CTVS Surgeon (MCH/DNB), MD/DNB General Medicine	Full time MD/DNB General Medicine
4	Dental & Oral and Maxillofacial Surgery	BDS and MDS (Oral and Maxillofacial Surgery)	
5	Emergency Room Packages	Any speciality	
6	Endocrinology	DM/DNB Endocrinology	
7	Gastroentrology	DM/DNB Gastroentrology	
8	General Medicine	MD/DNB General Medicine	Full Time
9	General Surgery	MS/DNB (General Surgery)	Full Time
10	Interventional Radiology	MD/DNB Radio diagnosis/DM Interventional radiology	
11	Medical Oncology	DM/DNB Medical Oncology	
12	Mental Disorders Packages	MD/DNB Psychiatry	
13	Neo-natal care Packages	DM Neonatal care/MD/DNB Paediatrics	Full time
14	Nephrology	DM/DNB Nephrology	
15	Neurology	DM/DNB Neurology	
16	Neurosurgery	MCH/DNB Neuro Surgery	
17	Obstetrics & Gynaecology	MS/DNB/DGO Obs & Gyane.	
18	Opthoalomolgy	MS/DNB/DOT Opthoalomolgy	
19	Orthopaedics	MS/DNB/D.Ortho Orthopedics	
20	Otorhinolaryngology(ENT)	MS/DNB/DORL ENT Surgeon	
21	Paediatric Medical Management	MD/DNB/DCH Paediatrics	
22	Paediatric Surgery	MCH Paediatric Surgery	
23	Palliative Medicine	MD/DNB General Medicine/DM/DNB Medical Oncology	
24	Plastic & reconstructive Surgery	MCH/DNB Plastic & reconstructive Surgery	
25	PMR	MD/DNB PMR (Physical Medicine and Rehabilitation)	
26	Polytrauma	Orthopedician, General Surgeon, Anaesthetist, Neuro Surgeon, Trauma Surgeon (MCH)	



S.NO	Speciality Name	Doctors required for speciality	Full Time/On Call/Visiting
27	Pulmonology	MD/DNB Respiratory Medicine/Pulmonology	
28	Radiation Oncology	MD/DNB Radiotherapy	
29	Surgical Oncology	MCH/DNB Surgical Oncology	
30	Urology	MCH/DNB Urology	
31	Clinical Immunology and Rheumatology	DM/DNB Immunology and Rheumatology	
32	Paediatric Oncology	DM/DNB Paediatric Oncology	
33	Surgical Gastroenterology	MCH/DNB Surgical Gastroenterology	
34	Paediatric CTVS	As per NMC guidelines	
35	Paediatric Nephrology	As per NMC guidelines	
36	Transplant Surgery	As per NMC guidelines	

**Note:** Full time MD/DNB General Medicine/Anaesthesia is mandatory for booking of ICU packages.

**8. Round-the-clock Ambulance facilities (own or tie-up).**

**9. 24 hours emergency services managed by technically qualified staff wherever emergency services are offered**

- i. Casualty should be equipped with Monitors, Defibrillator, Nebulizer with accessories, Crash Cart, Resuscitation equipment, Oxygen cylinders with flow meter/tubing/catheter/face mask/nasal prongs, suction apparatus etc. and with attached toilet facility.

**10. Mandatory for hospitals wherever surgical procedures are offered:**

- i. Fully equipped Operation Theatre of its own with qualified nursing staff under its employment round the clock.
- ii. Post-operative ward with ventilator and other required facilities.

**11. Wherever intensive care services are offered it is mandatory to be equipped with an Intensive Care Unit (For medical/surgical ICU/Neonatal ICU) with requisite staff**

- (i) The unit is to be situated in close proximity of operation theatre, acute care medical, surgical ward units, labor room and maternity room as appropriate.
- (ii) Suction, piped oxygen supply and compressed air should be provided for each ICU bed.
- (iii) Further ICU- where such packages are mandated should have the following equipment:
  - Piped gases
  - Multi-para Monitoring equipment
  - Infusion pump
  - Equipment for maintenance of body temperature

- Weighing scale
- Manpower for 24x7 monitoring
- Emergency-Crash cart
- Defibrillator
- Equipment for ventilation
- In case there are common Paediatric ICU then Paediatric equipments, e.g.: paediatric ventilator, Paediatric probes, medicines and equipment for resuscitation to be available.

**12. Wards with separate male and female toilets and other basic facilities.**

**13. Records Maintenance:** Maintain complete records (at least 3 years where the hospital has been working for more than 3 years or since the date of incorporation) as required on day-to-day basis and is able to provide necessary records of hospital/patients to the Society/Insurer or his representative as and when required.

- (i) Wherever automated systems are used it should comply with MoHFW/ NHA, EHR guidelines (as and when they are enforced).
- (ii) All **MAA-Yojana** cases must have complete records maintained.
- (iii) Share data with designated authorities for information as mandated.

**14. Legal requirements as applicable by the local/state health authority.**

**15. Adherence to Standard Treatment Guidelines/Clinical Pathways for procedures as mandated by NHA/RSHAA/ICMR from time to time.**

**16. Registration with the Income Tax Department.**

**17. NEFT enabled bank account**

**18. Telephone/Fax**

**19. Safe drinking water facilities/Patient care waiting area**

**20. Uninterrupted (24 hour) supply of electricity and generator facility with required capacity suitable to the bed strength of the hospital.**

**21. Waste management support services (General and Bio Medical) – in compliance with the bio-medical waste management act and certificate from State Pollution Control Board.**

**22. Appropriate fire-safety measures including Fire Clearance certificate from competent authority**

**23. Provide space for a separate kiosk for MAA-Yojana beneficiary management (MAA-Yojana non-medical coordinator) at the hospital reception.**

**24. Ensure a dedicated medical officer to work as a medical co-ordinator towards MAA-Yojana beneficiary management (including records for follow-up care as prescribed)**



25. Ensure appropriate promotion of MAA-Yojana in and around the hospital (display banners, brochures etc.) towards effective publicity of the scheme in co-ordination with the RSHAA/ district level MAA-Yojana team.
26. IT Hardware requirements (desktop/laptop with internet, printer, webcam, scanner/ fax, bio-metric device etc.) as mandated by the RSHAA.
27. Ramp for specially abled persons must be there and there should be round the clock support.



## Category 2: Advanced criteria:

Over and above the essential criteria required to provide basic services under **MAA-Yojana** (as mentioned in Category 1) those facilities undertaking defined speciality packages (as indicated in the benefit package for specialties mandated to qualify for advanced criteria) should have the following:

1. These empanelled hospitals may provide specialized services such as Cardiology, Cardiothoracic surgery, Neurosurgery, Nephrology, Reconstructive surgery, Oncology, Paediatric Surgery, Neonatal intensive care etc.
2. A hospital could be empanelled for one or more specialties subject to it qualifying to the concerned speciality criteria for respective packages
3. Such hospitals should be fully equipped with ICU/CCU/SICU/NICU/PICU/ relevant Intensive Care Unit in addition to and in support of the OT facilities that they have.
4. Such facilities should be of adequate capacity and numbers so that they can handle all the patients operated in emergencies.
  - i. The Hospital should have sufficient experienced specialists in the specific identified fields for which the Hospital is empanelled as per the requirements of professional and regulatory bodies/ as specified in the clinical establishment act/ State regulations.
  - ii. The Hospital should have sufficient diagnostic equipment and support services in the specific identified fields for which the Hospital is empanelled as per the requirements specified in the clinical establishment act/ State regulations.
5. Specific criteria are as under:
  - A. **Specific criteria for Cardiology/ CTVS**
    1. CTVS theatre facility (Open Heart Tray, Gas pipelines Lung Machine with TCM, defibrillator, ABG Machine, ACT Machine, Hypothermia machine, IABP, cautery etc.)
    2. Tie up or in house blood bank availability.
    3. Post-op with ventilator support
    4. ICU Facility with cardiac monitoring and ventilator support
    5. Hospital should facilitate round the clock-preferably cardiologist services/on call.
    6. Availability of support speciality of full time General Physician & full time Paediatrician (if doing paediatric surgery)
    7. Fully equipped Catheterization Laboratory Unit with qualified and trained Paramedics.
    8. Preferably hospital should have both cardiology & CTVS specialist so that better decision could be taken as per patients condition (to go for either PTCA or bypass surgery or for scenarios where Stenting procedure got failed).
  - B. **Specific criteria for Cancer Care**
    1. For empanelment of Cancer treatment, the facility should have a Tumour Board which decides a comprehensive plan towards multi-modal treatment of the patient



or if not then appropriate linkage mechanisms need to be established to the nearest Regional Cancer Centre (RCC). Tumor Board should consist of a qualified team of Surgical, Radiation and Medical /Paediatric Oncologist in order to ensure the most appropriate treatment for the patient.

2. Relapse/recurrence may sometimes occur during/ after treatment. Retreatment is often possible which may be undertaken after evaluation by a Medical/ Paediatric Oncologist/ Tumor Board with prior approval and pre-authorization of treatment.
3. For extending the treatment of chemotherapy and radiotherapy the hospital should have the requisite Pathology/ Haematology services/ infrastructure for radiotherapy treatment viz. for cobalt therapy, linear accelerator radiation treatment and brachytherapy available in-house. In case such facilities are not available in the empanelled hospital for radiotherapy treatment and even for chemotherapy, the hospital shall not perform the approved surgical procedure alone but refer the patients to other centers for follow-up treatments requiring chemotherapy and radiotherapy treatments. This should be indicated where appropriate in the treatment approval plan.
4. Further hospitals should have following infrastructure for providing certain specialized radiation treatment packages such as stereotactic radiosurgery/ therapy.
  - i. Treatment machines which are capable of delivering SRS/SRT
  - ii. Associated Treatment planning system
  - iii. Associated Dosimetry systems

**C. Specific criteria for Neurosurgery**

1. Well Equipped Theatre with qualified paramedical staff, C-Arm, Microscope, neurosurgery compatible OT table with head holding frame (Horse Shoe, May field / Sugita or equivalent frame).
2. ICU facility
3. Post-op with ventilator support
4. Facilitation for round the clock MRI, CT and other support bio-chemical investigations.
5. Hospital should facilitate round the clock preferably Neurosurgeon/on call, Anesthetist services.

**D. Specific criteria for Burns, Plastic & Reconstructive surgery**

1. The Hospital should have full time / on - call services of qualified plastic surgeon and support staff with requisite infrastructure for corrective surgeries for post burn contractures.
2. Isolation wards having monitor, defibrillator, central oxygen line and all OT equipment.
3. Well Equipped Theatre

4. Intensive Care Unit.
5. Post-op with ventilator support
6. Trained Paramedics
7. Post-op rehab/ Physiotherapy support/ Phycology support.

**E. Specific criteria for Paediatric Surgery**

1. The Hospital should have full time/on call services of paediatric surgeons
2. Well-equipped theatre
3. ICU support
4. Support services of paediatrician
5. Availability of mother rooms and feeding area.
6. Availability of radiological/ fluoroscopy services (including IITV), Laboratory services and Blood bank or tie up with Blood Bank

**F. Specific criteria for Specialized New Born Care.**

1. The hospital should have well developed and equipped neonatal nursey/Neonatal ICU (NICU) appropriate for the packages for which empanelled, as per norms
2. Availability of radiant warmer/ incubator/ pulse oximeter/ photo therapy/ weighing scale/ infusion pump/ ventilators/ CPAP/ monitoring systems/ oxygen supply / suction / infusion pumps/ resuscitation equipment/ breast pumps/ bilimeter/ KMC (Kangaroo Mother Care) chairs and transport incubator - in enough numbers and in functional state; access to hematological, biochemistry tests, imaging and blood gases, using minimal sampling, as required for the service packages
3. For Advanced Care and Critical Care Packages, in addition to above: parenteral nutrition, laminar flow bench, invasive monitoring, in-house USG, Ophthalmologist on call. DM neonatologist full time is required.
4. Trained nurses 24x7 as per norms
5. Trained Paediatrician(s) round the clock
6. Arrangement for 24x7 stay of the Mother – to enable her to provide supervised care, breastfeeding and KMC to the baby in the nursery/NICU and upon transfer there from; provision of bedside KMC chairs.
7. Provision for post-discharge follow up visits for counselling for feeding, growth / development assessment and early stimulation, ROP checks, hearing tests etc.

**G. Specific criteria for Polytrauma**

1. Shall have Emergency Room Setup with round the clock dedicated duty doctors.
2. Shall have the full-time service availability of Orthopaedic Surgeon, General Surgeon, and anaesthetist services.
3. The Hospital shall provide round the clock services of Neurosurgeon, Orthopaedic Surgeon, General Surgeon while CT Surgeon, Vascular Surgeon, Trauma Surgeon and other support specialists as and when required based on the need.



4. Shall have dedicated round the clock Emergency Theatre with C-Arm facility, Surgical ICU, Post-Op Setup with qualified staff.
5. Tie up or in house availability of blood bank.
6. Shall be able to provide necessary diagnostic support round the clock including specialized investigations such as CT, MRI, emergency biochemical investigations.

#### **II. Specific criteria for Nephrology and Urology Surgery**

1. Dialysis unit
2. Well-equipped operation theatre with C-ARM
3. Endoscopy investigation support
4. Post op ICU care with ventilator support
5. Sew lithotripsy equipment
6. Hospital should facilitate round the clock preferably/ on call Urologist, Nephrologist and Anesthetist's services.

All the Legal Licenses/ NoCs/Certificates are to be renewed throughout the empanelment period. The aforementioned condition may change as and when required by the RSHAA after necessary approvals.

Any false information submitted by the hospital in online application for empanelment shall be viewed seriously and such applications will be rejected. It may also be noted that the above are minimum indicative requirements and the hospital shall also provide or establish other requirements as per the indications/directions of the RSHAA. **RSHAA may amend/revise these guidelines as and when required.**



## Schedule 6: Service Agreement with Empaneled Health Care Providers

To be provided later

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## **Schedule 7: List of Empanelled Health Care Providers under the Scheme**

Presently, 868 active private and 877 government hospitals are empanelled under Mukhya Mantri Ayushman Arogya Yojana. List of the same is available at the website <https://maayojana.rajasthan.gov.in>.

## **Schedule 8: Premium Payment Guidelines**

### **I-Release of Premium:**

Rajasthan State Health Assurance Agency (RSHAA) will, on behalf of the Beneficiary Family Units that are targeted / identified by the RSHAA and covered by the Insurer, pay the premium for the benefit cover to the Insurer in accordance with the following schedule:

- a. The premium for the targeted beneficiary families will be as per the eligibility criteria of MAA-Yojana based on the Jan Aadhar Database through unique family identity card as decided by GoR.
- b. The insurer shall have to submit the invoice for the release of due premium prior to the commencement of policy in each quarter.
- c. The RSHAA shall make the payment of premium to the respective Insurance Company through an Escrow Account.
- d. The premium would be paid every year in four equal quarterly instalments on or before the first day of the quarter every year. The policy year being reckoned from the date of commencement of the policy.
- e. Amount for the premium of all quarters shall be arrived on number of beneficiary families showing on portal 7 days prior to the commencement of that quarter.
- f. The quarterly premium amount will be in proportion to the number of beneficiary families showing on portal 7 days prior to the commencement of that quarter.
- g. For the beneficiary families belonging to free category that may be included during intermediate period between two quarters, premium amount will be paid with the premium installment of next quarter. Calculation of this premium amount will be done monthly on Pro-rata basis, based on addition of families in every month of the quarter. Premium of such families for last quarter shall be paid on completion of the policy. Since the beneficiary families of paid category that may be included during intermediate period between two quarters, get coverage from the next quarter therefore no premium shall be paid for this intermediate period.

### **II. Refund of Premium and Payment of Additional Premium at the end of each Policy Cover Period**

The Insurer shall issue a letter to the RSHAA within 60 days of completion of policy year stating the Insurer's Claim Ratio for all 12 months of policy year. In the letter, the Insurer shall indicate the amount of premium that the Insurer shall be obliged to refund. The

amount of premium to be refunded shall be calculated based on the provisions as mentioned below-

- a. Claim Ratio%: Claim Ratio shall be calculated as: total Claims paid for the given policy year ÷ total premium paid for the given policy year x 100.
- b. After adjusting a defined percent for administrative cost (including all costs excluding only service tax and any cess, if applicable) and after settling all claims, if there is surplus: 100 percent of leftover surplus should be refunded by the Insurer to the RSHAA within 30 days. The percentage that will be need to be refunded will be as per the following:
  - i. Administrative cost allowed 10% of total premium paid, if claim ratio less than 60%.
  - ii. Administrative cost allowed 12% of total premium paid, if claim ratio between 60-70%.
  - iii. Administrative cost allowed 15% of total premium paid, if claim ratio is more than 70% and upto 85%.
- c. Total claims paid to EHCPs by the Insurer will be deducted from this remaining amount as mentioned at point b above.
- d. After deduction of claim paid amount from the remaining premium amount, if there is surplus, 100 percent of leftover surplus should be refunded by the Insurer to the RSHAA.
- e. The entire surplus as determined through formula mentioned above should be refunded by the insurer to the RSHAA within 30 days of letter issued by Insurer.
- f. An amount of **1% of the premium** to be paid shall be deducted from the premium paid as per the schedule for purposes of carrying out IEC, monitoring and evaluation activities by RSHAA. This amount shall be included in the administrative cost mentioned in **Clause b above**.
- g. Insurer shall be liable to pay the approved claims and compliance of appeal/review decisions or other decisions/directions etc. issued by competent authority even after the calculation of refund or refund of the premium. Insurer shall pay the amount of the such liability and raise the bill to RSHAA for the reimbursement. RSHAA shall reimburse that amount taking into consideration clause 10.2 (b) above and as per the risk sharing between RSHAA and Insurer.
- h. If the Insurer delays payment or fails to pay the refund amount within 30 days from the date of communication by Insurer or the 90 days from the end of the policy year then the Insurer shall be liable to pay interest at the rate of 12 percent per annum of the refund amount due and payable to the RSHAA for every calendar day of delay beyond such 30 days/90 days period whichever is earlier.
- i. If the Insurer fails to refund the Premium within 120 days period from the end of the policy year and/ or the default interest thereon, the RSHAA shall be entitled to recover such amount as a debt due from the Insurer through means available within law.



### **III. Sharing of Excess Claim Settlement Amount**

If the insurer's claim ratio for the policy period is in excess of 115%, then the RSHAA will be liable to pay 50% of additional claim cost in excess of the total premium already paid by it and remaining 50% shall be borne by the Insurance Company.

### **IV. No Separate Fees, Charges or Premium**

The Insurer shall not charge any Beneficiary Family Unit or any of the Beneficiaries any separate fees, charges, commission or premium, by whatever name called, for providing the benefits. However, the aforesaid provision shall not be applicable, if in case, the beneficiary is required to take treatment above the amount of risk cover under the scheme.

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## **Schedule 9: Portability Guidelines**

An Empanelled Health Care Provider (EHCP) under AB-PMJAY in any state should provide services as per AB-PMJAY guidelines to beneficiaries from any other state also participating in AB-PMJAY. This means that a beneficiary will be able to get treatment outside the EHCP network of his/her Home State.

Any empanelled hospital under MAA-Yojana will not be allowed to deny services to any AB-PMJAY beneficiary. All interoperability cases shall be mandatorily under pre-authorisation mode and pre-authorisation guidelines of the treatment delivery state in case of AB-PMJAY implementing States / UTs or indicative pre-authorisation guidelines as issued by NHA, shall be applicable.

The detailed guidelines on Portability will be issued later.

A handwritten mark in blue ink, consisting of a large '3' with a horizontal line through it, possibly a signature or a page marker.



## Schedule 10: Template for Medical Audit

### Template for Medical Audit

TID No.		Hospital ID	
Patient Name		Hospital Name	
Case No.		Hospital Contact No.	
Date of Admission		Date of Discharge	
Date of Audit		Time of Audit	
Name of the Auditor		Contact No. (Auditor)	

### Audit Observations

No.	Criteria	Yes	No	Comments
1.	<b>Does each medical record file contain:</b>			
a.	Is discharge summary included?			
b.	Are significant findings recorded?			
c.	Are details of procedures performed recorded?			
d.	Is treatment given mentioned?			
e.	Is patient's condition on discharge mentioned?			
f.	Is final diagnosis recorded with main and other conditions?			
g.	Are instructions for follow up provided?			
2.	<b>Patient history and evidence of physical examination is evident.</b>			
a.	Is the chief complaint recorded?			
b.	Are details of present illness mentioned?			
c.	Are relevant medical history of family members present?			
d.	Body system review?			
e.	Is a report on physical examination available?			
f.	Are details of provisional diagnosis mentioned?			
3.	<b>Is an operation report available? (only if surgical procedure done)</b>			
a.	Does the report include pre-operative diagnosis?			
b.	Does the report include post-operative diagnosis?			
c.	Are the findings of the diagnosis specified?			
d.	Is the surgeon's signature available on records?			
e.	Is the date of procedure mentioned?			
4.	<b>Progress notes from admission to discharge</b>			
a.	Are progress reports recorded daily?			
b.	Are progress reports signed and dated?			
c.	Are progress reports reflective of patient's admission status?			
d.	Are reports of patient's progress filed chronologically?			
e.	Is a final discharge note available?			
5.	Are pathology, laboratory, radiology reports available (if ordered)?			
6.	Do all entries in medical records contain signatures?			
a.	Are all entries dated?			
b.	Are times of treatment noted?			
c.	Are signed consents for treatment available?			
7.	Is patient identification recorded on all pages?			
8.	Are all nursing notes signed and dated?			

**Overall observations of the Auditor:**

**Significant findings:**

**Recommendations:**

**Date:**

\_\_\_\_\_  
Signature of the Auditor

The above template is indicative and subject to modification as per the decision of RSHAA.

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## Schedule 11: Template for Hospital Audit

### Template for Hospital Audit

Hospital Name		Hospital ID	
Hospital Address			
Hospital Contact No.			
Date of Audit		Time of Audit	
Name of the Auditor		Contact No. (Auditor)	

### Audit Observations

No.	Criteria	Yes	No	Comments
1.	Was there power cut during the audit?			
2.	If yes, what was the time taken for the power back to resume electric supply?			
3.	Was a MAA-Yojana kiosk present in the reception area with proper IEC material?			
4.	Was any MAA-Yojana trained staff present at the kiosk?			
5.	Did you see the MAA_Yojana Empanelled Hospital Board with scope of services displayed near the kiosk in the reception and other prominent areas?			
6.	Was the kiosk prominently visible?			
7.	Was the kiosk operational in local language?			
8.	Were MAA-Yojana brochures available at the kiosk?			
9.	Were the toilets in the OPD and IPD areas clean?			
10.	Was drinking water available in the OPD and IPD areas for patients?			
11.	Were sanctioned beds/functional beds available as per the claimed beds by hospital during empanelment?			
12.	Was qualified manpower (full time/part time) as per the scope of services?			
13.	Was the basic physical infrastructure of hospital clean and intact?			
14.	Were diagnostic facilities (inhouse/outourced*) as per the scope of services?			
15.	Was functional ambulance (inhouse/outourced*) available during visit?			

\* For outsource services – (check signed MoU)

Overall observations of the Auditor:

Significant findings:

Recommendations:

\_\_\_\_\_  
Signature of the Auditor

Date:

The above template is indicative and subject to modification as per the decision of RSHAA.

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### Schedule 12: Key Performance Indicators

SN	Summary of Key Performance Indicators
A.	Initial Setting up - KPIs
B.	Performance - KPIs
C.	Audit Related - KPIs
D.	Payment - KPIs
E.	Productivity - KPIs

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A. Initial Setting up KPIs				
SN	KPIs	Timeline	Measure and Explanation	Penalty
1.	Setting up of a State Project Office (SPO) and Appointment of Project Head and other Staff (As per Schedule F) at SPO for co-ordination and Scheme implementation	Up to 30 days after signing of Insurance Contract.	<p>Within 30 days of signing of the contract, IC shall establish SPO with required staff and submit the sworn undertaking of the same to CEO-RSHAA</p> <ul style="list-style-type: none"> <li>• Establishment of the State Project Office</li> <li>• Appointment of State Project Head</li> <li>• Appointment of other required staff</li> </ul>	Rs. 25,000 per week of delay beyond and part thereof in setting-up* SPO as required
2.	Appointment of District Coordinator (DC) for each district	30 days after signing of Insurance Contract.	Latest by 30 <sup>th</sup> Day of signing of the contract, IC shall appoint the District Coordinator for each district. District Nodal Office shall acknowledge the appointment of DC. The DC should belong to IC not to TPA.	Rs. 5,000 per week, per district beyond and part thereof
3	Integration of IT system with RSHAA for payment & installation of IT set up for various audits like- Teleaudit, field investigation etc.	With in 30 days of signing of Insurance contract.		Rs 50,000 per week of delay upto 1 month .Thereafter the set up cost and twice the running cost borne by RSHAA would be imposed on the IC.
*Setting-up of SPO: Setting up of State Project Office (SPO) includes establishment of the SPO and also putting in place all the staff as per Schedule 18.				



B. Performance KPIs				
SN	KPIs	Timeline	Baseline KPI Measure	Penalty
1.	Pre- authorisation	Action within 6 * hours: of raising preauthorization request for emergency cases and 12 hour for normal cases. (all auto approvals beyond this time limit 6 hours/12 hours will be considered non-compliance)	90% Compliance	<ul style="list-style-type: none"> <li>When Compliance below 90% upto 70% then penalty of 1% of the monthly total delayed preauthorization amount would be imposed.</li> <li>Compliance below 70% of the monthly total delayed preauthorization amount will be one instance of triggering of SPD**</li> </ul> <p>(for calculation, monthly delayed preauthorization amount shall be the amount for delayed pre-authorizations for the admissions in that month. Penalty shall be calculated on this amount and Insurer shall pay the penalty as per Penalty Notice per quarter, please see Clause 23.5)</p> <p><i>Example: if the IC handled 100 preauthorization in the month and failed to meet TAT for 25 cases, 1% preauthorization amount per claim of only these 25 cases will be charged as penalty. Even if the preauthorization is rejected, not meeting the TAT will invite the penalty</i></p>
		Wrongful pre-authorization approval	90% compliance (to be calculated by desk audit/in random audit of RSHAA)	<p>In case of wrongful pre-authorization approval, penalty equal to the preauthorization amount would be imposed.</p> <ul style="list-style-type: none"> <li>If the compliance in the month falls below 70 % of number claims, it will be treated as one instance of SPD trigger.</li> </ul>
2.	Scrutiny, Claim processing and payment of the claims	Action within 15 days of claim submission for claims within state and 30 days for claims from outside state (Portability cases).  (This is applicable if the Insurer fails	100% Compliance	<p>If the Insurer fails to make the Claim Payment within Turn Around Time (TAT)***, then the Insurer shall be liable to pay a penal interest to RSHAA at the rate of 0.1% for each claim amount for every day of delay.</p> <p>For claims that are found to be suspicious, those claims should be</p>

		to make the Claims Payment within a Turn-around Time of 15 days/30 days for a reason other than delay on the part of RSHAA, if any)		<p>raised by flags as suspicious in the IT system. They need to be investigated and processed in 30 days maximum time limit depending on finding as either genuine to be paid or as fraudulent for further action. Time consumed by EHCP in Claim Query reply will not counted in the TAT calculation.</p> <ul style="list-style-type: none"> <li>If the compliance in the month falls below 95% of number claims, it will be treated as one instance of SPD trigger</li> </ul> <p><i>Example: if the IC processed 100 claims in the month and failed to meet TAT for 16 claims, it will be liable to pay penalty of 0.1% for each claim per day of these 16 claims to EHCPs. It will also be treated as one instance of triggering of SPD g</i></p>
			90% Compliance for claims(to be calculated by desk audit/in random audit of RSHAA)	<p>In case any claim is adjudicated wrongly (either approved or rejected) then penalty of Rs 5000 per claim amount will be imposed.</p> <ul style="list-style-type: none"> <li>If the compliance in the month falls below 70 % of number claims, it will be treated as one instance of SPD trigger.</li> </ul>
3.	Delays in compliance to orders of the Grievance Redressal Committee (GRC)	Beyond 30 days of the date of the order of the GRC	100% Compliance	Upto Rs. 25,000 as decided by GRC.
<ul style="list-style-type: none"> <li>*6 hours &amp; 12 hours: As per threshold set in TMS</li> <li>** Service Provider Default (SPD) is special termination clause in the agreement and triggering of which is a failure to meet baseline KPIs and will be considered as Default by IC. Default herein shall occur if SPD trigger               <ul style="list-style-type: none"> <li>Occurs 8 (eight) times during any one year of the agreement</li> </ul> </li> </ul> <p>In this event, agreement with IC is liable for termination and IRDAI shall be informed to take stringent actions against IC under relevant rules. However, SPD triggers shall only be applicable from 3<sup>rd</sup> month of signing of the contract</p>				



- Penalty amount for Performance KPIs shall be calculated each month and Insurers shall pay all penalties imposed by the RSHAA within 15 days of receipt Penalty Notice from RSHAA (Clause 23.5).
- At any point during term of contract, if penalty amount is 10% of the total contract value, contract shall be liable to be terminated
- \*\*\* in case of claims processing, TAT will be determined as days during which claim is with IC (Excluding the days claim is pending at EHCPs end)

Claim here would be TID not package.

*Example: 1*

*The day EHCP raises claim will be treated as Day 1*

*If IC raises query on Day 4,*

*and EHCP complies with query on Day 10,*

*IC takes action (accepting or rejection of claim) on Day 12*

*Payment on Day 15*

*in this case  $(4-1=3)$  days +  $(15-10=5)$  days, hence TAT determined is  $3+5=8$  days*

*Example 2:*

*The day EHCP raises claim will be treated as Day 1*

*If IC raises query on Day 4,*

*and EHCP complies with query on Day 10,*

*IC raises another query on Day 11*

*EHCP complies with second query on Day 14*

*EHCP accepts approves the claim on Day 16*

*Payment on Day 17*

*in this case  $(4-1=3)$  days +  $(11-10=1)$  days +  $(17-14=3)$  days, hence TAT determined is  $3+1+3=7$  days*

C. Audit Related KPIs				
SN	KPIs	Sample	Baseline KPI Measure	Penalty (On non-submission/incomplete submission of compiled audit report of sample size on quarterly basis).*
1.	Desk Audit by Independent Agency Preauthorization Audits	5% of total preauthorization's across disease specialities on quarterly basis	100% compliance	Rs. 50,000 per missing audit report on quarterly basis.
2.	Desk Audit by Independent Agency Claims Audit (Approved and rejected Claims)	5% of total claims on quarterly basis	100% compliance	Rs. 50,000 per missing audit report on quarterly basis.
3.	Hospital Infrastructure Audit (by Independent Agency) Once in every 6 months	15% private EHCPs	100% compliance	Rs. 50,000 per missing audit report on quarterly basis.
4.	Death Audits by Independent Agency	100% on quarterly basis	100% compliance	Rs. 50,000 Per missing death audit report on quarterly basis.
5	Beneficiary audit (by Independent Agency (during hospitalization)	2% of total hospitalized beneficiaries in that quarter.	100% compliance	Rs. 50,000 per missing beneficiary audit report on quarterly basis.



6.	<b>Beneficiary Audit-On Phone (To be done by Independent Agency)</b>	30% of total hospitalized beneficiaries in that quarter. 20% of beneficiaries during hospitalization	100% compliance	Rs. 50,000 per missing beneficiary (on phone) audit report on quarterly basis.
7.	<b>Beneficiary Audit-Home Visit (by Independent Agency)</b>	1% of total hospitalized beneficiaries in that quarter.	100% compliance	Per 50,000 per missing beneficiary (on phone) audit report on quarterly basis.
<ul style="list-style-type: none"> <li>• While conducting the audit, IC shall ensure not more than 20% of sample size of overlapping of beneficiaries across audits except SN. 3,4,6.</li> <li>• Sample size shall be equally distributed across all the districts in the state and also ensuring coverage of all suspected entities</li> <li>• For the purpose of computing above audit percentages, cases from public hospitals shall be excluded. RSHAA may give directions regarding inclusion of cases from public hospitals for the audits.</li> <li>• If submitted audit report does not mention required sample size or details, it will be treated as non-submission of audit report</li> <li>• Audit reports shall contain details as required in Anti-Fraud Guidelines</li> <li>• Insurer shall ensure audits to be conducted as prescribed by Anti-Fraud Guidelines, however penalty is only applicable on above audit reports</li> </ul>				

\*Note: If IC fails to submit audit report as mentioned in the above table in reporting quarter, then it will be considered as one instances of SPD triggers.

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D. Payment KPIs			
SN	Availability KPIs	Timeline	Penalty
1.	Premium Refund by IC	90 days from the date of end of policy year	Penal interest @ 12% per annum to be calculated on daily basis if premium refund not received within 30 days after timeline.
2.	Payment of Penalties by IC	<ul style="list-style-type: none"> <li>15 days from the date of receiving the penalty payment notice</li> </ul>	Penal interest @ 12% per annum to be calculated on daily basis on due penalty amount shall be paid by the Insurer to RSHAA



E. Productivity* KPIs for Key Staff by IC				
SN	Designation	Benchmark	Location**	Brief Roles and Responsibilities
1	PPD	100-120 Pre-authorization request per person per day  Background- Doctor MBBS/AYUSH/BDS in the ratio of 1 MBBS Vs 3 non-MBBS doctors with 01 year of experience, rejection by experts only.	SPO/Central Office of IC	<ul style="list-style-type: none"> <li>• Approve/assign/reject pre-auth request</li> <li>• Raise query/send for clarification to hosp.</li> <li>• Trigger investigation</li> <li>• whether that treatment/ investigation is necessary or not?</li> </ul>
2	CEX	100-120 claims processing per person per day  Technical person with expertise in claims processing.	SPO/Central Office of IC	<ul style="list-style-type: none"> <li>• Verification on non technical documents, reports, dates verification</li> <li>• Forward case to CPD for processing with inputs</li> </ul>
3	CPD	70-100 claims per person per day  Background- Doctor MBBS, rejection by experts, For packages booked amount >50,000 to be processed by Experts only.	SPO/Central Office of IC	<ul style="list-style-type: none"> <li>• Verification of technical information eg. Diagnosis, clinical treatment, notes, evidences, etc.</li> <li>• Whether that treatment/ investigation is necessary or not?</li> <li>• Approve/assign/reject a claim</li> <li>• Raise query/as for clarification</li> <li>• Trigger investigation</li> </ul>
<ul style="list-style-type: none"> <li>• * IC shall make the staff available as detailed in Schedule: 16, however productivity KPIs will be applicable on above staff on given parameters. ** State shall decide on location of the SPO/central office.</li> </ul>				

## Schedule 13: Indicative Fraud Triggers

### Claim History Triggers

1. Impersonation.
2. Mismatch of in house document with submitted documents.
3. Second claim in the same year for an acute medical illness/surgical.
4. Claims from multiple hospitals with same owner.
5. Claims from a hospital located far away from Mukhaya Mantri Ayushman Arogya (MAA) Yojana Beneficiary's residence, pharmacy bills away from hospital/residence.
6. Claims for hospitalization at a hospital already identified on a "watch" list or black listed hospital.
7. Claims from members with no claim free years, i.e. regular claim history.
8. Same Mukhaya Mantri Ayushman Arogya (MAA) Yojana Beneficiary claimed in multiple places at the same time.
9. Excessive utilization by a specific member belonging to the Mukhaya Mantri Ayushman Arogya (MAA) Yojana Beneficiary Family Unit.
10. Deliberate blocking of higher-priced Package Rates to claim higher amounts.
11. Claims with incomplete/ poor medical history: complaints/ presenting symptoms not mentioned, only line of treatment given, supporting documentation vague or insufficient.
12. Claims with missing information like post-operative histopathology reports, surgical / anaesthetist notes missing in surgical cases.
13. Multiple claims with repeated hospitalization (under a specific policy at different hospitals or at one hospital of one member of the Mukhaya Mantri Ayushman Arogya (MAA) Yojana Beneficiary Family Unit and different hospitals for other members of the Mukhaya Mantri Ayushman Arogya (MAA) Yojana Beneficiary Family Unit), multiple claims towards the end of Policy Cover Period, close proximity of claims.

### Admissions Specific Triggers

14. Members of the same Mukhaya Mantri Ayushman Arogya (MAA) Yojana Beneficiary Family Unit getting admitted and discharged together.
15. High number of admissions.
16. Repeated admissions.
17. Repeated admissions of members of the Mukhaya Mantri Ayushman Arogya (MAA) Yojana Beneficiary Family Unit.
18. High number of admission in odd hours.
19. High number of admission in weekends/ holidays.
20. Admission beyond capacity of hospital.
21. Average admission is beyond bed capacity of the EHCP in a month.
22. Excessive ICU admission.
23. High number of admission at the end of the Policy Cover Period.
24. Claims for medical management admission for exactly 24 hours to cover OPD treatment, expensive investigations.
25. Claims with Length of Stay (LoS) which is in significant variance with the average LoS for a particular ailment.



#### Diagnosis Specific Triggers

26. Diagnosis and treatment contradict each other.
27. Diagnostic and treatment in different geographic locations.
28. Claims for acute medical illness which are uncommon e.g. encephalitis, cerebral malaria, monkey bite, snake bite etc.
29. Ailment and gender mismatch.
30. Ailment and age mismatch.
31. Multiple procedures for same Mukhya Mantri Ayushman Arogya (MAA) Yojana Beneficiary – blocking of multiple packages even though not required.
32. One-time procedure reported many times.
33. Treatment of diseases, illnesses or accidents for which an Empanelled Health Care Provider is not equipped or empanelled for.
34. Substitution of packages, for example, Hernia as Appendicitis, Conservative treatment as Surgical.
35. Part of the expenses collected from Mukhya Mantri Ayushman Arogya (MAA) Yojana Beneficiary for medicines and screening in addition to amounts received by the Insurer.
36. ICU/ Medical Treatment blocking done for more than 5 days of stay, other than in the case of Critical Illness.
37. Overall medical management exceeds more than 5 days, other than in the case of Critical Illness.
38. High number of cases treated on an OOP basis at a given provider, post consumption of financial limit.

#### Billing and Tariff based Triggers

39. Claims without supporting pre/ post hospitalisation papers/ bills.
40. Multiple specialty consultations in a single bill.
41. Claims where the cost of treatment is much higher than expected for underlying etiology.
42. High value claim from a small hospital/nursing home, particularly in class B or C cities not consistent with ailment and/or provider profile.
43. Irregular or inordinately delayed synchronization of transactions to avoid concurrent investigations.
44. Claims submitted that cause suspicion due to format or content that looks "too perfect" in order, Pharmacy bills in chronological/running serial number or claim documents with colour photocopies. Perfect claim file with all criteria fulfilled with no deficiencies.
45. Claims with visible tempering of documents, overwriting in diagnosis/ treatment papers, discharge summary, bills etc. Same handwriting and flow in all documents from first prescription to admission to discharge. X-ray plates without date and side printed. Bills generated on a "Word" document or documents without proper signature, name and stamp.

#### General

46. Qualification of practitioner doesn't match treatment.
47. Specialty not available in hospital.
48. Delayed information of claim details to the Insurer.
49. Conversion of OP to IP cases (compare with historical data).
50. Not dispensing post-hospitalization medication to Mukhya Mantri Ayushman Arogya (MAA) Yojana Beneficiaries.

## **Schedule 14: Indicators to Measure Effectiveness of Anti-Fraud Measures**

1. Monitoring the number of grievances per 1,00,000 Mukhaya Mantri Ayushman Arogya (MAA) Yojana Beneficiaries.
2. Proportion of Emergency pre-authorisation requests.
3. Percent of conviction of detected fraud.
4. Share of pre-authorisation and claims audited.
5. Claim repudiation/ denial/ disallowance ratio.
6. Number of dis-empanelment/ number of investigations.
7. Share of Mukhaya Mantri Ayushman Arogya (MAA) Yojana Beneficiary Family Units physically visited by Scheme functionaries.
8. Share of pre-authorisation rejected.
9. Reduction in utilization of high-end procedures.
10. Mukhaya Mantri Ayushman Arogya (MAA) Yojana Beneficiary satisfaction.
11. Share of combined/ multiple-procedures investigated.
12. Share of combined/ multiple-procedures per 1,00,000 procedures.
13. Pre-authorisation pendency rate and Claim pendency rate per 100 cases decided OR percent of pre-authorisation decided after additional observation being attended + correlated with frauds detected as a consequence of this effort.
14. Instances of single disease dominating a geographical area/Service area are reduced.
15. Disease utilization rates correlate more with the community incidence.
16. Number of FIRs filed.
17. Number of enquiry reports against hospitals.
18. Number of enquiry reports against Insurer or RSHAA staff.
19. Number of charge sheets filed.
20. Number of judgments received.
21. Number of cases discussed in Empanelment and Disciplinary Committee.
22. Reduction in number of enhancements requested per 100 claims.
23. Impact on utilization.
24. Percent of pre-audit done for pre-authorisation and claims.
25. Percent of post-audit done for pre-authorisation and claims.
26. Number of staff removed or replaced due to confirmed fraud.
27. Number of actions taken against hospitals in a given time period.
28. Number of adverse press reports in a given time period.
29. Frequency of hospital inspection in a given time period in a defined geographical area.
30. Reduction in share of red flag cases per 100 claims.



## Schedule 15: Format of Actuarial Certificate for Determining Refund of Premium

[On the letter head of the Insurer/Insurer's Appointed Actuary]

From:

[Name of Appointed Actuary]  
[Designation of Appointed Actuary]  
[Address of Insurer/Appointed Actuary]

Date: [●]

To:

Mr. [●]  
CEO, Rajasthan State Health Assurance Agency  
Mukhaya Mantri Ayushman Arogya (MAA) Yojana [Insert Address]

Dear Sir,

**Sub: Actuarial Certificate in respect of Pure Claim Ratio of [insert name of Insurer] for Policy Cover Period [●] to [●]**

I/We, [insert name of actuary], are/am a/an registered actuary under the laws of India and are/is licensed to provide actuarial services.

[Insert name of Insurer] (the **Insurer**) is an insurance company engaged in the business of providing general insurance (including health insurance) services in India for the last [●] years. I/We have been appointed by the Insurer as its Appointed Actuary in accordance with the IRDA (Appointed Actuary) Regulations, 2000.

The Insurer has executed a contract dated [●] with the Rajasthan State Health Assurance Agency for the implementation of the Mukhaya Mantri Ayushman Arogya (MAA) Yojana (the **Insurance Contract**). The Premium payable by the Rajasthan State Health Assurance Agency under the Insurance Contract for the Policy Cover Period from [●] to [●] (**Previous Policy Cover Period**) is ₹ [●] (Rupees [insert sum in words] only).

In accordance with the Insurance Contract, we are required to certify the Pure Claim Ratio for the full 12 months of the Previous Policy Cover Period for all the districts within the Service Area.

I, [insert name] designated as [insert title] at [insert location] of [insert name of actuary] do hereby certify that:

- (a) We have read the Insurance Contract and the terms and conditions contained therein.
- (b) In our fair and reasonable view and based on the information available to us, the Pure Claim Ratio for the full 12 months of the Previous Policy Cover Period has been determined by us in accordance with the formula below:

$$\text{Pure Claim Ratio} = \frac{C}{P_1} \times 100$$

= [insert calculation]  
= [insert result]%

For the purposes of the formula above:

$P_1$  is the total Premium collected by the Insurer in the Previous Policy Cover Period for all the Beneficiary Family Units covered by it. It is calculated as the product of the Premium per Beneficiary

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Family Unit in the Current Policy Cover Period and the total number of Beneficiary Family Units covered by the Insurer in the Current Policy Cover Period, i.e., Rs. [●] (Rupees [insert sum in words] only).

C is the total Claims paid by the Insurer to the Empanelled Health Care Providers in the full 12 months of the Previous Policy Cover Period, i.e., Rs. [●] (Rupees [insert sum in words] only);

- (c) In our fair and reasonable view and based on the information available to us, the Pure Claim Ratio of the Insurer in respect of all the districts within the Service Area in the full 12 months of the Previous Policy Cover Period is [●]% ([insert sum in words] percentage).

At [insert place]  
Date: [insert date]

---

On behalf of [insert name of Appointed Actuary]  
[Name]  
[title]

Name and Counter Signature of Principal Officer of Appointed Actuary, along with Appointed Actuary's name and seal

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On behalf of [insert name of Appointed Actuary]  
[Name]  
[title]

[Note. This counter signature is only required if the Appointed Actuary is an external actuarial firm.]





## Schedule 16: Minimum Manpower Requirements

The Insurer shall ensure that it shall at all times during the Tenure of the Contract, maintain at a minimum, the following number of Personnel having, at a minimum, the prescribed qualifications and experience

SN	Designation	Number	Location	Minimum Qualification/designation and experience	Brief Roles and Responsibilities
1	State Project Manager	1	SPO of IC	<ul style="list-style-type: none"> <li>Not below the rank of Regional Manager or equivalent</li> </ul>	<ul style="list-style-type: none"> <li>Overall coordinator of ICs operations in the state</li> <li>Single contact point for SHA for any coordination purpose</li> </ul>
2	State Medical Manager	1	SPO of IC	<ul style="list-style-type: none"> <li>MBBS doctor with experience of working atleast 5 years as head in insurance sector</li> </ul>	<ul style="list-style-type: none"> <li>Overall supervision and guidance to be provided to CPDs and PPDs</li> </ul>
3	State Operations Coordinator	1	SPO of IC	<ul style="list-style-type: none"> <li>Not below the rank of Deputy Regional Manager or equivalent</li> </ul>	<ul style="list-style-type: none"> <li>coordinate</li> </ul>
4	District Coordinator	1 each district	Office of District Nodal Officer	<ul style="list-style-type: none"> <li>Not below the rank of Assistant Manager or equivalent</li> </ul>	<u>Role of District Coordinator</u> <ul style="list-style-type: none"> <li>To coordinate and ensure smooth implementation of the Scheme in the district.</li> <li>To follow up with the EHCP to ensure that the IT infrastructure installed is fully functional at all times.</li> <li>Liaise with the district officials</li> </ul>

SN	Designation	Number	Location	Minimum Qualification/designation and experience	Brief Roles and Responsibilities
					of the SHA to addressing operational issues as and when they arise. Liaise with the District Grievance Redressal Cell for resolving all complaints.
5	PPD	100-120 Pre-authorization request per day per person	SPO of IC/Centrally located	MBBS/AYUSH/BDS in the ratio of 1 MBBS Vs 3 non-MBBS doctors with 01 year of experience.	<ul style="list-style-type: none"> <li>• Approve/assign/reject pre-auth request</li> <li>• Raise query/send for clarification to hosp.</li> <li>• Trigger investigation</li> </ul>
6	CEX	100-120 per claims processing per person	SPO of IC/Centrally located	<ul style="list-style-type: none"> <li>• Technical person with expertise in claims processing.</li> </ul>	<ul style="list-style-type: none"> <li>• Verification on non technical documents, reports, dates verification</li> <li>• Forward case to CPD for processing with inputs</li> </ul>
7	CPD	70-100 claims per person per day	SPO of IC/Centrally located	<ul style="list-style-type: none"> <li>• MBBS doctors</li> </ul>	<ul style="list-style-type: none"> <li>• Verification of technical information eg. Diagnosis, clinical treatment, notes, evidences, etc.</li> <li>• Approve/assign/reject a claim</li> <li>• Raise query/as for clarification</li> <li>• Trigger investigation</li> </ul>
8	Fulltime medical Auditors	1 each district/cluster as per need	1 each district/cluster as per need	<ul style="list-style-type: none"> <li>• MBBS doctors</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate and conduct required periodical audit</li> </ul>



SN	Designation	Number	Location	Minimum Qualification/designation and experience	Brief Roles and Responsibilities
					<ul style="list-style-type: none"> <li>Finalize and submit audit report for the district/cluster to the state headquarter for finalization of state wise periodical audit</li> </ul>
9	Empaneled medical auditors	As per requirement	NA	<ul style="list-style-type: none"> <li>Technical staff having medical expertise or of Health Insurance</li> </ul>	<ul style="list-style-type: none"> <li>Support conducting medical audits</li> </ul>
10	Empaneled Hospital Auditors	As per requirement	NA	<ul style="list-style-type: none"> <li>Managerial staff having background of Health Insurance or Medical expertise</li> </ul>	<ul style="list-style-type: none"> <li>Support conducting hospital audits</li> </ul>

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## Schedule 17: Non-Disclosure Agreement

### NON-DISCLOSURE AGREEMENT

This Non-Disclosure Agreement ("Agreement") is entered into on this ... day of \_\_\_\_\_, 2024 ("Effective Date") by and between:

Rajasthan State Health Assurance Agency,

\_\_\_\_\_ represented by the  
\_\_\_\_\_, having its office located at \_\_\_\_\_ which  
expression shall, unless repugnant to the context, include its successors and assigns (hereinafter referred to as "RSHAA")

**And**

M/s. \_\_\_\_\_ a company registered under the Companies Act 1956 and  
having its registered office at \_\_\_\_\_ represented by Mr. \_\_\_\_\_ which expression  
shall, unless repugnant to the context include its successors (hereinafter referred to as "the  
Insurer")

RSHAA and Insurer shall hereinafter be referred individually as Party/ as specified  
hereinabove and jointly as "Parties".

**Whereas:**

- A. RSHAA is constituted with one of the objectives of implementing health insurance scheme in Rajasthan.
- B. The Insurer is carrying on business of \_\_\_\_\_.
- C. RSHAA is [contemplating engaging the services of the Insurer] for [specify Purpose] (the "Purpose") and for this Purpose, the Insurer shall come into contact with certain confidential information;
- D. RSHAA desires to ensure that strict confidentiality is maintained by the Insurer regarding its relationship with RSHAA and also regarding the confidential information which comes to the knowledge of Insurer in connection with the Purpose;
- E. The Parties desire to set forth their rights and obligations with respect to the use, dissemination and protection of the confidential information accessed by the Insurer.

NOW THEREFORE, in consideration of the mutual covenants and agreements set forth below, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, it is understood and agreed as follows:

#### 1. Definitions

In this Agreement, the following terms shall have the following meanings:

"Confidential Information" shall include all information or data, whether electronic, written or oral, relating to MAA-Yojana, RSHAA's business, operations, financials, services, facilities, processes, methodologies, technologies, intellectual property, trade secrets, research and development, trade names, Personal Data, Sensitive Personal Data, methods and procedures of



operation, business or marketing plans, licensed document know-how, ideas, concepts, designs, drawings, flow charts, diagrams, quality manuals, checklists, guidelines, processes, formulae, source code materials, specifications, programs, software packages/ codes, clients and suppliers, partners, principals, employees, consultants and authorized agents and any information which is of a manifestly confidential nature, that is supplied by RSHAA to the Insurer or otherwise acquired/ accessed by the Insurer during the course of dealings between the Parties or otherwise in connection with the Purpose. Confidential Information may also include the Confidential Information related to MAA-Yojana, RSHAA 's/ other RSHAA's clients, licensors, alliances, contractors and advisors.

"Personal Data" and "Sensitive Personal Data" shall have the meanings as assigned to them under applicable law of India.

## **2. Supply and Use of Confidential Information**

(a) The Insurer shall use Confidential Information only for the Purpose or in relation to the definitive written agreement between the Parties (if any or is subsequently entered into) in connection with the Purpose, pursuant to which a given item of Confidential Information was disclosed. Upon the completion of the business objective relating to the Purpose or the termination/ expiry of such definitive written agreement in connection with the Purpose, and upon the written request of RSHAA, an authorized officer of the Insurer shall promptly, at the option of RSHAA, either return to RSHAA or destroy all Confidential Information in the Insurer's possession or control, and shall certify to RSHAA as to such return or destruction.

(b) The Insurer shall not disclose the Confidential Information to any third party without RSHAA 's prior written consent. The Insurer may disclose the Confidential Information to its employees, on a strict need to know basis in connection with the Purpose provided such employees are bound under confidentiality agreements which are at least as restrictive as this Agreement.

(c) The Insurer shall exercise the same degree of care with respect to RSHAA 's Confidential Information as the Insurer takes to safeguard and preserve its own confidential and/or proprietary information provided that in no event shall the degree of care be less than a reasonable degree of care. Upon discovery of any prohibited use or disclosure of the Confidential Information, the Insurer shall immediately notify RSHAA in writing and shall make its best efforts to prevent any further prohibited use or disclosure; however, such remedial actions shall in no manner relieve the Insurer's obligations or liabilities for breach hereunder.

(d) The Insurer shall ensure that all appropriate confidentiality obligations and technical and organizational security measures are in place, within the Insurer's organization, to prevent any unauthorized or unlawful disclosure or processing of Confidential Information and the accidental loss or destruction of or damage to such Confidential Information. The Insurer will comply with applicable data protection and privacy legislation in this regard.

(e) To the extent it is a transferee of Personal Data from RSHAA, the Insurer shall be under and shall assume identical and/or similar obligations that of RSHAA under the applicable data protection and privacy legislation in this regard relating to such Personal Data.

(f) The Insurer shall notify RSHAA forthwith from the time it comes to the attention of the Insurer that Confidential Information (including Personal Data) transferred by RSHAA to it has been the subject of accidental or unlawful destruction or accidental loss, alteration, unauthorized disclosure or access, or any other unlawful forms of processing. The obligation contained above shall survive any termination/expiration of the Agreement.

**3. Limitations:**

This Agreement shall not restrict disclosure of information that, the Insurer can evidence through sufficient documentation:

(a) was, at the time of receipt, otherwise known to the Insurer without restrictions as to use or disclosure; or

(b) was in the public domain at the time of disclosure or thereafter enters into the public domain through no breach of this Agreement by the Insurer;

**4. Exclusion:**

The Insurer may disclose Confidential Information, strictly to the extent such disclosure is compulsorily required under applicable law (including court order), to a regulatory authority or a court of law with competent jurisdiction over the Insurer, provided that the Insurer will first have provided RSHAA with immediate written notice of such required disclosure and will take reasonable steps to allow RSHAA to seek a protective order with respect to the Confidential Information required to be disclosed. The Insurer will promptly cooperate with and assist RSHAA in connection with obtaining such protective order.

**5. No Warranty:**

RSHAA HEREBY DISCLAIMS ALL WARRANTIES, WHETHER EXPRESS OR IMPLIED, WITH RESPECT TO THE CONFIDENTIAL INFORMATION.

**6. No License:**

No license or conveyance of any rights held by RSHAA under any discoveries, inventions, patents, trade secrets, copyrights, or other form of intellectual property is granted or implied by this Agreement or by the disclosure of any Confidential Information pursuant to this Agreement.

**7. No Formal Business Obligations:**

This Agreement shall not constitute, create, give effect to or otherwise imply (i) a joint venture, pooling arrangement, partnership or formal business organization of any kind, or (ii) any obligation or commitment on RSHAA to submit a proposal or to enter into a further contract or business relationship with the Insurer, or (iii) any obligation on RSHAA to disclose, supply or otherwise communicate any information, general or specific, to the Insurer. Nothing herein shall be construed as providing for the sharing of profits or losses arising out of efforts of either or both Parties.



#### **8. Confidentiality and Intellectual Property Notices:**

The Insurer shall not (nor shall it permit or assist others to) alter or remove any confidentiality label, proprietary label, patent marking, copyright notice or other legend (singularly or collectively, "Notices") placed on the Confidential Information, and shall maintain and place any such Notices on applicable Confidential Information or copies thereof.

#### **9. Governing Law and Jurisdiction:**

This Agreement shall be governed by and construed in accordance with the laws of India. Any dispute arising out of the Agreement shall be referred to the nominated senior representatives of both the Parties for resolution through negotiations. In case, any such difference or dispute is not amicably resolved than it shall be resolved as per the Clause 41: Dispute Resolution of Draft Contract Agreement of this RFP.

#### **10. Injunctive Relief and Damages:**

The Insurer acknowledges that use or disclosure of any confidential and proprietary information in a manner inconsistent with this Agreement will give rise to irreparable injury for which damages would not be an adequate remedy. Accordingly, in addition to any other legal remedies which may be available at law or in equity, the RSHAA shall be entitled to equitable or injunctive relief against the unauthorized use or disclosure of confidential and proprietary information. The RSHAA shall be entitled to pursue any other legally permissible remedy available as a result of such breach, including but not limited to damages, both direct and consequential. Additionally, the Insurer agrees to keep RSHAA indemnified against any losses or damages (including reasonable attorneys' fees) arising due to the breach of this Agreement by the Insurer.

#### **11. Miscellaneous:**

- **Amendment:** This Agreement may be amended or modified only by a written agreement signed by both of the Parties.
- **Relationship:** The Parties to this Agreement are independent contractors. Neither Party is an agent, representative, or partner of the other Party. Neither Party shall have any right, power, or authority to enter into any agreement for, or on behalf of, or incur any obligation or liability of, or to otherwise bind, the other Party. No joint venture, partnership or agency relationship exists between the Insurer, the RSHAA or any third-party as a result of this Agreement.
- **Assignment:** Neither Party may assign its rights or delegate its duties under this Agreement without the other Party's prior written consent.
- **Severability:** In the event that any provision of this Agreement is held to be invalid, illegal or unenforceable in whole or in part, the remaining provisions shall not be affected and shall continue to be valid, legal and enforceable as though the invalid, illegal or unenforceable parts had not been included in this Agreement.

- **Waiver:** Neither Party will be charged with any waiver of any provision of this Agreement, unless such waiver is evidenced by a writing signed by the Party and any such waiver will be limited to the terms of such writing.

#### **12. Termination and Survival:**

This Agreement shall commence as of the date written above and shall remain in effect for a period \_\_\_\_\_ unless terminated earlier by RSHAA by (i) giving fourteen (14) days written notice of termination to the Insurer at any time, or (ii) giving notice effective immediately following a breach by the Insurer. Notwithstanding the foregoing, any obligations imposed on the Insurer under this Agreement, including confidentiality obligations, that by their very nature survive the termination or expiry of this Agreement shall so survive the termination or expiry of this Agreement.

#### **13. No Publicity:**

No press release, advertisement, marketing materials or other releases for public consumption concerning or otherwise referring to the terms, conditions or existence of this Agreement shall be published by the Insurer. The Insurer shall not promote or otherwise disclose the existence of the relationship between the Parties evidenced by this Agreement or any other agreement between the Parties for purposes of soliciting or procuring sales, clients, investors or other business engagements.

#### **14. Non-Solicitation:**

Except as may be otherwise agreed in writing between the Parties, during the term of this Agreement and for twelve (12) months thereafter, neither the Insurer nor any of its affiliates, shall offer employment to or employ any person employed (then or within the preceding twelve (12) months) by RSHAA if such person had interacted with the Insurer or its affiliates, directly or indirectly, in relation to the Purpose or was involved in performing responsibilities in relation to the Purpose.

#### **15. No Conflict:**

The Insurer represents and warrants that the performance of its obligations hereunder does not, and shall not, conflict with any of its other agreement or obligation to which it is bound.

#### **16. Entire Agreement; Counterparts:**

This Agreement together with any other definitive written agreement executed or to be executed between the Parties relating to the Purpose constitutes the entire agreement between the Parties with respect to the subject matter hereof. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which, when taken together, shall constitute one and the same instrument.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their duly authorized representatives and made effective from the Effective Date first written above.



<p>SIGNED for and on behalf of</p> <p><b>RSHAA</b></p> <p>By _____</p> <p>Title _____ (authorized signatory)</p> <p>Date _____</p>	<p>SIGNED for and on behalf of</p> <p><b>Insurer</b></p> <p>By _____</p> <p>Title _____ (authorized signatory)</p> <p>Date _____</p>
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## Schedule 18: Individual Confidentiality Undertaking

## UNDERTAKING

1. [Insert Name], the undersigned, acknowledge that as an employee/ staff of \_\_\_\_\_ ("Insurer"), I will be working as a team member of the company project team which is providing, or shall provide, certain services to Rajasthan State Health Assurance Agency (RSHAA) as per the terms and conditions of the Agreement dated \_\_\_\_\_.

In this regard, I confirm that I have fully read and understood all the terms and conditions of the Agreement executed between RSHAA and Insurer, in particular to the contents below. With effect from \_\_\_\_\_], I undertake to strictly abide by this undertaking and the Agreement.

To the extent not defined in this undertaking itself, the capitalised terms contained in this letter shall have the meaning attributed to them under the Agreement.

Without prejudice to the generality of the foregoing paragraphs, I agree to the following:

1. I shall not discuss/ disclose, at any time during my work on the Services or at any time thereafter, any Confidential Information with/ to any third party or any employee or partner of Insurer or other Insurer Firms, other than those working or advising on the Services or those who need to access such information on a strict need to know basis.
2. If approached by any third party or Insurer employee/staff (where such employee/ staff do not require access to the Confidential Information on a need to know basis) to provide any Confidential Information relating to the Services, I shall immediately inform the Insurer and/or RSHAA and shall not disclose any such information unless approved.
3. I shall not remove or destroy any documents, data, files or working papers in whatsoever form (including but not restricted to any in electronic form) in respect of the Services, without the written consent of Insurer.
4. In the event that I leave the employment of Insurer or my association with Insurer gets terminated, I shall not discuss/ disclose thereafter any Confidential Information with/ to any other party.
5. I voluntarily waive all my rights and disclaim my ownership on any work and/or deliverables to be performed while deployed at Insurer/ RSHAA for the purposes of Agreement.

I understand that strict compliance with this undertaking and the Agreement is a condition of my involvement with the Services and a breach hereof may be regarded as an infringement of my terms of employment/ association with Insurer. I acknowledge that I will be personally liable for any breach of this undertaking and/or the Agreement and that the confidentiality obligations hereinunder shall survive the tenure of my employment/ association with Insurer.

Signature: \_\_\_\_\_



Name (in block letters): \_\_\_\_\_

Telephone #: \_\_\_\_\_

Date: \_\_\_\_\_

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## Schedule 19: Template for Claims Adjudication Audit

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**Claims adjudication audit reporting format**

Name of the IC/ISA/TPA		
Month and year of Audit		
Total number of claims audited		
Total number of errors found during audit	Financial	Non financial
No of Hospitals found suspected during audit		
Action plan against suspected hospitals		
Major type of errors found during audit		
Executive summary of audit		

### Claims adjudication audit manual checklist

Case number			
Hospital name and District			
Package booked (Diagnosis)			
Package amount			
Date of admission			
Date of Discharge			
Type of package medical/Surgical			
Particulars	Yes	No	Remarks
Past history checked			
Are all mandatory documents required at the time of Pre-Auth uploaded			
Validate Length of stay - DOA/DOD			
Are symptoms matching with the diagnosis			
Is the package booked matching with the diagnosis			
Are Investigation reports supporting diagnosis available			
Are Post op photos showing scar available in surgical cases			
Investigation reports signed by doctor with registration no			
Are pre op and post op x-rays available in ortho cases			
Discharge summary in proper format			
Complete ICP available from the day of admission till discharge			
ICP in same handwriting			
Death Summary in case of death			

This audit reporting format is indicative, RSHAA may amend the same as per the need.




## List of Health Benefit Packages


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### Package Summary

1.	Total packages count	2047
	a) Insurance mode	2002
	b) Trust mode	45
2.	Total number of speciality	36
3.	Level of care	
	a) Secondary packages	1137
	b) Tertiary packages	910
4.	Govt Reserve packages	251
5.	Day care packages	122


S.No.	Specialty	S.No.	Specialty
1	Burns Management	19	Ophthalmology
2	cardiology	20	Oral and Maxillofacial Surgery
3	Cardio-thoracic & Vascular surgery	21	Orthopaedics
4	clinical Immunology and Rheumatology	22	Paediatric Medical Management
5	Emergency Room Packages (Care requiring less than 12 hrs stay)	23	Paediatric surgery
6	Endocrinology	24	Palliative medicine
7	ENT	25	paediatric Cardiothoracic & Vascular surgery
8	Gastroenterology	26	paediatric Nephrology
9	General Medicine	27	Paediatric Oncology
10	General Surgery	28	Plastic & Reconstructive Surgery
11	Interventional Radiology	29	PMR
12	medical oncology	30	Polytrauma
13	Mental Disorders Packages	31	Pulmonology
14	Neo-natal care Packages	32	Radiation Oncology
15	Nephrology	33	Surgical oncology
16	Neurology	34	Surgical Gastroenterology
17	Neurosurgery	35	Transplant Surgery
18	Obstetrics & Gynaecology	36	Urology

  
Dr. Rajesh Jandu  
ED (M), RSHAA

  
Dr. Amit Sharma  
Senior Medical Officer  
RSHAA

  
Dr. Anurag Sharma  
S.M.O., RSHAA

  
Dr. Hoti Lal Gupta  
Manager HEM, RSHAA

  
Dr. Kirti Vishnoi  
M.O., RSHAA

  
Dr. Sanyam Agarwal  
Senior Medical Officer

  
(Dr. Meena)  
IAS  
Additional CEO, RSHAA


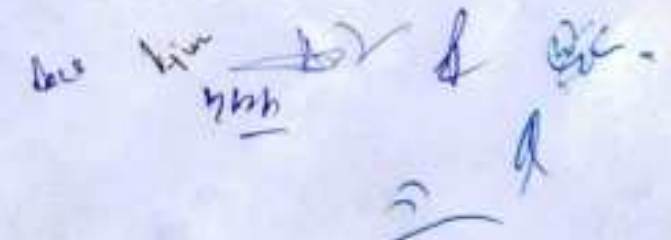
  
Dr. Rashwant Chauhan  
M.O., RSHAA

  
Dr. Varun Chandolia  
Medical Officer

  
Dr. Amit Kumar  
S.M.O., RSHAA



No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DTTAH	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance / Trust)
1	Burns Management	Thermal burns	Criteria 1: % Total Body Surface Area Burns (TBSA) less than 25% in adults and less than 10% in children younger than 12 years. Dressing without anaesthesia	7000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
2	Burns Management	Thermal burns	Criteria 2: % Total Body Surface Area Burns (TBSA) Up to 25%, 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.	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
3	Burns Management	Thermal burns	Criteria 3: % Total Body Surface Area Burns (TBSA) 25-40 %, Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary. Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	45000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
4	Burns Management	Thermal burns	Criteria 4: % Total Body Surface Area Burns (TBSA) 40- 60 % Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary. Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	60000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance Trust)
5	Burns Management	Thermal burns	Criteria 5: % Total Body Surface Area Burns (TBSA) 40-60%; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary. Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	80000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
6	Burns Management	Scald burns	Criteria 1: % Total Body Surface Area Burns (TBSA) less than 20% in adults and less than 10% in children younger than 12 years. Dressing without anaesthesia	7000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
7	Burns Management	Scald burns	Criteria 2: % Total Body Surface Area Burns (TBSA) Up to 25%. 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.	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
8	Burns Management	Scald burns	Criteria 3: % Total Body Surface Area Burns (TBSA) 25-40%; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary. Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	45000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance



Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Instantane/ Treat)
9	Burns Management	Scald burns	Criteria 4: % Total Body Surface Area Burns (TBSA) 40-60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	80000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
10	Burns Management	Scald burns	Criteria 5: % Total Body Surface Area Burns (TBSA) 60-80 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	90000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
11	Burns Management	Flame burns	% Total Body Surface Area Burns (TBSA): Upto 40 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
12	Burns Management	Flame burns	% Total Body Surface Area Burns (TBSA): 40 % - 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	45000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Notes	Day Care	Reserved Procedure (Insurance/ Trust)
13	Burns Management	Flame burns	% Total Body Surface Area Burns (TBSA) > 60 %. Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary. Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	80000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
14	Burns Management	Electrical contact burns	Electrical contact burns: Low voltage - without part of limb / limb loss. Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary. Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
15	Burns Management	Electrical contact burns	Electrical contact burns: Low voltage - with part of limb / limb loss. Includes % TBSA skin grafted, flap cover, follow-up dressings Amputation etc. as deemed necessary. Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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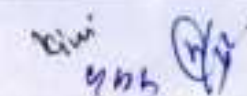

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Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
16	Burns Management	Electrical contact burns	Electrical contact burns: High voltage - with part of limb / limb loss; Includes % TBSA skin grafted, flap cover, fasciotomy +/- /amputation/Central IV Line/debridement/early skin grafting/pedicle or free flap coverage, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
17	Burns Management	Electrical contact burns	Electrical contact burns: High voltage - without part of limb / limb loss; Includes % TBSA skin grafted, flap cover, fasciotomy +/- /debridement/early skin grafting/flap cover; pedicle or free flap coverage, follow- up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	45000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
18	Burns Management	Chemical burns	Chemical burns: Without significant facial scarring and/or loss of function; Includes % TBSA skin grafted, flap cover, follow- up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone. (Similar to thermal burns require more grafting, debridement, (skin grafting/canthopexy)	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Seq #	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Trust)
19	Burns Management	Chemical Burns	Chemical Burns, With significant facial scarring and/or loss of function; Includes % TBSA skin grafted, flap cover debridement, skin grafting, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
20	Burns Management	Post Burn Contracture surgeries for Functional Improvement	Post Burn Contracture surgeries for Functional Improvement (Package including splints, pressure garments, silicone - gel sheet and physiotherapy); Excluding Neck contracture; Contracture release with - Split thickness Skin Graft (STSG) / Full Thickness Skin Graft (FTSG) / Flap cover is done for each joint with post-operative regular dressings for STSG / FTSG / Flap cover.	45000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
21	Burns Management	Post Burn Contracture surgeries for Functional Improvement	Post Burn Contracture surgeries for Functional Improvement (Package including splints, pressure garments, contracture release & split skin graft with or without flap reconstruction, silicone - gel sheet and physiotherapy); Neck contracture; Contracture release with - Split thickness Skin Graft (STSG) / Full Thickness Skin Graft (FTSG) / Flap cover is done for each joint with post-operative regular dressings for STSG / FTSG / Flap cover.	45000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance



Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
22	Cardiology	Right / Left Heart Catheterization	Right Heart Catheterization	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Can not book PTCA, - inclusive of diagnostic angiogram after this package	No	Insurance
23	Cardiology	Right / Left Heart Catheterization	Left Heart Catheterization	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Can not book PTCA, inclusive of diagnostic angiogram after this package	No	Insurance
24	Cardiology	Balloon Pulmonary / Aortic Valvotomy	Balloon Pulmonary Valvotomy	47000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
25	Cardiology	Balloon Pulmonary / Aortic Valvotomy	Balloon Aortic Valvotomy	47000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
26	Cardiology	Balloon Mitral Valvotomy	Balloon Mitral / tricuspid valve Valvotomy	35700	Balloon & Accessories - 55000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
27	Cardiology	Balloon Atrial Septostomy	Balloon Atrial Septostomy	24400	Balloon & Accessories - 55000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
28	Cardiology	ASD Device Closure	ASD Device Closure	38900	ASD Device - 62000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
29	Cardiology	VSD Device Closure	VSD Device Closure	37900	VSD Device - 72000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
30	Cardiology	PDA Device Closure	PDA Device Closure ( PDA Device include in this rate)	62600	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
31	Cardiology	PDA stenting	PDA stenting	40000	Drug Eluting stent (PDA)-23625 Max :3 : Drug Eluting stent (NON PDA) -12500 Max :3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
32	Cardiology	PTCA, inclusive of diagnostic angiogram	PTCA, inclusive of diagnostic angiogram ( if coronary angiography pkg booked separately then 6000 rs will be deducted from 40000)	40000	Drug Eluting stent (PDA)-23625 Max :3 : Drug Eluting stent (NON PDA)-12500 Max :3	NA	No	Tertiary	Regular Procedure	No special condition	Can not be booked if Right / Left Heart Catheterization has been previously booked	No	Insurance
33	Cardiology	Electrophysiological Study	Electrophysiological Study	27000	Storable decapolar catheter, Quadrigular Catheter - 46000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
34	Cardiology	Electrophysiological Study	Electrophysiological Study with Radio Frequency Ablation	27000	Storable decapolar catheter, Quadrigular Catheter, Radio Frequency Catheter - 76000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedures (Insurance / Trust)
35	Cardiology	Percutaneous Transcatheter Septal Myocardial Ablation	Percutaneous Transcatheter Septal Myocardial Ablation	27500	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
36	Cardiology	Fractional flow reserve (FFR) - Govt Reserve	Fractional flow reserve (FFR) - GOVT Reserve - add on	41000	No Implant	NA	yes	Tertiary	Add - On Procedure	No special condition	No	No	Insurance
37	Cardiology	Optical coherence tomography (OCT)	Optical coherence tomography (OCT) - GOVT Reserve / add on	35200	No Implant	NA	yes	Tertiary	GOVT Reserve / add on	No special condition	No	No	Insurance
38	Cardiology	Rotational Atherectomy (ROTA) Ablation	Rotational Atherectomy (ROTA) Ablation - GOVT Reserve	57200	No Implant	NA	yes	Tertiary	GOVT Reserve	No special condition	No	No	Insurance
39	Cardiology	CRT - D ( Quadripolar lead) MRI Compatible	CRT - D ( Quadripolar lead) MRI Compatible - GOVT Reserve	18000	MRI Compatible CRT - D-125000 Max :1	NA	yes	Tertiary	GOVT Reserve	No special condition	No	No	Insurance
40	Cardiology	CRT - P ( Quadripolar lead) MRI Compatible	CRT - P ( Quadripolar lead) MRI Compatible - GOVT Reserve	18000	MRI Compatible CRT - P-175000 Max :1	NA	yes	Tertiary	GOVT Reserve	No special condition	No	No	Insurance
41	Cardiology	CRT With Physiological pacemaker -a	CRT With Physiological pacemaker - add on with CRT / DDD Pacemaker PPG GOVT Reserve - add on	0	Physiological pacemaker-60000 Max :1	NA	yes	Tertiary	GOVT Reserve / add on	No special condition	No	No	Insurance
42	Cardiology	Angioplasty - POBA	Angioplasty - POBA	30000	Bare Metal-37000 Max :1	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
43	Cardiology	Single chamber AICD	Single chamber AICD - GOVT Reserve	28000	MRI Compatible - AICD-200000 Max :1	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
44	Cardiology, Cardio- thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Pericardiocentesis	Pericardiocentesis	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance



Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
45	Cardiology, Gastroenterology, General Medicine, Interventional Radiology, Neurology, Pulmonology, Paediatric Medical Management, Nephrology, Endocrinology	Blood transfusion	Whole Blood transfusion	2000	No Implant	NA	No	Secondary	Add - On Procedure / day care	No special condition	No	yes	Insurance
46	Cardiology, Gastroenterology, General Medicine, Interventional Radiology, Neurology, Pulmonology, Paediatric Medical Management, Nephrology, Endocrinology	Blood transfusion	Blood component including platelet transfusion (BDP, PC)	2000	No Implant	NA	No	Secondary	Add - On Procedure / day care	No special condition	No	yes	Insurance
47	Cardiology, Gastroenterology, General Medicine, Interventional Radiology, Neurology, Pulmonology, Paediatric Medical Management, Nephrology, Endocrinology	High end radiological diagnostic (CT, MRI, imaging including nuclear imaging)	High end radiological diagnostic (CT, MRI, imaging including nuclear imaging)	upto 5000 (as per CGHS rate)	No Implant	NA	No	Secondary	Add - On Procedure	Rx. 5000 is the upper limit. Can be booked at a lower rate also. In fact the SHA should examine this package and confirm whether the package has been booked at the usual market rate. Can be booked for a pt. already admitted under any medical package.	[as per CGHS rate]	No	Insurance

Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
48	Cardiology, Gastroenterology, General Medicine, Interventional Radiology, Neurology, Pulmonology, Paediatric Medical Management, Nephrology, Endocri- nology	High end histopathology (Biopsies) and advanced serology investigations	High end histopathology (Biopsies) and advanced serology investigations	upto 5000 (as per CGHS rate)	No Implant	NA	No	Secondary	Add - On Procedure	Rs. 5000 is the upper limit. Can be booked at a lower rate also. In fact the SHA should examine this package and confirm whether the package has been booked at the usual market rate. Can be booked for a pt. already admitted under any medical package.	(as per CGHS rate)	No	Insurance
49	Cardiology, General Medicine	Systemic Thrombolysis (for MI)	Systemic Thrombolysis (for MI)	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
50	Cardiology, General Medicine	Cardiac Tamponade	Cardiac Tamponade	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
51	Cardiology, General Medicine, Interventional Radiology, Nephrology, Paediatric Medical Management	Central Line ( Double Lumen / Triple Lumen )	Central Line ( Double Lumen / Triple Lumen ) with procedure - add on	Triple Lumen- 2500   Double Lumen-2000	No Implant	Triple Lumen-2500   Double Lumen-2000	No	Secondary	Add - On Procedure	No special condition	No	No	Insurance
52	Cardiology, General Medicine, Paediatric Medical Management	Congestive heart failure	Congestive heart failure	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
53	Cardiology, Interventional Radiology	Balloon Dilatation - GOVT Reserved	Coronary Intervention of Aorta	20000	No Implant	NA	yes	T	Regular Procedure	No special condition	No	No	Insurance

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Sr.N <sup>o</sup>	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
54	Cardiology, Interventional Radiology	Balloon Dilatation - GOVT Reserve	Pulmonary Artery Stenosis	60800	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
55	Cardiology, Interventional Radiology	Branchial artery Embolization (for Haemoptysis)	Branchial artery Embolization (for Haemoptysis)	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
56	Cardiology, Interventional Radiology	Peripheral Angioplasty - POBA	Peripheral Angioplasty - POBA	30000	Bare Metal -37000 Max :2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
57	Cardiology, Interventional Radiology	Intravascular ultrasound (IVUS)	Intravascular ultrasound (IVUS) - GOVT Reserve	20000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
58	Cardiology, Paediatric Medical Management	Rheumatic fever	Acute rheumatic fever	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
59	Cardiology, Paediatric Medical Management	Rheumatic fever	Rheumatic valvular heart disease	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
60	Cardiology, Cardio- thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Angioplasty	Peripheral Angioplasty	25000	Peripheral Stent - Bare Metal - 21000 max:2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
61	Cardiology, Cardio- thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Embolization	Arteriovenous Malformation (AVM) in the Limbs	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
62	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Angioplasty (arterial)	Angioplasty (arterial)	28720	Balloon-9000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance


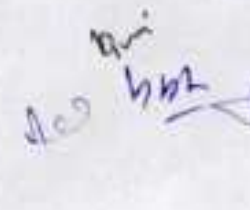
Sl. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
63	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Post EVAR endoleak management	Post EVAR endoleak management	21780	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
64	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	IVC filter placement with Catheter directed thrombolysis (arterial/venous )	IVC filter placement with Catheter directed thrombolysis (arterial/venous)	22920	multicore hole thrombolysis catheter-11000, Thrombectomy Catheter-95000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
65	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Varicose vein endovenous treatment (for one limb) -Gent flexative	Varicose vein endovenous treatment (for one limb)	12320	laser Fiber Cost - 25000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
66	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - I Congenital Heart Disease	Unifocalization of MAPCA	110000	PTFE graft - Thin - 30000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
67	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - I Congenital Heart Disease	Isolated Secundum Atrial Septal Defect (ASD) Repair	110000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
68	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - I Congenital Heart Disease	Glenn procedure	110000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
69	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - I Congenital Heart Disease	Pulmonary Artery Banding	110000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
70	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - I Congenital Heart Disease	Systemic - Pulmonary Artery shunt	110000	PTFE graft - Thin - 30000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
71	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - I Congenital Heart Disease	Vascular Ring division	110000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
72	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - I Congenital Heart Disease	Coarctation repair	150000	Wacron Graft - Straight - 30000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
73	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - II Congenital Heart Disease	ASD closure - Partial Anomalous Venous Drainage Repair	132000	PTFE Patch - Thin - 30000 PTFE graft small (upto 8 mm) - 30000  PTFE Graft Large ( >8mm) - 50000 Dacron Graft Straight - 30000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
74	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - II Congenital Heart Disease	ASD Closure - Mitral procedure	132000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 10000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
75	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - II Congenital Heart Disease	ASD Closure - Tricuspid procedure	132000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 10000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

Sr.N #	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
76	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - II Congenital Heart Disease	ASD Closure + Pulmonary procedure	132000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 20000 Pericardial Patch - 18000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
77	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - II Congenital Heart Disease	ASD Closure + Interventricular procedure	132000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 20000 Pericardial Patch - 18000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
78	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - II Congenital Heart Disease	VSD closure	132000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 20000 Pericardial Patch - 18000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance


  
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Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance / Trust)
79	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - II Congenital Heart Disease	Infraductal PS repair	132000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 20000 Pericardial Patch - 10000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 25000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
80	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - II Congenital Heart Disease	Valvular PS / PR repair	132000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 20000 Pericardial Patch - 10000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
81	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - II Congenital Heart Disease	Partial AV canal repair	132000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 20000 Pericardial Patch - 10000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Risks	Day Care	Reserved Procedure (Insurance/ Trust)
82	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - II Congenital Heart Disease	Intermediate AV canal repair	132000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 18000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
83	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - II Congenital Heart Disease	Atrial septectomy + Glens	132000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 18000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
84	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - II Congenital Heart Disease	Atrial septectomy + PA Band	132000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 18000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sr.N S	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Referred Procedure (Insurance/ Trust)
85	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - II Congenital Heart Disease	Annulus of Valvula aortica repair without aortic valve procedure	132000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 18000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
86	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - II Congenital Heart Disease	Sub-aortic membrane resection	132000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 18000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
87	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	Elbow anomaly repair	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 18000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance


  
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Se.N n	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
08	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	Double switch operation	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 10000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
09	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	Bassett Procedure	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 10000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance


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Sl. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Index	Day Care	Reserved Procedure (Insurance/ Trust)
92	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	Arch interruption Repair without VSD closure	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 18000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
93	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	Arch interruption Repair with VSD closure	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 18000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
94	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	DORV Repair	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 18000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

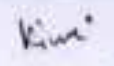


  
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Sr.N o	specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
95	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	Supraaortic AS repair	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 20000 Pericardial Patch - 18000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
96	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	Kunno procedure	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 20000 Pericardial Patch - 18000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
97	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	Norwood procedure	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 20000 Pericardial Patch - 18000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sr.N n	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
98	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	VSD closure + RV - PA conduit	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 10000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
99	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	VSD + Aortic procedure	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 10000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
100	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	VSD + Mitral procedure	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 10000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

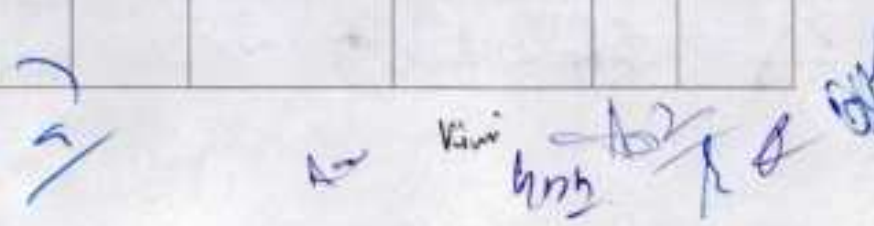




Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
101	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	VSD + Tricuspid procedure	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bicaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 18000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
102	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	VSD + Pulmonary artery procedure	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bicaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 18000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
103	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	VSD + Infundibular procedure	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bicaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 18000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedures (Insurance/ Trust)
104	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	VSD + Coarctation repair	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 18000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
105	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	TAPVC Repair	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 18000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
106	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	Transcatheter aortic repair	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 18000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance





Sr No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Index	Day Care	Reserved Procedure (Insurance/ Trust)
107	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	Tetralogy of Fallot Repair	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 20000 Pericardial Patch - 18000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 25000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
108	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	Complete AV canal repair	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 20000 Pericardial Patch - 18000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
109	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	Arterial switch operation	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 20000 Pericardial Patch - 18000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
110	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	Senning Operation	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 10000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
111	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	Mustard Operation	82500	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 10000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
112	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	ALCAPA repair	165000	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
113	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Coronary artery bypass grafting (CABG), including intra operative balloon pump (if required)	Coronary artery bypass grafting (CABG), with or without intraoperative (IABP)	129910	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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ICD-9	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedures (Insurance/ Trust)
114	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Single Valve Procedure	Aortic valve replacement	130000	Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Tissue Valve - 80000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
115	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Single Valve Procedure	Mitral valve replacement / Mitral valve repair	130000	Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Tissue Valve - 80000 Valve Ring - Mitral - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
116	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Single Valve Procedure	Tricuspid valve replacement / Tricuspid valve repair	130000	Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Tissue Valve - 80000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
117	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Double Valve Procedure	Double valve replacement / repair	156200	Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000		No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
118	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Triple valve procedure	Triple valve replacement / repair	187000	Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000		No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
119	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Closed Mitral Valvotomy including thoracotomy	Closed mitral Valvotomy	62700	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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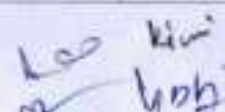


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Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
120	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Boss Procedure	Boss Procedure	165000	RV - PA Conduit - 120000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
121	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM)	Surgery for Hypertrophic/ Obstructive Cardiomyopathy (HOCM)	122100	Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 20000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
122	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Pericardial window (via thoracotomy)	Pericardial window (via thoracotomy)	33000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
123	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Pericardiectomy	Pericardiectomy	71700	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
124	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Potential Ductus Arteriosus (PDA) Closure via thoracotomy	Potential Ductus Arteriosus (PDA) Closure via thoracotomy	62700	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
125	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Aortic Root Replacement Surgery	Root Procedure	165000	Composite Aortic Valved conduit - Mechanical - 100000 Dacron Graft - Straight - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 20000 Tissue Valve - 40000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance



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126	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Aortic Root Replacement Surgery	Aortic Dissection	165000	Composite Aortic Valved conduit - Mechanical - 100000 Dacron Graft - Straight - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 20000 Tissue Valve - 80000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
127	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Aortic Root Replacement Surgery	Aortic Aneurysm ( Root Ascending )	165000	Composite Aortic Valved conduit - Mechanical - 100000 Dacron Graft - Straight - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 20000 Tissue Valve - 80000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
128	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Aortic Root Replacement Surgery	Valve sparing root replacement	165000	Composite Aortic Valved conduit - Mechanical - 100000 Dacron Graft - Straight - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 20000 Tissue Valve - 80000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

Sr. N <sup>o</sup>	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
129	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Aortic Root Replacement Surgery	AVR + Root enlargement	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 18000 RV - PA Conduit - 120000 Tissue Valve - 40000 Valve Ring - Mitral - 25000 Valve Ring - Tricuspid - 35000 Dacron Graft Straight - 30000 PTFE Graft Straight - 10000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
130	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Aortic Arch Replacement / Thoracoabdominal aneurysm Repair using bypass	Aortic Arch Replacement using cardiopulmonary bypass	200000	Arch Graft-85000 / Complex grafts other than Arch Graft & Coselli Graft-85000/ Coselli Graft -85000 / Tissue Glue (3 ml)- 12000 Max -4	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
131	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Aortic Arch Replacement / Thoracoabdominal aneurysm Repair using bypass	Thoracoabdominal aneurysm Repair using partial cardiopulmonary bypass	200000	Arch Graft-85000 / Complex grafts other than Arch Graft & Coselli Graft-85000/ Coselli Graft -85000 / Tissue Glue (3 ml)- 12000 Max -4	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
132	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Aortic Aneurysm Repair	Aortic Aneurysm Repair using Cardiopulmonary bypass (CPB)	132000	Dacron Graft - Straight-30000 Max -2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
133	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Aortic Aneurysm Repair	Aortic Aneurysm Repair using Left Heart Bypass	132000	Dacron Graft - Straight-30000 Max -2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
134	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Aortic Aneurysm Repair	Aortic Aneurysm Repair without using Cardiopulmonary bypass (CPB)	72050	Dacron Graft - Straight-30000 Max -2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance



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135	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Aortic Aneurysm Repair	Aortic Aneurysm Repair without using Left Heart Bypass	72050	Dacron Graft - Straight-30000 Max -2	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
136	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Aorta Iliac / Aorta femoral bypass (Uni and Bi)	Aorta Iliac bypass - I/L	70930	Dacron Graft - Bifurcated - 35000 PTFE Graft - Bifurcated - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
137	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Aorta Iliac / Aorta femoral bypass (Uni and Bi)	Aorta femoral bypass - I/L	70950	Dacron Graft - Bifurcated - 35000 PTFE Graft - Bifurcated - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
138	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Aorta Iliac / Aorta femoral bypass (Uni and Bi)	Aorta Iliac bypass - R/L	70930	Dacron Graft - Bifurcated - 35000 PTFE Graft - Bifurcated - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
139	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Aorta Iliac / Aorta femoral bypass (Uni and Bi)	Aorta femoral bypass - R/L	70950	Dacron Graft - Bifurcated - 35000 PTFE Graft - Bifurcated - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
140	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Pulmonary Embolectomy / Thromboendarterectomy	Pulmonary Embolectomy	155100	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
141	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Pulmonary Embolectomy / Thromboendarterectomy	Pulmonary Thromboendarterectomy	155100	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
142	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Femoro - Femoral Bypass	35000	PTFE graft small (upto 8 mm) - 30000 PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
143	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Careid - endarterectomy	35000	PTFE graft small (upto 8 mm) - 30000 PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
144	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Carotid Body Tumor Excision	55000	PTFE graft small (upto 8 mm) - 30000  PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
145	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Thoracic Outlet syndrome Repair	55000	PTFE graft small (upto 8 mm) - 30000  PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
146	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Carotid aneurysm repair	55000	PTFE graft small (upto 8 mm) - 30000  PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
147	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Subclavian aneurysm repair	55000	PTFE graft small (upto 8 mm) - 30000  PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
148	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Axillary aneurysm repair	55000	PTFE graft small (upto 8 mm) - 30000  PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
149	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Brachial artery aneurysm repair	55000	PTFE graft small (upto 8 mm) - 30000  PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
150	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Femoral artery aneurysm repair	55000	PTFE graft small (upto 8 mm ) - 30000  PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
151	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Popliteal artery aneurysm repair	55000	PTFE graft small (upto 8 mm ) - 30000  PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
152	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Femoral - popliteal Bypass	55000	PTFE graft small (upto 8 mm ) - 30000  PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
153	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Axillo - brachial Bypass	55000	PTFE graft small (upto 8 mm ) - 30000  PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
154	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Carotid - carotid Bypass	55000	PTFE graft small (upto 8 mm ) - 30000  PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
155	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Carotid - subclavian artery bypass	55000	PTFE graft small (upto 8 mm ) - 30000  PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance


  
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Sr No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
156	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Carotido - axillary bypass	55000	PTFE graft small (upto 8 mm) - 30000  PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
157	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Axilla - femoral bypass - B/L	55000	PTFE graft small (upto 8 mm) - 30000  PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
158	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Axilla - femoral bypass - B/L	55000	PTFE graft small (upto 8 mm) - 30000  PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
159	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Aorta - carotid bypass	55000	PTFE graft small (upto 8 mm) - 30000  PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
160	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Aorta - subclavian bypass	55000	PTFE graft small (upto 8 mm) - 30000  PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
161	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Patch Graft Angioplasty	55000	PTFE graft small (upto 8 mm) - 30000  PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Seq No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Geet reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insured only / Trust)
162	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Small Arterial Aneurysms - Repair	55000	PTFE graft small (upto 8 mm) - 30000 PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
163	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Medium size arterial aneurysms with synthetic graft	55000	PTFE graft small (upto 8 mm) - 30000 PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
164	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Surgery for Arterial Aneurysm - Vertebral	55000	PTFE graft small (upto 8 mm) - 30000 PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
165	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Surgery for Arterial Aneurysm Renal Artery	55000	PTFE graft small (upto 8 mm) - 30000 PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
166	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Operations for Acquired Arteriovenous Fistula	55000	PTFE graft small (upto 8 mm) - 30000 PTFE Graft Large (more than 8 mm) - 50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
167	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Arterial Surgeries	Congenital Arterio Venous Fistula	55000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
168	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Thromboembolic disease	Peripheral Thromboembolectomy	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
169	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral arterial injury repair (without bypass)	Peripheral arterial injury repair (without bypass)	47000	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
170	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Thoracotomy, Thoraco Abdominal Approach	Thoracotomy, Thoracic Abdominal Approach	45000	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
171	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Lung surgery including Thoracotomy	Lung cyst excision	49500	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
172	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Lung surgery including Thoracotomy	Decortication	49500	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
173	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Lung surgery including Thoracotomy	Hydatid cyst	49500	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
174	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Lung surgery including Thoracotomy	Other single lung procedure excluding lung resection	49500	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
175	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Lung surgery including Thoracotomy	Bronchial Repair Surgery for Injuries due to FI	49500	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
176	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Pulmonary Resection	Pulmonary Resection	72000	No implant		No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
177	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Bronchopleural Fistula	Surgical Correction of Bronchopleural Fistula	71500	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
178	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Space- Occupying Lesion (SOL) mediastinum	Space - Occupying Lesion (SOL) mediastinum	72050	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
179	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Isolated Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy	Isolated Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy	11000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
180	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Diaphragmatic Repair	Diaphragmatic Repair	32960	Mesh - 6 X 3 - Polypropylene - 2000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
181	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgery for Cardiac Tumour	Surgery for Cardiac Tumour	113000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
182	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Immediate reoperation (within 5 days)	Tetralogy of Fallot Repair (immediate re operation)	150000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 18000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Add - On Procedure	No special condition	It can only be booked within 5 days of TDF Repair	No	Insurance
183	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Immediate reoperation (within 5 days)	Aortic valve replacement /repair	156200	Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Tissue Valve - 80000	NA	No	Tertiary	Add - On Procedure	No special condition	It can only be booked within 5 days of Aortic Valve	No	Insurance
184	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Immediate reoperation (within 5 days)	Mitral valve replacement /repair	156200	Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Tissue Valve - 80000 Valve Ring - Mitral - 35000	NA	No	Tertiary	Add - On Procedure	No special condition	It can only be booked within 5 days of Mitral Valve	No	Insurance

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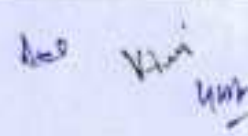



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Seq No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
185	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Immediate reoperation (within 5 days)	Tricuspid valve replacement /repair	156200	Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Tissue Valve - 80000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Add - On Procedure	No special condition	It can only be booked within 5 days of Tricuspid Valve	No	Insurance
186	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Immediate reoperation (within 5 days)	Double valve replacement /repair	142000	Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000		No	Tertiary	Add - On Procedure	No special condition	It can only be booked within 5 days of Double Valve Procedure	No	Insurance
187	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Immediate reoperation (within 5 days)	Triple valve replacement /repair	93500	Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000		No	Tertiary	Add - On Procedure	No special condition	It can only be booked within 5 days of Triple valve procedure	No	Insurance
188	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Low Cardiac Output syndrome requiring IABP insertion post- operatively	Low Cardiac Output syndrome requiring IABP insertion	5000	IABP Catheter - 50000	NA	No	Tertiary	Add - On Procedure	Associated with CABG Need to submit Barcode/ ID number of IABP. Intra-operative use of IABP as a part of operative strategy, not included Incidence - 5% to 7% Scrutiny of Hospitals where incidence is more than twice of prescribed limit	No	No	Insurance
189	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Re-do sternotomy	Re-do sternotomy	22000	No Implant	NA	No	Secondary	Add - On Procedure	No special condition	No	No	Insurance

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 2. 'ym' (likely Y.M.).  
 3. '102/1' (likely a date or reference number).  
 4. A signature starting with 'A'.



Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
190	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Excessive bleeding requiring re-exploration	Excessive bleeding requiring re-exploration	11000	No Implant	NA	No	Secondary	Add - On Procedure	No special condition	No	No	Insurance
191	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Mediastinotomy	Mediastinotomy	29590	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
192	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Pectus excision	Pectus excision	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
193	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Left ventricular aneurysm repair	Left ventricular aneurysm repair	130000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
194	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	CABG + Left ventricular aneurysm repair	CABG + Left ventricular aneurysm repair	143000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
195	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Tracheal repair	Tracheal repair	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
196	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Aortic stenting	Aortic stenting	50000	Stent:350000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
197	GENERAL MEDICINE, PAEDIATRIC MEDICAL MANAGEMENT	Blood component FFP	Blood component FFP - Add on	400	No Implant	NA	No	Secondary	Add - On Procedure / day care	No special condition	No	yes	Insurance
198	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Lung Hydatid Cyst removal	Lung Hydatid Cyst removal	26250	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
199	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery Cardiology	Catheter directed Thrombolysis	For Deep vein thrombosis (DVT)	10000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
200	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, Cardiology	Catheter directed Thrombolysis	For Mesenteric Thrombosis	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
201	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, Cardiology	Catheter directed Thrombolysis	For Peripheral vessels	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
202	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, Cardiology	Temporary Pacemaker implantation	Temporary Pacemaker implantation-Add on	7000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
203	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, Cardiology	Single Chamber Permanent Pacemaker Implantation	Permanent Pacemaker implantation - Single Chamber	64500 (Including MRI compatible single chamber pacemaker-VVIR)	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
204	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, Cardiology	Double Chamber Permanent Pacemaker Implantation	Permanent Pacemaker implantation - Double Chamber	73000	MRI compatible Double Chamber Pacemaker - 75000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
205	GENERAL MEDICINE, PEDIATRIC MEDICAL MANAGEMENT	Blood transfusion	Blood component SIPP- Add on	9000	No Implant	NA	No	Secondary	Add-On Procedure / day care	No special condition	No	yes	Insurance
206	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, Cardiology	Acute thrombosis Systemic Thrombolysis and anticoagulation	Acute thrombosis Systemic Thrombolysis and anticoagulation ( including thrombolytic agent i.e. TPA )	30400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
207	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, Cardiology	Coronary Angiography	Coronary Angiography - govt reserve	5300	No Implant	NA	yes	Secondary	govt reserve / Regular Procedure	No special condition	No	No	Insurance



Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Trust)
200	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, Cardiology	Surgical Correction of Category - II Congenital Heart Disease	Sinus of Valsalva aneurysm repair with aortic valve procedure	132000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 18000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid - 35000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
209	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, Cardiology, General Medicine	Pulmonary thromboembolism	Pulmonary thromboembolism	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
210	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, Cardiology, General Medicine	Peripheral Arterial Thrombosis	Peripheral Arterial Thrombosis	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
211	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, Cardiology, General Medicine	BHD / CAD / Arrhythmia	Arrhythmia	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
212	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, Cardiology, General Medicine	BHD / CAD / Arrhythmia	CAD	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sl. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedures (Insurance/Trust)
213	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, General Surgery, Neurosurgery, Ophthalmology, Oral and Maxillofacial Surgery, Otorhinolaryngology (ENT), Paediatric surgery, Plastic & Reconstructive Surgery, Surgical Oncology, Urology, Burns Management, Cardiology	Extended LOS care pkg for advance surgeries	Extended LOS care pkg for advance surgeries after 8 days (allowed after pre-auth, if justifies max 3 days in single go)	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Add-on Procedure	No special condition	No	No	Insurance
214	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, General Surgery, Paediatric surgery	Rib Resection & Drainage	Rib Resection & Drainage	17300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
215	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, General Surgery, Pulmonology, Paediatric surgery	Intercostal drainage- Add on and Regular	Intercostal drainage	2580 (one time)	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance



No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
216	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, ENT, Neurosurgery, Pediatric Medical Management, Plastic & Reconstructive Surgery, Pulmonology, Surgical Oncology, General Medicine	Tracheostomy / Tracheostomy	Tracheostomy	9500	No implant	NA	No	Secondary	Add - On Procedure	No special condition	No	No	Insurance
217	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, ENT, Neurosurgery, Pediatric Medical Management, Plastic & Reconstructive Surgery, Pulmonology, Surgical Oncology, General Medicine	Tracheostomy / Tracheostomy	Tracheostomy	9500	No implant	NA	No	Secondary	Add - On Procedure	No special condition	No	No	Insurance
218	Emergency Room Packages (Care requiring less than 12 hrs stay)	Laceration - Suturing / Dressing	Laceration - Suturing / Dressing	1800	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
219	Emergency Room Packages (Care requiring less than 12 hrs stay)	Cardiopulmonary emergency	Emergency with unstable cardiopulmonary status with resuscitation	2600	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
220	Emergency Room Packages (Care requiring less than 12 hrs stay)	Acute abdomen	Acute abdomen pain	1000	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
221	Emergency Room Packages (Care requiring less than 12 hrs stay)	Cardiopulmonary emergency	Emergency with stable cardiopulmonary status	2000	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rates	Day Care	Reserved Procedure (Insurance/ Trust)
222	Emergency Room Packages (Care requiring less than 12 hrs stay)	Acute febrile illness / diarrhoea / gastroenteritis/ renal colic / Acute pain in abdomen / Anaemia (including Iron Supplements) / Recurrent vomiting with dehydration - Govt Reserve	Acute febrile illness / diarrhoea / gastroenteritis/ renal colic / Acute pain in abdomen / Anaemia (including Iron Supplements) / Recurrent vomiting with dehydration - Govt Reserve	600	No Implant	No	yes	Secondary	day care	admission upto 12 hour	No	yes	Insurance
223	Emergency Room Packages (Care requiring less than 12 hrs stay), General Surgery, Paediatric surgery, Urology	Emergency management of Acute retention of Urine	Emergency management of Acute retention of Urine	1800	No Implant	1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
224	Emergency Room Packages (Care requiring less than 12 hrs stay), General Surgery, Paediatric surgery, Urology	Emergency management of Hematuria	Emergency management of Hematuria	1800	No Implant	1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
225	Endocrinology	Continuous subcutaneous insulin infusion pump (CSII Pump) and Continuous Glucose monitoring system (CGMS) Installation	CSII Installation including comprehensive training under guidance of Endocrinologist (including implant) - Govt reserve	Rs. 2.5 lac (including implant)	No Implant	NA	yes	Tertiary	Regular PKG	No special condition	No	No	trust mode
226	Endocrinology	Continuous subcutaneous insulin infusion (CSII) Maintenance with pump (Sensor, Infusion set, Insulin and reservoir)	Follow up and maintenance with pump on monthly basis, under guidance of Endocrinologist - Govt reserve	Rs. 12,000 pm (Pump - Rs. 6000 + CGMS - Rs.6000) - including implant	No Implant	NA	yes	Tertiary	Regular PKG	No special condition	No	No	trust mode

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Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
227	Endocrinology	Continuous Glucose monitoring system (CGMS) (Reader and sensor)	Continuous Glucose monitoring system (CGMS) (Reader and sensor) - Govt reserve	Reader Rs. 5000 Sensor Rs. 6000 - Including implant	No Implant	NA	yes	Tertiary	Regular P&L	No special condition	No	No	trust mode
228	Endocrinology	CSII Pump emergencies	CSII Pump emergencies	RS 2000 per day	No Implant	NA	yes	Tertiary	Regular P&L	No special condition	No	No	trust mode
229	Endocrinology, General Medicine, Paediatric Medical Management	Addison's disease	Addison's disease	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward-1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
230	ENT	Pinna surgery for tumour / trauma	Pinna surgery for trauma	8000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
231	ENT	Stapedectomy / tympanotomy - Govt. reserve	Tympanotomy	13000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
232	ENT	Mastoidectomy- Govt reserved	Simple	24000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
232	ENT	Mastoidectomy- Govt reserved	Radical	24000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
234	ENT	Myringotomy with or without Grommet	Unilateral	6000	No Implant	LA - 7600 GA - 12500	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
235	ENT	Myringotomy with or without Grommet	Bilateral	6000	No Implant	LA - 7600 GA - 12500	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
236	ENT	Endoscopic DCR	Endoscopic DCR	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
237	ENT	Epistaxis treatment - packing	Epistaxis treatment - packing ( day care )	2100	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
238	ENT	Ant. Ethmoidal / sphenoplatine artery ligation	Ant. Ethmoidal artery ligation - Open	12000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
239	ENT	Ant. Ethmoidal / sphenoplatine artery ligation	Ant. Ethmoidal artery ligation - Endoscopic	12000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Trust)
240	ENT	Ant. Ethmoidal / sphenopalatine artery ligation	Sphenopalatine artery ligation - Open	12000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
241	ENT	Ant. Ethmoidal / sphenopalatine artery ligation	Sphenopalatine artery ligation - Endoscopic	12000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
242	ENT	Adenoidectomy - Govt reserved	Adenoidectomy	7000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
243	ENT	Microlaryngeal surgery with or without laser	Microlaryngeal surgery with or without laser	17000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
244	Gastroenterology	Parent vessel occlusion - Basic - Govt Reserve	Parent vessel occlusion - Basic	30000	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
245	Gastroenterology	PAIR / percutaneous sclerotherapy for Hydatid cyst	PAIR / percutaneous sclerotherapy for Hydatid cyst	7320	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
246	Gastroenterology	Sigmoidoscopy	Sigmoidoscopy - stand alone	1500	No Implant	NA	No	Secondary	stand-alone	No special condition	No	No	Insurance
247	Gastroenterology	Upper GI Endoscopy	Upper GI Endoscopy - ADD ON	900	No Implant	NA	No	Secondary	Add - On Procedure	No special condition	No	No	Insurance
248	Gastroenterology	Capsule Endoscopy	Capsule Endoscopy - ADD ON	5300	No Implant	NA	No	Secondary	Add - On Procedure	No special condition	No	No	Insurance
249	Gastroenterology	Colonoscopy	Colonoscopy - ADD ON	3000	No Implant	NA	No	Secondary	Add - On Procedure	No special condition	No	No	Insurance
250	Gastroenterology	Endoscopic Glue injection	Endoscopic Glue injection - ADD ON	3000	No Implant	NA	No	Secondary	Add - On Procedure	No special condition	No	No	Insurance
251	Gastroenterology	Endoscopic hemoclip application	Endoscopic hemoclip application - ADD ON	2500	No Implant	NA	No	Secondary	Add - On Procedure	No special condition	No	No	Insurance
252	Gastroenterology	Endoscopic Sclerotherapy	Endoscopic Sclerotherapy - ADD ON	2800	No Implant	NA	No	Secondary	Add - On Procedure	No special condition	No	No	Insurance
253	Gastroenterology	Endoscopic Variceal band ligation (EVL) including band	Endoscopic Variceal band ligation (EVL) including band - ADD ON	2000	No Implant	NA	No	Secondary	Add - On Procedure	No special condition	No	No	Insurance
254	Gastroenterology - General Medicine	Acute severe ulcerative colitis	Acute severe ulcerative colitis	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
255	Gastroenterology, General Medicine	Mesenteric Ischemia	Mesenteric Ischemia	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
256	Gastroenterology, General Medicine	Cholangitis	Cholangitis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
257	Gastroenterology, General Medicine, Paediatric Medical Management	Acute liver failure/Palmonar & Hepatitis	Acute liver failure/Fulminant Hepatitis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
258	Gastroenterology, General Medicine, Paediatric Medical Management	Diarrhoea	Chronic diarrhoea	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
259	Gastroenterology, General Medicine, Paediatric Medical Management	Diarrhoea	Persistent diarrhoea	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
260	Gastroenterology, General Medicine, Paediatric Medical Management	Acute liver failure	Acute liver failure	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance




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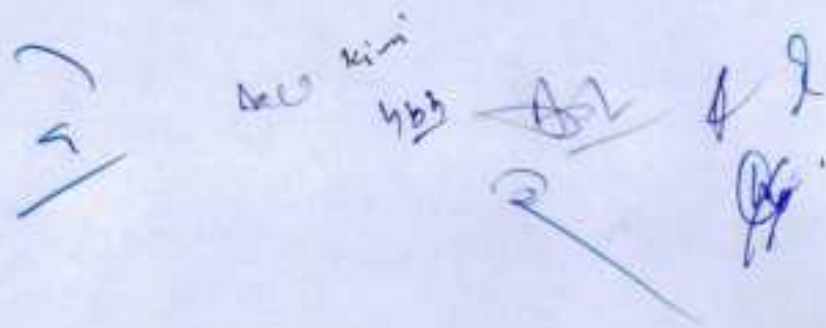
Sr No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Trust)
261	Gastroenterology, General Medicine, Paediatric Medical Management	Oesophageal Varices Banding	Oesophageal Varices Banding	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
262	Gastroenterology, General Medicine, Paediatric Medical Management	Dysentery	Dysentery	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
263	Gastroenterology, General Medicine, Paediatric Medical Management	Acute viral hepatitis	Acute viral hepatitis	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
264	Gastroenterology, General Medicine, Paediatric Medical Management	Chronic Hepatitis	Chronic Hepatitis	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
265	Gastroenterology, General Medicine, Paediatric Medical Management	Liver abscess	Liver abscess	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
266	Gastroenterology, General Medicine, Paediatric Medical Management	Pancreatitis	Acute pancreatitis	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance





Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Trust)
267	Gastroenterology, General Medicine, Paediatric Medical Management	Pancreatitis	Chronic pancreatitis	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
268	Gastroenterology, General Medicine, Paediatric Medical Management	Ascites	Ascites	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
269	Gastroenterology, General Medicine, Paediatric Medical Management	Upper GI bleeding	Upper GI bleeding (conservative)	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
270	Gastroenterology, General Medicine, Paediatric Medical Management	Lower GI hemorrhage	Lower GI hemorrhage	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
271	Gastroenterology, General Medicine, Paediatric Medical Management, Paediatric surgery, General surgery, Surgical Gastroenterology	Intestinal obstruction	Intestinal obstruction	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance


  
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Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification Detail	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Trust)
272	Gastroenterology - General Surgery	Surgical management of Lower GI bleed (inclusive of sigmoidoscopy / colonoscopy) - Colonoscopic management only excluding local perineal conditions	Surgical management of Lower GI bleed (inclusive of sigmoidoscopy / colonoscopy) - Colonoscopic management only excluding local perineal conditions	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
273	Gastroenterology - General Surgery, Surgical Gastroenterology	ERCP	ERCP	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
274	Gastroenterology - General Surgery, Surgical Gastroenterology	ERCP	ERCP + Stenting/Stone removal	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
275	Gastroenterology - Paediatric Medical Management, General Medicine	Acute secretory severe pancreatitis	Acute necrotizing severe pancreatitis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
276	Gastroenterology - Paediatric surgery	PORTAL HYPERTENSION	NON-STENTS	45000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
277	General Medicine	Severe Anemia (Thalassemia)	Admission for Packed cell blood transfusion (Daycare / Mac. of One day) including 15 days Iron chelation Medicine (Deferasirox) on discharge and routine investigation -CBC (including hemoglobin, DLC, TLC, platelet count etc) LFT, RFT, Urine protein, for Serron - during first admission and then 3 monthly.	1500	No Implant	No	No	Secondary	Regular Procedure	Only booked at the time of 1st admission and then after completion of 3 months, in between this package can not be booked	Yes	No	Insurance









Sr.N n	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
278	General Medicine	Severe Anemia (Thalassemia)	Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days Iron chelation Medicine(Deferasirox) on discharge and routine investigation-CBC (including hemoglobin, DLC, TLC, platelet count etc)- 15 days once	1500	No Implant	No	No	Secondary	Regular Procedure	Can only be booked after 15 days of use on any other package for thalassemia. After using this package it can not be booked again in next 30 days.	Yes	No	Insurance
279	General Medicine	Severe Anemia (Thalassemia)	Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days Iron chelation Medicine(Deferasirox) on discharge and routine investigation - CBC, (including hemoglobin, DLC, TLC, platelet count etc) LFT, KFT, Urine Protein - 1 monthly once	1500	No Implant	No	No	Secondary	Regular Procedure	After using this package it can not be booked again in the next 30 days.	Yes	No	Insurance
280	General Medicine	Severe Anemia (Thalassemia)	Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days Iron chelation Medicine(Deteriprone) on discharge and routine investigation -CBC (including hemoglobin, DLC, TLC, platelet count etc) LFT, KFT, Urine protein, S- ferritin - during first admission and then 3 monthly.	1500	No Implant	No	No	Secondary	Regular Procedure	Only booked at the time of 1st admission and then after completion of 3 months, in between this package can not be booked.	Yes	No	Insurance
281	General Medicine	Severe Anemia (Thalassemia)	Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days Iron chelation Medicine(Deteriprone) on discharge and routine investigation-CBC (including hemoglobin, DLC, TLC, platelet count etc)- 15 days once	1500	No Implant	No	No	Secondary	Regular Procedure	Can only be booked after 15 days of use on any other package for thalassemia. After using this package it can not be booked again in next 30 days.	Yes	No	Insurance

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Sr No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Trust)
282	General Medicine	Severe Anemia (Thalassemia)	Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days of Iron chelation Medicine(Deferiprone) on discharge and routine investigation -CBC (Including hemoglobin, DLC, TLC, platelet count etc), LFT, RFT, Urine Protein - 1 monthly once	1500	No implant	No	No	Secondary	Regular Procedure	After using this package it can not be booked again in next 30 days.	Yes	No	Insurance
283	General Medicine	Gout	Gout	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
284	General Medicine	cerebral herniation	cerebral herniation	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular PKG	No special condition	No	No	Insurance
285	General Medicine	Cerebral Sinus Venous thrombosis	Cerebral Sinus Venous thrombosis	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular PKG	No special condition	No	No	Insurance
286	General Medicine	CHD /RHD	CHD /RHD	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular PKG	No special condition	No	No	Insurance

Handwritten notes and signatures:

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- Signature: *Kimi*
- Signature: *A. Yash*
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Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
287	General Medicine	Acute hyperkalemia / Acute worsening in renal metabolic and neuro- degenerative conditions	Acute hyperkalemia/ Acute worsening in renal metabolic and neurodegenerative conditions	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular PKG	No special condition	No	No	Insurance
288	General Medicine	Diabetic Foot - Govt reserved	Diabetic Foot - Conservative management	Routine Ward- 1800	No Implant	Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
289	General Medicine, Interventional Radiology, medical oncology, Surgical Oncology	Bone marrow aspiration of biopsy	Bone marrow aspiration of biopsy	1000	No Implant	NA	No	Secondary	Add - On Procedure / day care	No special condition	No	yes	Insurance
290	General Medicine, medical oncology, Obstetrics & Gynaecology, Paediatric Medical Management	Severe anemia	Severe anemia	Routine Ward- 1800	No Implant	Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
291	General Medicine, medical oncology, Paediatric Medical Management	Sickle cell Anemia - Govt. reserve	Sickle cell Anemia	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
292	General Medicine, medical oncology, Paediatric Medical Management	Platelet phoresis	Platelet phoresis	11000	No Implant	NA	No	Secondary	Add - On Procedure / day care	No special condition	No	yes	Insurance
293	General Medicine, medical oncology, Paediatric Medical Management	SEVERE ANEMIA IN CHILDREN	Iron deficiency anemia	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
294	General Medicine, medical oncology, Paediatric Medical Management, pediatric Nephrology	Plasmapheresis	Plasmapheresis	8000	No Implant	NA	No	Secondary	Add - On Procedure / day care	No special condition	No	yes	Insurance

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Se.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserved	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
295	General Medicine, Mental Disorders Packages, Paediatric Medical Management	Immune mediated CNS disorders	Immune mediated CNS disorders	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
296	General Medicine, Nephrology, Paediatric Medical Management	Acute glomerulonephrit is	Acute glomerulonephritis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
297	General Medicine, Nephrology, Paediatric Medical Management	NEPHROTIC SYNDROME	Nephrotic syndrome with peritonitis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
298	General Medicine, Nephrology, Paediatric Medical Management	NEPHROTIC SYNDROME	Steroid dependent or resistant	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
299	General Medicine, Nephrology, Paediatric Medical Management	NEPHROTIC SYNDROME	Uncomplicated steroid sensitive	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
300	General Medicine, Nephrology, Paediatric Medical Management, pediat ric Nephrology	Haemodialysis / Peritoneal Dialysis	Acute Haemodialysis	1500	10g Erythropoietin 4000IU-300 / 1u Erythropoietin 2000IU-150 / 1u	NA	No	Tertiary	Day care /add on	Package cost of one session	upto 8 mg EPO is allowed in a month	yes	Insurance
301	General Medicine, Nephrology, Paediatric Medical Management, pediat ric Nephrology	Haemodialysis / Peritoneal Dialysis	Chronic Haemodialysis	1500	1u Erythropoietin 4000IU-300 / 1u Erythropoietin 2000IU-150 / 1u	NA	No	Tertiary	Day care /add on	Package cost of one session	upto 8 mg EPO is allowed in a month	yes	Insurance

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Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
308	General Medicine, Neurology	Autoimmune encephalitis	Autoimmune encephalitis - Plasmapheresis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
309	General Medicine, Neurology	Acute hemorrhagic stroke- Hematoma evacuation	Acute hemorrhagic stroke- Hematoma evacuation	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
310	General Medicine, Neurology	Acute hemorrhagic stroke- (Extra ventricular drainage)	Acute hemorrhagic stroke- Extra ventricular drainage	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
311	General Medicine, Neurology	ACUTE ENCEPHALOPAT HY	Acute Febrile encephalopathy	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
312	General Medicine, Neurology	ACUTE ENCEPHALOPAT HY	Acute Disseminated Encephalomyelitis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
313	General Medicine, Neurology, Paediatric Medical Management	Inflammatory Myopathy/ Myasthenic Crisis	Inflammatory Myopathy/ Myasthenic Crisis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance



Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
314	General Medicine, Neurology, Paediatric Medical Management	Guillain Barre syndrome	Guillain Barre syndrome (Plasmapheresis)	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
315	General Medicine, Neurology, Paediatric Medical Management	Drug resistant epilepsy	Drug resistant epilepsy	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
316	General Medicine, Neurology, Paediatric Medical Management	Viral Encephalitis	Viral Encephalitis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
317	General Medicine, Neurology, Paediatric Medical Management	Neuromuscular Disorders / DYS	Neuromuscular Disorders	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
318	General Medicine, Neurology, Paediatric Medical Management	Guillain Barre syndrome	Guillain Barre syndrome (IVIG)	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
319	General Medicine, Neurology, Paediatric Medical Management	Pyogenic Meningitis	Pyogenic Meningitis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
320	General Medicine, Neurology, Paediatric Medical Management	Fungal Meningitis	Fungal Meningitis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
321	General Medicine, Neurology, Paediatric Medical Management	Autoimmune encephalitis (ADE)	Autoimmune encephalitis - immunoglobulin (IVI)	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
322	General Medicine, Neurology, Paediatric Medical Management	Tuberculous meningitis (Hydrocephalus - VP SHUNT/ EVD/Omaya)	Tuberculous meningitis (Hydrocephalus - VP SHUNT/ EVD/Omaya)	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
323	General Medicine, Neurology, Paediatric Medical Management	ACUTE ENCEPHALOPAT HY	Hypertensive/metabolic/he patic encephalopathy	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
324	General Medicine, Neurology, Paediatric Medical Management	ACUTE INFECTIOUS MENINGITIS AND MENINGOENCEP HALITIS	Acute meningitis encephalitis pyogenic	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
325	General Medicine, Neurology, Paediatric Medical Management	ACUTE INFECTIOUS MENINGITIS AND MENINGOENCEP HALITIS	Aseptic meningitis tubercular	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sl. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Conditions	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
326	General Medicine, Neurology, Paediatric Medical Management	ACUTE INFECTIOUS MENINGITIS AND MENINGOENCEP HALITIS	Febrile encephalopathy fungal	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
327	General Medicine, Neurology, Paediatric Medical Management	ACUTE INFECTIOUS MENINGITIS AND MENINGOENCEP HALITIS	Hypertensive encephalopathy viral	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
328	General Medicine, Neurology, Paediatric Medical Management	ACUTE INFECTIOUS MENINGITIS AND MENINGOENCEP HALITIS	Metabolic encephalopathy parasitic	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
329	General Medicine, Neurology, Paediatric Medical Management	ACUTE INFECTIOUS MENINGITIS AND MENINGOENCEP HALITIS	Brain abscess/Intracranial abscess/ Aseptic meningitis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
330	General Medicine, Neurology, Paediatric Medical Management	Meningitis	Chronic meningitis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
331	General Medicine, Neurology, Paediatric Medical Management	Meningitis	Partially treated pyogenic meningitis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedures (Insurance/ Trust)
332	General Medicine, Neurology, Paediatric Medical Management	Meningitis	Neuro tuberculosis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
333	General Medicine, Neurology, Paediatric Medical Management	Meningitis	Complicated bacterial meningitis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
334	General Medicine, Neurology, Paediatric Medical Management	Meningitis	Acute meningitis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
335	General Medicine, Neurology, Paediatric Medical Management	Medical Management for Raised intracranial pressure	Raised ICP due to neuro surgical procedures/due to trauma/malignancies/ meningo-encephalitis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular PKG	No special condition	No	No	Insurance
336	General Medicine, Neurology, Paediatric Medical Management	INTRACRANIAL SPACE OCCUPYING LESIONS	Intracranial hemorrhage	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
337	General Medicine, Neurology, Paediatric Medical Management	INTRACRANIAL SPACE OCCUPYING LESIONS	Intracranial space occupying lesion tuberculoma.	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
338	General Medicine, Neurology, Paediatric Medical Management	INTRACRANIAL SPACE OCCUPYING LESIONS	neocysticercosis, brain tumours	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
339	General Medicine, Neurology, Neurosurgery, Pulma- nary medicine, Paediatric Medical Management	Lumbar puncture- Add- on	Lumbar puncture	250	No Implant	NA	No	Secondary	Add - On Procedure	No special condition	No	No	Insurance
340	General Medicine, Neurology, Paediatric Medical Management	Moyamoya	Moyamoya	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
341	General Medicine, Ophthalmology, Paediatric Medical Management	Optic neuritis	Optic neuritis	Routine Ward- 1800	No Implant	Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
342	General Medicine, Otorhinolaryngology (ENT), Pulmonology	Fibreoptic bronchoscopy (FOB) - Day care / Regular	Bronchoscopy	2500	No Implant	For foreign body removal-2430 & Video Bronchoscopy 8500	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
343	General Medicine, Paediatric Medical Management	Treatment of systemic fungal infections	Treatment of systemic fungal infections	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
344	General Medicine, Paediatric Medical Management	Malaria	Malaria	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sl. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
345	General Medicine, Paediatric Medical Management	Malaria	Complicated malaria	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
346	General Medicine, Paediatric Medical Management	Dengue fever	Dengue fever	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
347	General Medicine, Paediatric Medical Management	Dengue fever	Dengue hemorrhagic fever	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
348	General Medicine, Paediatric Medical Management	Dengue fever	Dengue shock syndrome	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
349	General Medicine, Paediatric Medical Management	Chikungunya fever	Chikungunya fever	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
350	General Medicine, Paediatric Medical Management	Enteric fever	Enteric fever	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
351	General Medicine, Paediatric Medical Management	HIV with complications	HIV with complications	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
352	General Medicine, Paediatric Medical Management	Leptospirosis	Leptospirosis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
353	General Medicine, Paediatric Medical Management	Septic Arthritis	Septic Arthritis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
354	General Medicine, Paediatric Medical Management	Skin and soft tissue infections	Skin and soft tissue infections	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
355	General Medicine, Paediatric Medical Management	Pyrexia of unknown origin	Pyrexia of unknown origin	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
356	General Medicine, Paediatric Medical Management	Hydrocephalus	Hydrocephalus	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedures (Insurance/ Trust)
357	General Medicine, Paediatric Medical Management	Electrolyte Imbalance	Hypocalcemia	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
358	General Medicine, Paediatric Medical Management	Hyperosmolar Non-Ketotic coma	Hyperosmolar Non-Ketotic coma	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
359	General Medicine, Paediatric Medical Management	Snake bite	Snake bite	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
360	General Medicine, Paediatric Medical Management	Poisoning	Acute organophosphorus poisoning	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
361	General Medicine, Paediatric Medical Management	Poisoning	Other poisonings	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
362	General Medicine, Paediatric Medical Management	Juvenile myasthenia	Juvenile myasthenia- requiring admission for work-up or in-patient care	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
363	General Medicine, Paediatric Medical Management	Acute urticaria / Anaphylaxis	Acute urticaria/anaphylaxis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
364	General Medicine, Paediatric Medical Management	Acute urticaria / Anaphylaxis	Steven Johnson syndrome	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
365	General Medicine, Paediatric Medical Management	Celiac disease	Celiac disease-requiring admission for Work Up and/or in-patient management	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
366	General Medicine, Paediatric Medical Management	Unexplained hepatosplenomegaly	Unexplained hepatosplenomegaly- requiring admission for Work Up and/or in-patient management	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
367	General Medicine, Paediatric Medical Management	Neonatal/ Infantile cholestasis	Neonatal/infantile cholestasis / Choledochal cysts	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
368	General Medicine, Paediatric Medical Management	Haemolytic uremic syndrome	Haemolytic uremic syndrome	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance



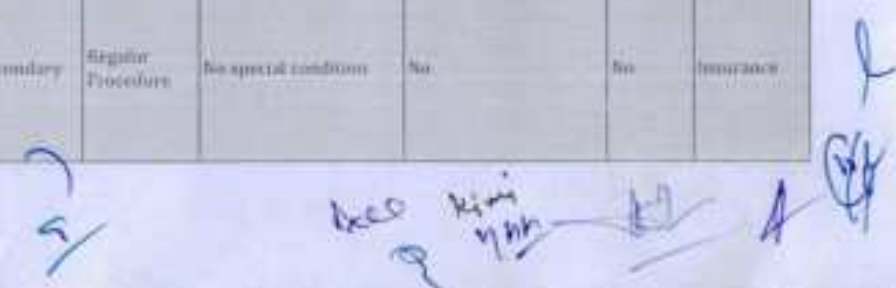

SGN	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
369	General Medicine, Paediatric Medical Management	Cyanotic spells	Cyanotic spells without CHD	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
370	General Medicine, Paediatric Medical Management	Cyanotic spells	Cyanotic spells with CHD	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
371	General Medicine, Paediatric Medical Management	Idiopathic Thrombocytopenic Purpura	Idiopathic Thrombocytopenic Purpura	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
372	General Medicine, Paediatric Medical Management	Kawasaki Disease	Kawasaki Disease	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
373	General Medicine, Paediatric Medical Management	Croup syndrome	Acute laryngotracheobronchitis/ Acute epiglottitis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
374	General Medicine, Paediatric Medical Management	Hemostatic Disorders - Govt reserved	Hemophilia	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	package can be booked other than Factor use	No	Insurance

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Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
375	General Medicine, Paediatric Medical Management	Hemostatic Disorders - Govt reserved	Platelet disorders	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
376	General Medicine, Paediatric Medical Management	Tetanus	Tetanus	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular PKG	No special condition	No	No	Insurance
377	General Medicine, Paediatric Medical Management	Scrub Typhus	Scrub Typhus	Routine Ward- 1800	No Implant	Routine Ward-1800	No	Secondary	Regular PKG	No special condition	No	No	Insurance
378	General Medicine, Paediatric Medical Management	Electrolyte Imbalance	Hypohalaemia	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
379	General Medicine, Paediatric Medical Management	Accelerated hypertension	Accelerated hypertension	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
380	General Medicine, Paediatric Medical Management	Hypertensive emergencies	Hypertensive emergencies	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
381	General Medicine, Paediatric Medical Management, Nephrology-pediatric & Nephrology	Severe sepsis	Severe sepsis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance



Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rates	Day Care	Reserved Procedure (Insurance/ Trust)
302	General Medicine, Paediatric Medical Management, Nephrology, pediatric Nephrology	Severe sepsis	Septic shock	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
303	General Medicine, Paediatric Medical Management, Cardiology	Endocarditis	Bacterial Endocarditis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
304	General Medicine, Paediatric Medical Management, Cardiology	Endocarditis	Fungal Endocarditis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
305	General Medicine, Paediatric Medical Management, Gastroenterology	Acute gastroenteritis with dehydration	Acute gastroenteritis with moderate dehydration	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
306	General Medicine, Paediatric Medical Management, Gastroenterology	Acute gastroenteritis with dehydration	Acute gastroenteritis with severe dehydration	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
307	General Medicine, Paediatric Medical Management, Nephrology, Paediatric Nephrology, Clinical Immunology and Rheumatology	Systemic lupus erythematosus	Systemic lupus erythematosus (SLE)/ Diffuse alveolar hemorrhage associated with SLE	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserves	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
388	General Medicine, Paediatric Medical Management, pediatric Nephrology	Electrolyte imbalance	Hyponatremia	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
389	General Medicine, Paediatric Medical Management, pediatric Nephrology	Electrolyte imbalance	Hypernatremia	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
390	General Medicine, Paediatric Medical Management, pediatric Nephrology	Electrolyte imbalance	Hyperkalaemia	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
391	General Medicine, Paediatric Medical Management, Endocrinology	Thyroid crisis	Thyrotoxic crisis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
392	General Medicine, Paediatric Medical Management, Endocrinology	Hypoglycemia	Hypoglycemia	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
393	General Medicine, Paediatric Medical Management, Endocrinology	Diabetic ketoadidosis	Diabetic ketoacidosis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
394	General Medicine, Paediatric Medical Management, Pulmonology	Pericardial tuberculosis	Pericardial tuberculosis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
395	General Medicine, Paediatric Medical Management, Pulmonology	Pleural tuberculosis	Pleural tuberculosis / other tuberculosis (any organ)	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
396	General Medicine, Paediatric Medical Management, Cardio- logy	Atrial Fibrillation	Atrial Fibrillation	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
397	General Medicine, Paediatric Medical Management, Clinical Immunology and Rheumatology	Severe/Refractory Vasculitis	Severe/Refractory Vasculitis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
398	General Medicine, Paediatric Medical Management, Clinical Immunology and Rheumatology	Vasculitis	Vasculitis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
399	General Medicine, Paediatric Medical Management, Endo- crinology	Myxedema coma	Myxedema coma	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance



Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
400	General Medicine, Paediatric Medical Management,Gastro enterology	Recurrent vomiting with dehydration	Recurrent vomiting with dehydration	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
401	General Medicine, Paediatric Medical Management,pediat ric Nephrology	Acute febrile illness	Acute febrile illness	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
402	General Medicine, Paediatric Medical Management,pediat ric Nephrology	Renal colic	Renal colic	Routine Ward- 1800	No Implant	Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
403	General Medicine, Paediatric Medical Management,pediat ric Nephrology	Electrolyte imbalance	Hypocalcemia	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
404	General Medicine, Paediatric Medical Management,Pulmo nology	Diffuse alveolar Hemorrhage Associated with SLE/Vasculitis/G P Syndrome	Diffuse alveolar Hemorrhage Associated with SLE/Vasculitis/GP Syndrome	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
405	General Medicine, Palliative medicine	Joint Aspiration	Joint Aspiration	150	No Implant	NA	No	Secondary	Add-On Procedure	No special condition	No	No	Insurance
406	General Medicine, Pulmonology	Palliative care management of Breathlessness in advanced cancers and chronic respiratory diseases- Conservative management	Palliative Management of Breathlessness	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance Trust)
407	General Medicine, Pulmonology, Paediatric Medical Management	Pleural Effusion	Pleural Effusion	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
408	General Medicine, Pulmonology, Paediatric Medical Management	Pneumonia	Pneumonia	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
409	General Medicine, Pulmonology, Paediatric Medical Management	Severe pneumonia	Pneumonia	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
410	General Medicine, Pulmonology, Paediatric Medical Management	Empyema	Empyema	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
411	General Medicine, Pulmonology, Paediatric Medical Management	Lung abscess	Lung abscess	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
412	General Medicine, Pulmonology, Paediatric Medical Management	Bronchiectasis	Bronchiectasis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
413	General Medicine, Pulmonology, Paediatric Medical Management	Acute bronchitis	Acute bronchitis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
414	General Medicine, Pulmonology, Paediatric Medical Management	Acute exacerbation of COPD	Acute exacerbation of COPD	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
415	General Medicine, Pulmonology, Paediatric Medical Management	Acute exacerbation of Interstitial Lung Disease	Acute exacerbation of Interstitial Lung Disease	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
416	General Medicine, Pulmonology, Paediatric Medical Management	Asthma	Acute asthmatic attack	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
417	General Medicine, Pulmonology, Paediatric Medical Management	Asthma	Status asthmaticus	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
418	General Medicine, Pulmonology, Paediatric Medical Management	Respiratory failure	Type I respiratory failure	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
419	General Medicine, Pulmonology, Paediatric Medical Management	Respiratory failure	Type 2 respiratory failure	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
420	General Medicine, Pulmonology, Paediatric Medical Management	Respiratory failure	Due to any cause (pneumonia, asthma, COPD, ARDS, foreign body, poisoning, head injury etc.)	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
421	General Medicine, Pulmonology, Paediatric Medical Management	Pneumothorax	Pneumothorax	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
422	General Medicine, Pulmonology, Cardiology	Pulmonary Thromboembolism (including thrombolytic Therapy)	Pulmonary Thromboembolism - Add on	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
423	General Medicine, Endocrinolo gy	Diabetic Foot	Diabetic Foot - debridement	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
424	General Medicine, Gastroente rology	Alcoholic Liver Disease	Alcoholic Liver Disease	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
425	General Medicine, Nephrology, paediatric Nephrology	AKI / Renal failure	AKI / Renal failure	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	Dialysis payable separately as an add-on package	No	No	Insurance
426	General Medicine, Neurology, Paediatric Medical Management	Acute Ischemic Stroke	Acute Ischemic Stroke	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
427	General Medicine, Neurology, Paediatric Medical Management	Acute transverse myelitis/ Acute demyelinating encephalitis	Acute transverse myelitis/ Acute demyelinating encephalitis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
428	General Medicine, Neurology, Paediatric Medical Management	Myasthenic crisis (IVIG)	Myasthenic crisis - immunoglobulins (IVIG)	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
429	General Medicine, Neurology, Paediatric Medical Management	Myasthenic crisis (Plasmapheresis)	Myasthenic crisis - Plasmapheresis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
430	General Medicine, Paediatric Medical Management	Hyberbilirubine mia	Hyberbilirubemia	Routine Ward- 1800	No Implant	Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
431	General Surgery	Exploratory laparotomy I / b diversion stoma / bypass	Exploratory laparotomy I / b diversion stoma	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
432	General Surgery	Exploratory laparotomy I / b diversion stoma / bypass	Exploratory laparotomy I / b diversion bypass	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
433	General Surgery	Mide Excision	Mide Excision	2000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
434	General Surgery	Neurofibroma Excision under LA	Neurofibroma Excision under LA	2000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
435	General Surgery	Ingrowing Toe Nail (day care)	Ingrowing Toe Nail (day care)	1300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
436	General Surgery	Procedure for Fissure in Ano - Govt. reserve	Procedure for Fissure in Ano - Govt. reserve	8600	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
437	General Surgery	Hemorrhoidecto- my - Govt. reserve	without Stapler	12000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
438	General Surgery	Management of Pilonidal Sinus	Management of Pilonidal Sinus	5625	No Implant	LA - 5625 GA - 14125	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
439	General Surgery	Excision of Sinus and Gorellaps	Excision of Sinus and Gorellaps	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
440	General Surgery	Excision of cyst / Sebaceous Cysts over scrotum	Single Cyst	1500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
441	General Surgery	Excision of cyst / Sebaceous Cysts over scrotum	Multiple Cysts	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
442	General Surgery	Excision Filarial Scrotum	Excision Filarial Scrotum	8000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
443	General Surgery	Excision Mammary Fistula	Excision Mammary Fistula	12000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
444	General Surgery	Debridement of Ulcer	Debridement of Ulcer	3850	No Implant	LA - 5000 GA - 10100	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
445	General Surgery	Lymphatics Excision of Subcutaneous Tissues In Lymphoedema	Lymphatics Excision of Subcutaneous Tissues In Lymphoedema	13000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
446	General Surgery	Management of Varicose Veins	Management of Varicose Veins-Operative management	15730	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
447	General Surgery	Management of Varicose Veins	Minor sclerotherapy	3000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
448	General Surgery	Necrotizing fascitis / Fournier Gangrene	Necrotizing fascitis / Fournier Gangrene	11000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
449	General Surgery	Carcinoma	Carcinoma	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance





Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
450	General Surgery	Repair of Renal Artery Stenosis	Repair of Renal Artery Stenosis	60000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
451	General Surgery, Neurosurgery, Obstetrics & Gynaecology, Paediatric surgery, Plastic & Reconstructive Surgery, Surgical Oncology, Urology, Burns Management, Oral and Maxillofacial Surgery, Otorhinolaryngology (ENT)	Conservative Management	Conservative Management - stand alone	Routine Ward- 1800	No Implant	Routine Ward-1800	No	Secondary	stand-alone	No special condition	No	No	Insurance
452	General Surgery, Neurosurgery, Orthopaedics, Podiatry	Plexus injury along with Vascular injury repair / graft	Plexus injury along with Vascular injury graft	60000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
453	General Surgery, Obstetrics & Gynaecology	Vaginal repair for vesico- vaginal fistula (Repair for VVF)	Vaginal repair for vesico- vaginal fistula (Open)	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
454	General Surgery, Obstetrics & Gynaecology, Paediatric surgery, Surgical Oncology, Urology	Closure of Burst Abdomen	Closure of Burst Abdomen	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
455	General Surgery, Obstetrics & Gynaecology, Surgical Oncology	Diagnostic laparoscopy - Govt Reserve	Diagnostic laparoscopy	10400	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
456	General Surgery, Obstetrics & Gynaecology, Surgical Oncology	Diagnostic Hystero - Laparoscopy with/ without Chromopertubation	Diagnostic Hystero - Laparoscopy with/ without Chromopertubation	12000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
457	General Surgery, Otorhinolaryngology (ENT), Radiation Oncology, Surgical Oncology	GA / EEA separate add on package	GA / EEA separate add on package	3000	No Implant	NA	No	Secondary	Add - On Procedure	No special condition	No	No	Insurance

Sr.No	Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
458	General Surgery, Oral and Maxillofacial Surgery, Otorhinolaryngology (ENT), Paediatric surgery, Surgical Oncology, Plastic & Reconstructive Surgery	Tracheostomy Closure	Tracheostomy Closure	2000	No Implant	NA	No	Secondary	Regular PKG/add on	No special condition	No	No	Insurance
459	General Surgery, Oral and Maxillofacial Surgery, Otorhinolaryngology (ENT), Surgical Oncology	Radical Neck Dissection	Radical Neck Dissection	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
460	General Surgery, Oral and Maxillofacial Surgery, Paediatric surgery, Surgical Oncology	Complete Excision of Growth from Tongue only (inclusive of Histopathology)	Complete Excision of Growth from Tongue only (inclusive of Histopathology)	14300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
461	General Surgery, Oral and Maxillofacial Surgery, Plastic & Reconstructive Surgery, Surgical Oncology	Extender Operation (lip)	Extender Operation (lip)	14000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
462	General Surgery, Oral and Maxillofacial Surgery, Surgical Oncology, ENT	Excision of Growth from Tongue with neck node dissection	Excision of Growth from Tongue with neck node dissection	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
463	General Surgery, Oral and Maxillofacial Surgery, Surgical Oncology, ENT	Lipoma / Cyst / other cutaneous swellings Excision	Lipoma Excision	1500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
464	General Surgery, Oral and Maxillofacial Surgery, Surgical Oncology, ENT	Lipoma / Cyst / other cutaneous swellings Excision	Cyst Excision	1500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
465	General Surgery, Oral and Maxillofacial Surgery, Surgical Oncology, ENT	Lipoma / Cyst / other cutaneous swellings Excision	Other cutaneous swellings Excision	1500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr.N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
466	General Surgery, Orthopaedics, Plastic & Reconstructive Surgery	NPWT	NPWT	1650	No Implant	NA	No	Secondary	Add - On Procedure	No special condition	No	No	Insurance
467	General Surgery, Orthopaedics, Polytrauma	Management of Chest injury with fracture of Long bone	Management of Chest injury with fixation of Single Long bone	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
468	General Surgery, Orthopaedics, Polytrauma	Management of Chest injury with fracture of Long bone	Management of Chest injury with fixation of 2 or more Long bones	33000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
469	General Surgery, Orthopaedics, Polytrauma	Management of Visceral injury and fracture long bone	Surgical intervention for Visceral injury and fixation of fracture of single long bone	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
470	General Surgery, Orthopaedics, Polytrauma	Management of Visceral injury and fracture long bone	Surgical intervention for Visceral injury and fixation of fracture of 2 or more long bones	45000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
471	General Surgery, Otorhinolaryngology (ENT)	Branchial sinus excision	Branchial sinus excision	15300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
472	General Surgery, Otorhinolaryngology (ENT)	Surgical removal of Branchial Cyst/Sinus	Surgical removal of Branchial Cyst/Sinus	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
473	General Surgery, Otorhinolaryngology (ENT)	Thyroglossal / Branchial cyst / sinus / fistula excision	Branchial sinus excision	15300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
474	General Surgery, Otorhinolaryngology (ENT)	Thyroglossal / Branchial cyst / sinus / fistula excision	Branchial fistula excision	15300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
475	General Surgery, Otorhinolaryngology (ENT), Pediatric surgery	Foreign Body Removal	Foreign Body Removal	5200	No Implant	LA - 7000 CA - 10000	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
476	General Surgery, Otorhinolaryngology (ENT), Pediatric surgery	Deep neck abscess drainage/ Post trauma neck exploration	Deep neck abscess drainage	16000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

Sr.N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
477	General Surgery, Otorhinolaryngolog y (ENT), Paediatric surgery	Deep neck abscess drainage/ Post trauma neck exploration	Post trauma neck exploration	16000	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
478	General Surgery, Otorhinolaryngolog y (ENT), Surgical Oncology	Thyroidectomy	Hemi thyroidectomy	20000	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
479	General Surgery, Otorhinolaryngolog y (ENT), Surgical Oncology	Thyroidectomy	Total thyroidectomy	22000	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
480	General Surgery, Otorhinolaryngolog y (ENT), Surgical Oncology	Thyroidectomy	Total Thyroidectomy with Block Dissection	26000	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
481	General Surgery, Otorhinolaryngolog y (ENT), Surgical Oncology	Parotidectomy	Total Parotidectomy	28000	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
482	General Surgery, Otorhinolaryngolog y (ENT), Surgical Oncology	Parotidectomy	Superficial Parotidectomy	23000	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
483	General Surgery, Otorhinolaryngolog y (ENT), Surgical Oncology	Neck dissection	Selective Benign neck tumour excision	18000	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
484	General Surgery, Otorhinolaryngolog y (ENT), Surgical Oncology	Neck dissection	Comprehensive Benign neck tumour excision	18000	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
485	General Surgery, Otorhinolaryngolog y (ENT), Surgical Oncology	Neck dissection	Selective Pharyngeal diverticulum excision	18000	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
486	General Surgery, Otorhinolaryngolog y (ENT), Surgical Oncology	Neck dissection	Comprehensive Pharyngeal diverticulum excision	18000	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
487	General Surgery, Paediatric surgery	Pyloroplasty	Pyloroplasty	14300	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
488	General Surgery, Paediatric surgery	Pyloromyotomy	Pyloromyotomy	27000	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
489	General Surgery, Paediatric surgery	Epithymal Excision under GA - G.O.C. excision	Epithymal Excision under GA	2000	No implant	NA	Yes	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sl No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
490	General Surgery, Paediatric surgery	Congenital Atresia & Stenosis of Small Intestine	Congenital Atresia & Stenosis of Small Intestine/ large Intestine	26000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
491	General Surgery, Paediatric surgery	Appendicectomy	Lap. Appendicectomy	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
492	General Surgery, Paediatric surgery	Operative Cholecystectomy	Operative Cholecystectomy- Open	11250	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
493	General Surgery, Paediatric surgery	Operative Cholecystectomy	Operative Cholecystectomy- Lap	11250	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
494	General Surgery, Paediatric surgery	Groin Hernia Repair - Govt. reserve	Groin Hernia Repair Obturator - Lap.	21700	Mesh 15X15-2000 Max :2	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
495	General Surgery, Paediatric surgery	Epididymal Cyst / Nodule Excision - Govt. reserve	Epididymal Cyst excision	4600	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
496	General Surgery, Paediatric surgery	Epididymal Cyst / Nodule Excision - Govt. reserve	Epididymal Nodule excision	4600	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
497	General Surgery, Paediatric surgery	Decontication (Pneumotomy)	Decontication (Pneumotomy)	13000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
498	General Surgery, Paediatric surgery	Thoracoscopic Segmental Resection	Thoracoscopic Segmental Resection	26000	Linear Cutter cartridges- 3000/cutridge open max-3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
499	General Surgery, Paediatric surgery	Anti GERD Surgery	Anti GERD Surgery	21375	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
500	General Surgery, Paediatric surgery	Hernia & Hydrocele - Govt. reserve	Hernia & Hydrocele	11000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
501	General Surgery, Paediatric surgery	Foreign Body Removal with scope	Foreign Body Removal with scope	11000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
502	General Surgery, Paediatric surgery, Surgical Oncology	Oorchidectomy - Govt. reserve	Oorchidectomy	11200	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
503	General Surgery, Paediatric surgery, Surgical Oncology, Surgical Endocrinology	Distal Pancreatotomy + Splenectomy	Distal Pancreatotomy + Splenectomy	52100	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
504	General Surgery, Paediatric surgery, Surgical Oncology,Surgical Gastroenterology	Closure of stoma	Closure of stoma	15950	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
505	General Surgery, Paediatric surgery, Urology	Diverticulectomy	Excision Meckel's Diverticulum	16875	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
506	General Surgery, Paediatric Surgery	Operative Gastrostomy	Operative Gastrostomy	20000	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
507	General Surgery, Paediatric Surgery	Sympathectomy	Sympathectomy-Bilateral (R/L)	21000	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
508	General Surgery, Paediatric Surgery	Operative drainage of Appendicular Abscess	Operative drainage of Appendicular Abscess	13000	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
509	General Surgery, Paediatric Surgery	Sympathectomy	Sympathectomy-Unilateral (U/L)	15000	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
510	General Surgery, Paediatric Surgery	Thoracoplasty	Thoracoplasty	20000	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
511	General Surgery, Paediatric Surgery	Circumcision- Govt Reserved	Circumcision - Phimosis / Paraphimosis or any other clinical condition	3000	No implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
512	General Surgery, Paediatric Surgery, Surgical Gastroenterology	Operations for Replacement of Oesophagus by Colon	Operations for Replacement of Oesophagus by Colon	43400	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
513	General Surgery, Paediatric Surgery, Surgical Gastroenterology	Operation for Abdominal Hydatid Cyst (Single Organ) - Change in Name	Operation for Abdominal Hydatid Cyst (Single Organ) - Change in Name	20000	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
514	General Surgery, Paediatric Surgery, Surgical Gastroenterology	Hernia - Ventral	Epigastric	20000	Mesh - 15 X 15 - 2000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
515	General Surgery, Paediatric Surgery, Surgical Gastroenterology	Hernia - Ventral	Umbilical	22400	Mesh - 15 X 15 - 2000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
516	General Surgery, Paediatric Surgery, Surgical Gastroenterology	Hernia - Ventral	Paraumbilical	22400	Mesh - 15 X 15 - 2000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
517	General Surgery, Paediatric Surgery, Surgical Gastroenterology	Hernia - Ventral	Spigelian	22400	Mesh - 15 X 15 - 2000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance








Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
518	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Repair of Incisional Hernia	Repair of Incisional Hernia Lap/Open	20000	Mesh - 30 X 30 - 10000 or Mesh - 15 X 15 - 2000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
519	General Surgery, Pediatric Surgery, ENT, Surgical Oncology	Incision & Drainage of Abscess	Incision & Drainage of Abscess	1500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
520	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Surgical Management of PseudoCyst	Cystojejunostomy - Open	21700	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
521	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Surgical Management of PseudoCyst	Cystojejunostomy - Lap	21700	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
522	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Surgical Management of PseudoCyst	Cystogastrostomy - Open	21700	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
523	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Surgical Management of PseudoCyst	Cystogastrostomy - Lap	21700	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
524	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Ileostomy	Ileostomy-Stand alone	14300	No Implant	NA	No	Secondary	stand-alone	No special condition	No	No	Insurance
525	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Operation for Duplication of Intestine	Operation for Duplication of Intestine	18000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
526	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Appendicectomy	Appendicectomy- Open	18000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
527	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Appendicular Perforation	Appendicular Perforation	13000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
528	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Operative Management of Volvulus of Large Bowel	Operative Management of Volvulus of Large Bowel	13000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
529	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Resection Anastomosis	Resection Anastomosis - Open	25000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Se.N n	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
530	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Resection Anastomosis	Resection Anastomosis - Lap	25000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
531	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Exploratory Laparotomy	Exploratory Laparotomy	25000	No Implant	NA	No	Tertiary	stand-alone	No special condition	In case this procedure is booked at the time of Pre - Authorization, the Hospital can submit a claim for some other procedure giving the diagnosis e.g. Appendicular Perforation	No	Insurance
532	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Cholecystectomy	Without Exploration of CBD - Open	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
533	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Cholecystectomy	With Exploration of CBD - Open	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
534	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Cholecystectomy	Without Exploration of CBD - Lap	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
535	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Cholecystectomy	With Exploration of CBD - Lap	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
536	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Operation of Choledochal Cyst	Operation of Choledochal Cyst	30400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
537	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Mesenteric Cyst - Excision	Mesenteric/ Omental Cyst - Excision	17900	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
538	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Hiatus Hernia Repair / Fundoplication	Hiatus Hernia Repair - Open	26207	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
539	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Hiatus Hernia Repair / Fundoplication	Hiatus Hernia Repair - Lap	26207	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
540	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Hiatus Hernia Repair / Fundoplication	Fundoplication - Open (+/- Hiatus Hernia repair)	26207	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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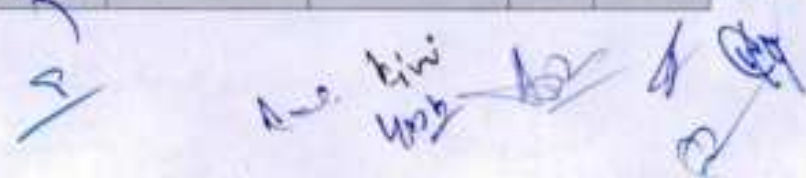


Sr No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification-DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Trust)
541	General Surgery, Pediatric Surgery, Surgical Oncology	Inguinal Node (dissection) - U/L or R/L	Inguinal Node (dissection) - U/L or R/L	Bilateral- 21700   Unilateral - Inguinal Node (dissection)- 17700	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
542	General Surgery, Pediatric Surgery, Surgical Oncology	Thyroidectomy	Thyroidectomy	41700	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
543	General Surgery, Pediatric Surgery, Surgical Oncology, Surgical Gastroenterology	Splenectomy	Splenectomy- Open	25000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
544	General Surgery, Pediatric Surgery, Surgical Oncology, Surgical Gastroenterology	Splenectomy	Splenectomy- Lap	25000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
545	General Surgery, Pediatric Surgery, Urology	Operation for Hydrocoele (H/L) - Govt reserve	Operation for Hydrocoele (H/L)	10000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
546	General Surgery, Pediatric Surgery, Urology	Operation for Hydrocoele (H/L) - Govt reserve	Operation for Hydrocoele (H/L)	8000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
547	General Surgery, Plastic & Reconstructive Surgery	Free Grafts - Waffle Grafts	Free Grafts - Waffle Grafts	14000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
548	General Surgery, Plastic & Reconstructive Surgery, Pediatric Surgery, Surgical Oncology, Orthopaedics	Split thickness skin grafts	Small (< 4% TBSA)	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
549	General Surgery, Plastic & Reconstructive Surgery, Pediatric Surgery, Surgical Oncology, Orthopaedics	Split thickness skin grafts	Medium (4- 8% TBSA)	13500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
550	General Surgery, Plastic & Reconstructive Surgery, Pediatric Surgery, Surgical Oncology, Orthopaedics	Split thickness skin grafts	Large (> 8% TBSA)	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
551	General Surgery, Plastic & Reconstructive Surgery, Surgical Oncology	Breast Lump Excision (Benign)	Breast Lump Excision (Benign)	1000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
552	General Surgery, Plastic & Reconstructive Surgery, Surgical Oncology	Flap Reconstructive Surgery	Flap Reconstructive Surgery	25000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
553	General Surgery, Plastic & Reconstructive Surgery, Surgical Oncology	Pressure Sore - Surgery	Pressure Sore - Surgery	21700	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
554	General Surgery, Plastic & Reconstructive Surgery, Surgical Oncology	Internal fixation with Flap cover Surgery for wound in compound fracture	Internal fixation with Flap cover Surgery for wound in compound fracture	25000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
555	General Surgery, Plastic & Reconstructive Surgery, Surgical Oncology, ENT	Tissue Reconstructive Flap	Tissue Reconstruction Flap	25000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
556	General Surgery, Plastic & Reconstructive Surgery, Burns Management	Flame Burns	% Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing	7000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
557	General Surgery, Surgical Gastroenterology	Gastroectomy	Bleeding Ulcer - Partial Gastroectomy without Vagotomy	30400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
558	General Surgery, Surgical Gastroenterology	Gastroectomy	Bleeding Ulcer - Partial Gastroectomy with Vagotomy	30400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
559	General Surgery, Surgical Gastroenterology	Vagotomy	G.U. Vagotomy	24910	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance





Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
560	General Surgery, Surgical Gastroenterology	Vaginomy	Vaginomy + Pyloroplasty	23500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
561	General Surgery, Surgical Gastroenterology	Operation for Bleeding Peptic Ulcer	Operation for Bleeding Peptic Ulcer	27000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
562	General Surgery, Surgical Gastroenterology	Operation for Gastric / Duodenal Perforation	Gastric Perforation	14300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
563	General Surgery, Surgical Gastroenterology	Operation for Gastric / Duodenal Perforation	Duodenal Perforation	14300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
564	General Surgery, Surgical Gastroenterology	Mesenteric cyst excision	Mesenteric cyst excision	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
565	General Surgery, Surgical Gastroenterology	Splenorenal Anastomosis	Splenorenal Anastomosis	70000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
566	General Surgery, Surgical Gastroenterology	Replacement Surgery For Corrosive Injury Stomach	Replacement Surgery For Corrosive Injury Stomach (stapler price included)	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
567	General Surgery, Surgical Gastroenterology	Choledochoduodenostomy Or Choledochoduodenostomy	Choledochoduodenostomy Or Choledochoduodenostomy	13550	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
568	General Surgery, Surgical Gastroenterology	Hepatico jejunostomy for biliary stricture	Hepatico jejunostomy for biliary stricture	45000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
569	General Surgery, Surgical Gastroenterology	1 Stage- Sub Total Colectomy + Ileostomy + J- Pouch	1 Stage- Sub Total Colectomy + Ileostomy + J- Pouch	70000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
570	General Surgery, Surgical Gastroenterology	Pancreatic Necrosectomy	Pancreatic Necrosectomy	60000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
571	General Surgery, Surgical Gastroenterology	Heller Myotomy (Lap./Open)	Heller Myotomy (Lap./Open)	80000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
572	General Surgery, Surgical Gastroenterology	1 Stage-Sub Total Colectomy + Ileostomy	1 Stage-Sub Total Colectomy + Ileostomy	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
573	General Surgery, Surgical Gastroenterology	Invertedcholecystomy	Excision Duodenal Invertedcholecystomy	22000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr.N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
574	General Surgery, Surgical Gastroenterology	Sigmoid Resection	Sigmoid Resection	22790	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
575	General Surgery, Surgical Gastroenterology	Femoral Procedure for Rectal Prolapse	Femoral Procedure for Rectal Prolapse	17860	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
576	General Surgery, Surgical Gastroenterology	Abdominal Procedure for Rectal Prolapse	Abdominal Procedure for Rectal Prolapse - Open	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
577	General Surgery, Surgical Gastroenterology	Abdominal Procedure for Rectal Prolapse	Abdominal Procedure for Rectal Prolapse - Lap	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
578	General Surgery, Surgical Gastroenterology	Haemorrhoido- my - Govt. reserve	with Stapler	8000	Haemorrhoid Stapler one- 15000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
579	General Surgery, Surgical Gastroenterology	Porto Caval Anastomosis	Porto Caval Anastomosis	38170	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
580	General Surgery, Surgical Gastroenterology	Mesenteric Caval Anastomosis	Mesenteric Caval Anastomosis	34700	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
581	General Surgery, Surgical Gastroenterology	Groin Hernia Repair	Inguinal - Open	18000	Mesh - 6 X 3 Polypropylene-1500 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
582	General Surgery, Surgical Gastroenterology	Groin Hernia Repair	Groin Hernia Repair Inguinal - Lap	18000	Mesh - 15 X 15 Polypropylene-2000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
583	General Surgery, Surgical Gastroenterology	Groin Hernia Repair	Femoral - Open	20000	Mesh - 6 X 3 Polypropylene-1500 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
584	General Surgery, Surgical Gastroenterology	Groin Hernia Repair	Femoral - Lap	20000	Mesh - 15 X 15 Polypropylene-2000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
585	General Surgery, Surgical Oncology	Management of bleeding malignant head and neck / inguinal lesions	Haemostatic Surgery in advance cancer patient/Haemostatic Radiotherapy	60000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
586	General Surgery, Surgical Oncology	Rectal Polyp Excision	Rectal Polyp Excision	9600	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
587	General Surgery, Surgical Oncology	Anterior Resection of rectum	Anterior Resection of rectum - Open	25000	circular stapler 15000 (upto max-1), Linear cutter cartridge 3000 max-2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
588	General Surgery, Surgical Oncology	Anterior Resection of rectum	Anterior Resection of rectum - Lap	25000	circular stapler 15000 (upto max-1), Linear cutter cartridge 3000 max-2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
589	General Surgery, Surgical Oncology	Operation for Carcinoma Lip	Wedge Excision	19000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
590	General Surgery, Surgical Oncology	Operation for Carcinoma Lip	Wedge Excision and Vermilionectomy	19000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
591	General Surgery, Surgical Oncology	Operation for Carcinoma Lip	Cheek advancement	26000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
592	General Surgery, Surgical Oncology	Submandibular Mass Excision	Submandibular Mass Excision	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
593	General Surgery, Surgical Oncology	Carotid Body tumour - Excision	Carotid Body tumour - Excision	26000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
594	General Surgery, Surgical Oncology	Excision of Parathyroid Adenoma / Carcinoma	Excision of Parathyroid Adenoma/Carcinoma	21700	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
595	General Surgery, Surgical Oncology	Mastectomy	Simple Mastectomy	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
596	General Surgery, Surgical Oncology	Mastectomy	Radical / Modified Radical Mastectomy	25000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
597	General Surgery, Surgical Oncology	Lobectomy	Thoracoscopic	27800	Linear Cutter Per cartidges-5000 (upto max-5)	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
598	General Surgery, Surgical Oncology	Lobectomy	Lobectomy-Open	27800	Linear Cutter Per cartidges-5000 (upto max-5)	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
599	General Surgery, Surgical Oncology	Biopsy	Lymph Node	3000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
600	General Surgery, Surgical Oncology, Pediatric Surgery, Surgical Gastroenterology	Feeding Jejunostomy	Feeding Jejunostomy	13600	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
601	General Surgery, Surgical Oncology, Pediatric Surgery, Surgical Gastroenterology	Colestomy	Colestomy-stand alone	16500	No Implant	NA	No	Secondary	stand-alone	No special condition	No	No	Insurance
602	General Surgery, Surgical Oncology, Pediatric Surgery, Surgical Gastroenterology	Hepatic Resection	Hepatic Resection- Open	32100	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
603	General Surgery, Surgical Oncology, Pediatric Surgery, Surgical Gastroenterology	Hepatic Resection	Hepatic Resection- Lap	32100	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
604	General Surgery, Surgical Oncology, Pediatric Surgery, Surgical Gastroenterology	Distal Pancreatectomy with Pancreatic Jejunostomy	Distal Pancreatectomy/Pancreatic Jejunostomy with/without splenectomy	30800	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
605	General Surgery, Surgical Oncology, Pediatric Surgery, Surgical Gastroenterology	Retropertitoneal Tumor - Excision	Retropertitoneal Tumor - Excision	26900	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
606	General Surgery, Surgical Oncology, Plastic & Reconstructive Surgery, ENT, Orthopaedics	Skin Flaps - local flap	Skin Flaps -local flap	25000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
607	General Surgery, Surgical Oncology, Surgical Gastroenterology	Oesophagectomy	Oesophagectomy	60000	Linear cartridges- 5000 (upto max-5)	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
608	General Surgery, Surgical Oncology, Surgical Gastroenterology	Gastrectomy	Partial Gastrectomy for Carcinoma	29500	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
609	General Surgery, Surgical Oncology, Surgical Gastroenterology	Gastrectomy	Subtotal Gastrectomy for Carcinoma	29500	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
610	General Surgery, Surgical Oncology, Surgical Gastroenterology	Gastrectomy	Total Gastrectomy - Lap.	56500	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
611	General Surgery, Surgical Oncology, Surgical Gastroenterology	Gastrectomy	Total Gastrectomy - Open	56500	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
612	General Surgery, Surgical Oncology, Surgical Gastroenterology	Subtotal Colectomy	Subtotal Colectomy-Open	34875	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
613	General Surgery, Surgical Oncology, Surgical Gastroenterology	Subtotal Colectomy	Subtotal Colectomy - Lap	34875	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
614	General Surgery, Surgical Oncology, Surgical Gastroenterology	Gastrojejunostomy	Gastrojejunostomy	26000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
615	General Surgery, Surgical Oncology, Surgical Gastroenterology	Total Colectomy	Total Colectomy- Open	38625	circular stapler 15000 (upto max-1)	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
616	General Surgery, Surgical Oncology, Surgical Gastroenterology	Total Colectomy	Total Colectomy - Lap	38625	circular stapler 15000 (upto max-1)	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance



S/N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt (reserve)	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
617	General Surgery, Surgical Oncology, Surgical Gastroenterology	Hemi colectomy	Hemi colectomy Right-Open	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
618	General Surgery, Surgical Oncology, Surgical Gastroenterology	Hemi colectomy	Hemi colectomy Right- Lap	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
619	General Surgery, Surgical Oncology, Surgical Gastroenterology	Hemi colectomy	Hemi colectomy Left-Open	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
620	General Surgery, Surgical Oncology, Surgical Gastroenterology	Hemi colectomy	Hemi colectomy Left- Lap	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
621	General Surgery, Surgical Oncology, Surgical Gastroenterology	Bypass - Inoperable Pancreas	Bypass - Inoperable Pancreas	46600	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
622	General Surgery, Surgical Oncology, Surgical Gastroenterology	Pancreaticoduodenectomy (Whipple's)	Pancreaticoduodenectomy (Whipple's)	80000	Linear cartilage- 5000 (upto max-2)	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
623	General Surgery, Surgical Oncology, Surgical Gastroenterology	Stoma Management	Stoma Management follow up of Ileostomy	4500	No Implant	NA	No	Secondary	Follow-up Procedure	Can be booked only after 15 days of Ileostomy and then every 2 months thereafter till the closure of stoma. The Hospital has to upload a signed statement from pt. that s/he has received the consumables: Ileostomy - bags, adhesive, clips etc for 2 months	Can be booked only after 15 days of Ileostomy and then every 2 months thereafter till the closure of stoma. The Hospital has to upload a signed statement from pt. that s/he has received the consumables: Ileostomy - bags, adhesive, clips etc for 2 months	No	Insurance

Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedures (Insurance/ Trust)
624	General Surgery, Surgical Oncology, Surgical Gastroenterology	Stoma Management	Stoma Management follow up of Colostomy	4500	No Implant	NA	No	Secondary	Follow-up Procedure	Can be booked only after 15 days of Colostomy and then every 2 months thereafter till the closure of stoma. The Hospital has to upload a signed statement from pt. that s/he has received the consumables: colostomy - bags, adhesive, clips etc for 2 months	Can be booked only after 15 days of Colostomy and then every 2 months thereafter till the closure of stoma. The Hospital has to upload a signed statement from pt. that s/he has received the consumables: colostomy - bags, adhesive, clips etc for 2 months	No	Insurance
625	General Surgery, Urology	Vasovasostomy- Govt Reserved	Vasovasostomy	12000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
626	General Surgery, Urology	AV Fistula without prosthesis	AV Fistula without prosthesis	18000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
627	Interventional Radiology	Carotico-cavernous Fistula (CCF) embolization	Carotico-cavernous Fistula (CCF) embolization with coils. [includes 5 coils, guide catheter, micro-catheter, micro-guidewire, general items]	30000	General Items/Guide catheter, Micro- catheter, Micro- guidewire 1, Upto 5 coils- 120000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
628	Interventional Radiology	Balloon test occlusion - Govt Reserve	Balloon test occlusion	60000	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
629	Interventional Radiology	Hepatic venous wedge pressure measurement (HVPW) - Govt Reserve	Hepatic venous wedge pressure measurement (HVPW)	8000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
630	Interventional Radiology	Tunneled long- term venous catheter - Govt Reserve	Tunneled long-term venous catheter	11000	Permacath-14000 Max :1	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
631	Interventional Radiology	Tunneled longterm indwelling catheter for refractory ascites/pneumal effusion	Tunneled longterm indwelling catheter for refractory ascites/pneumal effusion	7000	Pleures kit-32000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
632	Interventional radiology	Percutaneous antegrade uretric stenting after prior PCN	Percutaneous antegrade uretric stenting after prior PCN	13220	Silicon Stent-6700	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance



Seq. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Trust)
6.33	Interventional radiology	Lymphatic occlusion of chyloous leak - Govt Reserve	Lymphatic occlusion of chyloous leak	17820	Lipiodol 18000 +Microcatheter 19000 +Cath(2) - 7900	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
6.34	Interventional Radiology	PVA embolization - Govt Reserve	PVA embolization (with microcatheter)	30400	PVA particle-5500 Max 4 +Microcatheter-19000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
6.35	Interventional radiology	Glue embolization - Govt Reserve	Glue embolization (with microcatheter)	32360	Lipiodol 18000 +Microcatheter 19000 +Cath(2) - 7900	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
6.36	Interventional radiology	Gelfoam embolization - Govt Reserve	Gelfoam embolization (with microcatheter)	23480	Microcatheter -19000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
6.37	Interventional radiology	Vascular plug assisted embolization - Govt Reserve	Vascular plug assisted embolization	39200	Vascular Plug-44000 Cath-13000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
6.38	Interventional Radiology	Angioplasty (arterial)	Angioplasty (arterial) using microguidewire and guiding catheter / Drug eluting beads-TACE/Plug assisted or tumor ablation or Mechanical thrombectomy device or intraarterial reticulated stent/traction/re-entry device or Stent venous or SFA stent	44560	Balloon - Rs. 9800 Max 2	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
6.39	Interventional Radiology	Angioplasty (arterial) - Govt Reserve	Angioplasty and bare metal stenting (arterial) CTO lesion	60000	Balloon 9800 +metallic stent 37000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
6.40	Interventional Radiology	Angioplasty (arterial)	Angioplasty and covered stent placement (arterial)	50120	Balloon 9800 +metallic stent 95000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
6.41	Interventional Radiology	Angioplasty (venous) - Govt Reserve	Angioplasty and stenting hepatic vein / Drug eluting beads-TACE/Plug assisted or tumor ablation or Mechanical thrombectomy device or intraarterial reticulated stent/traction/re-entry device or Stent venous or SFA stent	50100	Balloon 9800 +metallic stent 37000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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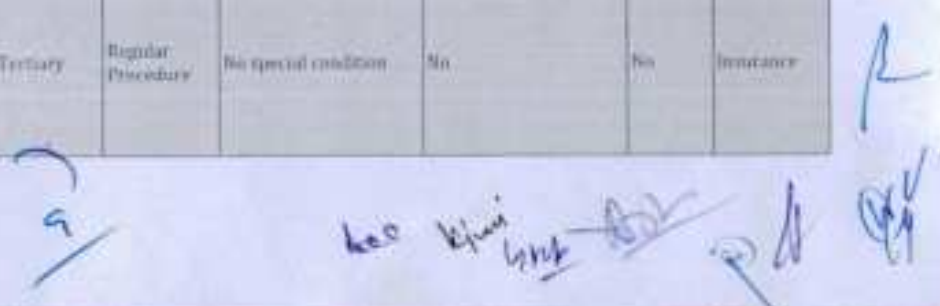
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Sr.N #	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt Deserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
642	Interventional Radiology	Angioplasty (complex): cutting balloon/drug coated balloon- Govt Reserve	Angioplasty (complex): cutting balloon/drug coated balloon	53160	Drug Coated Balloon/Cutting Balloon -42000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
643	Interventional radiology	Retrieval of intravascular foreign body	Retrieval of intravascular foreign body	13520	Snare-40000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
644	Interventional Radiology	Joint/bursa intervention	Joint/bursa intervention	5520	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
645	Interventional Radiology	Radiofrequency ablation- Trigeminal nerve/genicular nerve /celiac plexus /stellate Ganglion/sympa thetic nerve (any branch) -Govt Reserve	Radiofrequency ablation- Trigeminal nerve/genicular nerve /celiac plexus /stellate Ganglion/sympathetic nerve (any branch)	15120	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
646	Interventional radiology	Radiofrequency Ablation (RFA) of bone tumor /metastases/ost eoid osteoma - Govt Reserve	Radiofrequency Ablation (RFA) of bone tumor /metastases/osteoid osteoma	25440	RF probe-75000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
647	Interventional radiology	Microwave ablation of bone tumor /osteoid osteoma-Govt Reserve	Microwave ablation of bone tumor /osteoid osteoma	31040	Microwave probe - 95000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
648	Interventional radiology	Retinoblastoma package-Govt Reserve	Retinoblastoma under GA	72100	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
649	Interventional radiology	Percutaneous cholecystotomy	Percutaneous cholecystotomy	17640	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
650	Interventional Radiology	Transjugular Liver biopsy - Govt Reserved	Transjugular Liver biopsy	8000	LJBS set 30000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
651	Interventional Radiology	Percutaneous gastrostomy	Percutaneous gastrostomy	6320	Gastrostomy set- 4000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
652	Interventional radiology	Transarterial chemoembolization - Govt Reserved	Transarterial chemoembolization - conventional (cTACE)	47960	Lipiodol 18000 +Microcatheter 19000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance



Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
653	Interventional Radiology	Transarterial chemoembolization (on-Govt Reserve)	Transarterial chemoembolization - Drug eluting beads (DEB-TACE)	41160	DEB-50000+ Microcatheter-19000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
654	Interventional Radiology	Transjugular intrahepatic portosystemic shunt creation (TIPSS)/Direct transjugular intrahepatic Portosystemic shunt(DIPSS) - Govt Reserve	Transjugular intrahepatic portosystemic shunt creation (TIPSS)/Direct transjugular intrahepatic Portosystemic shunt(DIPSS)	40000	RUPS-set-31000, covered stent-95000, uncovered stent- 27000,Balloon catheter-9800	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
655	Interventional radiology	Balloon-occluded retrograde transvenous obliteration (BRO)	Balloon-occluded retrograde transvenous obliteration (BRO)	40760	Lipiodol 13800 +Microcatheter 19000 +Coils(2) - 7900	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
656	Interventional radiology	Plug-assisted retrograde transvenous obliteration (PARTO) - Govt Reserve	Plug-assisted retrograde transvenous obliteration (PARTO)	46020	Vascular Plug-44000 +coil-7900+ lipiodol-18000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
657	Interventional radiology	Pre-operative portal vein embolization	Pre-operative portal vein embolization	26680	Lipiodol 18000 +Microcatheter 19000 +Coils(2) - 7900	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
658	Interventional Radiology	USG guided percutaneous ganglion/plexus block (Neurabysis)	USG guided percutaneous ganglion/plexus block (Neurabysis)	9120	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
659	Interventional radiology	CT guided percutaneous ganglion/plexus block (Neurabysis)	CT guided percutaneous ganglion/plexus block (Neurabysis)	11520	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
660	Interventional radiology	Vacuum assisted breast biopsy	Vacuum assisted breast biopsy	8520	VABB gun-15000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
661	Interventional radiology	USG guided percutaneous Microwave Ablation (MWA)- benign breast /thyroid tumor- Govt Reserve	USG guided percutaneous Microwave Ablation (MWA)- benign breast /thyroid tumor	29440	Microwave antenna- 95000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance



Sr.N #	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Transd)
662	Interventional Radiology	Percutaneous Injection sclerotherapy for low flow vascular malformation	Percutaneous Injection sclerotherapy / drainage placement /biliary drainage/ cholecystostomy for low flow vascular malformation	9120	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
663	Interventional Radiology	EVOH Package- Govt Reserve	AVM (3 vial)	69500	DMSO Compatible micro-catheter- 150000 Max :2 /Guide catheter- 150000 / Micro- guidewire-150000 / Up to 2 EVOH-150000 Max :2	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
664	Interventional Radiology	EVOH Package- Govt Reserve	AVM (3 vial)	69500	DMSO Compatible micro-catheter- 150000 Max :2 /Guide catheter- 150000 / Micro- guidewire-150000 / Up to 2 EVOH-150000 Max :2	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
665	Interventional radiology	Tumor Embolization	Tumor Embolization	72030	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
666	Interventional Radiology	Image Guided Percutaneous drainage placement /biliary drainage/ cholecystostomy / sclerotherapy	Image Guided Percutaneous procedure	7000	No Implant		No	Secondary	Regular Procedure	No special condition	No	No	Insurance
667	Interventional radiology	Vertebroplasty/ Cementoplasty	Vertebroplasty /Cementop- lasty	22640	Vertebroplasty kit including cement- 22000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
668	Interventional radiology - cardiology	Cool embolization	Cool embolization (with microcatheter)	30340	Microcatheter- 19000 +Cool (max 3) - 21700	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
669	Interventional Radiology Gastroenterology	Primary percutaneous transhepatic biliary stenting (SEMS) - Govt Reserved	Primary percutaneous transhepatic biliary stenting (SEMS)	25000	Metallic stent -37000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
670	Interventional Radiology Gastroenterology	Percutaneous transhepatic / Endoscopic biliary stenting (SEMS) - Govt Reserve	Percutaneous transhepatic biliary stenting (SEMS)	28360	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
671	Interventional Radiology, Gastroenterology	Percutaneous cholangioplasty - Govt Reserved	Percutaneous cholangioplasty	12160	Balloon - Rs. 9000 Max-2	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
672	Interventional Radiology, Cardio- thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Angioplasty (arterial) - Govt Reserved	Angioplasty and bare metal stenting (arterial)	38520	Balloon-9000 + metallic stent-37000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
673	Interventional Radiology, Cardio- thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Catheter directed thrombolysis (arterial/venous) - Govt Reserved	Catheter directed thrombolysis (arterial/venous)	35280	multiside hole thrombolysis catheter-11000, Thrombectomy Catheter-95000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
674	Interventional radiology, Cardio- thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Thrombectomy followed by thrombolysis (arterial/venous) - Govt Reserved	Thrombectomy followed by thrombolysis (arterial/venous)	43680	multiside hole thrombolysis catheter-11000, Thrombectomy Catheter-95000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
675	Interventional radiology, Cardio- thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Angioplasty (venous)	Angioplasty (venous)	20000	Balloon-9000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
676	Interventional Radiology, Cardio- thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Angioplasty and bare metal stenting (venous) Govt Reserve	Angioplasty and bare metal stenting (venous)	35440	Balloon-9000+High Pressure large Balloon- 10000+metallic stent- 37000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
677	Interventional radiology, Cardio- thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Angioplasty (venous) - Govt Reserved	Angioplasty (IVC/central vein) with high pressure balloon	46600	High Pressure large Balloon -10000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance / Trust)
678	Interventional radiology, Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Angioplasty (venous)	Angioplasty and covered stent placement (venous)	45000	High Pressure large Balloon-18000+ Covered stent-95000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
679	Interventional radiology, Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Angioplasty with medicated SFA stent /Specialised stent (arterial) CTO lesion -Govt Reserve	Angioplasty with medicated SFA stent /Specialised stent (arterial) CTO lesion	238000	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
680	Interventional radiology, Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	TEVAR for aortic aneurysm/ dissection - Govt Reserve can be removed from govt reserve	TEVAR for aortic aneurysm/ dissection	40000	Graft-250000 Max.1	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
681	Interventional radiology, Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	IVC filter placement	IVC filter placement	15520	IVC filter-50000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
682	Interventional Radiology, Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	IVC filter retrieval	IVC filter retrieval	11520	Retrieval kit-30000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
683	Interventional radiology, Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Diagnostic angiography (DSA) -Govt Reserve	Diagnostic angiography (DSA)	n/bd	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
684	Interventional radiology, Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Fistuloplasty / Thrombectomy of dialysis fistula Govt Reserved	Fistuloplasty / Thrombectomy of dialysis fistula	32440	Balloon-9000+Drug Coated balloon/Cuming Balloon42000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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SN	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
605	Interventional radiology, Neurology, Neurosurgery	Angioplasty (critical vein/ CIV) with high pressure balloons And specialised venous stent Govt Reserve	Angioplasty (critical vein/ CIV) with high pressure balloons and specialised venous stent	166200	No implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
606	Interventional Radiology, Neurology, Neurosurgery	Arteriovenous fistula (AVF)/Arteriove nous Malformation (AVM)	AVF	104300	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
607	Interventional radiology, Neurology, Neurosurgery	Arteriovenous fistula (AVF)/Arteriove nous Malformation (AVM)	AVM (nidus upto 3 cm)	125300	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
608	Interventional radiology, Neurology, Neurosurgery	Carotid angioplasty & stenting	Carotid stenting	100000	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
609	Interventional Radiology, Neurology, Neurosurgery	Carotid angioplasty & stenting - Govt Reserve	Carotid stenting-membrane covered	141300	No implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
610	Interventional Radiology, Neurology, Neurosurgery	Dural sinus stenting	Dural sinus stenting	106300	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
611	Interventional radiology, Neurology, Neurosurgery	Carotid stenting with protection device	Carotid stenting with protection device	166300	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
612	Interventional radiology, Neurology, Neurosurgery	Vasospasm management- post coiling/clipping (Cost per session)	Vasospasm management- post coiling/clipping (Cost per session)	64700	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
613	Interventional Radiology, Neurosurgery	Extra Coils	Extra Coils add on	Detachable Coil-24000 Max-2 ) Pushable Coil- 9000 Max-3	No implant	NA	No	Tertiary	Add-On Procedure	No special condition	No	No	Insurance


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Sr No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
694	Interventional Radiology, Neurosurgery	Diagnostic Cerebral / Spinal Angiography (DSA - Digital Subtraction Angiography)	Diagnostic Cerebral / Spinal Angiography (DSA - Digital Subtraction Angiography)	16625	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
695	Interventional Radiology, Paediatric surgery, Urology	Percutaneous nephrostomy	Percutaneous nephrostomy	14000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
696	Interventional Radiology, Paediatric surgery, Urology	Nephrostomy - Percutaneous ultrasound guided	Nephrostomy - Percutaneous ultrasound guided	14000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
697	Interventional radiology, Palliative medicine	Sacroiliac joint denervation	Sacroiliac joint denervation	15120	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
698	Interventional radiology, Palliative medicine	Median branch rhizotomy- C5/Thoracic/L5	Median branch rhizotomy- C5/Thoracic/L5	15120	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
699	Interventional radiology, Palliative medicine	PKP - suprascapular /tennis elbow /other tendon	PKP -suprascapular /tennis elbow /other tendon	3520	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
700	Interventional radiology, Palliative Medicine	Kyphoplasty	Kyphoplasty	31740	Kyphoplasty kit 52000 + Cement 18500	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
701	Interventional Radiology, Surgical Oncology	Peripherally inserted central catheter (PICC)	Peripherally inserted central catheter (PICC)	7120	PICC line-15000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
702	Interventional Radiology, Surgical Oncology	Chemoport/implan- table lines	Chemoport/implantable lines	11000	Chemoport-10000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
703	Interventional Radiology, Surgical Oncology	Chemo Port insertion	Chemo Port	11000	Chemo Port - Pediatric 15000 Max :1/ PICC - or Chemo Port - adult -15000 Max :1	NA	No	Tertiary	Regular Procedure	If the Hospital chooses Pediatric Port in a pt aged more than 14 years. Then it should be audited.	No	No	Insurance
704	Interventional radiology,Gastroent- erology	Oesophageal /gastric / duodenal / colonic stenting/balloon dilatation - Gm Reserved	Oesophageal /gastric / duodenal / colonic stenting/balloon dilatation	10000	Balloon-9000 Max :2   Metallic stent- 37000 Max :2	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance




Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserv	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
705	Interventional Radiology, General surgery, Surgical Gastroenterology	Percutaneous transhepatic external biliary drainage (PTBD)	Percutaneous transhepatic external biliary drainage (PTBD)	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
706	medical oncology	CT for CA Breast	Cyclophosphamide + Epirubicin Cyclophosphamide - 600 mg /m2 D1 Epirubicin -40mg/m2 D1 every 21 days	4000 per cycle	No Implant	NA	No	Tertiary	day care	Adjuvant therapy in breast cancer Metastatic breast cancer (should not have received the same regimen or AC earlier)	Minimum duration between 2 cycles 29 days Maximum number of cycles 6	yes	Insurance
707	medical oncology	CT for CA Breast	Weekly Paclitaxel for Adjuvant Therapy Paclitaxel 80mg/m2 every week	3000 / week	No Implant	NA	No	Secondary	day care	Adjuvant therapy after 4 cycles of AC or EC	Minimum duration between 2 cycles 6 days Maximum number of cycles 12	yes	Insurance
708	medical oncology	CT for CA Breast	Weekly Paclitaxel in metastatic setting Paclitaxel 80mg/m2 every week	2000	No Implant	NA	No	Secondary	day care	Metastatic breast cancer	Minimum duration between 2 cycles 6 days Maximum number of cycles 24	yes	Insurance
709	medical oncology	CT for CA Breast	Cyclophosphamide + Methotrexate + 5-FU Cyclophosphamide - 100mg/m2 orally D1-D14 Methotrexate 40mg/m2 IV D1 5FU 600 mg/m2 D1, D8 every 28 days	3500	No Implant	NA	No	Tertiary	Regular Procedure	Adjuvant therapy in breast cancer with cardiac dysfunction or not suitable for anthracycline based therapy Metastatic breast cancer (should not have received the same regimen earlier)	Minimum duration between 2 cycles 27 days Maximum number of cycles 6	No	Insurance
710	medical oncology	CT for CA Breast	Doxetaxel + Cyclophosphamide Doxetaxel 75mg/m2 D1 Cyclophosphamide 600 mg/m2 D1 every 21 days	7000	No Implant	NA	No	Tertiary	day care	Adjuvant therapy in breast cancer with cardiac dysfunction or not suitable for anthracycline based therapy and high and/or burden Metastatic breast cancer (should not have received the same regimen earlier)	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
711	medical oncology	CT for CA Breast	Trastuzumab Trastuzumab 8 mg/Kg in Cycle 1 D1 Trastuzumab 6 mg/Kg D1 from C2 every 21 days	15000	No Implant	NA	No	Secondary	day care	Adjuvant therapy in breast cancer with Her- 2 neu positive patients	Minimum duration between 2 cycles 20 days Maximum number of cycles 11	yes	Insurance

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Sl. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Yesh)
712	medical oncology	CT for CA Breast	Tamoxifen Tamoxifen 20 mg orally daily	1200	No Implant	NA	No	Secondary	Regular Procedure	Adjuvant or neoadjuvant therapy in ER / PR positive breast cancer ER / PR positive metastatic breast cancer (if not received earlier)	Minimum duration between 2 cycles 89 days Maximum number of cycles 20	No	Insurance
713	medical oncology	CT for CA Breast	Letrozole Letrozole 2.5 mg orally daily	3900	No Implant	NA	No	Secondary	Regular Procedure	Adjuvant or neoadjuvant therapy in ER / PR positive breast cancer ER / PR positive metastatic breast cancer	Minimum duration between 2 cycles 89 days Maximum number of cycles 20	No	Insurance
714	medical oncology	CT for CA Breast	Carboplatin + Paclitaxel Paclitaxel 175mg/m2 D1 Carboplatin AUC 5-6 D1 every 21 days	10000	No Implant	NA	No	Secondary	day Care	Adjuvant or neoadjuvant therapy breast cancer metastatic breast cancer (if not received earlier)	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
715	medical oncology	CT for CA Breast	Capecitabine Capecitabine - 1000mg/m2 orally twice daily D1-D14 every 21 days	7000	No Implant	NA	No	Secondary	Regular Procedure	Adjuvant or neoadjuvant therapy breast cancer metastatic breast cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
716	medical oncology	CT for CA Breast	Carboplatin + Gemcitabine Gemcitabine - 1000mg/m2 D1 D8 Carboplatin AUC 2 D1 D8 Gemcitabine - 1000mg/m2 D1 D8 Carboplatin AUC 5-6 D1 only	10000 per cycle	No Implant	NA	No	Secondary	Regular Procedure	Adjuvant or neoadjuvant therapy breast cancer metastatic breast cancer	Maximum number of cycles - 6	No	Insurance
717	medical oncology	CT for CA Breast	Cyclophosphamide + Adriamycin Cyclophosphamide - 600 mg /m2 D1 Adriamycin - 60mg/m2 D1 every 21 days	4500	No Implant	NA	No	Tertiary	Regular Procedure	Adjuvant therapy in breast cancer Metastatic breast cancer (should not have received the same regimen or EC earlier)	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
718	medical oncology	CT for CA Breast	Fulvestrant Fulvestrant 500 mg D1 D15 D29 then every 28 days	12000	No Implant	NA	No	Tertiary	day care	Metastatic breast cancer ER / PR positive	Minimum duration between 2 cycles 14 days	yes	Insurance

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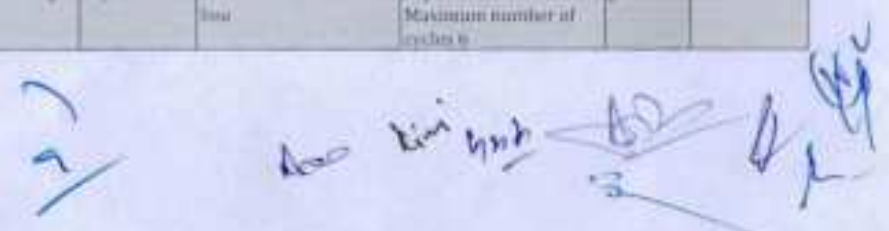
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Sr.N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
719	medical oncology	CT for CA Breast	Paclitaxel Paclitaxel 175 mg/m <sup>2</sup> D1 every 21 days	5000 per cycle	No Implant	NA	No	Tertiary	day care	Adjuvant or neoadjuvant therapy breast cancer metastatic breast cancer	Minimum duration between 2 cycles 28 days Maximum number of cycles 6	yes	Insurance
720	medical oncology	CT for CA Breast	Exemestane Exemestane 25 mg orally daily (q 3 monthly)	3900	No Implant	NA	No	Secondary	Regular Procedure	Metastatic breast cancer ER / PR positive	Minimum duration between 2 cycles 89 days	No	Insurance
721	medical oncology	CT for CA Breast	Lapatinib 1000 mg / 1250 mg / 1500 mg orally daily per month	12000 per month	No Implant	NA	No	Secondary	day care	No special condition	Minimum duration between 2 cycles 27 days Till disease progression/toxicity (to be renewed every 12 months)	yes	Insurance
722	medical oncology	CT for Metastatic bone malignancy and multiple myeloma	Zoledronic Acid Zoledronic acid 4 mg IV Monthly - Day care	1200	No Implant	NA	No	Secondary	day care	Metastatic bone malignancy and multiple myeloma	Minimum duration between 2 cycles 29 days Maximum number of cycles 24	yes	Insurance
723	medical oncology	CT for CA Ovary	Capecitabine + Irinotecan Capecitabine 60mg/m <sup>2</sup> D1 Irinotecan 60 mg/m <sup>2</sup> D1 D8 D15 every 28 days	10200	No Implant	NA	No	Secondary	Regular Procedure	Metastatic ovarian adenocarcinoma second line	Minimum duration between 2 cycles 27 days Maximum number of cycles 6	No	Insurance
724	medical oncology	CT for CA Ovary	Lipodox + Carboplatin Lipodox 39 mg/m <sup>2</sup> D1 Carboplatin AUC 5-6 D1 every 28 days	15000	No Implant	NA	No	Secondary	day Care	Neoadjuvant, adjuvant and metastatic ovarian adenocarcinoma	Minimum duration between 2 cycles 27 days Maximum number of cycles 6	yes	Insurance
725	medical oncology	CT for CA Ovary	Etoposide Etoposide 50 mg/m <sup>2</sup> D1 D1-D21 every 28 days	3400	No Implant	NA	No	Secondary	Regular Procedure	Metastatic ovarian adenocarcinoma second line	Minimum duration between 2 cycles 20 days Maximum number of cycles 4	No	Insurance
726	medical oncology	CT for CA Ovary	Irinotecan Irinotecan 60-70 mg/m <sup>2</sup> D1 D8 every 21 days	8400	No Implant	NA	No	Secondary	Regular Procedure	Metastatic ovarian adenocarcinoma second line	Minimum duration between 2 cycles 29 days Maximum number of cycles 6	No	Insurance
727	medical oncology	CT for CA Ovary	Lipodox Lipodox 40 mg/m <sup>2</sup> IV every 28 days	12000	No Implant	NA	No	Secondary	day care	Metastatic ovarian adenocarcinoma second line	Minimum duration between 2 cycles 27 days Maximum number of cycles 6	yes	Insurance



Sr. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Treat)
728	medical oncology	CT for CA Ovary	Carboplatin + Gemcitabine Gemcitabine - 1000mg/m <sup>2</sup> D1 D8 Carboplatin AUC 2 D1 D8 Gemcitabine - 1000mg/m <sup>2</sup> D1 D8 Carboplatin AUC 5-6 D1 only	10000 per cycle	No Implant	NA	No	Secondary	day care	Neoadjuvant, adjuvant and metastatic ovarian adenocarcinoma	Maximum number of cycles - 6	yes	Insurance
729	medical oncology	CT for CA Ovary	Carboplatin + Paclitaxel Paclitaxel 175mg/m <sup>2</sup> D1 Carboplatin AUC 5-6 D1 every 21 days	10000	No Implant	NA	No	Secondary	day care	Neoadjuvant, adjuvant and metastatic ovarian adenocarcinoma	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
730	medical oncology	CT for CA Ovary	Cyclophosphamide 50 mg/m <sup>2</sup> OD D1-D21 every 28 days	2800	No Implant	NA	No	Secondary	day Care	No special condition	Minimum duration between 2 cycles 27 days This is indicated for recurrent ovarian cancer and should be continued until disease progression or unacceptable toxicity	yes	Insurance
731	medical oncology	CT for CA Ovary	Tamoxifen Tamoxifen 20 mg orally daily (3 months)	1200	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 89 days 3 months cont Till disease progression/toxicity (to be renewed every 12 months)	No	Insurance
732	medical oncology	CT for CA Ovary	Letrozole Letrozole 2.5 mg orally daily (3 months)	2000	No Implant	NA	No	Secondary	day care	No special condition	Minimum duration between 2 cycles 89 days Till disease progression/toxicity (to be renewed every 12 months)	yes	Insurance
733	medical oncology	CT for CA Ovary	Single agent Carboplatin Carboplatin AUC 5-6 D1 every 21 days ( maximum 6 cycle)	5000	No Implant	NA	No	Secondary	day care	No special condition	Duration between 2 cycle is 20 days Max number of cycle 6	yes	Insurance
734	medical oncology	CT for CA Ovary	Oxiplatin Oxiplatin 40 mg/m <sup>2</sup> every week (maximum- 6 cycles)	4100	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Duration between 2 cycle is 6 days Max number of cycle 6	No	Insurance



SN	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Get insure	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
735	medical oncology	CT for Germ Cell Tumor	Carboplatin (AUC 7) Carboplatin AUC 7 every 21 days	5800	No Implant	NA	No	Secondary	Regular Procedure	Testicular Seminoma Adjuvant	Minimum duration between 2 cycles 20 days Maximum number of cycles 2	No	Insurance
736	medical oncology	CT for Germ Cell Tumor	Bleomycin + Etoposide + Cisplatin Bleomycin 30 units D1 D8 D15 Cisplatin 20 mg/m2 IV D1- D5 Etoposide 100mg/m2 D1- D5 every 21 days	15000	No Implant	NA	No	Secondary	Regular Procedure	Germ cell tumour of any site for Neoadjuvant, adjuvant or metastatic first line	Minimum duration between 2 cycles 20 days Maximum number of cycles 4	No	Insurance
737	medical oncology	CT for Germ Cell Tumor	Etoposide + Cisplatin Cisplatin 20 mg/m2 IV D1- D5 Etoposide 100mg/m2 D1- D5 every 21 days	10860	No Implant	NA	No	Secondary	Regular Procedure	Germ cell tumour of any site for Neoadjuvant, adjuvant or metastatic first line	Minimum duration between 2 cycles 20 days Maximum number of cycles 4	No	Insurance
738	medical oncology	CT for Germ Cell Tumor	Paclitaxel + Ifosfamide + Cisplatin Paclitaxel 240 mg/m2 D1 Ifosfamide 1500mg/m2 D2- D5 Mesna 300 mg/m2 0h 4h 0h D2-D5 Cisplatin 25mg/m2 D2-D5 every 21 days	15000	No Implant	NA	No	Tertiary	Regular Procedure	Germ cell tumour second line therapy	Minimum duration between 2 cycles 20 days Maximum number of cycles 4	No	Insurance
739	medical oncology	CT for Germ Cell Tumor	Vinorelbine + Ifosfamide + Cisplatin Vinorelbine 0.11 mg/kg IV D1-D2 Mesna 240mg/m2 0h 4h 8h D1-D5 Ifosfamide 1200mg/m2 D1- D5 Cisplatin 20 mg/m2 D1-D5 every 21 days	13000	No Implant	NA	No	Tertiary	Regular Procedure	Germ cell tumour second line therapy	Minimum duration between 2 cycles 20 days Maximum number of cycles 4	No	Insurance

Se.N n	Specialty	Package Name	Procedure Name	Rate	Implant cost	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Treat)
740	medical oncology	CT for Gestational Trophoblastic Neoplasia	Etoposide + Methotrexate + Dactinomycin Cyclophosphamide + Vincristine Etoposide 100mg/m2 IV D1 D2 Dactinomycin 0.5 mg IV push D1 D2 Methotrexate 300 mg /m2 D1 Leucovorin 15 mg PO every 12 hrs for 4 doses Cyclophosphamide 600mg/m2 D8 Vincristine 1 mg/m2 D8 every 2 weeks	12041	No Implant	NA	No	Tertiary	Regular Procedure	First line therapy for high - risk Gestational Trophoblastic Neoplasia Second line	Minimum duration between 2 cycles 13 days Maximum number of cycles 8	No	Insurance
741	medical oncology	CT for Gestational Trophoblastic Neoplasia	Etoposide + Methotrexate + Dactinomycin + Cisplatin Etoposide 100mg/m2 IV D1 D2 D8 Dactinomycin 0.5 mg IV push D1 D2 Methotrexate 300 mg /m2 D1 Leucovorin 15 mg PO every 12 hrs for 4 doses Cisplatin 75mg/m2 D8 every 2 weeks	12200	No Implant	NA	No	Secondary	Regular Procedure	First line therapy for high - risk Gestational Trophoblastic Neoplasia Second line	Minimum duration between 2 cycles 13 days Maximum number of cycles 8	No	Insurance
742	medical oncology	CT for Gestational Trophoblastic Neoplasia	Methotrexate Methotrexate 1/mg/kg D1 every other day x 4 days D1 3 D5 D7 Alternating every other day with Leucovorin 15 mg PO repeat every 14 days	1000	No Implant	NA	No	Secondary	Regular Procedure	First line therapy for low risk Gestational Trophoblastic Neoplasia	Minimum duration between 2 cycles 13 days Maximum number of cycles 12	No	Insurance
743	medical oncology	CT for Gestational Trophoblastic Neoplasia	Dactinomycin Inj Dactinomycin 0.5 mg D1-D5 every 14 days	5000	No Implant	NA	No	Secondary	day care	No special condition	Minimum duration between 2 cycles 13 days Maximum number of cycles 18	yes	Insurance
744	medical oncology	CT for Cervical Cancer	Carboplatin + Paclitaxel Paclitaxel 175mg/m2 D1 Carboplatin AUC 5-6 D1 every 21 days	10000 per cycle	No Implant	NA	No	Tertiary	day care	Noninvasive and metastatic Cervical Cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance

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Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification T1/T2/T3	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
745	medical oncology	CT for Cervical Cancer	Cisplatin Cisplatin 40 mg/m2 every week	2362	No implant	NA	No	Secondary	day care	Stage II and Stage III cervical cancer definitive therapy along with Radiation therapy	Minimum duration between 2 cycles 6 days Maximum number of cycles 6	yes	Insurance
746	medical oncology	CT for Endometrial Cancer	Carboplatin + Paclitaxel Paclitaxel 175mg/m2 D1 Carboplatin AUC 5 D1 every 21 days	10000	No implant	NA	No	Tertiary	day care	Neoadjuvant, Adjuvant and Metastatic Endometrial Cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
747	medical oncology	CT for Endometrial Cancer	Cisplatin + Doxorubicin Doxorubicin 60 mg/m2 D1 Cisplatin 50mg/m2 every 3 weeks	4410	No implant	NA	No	Secondary	day care	Metastatic Endometrial Cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
748	medical oncology	CT for Endometrial Cancer	Lipodox + Carboplatin Lipodox 30 mg/m2 D1 Carboplatin AUC 5 D1 every 28 days	15000	No implant	NA	No	Tertiary	day care	No special condition	Duration between 2 cycle is 27 days Max number of cycle is 6	yes	Insurance
749	medical oncology	CT for Endometrial Cancer	Carboplatin + Gemcitabine Gemcitabine - 1000mg/m2 D1 D8 Carboplatin AUC 2 D1 D8 Gemcitabine - 1000mg/m2 D1 D8 Carboplatin AUC 5-6 D1 only every 3 weeks	10000 per cycle	No implant	NA	No	Secondary	Regular Procedure	No special condition	Duration between 2 cycle is 28 days Max number of cycle is 6	No	Insurance
750	medical oncology	CT for Endometrial Cancer	Anastrozole 1 mg orally daily (for 3 months)	7000	No implant	NA	No	Secondary	day care	No special condition	Minimum duration between 2 cycles 89 days Till disease recurrence/progress (to be renewed every 12 months)	yes	Insurance
751	medical oncology	CT for Vaginal Cancer	Cisplatin + 5 FU 5 FU 1000mg/m2 D1-D4 Cisplatin 75mg/m2 D1 every 3 weeks	5000 per cycle	No implant	NA	No	Secondary	Regular Procedure	NACT, none	Minimum duration between 2 cycles 27 days Maximum number of cycles 6	No	Insurance
752	medical oncology	CT for Vaginal Cancer	Cisplatin Cisplatin 40 mg/m2 every week	2000	No implant	NA	No	Secondary	day care	Stage II and Stage III cervical cancer definitive therapy	Minimum duration between 2 cycles 6 days Maximum number of cycles 6	yes	Insurance
753	medical oncology	CT for Vaginal Cancer	Carboplatin + Paclitaxel Paclitaxel 175mg/m2 D1 Carboplatin AUC 5 D1 every 21 days	10000 per cycle	No implant	NA	No	Secondary	day care	No special condition	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance

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Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Trust)
754	medical oncology	CT for Ewing Sarcoma	Vincristine + Topotecan + Cyclophosphamide + Irinotecan + Temozolamide Vincristine 1.5mg/m <sup>2</sup> (day 1) Topotecan 1.5mg/m <sup>2</sup> (day 1-5) Cyclophosphamide 250mg/m <sup>2</sup> (days 1-5) Given every 3 weeks Irinotecan 10-50 mg/sqm days 1-5 and days 8-12 Temozolamide 100mg/m <sup>2</sup> days 1-5 of each cycle every 3 weeks	9700	No Implant	NA	No	Secondary	Regular Procedure	Ewing Sarcoma second line chemotherapy	Minimum duration between 2 cycles 20 days Maximum number of cycles 12	No	Insurance
755	medical oncology	CT for Ewing Sarcoma	Vincristine + Ifosfamide + Etoposide Vincristine + Doxorubicin + Cyclophosphamide Vincristine + Cyclophosphamide + Dactinomycin 4 cycles VIE, 6 cycles VAC, 4 cycles VCD Vincristine 1.5mg/m <sup>2</sup> (day 1, 8 and 15) Ifosfamide 1800mg/m <sup>2</sup> (days 1-5) Etoposide 100mg/sqm (days 1-5) Given every 3 weeks Vincristine 1.5mg/m <sup>2</sup> (day 1 and 8) Adriamycin 60mg/m <sup>2</sup> (day 1) Cyclophosphamide 600mg/m <sup>2</sup> (day 1) Given 2-3 weeks	9900	No Implant	NA	No	Secondary	Regular Procedure	No special condition	VIE Minimum duration between 2 cycles 20 days Maximum number of cycles 4  VAC Minimum duration between 2 cycles 13 days Maximum number of cycles 6  VCD Minimum duration between 2 cycles 20 days Maximum number of cycles 4	No	Insurance





Se.N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DTAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
762	medical oncology	CT for Soft Tissue Sarcoma	ifosfamide + Adriamycin Doxorubicin 30mg/m2 D1 D2 Ifosfamide 2000 to 3000mg/m2 Mesna 400 to 600 mg/m2 0h 4h 8h D1 - D3 Every 21 days	13700	No Implant	NA	No	Tertiary	Regular Procedure	Soft tissue sarcoma neoadjuvant, adjuvant and metastatic	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
763	medical oncology	CT for Soft Tissue Sarcoma	Doxorubicin 60-75/m2, every 21 days	4000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
764	medical oncology	CT for Metastatic Melanoma	Dacarbazine + Cisplatin Dacarbazine 250mg/m2 D1 D5 Cisplatin 75 mg/m2 Every 21 days	7000	No Implant	NA	No	Secondary	Regular Procedure	Metastatic Melanoma	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
765	medical oncology	CT for Metastatic Melanoma	Temozolamide Temozolamide 200mg/m2 D1-D5 every 28 days	5000	No Implant	NA	No	Secondary	Regular Procedure	Metastatic Melanoma	Minimum duration between 2 cycles 27 days Maximum number of cycles 11	No	Insurance
766	medical oncology	CT for Metastatic Melanoma	Imatinib Tab Imatinib 400/800 mg daily	2000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	This is indicated for metastatic melanoma and should be continued until disease progression or unacceptable toxicity. Can be renewed every 1 month.	No	Insurance
767	medical oncology	CT for Anal Cancer	5-Fluorouracil (FU) + Mitomycin C 5-Fluorouracil (FU) 1000mg/m2 D1-D4 D25- D32 Mitomycin 10mg/m2 D1	14000	No Implant	NA	No	Secondary	Regular Procedure	Stage II and III anal Cancer	No	No	Insurance
768	medical oncology	CT for Anal Cancer	Capecitabine + Mitomycin C Capecitabine 825mg/m2 PO twice daily till completion of RT Mitomycin 10mg/2 D1	15000	No Implant	NA	No	Secondary	Regular Procedure	Stage II and III anal Cancer	No	No	Insurance
769	medical oncology	CT for Anal Cancer	Cisplatin + 5 FU 5 FU 1000mg/m2 D1-D4 Cisplatin 75mg/m2 D1 every 4 weeks	8100	No Implant	NA	No	Secondary	Regular Procedure	Metastatic Anal Cancer	Minimum duration between 2 cycles 27 days Maximum number of cycles 6	No	Insurance

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Pr.N n	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
770	medical oncology	CT for Anal Cancer	Carboplatin + Folic acid Pachicel 175mg/m2 D1 Carboplatin AUC 5-6 D1 every 21 days	10000	No Implant	NA	No	Secondary	day care	Metastatic Anal Cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
771	medical oncology	CT for Anal Cancer	Oxiplatin + Folic acid Pachicel 175 mg/m2 D1 Oxiplatin 75mg/m2 D1 every 21 days	10000	No Implant	NA	No	secondary	day care	Metastatic Anal Cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
772	medical oncology	CT for Colorectal Cancer	5 FU + Leucovorin 5 FU 1200mg/m2 D1 D2 Leucovorin 400mg/m2 D1 every 14 days	4700	No Implant	NA	No	Secondary	Regular Procedure	Adjuvant and Metastatic Colorectal Cancer	Minimum duration between 2 cycles 13 days Maximum number of cycles 12	No	Insurance
773	medical oncology	CT for Colorectal Cancer	Capecitabine + Irinotecan Capecitabine 1000mg/m2 D1-D14 Irinotecan 200 mg/m2 D1 every 21 days	12000	No Implant	NA	No	Secondary	Regular Procedure	Metastatic Colorectal Cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 8	No	Insurance
774	medical oncology	CT for Colorectal Cancer	5 FU + Leucovorin + Oxiplatin 5 FU 1200mg/m2 D1 D2 Leucovorin 400mg/m2 D1 Oxiplatin 95 mg/m2 D1 every 14 days	13650	No Implant	NA	No	Tertiary	Regular Procedure	Adjuvant and Metastatic Colorectal Cancer	Minimum duration between 2 cycles 13 days Maximum number of cycles 12	No	Insurance
775	medical oncology	CT for Colorectal Cancer	5FU + Leucovorin + Irinotecan 5 FU 1200mg/m2 D1 D2 Leucovorin 400mg/m2 D1 Irinotecan 100mg/m2 D5 mg/m2 D1 every 14 days	9570	No Implant	NA	No	Secondary	Regular Procedure	Metastatic Colorectal Cancer	Minimum duration between 2 cycles 13 days Maximum number of cycles 12	No	Insurance
776	medical oncology	CT for Colorectal Cancer	Capecitabine + Oxiplatin Capecitabine 1000mg/m2 D1-D14 Oxiplatin 130 mg/m2 D1 every 21 days	12500	No Implant	NA	No	Secondary	Regular Procedure	Adjuvant and Metastatic Colorectal Cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 8	No	Insurance
777	medical oncology	CT for Colorectal Cancer	Capecitabine along with RT Capecitabine 825 mg/m2 twice daily	5000	No Implant	NA	No	Secondary	day Care	Till completion of RT Neoadjuvant and adjuvant rectal cancer	No	yes	Insurance

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Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
778	medical oncology	CT for Colorectal Cancer	Capecitabine Capecitabine 1000mg/m <sup>2</sup> D1-D14 every 21 days	7200	No Implant	NA	No	Secondary	Regular Procedure	Adjuvant and Metastatic Colorectal Cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 8	No	Insurance
779	medical oncology	CT for Colorectal Cancer	5FU + Leucovorin + Oxaliplatin + Irinotecan 5FU 1200mg/m <sup>2</sup> D1 D2 Leucovorin 400mg/m <sup>2</sup> D1 Oxaliplatin 85 mg/m <sup>2</sup> D1 Irinotecan 100mg/m <sup>2</sup> every 14 days	15400	No Implant	NA	No	Tertiary	Regular Procedure	Neoadjuvant and adjuvant Colorectal Cancer	Minimum duration between 2 cycles 13 days Maximum number of cycles 12	No	Insurance
780	medical oncology	CT for Esophageal Cancer	Carboplatin + Paclitaxel Paclitaxel 175mg/m <sup>2</sup> D1 Carboplatin AUC 5-6 D1 every 21 days	10000 per cycle	No Implant	NA	No	Secondary	day care	Neoadjuvant and adjuvant esophageal cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 8	yes	Insurance
781	medical oncology	CT for Esophageal Cancer	Cisplatin + 5FU 5FU 1000mg/m <sup>2</sup> D1-D4 Cisplatin 75mg/m <sup>2</sup> D1 every 4 weeks	14000	No Implant	NA	No	Secondary	Regular Procedure	Upper esophageal neoadjuvant and with RT as adjuvant	Minimum duration between 2 cycles 27 days Maximum number of cycles 6	No	Insurance
782	medical oncology	CT for Esophageal Cancer	Cisplatin + 5FU Cisplatin 75mg/m <sup>2</sup> D1 D29 5FU 1000mg/m <sup>2</sup> D1-D4 D29-D32 every 35 days	14000	No Implant	NA	No	Secondary	Regular Procedure	Upper esophageal neoadjuvant and with RT as adjuvant	Minimum duration between 2 cycles 35 days	No	Insurance
783	medical oncology	CT for Esophageal Cancer	Paclitaxel + Carboplatin Paclitaxel 50mg/m <sup>2</sup> D1 Carboplatin AUC 2 D1 every week	3000 / week	No Implant	NA	No	Secondary	day care	With RT in definitive line-metastatic	Minimum duration between 2 cycles 6 days Maximum number of cycles 12	yes	Insurance
784	medical oncology	CT for Esophageal Cancer	Paclitaxel + Carboplatin Paclitaxel 50mg/m <sup>2</sup> D1 Carboplatin AUC 2 D1 every week	3000 / week	No Implant	NA	No	Secondary	day care	Metastatic without RT	Minimum duration between 2 cycles 6 days Maximum number of cycles 12	yes	Insurance
785	medical oncology	CT for Esophageal / Stomach Cancer	Cisplatin + Docetaxel Docetaxel 40mg/m <sup>2</sup> D1 Cisplatin 40 mg/m <sup>2</sup> D1 Leucovorin 400mg/m <sup>2</sup> D1 5FU 1000mg/m <sup>2</sup> D1 D2 every 14 days	10000	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant, adjuvant and metastatic stomach and lower esophageal cancer	Minimum duration between 2 cycles 13 days Maximum number of cycles 8	No	Insurance
786	medical oncology	CT for Esophageal / Stomach Cancer	Irinotecan Irinotecan 60- 90 mg/m <sup>2</sup> D1 D8 every 21 days	10925	No Implant	NA	No	Secondary	Regular Procedure	Metastatic second line esophageal and stomach cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 8	No	Insurance

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Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Trust)
707	medical oncology	CT for Esophageal / Stomach Cancer	5 FU 5 FU 250 mg/m2 D1-D5 over 24 hrs every week	9375	No Implant	NA	No	Secondary	Regular Procedure	Till RT ends Lower esophageal and stomach Cancer with RT as adjuvant	Minimum duration between 2 cycles 6 days	No	Insurance
708	medical oncology	CT for Esophageal / Stomach Cancer	Capecitabine Capecitabine 825 mg/m2 twice daily	7200	No Implant	NA	No	Secondary	Regular Procedure	Till completion of RT Lower esophageal and stomach Cancer with RT as adjuvant	Upto 42 days, indicated cost is for the entire treatment.	No	Insurance
709	medical oncology	CT for Esophageal / Stomach Cancer	Capecitabine + Oxaliplatin Capecitabine 1000mg/m2 D1-D14 Oxaliplatin 130 mg/m2 D1 every 21 days	12500	No Implant	NA	No	Secondary	day care	Adjuvant and Metastatic Stomach, Lower esophageal (adenocarcinoma) cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 8	yes	Insurance
790	medical oncology	CT for Esophageal / Stomach Cancer	Docetaxel + Cisplatin + 5 FU Docetaxel 40mg/m2 D1 Cisplatin 40 mg/m2 D1 Leucovorin 400mg/m2 D1 5FU 1000mg/m2 D1 D2 every 14 days	14000	No Implant	NA	No	Tertiary	Regular Procedure	Neoadjuvant, adjuvant and metastatic stomach and lower esophageal (adenocarcinoma) cancer	Minimum duration between 2 cycles 13 days Maximum number of cycles 8	No	Insurance
791	medical oncology	CT for Esophageal / Stomach Cancer	Docetaxel + Cisplatin + Capecitabine Docetaxel 40mg/m2 D1 Cisplatin 40 mg/m2 D1 Capecitabine 825mg/m2 twice daily every 14 days	13310	No Implant	NA	No	Tertiary	Regular Procedure	Neoadjuvant, adjuvant and metastatic stomach and lower esophageal (adenocarcinoma) cancer	Minimum duration between 2 cycles 13 days Maximum number of cycles 8	No	Insurance
792	medical oncology	CT for Esophageal / Stomach Cancer	Docetaxel + Oxaliplatin + 5 FU Docetaxel 50mg/m2 D1 Oxaliplatin 85 mg/m2 D1 Leucovorin 400mg/m2 D1 5FU 1200mg/m2 D1 D2 every 14 days	18500	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant, adjuvant and metastatic stomach and lower esophageal cancer	Minimum duration between 2 cycles 13 days Maximum number of cycles 8	No	Insurance
793	medical oncology	CT for Esophageal / Stomach Cancer	Docetaxel + Oxaliplatin + Capecitabine Docetaxel 50mg/m2 D1 Oxaliplatin 85 mg/m2 D1 Capecitabine 825 mg/m2 Twice daily every 14 days	18500	No Implant	NA	No	Tertiary	Regular Procedure	Neoadjuvant, adjuvant and metastatic stomach and lower esophageal cancer	Minimum duration between 2 cycles 13 days Maximum number of cycles 8	No	Insurance

Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
794	medical oncology	CT for Esophageal / Stomach Cancer	5FU + Leucovorin + Irinotecan 5 FU 1200mg/m2 D1 D2 Leucovorin 400mg/m2 D1 Irinotecan 180mg/m2 85 mg/m2 D1 every 14 days	9570	No implant	NA	No	Secondary	Regular Procedure	Metastatic lower esophageal and stomach Cancer	Minimum duration between 2 cycles 13 days Maximum number of cycles 12	No	Insurance
795	medical oncology	CT for Esophageal / Stomach Cancer	5FU + Leucovorin + Oxaliplatin 5 FU 1200mg/m2 D1 D2 Leucovorin 400mg/m2 D1 Oxaliplatin 85 mg/m2 D1 every 14 days	11100	No implant	NA	No	Secondary	Regular Procedure	Adjuvant for stomach and lower esophageal (adenocarcinoma) cancer	Minimum duration between 2 cycles 13 days Maximum number of cycles 12	No	Insurance
796	medical oncology	CT for Esophageal / Stomach Cancer	Paclitaxel Paclitaxel 80mg/m2 every week	3000	No implant	NA	No	Secondary	day care	Neoadjuvant, adjuvant, along with Radiation (concurrent), metastatic esophageal cancer	Minimum duration between 2 cycles 6 days Maximum number of cycles 12	yes	Insurance
797	medical oncology	CT for Hepatocellular Carcinoma	Doxorubicin (TACE) Doxorubicin 30-75 mg/m2 one course	22500	No implant	NA	No	Secondary	Regular Procedure	Liver confined hepatocellular carcinoma	Maximum number of cycles - 1	No	Insurance
798	medical oncology	CT for Hepatocellular Carcinoma	Sorafenib Sorafenib 400mg PO twice daily	6000	No implant	NA	No	Secondary	Regular Procedure	Metastatic hepatocellular carcinoma (except child Pugh c) Liver confined but not suitable for liver directed therapy	Minimum duration between 2 cycles 29 days Maximum number of cycles 12	No	Insurance
799	medical oncology	CT for Hepatocellular Carcinoma	Lenvatinib 12 mg daily	10000	No implant	NA	No	Secondary	day care	No special condition	This is indicated for metastatic hepatocellular carcinoma and should be continued until disease progression or unacceptable toxicity. Can be renewed every 3 months.	yes	Insurance
800	medical oncology	CT for Pancreatic Cancer	Gemcitabine + Nabpaclitaxel Gemcitabine 1000mg/m2 D1 D8 D16 Albumin bound Paclitaxel 125mg/m2 D1 D8 D15 every 28 days	25000	No implant	NA	No	Tertiary	Regular Procedure	Neoadjuvant, adjuvant and metastatic pancreatic cancer	Minimum duration between 2 cycles 27 days Maximum number of cycles 8	No	Insurance

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S.N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
801	medical oncology	CT for Pancreatic Cancer	Gemcitabine Gemcitabine 1000mg/m <sup>2</sup> D1 D8 every 21 days	9000	No Implant	NA	No	Secondary	Regular Procedure	Metastatic pancreatic cancer - first line	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
802	medical oncology	CT for Pancreatic Cancer	Gemcitabine Gemcitabine 300mg/m <sup>2</sup> weekly	9000	No Implant	NA	No	Secondary	day care	Neoadjuvant and adjuvant locally advanced pancreatic cancer	Minimum duration between 2 cycles 6 days	yes	Insurance
803	medical oncology	CT for Pancreatic Cancer	5FU + Leucovorin + Oxaliplatin + Irinotecan 5FU 1200mg/m <sup>2</sup> D1 D2 Leucovorin 400mg/m <sup>2</sup> D1 Oxaliplatin 85 mg/m <sup>2</sup> D1 Irinotecan 100mg/m <sup>2</sup> every 14 days	15500	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant, adjuvant and metastatic pancreatic cancer	Minimum duration between 2 cycles 13 days Maximum number of cycles 12	No	Insurance
804	medical oncology	CT for Pancreatic Cancer	Capecitabine Capecitabine 825 mg/m <sup>2</sup> twice daily	7400	No Implant	NA	No	Secondary	day care	T10 RT ends Neoadjuvant and adjuvant locally advanced pancreatic cancer	Maximum number of cycles - 12	yes	Insurance
805	medical oncology	CT for Pancreatic Cancer	Capecitabine + Gemcitabine Gemcitabine 1000mg/m <sup>2</sup> D1 D8 D15 Capecitabine 830mg/m <sup>2</sup> twice daily D1-D21 every 28 days	9900	No Implant	NA	No	Secondary	Regular Procedure	Pancreatic cancer - adjuvant	Minimum duration between 2 cycles 27 days Maximum number of cycles 6	No	Insurance
806	medical oncology	CT for Gall Bladder Cancer / Cholangiocarcinoma	Capecitabine Capecitabine 1000 - 1250 mg/m <sup>2</sup> twice daily D1 -D14 every 21 days	7300	No Implant	NA	No	Secondary	day care	Adjuvant and metastatic gall bladder and cholangiocarcinoma	Minimum duration between 2 cycles 20 days Maximum number of cycles 8	yes	Insurance
807	medical oncology	CT for Gall Bladder Cancer / Cholangiocarcinoma	Cisplatin + Gemcitabine Gemcitabine 1000 mg/m <sup>2</sup> D1 D8 Cisplatin 25 mg/m <sup>2</sup> D1 D8 every 21 days	12000	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant, adjuvant and metastatic pancreatic cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
808	medical oncology	CT for Gall Bladder Cancer / Cholangiocarcinoma	5FU + Leucovorin + Irinotecan 5FU 1200mg/m <sup>2</sup> D1 D2 Leucovorin 400mg/m <sup>2</sup> D1 Irinotecan 100mg/m <sup>2</sup> 85 mg/m <sup>2</sup> D1 every 14 days	7400	No Implant	NA	No	Secondary	Regular Procedure	Metastatic gall bladder and cholangiocarcinoma	Minimum duration between 2 cycles 13 days Maximum number of cycles 6	No	Insurance

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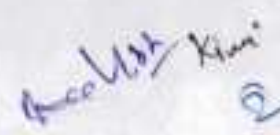


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Sr. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
009	medical oncology	CT for Gall Bladder Cancer / Cholangiocarcinoma	Gemcitabine Gemcitabine 300 mg/m <sup>2</sup> D1 every week (till RT ends)	3000 per week	No Implant	NA	No	Secondary	Regular Procedure	Till RT ends Definitive and Adjuvant therapy in gall bladder cancer	Minimum duration between 2 cycles 6 days Maximum number of cycles 6	No	Insurance
010	medical oncology	CT for Gall Bladder Cancer / Cholangiocarcinoma	Gemcitabine Gemcitabine 1000mg /m <sup>2</sup> D1 D8 every 21 days	8975	No Implant	NA	No	Secondary	Regular Procedure	Metastatic Gall Bladder Cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 12	No	Insurance
011	medical oncology	CT for Gall Bladder Cancer / Cholangiocarcinoma	Oxaliplatin + Gemcitabine Gemcitabine 1000 mg/m <sup>2</sup> D1 Oxaliplatin 300 mg/m <sup>2</sup> D1 every 14 days	17000	No Implant	NA	No	Tertiary	Regular Procedure	Neoadjuvant, adjuvant and metastatic pancreatic cancer	Minimum duration between 2 cycles 13 days Maximum number of cycles 6	No	Insurance
012	medical oncology	CT for Gall Bladder Cancer / Cholangiocarcinoma	Capecitabine + Irinotecan Capecitabine 1000mg/m <sup>2</sup> D1-D14 Irinotecan 200 mg/m <sup>2</sup> D1 every 21 days	7400	No Implant	NA	No	Secondary	day care	Metastatic gall bladder and cholangiocarcinoma	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
013	medical oncology	CT for Gall Bladder Cancer / Cholangiocarcinoma	5FU + Leucovorin + Oxaliplatin 5-FU 3200mg/m <sup>2</sup> D1 D2 Leucovorin 400mg/m <sup>2</sup> D1 Oxaliplatin 85 mg/m <sup>2</sup> D1 every 14 days	10000	No Implant	NA	No	Secondary	Regular Procedure	Metastatic gall bladder and cholangiocarcinoma	Minimum duration between 2 cycles 13 days Maximum number of cycles 6	No	Insurance
014	medical oncology	CT for Gastrointestinal stromal tumor	Sunitinib sunitinib 400 mg once daily per month	2000 per month	No Implant	NA	No	Secondary	day care	Neoadjuvant, adjuvant and metastatic GIST	Minimum duration between 2 cycles 29 days	yes	Insurance
015	medical oncology	CT for Gastrointestinal stromal tumor	Sunitinib Sunitinib 37.5 mg once daily	10000	No Implant	NA	No	Secondary	Regular Procedure	Metastatic GIST	Minimum duration between 2 cycles 29 days	No	Insurance
016	medical oncology	CT for CA Brain	Temozolomide Temozolomide 150 - 200 mg/m <sup>2</sup> D1-D5 every 28 days	5000	No Implant	NA	No	Secondary	day care	Adjuvant therapy	Minimum duration between 2 cycles 27 days Maximum number of cycles 6	yes	Insurance
017	medical oncology	CT for CA Brain	Temozolomide Temozolomide 75mg/m <sup>2</sup> once daily	5000	No Implant	NA	No	Secondary	Regular Procedure	Till RT ends Definitive therapy	maximum number of cycle 1 upto 42 days	No	Insurance
018	medical oncology	CT for Mesothelioma	Gemcitabine + Cisplatin Gemcitabine 1000 mg/m <sup>2</sup> D1 D8 Cisplatin 75 mg/m <sup>2</sup> D1 every 21 days	9400	No Implant	NA	No	Secondary	Regular Procedure	Metastatic mesothelioma	Minimum duration between 2 cycles 28 days Maximum number of cycles 6	No	Insurance



Item #	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
819	medical oncology	CT for Mesothelioma	Femetrexed + Cisplatin Femetrexed 500mg/m2 D1 Cisplatin 75 mg/m2 D1 every 21 days	9400	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant, adjuvant and metastatic mesothelioma	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
820	medical oncology	CT for Mesothelioma	Femetrexed + Carboplatin Femetrexed 500mg/m2 D1 Carboplatin AUC 5-6 D1 every 21 days	9400	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant, adjuvant and metastatic mesothelioma	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
821	medical oncology	CT for CA Head & Neck	Cisplatin + Docetaxel Docetaxel 75 mg/m2 D1 Cisplatin 75 mg/m2 D1 every 21 days	12400	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant and metastatic head and neck squamous cell cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
822	medical oncology	CT for CA Head & Neck	Cisplatin Cisplatin 100mg/m2 every 21 days	3800	No Implant	NA	No	Secondary	day care	Definitive therapy	Minimum duration between 2 cycles 20 days Maximum number of cycles 3	yes	Insurance
823	medical oncology	CT for CA Head & Neck	Carboplatin + Gemcitabine Gemcitabine 1000 mg/m2 D1 D1 Carboplatin AUC 5-6 D1 every 21 days	18000 per cycle	No Implant	NA	No	Secondary	Regular Procedure	Metastatic squamous cell head and neck cancer, nasopharyngeal cancer, salivary gland cancers	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
824	medical oncology	CT for CA Head & Neck	Docetaxel + Cisplatin + 5-FU Docetaxel 75 mg/m2 D1 Cisplatin 75 mg/m2 D1 5-FU 750 mg/m2 D1- D5 every 21 days	14500	No Implant	NA	No	Tertiary	Regular Procedure	Neoadjuvant, Metastatic squamous cell head and neck cancer, nasopharyngeal cancer, salivary gland cancers	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
825	medical oncology	CT for CA Head & Neck	Docetaxel Docetaxel 20mg/m2 every week	14400	No Implant	NA	No	Secondary	day care	Metastatic squamous cell head and neck cancer, salivary gland cancers	Minimum duration between 2 cycles 6 days Maximum number of cycles 12	yes	Insurance
826	medical oncology	CT for CA Head & Neck	Docetaxel Docetaxel 75 mg/m2 D1 every 21 days	5800	No Implant	NA	No	Secondary	day care	Metastatic head and neck squamous cell carcinoma	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
827	medical oncology	CT for CA Head & Neck	Etoposide + Carboplatin Etoposide 100mg/m2 D1- D1 Carboplatin AUC 5-6 D1 every 21 days	7600	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant, adjuvant and metastatic epithelioid mesothelioma and Neuroendocrine carcinoma	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance

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Sr.N <sup>o</sup>	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Trust)
B28	medical oncology	CT for CA Head & Neck	Etoposide + Cisplatin Etoposide 100mg/m2 D1 - D3 Cisplatin 75-100 mg/m2 D1 every 21 days	9262	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant, adjuvant and metastatic ethesioneuroblastoma and Neuroendocrine carcinoma	Minimum duration: between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
B29	medical oncology	CT for CA Head & Neck	Gemcitabine Gemcitabine 1000 mg/m2 D1 D8 every 21 days	14000	No Implant	NA	No	Tertiary	Regular Procedure	Metastatic squamous cell head and neck cancer, nasopharyngeal cancer, salivary gland cancers	Minimum duration: between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
B30	medical oncology	CT for CA Head & Neck	Gemcitabine + Cisplatin Gemcitabine 1000 mg/m2 D1 D8 Cisplatin 75 mg/m2 D1 every 21 days	12150	No Implant	NA	No	Secondary	Regular Procedure	Metastatic squamous cell head and neck cancer, nasopharyngeal cancer, salivary gland cancers	Minimum duration: between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
B31	medical oncology	CT for CA Head & Neck	Paclitaxel + Carboplatin Paclitaxel 60mg/m2 D1 Carboplatin AUC 2 D1 every week	5000	No Implant	NA	No	Secondary	day care	Metastatic squamous cell head and neck cancer, nasopharyngeal cancer, salivary gland cancers	Minimum duration: between 2 cycles 6 days Maximum number of cycles 24	yes	Insurance
B32	medical oncology	CT for CA Head & Neck	Paclitaxel + Carboplatin Paclitaxel 175mg/m2 every 21 days	10000	No Implant	NA	No	Secondary	day care	Metastatic squamous cell head and neck cancer, salivary gland cancers, nasopharyngeal carcinoma	Minimum duration: between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
B33	medical oncology	CT for CA Head & Neck	Paclitaxel Paclitaxel 60mg/m2 every week	3000	No Implant	NA	No	Secondary	day care	Metastatic squamous cell head and neck cancer, salivary gland cancers	Minimum duration: between 2 cycles 6 days Maximum number of cycles 24	yes	Insurance
B34	medical oncology	CT for CA Head & Neck	Paclitaxel Paclitaxel 175mg/m2 every 21 days	12000	No Implant	NA	No	Secondary	day care	Metastatic squamous cell head and neck cancer, nasopharyngeal cancer, salivary gland cancers	Minimum duration: between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
B35	medical oncology	CT for CA Head & Neck	Carboplatin Carboplatin AUC 2 every week	2692	No Implant	NA	No	Secondary	day care	Definitive therapy	Minimum duration: between 2 cycles 6 days Maximum number of cycles 6	yes	Insurance
B36	medical oncology	CT for CA Head & Neck	Cisplatin Cisplatin 40mg/m2 every week	3000	No Implant	NA	No	Secondary	day care	Definitive therapy	Minimum duration: between 2 cycles 6 days Maximum number of cycles 6	yes	Insurance

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Se.N o	Specialty	Package Name	Procedury Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
837	medical oncology	CT for Renal Cell Cancer	Sunitinib 50 mg once daily 4 weeks on 2 weeks off	10000	No Implant	NA	No	Secondary	Regular Procedure	Metastatic renal cell carcinoma	Minimum duration between 2 cycles 13 days	No	Insurance
838	medical oncology	CT for Renal Cell Cancer	Cabozantinib 60 mg od x 1 month every 4 weeks	13000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 27 days This treatment is to be continued until disease progression or unacceptable toxicity.	No	Insurance
839	medical oncology	CT for Ureter / Bladder / Urethra	Cisplatin + Methotrexate + Vincristine Methotrexate 30mg/m2 D1 D8 Vincristine 4 mg/m2 D1 D8 Doxorubicin 30 mg/m2 D2 Cisplatin 100 mg/m2 D2 Leucovorin 15 mg PO D2 D9 every 21 days	6600	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant, Metastatic urothelial cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
840	medical oncology	CT for Ureter / Bladder / Urethra	Carboplatin + Gemcitabine Gemcitabine 1000 mg/m2 D1 D8 Carboplatin AUC 5-6 D1 every 21 days	10000 per cycle	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant, Adjuvant, Metastatic urothelial cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
841	medical oncology	CT for Ureter / Bladder / Urethra	Cisplatin + Gemcitabine Gemcitabine 1000 mg/m2 D1 D8 Cisplatin 75 mg/m2 D1 every 21 days	8000	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant, Adjuvant, Metastatic urothelial cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
842	medical oncology	CT for Ureter / Bladder / Urethra	Cisplatin + 5 FU 5 FU 1000mg/m2 D1-D4 Cisplatin 75mg/m2 D1 every 4 weeks	6600	No Implant	NA	No	Secondary	regular Procedure	Neoadjuvant, Adjuvant, Metastatic urothelial cancer	Minimum duration between 2 cycles 27 days Maximum number of cycles 6	No	Insurance
843	medical oncology	CT for Ureter / Bladder / Urethra	Cisplatin + Paclitaxel Paclitaxel 175 mg /m2 D1 Cisplatin 75 mg /m2 D1 every 21 days	8000	No Implant	NA	No	Secondary	day care	Neoadjuvant, Adjuvant, Metastatic urothelial cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
844	medical oncology	CT for Ureter / Bladder / Urethra	Doxorubicin Doxorubicin 75 mg/m2 D1 every 21 days	5000	No Implant	NA	No	Secondary	day care	Metastatic urothelial cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance

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Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
845	medical oncology	CT for Ureter / Bladder / Urethra	Gemcitabine + Paclitaxel Gemcitabine 2500 mg/m <sup>2</sup> D1 Paclitaxel 150 mg/m <sup>2</sup> D1 every 14 days	10000 /per cycle	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant, Metastatic urothelial cancer	Minimum duration between 2 cycles 13 days Maximum number of cycles 6	No	Insurance
846	medical oncology	CT for Ureter / Bladder / Urethra	Gemcitabine Gemcitabine 1600mg /m <sup>2</sup> D1 D8 every 21 days	6600	No Implant	NA	No	Secondary	Regular Procedure	Metastatic urothelial cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 8	No	Insurance
847	medical oncology	CT for Ureter / Bladder / Urethra	Methotrexate + Vinorelbine + Bosurabine + Cisplatin Methotrexate 30mg/m <sup>2</sup> D1 Vinorelbine 3 mg/m <sup>2</sup> D2 Bosurabine 30 mg/m <sup>2</sup> D2 Cisplatin 70 mg/m <sup>2</sup> D2 every 14 days	8600	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant, Adjuvant, Metastatic urothelial cancer	Minimum duration between 2 cycles 13 days Maximum number of cycles 6	No	Insurance
848	medical oncology	CT for Ureter / Bladder / Urethra	Paclitaxel + Carboplatin Paclitaxel 175mg/m <sup>2</sup> D1 Carboplatin AUC 5-6 D1 every 21 days	10000 /per cycle	No Implant	NA	No	Secondary	day care	Neoadjuvant, Adjuvant, Metastatic urothelial cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
849	medical oncology	CT for Ureter / Bladder / Urethra	Paclitaxel Paclitaxel 80 mg/m <sup>2</sup> D1 every week	3000	No Implant	NA	No	Secondary	day care	Metastatic urothelial cancer	Minimum duration between 2 cycles 6 days Maximum number of cycles 24	yes	Insurance
850	medical oncology	CT for CA Penis	Cisplatin + Paclitaxel Paclitaxel 175mg/m <sup>2</sup> D1 Cisplatin 75 mg/m <sup>2</sup> D1 every 21 days	10000	No Implant	NA	No	Secondary	day care	Neoadjuvant, Adjuvant, Metastatic penile cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
851	medical oncology	CT for CA Penis	5FU + Cisplatin 5FU 1000mg/m <sup>2</sup> D1-D4 Cisplatin 75mg/m <sup>2</sup> D1 every 4 weeks	8175	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant, Adjuvant, Metastatic penile cancer	Minimum duration between 2 cycles 27 days Maximum number of cycles 6	No	Insurance
852	medical oncology	CT for CA Penis	Capecitabine Capecitabine 1000-1250 mg/m <sup>2</sup> PO twice daily D1- D14 every 21 days	7300	No Implant	NA	No	Secondary	day care	Metastatic Penile Cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
853	medical oncology	CT for CA Penis	Paclitaxel + Carboplatin Paclitaxel 175mg/m <sup>2</sup> D1 Carboplatin AUC 5-6 D1 every 21 days	10000 /per cycle	No Implant	NA	No	Secondary	day care	Neoadjuvant, Adjuvant, Metastatic penile cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance



S.N u	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
854	medical oncology	CT for CA Penis	Paclitaxel Paclitaxel 80 mg/m <sup>2</sup> D1 every week	3000	No Implant	NA	No	Secondary	day care	Metastatic Penile Cancer	Minimum duration between 2 cycles 6 days Maximum number of cycles 24	yes	Insurance
855	medical oncology	CT for CA Penis	Paclitaxel Paclitaxel 175 mg/m <sup>2</sup> D1 every 21 days	5000	No Implant	NA	No	Secondary	day care	Metastatic Penile Cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
856	medical oncology	CT for CA Penis	Paclitaxel + Carboplatin Paclitaxel 80 mg/m <sup>2</sup> D1 Carboplatin AUC 2 D1 every week	15100	No Implant	NA	No	Tertiary	day care	Metastatic Penile Cancer	Minimum duration between 2 cycles 6 days Maximum number of cycles 24	yes	Insurance
857	medical oncology	CT for CA Prostate	Docetaxel Docetaxel 60 mg/m <sup>2</sup> D1 every 14 days	5000 per cycle	No Implant	NA	No	Secondary	day care	Metastatic prostate cancer	Minimum duration between 2 cycles 13 days Maximum number of cycles 12	yes	Insurance
858	medical oncology	CT for CA Prostate	Docetaxel Docetaxel 75 mg/m <sup>2</sup> D1 every 21 days	5000	No Implant	NA	No	Secondary	day care	Metastatic prostate cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 8	yes	Insurance
859	medical oncology	CT for CA Prostate	Etoposide + Carboplatin Etoposide 300mg/m <sup>2</sup> D1 - D1 Carboplatin AUC 5-6 D1 every 21 days	7687	No Implant	NA	No	Secondary	Regular Procedure	Metastatic prostate cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
860	medical oncology	CT for CA Prostate	LDHR Agonist Leuprolide 22.5 ug every 3 months	15000	No Implant	NA	No	Secondary	Regular Procedure	Metastatic prostate cancer	Minimum duration between 2 cycles 80 days Maximum number of cycles 8	No	Insurance
861	medical oncology	CT for CA Prostate	Mitoxantrone + Prednisolone Mitoxantrone 12mg/m <sup>2</sup> every 3 weeks Prednisolone 10 mg daily	4200	No Implant	NA	No	Secondary	Regular Procedure	Metastatic prostate cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 12	No	Insurance
862	medical oncology	CT for CA Prostate	Paclitaxel + Carboplatin Paclitaxel 80mg/m <sup>2</sup> D1 Carboplatin AUC 2 D1 every week	3000 per week	No Implant	NA	No	Secondary	day care	Metastatic prostate cancer	Minimum duration between 2 cycles 6 days Maximum number of cycles 24	yes	Insurance
863	medical oncology	CT for CA Prostate	Paclitaxel + Carboplatin Paclitaxel 175mg/m <sup>2</sup> D1 Carboplatin AUC 5-6 D1 every 21 days	10000 per cycle	No Implant	NA	No	Secondary	day care	Metastatic prostate cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance

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Dr.N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
864	medical oncology	CT for CA Prostate	Doxetaxel Doxetaxel 20mg/m2 D1 every week	3200	No implant	NA	No	Secondary	day care	Metastatic prostate cancer	Minimum duration between 2 cycles 6 days Maximum number of cycles 24	yes	Insurance
865	medical oncology	CT for CA Prostate	Abiraterone 1000 mg + Prednisolone 10mg daily Once every month	13000	No implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 27 days Till disease progression/toxicity (to be reserved every 12 months)	No	Insurance
866	medical oncology	CT for B - Cell NHL - High Grade (Except Burkitt's & PCNSL)	Rituximab + Cyclophosphamide + Doxorubicin + Prednisolone Rituximab 375mg/m2 Cyclophosphamide 750 mg/m2 Doxorubicin 50mg/m2 Vincristine 1.4 mg/m2 on Day1 Prednisolone 100 mg Day 1- 3 Total 6 cycles, repeat 21 days	20000/per cycle	No implant	NA	No	Tertiary	Regular Procedure	No special condition	Minimum duration between 2 cycles 28 days Maximum number of cycles 6	No	Insurance
867	medical oncology	CT for Relapsed B - Cell NHL - High Grade (Except Burkitt's & PCNSL)	GDP - B Rituximab 375mg/m2 Day 1 Gemcitabine 1000mg/m2 on day 1 and 8 Dexamethasone 40 mg Day 1 - 4 Oxiplatin 75mg/m2 on day 1 Cycle to be repeated every 21days Total 6 cycles	15000/per cycle	No implant	NA	No	Tertiary	Regular Procedure	No special condition	Minimum duration between 2 cycles 28 days Maximum number of cycles 6	No	Insurance
868	medical oncology	CT for Relapsed B - Cell NHL - High Grade (Except Burkitt's & PCNSL)	ICE - B Rituximab 375mg/m2 Ifosfamide 1.6g/m2 on day 1 - 3 Mesna 1.6g/m2 day 1 - 3 Carboplatin AUC 5 on day 1 Etoposide 100mg/m2 on day 1 - 3 Cycle every 21days for 6 cycles	15000/per cycle	No implant	NA	No	Tertiary	Regular Procedure	No special condition	Minimum duration between 2 cycles 28 days Maximum number of cycles 6	No	Insurance

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Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
869	medical oncology	CT for PMBCL / Burkitt's Lymphoma / Seropositive B - Cell NHL	Etoposide + Prednisolone + Vincristine + Cyclophosphamide + Doxorubicin Rituximab 375mg/m <sup>2</sup> Day 1 Etoposide 50mg/m <sup>2</sup> VCR 0.4mg/m <sup>2</sup> Doxorubicin 10mg/m <sup>2</sup> Day 1 - 4 Cyclophosphamide 750mg/m <sup>2</sup> on day 5 Prednisolone 100 mg day 1- 5 Every 21 days Dose adjustment each cycle depending on nadir counts Total: 6 cycles	11700	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	Minimum duration between 2 cycles 20- days Maximum number of cycles 6	No	Insurance
870	medical oncology	CT for Low- Grade B - Cell NHL	Lenalidomide + Rituximab Rituximab 375mg/m <sup>2</sup> Day 1 Lenalidomide 25 mg D1-28, for 6 cycles	27500	No Implant	NA	No	Tertiary	day care	No special condition	Maximum number of cycles - 8	yes	Insurance
871	medical oncology	CT for Low Grade NHL	Rituximab + Cyclophosphamide + Vincristine + Prednisolone Rituximab 375 mg/m <sup>2</sup> Cyclophosphamide 1500mg/m <sup>2</sup> Vincristine 1.4mg/m <sup>2</sup> Day 1 Prednisolone 140 mg Day 1 -5 Repeat every 21days. Total 6 cycles	15000 per cycle	No Implant	NA	No	Tertiary	day care	No special condition	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
872	medical oncology	CT for Chronic Lymphocytic Leukemia	Fludarabine + Cyclophosphamide Fludarabine 25mg/m <sup>2</sup> D1- 3 Cyclophosphamide 250 mg/m <sup>2</sup> D1-3 every 28 days for 6 cycles	18000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	Minimum duration between 2 cycles 27 days Maximum number of cycles 6	No	Insurance

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Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
873	medical oncology	CT for Chronic Lymphocytic Leukemia	Rituximab + Chlorambucil Rituximab 375mg/m2 Day 1 Chlorambucil 10 mg/m2 D1- 7 Repeat every 28 days for 12 cycles	24900	No Implant	NA	No	Tertiary	day care	No special condition	Minimum duration between 2 cycles 27 days Maximum number of cycles 12	yes	Insurance
874	medical oncology	CT for Chronic Lymphocytic Leukemia	Rituximab + Fludarabine + Cyclophosphamide Rituximab 375mg/m2 on day 1 Fludarabine 25mg/m2 D1- 3 Cyclophosphamide 250 mg/m2 D1-3 Every 28 days for 6 cycles	18000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	Minimum duration between 2 cycles 27 days Maximum number of cycles 6	No	Insurance
875	medical oncology	CT for Chronic Lymphocytic Leukemia	Lenalidomide lenalidomide 10-25 mg/day day 1 to 21 every 28 days	4800	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 27 days Maximum number of cycles 12	No	Insurance
876	medical oncology	CT for Peripheral T-Cell Lymphoma	CHOP Cyclophosphamide 750mg/m2 D1 Vincristine 1.4mg/m2 D1 Adriamycin 50 mg/m2 D1 Prednisolone 100 mg D1-5 Every 21 days. Total 6 cycles	4000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
877	medical oncology	CT for Peripheral T-Cell Lymphoma	SMILE Methotrexate 2gm/m2 D1 Ibuprofen 1500mg/m2 D2- 4 Etoposide 100mg/m2 D2-4 L-asparaginase 6000U/m2 D6,10,12,14,16,18,20 Dexamethasone 40mg D1-4 every 20 days	19300	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	Minimum duration between 2 cycles 27 days Maximum number of cycles 6	No	Insurance



Seq No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance / Trust)
878	medical oncology	CT for NK+ TCell lymphoma	LVP L-asparaginase 6000U/m2 D1-5 Vincristine 1.4mg/m2 D1 Prednisolone 100mg D1-5 Repeat every 21 days	7950	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 20 days Maximum number of cycles 8	No	Insurance
879	medical oncology	CT for Hodgkin's lymphoma	ABVD Adriamycin 25mg/m2 Bleomycin 30unit/m2 Vincristine 6mg/m2 Dacarbazine 375 mg/m2 Day 1,15 Every 28 days for 6 cycles	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 27 days Maximum number of cycles 6	No	Insurance
880	medical oncology	CT for Hodgkin's lymphoma	AEVD Adriamycin 25mg/m2 Vincristine 6mg/m2 Dacarbazine 375 mg/m2 Day 1,15 Etoposide 65mg/m2 Day 1-3, 15-17 Every 28 days for 6 cycles	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 27 days Maximum number of cycles 6	No	Insurance
881	medical oncology	CT for Relapsed Hodgkin lymphoma	ICE Ifosfamide 1.5 mg/m2 D1-3 Carboplatin AUC5 D2 Etoposide 100mg/m2 D1-3 Every 3 weeks	15000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	Minimum duration between 2 cycles 26 days Maximum number of cycles 6	No	Insurance
882	medical oncology	CT for Relapsed Hodgkin lymphoma	PTCL - GDP Gemcitabine 1800mg/m2 D1 and D8 Dexamethasone 40mg D1-4 Cisplatin 75mg/m2 D1 or Carboplatin AUC-5 Every 3 weeks	12500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
883	medical oncology	CT for MM / Amyloidosis / POEMS	Lenalidomide + Dexamethasone Lenalidomide 25 mg daily Day 1-21 Dexamethasone 40mg Day 1, 8, 15, 22 Every 28 days	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 27 days Maximum number of cycles 12	No	Insurance

Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
884	medical oncology	CT for MM / Amyloidosis / POEMS	Pomalidomide + Dexamethasone Pomalidomide 4 mg daily Day 1-21 Dexamethasone 40mg Day 1, 8, 15, 22 Every 28 days	7000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 27 days Maximum number of cycles 12	No	Insurance
885	medical oncology	CT for MM / Amyloidosis	Cyclophosphamide + Thalidomide + Dexamethasone Cyclophosphamide 100mg D1-D14 Thalidomide 100-200 mg daily Day 1-28 Dexamethasone 40mg Day 1, 8, 15, 22 Every 28 days	4000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 27 days Maximum number of cycles 12	No	Insurance
886	medical oncology	CT for MM / Amyloidosis	Melphalan + Thalidomide + Prednisolone Melphalan 9mg/m <sup>2</sup> D1-D4 Thalidomide 100mg D1-28 Prednisolone 100mg Day1- 4 Every 28days	4000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 27 days Maximum number of cycles 12	No	Insurance
887	medical oncology	CT for MM / Amyloidosis	Bortezomib + Cyclophosphamide + Dexamethasone Cyclophosphamide - 300 mg/m <sup>2</sup> day 1, 8, 15, 22 Dexamethasone 40mg Day 1, 8, 15, 22 Bortezomib 1.3 mg/m <sup>2</sup> Day 1, 8, 15, 22 Every 28 days	14600	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 27 days Maximum number of cycles 12	No	Insurance
888	medical oncology	CT for MM / Amyloidosis	Bortezomib + Dexamethasone Bortezomib 1.3 mg/m <sup>2</sup> Day 1, 8, 15, 22 Dexamethasone 40mg Day 1, 8, 15, 22 Every 28 day	10000/ cycle	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 27 days Maximum number of cycles 12	No	Insurance

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SN u	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
889	medical oncology	CT for MM / Amyloidosis	Bortezomib + Melphalan + Prednisolone Melphalan 9mg/m <sup>2</sup> D1-D4 Prednisolone 100mg Day 1-4 Bortezomib 1.3 mg/m <sup>2</sup> Day 1, 8, 15, 22 Every 28 days	11000 per cycle	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 27 days Maximum number of cycles 12	No	Insurance
890	medical oncology	CT for MM / Amyloidosis	Bortezomib + Lenalidomide + Dexamethasone Lenalidomide 25 mg daily Day 1 - 21 Dexamethasone 40mg Day 1, 8, 15, 22 Bortezomib 1.3 mg/m <sup>2</sup> Day 1, 8, 15, 22 Every 28 days	17000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	Minimum duration between 2 cycles 27 days Maximum number of cycles 12	No	Insurance
891	medical oncology	CT for MM / Amyloidosis	Bortezomib + Thalidomide + Dexamethasone Thalidomide 100 mg daily Day 1 - 28 Dexamethasone 40 mg Day 1, 8, 15, 22 Bortezomib 1.3 mg/m <sup>2</sup> Day 1, 8, 15, 22 Every 28 days	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 27 days Maximum number of cycles 12	No	Insurance
892	medical oncology	CT for Acute Lymphoblastic Leukemia	Berlin- Frankfurt-Munster- 90, Berlin- Frankfurt - Munster-95, Berlin- Frankfurt-Munster-2000 Hyper (cyclophosphamide, Vincristine, Adriamycin, Dexamethasone e UKALL (United kingdom acute lymphoblastic leukemia) GMALL (German multicenter acute lymphoblastic leukemia) Induction phase	160000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
093	medical oncology	CT for Lymphoblastic Lymphoma	Berlin- Frankfurt -Munster- 90 Berlin- Frankfurt -Munster- 95 Berlin- Frankfurt -Munster- 2000 Hyper CVAD: (cyclophosphamide, Vincristine, Adriamycin, Doxorubicin) UKALL (United Kingdom acute lymphoblastic leukaemia) GMALL (German multicenter acute lymphoblastic leukemia)- Continuation phase	160000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
094	medical oncology	CT for Acute Promyelocytic Leukemia (High Risk)	Arsenic trioxide ATRA Daunomycin or Idarubicin Cytarabine - multiagent - vary on protocol	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
095	medical oncology	CT for Low Grade Glioma	Vincristine + Carboplatin Vincristine 1.5mg/m2 (day 1, 8 and 15 for first 4 cycles and then only day 1 from cycle 5 to 17) Carboplatin 350mg/m2 every 3 weeks (all cycles)	3850	No Implant	NA	No	Secondary	Regular Procedure	Low Grade Glioma	Minimum duration between 2 cycles 20 days Maximum number of cycles 16	No	Insurance
096	medical oncology	CT for Low Grade Glioma	Vindesine Vindesine 6 mg/m2 every week	3000	No Implant	NA	No	Secondary	Day care	Low Grade Glioma	Minimum duration between 2 cycles 29 days Maximum number of cycles 12	Yes	Insurance
097	medical oncology	CT for Medulloblastoma / Brain PNET	PACCEB	4900	No Implant	NA	No	Secondary	Regular Procedure	Medulloblastoma	Maximum number of cycles - 8	No	Insurance
098	medical oncology	CT for Neuroblastoma	Carboplatin + Etoposide + Cyclophosphamide + Doxorubicin Carboplatin 600mg/m2 Etoposide 100mg/m2 (days 1-5) Cyclophosphamide Doxorubicin	8500	No Implant	NA	No	Secondary	Regular Procedure	Neuroblastoma	Maximum number of cycles - 8	No	Insurance

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Pr. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
999	medical oncology	CT for Neuroblastoma	13-cis retinoic acid 160mg/m <sup>2</sup> per day for 2 weeks Each cycle given 4 weekly	2000	No implant	NA	No	Secondary	Regular Procedure	Neuroblastoma	Minimum duration between 2 cycles 27 days Maximum number of cycles 6	No	Insurance
900	medical oncology	CT for Retinoblastoma	Vincristine + Carboplatin + Etoposide Carboplatin 600mg/m <sup>2</sup> day 1 Etoposide 150mg/m <sup>2</sup> days 1-3 Vincristine 1.5mg/m <sup>2</sup> day 1	7000	No implant	NA	No	Secondary	Regular Procedure	Retinoblastoma	Minimum duration between 2 cycles 20 days Maximum number of cycles 12	No	Insurance
901	medical oncology	CT for Rhabdomyosarcoma	Vincristine + Cyclophosphamide + Dactinomycin Vincristine 1.5mg/m <sup>2</sup> (day 1, 8 and 15) Cyclophosphamide 1200 - 2200 mg/m <sup>2</sup> (day 1) Dactinomycin 1.5mg / m <sup>2</sup> (day 1) 3 weekly cycle	5700	No implant	NA	No	Secondary	Regular Procedure	Rhabdomyosarcoma	Minimum duration between 2 cycles 20 days Maximum number of cycles 12	No	Insurance
902	medical oncology	CT for Rhabdomyosarcoma	Vincristine + Ifosfamide + Etoposide Vincristine 1.5mg/m <sup>2</sup> (days 1, 8 and 15) Ifosfamide 1.8gm/m <sup>2</sup> (days 1-5) Etoposide 100mg/m <sup>2</sup> (days 1-5) Each cycle every 3 weeks	16000	No implant	NA	No	Tertiary	Regular Procedure	Rhabdomyosarcoma	Minimum duration between 2 cycles 20 days Maximum number of cycles 12	No	Insurance
903	medical oncology	CT for Relapse Rhabdomyosarcoma	Vincristine + Topotecan + Cyclophosphamide and Vincristine + Adriamycin + Cyclophosphamide Vincristine 1.5mg/m <sup>2</sup> (day 1) Topotecan 1.5mg/m <sup>2</sup> (day 1-5) Cyclophosphamide 250mg/m <sup>2</sup> (days 1-5) 3 - weekly Vincristine 1.5mg/m <sup>2</sup> Adriamycin 60mg/m <sup>2</sup> Cyclophosphamide 600mg/m <sup>2</sup> (all Day 1) Every 3 weeks. Cycles given in complete	15000 per cycle	No implant	NA	No	Tertiary	Regular Procedure	Relapsed Rhabdomyosarcoma	Minimum duration between 2 cycles 20 days Maximum number of cycles 12	No	Insurance

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Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserved	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
904	medical oncology	CT for Wilms Tumor	Vincristine + Actinomycin D Vincristine 1.5 mg/m2 weekly for 12 weeks and then 3 weekly Actinomycin D 45 microgram / kg 3 weekly for 24 weeks	2500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Maximum number of cycle as per suggested procedure definition  cost is for per cycle	No	Insurance
905	medical oncology	CT for Wilms Tumor	Vincristine + Actinomycin D + Doxorubicin Vincristine 1.5 mg/m2 weekly for 12 weeks and then 3 weekly Actinomycin D 45 microgram/kg 3 weekly Doxorubicin 60mg/m2 for 24 weeks	4950/week	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Maximum number of cycle as per suggested procedure definition  cost is for per cycle	No	Insurance
906	medical oncology	CT for Wilms Tumor	Cyclophosphamide + Doxorubicin + Etoposide + Vincristine + Dactinomycin Vincristine 1.5 mg/m2 Dactinomycin 45 microgram/kg Adriamycin 60mg/m2 Cyclophosphamide Etoposide Weekly chemotherapy - varying hybrid regimen	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Maximum number of cycle as per suggested procedure definition cost is for per cycle	No	Insurance
907	medical oncology	CT for Pediatric Hepatoblastoma	Cisplatin	5600	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Maximum number of cycles - 6	No	Insurance
908	medical oncology	CT for CA Lung	Doxetaxel Doxetaxel 75 mg/m2 D1 every 21 days	5000 per cycle	No Implant	NA	No	Secondary	Day Care	Metastatic non small cell lung cancer - second line	Minimum duration between 2 cycles 20 days Maximum number of cycles 4	yes	Insurance
909	medical oncology	CT for CA Lung	Erlotinib Erlotinib 150 mg once daily	4500	No Implant	NA	No	Secondary	Regular Procedure	Metastatic non small cell lung cancer	Minimum duration between 2 cycles 29 days	No	Insurance
910	medical oncology	CT for CA Lung	Gefitinib Gefitinib 250 mg once daily	2500	No Implant	NA	No	Secondary	Regular Procedure	Metastatic non small cell lung cancer	Minimum duration between 2 cycles 29 days	No	Insurance
911	medical oncology	CT for CA Lung	Paclitaxel + Carboplatin Paclitaxel 175mg/m2 D1 Carboplatin AUC 5-6 D1 every 21 days	10000 per cycle	No Implant	NA	No	Secondary	day care	Metastatic Non Small cell lung cancer - first line	Minimum duration between 2 cycles 20 days Maximum number of cycles 9	yes	Insurance



Ar.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
912	medical oncology	CT for CA Lung	Pemetrexed + Carboplatin Pemetrexed 500mg/m2 D1 Carboplatin AUC 5-6 D1 every 21 days	19000	No Implant	NA	No	Secondary	Regular Procedure	Metastatic non small cell lung (adenocarcinoma) cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
913	medical oncology	CT for CA Lung	Tepotecan Tepotecan 3.5 mg/m2 D1- D5 every 21 days	15000	No Implant	NA	No	Secondary	Regular Procedure	Metastatic small cell lung cancer - resect- able	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
914	medical oncology	CT for CA Lung	Doxetaxel Doxetaxel 20 mg/m2 D1 every week	3200	No Implant	NA	No	Secondary	day care	Metastatic Non-Small Cell Lung Cancer - in patients unfit for combination therapy	Minimum duration between 2 cycles 6 days Maximum number of cycles 12	yes	Insurance
915	medical oncology	CT for CA Lung	Etoposide + Carboplatin Etoposide 100mg/m2 D1 - D3 Carboplatin AUC 5-6 D1 every 21 days	4000	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant, concurrent with radiation and metastatic small cell lung cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
916	medical oncology	CT for CA Lung	Etoposide + Cisplatin Etoposide 100mg/m2 D1 - D3 Cisplatin 75-100 mg/m2 D1 every 21 days	5000	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant, concurrent with radiation and metastatic small cell lung cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
917	medical oncology	CT for CA Lung	Gemcitabine Gemcitabine 1000mg /m2 D1 D8 every 21 days	5000/ per cycle	No Implant	NA	No	Secondary	Regular Procedure	Metastatic non small cell lung cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 8	No	Insurance
918	medical oncology	CT for CA Lung	Gemcitabine + Carboplatin Gemcitabine 1000 mg/m2 D1 D8 Carboplatin AUC 5-6 D1 every 21 days	10000	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant and Metastatic Non Small Cell Lung cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
919	medical oncology	CT for CA Lung	Gemcitabine + Cisplatin Gemcitabine 1000 mg/m2 D1 D8 Cisplatin 75 mg/m2 D1 D8 every 21 days	10000 per cycle	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant and Metastatic Non Small Cell Lung cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
920	medical oncology	CT for CA Lung	Paclitaxel Paclitaxel 80mg/m2 every week	2000	No Implant	NA	No	Secondary	day care	Metastatic Non Small Cell Lung Cancer - in patients unfit for combination therapy	Minimum duration between 2 cycles 6 days Maximum number of cycles 12	yes	Insurance

Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Referred Procedure (Insurance/ Trust)
921	medical oncology	CT for CA Lung	Paclitaxel Paclitaxel 175mg/m2 every 21 days	5000 per cycle	No Implant	NA	No	Secondary	day care	Metastatic Non Small Cell Lung Cancer - in patients unfit for combination therapy	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
922	medical oncology	CT for CA Lung	Paclitaxel + Carboplatin Paclitaxel 90mg/m2 D1 Carboplatin AUC 2 D1 every week	3000 / week	No Implant	NA	No	Secondary	day care	Concurrent chemoradiation in Non Small Cell lung cancer	Minimum duration between 2 cycles 6 days Maximum number of cycles 12	yes	Insurance
923	medical oncology	CT for CA Lung	Paclitaxel + Cisplatin Paclitaxel 175 mg/m2 D1 Cisplatin 75mg/m2 D1 every 21 days	8000/per cycle	No Implant	NA	No	Secondary	day care	Neoadjuvant, Adjuvant and Metastatic Non Small Cell Lung Cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
924	medical oncology	CT for CA Lung	Pemetrexed + Cisplatin Pemetrexed 500mg/m2 D1 Cisplatin 75 mg/m2 D1 every 21 days	7000	No Implant	NA	No	Secondary	day care	Neoadjuvant, Adjuvant and Metastatic Non Small Cell Lung cancer (adenocarcinoma and adenosquamous carcinoma)	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
925	medical oncology	CT for CA Lung	Pemetrexed Pemetrexed 500mg/m2 D1 every 21 days	5000 per cycle	No Implant	NA	No	Secondary	day care	Metastatic non small cell lung cancer (adenocarcinoma) as maintenance after Carboplatin + Pemetrexed and Cisplatin + Pemetrexed 4 - 6 cycles	Minimum duration between 2 cycles 20 days Maximum number of cycles 16	yes	Insurance
926	medical oncology	CT for CA Lung	Vinorelbine + Carboplatin Vinorelbine 25mg/m2 D1 D8 Carboplatin AUC 5-6 D1 every 21 days	10000	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant and Metastatic Non Small Cell Lung cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 4	No	Insurance
927	medical oncology	CT for CA Lung	Vinorelbine + Cisplatin Vinorelbine 25mg/m2 D1 D8 Cisplatin 75mg/m2 D1 every 21 days	10000	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant and Metastatic Non Small Cell Lung cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 4	No	Insurance
928	medical oncology	CT for CA Cervix	Carboplatin Carboplatin AUC 2 every week	2000	No Implant	NA	No	Secondary	Day Care	Definitive therapy	Minimum duration between 2 cycles 7 days Maximum number of cycles - 7	yes	Insurance

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Str.N o	Specialty	Package Name	Procedures Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Notes	Day Care	Reserved Procedure (Insurance/ Trust)
929	medical oncology	CT for primary CNS lymphoma	De-Angelis/Methotrexate	36000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	Total duration is 21 weeks including RT. Requires approximately 7 episodes of inpatient admission for high-dose MTX and cytarabine. The indicated cost is for total 21 weeks of treatment, including supportive care.	No	Insurance
930	medical oncology	GCT Testis	SA Carboplatin AUC 7 once every 3 weeks	5000	No Implant	NA	No	Secondary	day care	No special condition	Minimum duration between 2 cycles 28 days Maximum number of cycles 4	yes	Insurance
931	medical oncology	CT for GCT of ovary	Dexamethasone Dexamethasone 120 mg s/c D1, 8, 15 then every 28 days	12000 per dose. Max 6 dose	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	For up to total 6 doses of dexamethasone. Price is per dose cost.	No	Insurance
932	medical oncology	GEP NET high grade Neuroendocrine carcinoma	Carboplatin AUC 5 + Etoposide 100mg/m2 D1- D3 every 21 days	10000 per cycle	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Total up to 6 cycles.	No	Insurance
933	medical oncology	CT for Osteogenic Sarcoma	High dose Methotrexate Osteogenic Sarcoma Methotrexate 8-12 gram/m2 Weekly Maximum 12 cycles	15000 per cycle	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	No	Insurance
934	medical oncology	CT for Low grade NHL/ Chronic Lymphocytic Leukemia	Chlorambucil Chlorambucil Prednisolone Repeat every 28 days for 12 cycles - day care	3000	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance
935	medical oncology	CT for Esophageal / Stomach Cancer- CAPOX-Cycle	CT for Esophageal / Stomach Cancer-CAPOX- Cycle	10000	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance
936	medical oncology	CT for Esophageal Cancer-Paclitaxel + Carboplatin for definitive Non- metastatic (With RT)-Cycle	CT for Esophageal Cancer- Paclitaxel + Carboplatin for definitive Non- metastatic (With RT)-Cycle	10000	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance

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Se N e	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Treat)
937	medical oncology	CT for Relapsed Hodgkins/ Non Hodgkins lymphoma	ICE Ifosfamide 1.6g/m <sup>2</sup> on day 1 - 3 Methotrexate 1.6g/m <sup>2</sup> day 1 - 3 Carboplatin AUC 5 on day 1 Etoposide 100mg/m <sup>2</sup> on day 1 - 3 Cycle every 21days for 6 cycles	20000	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance
938	medical oncology	CT for Paediatric Hodgkins Lymphoma Relapse	Ifosfamide, carboplatin, etoposide (Maximum 4 cycles)	10000/ cycle	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance
939	medical oncology	CT for Paediatric Hodgkins Lymphoma Relapse	IGLV: Ifosfamide, Gencicabine, Etoposide) Other salvage regimens can be allowed like DHAP, ESHAP, GVD in the same rule if possible	20000	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance
940	medical oncology	CT for Paediatric Non Hodgkins Lymphoma	FAB LMB 89/96 Maintenance	65000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	No	Insurance
941	medical oncology	CT for Cervical /Vulvar Cancer	Cisplatin/ Carboplatin Cisplatin 40 mg/m <sup>2</sup> every week maximum 6 cycles	2500	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance
942	medical oncology	CT for Colorectal Cancer- Folfox-Cycle	CT for Colorectal Cancer- Folfox-Cycle	15100	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance
943	medical oncology	CT for Esophageal / Stomach Cancer- Folfox-Cycle	CT for Esophageal / Stomach Cancer-Folfox- Cycle	11100	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance
944	medical oncology	CT for Ewing Sarcoma-EFT 2001	CT for Ewing Sarcoma-EFT 2001	9700	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance
945	medical oncology	CT Induction for Paediatric Non Hodgkins Lymphoma	FAB LMB 89/96 protocol (2 cycles) Each cycle duration- 4 weeks	40000 complete cycle	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	No	Insurance




Se N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Carr	Reserved Procedure (Insurance/ Trust)
946	medical oncology	APML- HIGH RISK - CONSOLIDATIO N 10 CYCLES- High Risk Consolidation	APML- HIGH RISK - CONSOLIDATION 10 CYCLES-High Risk Consolidation	32000	No Implant	NA	No	Tertiary	Regular PRG	No special condition	No	No	Insurance
947	medical oncology	CT for Gestational Trophoblastic Neoplasia-EMA- EP-Cycle	CT for Gestational Trophoblastic Neoplasia- EMA-EP-Cycle	12200	No Implant	NA	No	Secondary	Regular PRG	No special condition	No	No	Insurance
948	medical oncology	CT for MM / Amyloidosis- VMP-Duration + Cycle	CT for MM / Amyloidosis- VMP-Duration + Cycle	12600	No Implant	NA	No	Secondary	Regular PRG	No special condition	No	No	Insurance
949	medical oncology	CT for PMBCL / Burkitt's Lymphoma / Seropositive B-Cell NHLR- EPOCH-Cycle	CT for PMBCL / Burkitt's Lymphoma / Seropositive B-Cell NHLR-EPOCH-Cycle	31700	No Implant	NA	No	Tertiary	Regular PRG	No special condition	No	No	Insurance
950	medical oncology	CT for NHL	Cyclophosphamide + Vincristine + Prednisolone Cyclophosphamide 750mg/m2 Vincristine 1.4mg/m2 Day 1 Prednisolone 100 mg Day 1 - 5 Repeat every 21days. Total 6 cycles	3500	No Implant	NA	No	Secondary	Regular PRG	No special condition	No	No	Insurance
951	medical oncology	PEDIATRIC NON HODGKINS LYMPHOMA (LMB 09-96) INDUCTION- COPADAM (8 WEEKS 2 CYCLES)-LMB 09- 96- Induction - COPADAM- Duration + Cycle	PEDIATRIC NON HODGKINS LYMPHOMA (LMB 09-96) INDUCTION- COPADAM (8 WEEKS 2 CYCLES)-LMB 09-96- Induction - COPADAM- Duration + Cycle	33100	No Implant	NA	No	Tertiary	Regular PRG	No special condition	No	No	Insurance

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Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
952	medical oncology	PEDIATRIC NON HODGKINS LYMPHOMA (MCP-042) 8 cycles-MCP - 042 Cycle	PEDIATRIC NON HODGKINS LYMPHOMA (MCP-042) 8 cycles-MCP -042-Cycle	13200	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance
953	medical oncology	CT for relapse Neuroblastoma	Topotecan + Cyclophosphamide	6000	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance
954	medical oncology, Surgical Oncology, Pulmonology, Pediatric Oncology, Paediatric Medical Management	Palliative care management of Breathlessness in advanced cancers and chronic respiratory diseases- endoscopic/Surg- ical/Radiological Radiotherapy interventions	Palliative Breathlessness Interventions	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
955	medical oncology, Surgical oncology, Radiation Oncology, Interventional radiology, Pediatric Oncology	Malignant Ascites drainage with catheter insertion in advanced cancer patients	Management of malignant Ascites, Tapping & conservative management	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1000	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1000	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
956	medical oncology, Pediatric Oncology	CT for Germ Cell Tumour	Gemcitabine + Oxaliplatin Gemcitabine 1000mg/m2 D1 D8 Oxaliplatin 130mg/m2 D1 every 21 days	8000 per cycle	No Implant	NA	No	Secondary	day care	Germ cell tumour second line therapy	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
957	medical oncology, Pediatric Oncology	CT for Germ Cell Tumour	Gemcitabine + Paclitaxel Gemcitabine 1000mg/m2 D1 D8 D15 Paclitaxel 100 mg/m2 D1 D8 D15 every 28 days	12000 per cycle	No Implant	NA	No	Secondary	Regular Procedure	Germ cell tumour second line therapy	Minimum duration between 2 cycles 27 days Maximum number of cycles 4	No	Insurance
958	medical oncology, Pediatric Oncology	CT for Langerhans Cell Histiocytosis	Langerhans Cell Histiocytosis (Histiocytosis Protocol - Maintenance)	18000	No Implant	NA	No	Secondary	Regular Procedure	Histiocytosis Protocol - Maintenance	Minimum duration between 2 cycle 85 days Maximum number of cycles 5	No	Insurance


  
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SL No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
959	medical oncology, Pediatric Medical Management	SEVERE ANEMIA IN CHILDREN - ( Govt Reserved)	Thalassemia	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition		No	Insurance
960	medical oncology, Pediatric Medical Management	SEVERE ANEMIA IN CHILDREN	Other anemias	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
961	medical oncology, Palliative Medicine	Central lines in cancer patients for drug therapy- Silicon catheters in advanced cancer patients- Long term central lines	Long term indwelling venous catheter	10000	No Implant	NA	No	Secondary	Regular PKC	No special condition	No	No	Insurance
962	medical oncology, Pediatric Oncology	CT for Thymic Carcinoma	Cisplatin + Etoposide Etoposide 100mg/m2 D1 - D3 Cisplatin 75-100 mg/m2 D1 every 21 days	7012	No Implant	NA	No	Secondary	Regular Procedure	Neoadjuvant Chemotherapy and metastatic thymic carcinoma	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
963	medical oncology, Pediatric Oncology	CT for Thymic Carcinoma	Cisplatin + Adriamycin + Cyclophosphamide Cisplatin 50 mg/m2 D1 Doxorubicin 50 mg/m2 D1 Cyclophosphamide 500 mg/m2 D1 every 21 days	5900	No Implant	NA	No	Secondary	day care	Neoadjuvant Chemotherapy and metastatic thymic carcinoma	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance

Sr.N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
964	medical oncology, Pediatric Oncology	CT for B-Cell NHL - High Grade (Except Burkitt's & PCNSL)	Rituximab + Cyclophosphamide + Etoposide + Prednisolone Rituximab 375mg/m <sup>2</sup> Cyclophosphamide 750 mg/m <sup>2</sup> Vincristine 1.4 mg/m <sup>2</sup> on Day 1 Etoposide 65mg/m <sup>2</sup> Day 1 to 3 Prednisolone 100 mg Day 1- 5 Total 6 cycles, repeat 21 days	20000 per cycle	No Implant	NA	No	Tertiary	day care	No special condition	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
965	medical oncology, Pediatric Oncology	CT for High- Grade NHL - B Cell	Rituximab + Dexamethasone + High Dose Cytarabine + Cisplatin Rituximab 375mg/m <sup>2</sup> Day 1 Cytarabine 2g/m <sup>2</sup> BID on day 2 Dexamethasone 40 mg Day 1-4 Cisplatin 75mg/m <sup>2</sup> or Carboplatin AUC-5 on day 1 Cycle to be repeated every 21days	34900	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
966	medical oncology, Pediatric Oncology	CT for Burkitt's NHL	Codox - M - IVAC- cyclophosphamide, vincristine, doxorubicin, high-dose methotrexate / ifosfamide, etoposide, high- dose cytarabine) GMALL (German multicenter acute lymphoblastic leukemia) Berlin- Frankfurt -Münster Hyper-CVAD (cyclophosphamide, Vincristine, Adriamycin, Dexamethasone +	34500	No Implant	NA	No	Tertiary	Regular Procedure	Multisagent chemotherapy variable in each protocol	Maximum number of cycles - 8	No	Insurance










Ref No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DCTAL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Travel)
967	medical oncology, Pediatric Oncology	CT for Low-Grade B-Cell NHL	Bendamustine + Rituximab Bendamustine 90mg/m2 on day 1, 2 Rituximab 375mg/m2 on day 1 Repeat every 28 days, Total 6 cycles	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Maximum duration between 2 cycles 27 days Maximum number of cycles 6	No	Insurance
968	medical oncology, Pediatric Oncology	CT for Peripheral T-Cell Lymphoma	CHOP Cyclophosphamide 750mg/m2 D1 Vincristine 1.4mg/m2 D1 Adriamycin 50 mg/m2 D1 Etoposide 100mg/m2 D1-3 Prednisolone 100 mg D1-5 Every 21days, Total 6 cycles	8000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
969	medical oncology, Pediatric Oncology	CT for NK-T Cell Lymphoma	GELOX Gemcitabine 1000mg/m2 D1 and D8 Oxaliplatin 130mg/m2 D1 L-asparaginase 6000 U/m2 D1-7 Repeat every 21 days	19200	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
970	medical oncology, Pediatric Oncology	CT for Hodgkin's Lymphoma	CHOP Cyclophosphamide 650mg/m2 D1, 8 Vincristine 1.4mg/m2 D1, 8 Procarbazine 100 mg/m2 D1-14 Prednisolone 40mg/m2 D1-14 Every 28days, Total 6-8 cycles	3825	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 27 days Maximum number of cycles 8	No	Insurance
971	medical oncology, Pediatric Oncology	CT for Relapsed Hodgkin's Lymphoma	MINE Ifosfamide 4 gm/m2 over 3days (D1-3) Mitoxantrone 8mg/m2 Etoposide 65mg/m2 D1-3 Every 3 weeks	9700	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance

Sr No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
972	medical oncology, Pediatric Oncology	CT for Relapsed NHL & HL	DHAP Dexamethasone 40mg D1-4 Cisplatin 100mg/m <sup>2</sup> or Carboplatin AUC-501 Cytarabine 2 gm/m <sup>2</sup> BD D2 Repeat every 21 days	12510	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
973	medical oncology, Pediatric Oncology	CT for Chronic Myeloid Leukemia	Doxorubicin 100 mg once a day	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 89 days This is indicated for CML and should be continued until disease progression or unacceptable toxicity. Can be renewed every 3 months	No	Insurance
978	medical oncology, Pediatric Oncology	CT for Myeloproliferati ve Neoplasm	Hydroxyurea Hydroxyurea daily (Dose will be based on blood counts)	2000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 89 days Maximum number of cycles 12	No	Insurance
975	medical oncology, Pediatric Oncology	CT for Acute Myeloid Leukemia	Cytarabine 2 gm / M2 BD for 3 days Every 21 days for 3 cycles	70000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	Minimum duration between 2 cycles 20 days Maximum number of cycles 3	No	Insurance
976	medical oncology, Pediatric Oncology	CT for Acute Myeloid Leukemia	Cytarabine 100 mg / M2 7 days Daunorubicin 60 mg / M2 3 days ( this does not include antibiotics, antifungals, blood and platelets transfusion)	100000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	Minimum duration between 2 cycles 29 days Maximum number of cycles 2	No	Insurance



Sr.N <sup>o</sup>	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
977	medical oncology, Pediatric Oncology	CT for Acute Lymphoblastic Leukemia	Berlin- Frankfurt -Munster- 90 Berlin- Frankfurt -Munster- 95 Berlin- Frankfurt -Munster- 2000 Hyper (cyclophosphamide, Vincristine, Adriamycin, Desamethasone) UKALL (United kingdom acute lymphoblastic leukaemia) GMALL (German multicenter acute lymphoblastic leukemia) - Continuation phase	120000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
978	medical oncology, Pediatric Oncology	CT for Acute Lymphoblastic Leukemia	6 Mercaptopurine 50 mg / M2 daily Methotrexate 25 mg / M2 Weekly for 2 years	4000	No Implant	NA	No	Secondary	Regular Procedure	Optional Vincristine and Prednisolone Intrathecal Methotrexate	Minimum duration between 2 cycles 29 days Maximum number of cycles 24	No	Insurance
979	medical oncology, Pediatric Oncology	CT for Lymphoblastic Lymphoma	Berlin- Frankfurt -Munster- 90 Berlin- Frankfurt -Munster- 95 Berlin- Frankfurt -Munster- 2000 Hyper CVAD (cyclophosphamide, Vincristine, Adriamycin, Desamethasone) UKALL (United kingdom acute lymphoblastic leukaemia) GMALL (German multicenter acute lymphoblastic leukemia) - Induction phase	160000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
980	medical oncology, Pediatric Oncology	CT for Lymphoblastic Lymphoma	6 Mercaptopurine 50 mg/M2 daily and Methotrexate 25 mg/M2 Weekly for 2 Years	4000	No Implant	NA	No	Secondary	Regular Procedure	Optional Vincristine and Prednisolone, intrathecal Methotrexate	Minimum duration between 2 cycles 29 days Maximum number of cycles 24	No	Insurance

Sl. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Restricted Procedure (Insurance/Trust)
901	medical oncology, Pediatric Oncology	CT for Acute Promyelocytic Leukemia (High Risk)	Arsenic trioxide ATRA Daunomycin or Idarubicin Cytarabine - multiagent - vary in each protocol	100000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	Maximum number of cycles - 3	No	Insurance
902	medical oncology, Pediatric Oncology	CT for Acute Promyelocytic Leukemia (High Risk)	6 MP 50 mg / day daily Methotrexate 15 mg Weekly ATRA 45 mg / M2 for 14 days Every three months for 18 Months	8000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 29 days Maximum number of cycles 6	No	Insurance
903	medical oncology, Pediatric Oncology	CT for Acute Promyelocytic Leukemia (Low Risk)	ATO: Arsenic trioxide 0.15 mg / kg day 1-Day 5, day 8-12, day 15-19, day 22-26 every 56 days for 4 cycles ATRA: All trans retinoic acid 45 mg / M2 day 1-Day 14 and Day 29-43 every 56 days for 4 cycles	55000 (per 56 day cycle)	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	Minimum duration between 2 cycles 13 days Maximum number of cycles 17	No	Insurance
904	medical oncology, Pediatric Oncology	CT for Acute Promyelocytic Leukemia (Low Risk)	ATO: Arsenic trioxide 0.15 mg / kg day 1-45 or 60 ATRA: All trans retinoic acid 45 mg / M2 - day 1-45 or 60	80000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
905	medical oncology, Pediatric Oncology	Febrile Neutropenia	Cefepime + Sulbactam Piperacillin + Tazobactam Cefepime Piperacillin Amikacin Gentamicin Cefixime Levofloxacin Amoxycillin and clavulanate Ticoplanin Vancomycin	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
906	medical oncology, Pediatric Oncology	Febrile Neutropenia	Meropenem Imipenem Colistin Tigecycline Linezolid Voriconazole Caspofungin Amphotericin - B	70750	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance



Sr. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Trust)
987	medical oncology, Pediatric Oncology	Chemotherapy Complications - Tumor Lysis Syndrome	Rashburicase Febuxostat Allopurinol Sevoflurane	24000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
988	medical oncology, Pediatric Oncology	Granulocyte Colony Stimulating Factor Use	5 microgram / kg / day (max 300 microgram per day) for 7 days or PEG - G-CSF 4mg one single dose per chemotherapy cycle	4500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
989	medical oncology, Pediatric Oncology	CT for Langerhans Cell Histiocytosis	Langerhans Cell Histiocytosis (Histiocytosis Protocol - Induction)	25000	No Implant	NA	No	Secondary	Regular Procedure	Histiocytosis Protocol - Induction	No	No	Insurance
990	medical oncology, Pediatric Oncology	CT for Medulloblastoma / CNS PNET	Cisplatin + Cyclophosphamide + Vincristine Cyclophosphamide 1000mg/m <sup>2</sup> (2 days every cycles) Vincristine 1.5mg/m <sup>2</sup> (days 1 and 3) Cisplatin 100mg/m <sup>2</sup> (1 day per cycle) Cycles given every 3 weekly	8000	No Implant	NA	No	Secondary	Regular Procedure	Medulloblastoma	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
991	medical oncology, Pediatric Oncology	CT for Neuroblastoma	Carboplatin + Cisplatin + Cyclophosphamide + Vincristine + Etoposide	7612	No Implant	NA	No	Secondary	Regular Procedure	Neuroblastoma	Maximum number of cycles - 8	No	Insurance
992	medical oncology, Pediatric Oncology	CT for Pediatric Acute Lymphoblastic Leukemia	Consolidation (Phase II, CNS Therapy Reinduction)	239650	No Implant	NA	No	Tertiary	Regular Procedure	ACUTE LYMPHOBLASTIC LEUKEMIA Phase II, CNS Therapy Reinduction	Consolidation phase. The cost is for total duration of 5 months	No	Insurance
993	medical oncology, Pediatric Oncology	CT for Pediatric Acute Lymphoblastic Leukemia	India collaborative childhood leukaemia group Berlin- Frankfurt /Munster Eli acute lymphocytic leukemia cells Mercaptopurine, Chlorambucil LPrednisolone: B41	90000	No Implant	NA	No	Tertiary	Regular Procedure	ACUTE LYMPHOBLASTIC LEUKEMIA	No	No	Insurance

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Sr. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
994	medical oncology, Pediatric Oncology	CT for Pediatric Acute Lymphoblastic Leukemia	6 - Mercaptopurine 75mg/m2 daily Methotrexate 20mg/m2 weekly Vincristine 1.5mg/m2 monthly Intrathecal methotrexate 12 mg 3 monthly	2662	No Implant	NA	No	Secondary	day Care	ACUTE LYMPHOBLASTIC LEUKEMIA	Cost is for per month	yes	Insurance
995	medical oncology, Pediatric Oncology	CT for Ph+ve Pediatric Acute Lymphoblastic Leukemia for adult and paediatric	Dasatinib ALL/ AML/CML (Both adult and Paediatric)	5000 per month	No Implant	NA	No	Secondary	day Care	No special condition	Minimum duration between 2 cycles 27 days Till disease progression/toxicity (to be renewed every 12 months)	yes	Insurance
996	medical oncology, Pediatric Oncology	CT for Ph+ve Pediatric Acute Lymphoblastic Leukemia for adult and paediatric	Imatinib + chemo	2000 per month	No Implant	NA	No	Secondary	day Care	No special condition	Minimum duration between 2 cycles 27 days Till disease progression/toxicity (to be renewed every 12 months)	yes	Insurance
997	medical oncology, Pediatric Oncology	CT for Pediatric Lymphoblastic Lymphoma	Consolidation (Phase II, CNS Therapy Remission)	240000	No Implant	NA	No	Tertiary	Regular Procedure	Phase II, CNS Therapy Remission	No	No	Insurance
998	medical oncology, Pediatric Oncology	CT for Pediatric Lymphoblastic Lymphoma	India collaborative childhood leukaemia group Berlin- Frankfurt -Munster Kill acute lymphocytic leukemia cells Nitroxantrene, Chlorambucil (Prednisolone: B41	90000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
999	medical oncology, Pediatric Oncology	CT for Pediatric Lymphoblastic Lymphoma	6 - Mercaptopurine 75mg/m2 daily Methotrexate 20mg/m2 weekly Vincristine 1.5mg/m2 monthly Intrathecal methotrexate 12 mg 3 monthly	2500	No Implant	NA	No	Secondary	day Care	No special condition	Minimum duration between 2 cycle 80 days Maximum number of cycle 4	yes	Insurance
1000	medical oncology, Pediatric Oncology	CT for Pediatric Acute Myeloid Leukemia	Cytarabine 3 gram/m2 twice a day Days 1, 3 and 5	17000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	Maximum number of cycles - 3	No	Insurance



Sl. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1001	medical oncology, Pediatric Oncology	CT for Pediatric Acute Myeloid Leukemia	Cytarabine 200mg/m2/day days 1-10 and Daunorubicin 50mg/m2 days 1, 3 and 5 Etoposide 100mg/m2 days 1-5	100000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1002	medical oncology, Pediatric Oncology	CT for Pediatric Acute Myeloid Leukemia	Cytarabine 100- 200mg/m2/day days 1-7 and Daunorubicin 50mg/m2 days 1, 3 and 5	57000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1003	medical oncology, Pediatric Oncology	CT for Pediatric Acute Promyelocytic Leukemia	Consolidation	55000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	Maximum number of cycle 1. Cost given is for per cycle	No	Insurance
1004	medical oncology, Pediatric Oncology	CT for Pediatric Acute Promyelocytic Leukemia	Induction	75000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1005	medical oncology, Pediatric Oncology	CT for Pediatric Acute Promyelocytic Leukemia	Maintenance (upto 18 months)	2500/month	No Implant	NA	No	Secondary	day Care	No special condition	Minimum duration between 2 cycles 89 days Maximum number of cycles 6 The cost per cycle is Rs 5000	yes	Insurance
1006	medical oncology, Pediatric Oncology	CT for Pediatric Hodgkins Lymphoma	COPDAC Cyclophosphamide, Vincristine sulfate, Prednisone, Doxorubicin	7800	No Implant	NA	No	Secondary	Regular Procedure	Relapsed Hodgkins Lymphoma	Maximum number of cycles - 6	No	Insurance
1007	medical oncology, Pediatric Oncology	CT for Pediatric Hodgkins Lymphoma	Oncovin Etoposide, Prednisone, doxorubicin hydrochloride	7800	No Implant	NA	No	Secondary	Regular Procedure	Hodgkins Lymphoma	Maximum number of cycles - 4	No	Insurance
1008	medical oncology, Pediatric Oncology	CT for Pediatric Hodgkins Lymphoma Relapse	doxorubicin, carboplatin, etoposide	14000	No Implant	NA	No	Secondary	Regular Procedure	Relapsed Hodgkins Lymphoma	Maximum number of cycles - 6	No	Insurance
1009	medical oncology, Pediatric Oncology	CT for Pediatric Hodgkins Lymphoma Relapse	BETA Dexamethasone, Etoposide, Cytarabine, Cisplatin	17800	No Implant	NA	No	Secondary	Regular Procedure	Relapsed Hodgkins Lymphoma	Maximum number of cycles - 8	No	Insurance
1010	medical oncology, Pediatric Oncology	CT for Pediatric Hodgkins Lymphoma Relapse	IGVD. Need to check	34000	No Implant	NA	No	Tertiary	Regular Procedure	Relapsed Hodgkins Lymphoma	Maximum number of cycles - 4	No	Insurance

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Seq. N°	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1011	medical oncology, Pediatric Oncology	CT for Pediatric Non Hodgkins Lymphoma	Lymphoma malign B B9-96 Consolidation (second month)	40000	No implant	NA	No	Tertiary	Regular Procedure	Non - Hodgkins Lymphoma	Maximum number of cycles - 2	No	Insurance
1012	medical oncology, Pediatric Oncology	CT for Pediatric Non Hodgkins Lymphoma	Lymphoma malign B B9-96 Consolidation (First month)	40000	No implant	NA	No	Tertiary	Regular Procedure	Non - Hodgkins Lymphoma	Maximum number of cycles - 2	No	Insurance
1013	medical oncology, Pediatric Oncology	CT for Pediatric Non Hodgkins Lymphoma	Lymphoma malign B B9-96 Maintenance	16940	No implant	NA	No	Secondary	Regular Procedure	Non - Hodgkins Lymphoma	Maximum duration between cycle 20 days Maximum number of cycle 5 Cost given of per cycle	No	Insurance
1014	medical oncology, Pediatric Oncology	CT for Pediatric Non Hodgkins Lymphoma	Mitoxantrone, Chlorambucil LPradixidone: 842	99700	No implant	NA	No	Tertiary	Regular Procedure	Non - Hodgkins Lymphoma	Maximum number of cycles - 8	No	Insurance
1015	medical oncology, Pediatric Oncology	PEDIATRIC- GCT/JEB	PEDIATRIC-GCT/JEB	10000	No implant	NA	No	Secondary	Regular Procedure	No special condition	Maximum number of cycles - 6	No	Insurance
1016	medical oncology, Pediatric Oncology	CT for Pediatric Hepatoblastoma	Carboplatin + Cisplatin + Doxorubicin	5587	No implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 13 days Maximum number of cycles 6	No	Insurance
1017	medical oncology, Pediatric Oncology	GEP NET Neuroendocrine carcinoma	Temozolamide 150mg/m2 D9-14 + Capecitabine 1gm/m2 D1-14 every 28 days	8000	No implant	NA	No	Secondary	Day Care	No special condition	This is for metastatic NET and the cycles are given until disease progression or unacceptable toxicity.	yes	Insurance
1018	medical oncology, Pediatric Oncology, Paediatric Medical Management	Symptom Management of Delirium in advanced chronic diseases - Conservative management	Palliative Delirium in advance chronic disease	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance



Sr.No	Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1019	medical oncology, Pediatric Oncology, Pediatric Medical Management	Palliative Care approach for malignant wound - Conservative management using drugs and dressings including special dressings.	Palliative Wound Conservative management	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1020	medical oncology, Pediatric Oncology,clinical immunology and Rheumatology	CT for Low Grade NHL / ITP / AINA	Rituximab Rituximab 375mg/m2 per week for 6 weeks	13000	No Implant	NA	No	Secondary	day Care	No special condition	Maximum number of cycles - 6	yes	Insurance
1021	medical oncology, Pediatric Oncology,Paediatric Medical Management	Palliative Care Management of Constipation in advanced cancer patients - Conservative management	Palliative care in Constipation	Routine Ward- 1800	No Implant	Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1022	medical oncology, Pediatric Oncology,Paediatric Medical Management	Palliative Care management of Malignant bowel obstruction - Conservative management	Palliative care in Bowel Obstruction Conservative management	Routine Ward- 1800	No Implant	Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1023	medical oncology, Radiation Oncology	Management of Diarrhea in cancer patients - Conservative management	Palliative care in Diarrhea	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1024	medical oncology, Radiation Oncology, Pediatric Oncology	Palliative care management of Nausea & Vomiting in cancer patients- Conservative management	Palliative care in Nausea and vomiting	Routine Ward- 1800	No Implant	Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1025	medical oncology, Radiation Oncology, Surgical Oncology	PET scan	PET scan	14000	No Implant	NA	No	Secondary	day Care	No special condition	No	yes	Insurance

Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1026	medical oncology, Urology	Intravesical BCG / Mitomycin	Induction cycles (PC) Rate per dose - Rx 5000 max no- 00 (including drug)	5700	No Implant	NA	No	Secondary	Regular Procedure	Claim to be raised after 6th Cycle	Minimum duration between 2 cycles 6 days Maximum number of cycles 6	No	Insurance
1027	medical oncology, Surgical Oncology, Interventional Radiology, Pediatric Oncology, Pediatric Medical Management	Palliative Radiological and endoscopic interventions	Palliative Radiological Interventions, Liver- PTBD/ERCP/PCN/Pericardi- ostomy, D's Stenting, etc	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1028	medical oncology, Pediatric Oncology	Palliative Care Management of Lymphadenia in cancer patients including (Information, Education, Communication (IEC), and pneumatic compression therapy	Conservative management of Lymphadenia	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1029	Mental Disorders Packages	Mental Retardation (Intellectual disability) - NHA Govt Reserve	Intellectual Disability (ID)	Routine Ward- 1800	No Implant	Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1030	Mental Disorders Packages	Mental disorders - Organic, including symptomatic - NHA Govt Reserve	Mental disorders - Organic, including symptomatic	Routine Ward- 1800	No Implant	Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1031	Mental Disorders Packages	Schizophrenia, schizotypal and delusional disorders - NHA Govt Reserve	Schizophrenia, schizotypal and delusional disorders	Routine Ward- 1800	No Implant	Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance



Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Notes	Day Care	Reserved Procedure (Insurance/ Trust)
1032	Mental Disorders Packages	Neurotic, stress- related and somatoform disorders - NHA Govt Reserve	Neurotic, stress-related and somatoform disorders	Routine Ward- 1800	No Implant	Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1033	Mental Disorders Packages	Mood (affective) disorders - NHA Govt Reserve	Mood (affective) disorders	Routine Ward- 1800	No Implant	Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1034	Mental Disorders Packages	Behavioural syndromes associated with physiological disturbances and physical factors - NHA Govt Reserve	Behavioural syndromes associated with physiological disturbances and physical factors	Routine Ward- 1800	No Implant	Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1035	Mental Disorders Packages	Mental and Behavioural disorders due to psychoactive substance use - NHA Govt Reserve	Mental and Behavioural disorders due to psychoactive substance use	Routine Ward- 1800	No Implant	Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1036	Mental Disorders Packages	Package (Cognitive Tests, Complete Haemogram, Liver Function Test, Renal Function Test, Serum Electrolytes, Electro- Cardiogram (ECG), CT / MRI Brain, Electroencephalo- gram, Thyroid Function Test, VDRL, HIV Test, Vitamin B12 levels, Folate levels, Lipid Profile, Homocysteine levels), serum	Package (Cognitive Tests, Complete Haemogram, Liver Function Test, Renal Function Test, Serum Electrolytes, Electro- Cardiogram (ECG), CT / MRI Brain, Electroencephalogram, Thyroid Function Test, VDRL, HIV Test, Vitamin B12 levels, Folate levels, Lipid Profile, Homocysteine levels), serum Lithium level	6000	No Implant	NA	yes	Secondary	Add - On Procedure	No special condition	No	No	Insurance

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Sr.N #	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Notes	Day Care	Reserved Procedure (Insurance/ Trust)
1037	Mental Disorders Packages	Electro Convulsive Therapy (ECT) - per session - NHIA Govt Reserve	Electro Convulsive Therapy (ECT) - per session	1000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1038	Mental Disorders Packages	NeuroDevelopm ental Disorders (NDD) Other than Intellectual Disability - NHIA Govt Reserve	Autism Spectrum Disorder	Routine Ward- 1000	No Implant	Routine Ward-1000	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1039	Mental Disorders Packages	NeuroDevelopm ental Disorders (NDD) Other than Intellectual Disability - Govt Reserve	Mixed Developmental Disorder	Routine Ward- 1000	No Implant	Routine Ward-1000	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1040	Mental Disorders Packages	NeuroDevelopm ental Disorders (NDD) Other than Intellectual Disability - Govt Reserve	Tourette Syndrome / Chronic Tic Disorder	Routine Ward- 1000	No Implant	Routine Ward-1000	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1041	Mental Disorders Packages	NeuroDevelopm ental Disorders (NDD) Other than Intellectual Disability - Govt Reserve	Attention Deficit Hyperactivity Disorder (ADHD)	Routine Ward- 1000	No Implant	Routine Ward-1000	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1042	Mental Disorders Packages	NeuroDevelopm ental Disorders (NDD) Other than Intellectual Disability - Govt Reserve	Specific Developmental Disorders	Routine Ward- 1000	No Implant	Routine Ward-1000	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rates	Day Care	Reserved Procedure (Insurance/ Trust)
1043	Mental Disorders Packages	Behavioral and emotional Disorders of Childhood and Adolescence - Govt Reserve	Oppositional Defiant Disorder	Routine Ward- 1800	No Implant	Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1044	Mental Disorders Packages	Behavioral and emotional Disorders of Childhood and Adolescence - Govt Reserve	Conduct Disorder	Routine Ward- 1800	No Implant	Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1045	Mental Disorders Packages	Behavioral and emotional Disorders of Childhood and Adolescence - Govt Reserve	Mixed Disorder of Conduct and Emotions	Routine Ward- 1800	No Implant	Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1046	Mental Disorders Packages	Behavioral and emotional Disorders of Childhood and Adolescence - Govt Reserve	Anxiety and Depressive Disorders	Routine Ward- 1800	No Implant	Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1047	Mental Disorders Packages	Behavioral and emotional Disorders of Childhood and Adolescence - Govt Reserve	Other Internalizing and Externalizing Disorders of Childhood and Adolescence	Routine Ward- 1800	No Implant	Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance

Sr.N n	Specialty	Package Name	Procedure Name	Rate	Implant rate	Scrutification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1040	Mental Disorders Packages	Non- Pharmacological Interventions - Govt Reserve & Add on	Psychological, Behavioural and Developmental and Educational Interventions (Typically Includes Child Counselling / Psychotherapy, Family Counselling / Psychotherapy / Training Such As Parent Management Training, Behavioral / Cognitive- Behavioral Interventions, Developmental Interventions Such As Early Intervention, Speech / Language Therapy, Occupational Therapy, Physiotherapy, Remediation For Specific Learning Disability and Other Rehabilitative / Psychosocial Interventions)	3000	No Implant	Add-on package (4 CYCLES OVER 3 MONTHS)	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1049	Mental Disorders Packages	Pharmacological Interventions - Govt Reserve	Common Medications Used in Management of Child & Adult Psychological Disorders (Including Anti- ADHD Medication)	1800	No Implant	Add-on package (4 CYCLES OVER 3 MONTHS)	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1050	Mental Disorders Packages	Psychological / Psychosocial Assessment Package for All Child And Adolescent Psychiatric Disorders - Govt Reserve & Add on	Psychological Assessments (Includes IQ Testing, Specific Learning Disability Assessments, Assessments For Autism Spectrum Disorder, Developmental Assessments, Projective Tests and Other Tests Of Psychopathology), Other Psychosocial Assessments (Family, Schooling) - Add- on package	2500	No Implant		yes	Secondary	Regular Procedure	No special condition	No	No	Insurance



Se.N n	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1051	Neo-natal care Packages	Special Neonatal Care Package Babies that required admission to SNCU or NICU. Babies admitted for short term care for conditions like • Mild Respiratory Distress/tachypnea • Mild encephalopathy • Severe jaundice requiring intensive phototherapy • Haemorrhagic disease of new- born	Neonates, between 1500- 1799g. Or Neonates of any weight with mild illness like, but not limited to: • Mild Respiratory Distress/tachypnea • Mild encephalopathy • Severe jaundice requiring intensive phototherapy • Unwell baby requiring monitoring • Some dehydration • Hypoglycaemia The above list is illustrative but not limited to these conditions. The required procedures may include radiant warmer care, gavage feeding, oxygen therapy, IV fluid administration, blood transfusion. The package includes food	3000 /day	No Implant	SNCU / NICU - 4000	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1052	Neo-natal care Packages	Intensive Neonatal Care Package Babies with birthweight 1500-1799 g or Babies of any birthweight and at least one of the following conditions: • Need for mechanical ventilation for less than 24 hours or non- invasive respiratory support (CPAP, HFNC) • Sepsis / meningitis	Neonates of any birthweight with moderate illness like • Need for mechanical ventilation for less than 24 hours or non-invasive respiratory support (CPAP, HFNC) • Sepsis / pneumonia without complications • Hyperbilirubinemia requiring exchange transfusion • Seizures requiring anti- convulsants • Major congenital malformations (pre- surgical stabilization) • Cholestasis requiring investigation and in- hospital management • Congestive heart failure or shock	6000 /day	No Implant	SNCU / NICU - 6000	No	Secondary	Regular Procedure	No special condition	The LOS indicated should hold true for majority of cases, however in case the clinical condition of patient warrants, then enhancement can be given on request of hospital after examination of the enhancement request by a medical expert (preferably Neonatologist or Pediatrician) at SRA / ISA	No	Insurance

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Sr.N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1053	Neo-natal care Packages	Advanced Neonatal Care Package: Babies with birthweight of 1200-1499 g or Babies of any birthweight with at least one of the following conditions: • Any condition requiring invasive ventilation longer than 24 hours • Hypoxic Ischemic encephalopathy requiring	Neonates: between 1200- 1499 g OR Neonates of any weight with at least one of the following conditions: • Any condition requiring invasive ventilation longer than 24 hours • Moderate to Severe Hypoxic Ischemic encephalopathy • Cardiac rhythm disorders needing intervention (the cost of cardiac surgery or implant will be covered under cardiac surgery packages) • Sepsis with complications such as meningitis or bone and joint infection, DIC or shock • Renal failure requiring dialysis	7150 /day	No implant	SNCU / NICU - 2500	No	Secondary	Regular Procedure	No special condition	The LOS indicated should hold true for majority of cases, however in case the clinical condition of patient warrants, then enhancement can be given on request of hospital after examination of the enhancement request by a medical expert (preferably Neonatologist or Pediatrician) at SHA / ISA	No	Insurance
1054	Neo-natal care Packages	Critical Care Neonatal Package: Babies with birthweight of <1200 g or Babies of any birthweight with at least one of the following conditions: • Severe Respiratory Failure requiring High Frequency Ventilation or inhaled Nitric Oxide (iNO) • Multisystem failure requiring multiple organ support	Neonates: <1200 g OR Neonates of any weight with at least one of the following conditions: • Severe Respiratory Failure requiring High Frequency Ventilation or inhaled Nitric Oxide (iNO) • Multisystem failure requiring multiple organ support including mechanical ventilation and multiple inotropes • Requiring parenteral nutrition Critical congenital heart disease (excluding surgical costs) The above list is illustrative but not limited to these conditions. The package includes mandatory stay and food of	8500 /day	No Implant	NA	No	Secondary	Regular Procedure	No special condition	The LOS indicated should hold true for majority of cases, however in case the clinical condition of patient warrants, then enhancement can be given on request of hospital after examination of the enhancement request by a medical expert (preferably Neonatologist or Pediatrician) at SHA / ISA	No	Insurance



Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. Reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1055	Neo-natal care Packages	Chronic Care Package: If the baby requires stay beyond the upper limit of usual stay in Package no Advanced Neonatal Care Package or Critical Care Neonatal Package for conditions like severe BPD requiring respiratory support, severe NEC requiring prolonged TPN support	Neonates in Special Neonatal Care, Special Neonatal Care-Plus, Intensive Neonatal Care or Critical Neonatal Care packages (Special Neonatal Care Package , Intensive Neonatal Care Package ,Advanced Neonatal Care Package ,Critical Care Neonatal Package) who have not fully recovered and continue to require NICU/SNICU care, e.g. for respiratory support, gavage feeding, thermal support, etc.	3300 /day	No Implant	3300 /day	No	Secondary	Regular Procedure	No special condition	This package can be booked only after "Advanced Neonatal Care Package" or "Critical Care Neonatal Package" ( more than 30 days of Advanced Neonatal Care Package or 45 days of Critical Care Neonatal Package )  This package will be booked in case the length of stay goes beyond the package rules for these two packages	No	Insurance
1056	Neo-natal care Packages	Basic neonatal care (Level IA)	Neonates > 2.5 kg nursed with mother : Includes clinical monitoring, breastfeeding support, birth vaccination, thyroid screening, universal hearing screening and pre- discharge counselling	750/day	No Implant	775/ day	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1057	Neo-natal care Packages	BERA- day care	Brainstem Evoked Response Audiometry(BERA)	1500 per BERA	No Implant	1500/ Bera	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1058	Neo-natal care Packages	Advance screening package - One type only and Govt Reserve	Advance screening package ( Can be book only After neonatal screening PKG , if any significant finding and indications required for more workup) karyotype, FISH, Urine GCMS & Blood TMS or any other required Genetic, metabolic, NGS, biochemical screening investigations	8000	FISH-4000/ Karyotype-2500/ Urine GCMS & Blood TMS-2400 Max :1	NA	yes	Tertiary	Govt Reserve	No special condition	No	No	Insurance

Sl.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1059	Neo-natal care Packages	Cranial USG - Add on	Cranial USG - Add on only allow with pgs of Advanced Neonatal Care Package / Critical Care Neonatal Package	500	No Implant	NA	No	Secondary	Add - On Procedure	No special condition	No	No	Insurance
1060	Neo-natal care Packages	Echo - Add on	Echo - Add on only allow with pgs of Advanced Neonatal Care Package / Critical Care Neonatal Package	1000	No Implant	NA	No	Secondary	Add - On Procedure	No special condition	No	No	Insurance
1061	Neo-natal care Packages, Ophthalmology	Laser Therapy for Retinopathy of Prematurity (irrespective of no. of eyes affected) - per session	Laser Therapy for Retinopathy of Prematurity (irrespective of no. of eyes affected) - per session	1500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1062	Neo-natal care Packages, Ophthalmology	ROP screening	ROP screening	500 per screening for both eyes (documentation of finding to be done in a structured format)	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1063	Nephrology, Neurology, Palliative Medicine, Pulmonology, pediatric Nephrology	Palliative and supportive care for non- malignant disease at advanced or end stage	Palliative care end stage disease	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1064	Neurology	Stroke Stent Retriever	Stroke Stent Retriever	232800	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1065	Neurology	Venous sinus thrombosis	Venous sinus thrombosis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1066	Neurology, Paediatric Medical Management	Myasthenic crisis (Plasmapheresis)	Myasthenic crisis (Plasmapheresis)	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance



Sl. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1067	Neurology, Paediatric Medical Management	Evaluation of drug resistant epilepsy-Phase-1	Evaluation of drug resistant epilepsy-Phase-1	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1068	Neurology, Paediatric Medical Management	Pediatric seizure disorders	Status epilepticus	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1069	Neurology, PMR Paediatric Medical Management	Medical/ neuro rehabilitation - Govt. reserve	Comprehensive medical rehabilitation for spinal injury/ traumatic brain injury, CVA, Cerebral palsy with or without orthosis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1070	Neurology, PMR Paediatric Medical Management	Medical/ neuro rehabilitation- neuro degenerative disorder	Comprehensive medical rehabilitation for of complication secondary to specified disability/multiple disability including procedures, chemodenervation with or with out orthosis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1071	Neurology, PMR Paediatric Medical Management	Medical/ neuro rehabilitation	Single event multiple level surgery for spasticity management in cerebral palsy	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1072	Neurology, PMR Paediatric Medical Management	Medical/ neuro rehabilitation - Govt. reserve	Medical rehabilitation of muscular dystrophy	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1073	Neurology, PMR Paediatric Medical Management	Medical/ neuro rehabilitation - Govt. reserve	Medical Rehabilitation intellectual disability	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1074	Neurology, PMR Paediatric Medical Management	Medical/ neuro rehabilitation - Govt. reserve	Medical Rehabilitation special learning disability	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1075	Neurology, PMR Paediatric Medical Management	Medical/ neuro rehabilitation - Govt. reserve	Medical Rehabilitation multiple disability	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1076	Neurology, Neurosurgery	Intracranial balloon angioplasty with stenting-Govt. Reserve	Intracranial balloon angioplasty with stenting	160000	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1077	Neurology, Neurosurgery	Intracranial thrombolysis / clot retrieval - Govt Reserve	Intracranial thrombolysis / clot retrieval	140000	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1078	Neurology, Neurosurgery	Stroke- Aspiration Catheter	Stroke-Aspiration Catheter	248200	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1079	Neurosurgery	Intervention for Acute stroke (Aspiration & clot retrieval)- Govt reserved	Intervention for Acute stroke (Aspiration & clot retrieval)	393200	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1080	Neurosurgery	Endovascular therapy for intracranial aneurysm -Govt reserved	Aneurysm-3 Coil	77000	Balloon or stent,Guide catheter, Micro-guidewire ,coils- 150000 Max :4	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1081	Neurosurgery	Endovascular therapy for intracranial aneurysm -Govt reserved	Aneurysm-5 Coil	77000	Balloon or stents, Guide catheter, Micro- guidewire ,coils- 150000 Max :4	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Treat)
1082	Neurosurgery	Endovascular therapy for intracranial aneurysm-Govt Reserve	Aneurysm-7 Coil	77000	Balloon or stent- Guide catheter, Micro- guidewire-coils - 150000 Max :4	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1083	Neurosurgery	Endovascular therapy for intracranial aneurysm-Govt Reserve	3 Coil + Balloon	77000	Balloon or stent- Guide catheter, Micro- guidewire-coils - 150000 Max :4	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1084	Neurosurgery	Endovascular therapy for intracranial aneurysm -Govt reserved	5 Coil + Balloon	77000	Balloon or stent- Guide catheter, Micro- guidewire-coils - 150000 Max :4	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1085	Neurosurgery	Endovascular therapy for intracranial aneurysm-Govt Reserve	3 Coil + Balloon+Stent	77000	Balloon or stent- Guide catheter, Micro- guidewire-coils - 150000 Max :4	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1086	Neurosurgery	Endovascular therapy for intracranial aneurysm -Govt reserved	5 Coil + Balloon+Stent	77000	Balloon or stent- Guide catheter, Micro- guidewire-coils - 150000 Max :4	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1087	Neurosurgery	Endovascular therapy for intracranial aneurysm -Govt reserved	7 Coil + Balloon+Stent	77000	Balloon or stent- Guide catheter, Micro- guidewire-coils - 150000 Max :4	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1088	Neurosurgery	Arteriovenous fistula (AVF)/Arterio- venous Malformation (AVM) -Govt Reserve	Pial AVF (Single hole)	86900	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1089	Neurosurgery	Intracranial stenting for intracranial atherosclerotic disease (ICAD)- Govt Reserve	Intracranial stenting for intracranial atherosclerotic disease (ICAD)	364300	No implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1090	Neurosurgery	Aneurysm Clipping including angiogram 1 Aneurysm Clipping including DSA or CTA	Aneurysm Clipping including DSA or CTA - including implant	68750 (including implant)	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt Reserved	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1091	Neurosurgery	Depressed Skull Fracture	Surgery for Depressed Skull Fracture	15000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1092	Neurosurgery	CranioPlasty	CranioPlasty with autologous bone graft	23900	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1093	Neurosurgery	CranioPlasty	CranioPlasty with exogenous Graft	23900	Implant for CranioPlasty with Exogenous graft- 20000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1094	Neurosurgery	Twist Drill Craniotomy	Twist Drill Craniotomy	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1095	Neurosurgery	Craniofenestec	Cranial vault remodeling/ surgery for "Craniostenosis"	32000	Mini plate- 3000 Max :4	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1096	Neurosurgery	Meningocele	Anterior cranial fossa encephalocele/meningocele repair	45000	Exogenous Graft- 4000 / Fibrin Glue- 9000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1097	Neurosurgery	Meningocele	Surgery for spina bifida cystica/occulta	37500	Exogenous Graft- 4000 / Fibrin Glue- 9000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1098	Neurosurgery	Meningocele	Posterior cranial fossa encephalocele/meningocele repair - including graft	51000	Fibrin Glue-9000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1099	Neurosurgery	Surgery for tumour meninges	Surgery for supratentorial Extra-axial Tumours (Meningioma etc)	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1100	Neurosurgery	Surgery for tumour meninges	Surgery for infratentorial Extracranial Tumour (meningioma etc)	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1101	Neurosurgery	Duroplasty	Duroplasty with Endogenous graft- (May be performed as a add-on procedure)	12500	Endogenous graft- 20000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1102	Neurosurgery	Duroplasty	Duroplasty with Exogenous graft- (May be performed as an add-on procedure) Cost of graft will be extra	12500	Exogenous graft- 20000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1103	Neurosurgery	Burr hole surgery	Burr hole surgery for evacuation of hematomas/ abscess/ pus drainage/Placement of ICP monitoring device	18000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1104	Neurosurgery	Burr hole surgery	Burr hole surgery with chronic Sub Dural Haematoma	21700	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1105	Neurosurgery	Surgery for Haematoma- Intracranial	Evacuation of Parieto-occipital Intraparenchymal Hematoma	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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#.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1106	Neurosurgery	Surgery for Haematoma - Intracranial	Spontaneous intraparenchymal haematoma evacuation	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1107	Neurosurgery	Surgery for Haematoma - Intracranial	Evaluation of Post-traumatic intraparenchymal Hematoma in Pediatric Age group	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1108	Neurosurgery	Excision of Brain Abscess	Excision of Brain abscess	29100	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1109	Neurosurgery	Abscess Tapping	Craniotomy/Burr hole and Tapping of Brain Abscess	Single - 25000 Multiple - 35000	No Implant	Single - 25000 Multiple - 35000	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1110	Neurosurgery	Epilepsy Surgery	Epilepsy Surgery	50000	GRID COST - 10000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1111	Neurosurgery	Brain Biopsy	Brain Biopsy - Open/Stereotactic guided	16875	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1112	Neurosurgery	Excision of Orbital Tumour	Excision of Orbital Tumour	63400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1113	Neurosurgery	Excision of Brain Tumor Supratentorial	Parasagittal Tumours	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1114	Neurosurgery	Excision of Brain Tumor Supratentorial	Skull Base Tumours	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1115	Neurosurgery	Excision of Brain Tumor Supratentorial	Surgery for intracranial extra-axial tumours	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1116	Neurosurgery	Excision of Brain Tumor Supratentorial	Cerebello-pontine angle Angle	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1117	Neurosurgery	Excision of Brain Tumor Supratentorial	Supratentorial & other Tumours	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1118	Neurosurgery	Stereotactic Lesioning	Stereotactic Lesioning for movement disorders	60000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1119	Neurosurgery	Trans Sphenoidal Surgery	Endoscopic/Microscopic Trans Sphenoidal Surgery	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1120	Neurosurgery	Trans oral surgery	Trans oral Surgery	46900	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1121	Neurosurgery	Transoral surgery (Anterior) and CV Junction (Posterior stabilization)	Trans oral anterior decompression and Posterior stabilization or C, V Junction	64300	Implant for Transoral surgery (Anterior) and CV Junction (Posterior stabilization)-30000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1122	Neurosurgery	Ventricular Puncture	Ventricular Tap	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Risks	Day Care	Reserved Procedure (Insurance/ Trust)
1123	Neurosurgery	Shunt Surgery	Ventriculo-Peritoneal Shunt (Low/Medium/High Pressure or Flow regulated valve)	37000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1124	Neurosurgery	Shunt Surgery	Ventriculo - pleural Shunt (Low/Medium/High Pressure or Flow regulated valve)	31000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1125	Neurosurgery	Shunt Surgery	Ventriculo - atrial Shunt (Low/Medium/High Pressure or Flow regulated valve)	33000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1126	Neurosurgery	Shunt Surgery	Theco - peritoneal Shunt (Low/Medium/High Pressure or Flow regulated valve)	33000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1127	Neurosurgery	Superficial Temporal Artery (STA) - middle cerebral artery (MCA) or (other EC - IC) Bypass procedure	Superficial Temporal Artery (STA) - middle cerebral artery (MCA) or (other EC - IC) Bypass procedure	60000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1128	Neurosurgery	Arterio venous malformation (AVM) excision	Craniotomy and excision of arteriovenous malformation	59100	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1129	Neurosurgery	Arterio venous malformation (AVM) excision	Laminectomy/Laminotomy and excision of Intraaxial arteriovenous malformation	59100	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1130	Neurosurgery	Arterio venous malformation (AVM) excision	Excision of scalp arteriovenous malformation	34375	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1131	Neurosurgery	Foramen Magnum Decompression	Foramen magnum decompression for Chiari malformation with or without duraplasty or tubular resection	45200	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1132	Neurosurgery	Skull Tracton	Skull Tracton	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1133	Neurosurgery	Posterior Cervical Discectomy without implant -Govt Reserve	Posterior cervical laminectomy and discectomy	30000	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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No/N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1134	Neurosurgery	Posterior Cervical Fusion with implant (Lateral mass fixation)	Posterior cervical fusion using lateral mass or pedicle screws and rods	40000	Pedicle screw/lateral mass screw-2500 Max: 10 / Rod -1500 Max-2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1135	Neurosurgery	Cervical Disc Multiple level without Fusion - Cost Reserved	Anterior cervical discectomy without fusion	35000	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1136	Neurosurgery	Excision of Cervical Ribs	Excision of Cervical Ribs	Single - 28000 Multiple - 33750	No Implant	Single - 28750 Multiple - 33750	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1137	Neurosurgery	Thoracic / Lumbar Corpectomy with fusion	Cervical/Thoracic/ Lumbar corpectomy with fusion for Tumor/Infection/Trauma	50000	Odontoid screw- 10000 Max-1/ Pedicle screw-2500, plate with screw- 5000/cage -5000 Max 3 / Rod -1500 Max 3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1138	Neurosurgery	Lumbar Discectomy - Cost reserved	Microscopic/Endoscopic Lumbar Discectomy (One level)	30000	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1139	Neurosurgery	Micro discectomy - Cost Reserve	Anterior Cervical Discectomy with fusion (extra cost of implants for each disc level)	35000	cage with or without screw-10000/ cage with plate-15000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1140	Neurosurgery	Spine - Extradural Haematoma	Intraspinal Extradural hematoma evacuation	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1141	Neurosurgery	Spine - Extradural Tumour	Excision of extradural spinal tumor	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1142	Neurosurgery	Spine - Extradural Tumour	Excision of extradural spinal tumor with fusion and fixation (Cost of implants to be extra)	40000	Implant for Spine - Extradural Tumour with fixation - 30000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1143	Neurosurgery	Spine - Intradural Tumour	Excision of intradural extramedullary tumor	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1144	Neurosurgery	Spine - Intradural Tumour	Excision of intradural extramedullary tumor with fusion and fixation (Cost of implants to be extra)	54000	Implant for Spine - Intradural Tumour with fixation - 30000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1145	Neurosurgery	Spine - Intramedullary Tumour	Excision of intramedullary tumor of spine	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

Sr No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Trust)
1146	Neurosurgery	Spine - Intramedullary Tumor	Excision of Intramedullary tumor with fusion and fixation (Cost of implants to be extra)	51000	Implant for Spine - Intramedullary Tumor with fixation - 30000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1147	Neurosurgery	R. F. Lesioning for Trigeminal Neuralgia	R. F. Lesioning for Trigeminal Neuralgia	19010	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1148	Neurosurgery	Cranial Nerve Anastomosis - Govt Reserve	Cranial nerve re-anastomosis/Repair (Facial)	25000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1149	Neurosurgery	Peripheral Nerve Surgery	Peripheral nerve tumor excision and repair	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1150	Neurosurgery	Nerve Biopsy excluding Hensens	Nerve Biopsy excluding Hansen's	7000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1151	Neurosurgery	Gamma Knife radiosurgery (GKRS) / SRS for tumors / Arteriovenous malformation (AVM)	Gamma Knife Radiosurgery for tumors/AVMs/ Trigeminal Neuralgia	75000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1152	Neurosurgery	Endoscopic Third Ventriculostomy	Endoscopic Third ventriculostomy	31300	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1153	Neurosurgery	R. F. Lesioning	Radiofrequency lesioning for chronic back pain	8125	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1154	Neurosurgery	Discectomy - Dorsal - Govt Reserve	Discectomy - Dorsal	33000	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1155	Neurosurgery	Reexploration for Cranial / Spinal surgeries	Reexploration for Cranial / Spinal surgeries	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1156	Neurosurgery	Conservative management of high cervical injury	Conservatively managed spinal injury with ventilator	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward-1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	Maximum capping of 30000	No	Insurance



Item #	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1157	Neurosurgery	Conservative management of high cervical injury	Moderate head injury	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	Maximum capping of 30000	No	Insurance
1158	Neurosurgery	Conservative management of high cervical injury	Conservatively managed Severe Head injury	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	Maximum capping of 30000	No	Insurance
1159	Neurosurgery	Conservative management of high cervical injury	Simple head injury	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	Maximum capping of 30000	No	Insurance
1160	Neurosurgery	AVM EMBOLISATION	AVM EMBOLISATION/THROMBECTOMY	175000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1161	Neurosurgery	Ventricular tap	Ventricular tapping with Ommaya reservoir/external ventricular drain	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1162	Neurosurgery	Decompressive Craniectomy	Craniectomy/ DECRA for head injury/acute stroke/cerebral venous thrombosis	75000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1163	Neurosurgery	Conservative Management of Head Injury	Severe	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1164	Neurosurgery	Conservative Management of Head Injury	Depressed Fracture	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Duty Care	Reserved Procedure (Insurance/ Trust)
1165	Neurosurgery	Muscle Biopsy with report	Muscle Biopsy	2500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1166	Neurosurgery, Neurosurgery	External Ventricular Drainage (EVD) including antibiotics	External Ventricular Drainage (EVD)	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1167	Neurosurgery, Oral and Maxillofacial Surgery	Neurectomy - Govt Reserve	Peripheral Neurectomy	17300	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1168	Neurosurgery, Oral and Maxillofacial Surgery	Neurectomy - Govt Reserve	Trigeminal Nerve/ Peripheral Neurectomy	17300	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1169	Neurosurgery, Orthopaedics	Laminectomy - Govt Reserve	Laminectomy without fusion for lumbar or cervical canal stenosis	25000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1170	Neurosurgery, Orthopaedics	Laminectomy - Govt Reserve	Laminectomy with fusion and fixation for lumbar/cervical/thoracic canal stenosis or for tumor / trauma/Blood (Cost of implants to be extra)	25000	Obitoid screw- 10000 Max :1   Pedicle screw-2500, plate with screw- 5000, cage -5000 Max :3   Rod -1500 Max :3	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1171	Neurosurgery, Orthopaedics	Carpal Tunnel Release	Carpal tunnel release	13500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1172	Neurosurgery, Orthopaedics, Plastic & Reconstructive Surgery	Nerve Decompression	Peripheral nerve repair/Neurolysis	13000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1173	Neurosurgery, Otorhinolaryngology (ENT), Surgical Oncology	Anterior skull base surgery	Endoscope / open CSF Rhinotheca Repair	26000	Fibrin Glue-9000 Max :2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1174	Neurosurgery, Otorhinolaryngology (ENT), Surgical Oncology	Anterior skull base surgery	Optic nerve decompression	25500	Mini plate-3000 Max :2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1175	Neurosurgery, Otorhinolaryngology (ENT), Surgical Oncology	Anterior skull base surgery	Orbital decompression	25500	Mini plate-3000 Max :2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1176	Neurosurgery, Otorhinolaryngology (ENT), Surgical Oncology	Anterior skull base surgery	Craniofacial resection	25300	Mini plate-3000 Max :3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance



S. No.	Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Conditions	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1177	Neurosurgery, Otorhinolaryngology (ENT), Surgical Oncology	Anterior skull base surgery	Mastoidectomy	22500	Mini plate-3000 Max 2.	RA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1178	Neurosurgery, Pediatric Surgery	Ventriculoperitoneal Shunt Surgery (VP) or Omnaya Reservoir or External Drainage for Hydrocephalus	Ventriculoperitoneal Shunt Surgery (VP) or Omnaya Reservoir or External Drainage for Hydrocephalus	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1179	Neurosurgery, Plastic & Reconstructive Surgery	Brachial Plexus - Repair	Brachial Plexus repair	31300	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1180	Neurosurgery, Plastic & Reconstructive Surgery	Management of Nerve Plexus / Tendon injuries	Nerve and/or tendon injury. A. Wound exploration and closure. B. Nerve repair. C. Tendon repair	A. 15000/- (Under GA). 10,000/- (Under Local/regional anesthesia). B - 5000/- per nerve. C - 3000/- per tendon repair	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1181	Neurosurgery, Plastic & Reconstructive Surgery	Management of Nerve Plexus / Tendon injuries	Nerve and/or tendon injury. A. Wound exploration and closure. B. Nerve graft. C. Tendon graft/transfer	A. 15000/- (Under GA). 10,000/- (Under Local/regional anesthesia). B - 5000/- per nerve. C - 3000/- per tendon repair	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1182	Neurosurgery, Radiation Oncology	Malignant Spinal Cord compression with Diagnostic, palliative radiotherapy. Brace in advanced cancer patients	Malignant Spinal cord compression	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

Sr. N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Notes	Day Care	Reserved Procedure (Insurance/ Fund)
1183	Neurosurgery, Radiation Oncology	Palliative neurosurgical interventions for secondary vertebral and brain metastases	Palliative neurological interventions	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1184	Obstetrics & Gynaecology	Ovarian Cystectomy	Ovarian Cystectomy - govt reserve	20000	No Implant	NA	yes	Secondary	Govt Reserve	No special condition	No	No	Insurance
1185	Obstetrics & Gynaecology	Resection of accessory mammary horn	Resection of accessory mammary horn (Open/Lap)	13900	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance
1186	Obstetrics & Gynaecology	Hysteroscopic cannulation	Hysteroscopic cannulation	8006	No Implant	NA	No	Secondary	Regular PKG / day care	No special condition	No	yes	Insurance
1187	Obstetrics & Gynaecology	Hysteroscopic Septum resection	Hysteroscopic Septum resection	8006	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance
1188	Obstetrics & Gynaecology	Inversion of uterus	Inversion of uterus - vaginal reposition/Abdominal reposition	Abdominal reposition- 8000 } Vaginal reposition- 1800	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance
1189	Obstetrics & Gynaecology	Burp - Govt reserve	Endometrial Aspiration	2425	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1190	Obstetrics & Gynaecology	Burp - Govt reserve	Vulval	2437	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1191	Obstetrics & Gynaecology	Hysteroscopic Myomectomy	Hysteroscopic Myomectomy	11800	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1192	Obstetrics & Gynaecology	Hysterectomy - Govt Reserve	Abdominal Hysterectomy	20000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1193	Obstetrics & Gynaecology	Hysterectomy - Govt Reserve	Abdominal Hysterectomy + Salpingo-oophorectomy	20000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1194	Obstetrics & Gynaecology	Hysterectomy - Govt Reserve	Non descent vaginal hysterectomy	20000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1195	Obstetrics & Gynaecology	Hysterectomy - Govt Reserve	Vaginal hysterectomy with anterior and posterior colposuspension/raphy	20000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1196	Obstetrics & Gynaecology	Hysterectomy - Govt Reserve	Laparoscopic hysterectomy (TLH)	20000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1197	Obstetrics & Gynaecology	Hysterectomy - Govt Reserve	Laparoscopically assisted vaginal hysterectomy (LAVH)	20000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1198	Obstetrics & Gynaecology	Caesarean hysterectomy - Govt Reserve	Caesarean hysterectomy	20000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1199	Obstetrics & Gynaecology	Ring Surgeries for Prostate	Surgeries for Prostate Ring Surgeries	20000	Stent -5000 Max }	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sl No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1200	Obstetrics & Gynaecology	Hysterotomy - Govt Reserve	Hysterotomy	6375	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1201	Obstetrics & Gynaecology	Diagnostic hysteroscopy - Govt Reserve	With biopsy	7000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1202	Obstetrics & Gynaecology	Diagnostic hysteroscopy - Govt Reserve	Without biopsy	7000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1203	Obstetrics & Gynaecology	Hysteroscope BICD removal - Govt Reserve	Hysteroscopic BICD removal	8000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1204	Obstetrics & Gynaecology	D&C (Dilatation & curettage)	D&C (Dilatation & curettage)	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1205	Obstetrics & Gynaecology	Dilation and Evacuation (D&E)	Dilation and Evacuation (D&E)	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1206	Obstetrics & Gynaecology	Pyometra drainage	Pyometra drainage	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1207	Obstetrics & Gynaecology	Intrauterine transfusion	Intrauterine transfusion	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1208	Obstetrics & Gynaecology	Hysteroscopic adhesiolysis - Govt Reserve	Hysteroscopic adhesiolysis	8000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1209	Obstetrics & Gynaecology	Laparoscopic adhesiolysis - Govt Reserve	Laparoscopic adhesiolysis	4750	No Implant	NA	yes	Secondary	stand-alone	No special condition	No	No	Insurance
1210	Obstetrics & Gynaecology	Trans - vaginal tape / Trans-obturator tape	Trans-vaginal tape	25000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1211	Obstetrics & Gynaecology	Trans - vaginal tape / Trans-obturator tape	Trans-obturator tape	24000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1212	Obstetrics & Gynaecology	Sacrocolpopexy (Abdominal)	Open- Sacrocolpopexy (Abdominal)	20000	Mesh - 15 X 15 - 5000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1213	Obstetrics & Gynaecology	Sacrocolpopexy (Abdominal)	Sacrocolpopexy (Abdominal)- Lap	20000	Mesh - 15 X 15 - 5000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1214	Obstetrics & Gynaecology	LEETZ (including PAP smear and colposcopy)	LEETZ (including PAP smear and colposcopy)	7000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1215	Obstetrics & Gynaecology	Hymenectomy for imperforate hymen - Govt Reserve	Hymenectomy for imperforate hymen	3000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1216	Obstetrics & Gynaecology	Anterior & Posterior Colpoperineorrhaphy	Anterior & Posterior Colpoperineorrhaphy	8000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1217	Obstetrics & Gynaecology	Vulval Hematoma drainage	Vulval Hematoma drainage	3000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1218	Obstetrics & Gynaecology	Abdomino-Perineal repair for Mullerian Anomaly	Abdomino Perineal repair for Mullerian Anomaly	29500	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1219	Obstetrics & Gynaecology	Colpotomy	Colpotomy	4300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1220	Obstetrics & Gynaecology	Cystocele - Anterior repair	Cystocele - Anterior repair	6000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1221	Obstetrics & Gynaecology	Electro Cauterisation / Cryo Surgery	Electro Cauterisation / Cryo Surgery	3000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1222	Obstetrics & Gynaecology	Amniocentesis	Amniocentesis	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1223	Obstetrics & Gynaecology	Chorionic villus sampling	Chorionic villus sampling	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1224	Obstetrics & Gynaecology	Cordocentesis	Cordocentesis	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1225	Obstetrics & Gynaecology	Shirodkar's stitch	Shirodkar's stitch	4500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1226	Obstetrics & Gynaecology	Medical management of ectopic pregnancy	Medical management of ectopic pregnancy	2100	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1227	Obstetrics & Gynaecology	Medical Termination of Pregnancy	MTP upto 8 weeks	2000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1228	Obstetrics & Gynaecology	Medical Termination of Pregnancy - Govt. Reserve	MTP 8 to 12 weeks	5000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1229	Obstetrics & Gynaecology	Medical Termination of Pregnancy - Govt. Reserve	MTP > 12 weeks	6500	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1230	Obstetrics & Gynaecology	High risk delivery - Govt. Reserve	Mothers with eclampsia / imminent eclampsia / severe pre-eclampsia	11500	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1231	Obstetrics & Gynaecology	High risk delivery - Govt. Reserve	Major fetal malformation requiring intervention immediately after birth	11500	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1232	Obstetrics & Gynaecology	High risk delivery - Govt. Reserve	Mothers with severe anaemia (<7 g/dL)	10000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance



Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1233	Obstetrics & Gynaecology	High risk delivery - Govt Reserve	Other maternal and fetal conditions as per guidelines eg. previous caesarean section, diabetes, severe growth retardation, etc that qualify for high risk delivery.	10000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1234	Obstetrics & Gynaecology	Manual removal of placenta - Govt Reserve	Manual removal of placenta	8500	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	Date & time of delivery to be captured when this package is booked	No	Insurance
1235	Obstetrics & Gynaecology	Caesarean Delivery - Govt Reserve	Caesarean Delivery	11500	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1236	Obstetrics & Gynaecology	Vaginal Myomectomy	Vaginal Myomectomy	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1237	Obstetrics & Gynaecology	Complete Perineal Tear - Govt Reserve	Complete Perineal Tear	5000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1238	Obstetrics & Gynaecology	Post coital / Injury Repair - Govt Reserve	Post coital / Injury Repair	5000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1239	Obstetrics & Gynaecology	Cone biopsy	Cone biopsy	7000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1240	Obstetrics & Gynaecology	Biopsy- Cervical, Endometrial EA/ ECC; Vulvar; Polypectomy - Govt Reserve	Biopsy- Cervical, Endometrial EA/ ECC; Vulvar; Polypectomy	4300	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1241	Obstetrics & Gynaecology	Uterine-vaginal / Uterine fistula repair	Uterine - Uterine fistula repair - Open	26000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1242	Obstetrics & Gynaecology	Uterine-vaginal / Uterine fistula repair	Uterine - vaginal fistula repair - Laparoscopic	26000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1243	Obstetrics & Gynaecology	Uterine-vaginal / Uterine fistula repair	Uterine - Uterine fistula repair - Laparoscopic	26000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1244	Obstetrics & Gynaecology	Uterine-vaginal / Uterine fistula repair	Uterine - vaginal fistula repair - Open	26000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant Rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1245	Obstetrics & Gynaecology, Paediatric surgery, Surgical Oncology	Laparotomy and proceed for Ovarian Cancer. Omentectomy with Bilateral Salpingo-oophorectomy	Laparotomy and proceed for Ovarian Cancer. Omentectomy with Bilateral Salpingo-oophorectomy	38000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1246	Obstetrics & Gynaecology, Paediatric surgery, Surgical Oncology	Staging laparotomy for ovarian cancer (simple)	Hysterectomy + salpingo-oophorectomy + omentectomy + BPLND-Open	38000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1247	Obstetrics & Gynaecology, Surgical Oncology	Radical Hysterectomy	Hysterectomy + bilateral salpingo-oophorectomy + omentectomy + peritonectomy and organ resections ( Minimum 2 organs )	60000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	No	Insurance
1248	Obstetrics & Gynaecology, Surgical Oncology	Radical Hysterectomy	Class I radical hysterectomy + bilateral salpingo-oophorectomy + BPLND - Lap	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1249	Obstetrics & Gynaecology, Surgical Oncology	Radical Hysterectomy	Class I radical hysterectomy + bilateral salpingo-oophorectomy + BPLND - Open	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1250	Obstetrics & Gynaecology, Surgical Oncology	Radical Hysterectomy	Class I radical Hysterectomy +/- bilateral salpingo-oophorectomy - Lap	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1251	Obstetrics & Gynaecology, Surgical Oncology	Radical Hysterectomy	Class I radical Hysterectomy +/- bilateral salpingo-oophorectomy - Open	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1252	Obstetrics & Gynaecology, Surgical Oncology	Radical Hysterectomy	Class II radical hysterectomy + BPLND	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1253	Obstetrics & Gynaecology, Surgical Oncology	Radical Hysterectomy	Class III radical hysterectomy + BPLND	38170	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1254	Obstetrics & Gynaecology, Surgical Oncology	Radical Hysterectomy	Hysterectomy + bilateral salpingo-oophorectomy + omentectomy + peritonectomy and organ resections	60000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1255	Obstetrics & Gynaecology, Surgical Oncology	Vulvectomy + reconstruction procedures	Vulvectomy + reconstruction procedures	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance



Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1256	Obstetrics & Gynaecology, Surgical Oncology	Procedure on Fallopian Tube for establishing Tubal Patency	Procedure on Fallopian Tube for establishing Tubal Patency	11500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1257	Obstetrics & Gynaecology, Surgical Oncology	Vulvectomy simple	Vulvectomy simple	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1258	Obstetrics & Gynaecology, Surgical Oncology	Laparoscopic tubal surgeries (for any indication including ectopic pregnancy)	Laparoscopic tubal surgeries (for any indication including ectopic pregnancy)	13900	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1259	Obstetrics & Gynaecology, Surgical Oncology, Urology	Radical Retroperitoneal lymph node dissection	Radical Retroperitoneal lymph node dissection- Open	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1260	Obstetrics & Gynaecology, Surgical Oncology, Urology	Radical Retroperitoneal lymph node dissection	Radical Retroperitoneal lymph node dissection- Lap	52100	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1261	Obstetrics & Gynaecology, Urology	Burch	Abdominal	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1262	Obstetrics & Gynaecology, Urology	Burch	Laparoscopic -Burch	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1263	Obstetrics & Gynaecology	Salpingophorectomy	Salpingophorectomy -Lap	14000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1264	Obstetrics & Gynaecology	Abdominal Myomectomy	Abdominal Myomectomy	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1265	Obstetrics & Gynaecology	Hysteroscopic polypectomy	Hysteroscopic polypectomy	9000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1266	Obstetrics & Gynaecology	Manchester Repair	Manchester Repair	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1267	Obstetrics & Gynaecology	Lap. Surgery for Endometriosis (Other than Hysterectomy)	Lap. Surgery for Endometriosis (Other than Hysterectomy)	14700	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1268	Obstetrics & Gynaecology	Vaginal Sacropinus fixation with repair	Vaginal Sacropinus fixation with repair	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1269	Obstetrics & Gynaecology	Excision of Vaginal Septum (vaginal route)	Excision of Vaginal Septum (vaginal route)	21700	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1270	Obstetrics & Gynecology	Radical Vulvectomy with Inguinal and Pelvic lymph node dissection	Radical Vulvectomy with Inguinal and Pelvic lymph node dissection	38500	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1271	Obstetrics & Gynecology	Laparotomy for ectopic / benign disorders	Open- Laparotomy for ectopic / benign disorders	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1272	Obstetrics & Gynecology	Laparotomy for ectopic / benign disorders	POB	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1273	Obstetrics & Gynecology	Cystectomy	Cystectomy - Lap	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1274	Obstetrics & Gynecology	EUA for (minor girls / unmarried sexually inactive / victims of sexual abuse)	EUA for (minor girls / unmarried sexually inactive / victims of sexual abuse)	2625	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1275	Obstetrics & Gynecology	Hospitalization for Antenatal Complications	Hospitalization for Antenatal Complications	1800	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1276	Obstetrics & Gynecology	McDonald's stitch	McDonald's stitch	6000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1277	Obstetrics & Gynecology	Secondary suturing of episiotomy - Govt Reserve	Secondary suturing of episiotomy	3000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1278	Obstetrics & Gynecology	Vulva vaginal / Bartholin cyst / abscess enucleation / drainage	Vulva vaginal / Bartholin cyst / abscess enucleation	6000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1279	Obstetrics & Gynecology	Vulva vaginal / Bartholin cyst / abscess enucleation / drainage	Vulva vaginal / Bartholin cyst / abscess drainage	6000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1280	Obstetrics & Gynecology	Cystectomy	Cystectomy - Open	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1281	Obstetrics & Gynecology	Laparoscopy for Ectopic / other benign disorders	Lap	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1282	Obstetrics & Gynecology	Reversal of Sterilisation / Tuboplasty (lap/ open)	Reversal of Sterilisation / Tuboplasty (lap/ open)	25000	No Implant	NA	Yes	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1283	Obstetrics & Gynecology	Laparotomy for Broad Ligament Hematoma	Laparotomy for Broad Ligament Hematoma (with internal iliac ligation)	30400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1284	Obstetrics & Gynecology	Resuturing of wounds	Resuturing of wounds	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1285	Obstetrics & Gynecology	Operative vaginal delivery (Vacuum/ forceps)-Govt Reserve	Operative vaginal delivery (Vacuum/ forceps)	4000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1286	Obstetrics & Gynecology	Surgical management of PPH after vaginal delivery	Surgical management of PPH after vaginal delivery	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1287	Obstetrics & Gynecology, Plastic & Reconstructive Surgery, Surgical Oncology	Rectovaginal fistula repair	Rectovaginal fistula repair	24000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1288	Obstetrics & Gynecology, Pediatric Surgery	Salpingoophorectomy	Salpingoophorectomy-Open	14000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1289	Obstetrics & Gynecology, Plastic & Reconstructive Surgery	Vaginoplasty (McIndoe procedure)	Vaginoplasty (McIndoe procedure)	17300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1290	Ophthalmology	Advanced Surgery for Retinopathy of Prematurity	Advanced Surgery for Retinopathy of Prematurity	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1291	Ophthalmology	Indocyanine Green Angiography (ICGA)	Indocyanine Green Angiography (ICGA) - GOVT Reserve and Day care	3000	No Implant	NA	yes	Secondary	Govt Reserve / Day care	No special condition	No	yes	Insurance
1292	Ophthalmology	Fundus Fluorescein Angiography (FFA)	Fundus Fluorescein Angiography (FFA) - GOVT Reserve and Day care	1000	No Implant	NA	yes	Secondary	Govt Reserve / Day care	No special condition	No	yes	Insurance
1293	Ophthalmology	Ptosis Surgery	Ptosis Surgery	8000	Silicone Rod -1500 Max 1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1294	Ophthalmology	Entropion correction -Govt Reserve	Entropion correction	6500	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1295	Ophthalmology	Entropion correction -Govt Reserve	Entropion correction	6500	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1296	Ophthalmology	Lid Tear Repair	Lid Tear Repair	7500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1297	Ophthalmology	Lid Abscess Drainage	Lid Abscess Drainage	5500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1298	Ophthalmology	Lid Tumor excision + Lid Reconstruction	Lid Tumor excision + Lid Reconstruction	12000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1299	Ophthalmology	Chalazion Removal - day care	Chalazion Removal	2000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1300	Ophthalmology	Squint correction	Minor - upto 2 muscles	4050	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1301	Ophthalmology	Squint correction	Major - 3 or more muscles (complex surgery involving four muscles or oblique muscles)	12000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1302	Ophthalmology	Conjunctival tumour excision including Amniotic Membrane Graft	Conjunctival tumour excision including Amniotic Membrane Graft	7000	Tissue graft- amniotic membrane -2700 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1303	Ophthalmology	Dacryocystorhinostomy	Canalicula Dacryocystorhinostomy with Silicon Tube / Stent	10000	Silicon Tube / Silicon stent -2000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1304	Ophthalmology	Dacryocystorhinostomy	Canalicula Dacryocystorhinostomy without Silicon Tube / Stent	8000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1305	Ophthalmology	Dacryocystorhinostomy	Dacryocystorhinostomy with Silicon Tube / Stent	10000	Silicon Tube / Silicon stent -2000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1306	Ophthalmology	Dacryocystorhinostomy	Dacryocystorhinostomy without Silicon Tube / Stent	8000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1307	Ophthalmology	Corneal Ulcer Management	Corneal Ulcer Management	4000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1308	Ophthalmology	Corneal Grafting	Corneal Grafting	10000	corneal graft 9000	NA	No	Tertiary	Regular Procedure	The package is inclusive of Eye Bank processing fee	No	No	Insurance
1309	Ophthalmology	Corneal Grafting	Lamellar Keratoplasty	11300	corneal graft 9000	NA	No	Tertiary	Regular Procedure	The package is inclusive of Eye Bank processing fee	No	No	Insurance
1310	Ophthalmology	Corneal Collagen Crosslinking	Corneal Collagen Crosslinking	14000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1311	Ophthalmology	Pterygium + Conjunctival Autograft	Pterygium + Conjunctival Autograft	2500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance



Seq. #	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1312	Ophthalmology	Cornea / Scleral / Corneal scleral tear repair	Cornea / Scleral / Corneal scleral tear repair	6000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1313	Ophthalmology	Corneal / Scleral Patch Graft	Corneal / Scleral Patch Graft	5500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1314	Ophthalmology	Scleral buckling surgery	Scleral buckling surgery	19000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1315	Ophthalmology	Scleral Buckle Removal	Scleral Buckle Removal	5500	No Implant	NA	No	Secondary	Regular Procedure	To be done only after a prior scleral buckling surgery history	To be done only after a prior scleral buckling surgery history	No	Insurance
1316	Ophthalmology	Lidial Dermoid Removal - Govt reserved	Lidial Dermoid Removal	2000	Tissue graft - Cornea / Sclera - 3000	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1317	Ophthalmology	Cataract surgery - Govt reserved	Phaco emulsification with foldable hydrophobic acrylic IOL	4500	Foldable Hydrophobic intraocular lens-3000 Max :1	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1318	Ophthalmology	Cataract surgery - Govt reserved	SIOL with non-foldable IOL	6000	Non foldable IOL - 1000 Max :1	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1319	Ophthalmology	Surgery for Pediatric Cataract	Pediatric lensectomy	9200	Foldable Hydrophobic intraocular lens-3000 Max :1	NA	No	Tertiary	stand-alone	No special condition	No	No	Insurance
1320	Ophthalmology	Surgery for Pediatric Cataract - Govt reserved	Pediatric lens aspiration with posterior capsulotomy & anterior vitrectomy	9200	Foldable Hydrophobic intraocular lens-3000 Max :1	NA	yes	Tertiary	stand-alone	No special condition	No	No	Insurance
1321	Ophthalmology	Surgery for Pediatric Cataract - Govt reserved	Pediatric Membranectomy & anterior vitrectomy	9000	Foldable Hydrophobic intraocular lens- 3000 Max :1	NA	yes	Tertiary	stand-alone	No special condition	No	No	Insurance
1322	Ophthalmology	Capsulotomy (YAG) - day care	Capsulotomy (YAG)	1500	No Implant	NA	No	Secondary	Regular Procedure	Can be booked only after 1 year of cataract surgery	Can be booked only after 1 year of cataract surgery	No	Insurance
1323	Ophthalmology	SPOL (Exclusive of Vitrectomy)	SPOL (inclusive of Vitrectomy)	15000	Glue for Scleral treated IOL - 3000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1324	Ophthalmology	Secondary IOL / IOL Exchange / Explant	Secondary IOL / IOL Exchange / Explant	4000	IOL-3000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1325	Ophthalmology	IRIS Prostag - Repair	IRIS Prostag - Repair	4500	No Implant	NA	No	Secondary	Regular Procedure	Can be booked as a complication of cataract surgery atleast 15 days after discharge	Can be booked as a complication of cataract surgery atleast 15 days after discharge	No	Insurance

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Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Trust)
1326	Ophthalmology	Iridectomy	Iridectomy	2000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1327	Ophthalmology	Glaucoma Surgery	Cyclocryotherapy / Cyclophotocoagulation	3500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1328	Ophthalmology	Glaucoma Surgery	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)	11000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1329	Ophthalmology	Glaucoma Surgery	Glaucoma Shunt Surgery	11000	Non Valved Glaucoma tube - shunt-9000 Max :1   Valved Glaucoma tube - shunt-9000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1330	Ophthalmology	Glaucoma Surgery	Pediatric Glaucoma Surgery	15000	No Implant	NA	No	Secondary	stand-alone	No special condition	No	No	Insurance
1331	Ophthalmology	EUA for Confirmation of Pediatric Glaucoma	EUA for Confirmation of Pediatric Glaucoma	3000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1332	Ophthalmology	Retinal Laser Photocoagulation - day care	For retinal tear repair Per Eye Per Sitting	1500	No Implant	NA	No	Secondary	Regular Procedure	The procedure is done only once per eye and not repeated	The procedure is done only once per eye and not repeated	No	Insurance
1333	Ophthalmology	Retinal Laser Photocoagulation - day care	For Retinal Photocoagulation (PRP) - Retinal Laser including 3 sittings / package of retinal laser photocoagulation (3 sittings per eye for both eyes)	8500	No Implant	NA	No	Secondary	Regular Procedure	Claim to be raised after all 3 sittings have been done per eye. 2. The interval between subsequent sittings is atleast 1 week.	No	No	Insurance
1334	Ophthalmology	ROP Laser - Per Eye	ROP Laser - Per Eye	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1335	Ophthalmology	Retinal Cryopexy	Retinal Cryopexy	1500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1336	Ophthalmology	Vitreoretinal Surgery (with Silicone Oil Insertion)	Vitreoretinal Surgery (with Silicone Oil Insertion)	25000	Implant for "Vitreoretinal Surgery" (IOL & Per fluoron carbon liquid)- 6000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance



Seq #	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1317	Ophthalmology	SOR (Silicon Oil Removal)	SOR (Silicon Oil Removal)	9000	No Implant	NA	No	Secondary	Add - On Procedure	Pre-auth to be raised only in cases which have a prior history of Vitreoretinal surgery done atleast 3 months ago	Pre-auth to be raised only in cases which have a prior history of Vitreoretinal surgery done atleast 3 months ago	No	Insurance
1330	Ophthalmology	Endophthalmitis (excluding Vitrectomy)	Endophthalmitis (excluding Vitrectomy)	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1339	Ophthalmology	Enucleation	Enucleation Without implant	6000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1340	Ophthalmology	Enucleation	Enucleation With implant	6000	Implant for "Enucleation" (Conformers + Plastic / silicon ball type implant) - 4000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1341	Ophthalmology	Evisceration	Evisceration	6000	Implant for "Enucleation" (Conformers + Plastic / silicon ball type implant) - 4000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1342	Ophthalmology	Socket Reconstruction including Amniotic Membrane Graft	Socket Reconstruction including Amniotic Membrane Graft	11000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1343	Ophthalmology	Orbitotomy	Orbitotomy	14000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1344	Ophthalmology	Orbital fracture repair	Orbital fracture repair under GA	10500	Parsons Polyethylene sheet-8000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1345	Ophthalmology	Glaucoma Screening- day care	Vision Refraction-IOP & Fundus	750	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1346	Ophthalmology	Glaucoma Screening- day care	Vision Refraction-IOP & Fundus OCT & Visual Fields	1500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1347	Ophthalmology	Diabetic Retinopathy Screening- day care	Vision refraction, fundus photo and OCT	1000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1348	Ophthalmology	Sequestrectomy Debridement	Oxymyelitis -Acute	2000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1349	Ophthalmology	Sequestrectomy Debridement	Oxymyelitis-Chronic	3000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1350	Ophthalmology	Sclerodilator exsclerotomy	Sclerodilator exsclerotomy	9000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1351	Ophthalmology, Paediatric surgery, Plastic & Reconstructive Surgery, Surgical Oncology, Urology, General Surgery, Neurosurgery, Oral and Maxillofacial Surgery, Otorhinolaryngology (ENT)	Conservative Management of injury	Conservative Management - (T/Inj/Head/Face/Abdomen) (stand alone)	Routine Ward- 1500	No Implant	Routine Ward-1000	No	Secondary	stand-alone	No special condition	No	No	Insurance
1352	Ophthalmology, Surgical Oncology	Exenteration	Exenteration	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1353	Oral and Maxillofacial Surgery	Treatment of early childhood caries under GA	Treatment of early childhood caries under GA	10000	No Implant	NA	yes	Secondary	Regular PKG / day care	No special condition	No	yes	Insurance
1354	Oral and Maxillofacial Surgery	Excision of Partial mandible	Excision of Partial mandible Under GA only	12000	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance
1355	Oral and Maxillofacial Surgery	Extraction in mentally retarded / Patient with systemic diseases / patient with special need under GA	Extraction in mentally retarded / Patient with systemic diseases / patient with special need - under GA	6000	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance
1356	Oral and Maxillofacial Surgery	Complete denture	Complete denture - govt reserve	2500 - Govt Reserve Only	No Implant	NA	yes	Secondary	Govt Reserve / Day care	No special condition	No	yes	Insurance
1357	Oral and Maxillofacial Surgery	Root canal treatment per tooth	Root canal treatment per tooth - govt reserve	per - tooth- 800	No Implant	NA	yes	Secondary	Govt Reserve / Day care	No special condition	No	yes	Insurance
1358	Oral and Maxillofacial Surgery	Extraction of impacted tooth under LA	Extraction of impacted tooth under LA	600	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1359	Oral and Maxillofacial Surgery	TM joint ankylosis of both jaws - under GA	TM joint ankylosis of both jaws - under GA (Unilateral)	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1360	Oral and Maxillofacial Surgery	Mandible Tumour Resection and reconstruction / Cancer surgery	Maxilla / Mandible neoplastic Tumour Resection and reconstruction (Cancer surgery)	13500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1361	Oral and Maxillofacial Surgery	Release of fibrous bands & grafting - in (OSMF) treatment under GA	1.Release of fibrous bands & grafting - in (OSMF) treatment under LA- 5000	1300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1362	Oral and Maxillofacial Surgery	Release of fibrous bands & grafting - in (OSMF) treatment under GA	2. Release of fibrous release bands & circumductomy with grafting - in (OSMF) treatment under GA	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1363	Oral and Maxillofacial Surgery	Apicoectomy (A) Tooth	Apicoectomy (A) (1-6 teeth) LA/GA	1 to 3 teeth- 3000   4 to 6 teeth-5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1364	Oral and Maxillofacial Surgery	Submandibular sialolithotomy	Intraoral submandibular sialolithotomy LA/ GA	7000	No Implant	LA-7000 GA- 11000	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1365	Oral and Maxillofacial Surgery	Parotid sialolithotomy	Extraoral parotid sialolithotomy under GA	12000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1366	Oral and Maxillofacial Surgery	Parotid sialolithotomy	Intraoral parotid sialolithotomy	7000	No Implant	LA-7000 GA- 11000	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1367	Oral and Maxillofacial Surgery	Re-implantation of Avulsed tooth with wiring	Re-implantation of Avulsed tooth with wiring (1-3 teeth)	1650		Re-implantation of Avulsed tooth with wiring (4-6 teeth) 12000  Re-implantation of Avulsed tooth with wiring (7-9 teeth) 18000	NA	No	Tertiary	Regular Procedure	No special condition	No	Insurance
1368	Oral and Maxillofacial Surgery	Osteoradionecrosis management by excision	Osteoradionecrosis of jaws management by excision under LA	5800	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1369	Oral and Maxillofacial Surgery	Osteoradionecrosis management by excision	Osteoradionecrosis of jaws management by excision and / or reconstruction under GA including Implant	12000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1370	Oral and Maxillofacial Surgery, ENT	Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma	Closed reduction for fracture of maxilla	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

Se.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedures (Insurance/ Trust)
1371	Oral and Maxillofacial Surgery, Otorhinolaryngolog y (ENT), Surgical Oncology	Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with or without reconstruction	Excision of tumour of oral cavity / paranasal sinus / laryngopharynx without reconstruction	10000	Implant for Excision of tumour of oral cavity - 20000 Max :1 / Implant for Excision of tumour of oral laryngopharynx - 20000 Max :1 / Implant for Excision of tumour of oral paranasal sinus - 20000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1372	Oral and Maxillofacial Surgery, Otorhinolaryngolog y (ENT), Surgical Oncology	Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with or without reconstruction	Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with pedicled flap reconstruction	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1373	Oral and Maxillofacial Surgery, Otorhinolaryngolog y (ENT), Surgical Oncology	Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with or without reconstruction	Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with free flap reconstruction	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1374	Oral and Maxillofacial Surgery, Otorhinolaryngolog y (ENT), Surgical Oncology	Removal of Submandibular Salivary gland	Removal of Submandibular Salivary gland	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1375	Oral and Maxillofacial Surgery, Otorhinolaryngolog y (ENT), Surgical Oncology	Removal of Submandibular Salivary gland	Removal of Ramula	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1376	Oral and Maxillofacial Surgery, Paediatric surgery	Ankyloglossia	Ankyloglossia Minor	7125	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance








Sr. #	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance / Trust)
1377	Oral and Maxillofacial Surgery, Paediatric surgery	Ankyloglossia	Ankyloglossia Major	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1378	Oral and Maxillofacial Surgery, Paediatric surgery, Plastic & Reconstructive Surgery	TONGUE LACERATION	Repair of tongue laceration	14000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1379	Oral and Maxillofacial Surgery, Plastic & Reconstructive Surgery	TM joint ankylosis of both jaws - under GA	2 TM joint ankylosis of both jaws - under GA (Bilateral)- (Covering Reconstruction)	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1380	Oral and Maxillofacial Surgery, Plastic & Reconstructive Surgery	Dentoalveolar trauma - wiring	Dentoalveolar trauma - wiring (dental /trauma wiring- one jaw)	3000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1381	Oral and Maxillofacial Surgery, Plastic & Reconstructive Surgery	Cleft Lip and Palate Surgery (per stage)	Cleft Lip and Palate Surgery (per stage)	16500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1382	Oral and Maxillofacial Surgery, Surgical Oncology	Surgical procedure under LA	Cyst / biopsy / FNAC / I&D / In growing toe nail - Day care	700	No Implant	NA	No	Secondary	Day care	No special condition	No	yes	Insurance
1383	Oral and Maxillofacial Surgery, Surgical Oncology	Surgery for Cyst & tumour of Maxilla / Mandible	Enucleation / excision of cyst / tumour of jaws under LA	2500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1384	Oral and Maxillofacial Surgery, Surgical Oncology	Surgery for Cyst & tumour of Maxilla / Mandible	Enucleation / excision of cyst / tumour of jaws under GA	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1385	Oral and Maxillofacial Surgery, Surgical Oncology	Palatotomy	Soft palate	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1386	Oral and Maxillofacial Surgery, Surgical Oncology	Palatotomy	Hard palate	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1387	Oral and Maxillofacial Surgery, Surgical Oncology	Mandibulotomy	Partial	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1388	Oral and Maxillofacial Surgery, Surgical Oncology	Mandibulotomy	Radical	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1389	Oral and Maxillofacial Surgery, Surgical Oncology	Mandibulotomy	Total	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1390	Orthopaedics	Fracture - Conservative Management - Without plaster	Fracture - Conservative Management - Without plaster	2000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1391	Orthopaedics	Application of Traction	Skeletal Traction with pin	1500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1392	Orthopaedics	Application of Traction	Skin Traction	1000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1393	Orthopaedics	Application of P.O.P. casts	Upper Limbs	2500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1394	Orthopaedics	Application of P.O.P. casts	Lower Limbs	2500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1395	Orthopaedics	Application of P.O.P. Spicas & Jackets	Spicas	2500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1396	Orthopaedics	Application of P.O.P. Spicas & Jackets	Jackets	2500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1397	Orthopaedics	External fixation of Fracture	Long bone	14000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1398	Orthopaedics	External fixation of Fracture	Small bone (MC, carpel, tarsal, MT, Calcaneum, Talus, Phalans)	9000	External Fixator - 7000   Jew - 3000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1399	Orthopaedics	External fixation of Fracture	Feet	16000	External Fixator - 7000   CC screw - 1000 Max 3   K- wire - 250 Max 3   Pedicle screw - 2500 Max 2   Rod - 1500 Max 2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1400	Orthopaedics	External fixation of Fracture	Both bones - humerus + RNS Ligamentosis	14000	External Fixator - 7000   Jew - 3000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1401	Orthopaedics	Percutaneous - Fixation of Fracture	Percutaneous - Fixation of Fracture	1A - 3000 GA/RA - 5000	K-wire - 250 Max 3	1A - 3000 GA - 6000	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1402	Orthopaedics	Elastic nailing for fracture fixation	Femur + shaft tibia	11000	CC screw - 1000 Max 3   External fixator / Elastic Nail - 5000 Max 3   K-wire - 250 Max 3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance



Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1403	Orthopaedics	Elastic nailing for fracture fixation	Humerus	17600	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1404	Orthopaedics	Elastic nailing for fracture fixation	Furcane	16000	CC-screw-1000 Max 3   External fixator / Elastic Nail -5000 Max 3   k-wire-250 Max 3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1405	Orthopaedics	Internal Fixation of Small Bones	ORIF Small Bones	11000	1500 per plate, one 6 hole small DCP with screws -3500 per plate, CC-screw-1000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1406	Orthopaedics	Fracture - Long Bones - Metaphyseal - ORIF	Fracture - Long Bones - Metaphyseal - ORIF	19000	CC-screw-1000 Max 2   Herbert screw- 2500 Max 2   Per Plate-7000 Max 2   k-wire-250 Max 2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1407	Orthopaedics	Fixation of Diaphyseal Fracture - Long Bone	ORIF Long Bones	20000	CC-screw-1000 Max 4 / Crutch-1000 Max 4 / Herbert screw - 2500 Max 4 / Per Plate/ Nail-5000 Max 4 / k-wire-250 Max 4	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1408	Orthopaedics	Fixation of Diaphyseal Fracture - Long Bone	Closed Reduction & Internal Fixation of long bones Fixation	20000	Plate/ IM Nail for - Diaphyseal fracture - Long Bone - 7000   k-wire-250 Max 4   CC- screw-1000 Max 4	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1409	Orthopaedics	Surgery for Commited Fracture - Obturator of Ilium	Plating olecranon fracture, ulna	10000	Herbert screw-2500 Max 3   Nail / Plate and Screw-5000 Max 3   k-wire-250 Max 3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1410	Orthopaedics	Fracture Head radius	Fixation	10000	Herbert screw-2500 Max 3   Nail / Plate and Screw-5000 Max 3   k-wire-300 Max 3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1411	Orthopaedics	Fracture Head radius	Excision	9200	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

Seq #	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1412	Orthopaedics	Fracture - Single Bone - Forearm - ORIF - Plating / Nailing	Fracture - Single Bone - Forearm - ORIF - Plating / Nailing/DCP/LCP	12000	Herbert screw-2500 Max:4   Per plate/ Nail-5000 Max:4   CC-screw-1000 Max:4   k-wire-250 Max:4   TTC nail-7500 Max:1   Efix-5000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1413	Orthopaedics	Fracture - Both Bones - Forearm - ORIF - Plating / Nailing	Fracture - Both Bones - Forearm - ORIF - Plating / Nailing/DCP/LCP	16000	CC-screw-1000 Max:2   Herbert screw-2500 Max:2   Per Plate with screws-5000/ Per square nail-2000 Max:2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1414	Orthopaedics	Fracture Condyle - Humerus - ORIF	Lateral Condyle	10000	CC-screw-1000 Max:4   Herbert screw-2500 Max:4   k-wire-300 Max:4, Plate-5000 Max:2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1415	Orthopaedics	Fracture Condyle - Humerus - ORIF	ORIF with screw/wire of Medial Condyle	10000	CC-screw-1000 Max:4   Herbert screw-2500 Max:4   k-wire-300 Max:4, Plate-5000 Max:2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1416	Orthopaedics	Fracture intercondylar Humerus +/- olecranon osteotomy	ORIF Fracture intercondylar Humerus + olecranon osteotomy + TBW	15000	CC-screw-1000 Max:3   Herbert screw-2500 Max:3   Plate with screws-5000 Max:3   Tension band-1000 Max:3   k-wire-250Max:3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1417	Orthopaedics	Displaced Clavicle Fracture	Open / Closed Reduction Internal Fixation	17000	Plate/elastic nail-5000 Max:2   k-wire-250 Max:2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1418	Orthopaedics	Fracture - Acetabulum	ORIF THROUGH Single Approach PLATING	28000	CC-screw - -1500 Max:3   Plate-5000 Max:3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1419	Orthopaedics	Fracture - Acetabulum	ORIF THROUGH combined Approach PLATING	33000	CC-screw - -1500 Max:3   Plate-5000 Max:3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1420	Orthopaedics	Fracture - Neck Femur	Closed Reduction and Percutaneous Screw Fixation	15500	Cannulated Screws for Closed Reduction and Percutaneous Screw Fixation (neck femur) - 2000/screw	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance








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1421	Orthopaedics	Fracture - Neck Femur	ORIF Intertrachanteric Fracture with Dynamic Hip Screw	18400	Dynamic Hip Screw for Intertrachanteric Fracture - 5000, CC- screw-1000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1422	Orthopaedics	Fracture - Neck Femur	ORIF Intertrachanteric Fracture with Proximal Femoral Nail	16100	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1423	Orthopaedics	Ankle Fractures	ORIF / CRIF of medial, malloleus or bimalleolar fracture or Tri-malleolar fracture or talus or calcaneum fracture	15400	Calcaneum plate- 5000 Max :5   Per CC- screw-1000 Max :5   Per plate / Nail-5000 Max :5   Per tension band-1000 Max :5   K-wire-250 Max :5	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1424	Orthopaedics	Cervical spine fixation including odontoid	Cervical spine fixation including odontoid	21300	Odontoid screw- 10000 Max :1   Pedicle screw-2500, plate with screw- 5000, cage-5000 Max :3   Rod-1500 Max :3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1425	Orthopaedics	Dorsal and lumber spine fixation	Dorsal and lumbar spine fixation THROUGH Anterior approach	33000	Odontoid screw- 10000 Max :1   Pedicle screw-2500, plate with screw- 5000, cage-5000 Max :3   Rod-1500 Max :3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1426	Orthopaedics	Dorsal and lumber spine fixation	Dorsal and lumbar spine fixation THROUGH Posterior approach	28000	Odontoid screw- 10000 Max :1   Pedicle screw-2500, plate with screw- 5000, cage-5000 Max :3   Rod-1500 Max :3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1427	Orthopaedics	Bone grafting for Non union	Bone grafting for Fracture Non union	11000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1428	Orthopaedics	Arthroscopy of any joint - Govt reserved	Arthroscopy of any joint	10000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1429	Orthopaedics	Arthroscopy of joint - Govt reserved	Elbow	10000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1430	Orthopaedics	Arthroscopy of joint - Govt reserved	Knee	10000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1431	Orthopaedics	Arthroscopy of joint - Govt reserved	Ankle	10000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1432	Orthopaedics	Arthrodesis	Ankle / Triple with implant	17000	Herbert screw-2500 Max :4   Per plate/ Nail-5000 Max :4   cc screw-1000 Max :4   k-wire -250 Max :4   Extra 5000 (TTC Nail 7500	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1433	Orthopaedics	Arthrodesis	Shoulder	17000	Herbert screw-2500 Max :4   Per plate/ Nail-5000 Max :4   cc screw-1000 Max :4   k-wire -250 Max :4   Extra 5000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1434	Orthopaedics	Arthrodesis	Wrist, Wrist with plating	17000	Herbert screw-2500 Max :4 / Per plate/ Nail-5000 Max :4 / cc screw-1000 Max :4 / k-wire -250 Max :4/Extra 5000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1435	Orthopaedics	Arthrodesis	Knee, Knee with plating/Nailing	17000	Herbert screw-2500 Max :4   Per plate/ Nail-5000 Max :4   cc screw-1000 Max :4   k-wire -250 Max :4   TTC nail-7500 Max :1  Extra-5000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1436	Orthopaedics	Arthrodesis	Hand	17000	Herbert screw-2500 Max :4   Per plate/ Nail-5000 Max :4   cc screw-1000 Max :4   k-wire -300 Max :4	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1437	Orthopaedics	Arthrodesis	Foot	17000	Herbert screw-2500 Max :4   Per plate/ Nail-5000 Max :4   cc screw-1000 Max :4   k-wire -300 Max :4	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1438	Orthopaedics	Arthrodesis	Ankle / Triple without implant	17000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1439	Orthopaedics	Closed reduction of joint dislocation	Hip	1A-5000, 6A/GA-11000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance



Seq #	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1440	Orthopaedics	Closed reduction of joint dislocation	Shoulder	LA-5000, RA/GA-13000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1441	Orthopaedics	Closed reduction of joint dislocation	Elbow	LA-5000, RA/GA-13000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1442	Orthopaedics	Closed reduction of joint dislocation	Knee	LA-5000, RA/GA-11000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1443	Orthopaedics	Open Reduction of Small joint without fixation/Open Reduction of Small joint with fixation (wrist/hand/foot)		8000	CC-screw-1000 Max :3   External fixator / Elastic Nail -5000 Max :3   k-wire -250 Max :3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1444	Orthopaedics	Tension Band Wiring	Tension Band Wiring	12000	Tension band-1000 Max :5   k-wire-250Max :5	NA	No	Tertiary	stand-alone	Can be used for ORIF, wherever indicated. Can not be used as an Add-on package	Can not be used as an Add-on package	No	Insurance
1445	Orthopaedics	Hemiarthroplasty	Unipolar	17000	Crutch-1000   Implant for Unipolar Hemiarthroplasty - 4000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1446	Orthopaedics	Hemiarthroplasty	Bipolar (Non-Modular) cemented / non cemented	17000	Non-Modular - Non-Cemented - 8500 or Non-Modular - Cemented - 12000, Crutch - 1000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1447	Orthopaedics	Hemiarthroplasty	Bipolar (Modular) cemented/non cemented	17000	Modular - Cemented - 20000, Modular - Uncemented - 25000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedures (Insurance/ Trust)
1448	Orthopaedics	AC joint reconstruction / Stabilization	Rockwood Type - I	20500	Brace-1000 Max :3   Per Fibre wire -3000 Max :3   Per plate/ Nail-5000 Max :3   Per screw-1000 Max :3 - Reconstruction by tendon-3000 Max :3   K wire-250 Max:3	NA	No	Tertiary	Regular Procedure	Surgical Management for Type III & IV Rockwood to be decided by the surgeon on case to case basis Type V & VI to be taken up for Surgery straight away In case Type I or II is booked a Pop Up to be shown "For Rockwood Type I & II - AC joint injury, experts recommend Medical Management, are you sure you want to do Surgical Correction in this case?" For Hospitals booking Surgical Correction in Type I & Type II cases, Medical Audit will be conducted.	No	No	Insurance
1449	Orthopaedics	AC joint reconstruction / Stabilization	Rockwood Type - II	20500	Brace-1000 Max :3   Per Fibre wire -3000 Max :3   Per plate/ Nail-5000 Max :3   Per screw-1000 Max :3 - Reconstruction by tendon-3000 Max :3   K wire-250 Max:3	NA	No	Tertiary	Regular Procedure	Surgical Management for Type III & IV Rockwood to be decided by the surgeon on case to case basis Type V & VI to be taken up for Surgery straight away In case Type I or II is booked a Pop Up to be shown "For Rockwood Type I & II - AC joint injury, experts recommend Medical Management, are you sure you want to do Surgical Correction in this case?" For Hospitals booking Surgical Correction in Type I & Type II cases, Medical Audit will be conducted.	No	No	Insurance

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Serial No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Trust)
1450	Orthopaedics	AC Joint reconstruction / Stabilization	Rockwood Type - III	20500	Brace-1000 Max :3   Per Fibre wire -3000 Max :3   Per plate/ Nail-5000 Max :3   Per screw-1000 Max :3 Reconstruction by tendon-3000 Max :3   K wire-250 Max:3	NA	No	Tertiary	Regular Procedure	Surgical Management for Type III & IV Rockwood to be decided by the surgeon on case to case basis Type V & VI to be taken up for Surgery straight away	No	No	Insurance
1451	Orthopaedics	AC Joint reconstruction / Stabilization	Rockwood Type - IV	20500	Brace-1000 Max :3   Per Fibre wire -3000 Max :3   Per plate/ Nail-5000 Max :3   Per screw-1000 Max :3 Reconstruction by tendon-3000 Max :3   K wire-250 Max:3	NA	No	Tertiary	Regular Procedure	Surgical Management for Type III & IV Rockwood to be decided by the surgeon on case to case basis Type V & VI to be taken up for Surgery straight away	No	No	Insurance
1452	Orthopaedics	AC Joint reconstruction / Stabilization	Rockwood Type - V	20500	Brace-1000 Max :3   Per Fibre wire -3000 Max :3   Per plate/ Nail-5000 Max :3   Per screw-1000 Max :3 Reconstruction by tendon-3000 Max :3   K wire-250 Max:3	NA	No	Tertiary	Regular Procedure	Surgical Management for Type III & IV Rockwood to be decided by the surgeon on case to case basis Type V & VI to be taken up for Surgery straight away	No	No	Insurance
1453	Orthopaedics	AC Joint reconstruction / Stabilization	Rockwood Type - VI	20500	Brace-1000 Max :3   Per Fibre wire -3000 Max :3   Per plate/ Nail-5000 Max :3   Per screw-1000 Max :3 Reconstruction by tendon-3000 Max :3   K wire-250 Max:3	NA	No	Tertiary	Regular Procedure	Surgical Management for Type III & IV Rockwood to be decided by the surgeon on case to case basis Type V & VI to be taken up for Surgery straight away	No	No	Insurance
1454	Orthopaedics	Excision Arthroplasty of Femur head - Govt reserved	Excision Arthroplasty of Femur head	14000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1455	Orthopaedics	Open Reduction of CDH	Open Reduction of CDH	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1456	Orthopaedics	Patellectomy	Patellectomy	11000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedures (Insurance/ Trust)
1457	Orthopaedics	Arthroscopic Meniscus Repair / Meniscectomy	Arthroscopic Meniscus Repair / Meniscectomy	13200	Arthroscopic meniscal repair with fibre wire for inside out technique-3000 Max :3   Brace-1000 Max :3   Crutch- 1000 Max :3   Anchor suture-10000 Max:2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1458	Orthopaedics	Elbow replacement	Elbow replacement	25000	Brace-1000 Max :2   Implant for Elbow Replacement -30000 Max :2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1459	Orthopaedics	Total Hip Replacement	Cemented	38500	Crutch-1000   Implant for Total Hip Replacement - Cemented - 40,000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1460	Orthopaedics	Total Hip Replacement	Cementless	35000	Crutch-1000 / Implant for Total Hip Replacement - Cementless - 65000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1461	Orthopaedics	Total Hip Replacement	Hybrid	40000	Crutch-1000 / Implant for Total Hip Replacement - Hybrid 51000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1462	Orthopaedics	Total Hip Replacement	Revision - Total Hip Replacement	44000	Crutch-1000 / Implant for Revision Total Hip Replacement -70000 Max :2 Cement Spacer - 5000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1463	Orthopaedics	Total Knee Replacement	Primary - Total Knee Replacement	40000	Crutch-1000 / Implant for Total Knee Replacement - 55000, Brace-1000 Max :2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1464	Orthopaedics	Total Knee Replacement	Revision - Total Knee Replacement	45000	Implant for Revision Total Hip Replacement - 140000, Brace-1000 Max :2   Crutch- 1000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance



Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1465	Orthopaedics	Bone Tumour Excision (malignant) including GCT + joint replacement (depending upon type of joint and implant)	Bone Tumour Excision (malignant) including GCT + joint replacement (depending upon type of joint and implant)	60000	Modular Custom Prosthesis for Bone Tumour Excision - malignant including GCT + joint replacement - 130000, Mega prosthesis (1) - 100000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1466	Orthopaedics	Bone Tumour Excision + reconstruction	Bone Tumour Excision + reconstruction	30000	Brace-1000 Max:1   Crutch-1000 Max:1   Modular Custom Prosthesis -Mega prosthesis-R5000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1467	Orthopaedics	Single Stage Amputation	Above Elbow	16200	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1468	Orthopaedics	Single Stage Amputation	Below Elbow	16200	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1469	Orthopaedics	Single Stage Amputation	Above Knee	18600	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1470	Orthopaedics	Single Stage Amputation	Below Knee	18600	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1471	Orthopaedics	Single Stage Amputation	Foot	18600	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1472	Orthopaedics	Single Stage Amputation	Hand	18600	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1473	Orthopaedics	Single Stage Amputation	Wrist	18600	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1474	Orthopaedics	Amputation - Fingers / Toe	Finger(s)	LA-3000, RA/GA-8000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1475	Orthopaedics	Amputation - Fingers / Toe	Toe(s)	LA-3000, RA/GA-8000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1476	Orthopaedics	Reconstruction of Cruciate Ligament with implant and brace (Tear / Avulsion)	Anterior	40000	Brace-1000 Max:4   Crutch-1000 Max:4   Screw / endobutton / Anchor / Suture disc + arthrod-17000 Max:4	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1477	Orthopaedics	Reconstruction of Cruciate Ligament with implant and brace (Tear / Avulsion)	Posterior	40000	Brace-1000 Max:2   Crutch-1000   Screw / endobutton / Anchor / Suture disc+arthrod-17000 Max:4	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

Sr. N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1470	Orthopaedics	Debridement & Closure of injuries - contused lacerated wounds	Anti-biotic + dressing - minimum of 5 sessions	9900	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Payment will be made at the completion of treatment	No	Insurance
1479	Orthopaedics	Debridement & Closure of injuries - contused lacerated wounds	Anti-biotic + dressing - minimum of 2 sessions	3300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Payment will be made at the completion of treatment	No	Insurance
1480	Orthopaedics	Sequestrectomy / Curettage	Sequestrectomy / Curettage	10000	Antibiotic cement beads-5000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1481	Orthopaedics	Spine deformity correction- Govt Reserved	Spine deformity correction	31440	Odontoid screw-10000 Max :2   deformity screw-5000, plate with screw 5000, cage 5000 Max :3   Rod -1500 Max :3	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1482	Orthopaedics	Osteotomy - Govt reserved	Long Bone	10000	Plate with Screw - Long & small Bone (Govt. reserved)- 6000 Max :2	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1483	Orthopaedics	Osteotomy - Govt reserved	Small Bone	10000	Plate with Screw - Long & small Bone (Govt. reserved)- 5000 Max :2	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1484	Orthopaedics	Pelvic Osteotomy and fixation	Pelvic Osteotomy and fixation	20000	CC-screw - Pelvic Osteotomy and fixation-1500 Max :3   Bicon plate-5000 Max :3   K-wire-250 Max :3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1485	Orthopaedics	High Tibial Osteotomy	High Tibial Osteotomy	16000	plate -7000 Fixator-15000, CC-screw-1000 Max :4   Crutch 1000   Herbert screw -2500 Max :4	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1486	Orthopaedics	Bizarov Fixation	Bizarov Fixation	19030	Crutch-1000   Implant for Bizarov fixation-12000 Max :2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1487	Orthopaedics	Limb Lengthening / Bone Transport by Bizarov	Limb Lengthening / Bone Transport by Bizarov	23700	Crutch-1000   Implant for Limb Lengthening / Bone Transport by Bizarov / LRS-12000 Max :2, Nail-5000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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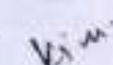




Seq No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1488	Orthopaedics	Growth Modulation and fixation	Growth Modulation and fixation	5625	Implant for Growth Modulation & Fixation Plate- 5000 Max 4	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1489	Orthopaedics	Corrective Surgery for foot deformities	Vertical Talus	15000	CC-screw 1000 Max 3   Herbert screw - 2500 Max 3   Per Plate/ Nail -5000 Max 3   K-wire-250 Max 3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1490	Orthopaedics	Corrective Surgery for foot deformities	Other foot deformities	15000	CC-screw 1000 Max 3   Herbert screw - 2500 Max 3   Per Plate/ Nail -5000 Max 3   K-wire-250 Max 3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1491	Orthopaedics	Correction of club foot per cent	Correction of club foot per cent	5700	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1492	Orthopaedics	Corrective Surgery in Club Foot / JESS Fixator	Corrective Surgery in Club Foot / JESS Fixator	12000	CTEV JESS Fixator- 7000 Max 1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1493	Orthopaedics	Excision of Osteochondroma / Enostosis	Osteochondroma	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1494	Orthopaedics	Excision of Osteochondroma / Enostosis	Enostosis	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1495	Orthopaedics	Excision of Bursa	Excision of Bursa/ cyst / Ganglion	LA-3000, RA/GA-6000	No Implant	LA-3000, RA/GA- 6000	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1496	Orthopaedics	Nerve Transposition / Release / Neurolysis	Nerve Transposition	13000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1497	Orthopaedics	Nerve Transposition / Release / Neurolysis	Nerve Release	13000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1498	Orthopaedics	Nerve Transposition / Release / Neurolysis	Nerve Neurolysis	13000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1499	Orthopaedics	Exploration and Ulnar nerve Repair	Exploration and Ulnar nerve Repair	8000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1500	Orthopaedics	Implant Removal under RA / GA	Nail/iliacriv	15000	No Implant	NA	No	Secondary	Follow-up Procedure	No special condition	No	No	Insurance
1501	Orthopaedics	Implant Removal under RA / GA	Plate	15000	No Implant	NA	No	Secondary	Follow-up Procedure	No special condition	No	No	Insurance

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Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1502	Orthopaedics	Cerv Decompression - Govt reserved	Cerv Decompression	14000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1503	Orthopaedics	Arthroscopy / open - synovectomy - Govt reserved	Arthroscopy / open - synovectomy	10000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1504	Orthopaedics	Application of Traction	crutch/tong cervical spine traction	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1505	Orthopaedics	Application of Traction	POP slab	2500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1506	Orthopaedics	Application of P.O.F, casts	POP slab	2500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1507	Orthopaedics	Fracture Head radius	Replacement with Head Radius Prosthesis	10000	Herbert screw-2500 Max:3   Nail / Plate and Screw-5000 Max: 3   Radial head prosthesis-20000 Max:1   k-wire-250 Max:3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1508	Orthopaedics	Fracture proximal - Humerus - ORIF	ORIF with screw of proximal humerus	10000	Implant for Fracture - Humerus - ORIF - plate - 12000 per plate, CC-screw-1000 Max:4   Herbert screw-2500 Max:4   k-wire-250 Max:4	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1509	Orthopaedics	Total Hip Replacement	Revision of failed hemi Arthroplasty in to THR	44000	Crutch-1000   Implant for Revision Total Hip Replacement -70000 Max:2	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1510	Orthopaedics	Spine deformity correction- Govt Reserved	Combined spinal segment - front and back (anterior/posterior/ combined anterior and posterior)	30400	Implant for Revision Total Hip Replacement - 140000, Brace-1000 Max:2   Crutch- 1000 Max:2		yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1511	Orthopaedics	Internal fixation of Poleiacetabulum fracture	Internal fixation of Poleiacetabular fracture	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1512	Orthopaedics, Neurosurgery	Nerve root block	Nerve root block	1000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance



Seq n	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1513	Orthopaedics, Otorhinolaryngolog y (ENT)	Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma	Closed reduction for fracture of mandible	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1514	Orthopaedics, Otorhinolaryngolog y (ENT)	Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma	Closed reduction for fracture of zygoma	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1515	Orthopaedics, Otorhinolaryngolog y (ENT)	Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma	Closed reduction and intermaxillary fixation for fracture of mandible	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1516	Orthopaedics, Plastic & Reconstructive Surgery	Tendon Grafting / Repair	Tendon Grafting	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1517	Orthopaedics, Plastic & Reconstructive Surgery	Tendon Grafting / Repair	Tendon Repair	15000	Brace-1000 Max:2   Crutch-1000   Screw / endobutton / Anchor / Suture bar + ethibond-17000 Max:4	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1518	Orthopaedics, Plastic & Reconstructive Surgery	Tendon Release / Tenotomy	Tendon Release / Tenotomy	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1519	Orthopaedics, Plastic & Reconstructive Surgery	Tenolysis	Tenolysis	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1520	Orthopaedics, Plastic & Reconstructive Surgery	Fasciotomy	Fasciotomy	9000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1521	Orthopaedics, Plastic & Reconstructive Surgery	Dupuytren's Contracture release + rehabilitation	Dupuytren's Contracture release + rehabilitation	9500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr.N #	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Notes	Day Care	Reserved Procedure (Insurance/ Trust)
1522	Orthopaedics, Plastic & Reconstructive Surgery	Nerve Repair Surgery	Nerve Repair Surgery	11000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1523	Orthopaedics, Plastic & Reconstructive Surgery	Implant Removal under LA	K- Wire/Ea fix	LA-2000, NA/GA-5000	No Implant	NA	No	Secondary	Follow-up Procedure	LA fix - K Wire & Screw GA fix - Nail & Plate	No	No	Insurance
1524	Orthopaedics, Plastic & Reconstructive Surgery	Implant Removal under LA	Screw	LA-2000, NA/GA-5000	No Implant	NA	No	Secondary	Follow-up Procedure	No special condition	No	No	Insurance
1525	Orthopaedics, Plastic & Reconstructive Surgery	Tendon Transfer	Tendon Transfer	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1526	Orthopaedics, Plastic & Reconstructive Surgery	Emergency tendons repair ± Peripheral Nerve repair / reconstructive surgery	Emergency tendons repair ± Peripheral Nerve repair	16500	Brace-1000 Max :2   Crutch-1000   Screw / endobutton / Anchor / Suture disc+eshbond-17000 Max :4	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1527	Orthopaedics, Plastic & Reconstructive Surgery	Management of Nerve Pletus / Tendon injuries	Tendon Transfer	16500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1528	Orthopaedics, Surgical Oncology	Disarticulation	Hind quarter	23000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1529	Orthopaedics, Surgical Oncology	Disarticulation	Fore quarter	23000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1530	Orthopaedics, Surgical Oncology	Two Stage Amputation	Above Elbow	23000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Rx. 10,000 to be paid after 1st Stage Rx. 13,200 to be paid after 2nd Stage Operation	No	Insurance
1531	Orthopaedics, Surgical Oncology	Two Stage Amputation	Below Elbow	23000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Rx. 10,000 to be paid after 1st Stage Rx. 13,200 to be paid after 2nd Stage Operation	No	Insurance
1532	Orthopaedics, Surgical Oncology	Two Stage Amputation	Above Knee	23000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Rx. 10,000 to be paid after 1st Stage Rx. 13,200 to be paid after 2nd Stage Operation	No	Insurance
1533	Orthopaedics, Surgical Oncology	Two Stage Amputation	Below Knee	23000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Rx. 10,000 to be paid after 1st Stage Rx. 13,200 to be paid after 2nd Stage Operation	No	Insurance

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Sr No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Index	Day Care	Reservat Procedure (Insurance/ Trust)
1534	Orthopaedics, Surgical Oncology	Two Stage Amputation	Foot	23000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Rs. 10,000 to be paid after 1st Stage Rs. 13,200 to be paid after 2nd Stage Operation	No	Insurance
1535	Orthopaedics, Surgical Oncology	Two Stage Amputation	Hand	23000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Rs. 10,000 to be paid after 1st Stage Rs. 13,200 to be paid after 2nd Stage Operation	No	Insurance
1536	Orthopaedics, Surgical Oncology	Two Stage Amputation	Wrist	23000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Rs. 10,000 to be paid after 1st Stage Rs. 13,200 to be paid after 2nd Stage Operation	No	Insurance
1537	Orthopaedics, Surgical Oncology	Bone tumors / soft tissue sarcoma surgery	Bone tumors / soft tissue sarcoma surgery	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1538	Orthopaedics, Oral and Maxillofacial Surgery, Otorhinolaryngology & Plastic & Reconstructive Surgery,Surgical Oncology,Endology,P olytrauma	Resuturing of Any Wound gap Surgeries	Resuturing of Any Wound gap Surgeries	3000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1539	Orthopaedics,Surgic al Oncology	Bone Tumor (benign) curettage / Excision and bone grafting	Bone Tumor (benign) curettage / Excision and bone grafting	22100	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1540	Otorhinolaryngolog y (ENT)	Canaloplasty For EAC Atresia	Canaloplasty For EAC Atresia - Govt reserve	8000	No Implant	NA	yes	Secondary	Govt Reserve	No special condition	No	No	Insurance
1541	Otorhinolaryngolog y (ENT)	Laryngoscopy	Laryngoscopy	15000	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance
1542	Otorhinolaryngolog y (ENT)	Pre auricular sinus	Pre auricular sinus	7000	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance
1543	Otorhinolaryngolog y (ENT)	Tongue Tie	Tongue Tie	2000	No Implant	NA	No	Secondary	Regular PKG	No special condition	No	No	Insurance
1544	Otorhinolaryngolog y (ENT)	Curapex / Sclerotherapy	Curapex / Sclerotherapy	8000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1545	Otorhinolaryngolog y (ENT)	Tympanoplasty Govt reserved	Tympanoplasty	12000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance

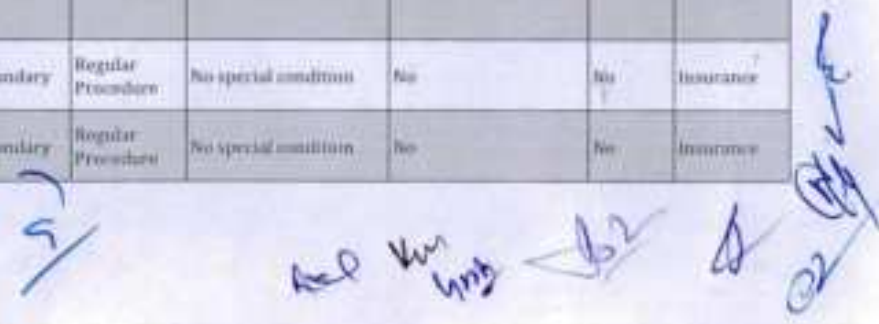
Sr. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1546	Otorhinolaryngology (ENT)	Stapedectomy / tympanotomy - Govt. reserve	Stapedectomy	17000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1547	Otorhinolaryngology (ENT)	Functional septo- rhinoplasty - Govt reserved	Functional septu rhinoplasty	21800	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1548	Otorhinolaryngology (ENT)	Septoplasty - Govt reserved	Septoplasty	12000	No Implant	LA - 13875 GA - 19875	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1549	Otorhinolaryngology (ENT)	Fracture - setting nasal bone	Fracture - setting nasal bone	8000	No Implant	LA - 8625 GA - 12625	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1550	Otorhinolaryngology (ENT)	Inferior turbinate reduction under GA- Govt reserved	Inferior turbinate reduction under GA (HOW IS IT DIFFERENT FROM TURBINATE REDUCTION AT THE END?)	1200	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1551	Otorhinolaryngology (ENT)	Open sinus surgery	Open sinus surgery (Open Sinus Surgery (Single/Multiple Sinuses)	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1552	Otorhinolaryngology (ENT)	Functional Endoscopic Sinus (FESS)- Govt reserved	Functional Endoscopic Sinus (FESS) stratified as B/L or B/L and cost adjusted	13900	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1553	Otorhinolaryngology (ENT)	Tonsillectomy - Govt reserved	Tonsillectomy - U/L tonsillectomy	10400	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1554	Otorhinolaryngology (ENT)	Tonsillectomy - Govt reserved	Tonsillectomy - B/L adenotonsillectomy	10400	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1555	Otorhinolaryngology (ENT)	Thyroglossal / Branchial cyst / sinus / fistula excision	Thyroglossal cyst excision	15300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1556	Otorhinolaryngology (ENT)	Thyroglossal / Branchial cyst / sinus / fistula excision	Thyroglossal sinus excision	15300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1557	Otorhinolaryngology (ENT)	Thyroglossal / Branchial cyst / sinus / fistula excision	Thyroglossal fistula excision	15300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1558	Otorhinolaryngology (ENT)	Uvulopalatophary ngoplasty (UPPP)	Uvulopalatopharyngoplasty (UPPP)	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1559	Otorhinolaryngology (ENT)	Clinic based therapeutic interventions of ENT	Turbinate reduction	1200	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Seq #	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1560	Otolaryngology (ENT)	Clinic based therapeutic interventions of ENT	Biopsy	1200	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1561	Otolaryngology (ENT)	Clinic based therapeutic interventions of ENT	Intratympanic injections	1200	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1562	Otolaryngology (ENT)	Clinic based therapeutic interventions of ENT	Wick bore aspiration	1200	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1563	Otolaryngology (ENT)	Correction of oro-antral communication - Govt reserved	Correction of oro-antral Fistula	6000	No Implant	LA-7000 GA- 11000	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1564	Otolaryngology (ENT), Paediatric surgery	Peritonsillar abscess drainage / intraoral calculus removal	Peritonsillar abscess drainage	5800	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1565	Otolaryngology (ENT), Paediatric surgery	Peritonsillar abscess drainage / intraoral calculus removal	Intraoral calculus removal	5800	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1566	Otolaryngology (ENT), Plastic & Reconstructive Surgery	Open reduction and internal fixation of maxilla / mandible / zygoma	Open reduction and internal fixation of maxilla	5000	Implant for Open reduction and internal fixation of maxilla / mandible / zygoma (Plates / Screws) - 4000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1567	Otolaryngology (ENT), Plastic & Reconstructive Surgery	Open reduction and internal fixation of maxilla / mandible / zygoma	Open reduction and internal fixation of mandible	14000	Implant for Open reduction and internal fixation of maxilla / mandible / zygoma (Plates / Screws) - 4000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1568	Otorhinolaryngology (ENT), Plastic & Reconstructive Surgery	Open reduction and internal fixation of maxilla / mandible / zygoma	Open reduction and internal fixation of zygoma	14000	Implant for Open reduction and internal fixation of maxilla / mandible / zygoma (Plates / Screws) - 4000	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1569	Otorhinolaryngology (ENT), Pulmonology, Paediatric surgery	Rigid laryngoscopy / bronchoscopy / oesophagoscopy Diagnostic + / - biopsy	Rigid laryngoscopy - Diagnostic + / - biopsy	with biopsy - 7000   without biopsy - 2000	No Implant	with biopsy - 7000   without biopsy - 2000	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1570	Otorhinolaryngology (ENT), Surgical Oncology	Resection of nasopharyngeal tumour	Resection of nasopharyngeal tumour	48600	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1571	Otorhinolaryngology (ENT), Surgical Oncology	Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus	Growth - Squamous	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1572	Otorhinolaryngology (ENT), Surgical Oncology	Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus	Growth - Basal	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1573	Otorhinolaryngology (ENT), Surgical Oncology	Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus	Injury	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1574	Otorhinolaryngology (ENT), Surgical Oncology	Neck dissection - comprehensive	Neck dissection - comprehensive	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1575	Otorhinolaryngology (ENT), Surgical Oncology	Micro-laryngoscopic Surgery	Micro-laryngoscopic Surgery	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance





Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance / Trust)
1576	Otorhinolaryngology (ENT), Surgical Oncology	Pioma surgery for tumor / trauma	Pioma surgery for tumor	8600	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1577	Otorhinolaryngology (ENT), Surgical Oncology	Open laryngeal framework surgery / Thyroplasty	Open laryngeal framework surgery / Thyroplasty	18000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1578	Otorhinolaryngology (ENT), Surgical Oncology	Advanced anterior skull base surgery	Endoscopic Hypophysectomy	39000	Fibrin Glue -9000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1579	Otorhinolaryngology (ENT), Surgical Oncology	Advanced anterior skull base surgery	Circal tumor excision	39000	Fibrin Glue-9000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1580	Otorhinolaryngology (ENT), Surgical Oncology	Lateral skull base procedures	Subtotal petrosectomy	24000	Fibrin Glue-9000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1581	Otorhinolaryngology (ENT), Surgical Oncology	Lateral skull base procedures	Post-traumatic facial nerve decompression	24000	Fibrin Glue-9000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1582	Otorhinolaryngology (ENT), Surgical Oncology	Lateral skull base procedures	CSP Otitis media repair	24000	Fibrin Glue-9000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1583	Otorhinolaryngology (ENT), Surgical Oncology	Advanced lateral skull base surgery	Fisch approach	40000	Fibrin Glue-9000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1584	Otorhinolaryngology (ENT), Surgical Oncology	Advanced lateral skull base surgery	Translabrynthine approach	40000	Fibrin Glue-9000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1585	Otorhinolaryngology (ENT), Surgical Oncology	Advanced lateral skull base surgery	Transcondlear approach	40000	Fibrin Glue-9000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1586	Otorhinolaryngology (ENT), Surgical Oncology	Advanced lateral skull base surgery	Temporal Bone resection	40000	Fibrin Glue-9000 Max :1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1587	Paediatric Medical Management	Pediatric seizure disorders	Febriile seizures	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1588	Paediatric Medical Management	Pediatric seizure disorders	Acute non-febriile seizures	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Treat)
1589	Pediatric Medical Management	Epileptic encephalopathy	Epileptic encephalopathy	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1590	Pediatric Medical Management	Acute ataxia	Acute ataxia	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1591	Pediatric Medical Management	Acute childhood asthma	Acute asthma/Status asthmaticus	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1592	Pediatric Medical Management	Global developmental delay / Intellectual disability of unknown etiology	Global developmental delay/Intellectual disability requiring admission for Work Up and/or in-patient management	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1593	Pediatric Medical Management	Rickets - requiring admission for Work Up	Rickets - requiring admission for Work Up and/or in-patient management	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1594	Pediatric Medical Management	Acute severe malnutrition	Acute severe malnutrition	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance



Seq #	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1595	Paediatric Medical Management	Developmental and behavioral disorders	Developmental and behavioral disorders for Work Up and/or in-patient management	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1596	Paediatric Medical Management	Short stature	Short stature- requiring admission for Work Up	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1597	Paediatric Medical Management	Children with dysmorphic features	Children with dysmorphic features- requiring admission for work-up	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1598	Paediatric Medical Management	Flappy infant syndrome	Flappy infant syndrome requiring admission for work-up	Routine Ward- 1800	No Implant	Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1599	Paediatric Medical Management	Inborn errors of metabolism	Inborn errors of metabolism- requiring admission for work-up and/or inpatient care	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1600	Paediatric Medical Management	Wilson's disease	Wilson's disease- requiring admission for work-up and/or inpatient care	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1601	Paediatric Medical Management	Juvenile Arthritis	Juvenile Arthritis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance






Sr. N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1602	Paediatric Medical Management	Severe Anemia in children (Thalassemia)	Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days Iron chelation Medicine(Deferasirox) on discharge and routine investigation -CBC (including hemoglobin, DLC, TLC, platelet count etc) LFT, KFT, Urine protein, Sr. feritin - during first admission and then 3 monthly.	1500	No Implant	No	No	Secondary	Regular Procedure	Only booked at the time of 1st admission and then after completion of 3 months, in between this package can not be booked.	Yes	No	Insurance
1603	Paediatric Medical Management	Severe Anemia in children (Thalassemia)	Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days Iron chelation Medicine(Deferasirox) on discharge and routine investigation -CBC (including hemoglobin, DLC, TLC, platelet count etc)- 15 days once	1500	No Implant	No	No	Secondary	Regular Procedure	Can only be booked after 15 days of use on any other package for thalassemia. After using this package it can not be booked again in next 30 days.	Yes	No	Insurance
1604	Paediatric Medical Management	Severe Anemia in children (Thalassemia)	Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days Iron chelation Medicine(Deferasirox) on discharge and routine investigation - CBC(Including hemoglobin, DLC, TLC, platelet count etc) LFT,KFT,Urine Protein 1 monthly once	1500	No Implant	No	No	Secondary	Regular Procedure	After using this package it can not be booked again in next 30 days.	Yes	No	Insurance



No. N B	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1605	Pediatric Medical Management	Severe Anemia in children (Thalassemia)	Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days Iron chelation Medicine (Deferiprone) on discharge and routine investigation -CBC (including hemoglobin, DLC, TLC, platelet count etc) LFT, KFT, Urine protein, Fe, ferritin - during first admission and then 3 monthly.	1500	No Implant	No	No	Secondary	Regular Procedure	Only booked at the time of 1st admission and then after completion of 3 months, in between this package can not be booked.	Yes	No	Insurance
1606	Pediatric Medical Management	Severe Anemia in children (Thalassemia)	Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days Iron chelation Medicine (Deferiprone) on discharge and routine investigation -CBC (including hemoglobin, DLC, TLC, platelet count etc) - 15 days once	1500	No Implant	No	No	Secondary	Regular Procedure	Can only be booked after 15 days of use on any other package for thalassemia. After using this package it can not be booked again in next 30 days	Yes	No	Insurance
1607	Pediatric Medical Management	Severe Anemia in children (Thalassemia)	Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days of Iron chelation Medicine (Deferiprone) on discharge and routine investigation -CBC (including hemoglobin, DLC, TLC, platelet count etc) LFT, KFT, Urine Protein - 1 monthly once	1500	No Implant	No	No	Secondary	Regular Procedure	After using this package it can not be booked again in next 30 days.	Yes	No	Insurance
1608	Pediatric Medical Management	Ketogenic diet initiation in refractory epilepsy	Ketogenic diet initiation in refractory epilepsy	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward-1000	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward-1000	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Tubes	Day Care	Reserved Procedure (Insurance/ Trust)
1609	Paediatric Medical Management	Staphylococcal scalded skin syndrome	Staphylococcal scalded skin syndrome	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1610	Paediatric Medical Management, medical oncology	Malignant Ascites drainage with long term catheter insertion in advanced cancer patients	Ascites tapping with long term indwelling catheter	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1611	Paediatric Medical Management, General Medicine	Palliative Care Management of Pain for treating Pain crisis, analgesic titration	Cancer Pain Management	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1612	Paediatric Medical Management, medical oncology	Palliative Care approach to managing Pressure sore - Conservative management	Pressure sore in palliative care	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1613	Paediatric Medical Management, medical oncology	Palliative Care Package for Hiccups - govt reserve	Hiccups in Palliative care	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1614	Paediatric Medical Management, medical oncology	Palliative Care Approach to managing Haematuria in advanced cancer patients - Conservative management	Haematuria in advance cancer patient	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance



Sr No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1615	Pediatric Medical Management, medical oncology	Central lines in cancer patients for drug therapy Silicon catheters in advanced cancer patients- Long term central lines	Long term indwelling venous catheter	10000	No Implant	NA	No	Secondary	Regular Procedure / Add-on	No special condition	No	No	Insurance
1616	Pediatric Medical Management, medical oncology	Symptom Management of Cough in advanced cancer patients - Conservative management	Intractable Cough in cancer patients - Conservative management	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1617	Pediatric Medical Management, medical oncology	Palliative Care Management of Trismus, mucositis in advanced cancer patient	Palliative care in Trismus mucositis	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1618	Pediatric Medical Management, medical oncology	Management of terminal /fatal bleeding malignant head and neck / lingual lesions	Conservative management of fatal bleeding in cancer patients	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1619	Pediatric Medical Management, medical oncology	Palliative Care Management of Symptom Cluster - Fatigue in advanced cancer patients	Fatigue in Palliative care	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Risk s	Day Care	Reserved Procedure (Insurance/ Trust)
1620	Paediatric Medical Management, medical oncology, General Medicine	Communications in Advanced chronic diseases/ terminal stage of illness, for patient and family members with discussions on Goals of care and facilitated shared decision making - govt reserve	Communications terminal stage/ end of life care Conservative	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1621	Paediatric Medical Management, medical oncology, General Medicine	Conservative management of post procedural or treatment related complications in Palliative Medicine (including electrolyte disorders (including hypercalcaemia and anoecidosis).	Complications in palliative care patients	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1622	Paediatric surgery	Gastrostomy + Esophagoscopy + Threading	Gastrostomy + Esophagoscopy + Threading	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1623	Paediatric surgery	Ladd's Procedure	Ladd's Procedure	39000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1624	Paediatric surgery	Duplication Cyst Excision	Duplication Cyst Excision	24600	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1625	Paediatric surgery	Intussusception	Non - Operative Reduction in infants	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Paediatric age upto 12 year	No	Insurance
1626	Paediatric surgery	Intussusception	Operative in infants	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1627	Paediatric surgery	Surgery for Hirschsprung's Disease	Myectomy	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1628	Paediatric surgery	Surgery for Hirschsprung's Disease	Pull Through	22000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1629	Paediatric surgery	Surgery for Hirschsprung's Disease	Rectal Sigmoid - Pouch	10400	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance



St.N. n	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedures (Insurance/ Trust)
1630	Paediatric surgery	Surgery for Hirschsprung's Disease	Rectal Biopsy - Open	11300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1631	Paediatric surgery	Surgery for Hirschsprung's Disease	Sphincterotomy	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1632	Paediatric surgery	Rectal Polypectomy - Sigmoidoscopy Under GA	Rectal Polypectomy - Sigmoidoscopic Under GA	30000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1633	Paediatric surgery	Ano Rectal Malformation	Abd - Perineal PSARP	39100	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1634	Paediatric surgery	Ano Rectal Malformation	Anoplasty	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1635	Paediatric surgery	Ano Rectal Malformation	Cutback	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1636	Paediatric surgery	Ano Rectal Malformation	PSARP	23870	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1637	Paediatric surgery	Ano Rectal Malformation	Redo - Pullthrough	21700	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1638	Paediatric surgery	Ano Rectal Malformation	Transposition	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1639	Paediatric surgery	Fecal Fistula Closure	Fecal Fistula Closure	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1640	Paediatric surgery	GI Tumor Excision	GI Tumor Excision	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1641	Paediatric surgery	Exomphalos / Gastrostomy	Exomphalos	30750	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1642	Paediatric surgery	Exomphalos / Gastrostomy	Gastrostomy	30750	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1643	Paediatric surgery	Retro - Peritoneal Lymphangioma Excision	Retro - Peritoneal Lymphangioma Excision	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1644	Paediatric surgery	Surgery for Sacrococcygeal Teratoma	Surgery for Sacrococcygeal Teratoma	22800	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1645	Paediatric surgery	Surgery for Congenital Lobar Emphysema	Surgery for Congenital Lobar Emphysema	30580	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1646	Paediatric surgery	Excision of accessory auricle	Excision of accessory auricle	19000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1647	Paediatric surgery	MACROSTOMIA REPAIR	Repair of macrostomia	29000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1648	Paediatric surgery	SUPERNUMERARY DIGIT EXCISION	Excision of supernumerary digit	14000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1649	Paediatric surgery	SYNDACTYLY	Syndactyly repair	35000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

Sr.N #	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1650	Paediatric surgery	TORTICOLLIS	Sternomastoid division	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1651	Paediatric surgery	LIVER TRAUMA NON-OP	Non-operative management of liver trauma	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1652	Paediatric surgery	CONJOINED TWIN	Separation of twins	95000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1653	Paediatric surgery	ESOPHAGEAL ATRESIA/TEF	PRIMARY REPAIR	65000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1654	Paediatric surgery	MALROTATION	Ladd's procedure	39000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1655	Paediatric surgery	POSTERIOR URETHRAL VALVE	VEGICOSTOMY	41000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1656	Paediatric surgery	SPLENOGRAPHY	Splenoangiography	31000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1657	Paediatric surgery	APPENDIC- VEGICOSTOMY/ Mikulicz	Appendicovesicostomy or Mikulicz procedure	41000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1658	Paediatric surgery	VEGICOSTOMY	Vesicostomy	20000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1659	PAEDIATRIC SURGERY	Umbilical Granuloma/ Umbilical polyp	Umbilical Granuloma/ Umbilical polyp	12000	No Implant	NA	No	Secondary	regular pkg	No special condition	No	No	Insurance
1660	PAEDIATRIC SURGERY	Biliary Atresia - Kasai Percutaneous cholestomy	Biliary Atresia - Kasai Percutaneous cholestomy	80000	No Implant	NA	No	Tertiary	regular pkg	No special condition	No	No	Insurance
1661	PAEDIATRIC SURGERY	Secruting Fascitis - Debridement/Tu- sectomy	Secruting Fascitis - Debridement/Tu- sectomy	40000	No Implant	NA	No	Tertiary	regular pkg	No special condition	No	No	Insurance
1662	PAEDIATRIC SURGERY	Adrenoductomy	Adrenoductomy	85000	No Implant	NA	No	Tertiary	regular pkg	No special condition	No	No	Insurance
1663	Paediatric surgery, Plastic & Reconstructive Surgery, Urology	Hypospadias repair - govt reserve	Single stage	30000	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1664	Paediatric surgery, Plastic & Reconstructive Surgery, Urology	Hypospadias repair - govt reserve	Two or more stage (First Stage)	14050	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1665	Paediatric surgery, Plastic & Reconstructive Surgery, Urology	Hypospadias repair - govt reserve	Two or more stage (Final Stage)/Fistula repair	20000	No Implant	NA	yes	Secondary	Regular Procedure	The package can be booked only if the first stage and / or intermediate stage package has been booked prior to this	The package can be booked only if the first stage and / or intermediate stage package has been booked prior to this	No	Insurance
1666	Paediatric surgery, Surgical Oncology	Wilms tumor: surgery	Wilms tumor: surgery	39100	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sr No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt Reserved	Level of Care	Procedure Label	Special Condition	Notes	Day Care	Reserved Procedure (Insurance/ Trust)
1667	Paediatric surgery, Surgical Oncology	Neuroblastoma Excision	Neuroblastoma Excision	99100	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1668	Paediatric surgery, Surgical Oncology, Urology	Nephrectomy	Nephrectomy -For Benign pathology - Open	31400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1669	Paediatric surgery, Surgical Oncology, Urology	Nephrectomy	Nephrectomy -For Benign pathology - Lap.	31400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1670	Paediatric surgery, Surgical Oncology, Urology	Nephrectomy	Nephrectomy- Radical (Renal tumor) - Open	31400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1671	Paediatric surgery, Surgical Oncology, Urology	Nephrectomy	Nephrectomy- Radical (Renal tumor) - Lap.	31400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1672	Paediatric surgery, Surgical Oncology, Urology	Nephrectomy- Partial or Hem	Nephrectomy - Partial or Hemi-Open	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1673	Paediatric surgery, Surgical Oncology, Urology	Nephrectomy- Partial or Hem	Nephrectomy - Partial or Hemi- Lap.	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1674	Paediatric surgery, Surgical Oncology, Urology	Nephro ureterectomy (Benign)	Nephro ureterectomy (Benign)-Open	33000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1675	Paediatric surgery, Surgical Oncology, Urology	Nephro ureterectomy (Benign)	Nephro ureterectomy (Benign) - Lap.	33000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1676	Paediatric surgery, Surgical Oncology, Urology	Nephro ureterectomy with cuff of bladder	Nephro ureterectomy with cuff of bladder-Open	29500	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1677	Paediatric surgery, Surgical Oncology, Urology	Nephro ureterectomy with cuff of bladder	Nephro ureterectomy with cuff of bladder Lap.	12450	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1678	Paediatric surgery, Surgical Oncology, Urology	Partial Cystectomy	Partial Cystectomy- Open	26000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1679	Paediatric surgery, Surgical Oncology, Urology	Partial Cystectomy	Partial Cystectomy - Lap.	25500	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1680	Paediatric surgery, Surgical Oncology, Urology	Orchiectomy- Govt Reserved	High inguinal	15100	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1681	Paediatric surgery, Urology	Congenital Diaphragmatic Hernia - Govt Reserved	Congenital Diaphragmatic Hernia/Excision	34700	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance

Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Refex	Day Care	Reserved Procedure (Insurance/ Trust)
1682	Paediatric surgery, Urology	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyeloplasty - Open	30400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1683	Paediatric surgery, Urology	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyeloplasty - Laparoscopic	30400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1684	Paediatric surgery, Urology	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyeloureterostomy - Open	30400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1685	Paediatric surgery, Urology	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyeloureterostomy - Laparoscopic	30400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1686	Paediatric surgery, Urology	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyelopyelostomy - Open	27500	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1687	Paediatric surgery, Urology	Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy	Pyelopyelostomy - Laparoscopic	30400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1688	Paediatric surgery, Urology	Ureterocalycostomy	Ureterocalycostomy - Open	26900	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1689	Paediatric surgery, Urology	Ureterocalycostomy	Ureterocalycostomy - Laparoscopic	30400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1690	Paediatric surgery, Urology	Pyelolithotomy	Pyelolithotomy - Open	29925	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1691	Paediatric surgery, Urology	Pyelolithotomy	Lap.	29925	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1692	Paediatric surgery, Urology	Ureterostomy	Ureterostomy (Cutaneous)	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1693	Paediatric surgery, Urology	Uretero- anastomosis	Uretero-ureterostomy - Open	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1694	Paediatric surgery, Urology	Uretero- anastomosis	Uretero-ureterostomy - Lap.	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1695	Paediatric surgery, Urology	Ureteric reimplantation	Ureteric reimplantation - Open	U/L - 25500 B/L - 38500	No Implant	U/L - 25500 B/L - 38500	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1696	Paediatric surgery, Urology	Ureteric reimplantation	Ureteric reimplantation - Lap.	U/L - 25500 B/L - 38500	No Implant	U/L - 25500 B/L - 38500	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance



Ref No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1697	Paediatric surgery, Urology	DJ stenting including cystoscopy, ureteric catheterization, retrograde pyelogram - stand alone	DJ stenting including cystoscopy, ureteric catheterization, retrograde pyelogram	16600	DJ Stent - 200	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1698	Paediatric surgery, Urology	Acute management of upper urinary tract trauma - conservative	Acute management of upper urinary tract trauma - conservative	Routine Ward- 1300	No Implant	Routine Ward-1000	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1699	Paediatric surgery, Urology	Cystolithotomy - Open, including cystoscopy	Open - including cystoscopy	18500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1700	Paediatric surgery, Urology	Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy	Cystolithotripsy endoscopic, including cystoscopy	18500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1701	Paediatric surgery, Urology	Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy	Urethral Stone removal endoscopic, including cystoscopy	18500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1702	Paediatric surgery, Urology	Augmentation cystoplasty	Augmentation cystoplasty - Open	31825	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1703	Paediatric surgery, Urology	Augmentation cystoplasty	Lap	35625	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1704	Paediatric surgery, Urology	Open bladder diverticulectomy with / without ureteric re- implantation	Open bladder diverticulectomy with / without ureteric re- implantation	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1705	Paediatric surgery, Urology	Bladder injury repair (with or without urethral injury)	Bladder injury repair (with or without urethral injury)	23000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Seq w	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Notes	Day Care	Reserved Procedure (Insurance/ Trust)
1706	Paediatric surgery, Urology	Bladder injury repair with colostomy (with or without urethral injury)	Bladder injury repair with colostomy (with or without urethral injury)	29062	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1707	Paediatric surgery, Urology	Neurogenic bladder - Package for evaluation / investigation (catheter + ultrasound + culture + BCG/ MCU) for 1 month (medicines - antibiotics)	Neurogenic bladder - Package for evaluation / investigation (catheter + ultrasound + culture + BCG/ MCU) for 1 month (medicines - antibiotics)	16342	No Implant	NA	No	Secondary	Regular Procedure	Payment to be made after completion of one month.	Payment to be made after completion of one month.	No	Insurance
1708	Paediatric surgery, Urology	Suprapubic Drainage - Closed / Tricar	Suprapubic Drainage - Closed / Tricar	5800	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1709	Paediatric surgery, Urology	Meatotomy / Meatoplasty	Meatotomy	3500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1710	Paediatric surgery, Urology	Meatotomy / Meatoplasty	Meatoplasty	3500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1711	Paediatric surgery, Urology	Urethroplasty	Urethroplasty - Substitution - single stage	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1712	Paediatric surgery, Urology	Urethral Dilatation - Stand Alone and day care	Non endoscopic as an independent procedure	2000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1713	Paediatric surgery, Urology	Urethral Dilatation - Stand Alone and day care	Endoscopic as an independent procedure	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1714	Paediatric surgery, Urology	Perineal Urethrostomy without closure	Perineal Urethrostomy without closure	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1715	Paediatric surgery, Urology	Post. Urethral Valve fulguration	Post. Urethral Valve fulguration (to be checked from penile surgery.)	14000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1716	Paediatric surgery, Urology	Urethrorectal fistula repair	Urethrorectal fistula repair	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1717	Paediatric surgery, Urology	Orchiopexy - Cost Reserve	Orchiopexy with spermatocyst to be cross checked with penile surgery	U/L - 30000 B/L - 35000	No Implant	U/L - 30000 B/L - 35000	yes	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1718	Paediatric surgery, Urology	Orchiopexy - Govt Reserve	Orchiopexy without laparoscopy - U/L	15000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1719	Paediatric surgery, Urology	Orchiopexy - Govt Reserve	Orchiopexy without laparoscopy - R/L	16500	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1720	Paediatric surgery, Urology	Emergency management of Hydronephrosis - Package for evaluation / investigation (ultrasound + culture) for 3 weeks (medicines)	Emergency management of Hydronephrosis - Package for evaluation / investigation (ultrasound + culture) for 3 weeks (medicines)	Routine Ward- 1800	No Implant	Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1721	Paediatric surgery, Urology/Surgical Gastroenterology	Adrenalectomy	Adrenalectomy- Open	U/L - 29000 R/L - 34000	No Implant	U/L - 29000 R/L - 34000	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1722	Paediatric surgery, Urology/Surgical Gastroenterology	Adrenalectomy	Adrenalectomy -Lap.	U/L - 29000 R/L - 34000	No Implant	U/L - 29000 R/L - 34000	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1723	Palliative medicine	Facet joint intra- articular intervention CS/Thoracic/L5	Facet joint intra-articular intervention CS/Thoracic/L5	5520	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1724	paediatric Nephrology	Renal colic	Renal colic	Routine Ward- 1800	No Implant	Routine Ward-1800	No	Secondary	regular pkg	No special condition	No	No	Insurance
1725	paediatric Nephrology;INTERV ENTIONAL RADIOLOGY Nephrology	Permacath insertion (Paediatric/ Adult ) NO-2	Permacath insertion (Paediatric/ Adult ) NO-2	30000	No Implant	NA	No	Tertiary	regular pkg	No special condition	No	No	Insurance
1726	paediatric Nephrology,Nephrol ogy, Urology, Paediatric surgery	Subcutaneous tunnelled PD Catheter insertion (Permanent)	Subcutaneous tunnelled PD Catheter insertion (Permanent)	27000 including implant	No Implant	NA	No	Tertiary	regular pkg	No special condition	No	No	Insurance
1727	paediatric Nephrology,Nephrol ogy,Urology, Paediatric surgery	PD Catheter insertion (Selding technique)	PD Catheter insertion (Selding technique)	18000 including implant	No Implant	NA	No	Secondary	regular pkg	No special condition	No	No	Insurance
1728	paediatric Nephrology,Nephrol ogy,Urology, Paediatric surgery	Tunnelled PD Catheter insertion	Tunnelled PD Catheter insertion	Routine Ward- 1800	No Implant	Routine Ward-1800	No	Secondary	regular pkg	No special condition	No	No	Insurance

Sl. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1729	Pediatric Oncology	Eltrombopag / Romiplostim for Aplastic anemia/ Immune thrombocytopenia -Eltrombopag / Romiplostim for Aplastic anemia	Eltrombopag / Romiplostim for Aplastic anemia/ Immune thrombocytopenia -Eltrombopag / Romiplostim for Aplastic anemia - per month	10000 / per month	No Implant	NA	No	Secondary	Day Care	No special condition	10000 per month. Usually a 12 month therapy amounting to 120000	yes	Insurance
1730	Pediatric Oncology	Cyclosporine for Aplastic anemia/post BMT immunosuppression	Cyclosporine for Aplastic anemia/post BMT immunosuppression - per month	6000 per month	No Implant	NA	No	Secondary	Day Care	No special condition	6000 per month. Usually a 24 month therapy amounting to 144000 (72000/year)	yes	Insurance
1731	Pediatric Oncology	Anti Thymocyte Globulin (ATG) for Aplastic anemia	Anti Thymocyte Globulin (ATG) for Aplastic anemia	10000 / kg	No Implant	NA	No	Tertiary	regular pkg	No special condition	One time therapy. Cost is 300000 for 30 kg child max 30 kg allow	No	Insurance
1732	General Medicine, Pediatric Medical Management	Visceral leishmaniasis	Visceral leishmaniasis	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No Implant	ICU (with Ventilator)-7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	regular pkg	No special condition	No	No	Insurance
1733	Interventional radiology	Percutaneous gastrostomy	Percutaneous gastrostomy	5320	No Implant	NA	No	Secondary	regular pkg	No special condition	No	No	Insurance
1734	Pediatric Oncology	Intravenous iron therapy for refractory or severe iron deficiency anemia or anemia related to chronic kidney disease	Intravenous iron therapy for refractory or severe iron deficiency anemia or anemia related to chronic kidney disease	A. 1800/month up to 15 kg child B. 3600/month 15 - 30 kg child	No Implant	NA	No	Tertiary	day Care	No special condition	Maximum 6-doses are needed. Cost is 1800/month(6000 total course) for 15 kg child and 3600/month (18000 total course) for 30 kg child	yes	Insurance
1735	Pediatric Surgery	STENSON'S DUCT DILATATION	Dilatation of Stenson's duct	11000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1736	Pediatric Surgery	ESOPHAGEAL DILATATION	Esophageal dilation	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1737	Pediatric Surgery	SUPRAGLOTTOP LASTY	Supra-glottoplasty	27000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1738	Pediatric Surgery	SINGLE STAGE AIRWAY RECONSTRUCTION	Airway reconstruction	55000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Trust)
1739	Pediatric Surgery	STAGED AIRWAY RECONSTRUCTION	Staged airway reconstruction	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1740	Pediatric Surgery	SLIDE TRACHEOPLASTY	Slide tracheoplasty	60000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1741	Pediatric Surgery, ENT	PARATHYROIDECTOMY	Parathyroidectomy	39000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1742	Pediatric Surgery, Nephrology, pediatric Nephrology	OPEN KIDNEY BIOPSY	Kidney biopsy	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	CT/USG guide is also allowed	No	Insurance
1743	Pediatric Surgery, Urology	Undescended Testis - Govt reserved	Bilateral - Palpable & Nonpalpable	15000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1744	Pediatric Surgery, Urology	Undescended Testis - Govt reserved	Bilateral Palpable	15000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1745	Pediatric Surgery, Urology	Undescended Testis - Govt reserved	Unilateral - Palpable	15000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1746	Pediatric Surgery, Urology	Undescended Testis - Govt reserved	Orchiopexy / Second Stage	15000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	Discharge slip for the hospitalization episode of first surgery is mandatory	No	Insurance
1747	Plastic & Reconstructive Surgery	Fixation of fracture of jaw	Open reduction (1 jaw) and fixing of plates / wire - under LA/GA Cost of implant Titanium-TBF at pre-auth	5000	Tension band-1800 Max 3   K-wire-300 Max 3   Plate-4000 Max 3	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1748	Plastic & Reconstructive Surgery	Revascularization of limb / digit	Revascularization of limb / digit (single digit)	22000	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1749	Plastic & Reconstructive Surgery	Ear Pinna Reconstruction with costal cartilage / Prosthesis (including the cost of prosthesis / implants)	Ear Pinna Reconstruction with costal cartilage / Prosthesis (including the cost of prosthesis / implants)	Stage-1-35000   Subsequent stages-20000	Cartilage-75000 / Implant-80000 =	Stage-1-35000   Subsequent stages-20000	No	Tertiary	Regular Procedure	No special condition	If requiring multiple stages, each stage will cost Rs. 35,000 provided the operating surgeon demonstrates the photographic results of previous stages.	No	Insurance

Sr. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance / Trust)
1750	Plastic & Reconstructive Surgery	Ear Pinna Reconstruction with costal cartilage / Prosthesis (including the cost of prosthesis / implants)	Ear Pinna Reconstruction with costal cartilage / Prosthesis (including the cost of prosthesis / implants)	35000	Cartilage- 75000 / Implant -80000	Stage-1-35000   Subsequent stages-20000	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1751	Plastic & Reconstructive Surgery	Scalp avulsion reconstruction	Scalp avulsion reconstruction	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1752	Plastic & Reconstructive Surgery	Tissue Expander for disfigurement following burns / trauma / congenital deformity (including cost of expander / implant)	Tissue Expander for disfigurement following burns	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1753	Plastic & Reconstructive Surgery	Tissue Expander for disfigurement following burns / trauma / congenital deformity (including cost of expander / implant)	Tissue Expander for disfigurement following trauma	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1754	Plastic & Reconstructive Surgery	Tissue Expander for disfigurement following burns / trauma / congenital deformity (including cost of expander / implant)	Tissue Expander for disfigurement following congenital deformity	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1755	Plastic & Reconstructive Surgery	Hemangioma - Govt reserved	Sclerotherapy under GA	15000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1756	Plastic & Reconstructive Surgery	Hemangioma/vascular malformations	Debulking	35000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1757	Plastic & Reconstructive Surgery	Hemangioma/Vascular malformations	Excision	15000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1758	Plastic & Reconstructive Surgery	Diabetic Foot - Surgery	Resuturing of Any Wound gap Surgeries	45000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1759	Plastic & Reconstructive Surgery	Revascularization of limb / digit	Revascularization of limb / digit (more than one digit)	20000	+ 1 digit / limb : cost - 90,000/-	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1760	Plastic & Reconstructive Surgery	Palliative Care approach to managing Pressure sore at advanced chronic diseases who are bed ridden-Surgical	Pressure sore- Interventions	21700	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	No	Insurance
1761	Plastic & Reconstructive Surgery	Fixation of fracture of jaw	Closed reduction (1 jaw) using wires - under LA/GA	5000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1762	Plastic & Reconstructive Surgery, Surgical Oncology	Regional flap	Mycutaneous flap	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1763	Plastic & Reconstructive Surgery, Surgical Oncology	Regional flap	Fasciocutaneous flap	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1764	Plastic & Reconstructive Surgery, Surgical Oncology	Microvascular reconstruction (free flaps)	Microvascular reconstruction (free flaps)	40000	Implant for microvascular reconstruction-15000 Max 1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1765	PMR	Single event multi level surgery (SEMLS) for spasticity management ( more than 4 level)	Single event multi level surgery (SEMLS) for spasticity management ( more than 4 level) (CP)	15000	No Implant	NA	yes	Secondary	Regular PKG	No special condition	No	No	Insurance
1766	PMR	Conservative management of pressure ulcer in spinal cord injury patients including NPWT (Vac Therapy ) In Spinal Cord Injury	Conservative management of pressure ulcer (NPUP grade <=3) in spinal cord injury patients including NPWT (Vac Therapy ) In Spinal Cord Injury (Min 120-15 Days)	25000	No Implant	NA	yes	Secondary	Regular PKG	No special condition	No	No	Insurance

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ICN	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1767	PMR	HALO cervical traction in upper cervical spine injury	HALO cervical traction in upper cervical spine injury	40000	No Implant	NA	yes	Tertiary	Regular PKG	No special condition	No	No	Insurance
1768	PMR	Conservative Rehabilitation Packages ( cardio- pulmonary, neuro- logical, orthopaedic Rehabilitation ) including spinal cord injury	Comprehensive medical rehabilitation for spinal injury/ traumatic brain injury, CVA, Cerebral palsy with or without arthritis - govt reserved	1000	No Implant	NA	yes	Secondary	Govt Reserve	No special condition	No	No	Insurance
1769	PMR	Interventional Rehabilitation of spasticity in stroke/ TBI / CP / SCI With Bot. Toxin - Govt Reserve	Interventional Rehabilitation of spasticity in stroke/ TBI / CP / SCI With Bot. Toxin - Govt Reserve (Spasticity ≤3)	50000	No Implant	NA	yes	Tertiary	Govt Reserve	No special condition	No	No	Insurance
1770	PMR	PRP Injection For MSK Disorder - Govt Reserve	PRP Injection For MSK Disorder - Govt reserve	2500	No Implant	NA	yes	Secondary	Govt Reserve	No special condition	No	No	Insurance
1771	PMR	Spine Pain relieving procedures (Caudal / facet/ stellate ganglion block)	Spine Pain relieving procedures ( Caudal / facet/ stellate ganglion block)	3000	No Implant	NA	yes	Secondary	Regular PKG	No special condition	No	No	Insurance
1772	PMR	Intra Articular Injections for MSK disorder - Govt reserve	Intra Articular Injections for MSK disorder - Govt reserve	2500	No Implant	NA	yes	Secondary	Govt Reserve	No special condition	No	No	Insurance
1773	PMR	R. F. Lesioning - Govt Reserve	Radiofrequency lesioning for sacroiliitis	8125	No Implant	NA	yes	Secondary	Regular Procedures	No special condition	No	No	Insurance
1774	Polytrauma	Conservative management	Conservative management of Chest/Abdomen/BNP/Pelvis (Blood transfusion and investigations included)		No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward-1800	No	Secondary	Regular PKG	No special condition	No	No	Insurance

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Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1775	Polytrauma	Pleura injury along with Vascular injury repair / graft	Nerve and/or tendon injury. A. Wound exploration and closure. B. Nerve repair. C. Tendon repair. D. Vascular repair/graft	A. 15000/- (Under GA). 10,000/- (Under Local/regional anesthesia). B - 5000/- per nerve. C - 3000/- per tendon repair	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1776	Polytrauma, Orthopaedics, Neurosurgery, General Surgery	Craniotomy and evacuation of Haematoma with fixation of fracture of long bone	Subdural hematoma along with fixation of fracture of single long bone	60000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1777	Polytrauma, Orthopaedics, Neurosurgery, General Surgery	Craniotomy and evacuation of Haematoma with fixation of fracture of long bone	Extradural hematoma along with fixation of fracture of single long bone	60000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1778	Polytrauma, Orthopaedics, Neurosurgery, General Surgery	Craniotomy and evacuation of Haematoma with fixation of fracture of long bone	Subdural hematoma along with fixation of fracture of 2 or more long bone	75000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1779	Polytrauma, Orthopaedics, Neurosurgery, General Surgery	Craniotomy and evacuation of Haematoma with fixation of fracture of long bone	Extradural hematoma along with fixation of fracture of 2 or more long bone	75000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1780	Polytrauma, Orthopaedics, Neurosurgery, General Surgery	Management of Nerve Palsy / Tendon injuries	Tendon injury repair	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1781	Polytrauma, Orthopaedics, Neurosurgery, General Surgery	Management of Nerve Palsy / Tendon injuries	Tendon graft repair	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

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1782	Polytrauma, Orthopaedics, Neurosurgery, General Surgery, Ophthalmology	Head injury with repair of Facio- Maxillary Injury & fixations (including implants)	Head injury with repair of Facio-Maxillary Injury & fixations (including implants)	31000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1783	Pulmonology	Trauma Rib fracture conservative	Trauma Rib fracture conservative	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward- 1000	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1000	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1784	Pulmonology	Endobronchial Ultrasound (EBUS)	Endobronchial Ultrasound guided fine needle biopsy	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1785	Pulmonology	Malignant Pleural Effusion for Pleural tap with Pig tail catheter/chest tube insertion with Pleurodesis in advanced cancer patients	Pleural effusion & Pleurodesis	5500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1786	Radiation Oncology	Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	21000	No Implant	NA	No	Secondary	Regular Procedure	The Procedure will cover ALL Hodgkin's Lymphoma, Wilms Tumour, NHL, Retinoblastoma & certain Bone Tumours	No	No	Insurance
1787	Radiation Oncology	2D External Beam Radiotherapy (Telecobalt / Stock LA) (6 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	11000	No Implant	NA	No	Secondary	Regular Procedure	The Procedure will cover ALL Hodgkin's Lymphoma, Wilms Tumour, NHL, Retinoblastoma & certain Bone Tumours	No	No	Insurance

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SR No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1788	Radiation Oncology	2D External Beam Radiotherapy (Telecobalt / Struck LA) (6 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	11000	No Implant	NA	No	Secondary	Regular Procedure	The Procedure will cover ALL Hodgkin's Lymphoma, Wilms Tumor, NHL, Retinoblastoma & certain Bone Tumours	No	No	Insurance
1789	Radiation Oncology	2D External Beam Radiotherapy (Telecobalt / Struck LA) (6 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 18 Max upto (Every additional fraction at Rs.500 per Fraction)	9000	No Implant	After 18 Fraction - 2D External Beam Radiotherapy (Telecobalt / Struck LA) (6 Fractions)-500 Max :18	No	Tertiary	Add - On Procedure	Can be booked only after MR001A / MR001B / MR001C	Can be booked only after MR001A / MR001B / MR001C	No	Insurance
1790	Radiation Oncology	2D External Beam Radiotherapy Palliative (Telecobalt / Struck LA) (Upto 18 Fractions) (Inclusive of Simulation & Planning Cost)	Palliative	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 180 days	No	Insurance
1791	Radiation Oncology	2D External Beam Radiotherapy (Telecobalt / Struck LA) (25 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1792	Radiation Oncology	2D External Beam Radiotherapy (Telecobalt / Struck LA) (25 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance / Trust)
1793	Radiation Oncology	2D External Beam Radiotherapy (Telecobalt / Struck LA) (25 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1794	Radiation Oncology	2D External Beam Radiotherapy (Telecobalt / Struck LA) (25 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 10 Max upto (additional fraction at Rs.500 per fraction upto a max)	5000	No Implant	After 10 Fraction - 2D External Beam Radiotherapy (Telecobalt / Struck LA) (25 Fractions) - 500 Max -10	No	Tertiary	Add - On Procedure	Can be booked only after MR003A / MR003B / MR003C	Can be booked only after MR003A / MR003B / MR003C	No	Insurance
1795	Radiation Oncology	2D External Beam Radiotherapy (Telecobalt / Struck LA) (6 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	11000	No Implant	NA	No	Secondary	Regular Procedure	The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours	No	No	Insurance
1796	Radiation Oncology	Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	21000	No Implant	NA	No	Secondary	Regular Procedure	The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours	No	No	Insurance
1797	Radiation Oncology	Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	11000	No Implant	NA	No	Secondary	Regular Procedure	The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours	No	No	Insurance

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Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification Detail	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Trust)
1798	Radiation Oncology	Linear Accelerator, External Beam Radiotherapy 4D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 18 Max upto (Every additional fraction at Rs.1000 per Fraction)	11000	No Implant	NA	No	Secondary	Add - On Procedure	Can be booked only after MR004A / MR004B / MR004C	Can be booked only after MR004A / MR004B / MR004C	No	Insurance
1799	Radiation Oncology	Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1800	Radiation Oncology	Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1801	Radiation Oncology	Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1802	Radiation Oncology	Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 10 Max upto (Every additional fraction at Rs.1000 per Fraction)	10000	No Implant	After 10 Fraction - Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions)-1000 Max:12	No	Tertiary	Add - On Procedure	Can be booked only after MR005A / MR005B / MR005C	Can be booked only after MR005A / MR005B / MR005C	No	Insurance

Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserve Procedure (Insurance/Trust)
1003	Radiation Oncology	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (20 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	70000	No Implant	NA	No	Tertiary	Regular Procedure	The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours	No	No	Insurance
1004	Radiation Oncology	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (20 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	70000	No Implant	NA	No	Tertiary	Regular Procedure	The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours	No	No	Insurance
1005	Radiation Oncology	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (20 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	30000	No Implant	After 15 Fraction - Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (20 Fractions) -2000 Max 20	No	Tertiary	Regular Procedure	The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours	No	No	Insurance
1006	Radiation Oncology	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (20 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 15 (Every additional fraction at Rs 2000 per Fraction)	30000	No Implant	After 15 Fraction - Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (20 Fractions) -2000 Max 20	No	Tertiary	Add - On Procedure	Can be booked only after MR006A / MR006B / MR006C	Can be booked only after MR006A / MR006B / MR006C	No	Insurance

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SR	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedures (Insurance/ Trust)
1807	Radiation Oncology	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (6 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	36500	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1808	Radiation Oncology	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (6 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	36500	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1809	Radiation Oncology	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (6 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	36500	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1810	Radiation Oncology	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (6 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 18 Max upto (Every additional fraction at Rs.2000 per Fraction)	36000	No Implant	After 18 Fraction - Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (6 Fractions)-2000 Max :18	No	Tertiary	Add - On Procedure	Can be booked only after MR007A / MR007B / MR007C	Can be booked only after MR007A / MR007B / MR007C	No	Insurance

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Sr.N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedures Label	Special Condition	Rules	Day Care	Referred Procedures (Insurance/ Treat)
1811	Radiation Oncology	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (20 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	90000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1812	Radiation Oncology	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (20 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	90000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1813	Radiation Oncology	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (20 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	90000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1814	Radiation Oncology	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (20 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 15 Max upto (Every additional fraction at Rs.2500 per Fraction)	27500	No Implant	After 15 Fraction - Linear Accelerator External Beam Radiotherapy - IGRT (Image Guided radiotherapy) with 3D CRT or IMRT - 2500 Max 15	No	Tertiary	Add - On Procedure	Can be booked only after MR000A / MR000B / MR000C	Can be booked only after MR000A / MR000B / MR000C	No	Insurance

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Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gert reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance / Trust)
1815	Radiation Oncology	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	55000	No Implant	NA	No	Tertiary	Regular Procedure	The Procedure will cover ALL, Hodgkin's Lymphoma, Wilms Tumour, NHL, Retinoblastoma & certain Bone Tumours	No	No	Insurance
1816	Radiation Oncology	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	55000	No Implant	NA	No	Tertiary	Regular Procedure	The Procedure will cover ALL, Hodgkin's Lymphoma, Wilms Tumour, NHL, Retinoblastoma & certain Bone Tumours	No	No	Insurance
1817	Radiation Oncology	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Neoadjuvant	55000	No Implant	NA	No	Tertiary	Regular Procedure	The Procedure will cover ALL, Hodgkin's Lymphoma, Wilms Tumour, NHL, Retinoblastoma & certain Bone Tumours	No	No	Insurance
1818	Radiation Oncology	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 18 Max upto Every additional fraction at Rs 2500 per Fraction	45000	No Implant	After 18 Fraction - Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT - 2500 Max 18	No	Tertiary	Add - On Procedure	Can be booked only after MB009A / MB009B / MB009C	Can be booked only after MB009A / MB009B / MB009C	No	Insurance

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Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1819	Radiation Oncology	SRT / SBRT with IGRT (Stereotactic radiotherapy) (4 Fractions) (Inclusive of Simulation & Planning Cost)	SRT / SBRT with IGRT (Stereotactic radiotherapy)	62000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1820	Radiation Oncology	SRT / SBRT with IGRT (Stereotactic radiotherapy) (4 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 4 Every additional fraction at Rs.11000 per Fraction	44000	No Implant	After 4 Fraction - SRT / SBRT with IGRT (Stereotactic radiotherapy) (4 Fractions)-11000	No	Tertiary	Add - On Procedure	Can be booked only after MR010A	Can be booked only after MR010A	No	Insurance
1821	Radiation Oncology	SRS with IGRT (Stereotactic radiotherapy) (Inclusive of Simulation & Planning Cost)	SRS with IGRT (Stereotactic radiotherapy)	70000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1822	Radiation Oncology	Respiratory Gating along with Linear Accelerator planning (5 Fractions) (Inclusive of Simulation & Planning Cost)	Respiratory Gating along with Linear Accelerator planning	65000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1823	Radiation Oncology	Respiratory Gating along with Linear Accelerator planning (5 Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 10 Max upto every additional fraction at Rs.1500 per Fraction	35000	No Implant	After 10 Fraction - Respiratory Gating along with Linear Accelerator planning (5 Fractions)-3500 Max -10	No	Tertiary	Add - On Procedure	Can be booked only after MR012A	Can be booked only after MR012A	No	Insurance
1824	Radiation Oncology	Brachytherapy High Dose Radiation (2D/X-ray) (Maximum of 4 session)	Intracavitary	3500	No Implant	NA	No	Secondary	Day Care	No special condition	Maximum number of cycles - 4	yes	Insurance
1825	Radiation Oncology	Brachytherapy High Dose Radiation (2D/X-ray) (Maximum of 4 session)	Intracavitary	3500	No Implant	NA	No	Secondary	Day Care	No special condition	Maximum number of cycles - 4	yes	Insurance



Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1826	Radiation Oncology	Brachytherapy High Dose Radiation (2D/X- ray) (Maximum of 4 session)	Endobiliary	3500	No Implant	NA	No	Secondary	day Care	No special condition	Maximum number of cycles - 4	yes	Insurance
1827	Radiation Oncology	Brachytherapy High Dose Radiation (2D/X- ray) (Maximum of 4 session)	Endobronchial	3500	No Implant	NA	No	Secondary	day Care	No special condition	Maximum number of cycles - 4	yes	Insurance
1828	Radiation Oncology	Brachytherapy High Dose Radiation (2D/X- ray) (Maximum of 4 session)	CVS	3500	No Implant	NA	No	Secondary	day Care	No special condition	Maximum number of cycles - 4	yes	Insurance
1829	Radiation Oncology	Brachytherapy High Dose Radiation (5 doses) (Inclusive of Simulation, Planning Cost, OT & other charges)	Interstitial / Intracavitary complex planning like CT or MR	42000	No Implant	NA	No	Tertiary	day Care	No special condition	No	yes	Insurance
1830	Radiation Oncology	Brachytherapy High Dose Radiation (5 doses) (Inclusive of Simulation, Planning Cost, OT & other charges)	Surface Mould / Intracavitary complex planning like CT or MR	42000	No Implant	NA	No	Tertiary	day Care	No special condition	No	yes	Insurance
1831	Radiation Oncology	Brachytherapy High Dose Radiation (5 doses) (Inclusive of Simulation, Planning Cost, OT & other charges)	Additional fractions - 11	18750	No Implant	NA	No	Secondary	Add - On Procedure	Can be booked only after MR014A / MR014B	Can be booked only after MR014A / MR014B	No	Insurance
1832	Radiation Oncology	iodine treatment 3 mCi	large Dose scan/ Pre Ablation - calculation of treatment	10000	No Implant	NA	No	Secondary	Regular Procedures	No special condition	No	No	Insurance
1833	Radiation Oncology	iodine treatment 30 mCi	Ablation residual fluorine any risk	15000	No Implant	NA	No	Secondary	Regular Procedures	No special condition	No	No	Insurance

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Se.N n	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1834	Radiation Oncology	Iodine treatment 50 mCi	Ablation of residual neck disease low/intermediate	16000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1835	Radiation Oncology	Iodine treatment 100 mCi	Ablation for metastatic disease, High risk	29000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1836	Radiation Oncology	Iodine treatment 150 mCi	Ablation for metastatic disease, High risk	27000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1837	Radiation Oncology	Iodine treatment 200 mCi	Ablation for metastatic disease, High risk	31000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1838	Radiation Oncology	Iodine treatment 250 mCi	Ablation for metastatic disease, High risk	36000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
1839	Radiation Oncology, Surgical Oncology	Palliative Care Management of Osteoradionecrosis -Conservative management	Osteoradionecrosis - Conservative	ICU (with Ventilator)- 7500   ICU (without Ventilator)- 4700   Routine Ward-1800	No Implant	ICU (with Ventilator)- 7500   ICU (without Ventilator)-4700   Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1840	Radiation Oncology, Surgical Oncology,medical oncology	Advanced / high end investigations in oncology	Advanced / high end investigations in oncology	10000	No Implant	NA	No	Secondary	Regular PKG / day care	No special condition	No	yes	Insurance
1841	Surgical Oncology - Gastroenterology	Palliative Care management of Malignant bowel obstruction- endoscopic/surgical/Radiological interventions	Palliative Bowel Obstruction interventions	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1842	Surgical Oncology	Secondary suturing in operated Head and Neck Con- cises - LA / GA	800000131700001617	10000-GA 5000-LA	No Implant	NA	No	Secondary	Regular PEG	No special condition	No	NO	Insurance
1843	Surgical Oncology	Management of bleeding in malignant head and neck / lingual malignancies	Trans arterial Embolization	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance





Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rule	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1857	Surgical Oncology	Pelvic Exenteration	Pelvic Exenteration Total - Lap	80000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1858	Surgical Oncology	Oesitic end to end anastomosis	Oesitic end to end anastomosis	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
1859	Surgical Oncology	Channel TURP	Channel TURP	26000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1860	Surgical Oncology	Excision of undescended testicular mass	Excision of undescended testicular mass	18000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
1861	Surgical Oncology	Germ Cell Tumour Excision	Germ Cell Tumour Excision	30400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1862	Surgical Oncology	Lymphoma excision - Govt reserved	Lymphoma excision- Open	40000	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1863	Surgical Oncology	Lymphoma excision - Govt reserved	MIS	40000	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1864	Surgical Oncology	Radical vaginitomy	Radical vaginitomy	33000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1865	Surgical Oncology	Radical Trachelectomy	Radical Trachelectomy	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1866	Surgical Oncology	Sacral Tumour Excision	Anterior + Posterior approach	80000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1867	Surgical Oncology	Sacral Tumour Excision	Posterior approach	80000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1868	Surgical Oncology	Total Pharyngectomy	Total Pharyngectomy	43400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1869	Surgical Oncology	Parapharyngeal Tumour Excision	Parapharyngeal Tumour Excision	33000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1870	Surgical Oncology	Laryngectomy	Partial laryngectomy (voice preserving)	60000	Voice prosthesis- 30000 Mx 1	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1871	Surgical Oncology	Laryngectomy	Total Laryngectomy	60000	Voice prosthesis- 30000 Mx 1	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1872	Surgical Oncology	Tracheal / Cervical resection	Tracheal / Cervical resection	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1873	Surgical Oncology	Tracheal Stenosis (End to end Anastomosis) (Throat)	Tracheal Stenosis (End to end Anastomosis) (Throat)	36000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1874	Surgical Oncology	Central airway tumour debulking	Central airway tumour debulking	20043	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1875	Surgical Oncology	Diagnostic thoracoscopy (Govt reserved)	Diagnostic thoracoscopy	15000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	NO	Insurance



Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1876	Surgical Oncology	Sleeve resection of lung cancer	Sleeve resection of lung cancer	40000	Linear cartilages- 5000 (qpts max-5)	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1877	Surgical Oncology	Mediastinoscopy - Cost extra included	Diagnostic	30000	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1878	Surgical Oncology	Mediastinoscopy - Cost reserved	Staging	30000	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1879	Surgical Oncology	Removal of Chest Wall Tumour	Chest Wall Tumour Excision	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1880	Surgical Oncology	Removal of Chest Wall Tumour	Removal of chest wall tumour with reconstruction	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1881	Surgical Oncology	Pleurectomy Decortication	Pleurectomy Decortication	44300	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1882	Surgical Oncology	Chamberlain procedure	Chamberlain procedure	22200	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
1883	Surgical Oncology	Extrapleural pneumonectomy	Extrapleural pneumonectomy	70000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1884	Surgical Oncology	Pneumonectomy	Pneumonectomy	66000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1885	Surgical Oncology	Long metastectomy	Long metastectomy- Open	40000	Linear cartilages- 5000 (qpts max-5)	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1886	Surgical Oncology	Long metastectomy	VATS	40000	Linear cartilages- 5000 (qpts max-5)	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1887	Surgical Oncology	Thoracostomy	Thoracostomy	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
1888	Surgical Oncology	Mediastinal lymphadenectomy +	Mediastinal lymphadenectomy- Open	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1889	Surgical Oncology	Mediastinal lymphadenectomy +	Video - assisted	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1890	Surgical Oncology	Mediastinal mass excision with lung resection	Mediastinal mass excision with lung resection	69500	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1891	Surgical Oncology	Segmental resection of lung	Segmental resection of lung- Open	27800	Linear Catter Per cartilages-5000 (qpts max-5)	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1892	Surgical Oncology	Segmental resection of lung	Thoracoscopic	27800	Linear Catter Per cartilages-5000 (qpts max-5)	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1893	Surgical Oncology	Wedge resection lung	Wedge resection lung- Open	40000	Linear cartilages- 5000 (qpts max-5)	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1894	Surgical Oncology	Wedge resection lung	Thoracoscopic	40000	Linear cartilages- 5000 (qpts max-5)	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance

Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gst reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1895	Surgical Oncology	Breast conserving surgery	Breast conserving surgery (lumpectomy + axillary surgery)	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1896	Surgical Oncology	Breast conserving surgery	Breast conserving surgery with Oncotherapy	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1897	Surgical Oncology	Axillary Sampling / Sentinel Node Biopsy	Axillary Sampling / Sentinel Node Biopsy	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
1898	Surgical Oncology	Axillary dissection	Axillary dissection	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
1899	Surgical Oncology	Scalp tumour excision with skull bone excision	Scalp tumour excision with skull bone excision	30400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1900	Surgical Oncology	Benign Soft Tissue Tumour - Excision - Gst reserved	Benign Soft Tissue Tumour - Excision (Small)	10000	No Implant	NA	yes	Secondary	Day Care	No special condition	No	yes	Insurance
1901	Surgical Oncology	Malignant Soft Tissue Tumour - Excision	Malignant Soft Tissue Tumour (Small) - Excision	14700	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1902	Surgical Oncology	Rotationalplasty	Rotationalplasty	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1903	Surgical Oncology	Endoprosthesis Revision	Complete	72000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1904	Surgical Oncology	Endoprosthesis Revision	Partial	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1905	Surgical Oncology	Vertebral Tumour Excision and Reconstruction	Vertebral Tumour Excision and Reconstruction	68600	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1906	Surgical Oncology	Posterior Exenteration (Gynaec)	Posterior Exenteration (Gynaec)	60000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1907	Surgical Oncology	Bilateral pelvic lymph Node Dissection (BPLND)	Bilateral pelvic lymph Node Dissection (BPLND)	38000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1908	Surgical Oncology	Cytoreductive surgery for ovarian cancer	Cytoreductive surgery for ovarian cancer	72000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance



Sr. No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1909	Surgical Oncology	Wide Excision- Oral Cavity Malignancy	Wide Excision- Oral Cavity Malignancy	10000	Implant for Excision of tumour of laryngopharynx- 20000 / Implant for Excision of tumour of oral cavity-20000/ Implant for Excision of tumour of paranasal sinus - 20000 Max 3	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1910	Surgical Oncology Paediatric Medical Management	Palliative Care Management of Constipation in advanced cancer patients - endoscopic/Surg ical/Radiological interventions	Constipation - Palliative Invasive interventions	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1911	Surgical Oncology Paediatric Medical Management	Palliative care management of Nausea & Vomiting in advanced cancer patients- Endoscopic/Surg ical/Radiological, Radiotherapy interventions.	Palliative Nausea and vomiting interventions	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1912	Surgical Oncology, Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, Plastic & Reconstructive Surgery	Vascular reconstruction	Vascular reconstruction	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1913	Surgical Oncology, Obstetrics & Gynecology	Rospy	Cervix Cancer screening (PAP + Colposcopy)	2000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
1914	Surgical Oncology, Orthopaedics	Vertebroplasty/ Kyphoplasty - Cost Reserve	Vertebroplasty/Kyphoplasty	40000	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1915	Surgical Oncology, Pediatric Surgery, Surgical Gastroenterology	Hepatoblastoma Excision	Hepatoblastoma Excision	59100	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance

Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/Treat)
1916	Surgical Oncology, Plastic & Reconstructive Surgery	Plastic & Reconstructive Surgery flap division	Head & Neck Flap Cutting any type	3000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
1917	Surgical Oncology, Pulmonology	Symptom Management of Cough in advanced cancer patients- endoscopic/Surgical/Radiological/Radiotherapy interventions	Malignant Cough- Invasive interventions	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1918	Surgical Oncology, Surgical Gastroenterology	Trans thoracic esophagectomy- 2F / 3F	Open-Trans thoracic esophagectomy- 2F / 3F	60000	Linear cartidges- 5000 (upto max-5)	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1919	Surgical Oncology, Surgical Gastroenterology	Trans thoracic esophagectomy- 2F / 3F	MIS	60000	Linear cartidges- 5000 (upto max-5)	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1920	Surgical Oncology, Surgical Gastroenterology	Radical Small Bowel Resection	Open-Radical Small Bowel Resection	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1921	Surgical Oncology, Urology	Radical cystectomy	Radical cystectomy Without Real Conduit - BPLN	100000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	NO	Insurance
1922	Surgical Oncology, Urology	Palliative Care Approach to managing Hematuria in advanced cancer patients- Endoscopic/Surgical/Radiological/Radiotherapy interventions	Hematuria Palliative Interventions	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1923	Surgical Oncology, Urology	Distal uretrectomy- with reimplantation	Distal uretrectomy with reimplantation	30400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1924	Surgical Oncology, Urology	Radical cystectomy	Radical cystectomy With continent diversion - Open	100025	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1925	Surgical Oncology, Urology	Radical cystectomy	Radical cystectomy With Real Conduit - Open	80000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1926	Surgical Oncology, Urology	Radical cystectomy	Radical cystectomy- With Real Conduit - Lap	110400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1927	Surgical Oncology, Urology	Radical cystectomy	Radical cystectomy- With real bladder - Open	120000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1928	Surgical Oncology, Urology	Radical cystectomy	With real bladder - Lap	113000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance

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Sr. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special condition	Rules	Day Care	Reserved Procedure (Insurance/Trust)
1929	Surgical Oncology, Urology	Radical cystectomy	Radical cystectomy - With ureterocystostomy - Open	80000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1930	Surgical Oncology, Urology	Radical cystectomy	With ureterocystostomy - Lap.	75000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1931	Surgical Oncology, Urology	Radical cystectomy	Radical cystectomy - With ureterostomy - Open	77290	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1932	Surgical Oncology, Urology	Radical cystectomy	Radical cystectomy - With ureterostomy - Lap.	77290	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1933	Surgical Oncology, Urology	Radical Urethrectomy	Radical Urethrectomy	30400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1934	Surgical Oncology, Urology	Penile preserving surgery (WLE, Glansectomy, Laser)	Penile preserving surgery (WLE, Glansectomy, Laser)	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
1935	Surgical Oncology, Urology	TURBT - Restage	TURBT - Restage	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
1936	Surgical Oncology, Urology	Stress incontinence surgery	Stress incontinence surgery - Open	23000	TVT /TOT/Sling - 15000 Mx. 1	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1937	Surgical Oncology, Urology	Penectomy	Partial Penectomy	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
1938	Surgical Oncology, Urology	Penectomy	Total Penectomy + Perineal Urethrostomy	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
1939	Surgical Oncology, Urology	Bilateral Orchiectomy for hormone ablation	Bilateral Orchiectomy for hormone ablation	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
1940	Surgical Oncology, Urology	Bio-Inguinal lymphadenectomy	Bio-Inguinal lymphadenectomy	23500	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
1941	Surgical Oncology, Urology	Pelvic lymphadenectomy, after prior cancer surgery	Pelvic lymphadenectomy, after prior cancer surgery - Open	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
1942	Surgical Oncology, Urology	Pelvic lymphadenectomy, after prior cancer surgery	Laparoscopic	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1943	Surgical Oncology, Urology	TURBT (Transurethral Resection of the Bladder Tumor)	TURBT (Transurethral Resection of the Bladder Tumor)	27300	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance

Se.N o.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1944	Surgical Oncology,Surgical Gastroenterology	Gastric pull-up / Jejunal Graft	Gastric pull-up / Jejunal Graft	60000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1945	Surgical Oncology,Surgical Gastroenterology	Intersphincteric resection	Open- Intersphincteric resection	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1946	Surgical Oncology,Surgical Gastroenterology	Intersphincteric resection	Intersphincteric resection- Lap.	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1947	Surgical Oncology,Surgical Gastroenterology	Abdominoperineal resection	Intersphincteric resection- Open	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1948	Surgical Oncology,Surgical Gastroenterology	Abdominoperineal resection	Abdominoperineal resection -Lap.	60000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1949	Surgical Oncology,Surgical Gastroenterology	Segmentectomy - hepatobiliary system	Segmentectomy - hepatobiliary system	58000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1950	Surgical Oncology,Surgical Gastroenterology	Radical / Revision Cholecystectomy	Radical	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1951	Surgical Oncology,Surgical Gastroenterology	Radical / Revision Cholecystectomy	Revision	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1952	Surgical Oncology,Surgical Gastroenterology	Enucleation of pancreatic neoplasm	Enucleation of pancreatic neoplasm	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1953	Surgical Oncology,Surgical Gastroenterology	Pelvic Exenteration	Pelvic Exenteration Anterior - Open	70000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1954	Surgical Oncology,Surgical Gastroenterology	Pelvic Exenteration	Pelvic Exenteration Anterior - Lap.	80000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1955	Surgical Oncology,Surgical Gastroenterology	Pelvic Exenteration	Pelvic Exenteration Total - Open	70000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
1956	Transplant Surgery	Heart / Lung Transplant	Lung / Heart-Lung Combo)Transplant Surgery per Operative evaluation	100000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1957	Transplant Surgery	Heart / Lung Transplant	Lung / Heart-Lung Combo)Lung / Heart- Lung Combo)Transplant Surgery	800000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1958	Transplant Surgery	Heart / Lung Transplant	Lung / Heart- Lung Combo)Donor for Multiorgan	50000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	NO	trust mode



Str. N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Case	Reserved Procedure (Insurance/ Trust)
1959	Transplant Surgery	Lung / Heart- Lung Combo(Short term, ECMO Bridge to transplant	Lung / Heart- Lung Combo(Short term, ECMO Bridge to transplant	300000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1960	Transplant Surgery	VA / VV ECMO Initiation	VA / VV ECMO Initiation	250000	No Implant	NA	No	Tertiary	Regular PKG/add on	No special condition	No	NO	trust mode
1961	Transplant Surgery	Heart Transplant Packages -ECMO Period - per day	Heart Transplant Packages - ECMO Period - per day	100000	No Implant	NA	No	Tertiary	Regular PKG/add on	No special condition	No	NO	trust mode
1962	Transplant Surgery	Bone Marrow Transplant	Bone Marrow Transplant Packages) - Allogeneic Bone marrow transplant (MSD/Haplo) - Pre- evaluation/Work up	100000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1963	Transplant Surgery	Bone Marrow Transplant	Bone Marrow Transplant Packages) - Allogeneic Bone marrow transplant (MSD) - Allogeneic Bone marrow transplant (MSD)	900000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1964	Transplant Surgery	Bone Marrow Transplant	Bone Marrow Transplant Packages) - Allogeneic Bone marrow transplant (Haplo) Allogeneic Bone marrow transplant (Haplo)	1100000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1965	Transplant Surgery	Bone Marrow Transplant	Bone Marrow Transplant Packages) - Allogeneic Bone marrow transplant chronic (GVHD)	250000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1966	Transplant Surgery	Bone Marrow Transplant	Bone Marrow Transplant Packages) - Allogeneic Bone marrow transplant - Immunization/Vaccination	50000	No Implant	NA	No	Tertiary	Add-On Procedure	No special condition	No	NO	trust mode
1967	Transplant Surgery	Bone Marrow Transplant	Bone Marrow Transplant Packages) - Post Autologous / Allogeneic (Haplo/MSD) Transplant Follow up (6-12 months) -	50000	No Implant	NA	No	Tertiary	Follow-up Procedure	No special condition	No	NO	trust mode
1968	Transplant Surgery	Liver Transplant	(Liver Transplant Packages) -Transplant surgery - Investigation of donor - Pre- evaluation/Work up	50000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	NO	trust mode

Sr.No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1969	Transplant Surgery	Liver Transplant	(Liver Transplant Packages) - Transplant surgery - Investigation of Recipient - Pre-evaluation/Work up	50000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1970	Transplant Surgery	Liver Transplant	(Liver Transplant Packages) - Transplant surgery, including donor hepatectomy - for cadaveric donor	1000000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1971	Transplant Surgery	Liver Transplant	(Liver Transplant Packages) - Post-Transplant Medication - Month 1-3 months	50000	No Implant	NA	No	Tertiary	Follow-up Procedure	No special condition	No	NO	trust mode
1972	Transplant Surgery	Liver Transplant	(Liver Transplant Packages) - Post-Transplant Medication - Month 3-6 months	50000	No Implant	NA	No	Tertiary	Follow-up Procedure	No special condition	No	NO	trust mode
1973	Transplant Surgery	Liver Transplant	(Liver Transplant Packages) - Post-Transplant Medication - Month 6-12 months	40000	No Implant	NA	No	Tertiary	Follow-up Procedure	No special condition	No	NO	trust mode
1974	Transplant Surgery	Liver Transplant	Interventions for acute rejection/early graft dysfunction	150000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1975	Transplant Surgery	Renal Transplant	Renal Transplant- Transplant surgery, including donor nephrectomy	319500	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1976	Transplant Surgery	Renal Transplant	Renal Transplant - induction /intervention for acute rejection	147000	No Implant	NA	No	Tertiary	Add-On Procedure	No special condition	No	NO	trust mode
1977	Transplant Surgery	Renal Transplant	Renal Transplant - intervention for acute graft rejection	147000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1978	Transplant Surgery	Liver Transplant	(Liver Transplant Packages) - Transplant surgery, including donor hepatectomy - for live donor	1100000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1979	Transplant Surgery	Cochlear Implant Packages 1- Cochlear Implant Upgrade / Replacement	Cochlear Implant mapping and switch on (Cost Reserve) ADD ON	5000	No Implant	NA	yes	Tertiary	Regular PKG	No special condition	No	NO	trust mode



Sr.N o	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1980	Transplant Surgery	(Cochlear Implant Packages) - Cochlear Implant Replacement Surgery	Cochlear Implant Replacement Surgery (Govt Reserve)	30000	No Implant	NA	yes	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1981	Transplant Surgery	(Cochlear Implant Packages) - Cochlear Implant Upgrade / Replacement	Cochlear Implant Internal + External component (Govt Reserve) - ADD ON	409500	No Implant	NA	yes	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1982	Transplant Surgery	(Cochlear Implant Packages) - Cochlear Implant Upgrade / Replacement	Cochlear Implant External component (Govt Reserve)	145000	No Implant	NA	yes	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1983	Transplant Surgery	Cochlear Implant	(Cochlear Implant Packages) - Preoperative evaluation for cochlear implant	50000	No Implant	NA	yes	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1984	Transplant Surgery	Cochlear Implant	Cochlear Implant Packages - Cochlear Implant Surgery	30000	No Implant	NA	yes	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1985	Transplant Surgery	Cochlear Implant	Cochlear Implant Packages - Cochlear Implant - ADD ON	409500	No Implant	NA	yes	Tertiary	Regular PKG/add-on	No special condition	No	NO	trust mode
1986	Transplant Surgery	Cochlear Implant	(Cochlear Implant Packages) - Post-Operative Auditory Verbal(speech) Therapy	70000	No Implant	NA	yes	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1987	Transplant Surgery	Cochlear Implant	Cochlear Implant Packages - Maintenance for cochlear implant	50000	No Implant	NA	yes	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1988	Transplant Surgery	Bone Marrow Transplant	Bone Marrow Transplant Packages - ASCT (Autologous Bone marrow transplant) - Pre-evaluation/Work up	50000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1989	Transplant Surgery	Bone Marrow Transplant	Bone Marrow Transplant Packages - Post Autologous / Allogenic (Haplo/MSD) Transplant follow up (upto 5 months)	50000	No Implant	NA	No	Tertiary	Follow-up Procedure	No special condition	No	NO	trust mode

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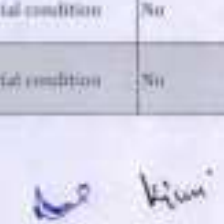
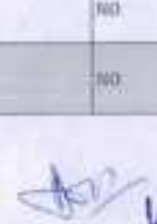
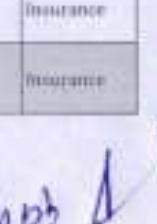
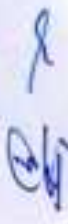
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Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1990	Transplant Surgery	(Lung / Heart- Lung Combo)Lung / Heart- Lung ComboTransplan t Surgery	Lung / Heart- Lung ComboTransplant Surgery- Post-Transplant Medication - up to 3 Month	50000	No Implant	No	No	Tertiary	Follow-up Procedure	No special condition	No	NO	trust mode
1991	Transplant Surgery	(Lung / Heart- Lung Combo)Lung / Heart- Lung ComboTransplan t Surgery	Lung / Heart- Lung ComboTransplant Surgery- Post-Transplant Medication - up to 6 Month	50000	No Implant	No	No	Tertiary	Follow-up Procedure	No special condition	No	NO	trust mode
1992	Transplant Surgery	(Lung / Heart- Lung Combo)Lung / Heart- Lung ComboTransplan t Surgery	Lung / Heart- Lung ComboTransplant Surgery- Post-Transplant Medication - up to 12 Month	50000	No Implant	No	No	Tertiary	Follow-up Procedure	No special condition	No	NO	trust mode
1993	Transplant Surgery	Renal Transplant	Post-Transplant Medication - Month 1-3	50000	No Implant	NA	No	Tertiary	Follow-up Procedure	No special condition	No	NO	trust mode
1994	Transplant Surgery	Renal Transplant	Post-Transplant Medication - Month 3-6	50000	No Implant	NA	No	Tertiary	Follow-up Procedure	No special condition	No	NO	trust mode
1995	Transplant Surgery	Renal Transplant	Post-Transplant Medication - Month 6-12	40000	No Implant	NA	No	Tertiary	Follow-up Procedure	No special condition	No	NO	trust mode
1996	Transplant Surgery	Bone Marrow Transplant (Autologous)	Transplant (includes conditioning)	450000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	NO	trust mode
1997	Urology	Penile Fracture	Penile Fracture - Govt Reserve	20000	No Implant	NA	yes	Secondary	Govt Reserve	No special condition	No	NO	Insurance
1998	Urology	Mitropfund procedure for Urinary diversion	Mitropfund procedure for Urinary diversion - Govt Reserve	40000	No Implant	NA	yes	Tertiary	Govt Reserve	No special condition	No	NO	Insurance
1999	Urology	Nephrolithotomy	Nephrolithotomy- Open	10000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
2000	Urology	Nephrolithotomy	Anastrophic	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
2001	Urology	PCNL (Percutaneous Nephrolithotomy )	PCNL (Percutaneous Nephrolithotomy)	U/L - 30000 B/L - 40000	No Implant	U/L - 30000 B/L - 40000	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
2002	Urology	Torsion of testis	Torsion of testis	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2003	Urology	Perinephric Abscess drainage	Perinephric Abscess drainage -Open	17300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2004	Urology	Perinephric Abscess drainage	Percutaneous	14000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance



Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
2005	Urology	Ureteroscopy + Stone removal with lithotripsy Stand Alone	Lower Ureter	25000	No Implant		No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2006	Urology	Ureteroscopy + Stone removal with lithotripsy Stand Alone	Upper Ureter	25000	No Implant		No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2007	Urology	Extracorporeal shock wave Lithotripsy (ESWL) - stand alone - Govt. Reserved	Extracorporeal shock wave Lithotripsy (ESWL) stone, with or without stent (one side) - stand alone	16500	0/ liter-200 Max. 5	NA	yes	Tertiary	stand alone	No special condition	No	NO	Insurance
2008	Urology	Ureterolithotomy	Ureterolithotomy - Open	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2009	Urology	Ureterolithotomy	Ureterolithotomy - Lap.	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2010	Urology	Internal Ureterotomy including cystoscopy as an independent procedure - Stand Alone	Internal Ureterotomy including cystoscopy as an independent procedure	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2011	Urology	Ureterolysis for retroperitoneal fibrosis (with or without ureteral wrapping)	Ureterolysis for retroperitoneal fibrosis (with or without ureteral wrapping) - Open	20000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
2012	Urology	Ureterolysis for retroperitoneal fibrosis (with or without ureteral wrapping)	Ureterolysis for retroperitoneal fibrosis (with or without ureteral wrapping) - Lap.	20000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
2013	Urology	Boari flap for ureteric stricture	Open - Boari flap for ureteric stricture	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
2014	Urology	Boari flap for ureteric stricture	Boari flap for ureteric stricture - Lap.	30000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
2015	Urology	Boal replacement for ureteric stricture	Boal replacement for ureteric stricture	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance

Sr.N #	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
2016	Urology	DJ Stent Removal Day care	DJ Stent Removal	3000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Can be booked only if there is a history of a procedure involving DJ stent insertion	NO	Insurance
2017	Urology	Ureteroscope incision including cystoscopy, ureteric catheterization, retrograde pyelogram	Ureteroscope incision including cystoscopy, ureteric catheterization, retrograde pyelogram	17300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2018	Urology	Ureteric sampling including cystoscopy, ureteric catheterization, retrograde pyelogram	Ureteric sampling including cystoscopy, ureteric catheterization, retrograde pyelogram	13000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2019	Urology	Endopyelotomy	Retrograde with laser / highway	26000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
2020	Urology	Endopyelotomy	Antegrade with laser / highway	26000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
2021	Urology	Deflux for VUR	Deflux for VUR (only procedure charge)	3400	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2022	Urology	Bladder Neck incision - Endoscopic- stand alone	Bladder Neck incision - Endoscopic	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2023	Urology	Post TURBT - Check Cystoscopy (Per sitting) with a cold-clip biopsy	Post TURBT - Check Cystoscopy (Per sitting) with a cold-clip biopsy	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2024	Urology	Urachal Cyst excision	Urachal Cyst excision - Open	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2025	Urology	Urachal Cyst excision	Urachal Cyst excision - Laparoscopic	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2026	Urology	Urethroplasty	Urethroplasty - Substitution - two stage	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2027	Urology	Urethroplasty	Urethroplasty - Transposi-	34500	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
2028	Urology	Excision of Urethral Caruncle	Excision of Urethral Caruncle	5625	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2029	Urology	Open simple prostatectomy for BPH	Open simple prostatectomy for BPH	27500	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance



Sr No	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
2030	Urology	Radical prostatectomy	Radical prostatectomy- Open (to be checked with surg. Oncs)	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2031	Urology	Radical prostatectomy	Lap.(to be checked with surg. Oncs)	32100	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
2032	Urology	TURP- Transurethral Resection of the Prostate, BPH	Monopolar	27500	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
2033	Urology	TURP- Transurethral Resection of the Prostate, BPH	Bipolar	27500	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
2034	Urology	Transrectal ultrasound guided prostate biopsy (minimum 12 core)	Transrectal ultrasound guided prostate biopsy (minimum 12 core)	10125	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2035	Urology	Surgery for Pyelogram	Aspiration	7000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2036	Urology	Surgery for Pyelogram	Shunt	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2037	Urology	Penile prosthesis insertion - Govt Reserved.	Penile prosthesis insertion	35000	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
2038	Urology	Surgical Correction of Varicocele	Non Microsurgical	U/L - 10125 B/L - 15125	No Implant	U/L - 10125 B/L - 15125	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2039	Urology	Surgical Correction of Varicocele	Microsurgical	15000	No Implant		No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2040	Urology	Retrograde Intraurethral Surgery with Laser Lithotripsy	Retrograde Intraurethral Surgery with Laser Lithotripsy	30375	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
2041	Urology	Repair for VVF	Repair for VVF - Laparoscopic/open	37500	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
2042	Urology	Botulinum toxin injection for Neurogenic bladder	Botulinum toxin injection for Neurogenic bladder	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance

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Sl. No.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
2043	Urology, Cardio- thoracic & Vascular surgery, pediatric Cardio-thoracic & Vascular surgery, Nephrology, Pediatric Nephrology, Urology	Permanent tunnelled catheter placement as substitute for AV fistula in long term dialysis	Permanent tunnelled catheter placement as substitute for AV fistula in long term dialysis	15000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	NO	Insurance
2044	Urology, Obstetrics & Gynecology, Pediatric Surgery	Urethrovaginal fistula repair	Urethrovaginal fistula repair	30400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
2045	Urology, Pediatric Surgery	Exstrophy Bladder repair including osteotomy if needed + epispadias repair + ureteric reimplant - Govt Reserve	Exstrophy Bladder repair including osteotomy if needed + epispadias repair + ureteric reimplant	78200	No Implant	NA	yes	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
2046	Urology, Pediatric Surgery	Urethroplasty	Urethroplasty - End to end	20000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
2047	Urology, Pediatric Surgery	Undescended Testis - Govt reserved	Bilateral Non - Palpable	15000	No Implant	NA	yes	Secondary	Regular Procedure	No special condition	No	NO	Insurance

- Packages are in accordance to the suggestions of experts.

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