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)

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(Kesar Lai Meena) IAS Additional CEO, RSHAA

Rejasthan, Jaipur व एरवोरेंस एकेली

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

Project title	Mukhya Mantri Ayushman Arogya (MAA) Yojana		
Objectives of the project	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).		
Name of Bid Chief Executive Officer, Rajasthan State Health Assurance (RSHAA)			
Name and Contact of Bid Inviting Authority	Chief Executive Officer, RSHAA Address: Old R.T.D.C. Head Office, (Hotel Swagatam campus), near Railway Station, Jaipur		
Bid Procedure	Tel No.: 0141-2200611 Email: ceo-rshaa@gov.in Single Stage: Two part open competitive e-Bid procedure through http://eproc.rajasthan.gov.in		
Bid Evaluation Criteria (Selection Method)	Least Cost Based Selection (LCBS) i.e. lowest-1 (L-1) method.		
Websites for downloading the bidding document, corrigendums, addendums etc.	Websites: http://sppp.rajasthan.gov.in, http://eproc.rajasthan.gov.in, https://maayojana.rajasthan.gov.in		
Bid Document Fee	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 .		
RISL Processing Fee	 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. 		
Estimated Cost of Project	Rupees 4400.00 (Four Thousand Four Hundred) Crores, for 2 years.		
Bid Security and mode of payment			
Period of sale of bidding documents (Start/End Date)	 From: 13-11-2024 at 5:00 pm To:12-12-2024 at 5:30 pm 		
Sabmission required	Financial bid : BOQ (Excel format) at eproc portal as per clause 7.8 of the tender document		

Contact details for all queries	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: edp.rshaa@rajasthan.gov.in_jceo-rshaa@gov.in		
Language of bid	English		
Currency of bid	Indian National Rupees (INR)		
Eligibility to bid	 a. The Bidder should be a registered private or public owned insurance company incorporated under The Companies Act, 1956 and/or 2013, in India. 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. 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. 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. e. The Bidder should strictly comply section 7 and 11 of RTPP act. 2012. f. The Bidder should unconditionally accept the terms and conditions of this Tender Document. g. Bidder should have a registered number of GST and Income tax/PAN number. 		
Manner, Start/End Date for the submission of bids	 e-bid From: 13-11-2024 at 5.00 pm To:12-12-2024 at 5.30 pm 		
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	 From: 13-11-2024 at 5.00 pm To:12-12-2024 at 5.30 pm 		
Insurance Contract Period	act 2 years 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.		

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

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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:

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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. FOY(11) RSHAA/ Poliny | REP2025-27

Dute: 13/11/2024

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 (<u>http://eproc.rajasthan.gov.in</u>, <u>http://sppp.raj.nic.in</u>) of the state; and *https://mauyojana.rajasthan.gov.in* Departmental website. The estimated value of the procurement is Rs. 4400 crores for two years.

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Chief Executive Officer, Rajasthan State Health Assurance Agency Jaipur, Rajasthan (NIB for Publication on State Public Procurement Portal)

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 [2]1] 2.024

 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/Ins urance 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
8	Rs.4400 Crore	Rs.22 Crore	Two Year (extendable for 1 year)	180 Duys	Rs.2500	Rs.59,000 (including 18% GST)	Up to 5.30 PM on dated 12-12-2024

- 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://sppp.rajasthan.gov.in or e-procurement
- 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

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applicable) must be submitted electronically to the CEO, RSHAA on the e-procurement portal http://eproc.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 (IRDA1) 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.
- The procedure for submission of bids including payment of price of Bidding Document, eprocurement processing fee, Bid Security, etc. has also been specified on the e-Procurement Portal and in the Bidding Document.
- 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.
- The CEO, RSHAA, Jaipur is not bound to accept the successful Bid and may reject any or all Bids without assigning any reason thereof.
- 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, <u>http://eproc.rajasthan.gov.in</u> 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.
- 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 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 Mukhaya 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. 1.1

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.

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.

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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. 1st April to 31st 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. 188

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

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

1. INTRODUCTION AND BACKGROUND

- 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.
 - 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;

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- 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;
 - c) 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.

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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 1st 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.

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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.		

2.3 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.

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 <u>Qualification Criteria</u>:
 - 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 1

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

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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 IRDA1 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 /
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

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SN (Criteria	Document Required
	 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; 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 debarmentproceedings; c) Not have a conflict of interest in the procurement in question as specified in the bidding document. d) Comply with the code of integrity as specified in the bidding document. 	

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:
 - 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).

c. 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 -

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(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;

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- (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 of 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



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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 Oueries

- 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://maavojana.rajasthan.gov.in http://sppp.rajasthan.gov.in.http://eproc.rajasthan.gov.in. https://maiayojana.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://sproc.rajasthan.gov.in, https://maavojana.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 <u>http://sppp.rajasthan.gov.in</u>, <u>http://eproc.rajasthan.gov.in</u>, <u>https://maayojana.rajasthan.gov.in</u>)
- 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.

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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, 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 <u>(JCEO-RSHAA@GOV.IN)</u> with copy marked to (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.

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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
- (c) 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.

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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.

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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:
 - a. for providing Benefit Risk Cover Benefit per eligible MAA-Yojana Beneficiary Family Unit per annum on family floater basis in the State of Rajasthan;
 - b. 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;
 - c. 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

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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-L.
 - 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.

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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 (<u>http://eproc.rajasthan.gov.in</u>). 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.

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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 <u>http://eproc.rajasthan.gov.in</u> 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 <u>http://eproc.rajasthan.gov.in</u> 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 <u>http://eproc.rajasthan.gov.in</u> 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

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- 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:

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a. The Bid is complete in all respects and in the prescribed formats.

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- 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.
- 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.

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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:

- 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

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 Chause 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 Clause11.2.4 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.

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12. Rights of the State Health Agency

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

- 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;
- 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) Filling 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
 - 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	
1 Particulars of appellant:	
(i) Name and father's name of the appell	lant
(ii) Official address (iii) Residential address	1
2. Name and address of the respondent(s)
(ii)	
/ authority who passed the order, or a	ed against and name and designation of the officer a statement of a decision, action or omission of the procuring ons of the Act by which the appellant is aggrieved
4. If the Appellant proposes to be repre-	sented by
a representative the name and postal ado	lress
of the representative.	***************************************
5. Number of affidavits and documents of 6. Grounds of appeal:-	
(Supported byaffidavi	t)
7. Prayer	
Place	
)

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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.

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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.

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- 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.
- 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;
 - when the bidder fails to commence the supply of the goods or service or execute workas per supply/ work order within the time specified;
 - 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 RTPP Act /Rule and in this bidding document.
- 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

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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.
 - 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;

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- 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.
- 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 form 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.

(c) 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 Daft, 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.
- 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.

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- 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 of 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 RTPP Act, then following actions can be taken:-
- (a) As per Section 42 of RTPP 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 RTPP 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.
- 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.
- 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.
- 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.

We undertake that:

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- 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.
 - 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.
- 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.
- 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:
- 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

- 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]

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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:

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- h. Name and contact details of Branch Head in the State of Rajasthan:
- 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)

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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 (name and	address of the registered office) having CIN
appoint and authorize Mr./Ms.	or / CIN of the Insurance Company/do hereby constitute, (name and residential address)
in connection with or incidental to a	I holding the position of on our behalf, all such acts, deeds and things necessary submission of a bid pursuant to Tender Document ument No. and date of issue) issued by Government of
Mantri Ayushman Arogya (MAA)	in State Health Assurance Agency, for the Mukhya Yojana, including signing and submission of all esponses to Rajasthan State Health Assurance Agency d.

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	and the second second	
(Name, Designatio	n and Address)	

Accepted

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

Date:

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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)

In the capacity of ____[position]
Duly authorized to sign this Bid for and on behalf of ____[name of Bidder]

Qual-4-a

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

Declaration by the Bidder

 We possess the necessary professional, technical, financial and managerial resources and competence required by the Bidding Document issued by the CEO, RSHAA, Jaipur;

 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;

 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;

 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: Place: Signature of Bidder 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, RSIL4A, Jaipur

(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.

(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 (bereinafter "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 b	schalf of:
Dated on day of	
Corporate Seal	

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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

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,

- failed or refused to execute the Contract Agreement within the time specified in the Bid Document, or
- 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 RTPP Act, RTPP 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]

Pin:

Dated on day of _____ [insert date of signing]

Bank Name and complete branch address:

Bank's Scal

[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).



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

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(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)

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:

6.4

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.

5.1

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.

- 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.
- 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.

- 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.
- 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.

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)
	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 Q		OQ (Excel Fo rtal.	ormat) at eproc

8. We are quoting the following Premium:

[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

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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.

- 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.
- 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)

In the capacity of ____[position]
Duly authorized to sign this Bid for and on behalf of ___[name of Bidder]

5

at the

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.

1/ 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.

1, [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 9
 - iii. Profit %

Dated this ____ day of _____, 2024

At [insert place]

[Signature]

In the capacity of _____ [position]

Cu

Appendix-III Format of Bank guarantee for Performance Security

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(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 the Bank) having its Head/ Registered office at of 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,

Λ. By the being entered into between Procuring Agreement Entity , a company/ firm incorporated under the provisions of the and 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 'Mukhaya 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:

 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 isurance Company for the impl

Section 2

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

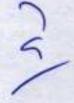


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Abbreviations

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

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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 knowhow 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-Yojanain 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:
 - 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:

à

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.
- 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.
- 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

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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.
- 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.
- 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.
- 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.

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- 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.
- 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.

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- 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.
- ce. 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 pos, 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 coordination 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.

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- 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.

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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,

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performed in a hospital or day care centre by a medical practitioner as per HBPs 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

- 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.
- Any reference to a statutory provision shall include such provision as modified or reenacted 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.



- 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.
- 1. 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.
- 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, <u>notwithstanding</u> 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

- 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.

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- 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'.
- 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.
 - 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 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.

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- (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.

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- (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:
 - 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.
 - Jan Aadhar/Aadhar linked mobile number or any other mode as decided by RSHAA.
 - By entering of the ABHA ID no. of beneficiary linked with unique family identity card.

2.Beneficiary Identification:

- 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

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

 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.
- 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-

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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 if 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
 - 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, not withstanding 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

- 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

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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.

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- 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:
 - Administrative cost allowed 10% of total premium paid, if claim ratio less than 60%.
 - Administrative cost allowed 12% of total premium paid, if claim ratio between 60-70%.
 - 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.
- 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 corelated 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

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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:

 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

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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 preauthorisation 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 preauthorisation 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 preauthorisation letter/communication.
- c. 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.
- 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. de

- 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.
- 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.
- 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 speciality.
- 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.
- 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.
- c. Detailed guidelines of portability will be issued separately by RSHAA.

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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

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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 speciality.
- 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.

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- 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

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- 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.
- 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

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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.
- CEO, RSHAA shall have the right to constitute as many Claim Review Committee/s as required for review and disposal of claim rejection appeals.
- The decisions of the DGRC and CRC shall be a speaking order stating the reasons for the decision.

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m. Decision of CRC shall be final and binding upon both the parties.

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- 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:
 - 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.
- 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.

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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:
 - any provision of any agreement or other instrument to which the Insurer is a party or by which it is bound;

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- (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.

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- 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.
- 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.

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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

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

- 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
- Ensuring availability of Policy number for the Policy for State that is issued by the Insurer.
- c. 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.
- 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:

- 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.

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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
- 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.
- 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
- Ensure fulfilment of minimum threshold levels as per the agreed Key Performance Indicators (KPIs) laid down in Schedule 12.
- 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).
 - Audit of the audits undertaken by the Insurer: The RSHAA can undertake sampled audits of all audits undertaken by the Insurer.
 - b. <u>Direct audits</u>: 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) <u>Claims audit</u>: 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.

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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) <u>Concurrent Audits</u>: 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

- 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.
- Penalty Notice shall be shared with Insurers time to time and calculation of penalties shall be as detailed in Schedule 12.

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- 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.
- 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
- 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.
- 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.
- 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

 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 IRDAL.

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- 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.
- c. 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:

- 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).

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- 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:

- an Insurer Event of Default, shall be the date of issuance of the Final Termination Notice;
- 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:

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

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:
 - 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

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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
- 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
- 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

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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.

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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 addressees 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).

fo: Insurer	
Attn: Mr. / Ms.	
i-Mail:	-
Phone:	
ax:	
fo: Rajasthan State Health Assurance Agency Attn: Mr. / Ms.	
-Mail:	
hone:	
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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,

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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 nonprivileged 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
 - 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	

Represented by

For and on behalf of Insurance

Represented by

In the presence of:

(1)

In the presence of:

(1)

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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 "Mukhaya 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 /Gol 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 Beneficiery 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.

Schedule 2: Exclusions to the Policy

Mukhaya 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: 52

- 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.

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Schedule 3: (a) Health Benefit Packages

- 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).
- 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.



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Schedule 3 (b)

Differential Pricing Guidelines:

 Mukhaya 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	NQAS certified hospitals Running PG / DNB course in the empanelled specialty	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.

- 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.
- 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.

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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:

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

2) Beneficiary Identification:

- 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 duely 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.
- M 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:

- 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
- Senior most accounts person of Rajasthan State Health Assurance Agency Member;
- 4. Nodal Officer (HEM), RSHAA Member

 One State government official nominated by the RSHAA (if required) – MemberRepresentative nominated by Insurance Company <u>–Special Invitee</u>

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)

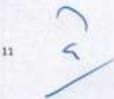
A. Empanelment requirements

- 1. RSHAA shall empanel hospitals only in the state of Rajasthan.
- RSHAA can empanel hospitals across India for Transplant Surgeries and other specified surgeries till the Inter State Portability is functional under MAA-Yojana.
- 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.
- 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.
- 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 Phase1 and phase 11) 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 deempanelment 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.
- 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

- Hospital shall apply for empanelment under the scheme through its SSO ID (Single Sign on).
- 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.
- 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.
- The District Empanelment Committee will get the hospital inspected physically and verify the hospital details submitted by hospital on online portal.
- 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.
- 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.
- 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

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

- If hospital feels aggrieved with the decision of SEC, it may file appeal to SGRC within 15 days of the decision of SEC.
- 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

- 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.
- 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.
- 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).

- 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.
- 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).
 - 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.
 - If the hospital does not apply for the other specialties in the stipulated time, it shall be disqualified from the empanelment process.
- 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

- 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.
- 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.
- 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.

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- 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.
- 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.

- If a private hospital does not create any TID for a period of 90 daysit would be considered as withdrawal from the MAA-Yojana. RSHAA may decide regarding continuation of the services of hospital, on providing justified grounds.
- 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.
- RSHAA reserves the rights to restrict the number of private hospitals to get empanelled under the scheme.

1.5 Signing of Contract

- Tripartite agreement shall be executed between the Insurance Company, RSHAA and the hospital.
- 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.
- 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/deempanelment of EHCPs issued by RSHAA available at https://maayojana.rajasthan.gov.in. These guidelines can be amended by RSHAA from time to time.

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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:

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

For 11 Aspirationa/backward_districts (Baran,Banswara,Bundi,Chittorgarh,Dholpur,Dungarpur,Jaisalmer,

Karuali, Paratapgarh, 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 (Rajsamand), Kotri (Shahpura), Abu Road (Sirohi), Peeplu (Tonk), Kherwara (Udaipur). Single Specialty Dental, Eye and ENT hospitals located in 11 5 beds

aspirational/backward districts or 27 aspirational blocks* 30 inpatient 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.

- 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.
- 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).
- Medical Practioners/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.

S.N O	Degree of Doctor	Allowed in EHCP's	
1	MCH/DNB Plastic & reconstructive Surgery	Upto three hospitals which may fall in more than 1 district in a of on call/visiting doctor. Only 1 hospital in case of full time enrolment.	
2	DM/DNB Cardiology	Upto three hospitals which may fall in more than 1 district 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 fall in more than 1 district 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 fall in 1 district in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.	
3	DM/DNB Endocrinology	Upto three hospitals which may fall in more than 1 district 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 fall in more than 1 district in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.	

Details are	mentioned in	below give	n table-

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 fall in more than 1 districts 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 fall in more than 1 district 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 district 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 Full Time only (For Neonatal packages only)	
13	DM/DNB Nephrology	Upto three hospitals which may fall in more than 1 district 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 fall in more than 1 district 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 fall in more than 1 district 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 district 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 district 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 district 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 district in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.	
20	MD/DNB/DCH Paediatrics (0nly for pediatrics package not for neonatology)	Upto three hospitals which may fall in 1 district 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 fall in more than 1 district in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.	
22	MD/DNB PMR (Physical Medicine and Rebabilitation)	Upto three hospitals which may fall in 1 district 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 1 district 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 fall in more than I district in case of on call/visiting doctor. Only I hospital in case of full time enrolment.			
25	MCH/DNB Surgical Oncology	Upto three hospitals which may fall in more than 1 district 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 fall in more than 1 district in case of on call/visiting doctor. Only 1 hospital in case of full time enrolment.			
27	MD/DNB/ DA Anaesthesia	Upto 05 hospitals which may fall in within same district 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 fall in more than 1 district 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 fall in more than I district in case of on call/visiting doctor. Only I hospital in case of full time enrolment.			

- 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.
- 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.
- 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.

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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 Packges	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.	12 12 12 12	
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

 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:

- 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.
- 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 dayto-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.
- 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
- Uninterrupted (24 hour) supply of electricity and generator facility with required capacity suitable to the bed strength of the hospital.
- Waste management support services (General and Bio Medical) in compliance with the bio-medical waste management act and certificate from State Pollution Control Board.
- Appropriate fire-safety measures including Fire Clearance certificate from competent authority
- Provide space for a separate kiosk for MAA-Yojana beneficiary management (MAA-Yojana non-medical coordinator) at the hospital reception.
- 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)

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- 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.

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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:

- These empanelled hospitals may provide specialized services such as Cardiology, Cardiothoracic surgery, Neurosurgery, Nephrology, Reconstructive surgery, Oncology, Paediatric Surgery, Neonatal intensive care etc.
- A hospital could be empanelled for one or more specialities subject to it qualifying to the concerned speciality criteria for respective packages
- Such hospitals should be fully equipped with ICU/ICCU/SICU/NICU/PICU/ relevant Intensive Care Unit in addition to and in support of the OT facilities that they have.
- Such facilities should be of adequate capacity and numbers so that they can handle all the patients operated in emergencies.
 - 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
 - CTVS theatre facility (Open Heart Tray, Gas pipelines Long 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.
 - Availability of support speciality of full time General Physician & full time Paediatrician (if doing paediatric surgery)
 - Fully equipped Catheterization Laboratory Unit with qualified and trained Paramedics.
 - 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

 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.

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- 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.
- 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

- 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
- Facilitation for round the clock MRI, CT and other support bio-chemical investigations.
- Hospital should facilitate round the clock preferably Neurosurgeon/on call, Anesthetist services.

D. Specific criteria for Burns, Plastic & Reconstructive surgery

- 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.
- Isolation wards having monitor, defibrillator, central oxygen line and all OT equipment.
- 3. Well Equipped Theatre

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- 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.
- 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.

- The hospital should have well developed and equipped neonatal nursey/Neonatal ICU (NICU) appropriate for the packages for which empanelled, as per norms
- 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
- 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
- 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.
- 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.
- Shall have the full-time service availability of Orthopaedic Surgeon, General Surgeon, and anaesthetist services.
- 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.

- 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.
- Shall be able to provide necessary diagnostic support round the clock including specialized investigations such as CT, MRI, emergency biochemical investigations.

H. 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
- 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 Mukhaya Mantri Ayushman Arogya Yojana, List of the same is available at the website https://maayojana.miasthan.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.
- 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 sha'll 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:
 - Administrative cost allowed 10% of total premium paid, if claim ratio less than 60%.
 - Administrative cost allowed 12% of total premium paid, if claim ratio between 60-70%;
 - 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.
- 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.

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.

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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	1111	
Name of the Auditor	Contact No. (Auditor)		

the Auditor	Contact No. (Auditor)	

Audit	O	bserva	tions
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No.	Criteria	Yes	No	Comments	
	Does each medical record file contain:				
4	Is discharge summary included?				
ŝ.	Are significant findings recorded?				
1	Are details of procedures performed recorded?				1
4	Is treatment given mentioned?				
1	Is patient's condition on discharge mentioned?				Ī
	Is final diagnosis recorded with main and other conditions?				
	Are instructions for follow up provided?				
	Patient history and evidence of physical examination is evident.				
	Is the chief complaint recorded?				
	Are details of present illness mentioned?				
	Are relevant medical history of family members present?				Ī
	Body system review?				
	Is a report on physical examination available?				
	Are details of provisional diagnosis mentioned?				
	Is an operation report available? (only if surgical procedure done)				
	Does the report include pre-operative diagnosis?				
	Does the report include post-operative diagnosis?				[
	Are the findings of the diagnosis specified?				
	Is the surgeon's signature available on records?				
	Is the date of procedure mentioned?				
	Progress notes from admission to discharge	1.1			
	Are progress reports recorded daily?				
	Are progress reports signed and dated?				
	Are progress reports reflective of patient's admission status?		-		
,	Are reports of patient's progress filed chronologically?				
	Is a final discharge note available?				
	Are pathology, laboratory, radiology reports available (if ordered)?				
	Do all entries in medical records contain signatures?				
	Are all entries dated?				
	Are times of treatment noted?	1			
	Are signed consents for treatment available?				
	Is patient identification recorded on all pages?	1			
	Are all nursing notes signed and dated?				

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 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

Criteria	Yes	No	Comments
Was there power cut during the audit?			and the second second
If yes, what was the time taken for the power back to resume electric supply?			
Was a MAA-Yojana kiosk present in the reception area with proper IEC material?			
Was any MAA-Yojana trained staff present at the kiosk?			
Did you see the MAA_Yojana Empanelled Hospital Board with scope of services displayed near the klosk in the reception and other prominent areas?			
Was the kiosk prominently visible?	-		
Was the kiosk operational in local language?			
Were MAA-Yojana brochures available at the kiosk?	-		
Were the toilets in the OPD and IPD areas clean?			
Was drinking water available in the OPD and IPD areas for patients?			
Were sanctioned beds/functional beds available as per the claimed beds by hospital during empanelment?			
Was qualified manpower (full time/part time) as per the scope of services?			-
Was the basic physical infrastructure of hospital clean and intact?			
Were diagnostic facilities (inhouse/outsourced*) as per the scope of services?			
Was functional ambulance (inhouse/outsourced*) available during visit?			
	Was there power cut during the audit? If yes, what was the time taken for the power back to resume electric supply? Was a MAA-Yojana kiosk present in the reception area with proper IEC material? Was any MAA-Yojana trained staff present at the kiosk? Did you see the MAA_Yojana Empanelled Hospital Board with scope of services displayed near the kiosk in the reception and other prominent areas? Was the kiosk prominently visible? Was the kiosk operational in local language? Were MAA-Yojana brochures available at the kiosk? Were the toilets in the OPD and IPD areas clean? Was drinking water available in the OPD and IPD areas for patients? Were sanctioned beds/functional beds available as per the claimed beds by hospital during empanelment? Was the basic physical infrastructure of hospital clean and intact? Were diagnostic facilities (inhouse/outsourced*) as per the scope of services? Was functional ambulance (inhouse/outsourced*) available	Was there power cut during the audit? If yes, what was the time taken for the power back to resume electric supply? Was a MAA-Yojana kiosk present in the reception area with proper IEC material? Was any MAA-Yojana trained staff present at the kiosk? Did you see the MAA_Yojana Empanelled Hospital Board with scope of services displayed near the kiosk in the reception and other prominent areas? Was the kiosk prominently visible? Was the kiosk operational in local language? Were MAA-Yojana brochures available at the kiosk? Were the toilets in the OPD and IPD areas clean? Was drinking water available in the OPD and IPD areas for patients? Was qualified manpower (full time/part time) as per the scope of services? Was the basic physical infrastructure of hospital clean and intact? Was functional ambulance (inhouse/outsourced*) as per the scope of services? Was functional ambulance (inhouse/outsourced*) available	Was there power cut during the audit? If yes, what was the time taken for the power back to resume electric supply? Was a MAA-Yojana kiosk present in the reception area with proper IEC material? Was any MAA-Yojana trained staff present at the kiosk? Did you see the MAA_Yojana Empanelled Hospital Board with scope of services displayed near the kiosk in the reception and other prominent areas? Was the kiosk prominently visible? Was the kiosk operational in local language? Were MAA-Yojana brochures available at the kiosk? Were the toilets in the OPD and IPD areas clean? Was drinking water available in the OPD and IPD areas for patients? Were sanctioned beds/functional beds available as per the claimed beds by hospital during empanelment? Was the basic physical infrastructure of hospital clean and intact? Was the basic physical infrastructure of hospital clean and intact? Was functional ambulance (inhouse/outsourced*) as per the scope of services?

Overall observations of the Auditor:

Significant findings:

Recommendations:

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Signature of the Auditor

The above template is indicative and subject to modification as per the decision of RSHAA.

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Date:

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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-	1.02050		tial Setting up KPIs	Party reason
SN.	KPIs	Timeline	Measure and Explanation	Penalty
L.	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	signing of Insurance	 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 Establishment of the State Project Office Appointment of State Project Head Appointment of other required staff 	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 th 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.	signing of Insurance		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.

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			B. Performance k	:PIs
SN	KPIs	Timeline	Baseline KPI Measure	Penalty
L.	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	 When Compliance below 90% upto 70% then penalty of 1% of the monthly total delayed preauthorization amoun would be imposed. Compliance below 70% of the monthly total delayed preauthorization amount will be one instance of triggering of SPD** (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 Insure shall pay the penalty as per Penalty Notice per quarter, please see Clause 23.5) 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 penalty
		Wrongful pre-authorization approval	90% compliance (to be calculated by desk audit/in random audit of RSHAA)	 In case of wrongful pre-authorization approval, penalty equal to the preauthorization amount would be imposed. If the compliance in the month falls below 70 % of numbe claims, it will be treated as one instance of SPD trigger.
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	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.

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		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)		 raised by flags as suspicioious 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 fraud-liable for further action. Time consumed by EHCP in Claim Query reply will not counted in the TAT calculation. If the compliance in the month falls below 95% of number claims, it will be treated as one instance of SPD trigger 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
			90% Compliance for claims(to be calculated by desk audit/in random audit of RSHAA)	 each claim per day of these 16 claims to EHCPs. It will also be treated as one instance of triggering of SPD g. In case any claim is adjudicated wrongly (either approved or rejected) then penalty of Rs 5000 per claim amount will be imposed. If the compliance in the month falls below 70 % of number claims, it will be treated as one instance of SPD trigger.
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.

*6 hours & 12 hours: As per threshold set in TMS

 ** 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

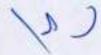
o Occurs 8 (eight) times during any one year of the agreement

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 3rd month of signing of the contract

- 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 o sample size on quarterly basis).*					
I.	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 or 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 or quarterly basis.					
.4.	Death Audits by Independent Agency	100% on quarterly basis	100% compliance	Rs. 50,000 Per missing death audit report or 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.	Beneficiary Audit-On Phone (To be done by Independent Agency)	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.	Beneficiary Audit-Home Visit (by Independent Agency)	1% of total hospitalized beneficiaries in that quarter.	100% compliance	Per 50,000 per missing beneficiary (on phone) audit report on quarterly basis.

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.

- · Sample size shall be equally distributed across all the districts in the state and also ensuring coverage of all suspected entities
- 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.
- · If submitted audit report dues not mention required sample size or details, it will be treated as non-submission of audit report
- · Audit reports shall contain details as required in Anti-Fraud Guidelines
- Insurer shall ensure audits to be conducted as prescribed by Anti-Fraud Guidelines, however penalty is only applicable on above audit reports

*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.

		D. Payment KPE			
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	 15 days from the date of receiving the penalty payment notice 	Penal interest @ 12% per annum to be calculated on daily basis on due penalty amount shall be paid by the Insurer to RSHAA		

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		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-MB85 doctors with 01 year of experience, rejection by experts only.	SPO/Central Office of IC	 Approve/assign/reject pre-auth request Raise query/send for clarification to hosp. Trigger investigation whether that treatment/ investigation inccessary or not?
2	CEX	100-120 claims processing per person per day Technical person with expertise in claims processing.	SPO/Central Office of IC	 Verification on non technical documents reports, dates verification Forward case to CPD for processing with inputs
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	 Verification of technical information eg Diagnosis, clinical treatment, notes evidences, etc. Whether that treatment/ investigation is necessary or not? Approve/assign/reject a claim Raise query/as for clarification Trigger investigation

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Schedule 13: Indicative Fraud Triggers

Claim History Triggers

- 1. Impersonation.
- Mismatch of in house document with submitted documents.
- Second claim in the same year for an acute medical illness/surgical.
- 4. Claims from multiple hospitals with same owner.
- Claims from a hospital located far away from Mukhaya Mantri Ayushman Arogya (MAA) Yojana Beneficiary's residence, pharmacy bills away from hospital/residence.
- Claims for hospitalization at a hospital already identified on a "watch" list or black listed hospital.
- Claims from members with no claim free years, i.e. regular claim history.
- Same Mukhaya Mantri Ayushman Arogya (MAA) Yojana Beneficiary claimed in multiple places at the same time.
- Excessive utilization by a specific member belonging to the Mukhaya Mantri Ayushman Arogya (MAA) Yojana Beneficiary Family Unit.
- Deliberate blocking of higher-priced Package Rates to claim higher amounts.
- Claims with incomplete/ poor medical history: complaints/ presenting symptoms not mentioned, only line of treatment given, supporting documentation vague or insufficient.
- 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

- 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.
- 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.
- Admission beyond capacity of hospital.
- 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.
- Claims for medical management admission for exactly 24 hours to cover OPD treatment, expensive investigations.
- Claims with Length of Stay (LoS) which is in significant variance with the average LoS for a particular ailment.

Diagnosis Specific Triggers

- Diagnosis and treatment contradict each other.
- 27. Diagnostic and treatment in different geographic locations.
- 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.
- Multiple procedures for same Mukhaya Mantri Ayushman Arogya (MAA) Yojana Beneficiary – blocking of multiple packages even though not required.
- 32. One-time procedure reported many times.
- Treatment of diseases, illnesses or accidents for which an Empanelled Health Care Provider is not equipped or empanelled for.
- Substitution of packages, for example, Hernia as Appendicitis, Conservative treatment as Surgical.
- Part of the expenses collected from Mukhaya Mantri Ayushman Arogya (MAA) Yojana Beneficiary for medicines and screening in addition to amounts received by the Insurer.
- ICU/ Medical Treatment blocking done for more than 5 days of stay, other than in the case of Critical Illness.
- Overall medical management exceeds more than 5 days, other than in the case of Critical Illness.
- 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.
- Claims where the cost of treatment is much higher than expected for underlying etiology.
- High value claim from a small hospital/nursing home, particularly in class B or C cities not consistent with ailment and/or provider profile.
- 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.
- Specialty not available in hospital.
- 48. Delayed information of claim details to the Insurer.
- Conversion of OP to IP cases (compare with historical data).
- Not dispensing post-hospitalization medication to Mukhaya Mantri Ayushman Arogya (MAA) Yojana Beneficiaries.

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Schedule 14: Indicators to Measure Effectiveness of Anti-Fraud Measures

- 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.
- 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.
- 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.

[Insurance 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 Rajusthan 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 ₹ [●] (Rupens [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:

= [insert calculation] = [insert result]%

For the purposes of the formula above:

Pr 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

AE-

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).

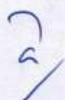
At [insert place] Date: [insert date]

On behalf of [insert name of Appointed Actuary] [Nome] [title]

Name and Counter Signature of Principal Officer of Appointed Actuary, along with Appointed Actuary's name and seal

On behalf of [insert name of Appointed Actuary] [Name] [title]

[Note, This counter signature is anly required if the Appainted 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 gualifications and experience

SN	Designation	Number	Location	Minimum Qualification/design ation and experience	Brief Roles and Responsibilities
1	State Project Manager	1	SPO of IC	 Not below the rank of Regional Manager or equivalent 	 Overall coordinator of ICs operations in the state Single contact point for SHA for any coordination purpose
2	State Medical Manager	1	SPO of IC	 MBBS doctor with experience of working atleast 5 years as head in insurance sector 	 Overall supervision and guidance to be provided to CPDs and PPDs
3	State Operations Coordinator	1	SPO of IC	 Not below the rank of Deputy Regional Manager or equivalent 	coordinate
4	District Coordinator	1 each district	Office of District Nodal Officer	 Not below the rank of Assistant Manager or equivalent 	Role of District Coordinator • To coordinate and ensure smooth implementation of the Scheme in the district. • To follow up with the EHCP to ensure that the IT infrastructure installed is fully functional at all times. • Liaise with the district officials

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SN	Designation	Number	Location	Minimum Qualification/design ation 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.	 Approve/assign/ eject pre-auth request Raise query/send for clarification to hosp. Trigger investigation
6	CEX	100-120 per claims processing per person	SPO of IC/Centrally located	 Technical person with expertise in claims processing. 	 Verification on non technical documents, reports, dates verification Forward case to CPD for processing with inputs
7	CPD	70-100 claims per person per day	SPO of IC/Centrally located	MBBS doctors	 Verification of technical information eg. Diagnosis, clinical treatment, notes evidences, etc. sApprove/assign reject a claim Raise query/as for clarification Trigger investigation
8	Fulltime medical Auditors	1 each district/cluster as per need	1 each district/cluster as per need	M88S doctors	Coordinate and conduct required periodical audit

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SN	Designation	Number	Location	Minimum Qualification/design ation and experience	Brief Roles and Responsibilities	
					 Finalize and submit audit report for the district/cluster to the state headquarter for finalization of state wise periodical audit 	
9	Empaneled medical auditors	As per requirement	NA	 Technical staff having medical experise or of Health insurance 	 Support conducting medical audits 	76
10	Empaneled Hospital Auditors	As per requirement	NA	 Managerial staff having background of Health Insurance or Medical expertise 	 Support conducting hospital audits 	

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,

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 as "the Insurer")

RSHAA and Insurer shall hereinafter be referred individually as Party/ as specified hereinabove and jointly as "Parties".

Whereas:

 RSHAA is constituted with one of the objectives of implementing health insurance scheme in Rajasthan. 104

- 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

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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.

(c) 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, <u>provided</u> 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.

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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.

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 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.

SIGNED for and on behalf of	SIGNED for and on behalf of
RSHAA	Insurer
By	By
Title (authorized signatory)	Title (authorized signatory)
Date	Date

in

Schedule 18: Individual Confidentiality Undertaking

UNDERTAKING

I. [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

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:

- 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.
- 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.
- 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.
- 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.
- 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:



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Name (in block letters):____

Telephone #:

Date:



Schedule 19: Template for Claims Adjudication Audit

Case ID	Hospital Name	Packag e name	Packag e Cost	Date of Admission	Date of Discharg e	Types of findings	Comments
1125-1		13 2.0				114 1246	
		19 500		-		-	-
11.57		111118					
				Print 1			E
							THE REAL PROPERTY OF
	18 18 11	1000		100000000		1,800,811	
					16		
	11111		1				
	0			1000			1
	Sec.	1.					
				1.20			-
1-	1000						10000
	1992			-			
		-		Reference			
-				THEFT	13105	11-11-1	
	JE ICA						
					12.5		1000
	12.23	1	124501				
-							

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Claims adjudication audit reporting format

Name of the IC/ISA/TPA		
Month and year of Audit	the local day	B.S. Suggisted
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	- Marel In		
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.

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List of Health Benefit Packages



Package Summary

1.	Total packages count	2047
	a) Insurance mode	2002
	b) Trust mode	45
2.	Total number of speciality	36
2. 3.	Level of care	
	a) Secondary packages	1137
-	b) Tertiary packages	910
4.	Govt Reserve packages	251
4. 5.	Day care packages	122

S.No.	Specialty
1	Burns Management
2	cardiology
3	Cardio-thoracic & Vascular surgery
-4	clinical Immunology and Rheumatology
5	Emergency Room Packages (Care requiring less than 12 hrs stay)
б	Endocrinology
7	ENT
В	Gastroenterology
9	General Medicine
10	General Surgery
11	Interventional Radiology
12	medical oncology
13	Mental Disorders Packages
14	Neo-natal care Packages
15	Nephrology -
16	Neurology
17	Neurosurgery
18	Obstetrics & Gynaecology

S.No.	Specialty
19	Ophthalmology
20	Oral and Maxillofacial Surgery
21	Orthopaedics
22	Paediatric Medical Management
23	Paediatric surgery
24	Palliative medicine
25	paediatric Cardiothoracic & Vascular surgery
26	paediatric Nephrology
27	Paediatric Oncology
28	Plastic & Reconstructive Surgery
29	PMR
30	Polytrauma
31	Pulmonology
32	Radiation Oncology
33	Surgical oncology
34	Surgical Gastroenterology
35	Transplant Surgery
36	Urology

Dr. Kajesh Jandu ED (M), RSHAA

Jin. Hoti Lai Gupta tanager HEM, RSHAA

With A Hashwant Chauhan

Dr. Amit Sharma Senior Medical Officer RSHAA

appl

Dr. Kirti Vishnoi M.O., RSHAA

Dr. Varun Chandolia Medical Otticer

Or Anurag Sharma S.M.O., RSHAA

Dr. Sanyam Aganval Sanior Medical Officer Dr Amit Kumar SMAO, RSHAA

Meena) (Keso) IAS Additional CEO, RSHAA

10	Speciality	Package Name	Pricedure Name	Hate	Implant rate	Stratification DITAIL	Gowt	Level of Gare	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Inversitee/ Trutt)
L.	Barrai, Managemernt	Thermal Isurre	Criteria L. 96 Total Body Surface Arna Burns (TISA) less than 20% in adults and less than 20% in children younger than 12 years. Drenning without anarythesia	7000	No Implant	ĸa	No	(Seismbary	Brgular Procedury	No special condition	Ne	No	laurme
2	Tursa Management	Thermal burns	Centerta 2: % Tattal Body Surface Area Burns (TBSA) Opto 25%, Includes % TBSA skin grafted. Gap correr, follow up dreasings etc. as deemed seconary, Surgical procedures are required for deep hurns that are not amenable to heal with dreasings alone.	40000	We Implant	NA	Ne	Tettary	Regular Procedure	No special condition	No	Ne	Insurance
*	Burns Management	Thermal Increa	Eritoria 3. % Total Body Surface Area Burne (TRSA) 25-40 % Includes % TBSA shin grafted, Raj cover, follow up deresings As. as deemed necessary. Surgical procedures are required for deep horns the are not amenable to heat with develop shine.	45000	Na Ingéant	NA	Nes	Ternary	Regular Procedury	No special condition	Na	The	houraice
+	Burna Managemant	Thermal burrs	Criteria 4: % Tutal Body Surface Area Barns (TBSA) 40- 60 % Includer % TBSA slar gradied, flap cover, follow up desconary, Surgical procedures are required for deep burns that are not amenable to heal with devisings alone.	89900	Nie fragiant	NA	Ten	Ternary	Begidar Procedure	No special condition	160	Dis	Івшганся

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se.N	Spectatty	Fachage Name	Procedute Name	Rate	Implant rate	Strattication DETAIL	Kort	Level at Care	Procedure	Special Condition	Rulex	Day Care	Renerved Praceduc* (tovorsner)/ Truet)
5	Theres Management	Thermal burns	Ceiterna S: % Total Booly Sorficer Arma Buena (TBEA) 40-80 %, Includes % TBEA skin grafted, flap inter, follow-up dressings rits as deemed necessary, Surgical procedures are respitivel for deep harm that are not anomable to built with dressings alone.	m9006	No impiant	NA .	No	Yertary	Regular Procedum	No special condition	Phir	No	Imperance
6	Roma Management	Scalid barns	Criteria L. % Total Hody Surface Area Barns (TBSA) Insu than 20% in adults and ben than 10% in children younger than 12 years. Dressing without anaesthesia	7000	No implant	NA	No	Secondary	Negular Procestare	No special condition	Stor	740	Inurania
7	Borns Management	Seaid borne	Criticeus 2: % Total Body forface Area Barns (TBIA) Upni 25%, includes % TBIA skin grafted, flop inver, follow op iteratings etc. as decided recensory, Surgical procedures are required for deep form that are out amenable to heal with deciding almos	411000	No Implant	NA.		Ternary	Regidar Procedury	No special condition	Sig	New	Insurance
	Barm Management	Seald burns	General 3: % Total Body Surface Area Barna (TBSA), 25-40 %; Includes % (TBSA) skin grafted, flap cover, fullow-up dressings etc. as downed recentary, Surgical procedures are required for deep burns that are east amorable to beal with dressings alone.	45000	No Implant	5.4	No	Ternary	Regular Procedure	No special condition	*	No	Insurance

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51.3 0 ¹	Specialty	Package Name	Precedere Name	Rate	ingiant rate	Stratification DETAIL	Govt	Level of Care	Procesture Label	Special Condition	Butes	Day Care	Reserved Procedure (Insurance Treat)
*	Barns Mänagsseent	Scalid Inerné	Conterna 4. % Total Body Sorface Area Barus (TBSA) 40-60 % Includent % TBSA skin gradied, flap cover, follow-up doesings etc. as doesned necessary; Surgical procedures are required for deep borns that are not amenable to bed with dreaming aligne	N0000	No Templant	NA	No	Testary	Rogular Procedure	No special condition	No	No.	Insurance
10	Durni Managoesent	Scald Institut	Criteria 5: % Total Body Surface Area Burns (TBSA) n0-80 % Includes % TBSA skin grafted, flap rover, fullow-up dreasings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dreasings alores	00000	No Implant	NA	Nα	Testiary	Regular Procedary	No special condition	12.0	No	Inturante
11	Horad Management	Plane borns	No Torial Diody Section: Area Iturnic (TISA): Upto 40 % Includes No TISA okin grathed, flag oncer, fullow- up dressings str. as deemed occumulty: Surgical procedures are required for deep hurns that are not amenable to heal with dressings alone.	112116363	No Implant	R.A	Se	Tertiary	Bingadar Proceedaau	No special condition	No	Not	Imurance
12	Barns Management	Florne burns	% Total Body Surface Area Burns (TBSA): 40 % - Area Includes % TBSA skin grafted, flap cover, fullow- up dressings etc. as deemed necessary; Surgical preseduces are required for deep burns that are not aminable to beal with dressings alone.	#ODINE	Nn Implan	NA	Ne	Tertiary	Regular Procedure	No special modurou	No	No	Insurance

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Ser.N	Speciality	Pathape Name	Procedure Name	Rate	Implant rate	Stratification DITAIL	Gost	Level of Care	Procedure Label	Special Constition	Rains	Day Care	Reserved Procedure (Innerance) Trust]
13	Burns Management	Plane hures	% Total Body Surface Area Rurns (TDSA) > 60 %, Includes % TDSA skin grafted, flag cover, follow- up drawings etc. as deemed becemary: Surgical proceduces are required for deep burns that are not amenable to beal with downings along.	TTT	No Implant	NA -	No	Tertary	Repúia Procedure	No special condition	Ne	the	trisserance.
14	Burus Management	Electrical contact burns	Electrical contact birms Low voltage - without part of limb / limb low, lockades % TB5A skin grated. Rap cover, follow-up dreasings etc. as deemed necessary; Surgical procedures are required for sleep burns that are not amenable to heal with dreasings alone.	30000	No implant	56.4	No	Tertury	Regular Procedure	No special condition	No	No	Insurance
15	Barus Management	Electrical contact bortes	Electrical contact horns Low soltage - with part of least / limb less, includes to TBSA skin grafted, flag cover, follow-up dressings Amputation of a dominal increasity. Surgical procedures are required for deep harns that are not assemble to heal with threading alone	40000	No buplant	NA	Pére	Tertiary	Regular Procedure	Storegenital conditione	Nam	No	lautarot

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April 20

St.N.	Specialty	Package Name	Procedury Name	Rate	Implant rate	Scruttlication DETAIL	Gost	Level of	Procedure Label	Special Conditions	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
16	Burna Managemenst	Electrical contact burns	Electrical contact human high vultage - with part of limb / limb loss; includes % TBSA skin grafted, flap cover fasciotomy +/- /amputation/Central IV Line/dobridoment/early skin grafting pelicide or free flap coverage,fullow-op dressings etc. as deemed uncessary; Surgical procedures ace required for deep burns that are not aromable to heal with dressings alone.	40000	No Implant	NA	No	Tertiary	Regular Prozedure	No special condition	No	No	fesurance
17	Burns Måssagemund	Electrical conduct burns	Electrical contact burns: High voltage - without part of limb / limb loss, includes to TESA skin grafted, flap cover, faictenenty +/- /definitiement/easity skin grafting/flap cover pedicle or free flap cover ago, fullow up dressings eff. as deterned receivary. Surgical procedures are required for deep burns that are not amenable to beat with dressing atom.		Ne Implant	NA	Ne	Tertiary	Regular Procedure	No special condition	Na	hu	Terrur ance
10	Barns Management	Chemical bures	Overnical burns: Without significant factal 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 held with dressings skine (Similar to thermal burns require tweet grafting, debridement, (skin grafting/canthopesy)		No Implant	NA	4	Tertiary	Regular Promiser	No special condition	Mm	No	Insetance

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ie.N H	Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification HETAIL	Gent	Level of Care	Procedure Label	Special Condition	Radars	Day Care	Reserved Fracedure (Innurance)
19	Barm Hanagement	Chemical lurres	Cheesia al Journe, With significant facial scarring and/or loss of function, includes % TBSA situ grafted, flap sover defet/demonstration grafting, follow-up decosings etc. as decound necessary, Surgical percedures are examed for deep hums that are not amenable to heat with detentings aloos.	410000	No Implan	NA	No.	Tertury	Regular Procedure	No special condition	No	No	Truet)
20	Barus Management	Poet Burn Contracture surgeries for Functional Improvement	Paint Burn Contracture surgeries for Functional improvement (Package including splints, pressure garmenta, vilicone - gol short and physiothirrapy) Excluding Neck contracture, Contracture release with - Split thickness Skin Graft (STSG) / Full Thickness Skin Graft (FTSG) / Flap cover is dune for each juits with post - operative regular dressings for STSG / FTSG / Flap cover.	45000	No Implant	ЫА	No	Tertiary	Regular Procedure	No special condition	No	No	Internet
	them Management	Paul Barrs Contractory surgeries for Parctomat Improvement	Four liern Contracture surgeries for Functional Improvement (Package including splitits, pressure garmaetic, orthocit Star pressure & split short graft with or without flap reconstruction, silicom- peratories and physiolatrapy). Nee's contracture: Contracture releases with - Split furtheese flat Graft (NT4G) / Full Thickness Skin Graft (NT4G) (FT5G) / Flap cover to done for start point with part operative regular decompts for STSU / Flap cover.	451000	ðo lagfant	NA	Sko	Turniary	Kepular Proceedure	Nu special conditions	No	Pere	Instrance

1.2	Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Apectal Condition	Rules	Day Care	Reserved Procedure (insurance/ Trust)
11	Cardinlogy	Night 7 Left Beart Californization	Fight Heart Catheterization	5000	No Implant	NA	No	Secondary	Regular Procedure	No special constitute	Can not book PTCA, a inclusion of diagnostic anglogram after this package	hu	Inversion
21	Cardbillogy	Bight / Left Heart Catheteriaation	Left Heart Catheterization	5000	Nes Implant	NA	30	Secondary	Regular Procedure	Nespecial condition	Can not book PTCA. inclusive of diagnostic suggragmather this package	Na	Innuration
24)	Cardiology	Balloott Psilminary / Aortic Valvaturny	Balloon Polynonary Valvatamy	47800	No Implant	NA	No	Tertiacy	Regular Friendure	No special condition	80	No	Insurance
27	Cardiology	Ballons Pidmonary / Aertii Valeniumy	Balloos Aortic Valormeny	47000	Ne împlant	N.A.	No.	Termary	Negalar Procedure	No special condition	No	ħn	Insuration
25	Cardiology	Ballison Mitral Valvotarny	Ilalloon Mitral / tricupid valve Valvonnny	85700	ItaBoon & Accemoties + 55000	NA	Sire	Tertiary	Regular Procedury	No special condition	No	No	Imurance
m	Cardiology	Baltono Atrial Septentiativy	Balloon Atrial Septemberry	28400	Bafoon & Acommities	NA	No	Ternary	Negalar Procedure	No special modition	Nii	Na	Insurance
28	Cardinlogy	ASD Device Climate	Alin Device Classes	38900	ASD Device - 62000	NA	210	Termity	Regidar Procedure	No spectal condition.	nu-	No	Insaturce
24	Carilinhup	VSE Devite Choore	VSD Device Closure	37905	VSD Device - 72000	NA	Nn	Ternary	Regular Procedury	No special condition	No.	ha	Investor
30	Cardidogy	PDA Device Grover	PDA Device Closure (PDA Device include in this rate)	62600	No Implant	NA.	200	Tertiary	Regular Procedure	No special condition	Nu	No	humanee
H.	Cardiology	70A arenting	PDA streeting	40005	Orag Elating steel (FDA)-23625 Max-3 Drug Elating steel (NON-47DA)-12500 Max-3	ыд	ŝio	Теттату	Begular Procedure	No special condition	Na	Nin	Insurance
u	Cardiology	PTCA inclusion of diagnostic angiogram	PTCA, inclusive of diagnostic anglogram. [if commany anglography pkg booked separately then 6000 m will be deducted from 40000]	4donii	Drug Eluting stort (FIJA)-23625 Max:3) Drug Eluting stort (NON FDA)-12500 Max:3	NA.	Sa.	Tertiary	Regular Procedury	No special condition	Carr not be booled if Right / Left Heart Cathetertration has been providedly booled	No	Invariance
10.3	Cardiningy	Electrophysicing ical Study	eTectrophysiological Study	27000	Stevrable decapedar catheter, Quadrigular Catheter < 66000	NA	30	Ternary	Hegular Proceibare	Nexpectal condition.	No	860	limatation
н	Cambridagy	Electrophysiolog scat Smely	Electrophy indogeal Study with Radio Property Altation	27000	Stearable decapitar ortheter, Qualrigatar Catheter, Radio Programs Catheter 76000	51A.	30	Testiary	Regular Pressedare	No special condition	Ne	No	liouratice

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ir.N U	Spectally	Package Name	Procedure Name	Rate	Segularit rate	Stratification DETAIL	Govt	Second of Care	Procedure Label	Special Condition	Bules	Day Care	Reserved Fracedure (Insurance/ Trust)
35	Cardinlagy	Percetaneous Transformaal Septal Myscandiat Ablation	Percatanenas Transhanonal Septal Myscardial Ablation	27300	So inglast	NA.	56	Tertiary	Regular Presetture	No special conditions	No	5in	Insurance
36	Canthology	Fractional flow reserve (FFR) - Govt Reserve	Fractional flow reserve (FFR) - GOVT Reserve - add. an	41000	No texplane	NA	3446	Tertiary	Add - On Proicedure	No special condition	No	No	Insurance
37	Cardinlogy	Optical subervisce tomography (OCT)	Optical inference tomography (DCT) - GOVT Reserve 7 add on	35200	No limplant	NA	yes	Tertility	GOVT Reserve / add ou	No special condition	No	Na	lucurance
38	Cardiology	Rotational Atherectomy (ROTA) Ablation	Rotational Atherectomy (ROTA) Ahlation - GOVT Reserve	\$7200	No implant	NA	344	Tertiary	GOVT Reserve	No special condition	No	No	Insurance
39.	Cardinlogy	CRT - Drf Quadripetar Seat() MID Compatible	CHT + D (Quadeipatar lend) MBI Compatible + GOVT Reserve	18000	MRI Compotible CNT D-325000 May 1	RA.	999	Textiary	Covt Bearrye	No special condition	Diei	11 in	listrance
40	Cardinlogy	CRT - P [Quadripolar lead) MIU Compatible	CRT - F (Quadripolar lead) Mili Compatible - GOVT Reserve	18960	MRI Campatible CRT P-175000 Max :1	NA	yes	Tertiary	GOVT Reserve	No special condition	Nei	No	Insurance
41	Cardulagy	GRT With Physiological pacentalier a	CRT With Physiological pacettaker - add on with CRT / DDD Pacettaker PRG GOVT Renerver - add on	0.	Physiological promision-60000 Net 1	NA	3999 :	Tertiary	GOVT Reserver / add-m	No specied constraint	No	No	Incurance
42	Cardiology	Angioplasty - POBA	Augoplasty - POHA	30000	Bare Metal-37000 Max-1	NA	yes	Tensary:	Regular Procedury	No special condition	No	No .	Imurance
48	Gridinlogy	Single chamber AICD	Gogle chamber AICD - GOVI Reserve	200000	Mill Campatible - AICE-200000 Max :1	RA.	389	Tertary	Hopular Priscediate	No special condition	No	No	Insurance
41	Cardinlogy, Cardin- thoracis, & Vascular surgery, podiatric Cardinthoracis & Vascular surgery	Percariliscentes is	Perscaratiocennesie	5000	No-Implant	₩.А.	No	Secondary	Regular Procedure	No special condition	No	86	Disurance

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51.5	Specialty	Package Name	Procedure Name	llate	Implant rate	Bratification DETAIL	Gort	Level of Care	Procedure Labet	Spectal Candition	Rales	Day Care	Reserved Procedure ()ecurance/ Trust)
45	Cardiology, General Medicino, Interventional Radioingy, Neurology, Putmonology, Putmonology, Parellatric Modical Management Nephrology,Endocri nuingy	Ricoal traintlasion	Whele Blood transferior	2009	Ren Implant	RiA.	4	Seculary	Add - On Procedure / day care	No special condition	No	-	bicurancia
46	Cardiology, Gastroesterology, General Medicine, Interventional Radiology, Neurology, Pulmonology, Padmonology, Padmonology, Nephrology, Endocri Inviogy	illinoit tranifunium	Blond component including platidet transfusion (RDP, PC)	2009	Ne Implant	N.A.	No	Secondary	Add - On Procedure / day care	Be special condition	80	yes	Insurance
87	Interventional Autology, Normlogy, Palmontogy,	(Cr, Mat, Imaging Including undear Imaging)	(CT, MRI, Imaging metuding	iqua 5000 (44 per CGIS rote)	Ke Implant	5.8	No	Secondary	Add - Oe Procedure	Re. 30001 is the upper limit. Can be booked at a hower rate also in fact the 3464 should examine this package and confirm whereve the package has been booked at the usual market rate. Kee he booked for a pt, already atmitted under any medical package.	(av per (GHE rate)	Ne	brown atten

bes winning for \$ \$ \$

e.N V	speciality	Package Name	Procedure Name	Rate	Amplant rate.	Strattilication DETAIL	Gevt	Level of Care	Pincedure Label	Spretal Condition	Rules	Day Carr	Reserved Procedure (lessrance/ Trust)
48	Cardiology, Gastroomerology, General Medicine, Interventional Radiology, Neurology, Pulmentology, Paediatrix Medical Management Nephrology,Endocri nilogy	High end histopathology (Hispons) and advanced serology investigations	High end hotopathology (Burpries) and advanced sensingy investigations	upta 5800 (as per CGHS rate)	No. Implant	NA	No	Secondary	Add - On Procedury	Rs. 5000 is the upper limit. Can be booked at a lower rate abse. In fact the SHA should examine this package and confirm wheter the package has been booked at the avaal market rate. Can be booked for a pt. already admitted under any reedical package.	(an per CGHS rate)	Ne	Insurance
49	Cantiology, General Multicine	Systemic Thrandodyan (for M1)	Systemic Thrombolynes (for MI)	ICU (seith Ventdator)- 7500 ICH (without Veutdator)- 4700 Routine Ward- 1800	No Implant	ICU (with Verifiator) 7500 ICU (without Verifiator) 4700 Routine Ward 1800	1	Secondary	Regular Procedure	No special condition	Ne	No	Securator
50	Cardiology, General Mislicine	Caritisc Tamprosle	Cardia: Tamponade	ICU (with Vestilator)- 7560 ICU (without Vestilator)- 6700 Koutne Ward- 1800	No Implant	ICU (with Ventilator) 7500 ICU (without Ventilator)-4700 Routine Ward-1800	Ne	Secondary	Regular Procedure	No special condition	Ne	Tin	instance
51	Candiology, General Medicine, Interventional Latitology, Reparatogy, Paediartic Medical Management	Ginnal Line (Gentral Line (Bookle Lanice / Triple Lanets) with percedure - add un +	Triple Lumen 2500 Double Lances-2000	tio Implant	Triple Lamen-2500 Double Lamen-2000	Net	Secondary	Add - On Procedure	No special condition	94a	dia	lingue
12	Cardiology, General Medicine, Paediatric Medical Management	Congestive heart failure	Gangestive heart failure	ICU (with Ventilator) 7508 [ICU (without Ventilator) 4700 [Routine Ward- 1000	No Inglass	ICII (with Ventilator) 7500 (ICII (without Ventilator)-4700 (Routine Ward-1800	284	Secondary	Regular Procedure	No special condition	War :	Not	Insurance
iii	Cardiology, Interventional Radiology	Bathson Dilatotion - GDVT Reserved	Cuarctation of Aurts	70000	No. Implant	NA	yes.	-	Registar Princodury	No special conditions	Ne	Ne	Insurance

en d	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt	Level of Care	Procedure	Spectal Condition	Rubes	Day Care	Reserved Procedary (Insurance) Trust)
4	Cardiology, Intervolutional Radiology	Battom Dilatation - GOVT Reserved	Pidminary Artery Stenarii	60800	No Implant	NA	277	Tersiary	Regular Procedure	No special condition	No	Nee	Insurance
ā	Cardiology, Interventional Radiology	Rearchial artery Embolization (for Haemoptysis)	Brunchial actery Endvoltzation (for Haemoptysis)	300000	No Implant	NA	No	Termany	Regular Procedure	No special condition	Nn	54(1)	Insurance
6	Carificitugy, Interventional Radiology	Pertpheral Anginplasty – PGBA	Peripheral Angioplasty - PORA	30000	Bare Metal -37008 Max :2	NA.	No	Techary	Regular Procedure	No special condition	Na	No	Insurance
7.	Carificiogy, Interventional Radiology	httravaocular ultravound UVISS	Intravascular attrassand (1VUS) - GOVT Renerve	20000	No implant	NA -	y==	Secondary	Regular Procedure	No special condition	No	Nà	Insurance
#	Gaediology. Paediatric Medical Management	Rheumatic forw	Acute rheumatic lever	ICU (with Vestilianie)- 7500 1 aCi) (without Vestiliator)- 4700 1 Routine Ward- 1800	No Implant	ICU (with Ventilator) 7500 ICU (without Ventilator)-4700 Routine Ward-1899	No	Secondary	Regular Procedure	No special condition.	Na	No	Insurantics
9	Cantholegy, Paediatris Medical Management	Rhoumatic Series	Rhoumatic valvular heart disease	ICO (setth VeetSonor)- 2500 () ICU (without VeetEator)- 4700 () Routine Ward- 1000	No Inglant	4CU (with Ventilator) 7590 TCU (without Ventilator)-4700 Routine Ward-1800	No	Secondary	Regular Procedure	800 special condition	Nie	Mo	Іплитанся
	Cardiology Cardio Doracic & Vaxcalar ourgery, pediatric Cardiotheracic & Vaxcalar surgery	Pergheral Angioplasty	Perspheral Angeloplasty	25000	Peripheral Steet - Bare Metal - 21000 max.2	NA.	No	Ternary	Regular Procedure	No special condition	No	No	Insurance
1	Cardiology Cardio- forrance & Vaacalar orgony, pollation Cardiothorgone & Vascular surgery	Entrologation	Arterioennus Mallermation (AVM) in the Limbs	40000	No Implant:	NA	Na	Tenury	Reputar Procedure	No special condition	No	80	france.
2	Cardio-Herracic & Asocular surgery, siduatric Cardiothoracic & Asocular surgery	Angloplasty (americal)	Angioplasty (arterial)	38720	Balloon-9000	NA	799	Ternary	Hegular Procedure	No special condition	No	50	Insurance

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N	Spectatry	Package Name	Procedure Name	Bale	Implant rafe	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Condition	Rales	Day Care	Reserved Procedure (Insurance/ Trust)
9	Cardio-thoraca: B Vaccular surgerys pediatric Cardiothoraca: & Vaccular surgery	Psor EVAIL endnisate manageroest	Post EVAR endolisik nanagement	21790	Au Implant	NA	No	Secondary	Begalar Procedure	No special confirmer	No	Not	mourante
4	Caritiu-thocaca: & Vaecular surgery, pediatric Cardiothoracie & Vascular surgery	Catheter deocled thrombolysis	IVC filter placement with Catherur directed thrembolysis (arterial/vonosa)	29920	multiode hole throutholysis catheter-11000, Thrombectamy Catheter-95000	NA	No	Tertury	Hegular Proceediare	No special condition	Ne	Nin	Baurance
ŝ.	Cardio thoracic & Vascidar surgery, pollatric Cardiothoracic & Vascular surgery	Variana vena endoremous trautment (her one limb) -Gost Resetso	Varianse som endsvennas treatment (for uss lunk)	12120	Liner Tiber Cost - 25000	NA	ja	fetlary	Regular Processing	No special condition	Ne	No	Trouration
66	Cardin-thoracic & Voscular surgery, podiatric Cardiothoracic & Voscular surgery	Surgical Correction of Category - 1 Congenital Heart Disease	Unifocalization of MAPCA.	110000	PTTE graft - Thin - 30000	NA	Tre	Tertiary	Regular Precedure	No special canditaon	Tin	740	Tenutanóv.
67	Gardio-thuracic & Vasculat surgery, pediaris: Cardiothoracis & Vascular surgery	Surgical Correction of Campory -1 Composital Deart Docume	Isolated Secundum Arrial Septal Defect (ASD) Report	110000	No Inglast	SIA.	No.	Tettary	Regular Procedure	No special condition	Ne	Ne	hanrantee
68	Cardio-thoracic & Vancalar surgery, pediatric Cardiothoracic & Vancalar surgery	Surgical Correction of Category - 1 Congenital Heart Disease	Glean procedure	110000	No Implant	NA	No	Terliary	Regular Procedury	No special condition	7ie	No	Insurance
-	Cardin-Hinracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - 1 Congroutal Boart Bitmour	Polynomary Artery Banding	110000	No Implast	NA	7449	Tattlárje	Repular Procedure	No special emolytion	Ne	No 1	Insurance
to	Cardio-thuracia & Yaucalar surgery, pediatric Cardiotheracia & Vascular surgery	Surgical Correction of Category -1 Corgenital Heart Universe	Systemic - Palmanary Arrey alaan	110000	PTPE graft - Thin - 30000	NA	No	Tertiary	Regular Prricedury	No special condition	Ne	No	Insurance
1	Cardio-thoracsi & Vasiadar surgevy pediatric Cardiothoracisi & Vasendar surgery	Surgical Contention of Category - T Category - T Category - T Category - T Category - T Category - T Category - T	Yaaralar Ray derision	110000	No implast	NA	Part	Ternary	Regular Procedure	No special condition	Ne	Rep	Insurance
2	Gardie theracle & Vacular siegery, pediatric Gardiotheracle & Vascular siegery	Surgical Correction of	Guaratation repair	120000	Dacros Graft - Straight - 30050	NA	That 1/	Teitlary.	Regular Procedure	No special condition	Ne	No	Insurance

Se N	Speciality	Pachage Name	Procedure Xame	Rate	Implant rain	Stratification DETAIL	Gust	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedury (Insurance/ Trust)
73	Cardio-threacte & Vanistar surgety, pediatric Cardiotheracte & Vanistar surgety	Surgical Correction of Caregory- II Congenital Heart Dianase	ASD closure - Partial Anematous Venous Drainogr Repolt	132000	PTFE Parch - Thin 20000 PTFE graft small (4000 0 mm) - 30000 PTFE Graft Large (+0mm) - 50000 Darros Graft Straight 30000	NA	bin	Tertiary	Regular Procedure	No special condition	No	Ne	Bisserwace
74	Gueño-thoracic & Vaccular surgery, pediatric Carshothoracic & Vascular surgery	Surgical Correction of Category - II Congenital Heart Disease	ASD Cleanure + Mitral procedure	132000	FTFE Parch - Thin - 30000 Machanical Valve - Bilearfiet - 4000 Mechanical Valve - Tilting Dise - 20000 Pericardial Patch - 10000 Tissue Valve - 60000 Valve Ring - Mitral - 35000 Valve Ring - Tricospid - 35000	KA.	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
75	Cardio-thoracic & Yamidar autgery, pediatra Coeffactive acts & Vaundar surgery	Surgical Gerection of Category - 31 Googenital Heart Disease	ASD Ooxore + Tricanged generation	132900	PTFE Patch + Thin - 30000 Mechanical Valve - Binalfiet - 40000 Mechanical Valve - Tilting Dac - 28000 Perioardial Patch + 38000 Tilesse Valve - 80000 Ualve Ring - Mittral - 350110 Valve Ring - Tricospid - 25000	HA	50	Tertiery	Hegular Procedury	No special condition	Nu	Nu	Insurance

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76 Peills Gardi	listric	Surgical			PTFE Patch - Thm - 30000	-				1578610			Trait
	liothoracie & cular surgery	Correction of	A50 Conure + Puleonary procedure	132000	Mechanical Valve - Bilordiet - 40000 Minchanical Valve - Tithing Disc - 20000 Pericardia Patch - 18500 Tiesue Valve - 80000 Valve Ring - Mitral - 35500 Valve Ring - Tricongud - 35000	K.A	Ne	Tertiacy	Rogular Procedure	No special condition	No	Na	Insurance
77 Vaeco pella Gard	fas thoracic & cular sorgery, arric Bothur acic & cular surgery	Surgend Correction of Category - II Congenital Heart Disease	ASD Consure + Infundibutar procedury	132000	PTFE Parch - Thm - 30000 Mechanical Valve - lituariet - 40000 Mechanical Valve - Titting Duc - 2000 Personthal Patch - Titone Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricopol - 35000	NC4	Ne	Tertlary	Regular Procedury	the special condition:	7811	No	Incorance
18 Vace peda Card	Bo-thuracic & estar surgery. Lutis: distlocacis: & cular surgery	Surgical Correction of Congenital Reart Disease	VSD closure	132009	PTVE Parch - Thm - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Titising Diac - 20000 Pernoardial Parch - 10000 Tissue Valve - 80000 Valve Ring - Mitrol - 35000 Valve Ring - Tricospid - 25000	NA	Nu	Tertiary	Regular Procedure	No special andition	Nu.	No	Insurance

Cardintherace & Vacuular surgery Congenital filert Disease Congenital filert Disease 18000 18000 Providere Vacuular surgery Disease Signification Value Bing Mittal 15000 Value Bing Mittal 15000 Value Bing Mittal 15000 Vacuular surgery Gendenfloracic M Vacuular surgery Gendenfloracic M Conduction Conce No Fertile M Conduction Conce No	Procedure Name Raty Implant rate Stratification	acedury Special Condition	Rules Day Care Reserve Procedur (Insurance Trust)	
B0 Gardin-thoracic 8, Vascular surgery Surgical Converting of Congenital Heart Distance Valualar P5 / PR repair 132000 Mechanical Value Trining Disk - 20000 Persized al Patch- Trining Disk - 20000 No Tertiary Regular Proceedare No special condition No No Surgical Conjugation No No Surgical Conjugation No No Surgical Proceedare No Surgical Conjugation No Surgical Conjugation No Surgical Proceedare No Sur	Infunditionlar PS repair 112000 Heritarrical Valve - Rifeather +40000 Machanical Valve - Rifeather +40000 Machanical Valve - Timing Disc + 20000 Percentilist 112000 Percentilist Parch - 11000 Timur Valve - 36000 Valve Bing - Mitral - 35000 Valve Bing - Tricuspill		Ne Inturante	
31000 Mechanical Valve -	Vafvedar P5 / PR repair 132000 Vafvedar P5 / PR repair 132000		No resurmen	
II Cardia-Horselic A Vascular surgery, Cardiothurace K Vascular surgery Usecular surgery III Dimase Vascular surgery Vascular surgery	Partial AV canal regimer 1.72000 Partial Partial AV canal regimer 1.72000 Partial		No moranes	

Se.N	Specialty	Package Name	Procedure Name	Juite	Implant rate	Stratification DETAIL	Gort	Level of Carr	Procedure	Special Condition	Rairs	Day Care	Reserved Procedure (Inserance, Truit)
82	Cardio-theracic & Vancular surgery, pediatise Cardiotheracic & Vancular surgery	Surgical Correction of Category - II Congroital Heart Disease	Intermediate AV canal repair	132000	PTFE Parch - Thm - 30000 Mechanical Valve - libeaflet - 60000 Mechanical Valve - Tilling Diss - 20000 Pericaethal Patch - 18000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricumpat - 35000	N/A	No	Tertiary	Hegolar Procedure	No special conditions	Ne	Ne	Innurance
113	Gerdin-thuracte & Vaienitar surgery, podiatric Gardiothuracti & Vaienitar aurgery	Surgical Correction of Catogory - II Congenital Heart Disease	Airtal septectomy + Gleta	112000	PTTE Parch - Thin - 30000 Mechanical Valve - Bileaflet - 60000 Mechanical Valve - Tilling Date - 20000 Pericardial Parch - 16000 Tossie Valve - 80000 Valve Bing - Mitral 25000 Valve Fing - Tricoupial - 25000	NA	Sa	Tertury	Hegular Procedury	No append condition		264	linuranse
	Cerdio-thoracic A Vaintiar surgery pediatric Cardiothoracic & Vaintiar surgery	Surgical Correction of Category - II Congenital Heart Disease	Atrial arptectomy + PA Band	132000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaffer - 40000 Mechanical Valve - Tilling Disc - 20000 Pericardial Patch - 10000 Tiscar Valve - 80000 Valve Bing - Mitral - 35000 Valve Bing - Triccogod - 35000	NA	No	Tertiary	Hegodar Procedury	No special condition	Na Viji Yog	No	Instance

Sr.N	Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gut	Level of Care	Procedure Label	Special Condition	Rates	Day Care	Reserved Procedure (Insurance/ Trus()
	Cardio-thoracse & Voicelar sargery, postatric Cardiothorocce & Voicelar sargery	Surgical Garristion of Griegory - II Congrissal Heart Disease	linus of Valiative annarysm repair without aortic value procedure	132000	PTFE Parch - Thin - 30000 Mechanical Yalve - Blioafter - 40000 Michanical Yalve - Titting Disc - 20000 Pericardial Patch - 18000 Tassie Valve - 80000 Valve Bing - Mitral - 35000 Valve Bing - Tricangol - 15000	RA	No	Tertary	Regular Procedore	Ne special condition	54.5	Na	Instatice
86	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgical Correction of Category - II Congenital Huet: Divease	Sub-wetic membrane resection	132000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileoffer - 40000 Mechanical Valve - Tifung Dus - 28300 Pertisenthal Patch - 10000 Thrue Valve - 00000 Valve Ring - Mirral - 35000 Valve Ring - Tricompol - 35000	RA.	740	Tertiary	Regular Procedure	No special condition	No.	No	frish mes
at .	Candin-thoractic & Vascular surgery, pediatric Cardiothor xist & Vascular surgery	Surgeal Garrection of Gategory - III Congrantal Heart Diversio	Duties anosofy repair	165000	PTFE Pach - Thin - 30000 Mechanical Valve - Bileaflet + 40000 Mechanical Valve - Tilling Dass - 20000 Pericardial Pach - 10000 RV - PA Candult - 120000 Tissue Valve - 900000 Valve Ring - Mitral - 35000 Valve Ring - Toscapol - 25000	n.x	No	Tertiary	Negatar Procedum	Sto special condition	No	No	Insurance

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Cardiothoracic & Congenital Heart Disease Congenital Heart Disease HV - PA Conduit - 120000 Value Ring - Maral - 35000 Preschare Vacular surgery Disease Filler Filler Filler Gentio-thuracic & Vaccular surgery Sorgical Correction of Filler Filler Gentio-thuracic & Vaccular surgery Sorgical Correction of Filler Filler	eN #	Specialty	Package Name	Procedure Name	Hate	Implinit rate	Stratification DETAIL	Gevt	Level of Care	Frocedure Label	Special Condition	Rules	Day Car	Frocedure (Internate (Trust)
Gardoo-thuracic B, Vascular surgery. Sorgical Correction of Congenual that Vascular surgery. Sorgical Congenual that Universe Basietti Procedure 365000 NA Ne Terttary Regular Procedure Ne Se special condition Ne Ne	00.	Vascular surgery, poliatric Cardiotheratic &	Correction of Category - III Congenital Heart		165000	30000 Mechanical Valve - Blieafiet - 40000 Mechanical Valve - Tilting Disc - 20000 Pericaethal Patch - 10000 RV - PA Conduit - 220000 Tixtue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuspid		No	Tertiary	Procestare	No special condition	Ma	Ke	hourance
		Vascular surgery. pediatete Cardiothoracic &	Corvection of Cotegory - III Congenital Heart		165000	30000 Michanical Valve - Biliothet - 40000 Mechanical Valve - Titing Disc - 28000 Pericardial Patch - 10000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricsopid		N		Regular Procedury	No special annihition	~	Ne	linear where

18 m	specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Cort	Level of Care	Procedure	Special Condition	Roler	Day Carr	Trust)
	Cardio-thoracie & Vascular surgery, pediatric Cardiothoracie & Vascular surgery	Surgical Correction of Category - III Congrestal Heart Disease	Fortas procedure	145000	PTFE Patch - Thin - 30000 Mechanical Valve - Iiileaffer - 40000 Mechanical Valve - Yahing Disc - 28000 Pericaritial Patch - 18000 HV - PA Conduit - 120000 Tussee Valve - 8000 Valve Bing - Mitral - 25000 Valve Bing - Teicungid - 85000 Diacros Graft Straight - 50000	1000	2	Tertiary	Regular Procedure	No special condition	No	Ne	Benaramèn
19	Cardio-thoracic & Vascalar surgery, pediator Cardiotheracie & Vascalar surgery	Sergical Gerrection of Category - 10 Googenstal Heart Disease	AF window repar	145000	PTFE Parch - Thin - 30000 Mechanical Valve - Dileaflat - 40000 Mechanical Valve - Tilling Diar - 20000 Pericerbal Patch - Li000 RV - PA Conduit - L20000 Tileae Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricorpol - 35000	764	No	Tertury	Regular Précodure	No special condition	744	Net	hauranin

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N.N	Specialty	Package Name	Procedure Name	Rate	implant raiv	Stratification DETAIL	Gent reserve	Level of Care	Procedure	Special Condition	Raties	Day Care	Reserved Procedure (Insutanie) Trust)
12	Candia-thoracic & Vacular surgery, pediatris Cardiothoracic & Vascular surgery	Sergical Correction of Callegory - III Congenital Heart Disease	Arch interruption Regain without VSD closure	165090	PTFE Patch - Thin - 10000 Mechanical Valve - Illieaffer - 80000 Mechanical Valve - Tulning Disc - 20000 Pertuardial Patch - 10000 RV - PA Conduit - 120000 Tissue Valve - 80008 Valve Ring - Mitral - 2000 Valve Ring - Tritunpol - 35000	NA	No	Tertary	Regular Procedure	No special condition	No	No	Insurance
18	Cardio-thoracte & Vascular surgery, perhattie Cardiothireacte & Vascular surgery	Surgical Correction of Category - 311 Congenital Heart Disease	Arch interruption Repair with VSD closure	165090	PTTE Parch - Thin - 30000 Mechanical Valve - Itileatier - 40000 Mechanical Valve - Tilling Disc - 28000 Pericardial Patch - 18000 RV - PA Candud - 120000 Tisese Valve - 00000 Valve King - Minul - 15000 Valve Sing - Tracepid - 25000	14	2	Ternary	Regular Procedant	No special condition		Na	Instatory
	Cardio-thoracic & foacular wergery, sedianty: Cardiothoracic & Cancular surgery	Surgical Correction of Congenital Heart Disease	DORV Nepar	165000	PTFIL Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Tilling Disc - 28000 Persontial Patch - 18800 RV - PA Conduit - 120000 Timese Valve - 80000 Valve Ring - Mircul - 35000 Valve Ring - Trenspol - 35000	NA		Tertuny	Begular Procedury	No special condition	No	No	Innernee

34.N	Specialty	Package Name	Procedore Name	Rate	Implant rate	Stratification DETAIL	Govt	Level of Carr	Procedure	Special Condition	Rules	Duy Care	Reserved Procedure (Insorance/ Trust)
	Cardio-thoracte & Vascular megory, pediatric Cardiothoracic & Vescular megory	Surgical Garraction of Gargery - Bi Geographia Heart Disease	Sagt svalvedar AS repair	245000	PTPE Parch - Tros - Jobbo Mechanical Volve - Bilicather - 40000 Mechanical Volve - Tithing Dus: - 20000 Permitridial Parth - 10000 RV - PA Conduit - 120000 RV - PA Conduit - 120000 Tissue Volve - 80000 Volve Bing - Mitral - 35000 Valve Ring - Tricuipial - 35000	MA	Se	Tertiacy	Angular Pracedum	Pre spectal coordition	Net	No	lesaraner
96	Cardio-thoracir & Vascutar surgery, podiatric Cardiothonarin & Vascutar surgery	Surgical Correction of Category - DI Congressal Hourt Disease	Kanno procedure	165809	PTFE Parch - Thin - 30000 Mechanical Valve - Inhorder - 40000 Mechanical Valve - Tilmog Date - 20000 Pericardial Patch - 18000 RV - PA Camibal - 125000 Tieste Valve - 00000 Valve Ring - Maral - 35000 Valve Ring - Tricorph - 35000	NA	2	Tertiary	Regular Procediere	Mer spectal conditions	*	Net	Ітпитанся
97	Gordin-Onmatic & Vocator sorgery, pediatric Gardinthonacis: & Vacador sorgery	Seepcal Correction of Category - III Congenital Heart Disease	Nacwood procedure	165000	PTFF, Parch - Thus - 30000 Marchanical Valve - Biharflet - 40000 Marchanical Valve Tilling Dai: - 20000 Pericardial Patch - 13800 RV - PA Comthat - 128000 Thesis Valve - 00000 Valve Ring - Mirral - 35000 Valve Ring - Tricanged -35000	Trid	2	Tertiaty	Negalar Procedure	No special condition	Mar	No	tritar anar

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2	Specialty	Package Name	Prisodure Name	Rate	Implant rate	Stratification DETAIL	Goyt. reserve	Level of Carr	Procedure	Special Condition	Rates	Day Care	Beserved Procedury (Insurance/ Trust)
	Cardio-theracic & Vascular surgery, ediatric Cardiotheracic & Yascular surgery	Turgical Correction of Category - III Congenital Heart Disease	VID clasure = HV - PA canduit	165000	PTFE Parch - Thm - 20000 Mechanical Valve - Blouffer - 60000 Mechanical Valve - Titing Dise - 20000 Pericardial Parch - 10000 RV - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 25000 Valve Hing - Tricsoguit - 35000	76.6	No	Tertiary	Regular Procedury	No special condition	Nin	No	Insurance
99	Cardio-thoracic A Cascular surgery, pediatric Cardiothoracic S Vascular surgery	Surgical Correction of Caregory - IN Congenital Hears Disason	VSU + Aartic procedure	165090	PTEE Parch - Thin 30000 Mechanical Valve - Bileafiet - 40000 Mechanical Valve - Tiling Disc - 29000 Pericanthal Patab - 18000 RV - PA Conduit - 120000 Tinsue Valve - 80000 Valve Ring - Meral - 35000 Valve Ring - Trianquol - 35000	NA	No	Tentiary	Regular Procedure	No special condition	Na	Ne	Invarance
1,00	Cardio-thuraciu & Vascular surgery, pediatrse Cardiothoracie & Vascular surgery	Surgecal Corrections of Category - III Congenital Heart Distance	VSD + Mitral procedure	165000	PTFE Punch - Thin - 30000 Mechanical Valve - Dificative - 40000 Mechanical Valve - Timing Diac - 28000 Perioardial Patch - 10000 RV - PA Conduit - 120000 Timor Valve - 800000 Valve Ring - Mitral - 25000 Valve Ring - Trieurpul - 35000	NA	Na	Tertiaey	Regular Procedure	No special condition	Mn	Ne	Insurance

NI	Specialty.	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gent	Level of Care	Procedure Label	Special Condition	Bules	Day Can	Beserved Procedure (Insurance/ Trust)
01	Cardle-thoracic & Vancular surgery) pediatric Cardiothoracic & Vancular surgery	Surgical Correction of Congenital Heart Dunase	VSD + Tricaspid procedure	165000	PTFE Paich - Thin - 30000 Mechanical Valve - Eliterafter - 40000 Mechanical Valve - Titing Diss - 24000 Periorital Paich - 10000 RV - PA Canduit - 120000 Tussie Valve - 80000 Valve Ring - Moral - 35000 Valve Ring - Tricuspid - 35000	NA	3	Tettiary	Begalar Procedury	No special condition	Net	*	Instator
62	Cardio-thoracit & Vascular surgery, pediatric Cardiothoracit & Vascular surgery	Surgical Carrection of Category - UI Congenital Heart Disease	VED + Pulmunary artery procedure	165000	PTFE Patch - Thin - 30000 Mechanical Valve - Riteafier - 40000 Mechanical Valve - Tilling Disc - 20000 Pertearlai Patch - 18000 RY - PA Conduit - 120000 Tissue Valve - 80000 Valve Ring - Mittal - 35000 Valve Ring - Tricuppid - 35000	NA	No	Testiany	Regidar Procedure	No special condition	No	511	Imaratice
63)	Gardes tharact & Vancular surgery, pollarrs Cardaobocacit & Vanculat surgery	Surgical Correction of Cangarastat Heart Disease	YSD + hefundibulæ prinselurg	345000	PTTE Patch - Thin - 30000 Mechanical Valve - Sileafue - 40000 Mechanical Valve - Titting Diss - 20000 Performinal Patch - 10000 RV - PA Conduit - 120000 Timus Valve - 00000 Valve Ring - Mitral - 15000 Valve Ring - Trenspild - 35000	NA	No	Tentiery	Regular Procedure	No special condition	140	Ne	Innutation

c.N U	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gevt	Level of Care	Procedure Label	Special Condition	Rules	Bay Carr	Reserved Procedury (Insurance/ Trust)
1.04	Gantin-thoraciu & Vaicular surgery, pediatric Ganfuntheracic & Vaicular surgety	Surgical Correction of Category - III Congenital Ilwart Disease	VSD + Councilation repair	165600	PTFE Patch - Thin - 30000 Mechanical Valve / Bileaffer - 40000 Mechanical Valve - Tilting Disc - 28000 Pericardial Patch - 18000 RV - PA Cendult - 120000 Tissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricuipid - 35000	NA.	No	Tertiary	Hegular Procedure	No special condition	No	Tea	Decurance
ins	Candio-Homacic & Vaicular aurgery, pediatric Candiothocacic & Vascular surgery	Surgical Carrection al Caregory - til Congenital Heart Disease	ТАРУС Перат	163800	PTTE Patch - Thin 10000 Mechanical Valve - Dileatist - 40000 Mechanical Valve - Tiring Duc - 29000 Pericardial Patch - 10000 RV - PA Condust - 120000 Tiercae Valve - 100000 Valve Ring - Moral - 35000 Valve Ring - Tescurpul - 35000	ĸa	Ma	Turnary	Regular Procedure	No special conditions	Ne	Na	Internet
116	Gardio-thorairs: & Vascular surgery, pediatric Cardiotheracy: & Vaecular surgery	Surgival Correction of Category - 10 Congenital Heart Disease	Ттинсца агтерники герми	163000	PTFE Patch - Thin - 30000 Mechanical Valve - Bileaflet - 40000 Mechanical Valve - Triting Disc - 28000 Pericardial Patch - 38000 RV - PA Candiat - 120000 Timme Valve - 90000 Valve Ring - 50tcal - 25010 Valve Ring - Tricoupid - 35000	NA	20	Tertury	Regular Procedury	No special condition	Mag	Ne	Танаганся

AL	Speciality	Parkage Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gost	Level of Care	Procedure Label	Special Condition	finies	Bay Care	Reserved Procedure (Insurance/ Trust)	
UT PR	edantris ardiothoracic II	Surgical Correction of Calegory - III Congenital Neart Distance	Tetralogy of Failet Repair	21.5000	PTFE Parch - Thus - 30000 Mechanical Valve - Mileaflet - 40000 Mechanical Valve - Tining Disc - 20000 Pericaedial Palch - 1000 RV - PA-Combitt - 120000 Thave Valve - 80000 Valve Ring - Meral - 35000 Valve Ring - Trinopol - 25000	NA	Nu	Ternary	Fegular Procedure	Ner apecad xondition	*	Ne	lmuraner	
N PE	astudiar surgery,	Surgical Correction of Category-111 Cengenital Heart Dissuss	Complete AV canal repair	185009	PTFE Patch - Thin - 30000 Mechanical Valve - Rimafiet - 40000 Mechanical Valve - Titting Disc - 20000 Persoardhal Patch - 18000 Fersoardhal Patch - 18000 Timme Valve - 80000 Valve Ring - Mirrel - 35000 Valve Ring - Tricospid - 35000	NĄ	Nu	Tertiary	Regular Procedury	Ne special condition	Nu	No	biastance	
N NG	evenhet surgery. edutric archisthoracie &	Seegeal Convection of Category - III Congenital Reart Disease		165000	PTFE Parch - Thin - 30000 Mechanical Valve - Blieadiet - 40000 Mechanical Valve Tilling Blie - 20000 Periorethal Parch - 10000 RV - PA Combuilt - 120000 Tilline Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricaepol - 35000	MA	3	Terllary	Begalar Frocedura	Na spectal condition	Na	80	Insurance	

irini "	Speciality	Parkage Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gove	Level of Care	Procedure Label	Spectal Condition	Ruley	Day Care	Reserved Pescedure (Insurance/ Trust)
110	Cardio-thoracic & Vancslar vorgery, podtatric Cardiothoracic & Vancular vorgery	Surgical Gereation of Category - HI Congressal Heart Discusse	Seming Operation	165000	PTFE Patch - Thin - 30000 Mechanical Yalve - Bleathet - 40000 Mechanical Yalve - Tilning Disc - 28000 Perscardial Patch - 20000 RV - PA Conduit - 120000 RV - PA Conduit - 120000 Yalve Ring - Moral - 35000 Yalve Ring - Tricnopial - 35000	NÁ	Nu.	Tertiary	Regular Pracadian	No special condition	No	Ke	Insurance
	Cardio-thoracic & Vascular surgery, pediates: Cardiothoracic & Vascular surgery	Surgicol Gairmithen af Calegory - III Congenital Iboart Dinatase	Musturd Operations	#2500	PTEE Parch - Thin - 10000 Mechanical Valve - Bilinafine - 80000 Mechanical Valve - Tilung Disc - 20000 Pericardial Parch - 10000 RV - PA Comhuit - 120000 Throue Valve - 80000 Valve Ring - Mitral - 25000 Valve Ring - Tricusput - 35000	NA	Nu	Tertiary	Regular Procedury	Pair spectal conditions	Mæ	Ne	Invarance
612	Cardia-theracic& Vasisdar surgery, pediative Cardiotheracic & Vascular surgery	Surgical Correction of Category - III Congenital Heart Disease	ALCAPA repair	165000	No Implant	MA	No	Tertiary	Begalar Procedure	No operial condition	Plas	140	lusurance
113	Cardin-thuracic & Vascular surgery, pediarre Cardonheracic & Vascular surgery	Germany artery hypens prating [CARG], including intra operative belices pump (if cequired)	Caronary artery bypass grating (CABG), with or without intrasperative (ABP)	129910	No Insplant	NA	No.	Tertiary	Regular Protochere	No special condition	Na	No.	lusurane#

n Specially	Package Norm	Prucedure Name	Rate	Implant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Condition	Bales	Day Carr	Reserved Proceduce (Insurance/ Trust)
Cardio-thoracic & Vanudar surgery, pediatrie Cardiothoracic & Vascular surgery	Single Value Procedure	Aartu valve replavement	230800	Mechanical Valee - Bilizadari - 40000 Mechanical Valve - Titting Disc - 20000 Tintue Valve - 80000	N.S.	50	Tertiary	Hegular Procedure	No special condition	Su	No	Insurance
Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	fisigle Valve Procedure	Mikral valve replacement / Mikral valve repair	15000	Mechanical Valve- Ribuffier - 40000 Mechanical Valve- Tilling Osa - 20000 Tiaux Valve - 80000 Valve Roig - Mitral - 35690	NA.	7841	Tertiary	Regular Procedure	We special condition	764	80	Interance
Cardio-thoracic & Yascular surgery, pediatric Cardiothoracic & Vanular surgery	Single Valve Procedure	Tricuigid valve replacement / Tricuipid valve repair	130900	Mechanical Valve - Rifeafter - 40000 Mechanical Valve - Titting Disc - 20000 Tittine Valve - 80000 Valve Ring - Trinspid - 35000	NĂ	74o	Tertiary	Regular Procedure	No special condition	Ma	Ner	Inserance
Cardio-thoracic & Vascular surgery, IP poliatry: Cardiothoracic & Vascular surgery	Double Valre Procedure	Deufde valve rögfacement / repair	156200	Mechanical Valee - Bileafiet - 80000 Mechanical Valee - Titting Disc - 28000 Tissue Valee - 00000 Valee Ring - Maral - 35000 Valee Ring - Trensport - 25000		No	Temary	Regular Procedure	No special condition	Mo	Se .	Inserioux
Cardio-thoracic & Vascular surgery, pediatro Cardiothoracic & Vascular surgery	Triple valve procedure	Triple salve replacement / repair	187900	Mechanical Valve - Bilinafiet - 40000 Mechanical Valve - Tiiting Disc - 20000 Thissue Valve - 80000 Valve Ring - Mitral - 35000 Valve Ring - Tricaspid - 35000		Re	Tertiary	Rogular Procedure	No special condition	Ne	ha	Innuciance
Conductive and B	Closed Maral Valvencery tochading thoracolitery	Clinical material V Alvoluting	62200	No Implain	hiA	No.	Tertiary	Regidar Procedury	No special condition	Ne	500	Trenarance

n.N H	Specialty	Package Name	Procedure Name	Bate	Implant rate	Stratification DETAIL	Gert	Level of Care	Procedure Label	Special Condition	Rules	Bay Care	Reserved Procedure (Janurador) Tywat)
20 1	ardie-thoracic & /escular surgery, reliatric archothoracic & /ascular surgery	Rass Procedure	Ross Procedure	165000	HV - PA Conduit- 120000 Mar (1	NA	No	Ternary	Replar Procedure	No special condition	trip	50	betweener
21	anto-thoracie & recalar ningery, iediato: antiothoracie & raccalar nangery	Obstructive	Surgery for Hypertruphic Obstructive Cardiomyograthy (HDCM)	122100	Mechanical Valve - Intendise - 40000 Mechanical Valve - Tilting Osc - 20000 Tissue Valve - 80000 Valve Ring - Mittal - 35500 Valve Ring - Tricurpul -35500		No	Tertiary	Regular Pricedure	No special condition	No	No.	Smouration
22	Ancular surgery	Pericandial window (via thoracutumy)	Perjeardial window (via thuracourry)	33008	No Implant	NA	No	Tortiary	Regular Procedure	No special condition	No	No	Insurance
123	ando Carrata & Ascutar megery,	Pericardisatorey	Precedentary	73700	No Implant	NA.	No	Tertiety	Regular Procedure	No special condition	No	tio.	Insuration
124	Cardie-therace & Assular sargery, andiatric Cardiotheracic & Anodar sargery	Potent Ductos Artericous (PDA) Clissure via (bocacotomy	Palent Dectas Arteriosas (PDA) Closure via Operacitanty	62200	No longlast	NA.	No.	Tettlary	Regular Procisiore	No special condition	Mo	No	losurance
as	Gedio thoraca: & Fascalar aurgrey, sellarria Gediothosacie: & Geodor outgrey	Anrie Root Repfacement Surgery	Restal Properture	165000	Composition Austria Valvend consthait - Mechaniscal - 1.00000 Dacront Geart - Stranght - 30000 Mochaniscal Valve - Hilleartisca - 40000 Mochaniscal Valve - Talning Dise - 20000 Tannar Valve - 40000	NA	No.	Tertiary	Regular Procedure	No spectal condition	No	The	Insurance

Sr N	Specialty	Pachage Name	Processare Name	Rate	Implant rate	Stratification DETAIL	Gevi	Level of Cary	Procedure Label	Special Gendition	Bides	Day Care	Hearryed Procedury (Insurance/ Trust)
126	Cardio-thoracic & Vascular eurgery, pediatric Cardiothoracic & Vascular surgery	Aortic Root Roglacement Surgery	Aartic Dessection	165000	Composite Aertic Valved conduit - Mechanical - 100000 Dacron Graft - Streight - 30000 Mechanical Valve - Bileaffet - 40000 Mechanical Valve - Tilting Diac - 28000 Tissue Valve - 80000	NA	No	Tertiary	Regular Procedure	No special condition	Nn	Ne	Issurance
127	Cardio-thoracte & Vascular surgery, pediateis Cardiothoracte & Vascular surgery	Aurrite Root Regilarization Surgery	Aarts: Anesryum (Root Assending)	165000	Composite Antis Videol conditi- Mechanical - 300000 Dacon Grafi - Straight - 30000 Mechanical Video - tticallet - 40000 Mechanical Video - Tilling Disc - 28000 Thesie Video - 10000	NA	This	Tertury	Bogodae Procedure	No special condition	Mn	Yes	Innerance
121	Cardio-thoracic & Vascalar surgery, pediatric Cardiothoracic & Vascalar surgery	Aortic Root Replacement Surgery	Valve sparing cost replacement	145000	Composite Aurtic Valved conduit - Mechanical - 100000 Dacton Graff - Straight - 30000 Mechanical Valve - Biloaflet - 40000 Mechanical Valve - Titting Dux - 20000 Tissue Valve - 20000	MA	Na	Tertiary	Begiñar Procedure	No special sumfittoe	Ner	No	Innaratice

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sr.N	Specialty	Pachage Name	Procedure Name	Kate	Implant rate	Stratification DETAIL	Gent. reserve	Level of Care	Procedure	Special Condition	Rates	Day Care	Reserved Precidare (Issurance/ Trust)
129	Cardin-Homach: & Vascular autgery, pediatric Cardineteoracie & Vascular autgery	Aartic Bass Replacement Surgery	AVII + Root enlargement	145000	PTFE Parch - This JODON Mechanical Valve - Bileabor - 40000 Mechanical Valve - Tilring Disc - 20000 Persoardial Patch - JD000 RV - PA Conduit 120000 Timuse Valve - 80000 Valve Bing - Tricungul - JD000 Dacron Graff Mcagbr - 10000 PTFE Graff Stranger - 10000		744	Tentary	Regular Proceedure	No special continues	169	Die.	Innursece
130	Cardio-theraste & Vascilar surgery, pediatric Cardiothoracie & Vascilar surgery	Aortic Arch Replacement / Thoracoobdomin al aneuryam Repair using hystem	Aartie Arch Replacement using cardiopulmonary bypan	200000	Arch Graft-85000 / Complex grafts other man Arch Graft & Coells Graft-85000 / Cnells Graft-85000 / Tissue Glue (3 ml)- 1,2000 Max -4	MA	No	Tertiary	Regular Procedure	Ne special condition	No	No	hteerasce
m	Cardin-Humeris & Vacculor surgery, pediatric Cardintheracie & Vaccular aurgery	Thomcoabdomin all anewrypini	Thoracochidominal aneuryem Repair using partial cardiopalmonary hypani	200000	Arch Grah-R5000 / Gemplox grafts offlow than Arch Graft & Govell Graft-85000 / Georffi Graft-85000 / Tostae Glar (3 mb) 12000 Max (4	56.K.	Na	Tertiary	Begslar Fracedure	No operial combines	Pier	No	Insurance
1.32	Cardio-thoracte & Voicular anegery, pediatric Cardiothoracte & Vascular anegere	dortic Anourpen Reput	Aartic Aneurysis Repair using Cardiopiónotiary bypass (CPH)	132000	Dacron Graft - Straight-50000 Man 12	NA	No	Tertiary	Regular Procedure	Respectal condition	No	No	Dulytunce
113	Cardio thorace & Vacular surgery, pediates Cardiothoracic & Vacular surgery		Aartic Aneurysin Repair using Left Heart Pepein	1.V2000	Darron Grafi - Straight-30000 Mas 2	na.	-	Ternary	Regular Prisoidere	No special condition	No	ða	Interance
104	Cardio-thoracic & Vascular surgery, performe Cardiothoracic & Vascular surgery	Aartic Aneurysm. Bopair	Aartic Aneurysm Repair without using Cardiopulmonary hyposi (CPB)	720%0	Duerron Graft Straight-30000 Map 3	TEA	Dio .	Tertiary	Regular Procedure	No special condition	No Hob	Tot	busenber

24.6	Speciality	Package Name	Procedure Name	Rate	lumplant rate	Stratification DETAIL	Govi	Level of Care	Procedure Label	Special Conditions	Bules	Day Care	Reserved Procedure (Insurance/ Trint)
35	Cardio-thiocaste & Vascular surgery, podurese Cardiotheracte & Vascular surgery	Aartic Anoseyett Repair	Aortic Assergron Repair without using Lift Heart Depairs	72050	Discron Graft - Straight-30000 Mas -2	NA	yes	Tertlay	Regular Proteitare	Na special modifion	Nat	Pàris	linaar ada w
136	Gardio-demariz & Vascular surgery, publisher Cardiotheracic & Vascular surgery	Aartu Iliar / Aartu Tomocal Isygaas (Uni and Ilii)	Aorta Ilias bypass - 9/5,	70430	Dacron Graft - Riflexated - 35000 PTFE Graft - Riflexated - 50000	24	No	Ternary	Regular Procedure	No special condition	Ne	No	Insurance
137.	Cardie-Herracic & Vascular surgery, pediatric Cardiotheracic & Vascular surgery	Aorth Illiar / Aorth femotal hypasis (Uni and Ill)	Aorta femoral hypans - 11/1.	70950	Darron Graft - Intercented - 25000 PTPE Graft - Billercented - 50000	NA	50	Tentary	Registar Precedure	No special condution	No	No	Insurance
138	Cardio-thoracic & Vascalar surgery, preliatric Cardiothoracic & Vascalar surgery	Aarto fline / Aarto femoral bypane (Uni and Bi)	Anrta Iliac bypass - 11/1.	78958	Ducron Graft - Referented - 35000 PTFE Graft - Riflerented - 50000	NA	Sin	Теттату	Regular Procedure	No special condition	Nei	100	Insurance
1319.	Cardio-thovarie & Vascular surgery, perilatric Cardiothoracic & Vascular surgery	Aortu Bior, / Aortu femoral hypass (Shi and Bij	Aorta femoral bygans - B/I.	20950	Discron Graft - Binarcated - 35000 PTFE Graft - Binarcated - 50004	NA .	30	Tertairy	Regular Procedure	No special rundition	No	No.	Innurance
188	Cardio-thoracie & Vasiculae surgery, pediatrie Cardiothoracie & Vasculae surgery	Pulmonary Endelectomy / Thromboendarty rectoury	Palmonary Endoalectomy	155100	No Implant	SIA.	Su	Testiary	Regular Procedure	No special condition	2	No	Inducation
111	Cardio-thoracle & Vascular surgery, pediatric Cardiothoracle & Vascular surgery		Palmonary Thombaendariseneting	155100	No Implant	NA	30	Ternary	Regular Procedure	No special condition	No	No	Instrance
41	Carifio Herracie & Vescular surgery, pediatric Cardiofforacie & Vascular surgery	Peripberal Arteros Sargertes	Pensiru - Frimoral Arpase	35000	PTFE graft small (upto 8 mm] - 20000 PTFE Graft Large (more than 8 mm) - 50000	жа	No	Tertiary	Regular Procedury	No special condition	No	No	Insurance.
41	Candio-thoracist & Vaxestar surgery: pediatox Candiotheracist & Vaxestar surgery	Peripheral Arterial Surgeries	Carond - andeartic vetorage	25000	PTPE graft amall (upna # mm) - 30000 PTPE Graft Lange (nume than 8 mm) - Samm	84	244	Termacy	Regular Preciden	No special condition		No	Insurance

r.91	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Goet	Level of Care	Procedure	Special Candition	Rules	Duy Care	Reserved Procedure (Reserver) Trust)
44	Cardio-thoracie A Vaucular surgery, pediatric Cardiothoracie & Vaucular surgery		Carotial Body Tumor Exclosion	\$\$000	PTFE graft amaîl (aptu il mrs) - 30000 PTFE Graft Large (more than 8 mm) - 50000	NA.	No	Termary	Regular Pracedure	No special condition	No	No	Insurance
橋	Cardia-thoracic & Viscular surgery, pediatric Cardiethicsocic & Vascular surgery	Peripheral Actorial Surgering	Thorizeic Ouflet iynulruma Repair	\$5000	PTFE graft small (uptus 0 mm) > 30000 PTFE Graft Large (more than 8 mm) - 50010	NA	No	Ternary	Begnilar Procedure	No special condition	14.0	Nin	Insurance
45	Cardio-thuracte & Vascular surgety, podiatric Cardiothoracte & Vascular surgety	Peripheral Arterial Sorgeries	Carothil anoutysm regain	55000	PTFE graft small (upto II mm.) - 30000 PTFE Graft Large (more than II mm) - 55000	NA	No	Tertiary	Regular Procedury	No special condition	No	No	Insurance
97	Cardio-thurseic & Vascular surgery, pediatric Cardiothyracic & Vascular surgery	Peripheral Amerai Surgeries	Subclaviar annaryon repat	\$5000	PTFE graft small (spin ff mm 1 - 30000 PTFE Graft Large (secce than ff mm) - \$0000	.na	Res.	Testary	Hegydar Praceshire	Nerspectal condition	No	No	biaurauce
40	Cardio-thoracic & Vascular norgety, pediotric Cardiotheracic & Vascular norgety	Peripheral Arterial Surgeries	Auffary aneutymu repair	55000	PTFE graft anall (upto II mm) + 30000 PTFE Graft Large (more than II mm) - 50600	NA	No	Tertury	Repilar Pracohare	No special condition	80	No	besurance
149	Gardio-Hioracis di Vaccidar origory, pediatric GardioHerracis di Vaccidar origory	Puriphural Arienal Sargeries	Brachtal artery anewryser repoir	221100	PTPE graft on all (opto ff mm) + 36000 PTPE Graft Latige (more than 9 mm) - 50005	ты.А.	No	Tettary	Regular Procedure	No special condition	No	510	biostac.co

240	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govi	Level of Care	Procedure Label	Special Condition	Bules	Day Care	Reserved Procedure (Insurance/ Trust)
	Cardia-thoractic & Vascular surgery, pediatric Cardiathoractic & Vascular surgery	Pertpheral Arterial Sargeries	Femoral attery annuryon 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	Inverance
	Cardin-thoracic & Varular nargery, pediatric Cardinthoracic & Vacular nargery	Pergoberal Arternal Bargaries	Popliteal artery averagion repair	55000	PTFE graft small (uptr 8 mm] - 30000 PTFE Graft Large (more than 8 mm) - 50000	RA.	Net	Testury	Regular Provedure	No special condition	ма	No	Insurance
	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Pergiberal Amerial Surgeries	Femotal - poplited Bypass	55000	PTFE graft small (upto 0 mm) - 30000 PTFE Graft Large (more than 0 mm) - 50000	NA	No	Tertury	Hegular Procedure	No special condition	Ne	No	Insurance
153	Cardos-thoractic & Vascular sorgers, pediatric Cardiodiforractic & Vascular sorgery	Peripheral Ameriai Sangeries	Axilie - Brachial Dypuna	55000	PTPE graft small (spis-0.mm) - 30000 PTPE Graft Large (nore than 0.mm) - 50000	NA.	Nin	Tentary	Regular Procedure	No special involution	Na	No	laturation
154	Cardio-thoracic & Vascular megerij, pediatric Cardiothoracic & Vascular megeriy	Peripheral Amerial Sorgeries	Canitlin - canitid Rypani	\$5000	PTFE graft small (upto 0 inm) - 30000 PTFE Graft Large (more than 0 sun) - 50000	TKA.	No	Tertiary	Regular Pricedure	We operial condition	No	No	Invarance
135	Cardie-theracic & Vascilar surgery, podiatry: Cardiotheracic & Vascilar surgery	Porspheral Arterial Surgerini	Carotido - aubiliovian arbry Sygaan	53000	PTFE graft small (4pm R mm J + 30000 PTFE Graft Large (more than R mm) - 50000	94.9	50	Ternary	Regular Procedure	No special condition	No	Nei	Insurance

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Sr.N D	Speciality	Package Name	Procedure Name	Rate	tauptant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
156	Cardio-Chorach: & Vancular surgery, pediatric Cardiotherach: & Vascular surgery	Peripheral Artorial Surgeries	Carottido - asiiftary bygans	\$5800	PTYE graft small (upnu it mm.) - 30000 PTYE Graft Large (more than it mm) - 50000	NA	7640	Tertiary	Regular Procedure	No special condition	74m	No	Insurance
157	Cardio-theractic & Vaccular mergery, petiatra Cardiothoractic & Vaccular surgery	Peripheral Arierial Sargeries	Asilla - hemoral bypast - U/L	55000	PTH (graft annal) (apta (Fram.) - 30000 PTTE Graft Large (more than (Fram) - 50000	мл	No	Tertlary	Regular Procedure	No special condition.	Ne	No	Tread artest
254	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Perspheral Actorial Surgeries	Aullio - femoral bypaus - ft/L	55000	PTFE graft tendl (types II mm) + 30000 PTFE Graft Large (mour than 8 mm) + 50000	NA	We	Tertiary	Begular Priordure	Peo apecial condition.	Têm	No	Insucance
	Cardio-thiracle & Vaccular surgery, pediatris, Cardiothorscie & Vascular surgery	Peripherat Artorial Dargeries	Aarto - caronil hypens	55400	FTFE graft small (upno 0 mm] - 30000 FTFE Graft Large (more than 6 mm) - 50000	NA		Tertiary	Regular Procedure	No special cundition	No	24a	Junarated
104	Cardio-thorneic & Valendar surgery, pollutric Cardiothornete & Valendar surgery	Pertpheral Actorial Sargeries	Aurtu - mfsclaviau bypans	55800	PTVE graft small (upto 0 mm.) + 30000 PTPE Graft Large (more than 0 mm.) + 50000	P4.5	New	Tertiary	Rogular Procedure	No special condition		540	Instance
161	Cardio-thoriscic & Vascular surgery, pediatric Cardiotheracic & Vascular surgery	Peripheral Actorial Sergeries	Patch Graft Angleplasty	\$3200	PTTE graft small (upto 6 mm) + 30000 PTEE Graft Large (mmt than 8 mm) Soone	мл	Ne	Tertiary	Regular Procedure	No special condition	No	No	Insurance

-	Apociality	Patkage Name	Procedure Name	Rate	Implant rate	Stratification OFTAIL	Gent	Level of Care	Procedure Label	Special Condition	Rules	Dey Care	Reserved Prorestor (Innut and Trunt)
a	Cardio-Horacic & Vouralar surgery, pediatric Cardiothoracic & Vascular surgery		Small Arterial Assuryuma - Repair	55000	PTTE graft amail (upto 8 mm) - 30000 PTTE Graft Large (ourse than 8 mm) - \$0000	NA	No	Tertlary	Regular Procedure	No special condition	140	Ne	baurance
13	Carylis-Ostracic & Vascular surgety, pediatric Cardiotheracic & Vascular surgety	Peripheral Amerial Samparies	Medium stor actorial aneorysons with symbolic graft	55000	PTFE graft small (upts 8 mm] - 30000 PTFE Graft Large (more than 8 mm) - \$0000	NA	No	Tertiary	Hegular Procedure	No special condition	Tân	Ner	Insurance
4	Cardio-thoracte & Vacular surgery, pediatere Cardiothoracic & Vacular surgery	Peripheral Arterial Surgeries	Surgery for Arterial Aneurogam -Vertebral	\$5009	PTFE graft small (spite 8 turn) - 30000 PTFE Graft Large (more than 8 mm) - 50000	NA	Ne	Tertiary	Regular Procedure	Ro special condition	Plan.	Ner	Insurance
iñ.	Cardio-thoracic A Vanchar surgery, pediatric Cardiothoracic & Vascular surgery	Peripheral Actural Surgeries	Surgery for Arterial Aneuryton Benal Artery	35000	PTFE graft small (opto 8 mm) + 30000 PTFE Graft Large (more than 0 mm) - 50000	NA	Nes	Tertury	Rogalar Procedure	Ne special condition	1944	Nia	laursees
	Cardio-Distracte & Vascular surgety, publishes Cardiothoracie & Vascular surgety	Peripheral Arterial Sargettex	Operations for Acquired Arbirraremous Flatnad	55000	PTFE graft small (spin if mm.) - 30000 PTFE Graft Large (more than if mm) - 50000	NA.	1844	Tertary	Begalar Proosdure	No special condition	1644	New	- Laurasce
Ŧ.	Cardia-Boracic & Vocaliar surgery, podarcic Cardia/Boracic & Vascular surgery	Pergeberal Arternel Sergetses	Coogenital Arterio Vennus Famila	\$5990	No Implant.	NA,	No.	Tertary	Begalar Procedure	Ne special condition	No.	No	Insurance
10	Cardierthoractic A Vascular surgery, pediatric Cardiathoractic A Vascular surgery	Thrombormhale choisy	Peripheral Thromboembolentomy	imbo	No truplant	NA	Sir	Ternary	Regular Procedure	No special condition	Nu	No	Insurance

r.N Speci	ialty .	Package Same	Procedure Name	Rate	implaint vate	Stratification DETAR	Govt	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved : Procedure (Insurance) Trust)
Carilio-tho Vacular is preliatric Cataliathur Vaoralar is	angory nacis & soutery	Peripheral arterial lagary erp== (without bypest)	Peripheral arterial injury report (without hypers)	47000	No texting	56.8.	940	Tertiary	Regular Procedure	No special condition	Pier	Tre	Investor
Cardia-tho Vascular is pediatric Cardiathor Vascular is	urgery, rack: & urgery	Thoracolumy, Thoraco Alsdominad Approach	Thoracotomy, Thoracic Abdominal Approach	45000	No localast	543	80	Tertiary	Regular Procedure	No special condition	No	Na	Insurance
Cardio the Vacator is 71 preliance Cardiother Viscolor is	orgery. racie.&	Long surgery including Thoracotomy	Long cyst exclusion	49500	Pin begelant	NA	264	Tertiary	Regular Procedure	No special condition	Pha	Not	lasiarance
Carific-the Viscular of Pediatric Carillother Vasindar of	ingery:	Long surgery including Thoraentomy	Departication	49500	No heydani	NA	No.	Ternary	Regular Procedure	No special condition	Ne	Ne	Stear ance
7.3 pediatric Caribother Caribother Vascular w	argery, racic &	Long surgery including Thuracotomy	Hystatid cynt	49500	Wit Implant	NA	(Maig))	Tertury	Regular Procedure	No special condition	No	No	Incorance
74 Cardin-tho Vancular of Podiatric Cardinthor Vascular si	urgery, ract: R	Long surgery including Thoracotomy	Other simple lung procedure excluding lung resection	#9500	No Implant	SIA	Nil	Tertiary	Bregalar Procedure	No special condition	No	Ne	Insurance
Confine-thin Yangerahar ya perhatryo Cardiother Yangelar ya	urpsy, exit: & urpsy	Long surgery including Thoracontoiny	Bismitial Repair Surgery for Injuries due to FD	49500	No Ingelast	807 -	Ne	Tertary	Regulie Procedure	No special condition	No	No	hisurance
Gardo-tho Vacadar o Pe poduatris Cardiother Vacadar o	ornelică urgrey, racică	Pulmonary Resection	Petromary Resection	77000	No brightest		Sec	Tertiary	Regular Procedure	No special condition	No	Na	Insurance
Cardro-tho Variation of policities Confiction Variation of	wacich wigosy: racich	Sorgiçal Cierrectancef Brouchopheural Fistula	Sorgical Correction of Biomchopiestral Pietola	71500	No Amplian	NA -	No	Turtiary	Rogular Procedure	No special condition	No	Ne	hisurance
78 Cardia-the Vascular to pediatric Cardiather Vascular to	nracic & nurgery. rucic &	Spoce – Occupring Lesion (SDL) multiritinum	Space - Occupying Lesion (WIL) mediastinum	72050	No Implant	NA	Bio	Ternary	Regular Procedure	No special candition	The	No	miirmer

240	Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gove	Level of Care	Procedury Label	Special Condition	Raies	they Care	Reserved Procedure (Inturance Teast)
	Cardio thoracie & Vascular surgery, poliares Cardiotheracie & Vascular surgery	faciated Intercontal Dramage and Management of ICD, Intercontal Ulack, Antibiotics & Physiotherapy	tuolated Interessital Drawage and Management of ICD. Intercental Block, Antibiotics & Physiotherapy	11000	No Implant	NA	No	Secondary	Regular Proceduare	No special condition	No	No	tosuranen
ino	Cardio-thoracic & Viscular surgery, poliatric Cardiothoracic & Viscular surgery	Dophragmatic Repair	Diaphragmatic Report	32960	Mech - 6 X 3 - Polypropylene - 2000	'nA	No	Tertiary	Regular Procedure	No special condition	Na	No	Intacanter
111	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Surgery far Cardiac Turning	Sorgevy for Cardiac Yamour	113000	No Implant	ма	No	Ternary	Begular Procedure	No special condition	Na	No	Incarance
LR2	Cardio-thoracte & Vescular surgery, peduatric Cardiothoracte & Vescular surgery	Immediate respectation (setthin 5 days)	Tettology of Fallot Report (immediate (v operation)	120000	PTTFE Patch - Thin + 30000 Mechanical Valve - Billeathet - 40000 Mechanical Valve - Titimg Disc - 20000 Pericaedial Patch - 18000 RV - PA Constait - 120000 RV - PA Constait - 120000 Tissue Valve - 00000 Valve Bing - Bircal - 35000 Valve Ring - Tricuspia - 15000	N.A.	30	Tertiary	Add - On Procedury	Re-special condition	It can only be broked within 5-days of TOF Repair	7m	Interance
	Cardo-theracle & Vaecular surgery, pediatric Cardothoracic & Vascular surgery	Locoseduse respectation (within 5 days)	Adottic valve reptacement /repair	156200	Mechanical Value - Bileafiet - 40/100 Mechanical Value - Tiding Dise - 20000 Thesae Value - 80000	na.	240	Tertiary	Add - On Procedure	Pla special candition	It can only be booked within 5 days of Anrite Value	94a	Insurance
	Cardin-Unirsche & Vasentar surgery, podiatrie Cardiothenaris & Vasentar surgery	(meter-Sate respective (within 3 days)	Mitral valve replacement /repare	156200	Machanizal Valve - filicativ - 8000 Mechanizal Valve - Tiling Dus - 20000 Terue Valve - mi000 Valve Ring - Mitrai - 35000	NA.	310	Tertiacy	Add - On Procedure	No special anothing	Or zone unity fee booked within 5 days of Mitrud Valve	No	Interance

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ie M O	Specialty	Parkage Name	Prucedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Gire	Precedere Label	Special Condition	Rules	Day Care	Reserved Procedure (Immranity/ Trust)
	Cambo-thoracic & Vascular nurpry, pediatric Cardiothoracic & Vascular surgery	Inmediate reoperation (within 5 days)	Tricuigad valve reglacement /repair	156200	Mechanolal Valve - Rileafles - 40000 Mechanical Valve - Tulning Dise - 20000 Titanie Valve - 80000 Valve Ring - Tricopol - 35000	200	No	Turtury	Add - On Procedure	No special condition	It can only be booked within 5 days of Transpid Valve	Na	Insurance
186	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	tinmediate reoperation (within 5 days)	Double saive replacement. /repair	142000	Mechanical Valve - Bileaftet - 40000 Mechanical Valve Triting Dos: - 20000 Tissue Valve - 80000 Valve Ring - Mitral - 35800 Valve Ring - Tricuspid - 35000		Ne	Tertacy	Add - On Procedure	No special condition	It can only be booled within 5 days of Double Value Procedure	Not	lassarannas
1.07	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	lanmadiate rooperation (within 5 days)	Triple salve replacement /rypair	43500	Mechanical Valve - Blicadiet - 40000 Mechanical Valve - Titung Disc - 21000 Tismae Valve - 00000 Valve Ring - Mitcal - 35000 Valve Ring - Tricuspid - 35000		No	Tertiary	Add - On Procedure	No special condition	It can only be booled within 5 days of Trigle value procedure	Piles	Innarana
1.11.11	Carolis-Oberacie & Vascilar sargery, pediatric Carolistitory.cic & Vascilar sargery	Lew Cardiae Output syndrome requiring LADP insertion port- operatively	Low Carifiac Output syndrome requiring LARP insertion	5000	MBP Cathenee 50000	NA	Na	Terliary	Add - On Py weeduite	Association with CABG Roed to submit Barcode/10 sumilier of IABP. Intra-operative or of IABP as a part of operative strategy, not included Incidence - 5% to 7% Scoutiny of Hospitals where incidence is more than twice of prescribed limit	Yka	Ne	Insurance
1279	Gardio-thomacic & Vaocidae norgerti, preliatere Carubatheractic & Vaccidae sorgerty	Bar-du storestamy	lie du tierantony	22009	No Inglant	NA (764 (Secondary	Add - Dn Pricedure	Securetal medition	249	Ma j	Insurance

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N	Specialty	Parkage Name	Procedure Name	Bate	Implant rate	Stratification DETAIL	Gowt Feb.ersu	Level of Cato	Procedure Label	Special Condition	Rules	Day Cate	Reserved Procedure (Insurance/ Trust)
10	Gerito-Honacic A Vascular surgery, pediatric Confrotheracic & Vascular surgery	Encessive Infending requiring re- exploration	Excessive bleeding requiring re-exploration	11000	No implant	NĂ	240	Secondary	Add - Oo Pracadura	No special condition	Na	50	beerater
9J.	Cardio-thoractic & Vascular surgerý, podutnic Cardiothoractic & Vascular surgery	Mediastanotomy	Mediantinotomy	29590	No implant	NA	Nu	Tertiary	Regidar Priombire	No special condition	No.	No	Insurance
92	Cardio-thoracic & Vaccular nurgery, pediatris Cardiothoracic & Vascular surgery	Pretus excavation	Pertus estavation	50000	No implant	NA	Sn	Tertiary	Regular Procedure	No special condition	No	No	forcar seice
93	Cardio-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Gelt ventytsular aneuryten repar	Left ventricular aneoryses repair	T 20000	No Implant	NA	Na	Ternary	Regular. Procedure	No special condition	No	No	Insurance
94	Cardio-thoracic & Vaecular surgery, pediatric Cardiothoracic & Vaecular surgery	GABG + Left ventricular aneurysin reptir	CAING + Left ventricular aneuryom repair	143000	Nu Implant	NA	No	Ternary	Repular Procedure	%o special condition	Ne	Sire	Booscaries-
95	Cardin-thoracic & Vascular surgery, pediatric Cardinthuracic & Vancular surgery	Trachesi repar	Tracheal repair	50000	No Implant	n:A	94	Tertiary	fiegular Procedure	No special condition	Sa	sin	litiwante
96	Cardis-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Aortic stenting	Aertic storting	50000	Stent: 350000 Max 1	NA	No	Tertany	Regular Procedure	No special condition	No	No	Interance
97	C MEDICAL MANAGEMENT	Bood Limpunent FFP	Bland component FFF - Add 10	400	No Implant	NA.	510	Secondary	Add - On Pracedure / day care	No special condition	Nu	309)	Insurance
-	Cardio-thoracic & Vascular norgery, preficient Cardiotheracic & Vascular norgery	Long Hydorod Cyst restored	Lung Hydarid Cyst renoval	26254	Nes Implant	ŅA	70	Tematy	Regular Procedure	The special modimum	Siu	Nin	Insurance
99.	Cardio thoracic A Vocular surgery, podiatric Cardiothicacic R Vascular surgery Contrology		For Deep ven thrombanis (DVT)	30000	No Implain	NA	No.	Tuttiny	Regular Procedure	58 special condition	No	Nin	hituranen

lr.N U	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gast	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)	
200	Cardia thoracic & Vascular nargery, pediatric Cardiathoracic & Vascular surgery, Cardiology	Catheter directed Thrombolyos	For Meanduric Thrombosis	30010	No implant	NA .	No	Tertiary	Regular Procedure	No special condition	No	Nie	Insurance	
201	Cardio-Hieracic & Vascidar sorgety, pediatric Cardiotheracic & Vascidar sorgety, Cardiology	Catherizer dorected Threamberlysis	Por Peripheral venuela	300.00	No Implant	NA	hip	Ternary	Begadar Procedury	No special condition	Ne	ħe	Inserance	
202	Cardio-thirracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, Cardiotogy	Temporary Pacemaker implantation	Temporary Pacemaker Implantation-Add on	7000	No Implant	KA.	No	Secondary	Regular Procedure	No special condition	Ne	No	Insurance	
203	Cardio-thoracie & Vascular surgery, pediatric Cardiotheracie & Vascular surgery, Cardiology	Tongle Okamber Permanosii Pacemaker Implantation		nithdin (Including Milli compartable single chamber pacemalior- VVIII)	64509	N.A.	ł	Tertiary	Regular Prioridary	No special conditions	fine	210	Insurance	
204	Cardin-thoracic & Vascular norgery, pediatric Cardiothoracic & Vascular sorgery, Cardiology	Double Chamber Permanent Pacemaker Implantation	Permanent Patemakar Inglantation - Double Chamber	338940	MB3 compatizités foudie Chanther Pacemaker - 75000	NA	No	Tertiary	Regilar Priordure	No spectal condition	No	Stat.	Insurance	
385	DENERAL MEDICINE PARDIATHE C. MEDICINE MANAGEMENT	lliunal mattaliana m	Wood compressit S209- Add ou	9608	No lingtant	NA	m	Secondary	Add - Ou Procedure / day care	No special condition	Nor	yee.	Insurance	
206	Cardio-thoracle & Vascalar surgery, pediatric Cardiothoracie & Vascalar surgery, Cardiology	Acute thrombusia Systemic Thromhodysis and anthroagydation	Acute thrombosic Systemic Thrombolysis and onlineagolation (including thrombolytic agent r - TPA)	30400	No Implant	MA	No	Tertiery	Regular Priscodore	No special condition	80	Yka	Instrance	
2017	Cardin-Hore sets & Vascular surgery, politates: Cardiotheracic & Vascular surgery, Cardiology	Ceronary Angong apty	Commery Anglingraphy - peet reserve	5300	No Implant	54	æ	Secondary	post neseria J Hagular Privadure	Sur-spectal conditions	Re:	Re	Insurance	9.
	2					Nage and part				r: P	viet A	SY/	0	AC .

	Specialty	Parkige Name	Procedure Name	Hute	Implant rate	Stratification DETAIL	Gove	Level of Care	Procedure Label	Special Condition	Bales	ttay Care	Reserved Procedure (Insurance/ Traint)
200	Gardie-thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, Cardiology	Surgical Correction of Category - B Congenital Heart Disease	Sinue of Valsalva aneuryam repair with aantic valve procedure	132000	PTFE Parch - This - 30000 Muchanical Valve - Bleadies - 40000 Mechanical Valve - Tilting Olix - 20000 Pericardial Patch - 18000 Timme Valve - 80000 Valve Eng - Mitral - 35000 Valve Rong - Tricongoil - 35000	NA	No	Tertiary	Regular Procedure	No special condition	That .	No	Teaurance
209	Carrise-Oenacic & Vancidar surgery, pediatric Cardiothoracic & Vascular surgery, Cardiology, General Medicine	Puimenary theonaboembelie M	Palanmary thronoboensholipm	ICU (with Ventilator)- 7500 (ICU (without Ventilator)- 6700 (Routnee Ward- 1000	No Implant	ICU (with Veenlator) 7500 ICU (without Ventilator)-4700 Reutine Ward-1800	Side	Secondary	Regular Procedure	No special condition	Pia	Sin	Insulance
210	Cardio-theracte & Vascular surgery, pediatric Cardiothoracte & Vascular surgery, Cardiology, General Medicine	Perspheral Actestal Thrombosta	Peripheral Arterial Thrombosis	ICU (with Vortilator)- 7500 ICU (without Ventilator)- 4700 Rostone Ward- 1000	500 longiant	ICU (with Ventilator) 7500 ICU (without Ventilator)-4700 Routine Ward-1200	No	Secondary	Regular Procedure	No special condition	No	Ka	lemenne
213	Cardia-thoractic & Vascular surgery, pediatric Cardiathoracs: & Vascular surgery, Cardialogy, General Nedictor	BHD / CAD / Arrhythmia	Aivintenia	ICD (with Ventifator)- 7580 ICU (without Centifator)- 4700 Routtue Ward- 1000	No implant	ICU (with Vermlatur) 7500 [ICU (witheast Versiliatur] 4700 [Rautine Ward-1800	Sin	Secondary	Regular Procedure	For special condition	No	Nn	lennance
212	Cardio-thoracic & Vendar sergery, pediatric Cardiothoracic & Vascalar surgery, Cardiology, General Modicine	DeD / CAD / Arrhyttmux	CAD	ICU (with Ventilator)- 7508 ICU (without Ventilate)- 4700 Bastine Ward 1800	No Implant	ICU (with Viennlator) 7500 ICU (without Ventilator)=4700 Rentine Ward=1000	No	Secondary	Regular Procedure	No special condition	No	No	Insurance

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Sr.N	Specialty	Package Name	Pencedure Name	Raie	Implant rate	Stratification DCTAIL	Gavt	Level of Care	Procedure Label	Special Condition	Ruby	Day Care	Reserved Fracestate (Insurance/ Texas)	
219		Extended LOS care plug for advanta sugeries	Extended LOS case plug for advance supprises after a days (allowed after pre- auth, if justifies mas 1 days in single go]	ICU (with Ventilator)- 7500 (ICU (without Ventilator)- 4708 () Routine Ward- Lune	No Implant	ICU (with Ventilator) 7500 ICU (withour Ventilator)-4200 Rostins Ward-1000	340	Secundary	Adul - Uni Proceedure	No special constations	No	No	Insultance	
214	Canilio-thuractic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery, General Surgery, Paediatric surgery	Rib Resection & Drainage	Rib Resection & Dramage	17300	No Implant	яд	No	Secondary	Regular Procedure	No special condition	No	No	Incarance	
215	Carefue-thoracte & Visionaliar surgery, pediatric Carefuetto-racte & Vascellar surgery General Surgery Patenoncogy Patenoncogy Patenoncogy	Interenetal dramage-Add on and Regular	Intercontal desirage	2580 (ane tanv)	No Terplant	tv.6.	ħn	Secondary	Regular Procedure	No sportal condition	740	No	Insurance	(

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ar.N	Specialty	Package Name	Procedure Name	Bate	Implant rate	Stratification DETAIL	Gost	Level of Care	Procedure Label	Special Condition	Rates	Day Care	Reserved Procedure (Insurance/ Trust)
310	Cardio-thoracte & Vascular surgery, podiarise Cardiothoracie & Vascular surgery, ENT. Neuros orgery, Paediatric Motical Matagement, Plastic & Reconstructive Surgery, Palmonolog y, Surgical Oocology, General Medicine	Tracheostumy / Tracheostumy	Trachematomy	9500	Ne Implant	NA	54	Secondary	AddDo Procedute	No special condition	Ma	ž	Innurance
217	Cardio-theracic & Vascular sampery, pediatric Cardiothuracic & Vascular surgery, Paeliatric Medical Massagement, Plastic & Reconstructive Surgery, Palmanalog y Sorgical Oncology/Senseral Mashrine	Trachentony / Trachentony	Trachestory	9500	No impiant	NA	544	Secondary	Add - Oe Procedure	No special condition	No	50	human
21.0	Emergency Room Packages (Care requiring less than 12 hea stay)	Laceration - Seturing / Dressing	Laceration - Sutaring / Dressing	1860	No Implant	NA	Su.	Secondary	Regular Procedure	No special condition	No	Sa	huuratee
219	Emergency Room Packages (Care requiring less that 12 hrs May)	Cardiopoliticar y entergraity	Emergency with unstable cardiopalmonary status with resecutation	2000	No Implant	NA.	No	Secondary	Regular Procedure	No special condition	No	No	Theoremore
230	Energency Room Packages (Gare requiring less than 12 bre stay)	Aone ibdimm	Arute abdomen pass	1860	Na Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
211	Emergency Room Packages (Care requiring less than 12 brs stay)	Cardiepulmosae y energency	Emergency with stably orelinepulmenery status	2005	No Implanz	14.h.	Nu	Secondary	Regider Procedure	No special condition	No	No	Desarimen

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| | Package Name | Procedure Name | Rate | Implant rate

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9 9	Specialty	Package Name	Procedure Name	Rate	langileast rate	Strautication DETAIL	Gost	Level of Care	Procedure	Special Condition	Rules	Day Cars	Reserved Procedure (Insurance/ Trust)
	Endurmelogy	Continuous Glacusor somitioring system (CGMS) (Reader and somari)	Continuous Glapose monitoring system (CGMI) (Reader and ammor) - Cont reserve	Reader Ra Scon Sensor Its a000 - Including anglant	No Implant	5.4	R	Tertiary	Regular PRG	No special condition	ne:	Sn	trust made
2238	Endocrinology	CSIII Purrup semienzencies	CSIT Pump emergencies	RS 2000 per dare	No Implant	NA	yes .	Tertlary	Reputer PMD	No special condition	No	Nu	trust mode
24	Endocrinaliogy General Medicine, Paediatric Modical Management	Addison's disease	Addition's disease	JCII (with Vantikanir)- 1500 (1020 (without Ventikanir)- 4780 (1 Rootnas Ward- 1000	Rolmpian	ICU (sente Vessiliator) 7500 / ICO (seithoat Venitiator)-4700) Bautino Ward-1800	Yes	fee contary	Regular Procedure	No special condition	Na	Nes	baarance
30	ENT	Pinna surgery for hamour / trauma	Piene surgery for trauma	86.05	No Implant	NA	Ne	Summary	Regular Procedure	No special condition	Tilyin	No	Insurance
31	LNT	Stapedectory / tyreprovidurity - Govt. privative	gandminima	13000	No Implant	RA	700	Secondary	Regular Procedure	No special condition	Nie	Na	Montance
n	6N7	Mantoidecturny-	Simple	24000	No Implact	NA	998	lecondary	Regular Procedure	No special condition	Tio	No	maurance
33	ENT	Manualectury Gost reseved	Radical	24000	No Implant	NA	yes .	Secondary.	Reputer Precedure	No special condition	No	No	Beatrance
34	ENT	Myringstomy with nr without Grunnat	Unilarieral	6000	No Implant	LA - 7600 GA - 12600	84	lecondary .	Regular Princedure	No special condition	10	No	mentaria
is.	UNT	Myringsturop with or withour Grammet	Bilatorial	0000	No Implant	LA - 7608 GA - 12600	Ne	Secondary	Reputar Procedure	No special condition	na	No	Insarance
34	INT	Endoscopic DCR	Endosrege: DGR	15200	No Implant	NA	Ber	Secondary	Regular Procedure	No special condition	No.	No	Dasserunce
12	INT	EpisCosis Unistanesi - zaching	Epistanu Areatriant - paching (day care)	2100	Nu templant	NA	No	Secondary	Regular Procedure	No special condition	no	Ser	Instates
30	INT	Ant: Ethnoodal / sphenopalation activity lightion	Ant. Ethnooidal artory ligation - Open	12000	No longitant .	NA	941	Soomdary	Regular Precedure	No agental condition	No	hu	hariner
99	UNT	Are, Etheould / spheropolation artery lightee	Ant. Ethnooilal artory ligation - Endoscopei	12900	Net Impland	NA	240	Secondary	Regular Procedure	Sir special constraint	Mis	No	hanner

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N	Specialty	Package Name	Procedure Name	Rate	Implant rafe	Stratification DETAR	Govt	Level of Care	Procedure	Special Condition	Rules	Day Care	Reserved Procedure (Insorance/ Trust)
10 3	NT	Ass. Ethnoidal / sphenopalatine actory ligation	Spheunpalatine arisery ligation - Open	12000	No Implant.	NA	Nis	Secondary	Regular Procedury	No special combition	No	No	Internet
11	NT	Ant, Ethnordal / spheropilation attery lightum	Sphenopulation arrivry lightion - Endoncopie	12000	No bogilant	MA	95e	Sociality	Regular Procedere	No special readition	No.	Ne	Usingania
42.0	NT	Adenoidentioniy- Govt reserved	Adenaidettamy	7900	No Implant	NA	yes	Secondary	Regular Procedure	No apectal condition	No	Ne	Insurance
0.1	NT	Microioryopeal surgery with se- without laser .	Microfaryngoal aurgory with or without lasty	E7000	No Implant	84	%a	Secondary	Regular Procedure	No special condition	No	1	Insurance
44 0	astroenterology	Parent centel occhusium - Basic -Gavt Reserve	Parent vessel occlasion - Basic	10000	No implant	NA	yiii	Tertiary	Regular Procedure	No special condition	No	Ne	Insurance
6.3	attroenterclogy	The second state of the se	PAIR / percutaneous seleculturapy for Hydatid cyst	7320	No birplant	ħΑ	N i)	Secondary	Regular Procedure	No special condition	No	Thire	Insutance
36.4	astroenterology	Sigmoidescopy	Sigmesiducongy - stand alone	1500	No implant	NA	No	Secondary	stand-aime	No special condition	No	No	hourance
47 1	antroenterology	Upper Gt Endustropy	Upper GLEndimorph - ADD	100	No Implant	NA .	Sile-	Secondary	Add - Un Procedury	For special condition	Jun	No	liniaritico
10	astroenterology	Caprole Endescopy	Capsule Endescopy - ADD ON	5500	No implant	NA	No	Secondary	Add - Un Procedure	No special condition	No	No	linurator
15	astrocsturelogy	AUDIO CONTRACTOR	Columnicapy- ADD ON	1000	No linguists	MAC .	No.	Seisindary	Add - On Procedure	No special condition	Nu	No.	Arrest aver
50	astroenterology	Endescopic Que injection	Endoscopic Glor Injection - ADD ON	3000	No Implant	NA	No	Secondary	Add - Ou Procedum	No special condition	No	No	Invariance
51 (antrois duridingy	Endoscopo beroschp errituation	findoscopia bernoclip application - ADD ON	2500	No Implant	91A	Ner	Securitary	Add - On Procedure	No special condition	No	1921	HURLINGCE
97	astroenterology		Endonempic Sclerotherapy - ADD DN	2800	Nex Implant	NA	No	Secondary	Add - Da Proceshire	No special condition	No	Net	Incorners
53.3	annonan shig	Endoscopic Variceal hand Significat (EVL) methoding hand	Endouropic Varireal Iranal Tigatom (EVI.) Including Jonal - ADD ON	2900	Nes Implant	96A /	Pare .	Secondary	Add - Da Prinvallary	Ner special conditions	54	hin	Insurance
54	antrisenter olagy . emetal Medicine	Acute severe ukaratare colica	Acute severe ulcarative solutio	ICU (with Vestilator)- 7500 ICU (without Vestilator)- 6700 Routine Ward- 1600	Ne Implant	JCII (with Ventilator) 1500 JCU (withinst Ventilator)-4700 Brotine Ward-1800	Su	Secondary	Regular Procedure	Ne special condition	a kini	No	howance

1.0	Specialty	Package Name	Procedure Name	Rate	Desplant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Condition	Rules	Day Carv	Reserved Procedure (Insurance/ Treat)
255	Gaitzienterüligy . General Medicine	Mesenteria Ischemia	Mesentorix lachemia	ICD (with Ventilator)- T500 (1000 (without Ventilator)- 4700 (100 Noctine Ward- 1900	Nie Implant	RCD (with Venillator) 7509 (103) (without Venillator)-4700 (Routine Ward-1800	No :	Tecondary	Regular Procedure	Ne special condition	Tita	340	Insurance
236	Gantrijenterojogy , General Medicine	Chalangitis	Chillingth	1CU (with Ventilator)- 7500 ICU (without Ventilator)- 4700 Beatine Ward- 1000	No Implant	ICU (with Ventilator) 7500 (400 (without Ventilator)-4700 (Boutine Ward-1800	No	Secondary	Regular Procedure	No special condition	Na	Na	Invatance
257	Gastroonterology , General Medictus, Paudiatrs: Hediral Management	Acute liver failure/Failmture 1 Hepathis	Adata lister failure,Fulmatant Reparties	3CU (with Ventilator)- 7500 (No Implant	100 (seith Ventilator) 7500 (301 (without Ventilator) 4700 (Routine Ward-1800	1940	Secondary	Regular Procedure	No special condition	50	Na	losarance
258	Gastriaenterology , General Medicint, Paediatric Medical Malagement	Diservites	Chrunic diarrobea	ICU (with Ventilator)- 7500 [ICU (without Ventilator)- 4700] Boutine Ward- 1800	No Implant	JCU (with Ventilauur) 7500 1CU (without Vontilator)-4700 Routine Ward-1800	Net .	Tecondary	Regular Procedure	No special condition	No	Mrt	Jongranie
	Gastraenterology , Geseral Medicine, Faeflater, Medical Management	Durrichez	Persistent diarroles	ICU (weth Ventilator)- 7500 (ICU (wethout Ventilator)- 4700 (Routine Ward- 1000	No Implant	ICU (with Ventslator) 2500 (1CU (without Ventilator) 4700 (Bouring Ward-1000	1.0	Secondary	Regular Procedure	Roy apendal conditions	film	ħn	Invariance
2100	Gastroenberology , General Medicae, Paediatric Medical Management	Actor beer failure	Acute liver faffate.	ICU (with Ventilator) 7509 (ICU (without Ventilator)- 4700 (Ibustitike Ward- 1000	No Implant	ICU (with Ventilator) 7500 ICU (without Ventilator)-4700 Routise Ward 1800	Nei	Secondary	Regular Procedure	No special conditions	No	50	Description

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20	Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Covt Covt	Level of Care	Procedure Label	Special Condition	Rules	Day Lorr	Reserved Procedure (Insurance/ Triot)
61 Gi		Oesophageal Varioes Banding	Orwephageal Variety, Handing	NCU (woth Ventilator)- 7506 () 2CU (without Ventilator)- 4700 (Roadine Ward): 1900	Ne Implant	HCII (with Ventilator) 7500 (101 (without Ventilator) 4700 (Houtine Ward-1008	No	Secondary	Regular Procedure	No special condition	No	No	linearmeter
62 () 1	astroenterology, eneral Medicine, aediarric Medicial lanagement	Bysentery	Dysentery	DCU (with Ventilator)- 7500 DCU (without Ventilator)- 4700 Routine Ward- 1800	Ke Implant	RCB (with Ventilator) 7500 1CD (without Ventilator)-4700 Routine Ward-1800	No	Sesundary	Kegular Procedure	No special confitton	Na	Ne	Innatance
63 (G) (A)	admonteningy eneral Mudicine, ordinates: Modical anagement	Arane veral bepatnis	Az ure visul hepatitis	ICB (with Vernilator)- 7500 ICD Caltheout	Nei Implant.	ICU (with Vestilator) 7500 ICU (without Vestilator)-4700 Bourine Ward-5800	211	Secondary	Regular Prosedure	No special condition	No	The	Insurance
64 (G		Огони Верапиа	Orronic Hepseltis	ICU (with Vontilator)- 7500 ICU	See Implant	ICU (with Ventilator) 7500 (ICU (wrbeait Ventilaror)-4700 (Routine Ward-1800	No	Secondary	fiegalar Procadaes	No special condition	Ne	210	Disurance
nh fr	attronosculogy, eneral (Helicine, andustric Medica) andgement	Lawer admiration	Liver absorat	M30 (with Ventilation)- 7500 (1000) (without Ventilation)- 4700 (1 Resettion Ward- 1000	See Implant.	ICU (with Ventilator) 7500 (ICU (without Ventilator)-4700 (Bouriere Ward-2000	Ne	Secondary	Kepslæ Procedues	No special condition	No	244	laurance
66 Gr	etmenterology , metal Medicine, rodustric Medical anagement	Pancovatina	Aiane pancesatilla	ICU (with Ventilator)- 7500 1020	Nie Implant	BCII (with Vestilator) 2500 ICE (without Ventilator)-4700 Routine Word-1800	No	Sevenidary	Regular Procedum	No special condition	240	No	laturation

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se.N 0	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Goodition	Rules	Day Cars	Reserved Procedure (Insurance/ Trust)
267	Gastroenterology General Melleine, Paediaric Madical Management	.Paraciwatistis	Ormaic pancreatina	ICU (with Ventilator)- 7500 ICU (without Ventilator)- 4700 Routise Ward- 1000	Ne Implant	ICU (with Ventilator) 7500 (1000 (without Ventilator)-4700 (Bootine Ward-1800	14.4	Secondary	Regular Procedury	No querial condition	Ne	Ne	Insurance
260	Gastroenterology . Gesural Medicine, Paediatric Medical Management	Anches	Ascites	ICII (with Ventilanae)- 7500 (ICII (without Ventilator)- 4700 (Reamine Ward- 1800	No Implant	ICU (with Veetilanar) 7500 KU (without Veetilator)-4700 Kootine Ward-1800	No	Secondary	Begular Procedure	No operial condition	Na	Sar	Insurance
26/4	Gastroenterstige General Medicine, Paediatric Hedical Management	Upper Gl hteeding	Upper Gl bleeding (conservative)	ICII (with Veetilator)- 7500 ICII (withmat Varitlator)- 4700 Rontine Ward- 1000	No Implant	ICII (with Ventlanar) 7500 ICII (withour Ventlatar)-4700 (Bouting Ward-1880	Ne	Secondary	fogsdar Procedure	No special condition	No	50	Insurance
270	Gastroenterology General Medicine, Paeshatrix Medical Management	Lower G benorthage	Lower Gi bernserhage	ICU (with Ventilator)- 7509 [ICU (without Ventilator)- 4709] Rautine Ward- 1000	No Implant.	ICU (with Veintlaner)- 7509 (100 (withour Ventlator)-4700 (Routine Ward-1000)	No	Secondary	Regular Procedure	No special condition	No	No.	Insurance
271	Gantraantoodingo General Mediatino, Paedantic Medical Matagement. Puediatric surgery General surgery Ganeral surgery Ganeral Gantroentonology	Intestinal obstruction	Endentimon (vetent your classes	ICII (setth Ventitator)- 7500 (.) ICIJ (withour Ventilator)- 4700 (.) Rostine Ward- 1000	No Implant	ICD (werts Veensfamer)- 7540 (ICD (wertsour VeetBator)-4700 (Keatine Ward-1800	Ne	Secondary	Begalar Procedure	No spicial condition	No	Nu	Inconstruct

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SEN U	Speciality	Package Name	Procedure Name	Rate	Implant rate	Straffication DITAIL	Govt	Level of Care	Priscodure	Special Cendition	Rain	Day Care	Reserved Procedure (Insuranci/ Trust)
272	Gaetreenterology , General Surgery	Surgical management of Lower GI blevil (inclusive of sigmoidosangy / colouscopy) - Colouscopy) - Colouscopy - Colouscop	Surgical management of Lawer G bleed (inclusive of signosidoscopy / colonoscopic management only excluding local pertonal conditions		No Implant	864	No	Secondary	Regular Procedure	So special condition	No.	Plan	lasuransa
273	Gastroentendagy . General Surgery, Surge of Gastroenterology	ID(CP	ERCP	15000	No Implant	NA	300	Secondary	Regular Procedure	the special condition	No	360	huurance
374	Gastroenterology, General Surgery, Surgical Gastroenterology	ERCP	ERCP + Stenting/Stone removal	20000	No Implant	NA	No	Secondary	Regular Procedure	No ipecal condition	Na	No	Inverse
275	Gastroenterology Paediatric Medical Management Gener al Medicine	Arms secreting sever parcreatius	Acute necrostating severe pancrestitis	ICU (with Ventilator) 7500 (ICU (without Ventilator) 4700 (Roome Ward- 1800	Nee Implant	ICO (weth Ventilator) 7500 ICO (without Ventilator) 4700 Routzin Ward-1800	Ne	Second lary	Begolar Procedure	No special condition	Sim	5a	Insurance
276	Gastroenterology . Pardiatric surgery	PORTAL HYPERTENSION	NON-STILINTS	45000	So Implant.	NA	No	Teenary	Regular Procedure	No special condition	Wes	tin	Insurance
277	r General Modicine	Severn Asemia (Thalasaemia)	Adminuten for Packed cell blood transfusion (Daycare /Max. of One day) including US days from dasherne Modicine(Delerasine) on discharge and reathin investigation -GBC (investigation -GBC (including, bernoglober, DEC, FLC, platelet court etc.) UPT, RPT, Brite protein, Te ferratio - during four administra and then 3 monthly.	1500	Sur baugtanr	No	No	Securitary	Begodar Precisitare	Endy booked at the time of Lat admission and then after completion of 3 months, in between this package can set be booked.	Yes	him	Programmer

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		Admission for Packed cell			and the second se	A DECK DECK DECK	Sector Sector	The second second	ALCONOMIC DE LA CONTRACTORIO DE LA C	ALL	Carlo Carlo	Trunt)
VALUE AND A CONTRACT OF A CONT	Severa Anamia (Thalassemia)	hlood transfusion (Daycarie /Max. of One day) inleading 15 days Iron chelation	1500	No Implant	No	Na	Secondary	Regular Procedure	Can only be booked after 15 days of see on any other package for thalassemia. After using this package it can not be booked again in next 30 days.	Tes	Sin	Theatance
	Severe Avenua (Thalassemia)	Administration for Packersl cell blood manufacture (Daycare /Max. of One day) inkeding 15 days iron chelation Medicine((Deferation) on discharge and nution intentigation - CINC, Dischaling benerglebin, DLC, TLC, plantiet count en;) LPT, KPT, Jimme Profiles Linonthly once		No Implant	Ne	Net	Secondary	Regular Procedure	After using this package it can not be booled again in the sort 30 days.	Tvis	No	Innernez
	Severa Anemia (Thalassemia)	Admission for Packed cell blood transfusion (Daycare /Mas. of One day) including 15 days free chelation Medicine(Deleriprone) on discharge and routise investigation -CBC (Including hersoglobic, DLC, TLC, platelet count enc) LFT, KFT, Unite protein, Sr. forstin - during first admission and then 3 monthly.	1500	Ko boplast	No	710	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 beerked.	Yas	Ne	Insurance
	Severo Aarmia (thadarrenta)	Admission for Packed cell blood transfusion (Daycare /Mai, of Ope day) infeeding 15 days brok chilation Medicine(Defertprotec) on discharge and routher investigation-CBC (Installing bornegistion, DEC, TLC, plateiet count etc)- 55 days once	2500	the Implant	No	360	Secondary	Regular Procedure	Can write be booked after 15 days of one on any other package for thalacoenics. After using this pockage it can out be booked upon in next 20 days.	Yez	Ne	Insurance
	a Medicase	a Medicine (Thalassemia)	Image: Severe Anemia Admission for Packed cell files (Thermities in (Dayrare / Mak. of One day) ink ading 15 days from Chelation (Thermities in (Thermities in Chelation (Cheferaning) on discharge and routine (Incettigation - Chelation Servers) on Chelation (Cheferaning) on discharge and routine (Incettigation - Chelation Servers) on Chelation (Cheferaning) on Chelation (Cheferaning) on Chelation (Cheferaning) on Chelation (Cheferaning) on Chelation Servers) on Chelation (Cheferaning) on Chelation (Chelariprone) on Chelation (Chelariprone) on Chelation (Chelation (Chelariprone) on Chelation (Chelation Chelation (Chelariprone) on Chelation (Chelation (C	Image: Severe Anemia Administration for Packed cell Mediciner Severe Anemia Administration for Packed cell Mediciner Severe Anemia Administration for Packed cell Mediciner Severe Anemia Severe Anemia Severe Anemia Mediciner Severe Anemia Administration for Packed cell Size Severe Anemia Administration for Packed cell Size Size Mediciner Severe Anemia Administration (Descrete cell) Size Severe Anemia Administration (Descrete cell) Size Size Mediciner Severe Anemia Administration (Descrete cell) Size Mediciner S	Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 14: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 14: Image: The platebre count etc.)- 13: Image: The platebre count etc.)- 14: Image: The platebre count etc.)- 14: Image: The platebre count etc.)- 14:	If Medicine Severe Average Advancement etc.): 15 and an analysis (1 Medicine Severe Average Advancement (Defension (Deprace (Defension))) and and analysis analysis (1 Medicine Severe Average Advancement (Defension) (Deprace (Defension)) analysis analysis analysis (1 Medicine Severe Average Advancement (Defension) (Deprace (D	Image: Severe America Admission for Packed cell Image: Medicine Severe America Image: Medicine Medicine(Severe Medicine) Image: Medicine Severe America Image: Medicine Medicine(Severe Medicine) Image: Medicine Medicine(Severe Medicine) Image: Medicine Medicine(Severe Medicine) Image: Medicine Medicine(Severe Medicine) Image: Medicine(Severe Medicine) Medicine(Severe Medicine) Image: Medicine(Severe Medicine)	If Medicine This publicle count etc)-15 Image: Severe Avenue, dependence on the definition (Departure Avenue), departure on the definition (Departure Avenue), departure on the definition (Departure Avenue), departure on the definition (Departure Avenue), definion (Departure Avenu	In Medicine Thic, plather count rich, 13 Image: Constraint of the problem of the	Interconstruction The sense approximation (Dec) Th	In Reduction Second Annual Descent red, h13 No Impliant No Second Annual Descent red, h13 Second Annual Descent red,	Interface Interface

Se N	Specialty	Package Name	Procedure Same	Itate	Implant rate	Stratification DETAIL	Gent	Level of Carr	Procedure	Special Condition	Rates	Bay Gare	Reserved Procedury (Insurance/ Trans)
2012	General Medicine	Severe Anenta (Thalassemia)	Administen for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days of Iron chelation Merkeine(Deferipenne) on docharge and routine investigation -CBC (Including temoglobin, DLC, TLC, plantlet count etc.), LPT, RFT, Uruse Protein -1 monthly once	1500	No Implant	Sio	Net	Secondary	Regular Pricodure	After using this package it can not be booked again to next 30 days.	Yes	Nu	Interprot
183	General Moduure	Guit	Gout	ICU (with Ventilator)- 7500 ICU (without Ventilator)- 4700 Routtow Ward- 1800	New Emplant	ICU (with Ventilator) 7500 [ICI) (without Ventilator)-4700] Routine Ward-1800	Nii	Secondary	Regular Pracodure	The special conditions	Net	210	Insurance
284	General Medicine	Gerebral Nerstation		ICU (with Ventilator)- 7580 (ICU (without Ventilator)- 4700 (fourtise Ward- 1800	No Implant	ICU (with Ventilator) 7500 ICU (without Ventilator)-4700 Routine Ward-Li00	No	Secondary	Regular PIOS	No special condition	Na	*io	haarance
285	Conserved Merginiane	Constral Sine Vennus thrombous	Carabral Sino Venuus	ICU (with Ventilator) 7500 (ICU (without Ventilator) 4700 (Routine Ward Uati	No Implant	ICU (with Ventilator) 7500 ICU (without Ventilator) 4700 foatuer Ward-1000	Net	Secondary	Regular PKG	No opecial condition	No	Nu	American
206	General Medicine	CHED / READ		ICD (with Venitlator)- 7500 [ICU (without Venitlator)- 4700] Routine Ward- 1000	Neo TonpiLent	ICU (with Ventilator) 7500 ICU (without Ventilator)-4700 Rostine Ward-1800	Nia	Secondary	Begular PKG	No special condition	Jon	No	Inverance

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Se.N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
2113	General Medicine	Actus least or egression / Acuts semicating in neuro metabolic stal neuro degenerative conditions	Actue suscreregression/ Acute inversenting in tears metabolic and memolegenrative emolitions	ICIF (weth Vermlatur)- 7500 ICU (without Vermlatur)- 4700 Biogtone Ward- EB09	No Implant	ICU (with Venillator) 7500 ICU (without Ventilator)-4700 Koutsee Ward-1800	9	Sernedary	Degolar PRG	No spectal condition	Nia	No	imurance
139	General Medicine	Dubetic Foot - Gevt reserved	Diahetic Fout - Conservative management	Routine Ward- 1800	No Implant	Routine Ward-1800	yex	Secondary	Stepslar Procedure	No special condition	No	No	mistance
-	General Medicine, Interventional Radioingy, nordical encology, Surgical Oncology	Bone marrow asperation of biogray	Booe marriest aspiration of biopsy	1000	Soo Imiptione	NA	*	Secondary	Add - On Procedure / day care	No special condition	No	yes	Instrumen
299	General Miedicine, medical occulogy, Obstetrues & Gytascology, Paediatric Medical Management	Severe anomia	Severe anemia	Routine Ward- 1800	Ne împlant	Reatine Ward-1000	Nor	Secondary	Asgular Procedure	Ko special condition	No	No	Insurance
291	General Meitann, motical nacology Paettarne Medical Management	Sahle cell Anerica - Gevt reserve	Sictle cell Anemia	ICU (with VentRator)- 7500 L ICU (without VentRator)- 4700 J Routine Ward- 1800	No treptour	ICU [seith Ventilator] 7500 [iCU [without Ventilator]+4700] Bautino Ward-1800	1	Neculary	Regular Procedury	No special condition	Ma	No	Innurance
	General Medicine, medical oncology, Paediatric Medical Stanagement	Platelet, ghermin	Platefet phoresis	11000	No implant	TLA.	Net	Secondary	Add - On Procedute / day care	No special condition.	Nu	541	Josurame
29.0	General Moderno, medical escology, Podiaeric Modical Management	SEVERE ANEMIA IN CHILINEN	tion duficiency anemia	ICU (web) Vestiliour) 7509 (ICU (webbool Vestiliator) 4700 (Rosmae Wand- LIO2	No lengtant	ICD (with Ventilator) 7500 ICD (without Ventilator) 4700 Rontine Ward-2000	34	Secondary	Regular Procedure	No spictal condition	No	No	Insurante
294	General Modicine, medical amerilogy, Positiopre Modical Management pediat ric Septemiogy	Plannapherware	Plasmapheresa	anney.	for Implant	πA	30	homodary	Add - (In Procedure / day care	No special condition	ħi.	m	Inserance

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-N U	Specially	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gavi	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)	1
145	General Medicine, Mental Disordero Pachages, Pardiacric Medical Management	fromose nuclaired CNS dissectors	Insurante produktent CNS disorders	ICU (with Ventilator) 7500 (ICU (without Ventilator) 4700 (Risultae Ward- 1800	No Triplani	ICH (with Ventlator) 7500 (400 (without Ventlator)-4700 (Bourtine Word-1800		Secondary	Regular Procedury	No special condition	760	2444	bistrance	
96	General Medicine. Nephrology , Paediarric Medical Management	Acuta glenorulostephri tis	Acute glomerulonephrina	FCU (with Vernilator)- 7500 (ECU (without Ventilator)- 4700 (Routine Ward- 1800	No Implant	ICU (with Ventilator) 7509 (ICU (without Ventilator)-4700 (Roatmie Ward-1800		Secondary	Regular Procedure	The special condition	No	50	lantance	
	CO. OR THE REAL PROPERTY AND ADDRESS OF ADDRES	the second se	Tephrotic syndrome with peritonatis	ICU (with Ventfallue)- 7500 (ICU (without Ventfallue)- 4700 (Routine Ward- 1800	ba İmpiani	ICH (work Vestilator) 2500 ICH (without Ventilator)-6700 Routine Ward-1800	No	Secondary	Begolar Procedure	No special conditions	Na	Nu	lmainte	
98	General Medicine. Nephrology . Paediatric Medical Management	NEPHIROTIC	Steroid dependent se resistent	ICU (with Ventlator)- 7500 (sCU (without Ventlator)- 4700 (Boutine Ward- 1000	No implant	ICU (with Ventilator) 7500 ICU (without Ventilator)-4700 Routine Ward-1800	340	Secondary	Regular Procedure	No special conditions	No	Sta	Instance	
-		NEPHINOTIC SYNDROME	Oncomplicated strend sensitive	ICU (with Vesitifatur)- 2500 (100) (without Vesislatur)- 4700 (Routine Ward- 1800	Ten Troplant	000 (with Ventilator) 2500 (100) (without Ventilator)-(200 (Routine Ward 1000	ħo	becondary	Regular Procedure	No special condition	80	No	Insufative	
100	Paediatetic Medicul	Haemodialysis / Perturnal Dialysis	Acatz Haemodialysin	i chin	koj Krythropolstin 400011-380/ koj Krythropolstin 300000-150 / mj	NA	No	Tertlacy	Day cars /add in	Package cost of one session	upto il ing. EPO te allowed in a month	549	Innurance	
nt			Quana Karanahadiyaa	1500	hig TayOroponetia accurds 2007 hig Crythrogenetic 200000-1507 mg	ыд	50	Ternary	flay care /addition	Package cost of one section	umo II mj. 1210 u seloveni an a month	T.	Insurance	1
		1				ng-36730		1	2	3,19	Kini MAD	K	24	0

Sr.N	apeciality	Package Name	Procedure Name	Rate	Implant rate	Stratification	Gent	Level of Care	Procedure	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
302	General Medicine, Neptrology, Paediarric Medical Management pediat ric Nephrology	replacement therapy/Contins	Centineous renal replacement therapy in AKI [initiation cast for disposable] -maximum of 5 in one admission	Its 30,000 per day for maternam of \$ in one administra	We implant	NA	No	Tertiary	Regular Procedure	No special condition	110	ňa	Interance
	General Medicine, Neptrology, Paediatric Medical Management, pediatric Neptrology	Chronic FØ valleter Jounttion	Orrante PD catheter Insertune	PD fluid & disposables per session 1000 Pd Catheter Insertion per ression 1500	No Implant	ScA.	No	Secondary	Regular Procedure	No special condition	Ne	Neg	tesurance
304	General Medicine, Septembry, Paediatric Medical Management, pediatric Nephrology	Harmididysis / Peritoneal Dialysis	Permonent Dialysis	PD fluid & duponables per resolor- 1000 (Pd Catheter Insertion per session -1500	No Implant	5LA	Na	Secondary	Day sam /add on	Package cost of one sension	Ke	jina	Insurance
305	General Medicine, Nourology	Acuta hemocrhagic atroba	Acute hemorrhagic stroke	ICU (with Vernitator)- TSR0 ICU (without Venitator)- 4700 Routine Ward- 1000	No Implant	ICU (with Ventilator) 7500 ICU (withour Ventilator)-4700 Routine Ward-1800	Ja	Secondary	Regular Procedure	No special confirm.	Ne	7440	haurance
300	General Moduline, Neurology	Acute informic stroke- intravenous throutbulysis	Acute inchemic stroke- intravermis thrombolysis - Reconfigurant throw plasminogen activator	ICU (sem Ventilator)- 7580 (ICU (without Ventilator)- 8700 (Routine Word- 1805	No inglant	ICU (with Vestilator) 7500 ICU (without Ventilator)-4700 Rounias Ward-1800	No	Securitary	Rogular Precedure	No special condition	No	544	instator
JII'	General Medicine, Natrology	Anste sichemur stroke- forrørensus thrumbolyste	Arute isibernis stroke- last avenosi thrambolysie- Terostoplase	ICU (with Ventitor)- 7500 ICU (without Vontitor)- 4700 Biogiss Ward- 1000	No Implant	ICU (with Visitiliance) 7500 (ICU (without Ventilator)-4200 (Routine Ward-1000		Secondary	Regular Procedure	No special condition	1610	514	Insurance

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Sr.N	Speciality	Fachage Name	Proceilure Same	Rate	Implant rate	Struttilication DETAIL	Gost	Level of Care	Procedure Label	Special Condition	Hales	Day Care	(humrance)
3.04	General Medicine. Neurology	Automonume enceptualitis	Autoiminane encoghallos - Plaimapheresis	ICU (with Ventilator)- 7500 ICU (without Vestilator)- 6700 Routine Ward- 1800	No Implant	ICU (with Ventilator) 7590 ICU (without Ventilator)-4700 Routine Ward-1900	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
3119	General Modicine, Neurology	Acute Inmorthopie stroke- Hensteina evacuation	Acute homorrhagic stroke- flematoria evecuation	ICU (with Venislator)- 7500 (ICU (without Venislator)- 4700 (Buotise Ward- 1800	No beplant	ICU (with Venclator) 7580 [ICU (without Ventlator)-4700] Routine Ward-1800	No	Secondary	Regidar Procedure	Ne special condition	No	No	Inturance
310	General Medicine, Neursinge	Acute Iomorthagie stroke-(Estra ventricolar drainage)	Acute bemorritagic atroite- Extra ventricular drainage	ICU (with Vestilator)- 2500 (ICU (without Vestilator)- 4700 (Rowther Ward- 1000	No implant	ICU petiti Venulator) 7560 ICU (without Ventilator)-4700 Routine Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	busicance
313	General Medicine, Neurslogy	ACITE ENCEPSIALOPAT INV	Acuto Febrale enceptualoguithy	iCl (with Venilator)- 1500 (103) (without Venilator)- 4700 (Boytose Ward- 1800	No Implant	ICU (with Ventilator) 2500 ICU (without Ventilator)-4700 Rendine Ward 1000	No	Secondary	Begular Prosedure	Nir special condition	No	No	bout ance .
112	Gosaral Medicina, Neurningy	ACUTE ENCEPHALISPAT RY	Acute Disseminated Exceptulomyeditis	ICII (with Ventilator)- 2500 [ICII (without Ventilator)- 4700 [Routine Ward- 2000	Sie Implant	ICU (with Venillator) 2500 (ICU (without Venillator)-4200 (Brotine Ward-1820	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
313	General Medicus, Neurology , Paediatrix Medicali Managementi	İnfammatary Myopathy/ Nyasithanic Grais	Inflammatury Myopathy/ Myorotheon Crisis	ICI (senti Ventilacer)- 7900 (ICI) (settion Ventilacer)- 4700 (Biogram Ward- 1000	No Impiant	ICII (with Veneffator) 7500 ICII (without Ventilator) 4700 Reactase Ward-1000	No	Secondary	Regular Proceilare	No special condition	Nie	No	Insurance

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Sr.N	Specialty	Package Name	Procedury Name	Rate	longeland state	Stratification DITAIL	Govt	Lovel of Care	Procedure Label	Special Condition	Roles	Day Care	Reserved Procedure (Insurance/ Trust)
824	General Mediane, Neurology Paediaris Medical Management	Guillan Barre syndrome	Guillate Barre syndrome (Plasmapheresis)	ICU (with Yentilator)- 7500 ICU (without Ventilator)- 4700 Houtine Ward- 1800	No Implant	ICU (with Ventilator) 7500 ICU (without Ventilator)-4700 Relative Ward-1800	7kq	Secondary	fiegalar Procedure	No special condition	No	540	Insurance
815	General Medicine, Neurology , Positiern: Medical Management	Drug resistant replicacy	tirig resistant epilepsy	ICU (with Ventilator)- 7500 (ICU (without Ventilator)- 4700 (I Bouttor Ward- 1000	Sin langilant	IC31 (with Versiliator)- 7500 ICU (sentson Versilator)-4700 Routine Ward-1800	No	Secondary	Regular Prócedure	We special condition	Nn	Nev	Irontance
216	General Madiaine, Nuambogy . Pardiatrix Medical Masagement	Viral Encephablis	Viral Esceptions	ICU (with Ventilator)- 7508 (803) (without Ventilator)- 8700 (Routine Ward- 1800	No Implant	ICO (with Ventilator)- 7500 ICU (without Ventilator)-4700 Resiltor Word-1800	Nes	Secondary	Begalar Procedure	No special condition	No	No	Incontinue
317	General Medicine Secondrogy Paediatric Medical Management	Searnetoscolar Doordory / IVIG	Neutomuzular Duorders	ICU (with Vestilator)- 7500 ICU (without Vootilator)- 4700 Routine Ward- 1900	No Inglast	ICD (with Vertilator) 7600 (ICD (without Vertilator) 4700 (Routine Ward-1000	Ne	Secondary	Regular Procedure	No special condition	Sin:	140	Insurance
X1 N	General Medicine, Securitingy, Paediatric Medical Management	Gadhais Barre syndrome	Gaillain flarre syndrinne (IVIG)	ICU (with Ventilatur)- 7580 ICU (without Ventilatur)- 4700 Routing Ward- 1000	No Implant	ICU (with Ventilator) 7500 (ICU (without Ventilator) 4700 1 Boattor Ward-1800	34	Secundary	Kegalar Procedure	We special condition	No.	Twee	Insurance
319	General Medicine, Neurology , Paedateis Medical Management	Proposa Meningina	Pyogenic Meningitie	EU (with Ventlator) 7500 ICM [without Ventlame] 4700 Roamie Ward- 1000	Ne implant	ICU (with Ventilator)- 7500 ICU (without Ventilator)-4700 Boarine Ward-1000	54	Secondary	Repulse Prorodury	No special condition	50	740	Instance

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Sr.N U	Specially	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Geve	Level of Care	Procedure Label	Special Condition	Rules	Day Kare	Reserved Procedure (Insurance/ Trust)
320	General Mediciae, Nearology. Paediatric Medical Management	Fungal Meningita	Fungal Meningma	ICU (with Ventilatar)- 7500 800 (without Ventilator)- 4700 Bouttor Ward- 1800	No implant	ICIJ (settk Ventilator) 7590 ICII (setthroot Ventilator)-4700 Routine Ward-1300	No	Secondary	Regular Procedure	No special conditions	No	No	Inurance
321	General Medicine, Nearology, Paritarne Modeal Management	Automoute enceptations (IVHG)	Autoonstune enceptulita - Instanoglabalin (IVIII)	ICU (with Ventioner)- T500 (ICU (without Ventioner)- 4700 (Routise Ward- 1000	No implant	ICU (with Ventilator) 1500 ICU (without Ventilator) 4700 Bourne Ward-1800	No	Secondary	Regular Procedure	No special condition	14	964	Insurance
322	General Medicine, Neurology . Pandiatric Medical Management	Tuberculaus meningitis (Hydrocephalos - VP SHUNT/ EVD/Omaya)	Taborculous mettingttis (Nydcoreptatus - VP SHUNT/ EVD/Omaya)	ICU (with Ventilator)- 7500 (ICU (witheat Ventilator)- 4700 (Routine Ward- 1000	No Implant	ICII (with Vemilator) 7500 ICII (without Ventilanor)-4700 Routine Ward-1800	No	Secondary	Repular Precedure	No special condition	No	Sio	Insurance
313	General Methone. Neurolegy . Pardiatro Modual Management	ACUTE ENCEPHALOPAT HV	hypertensive/mutabalic/fe letle/lepate worephalopathy	ICU (with Ventlatur)- 7500 (ICU (without Ventlatur)- 4700 (Inutine Ward- 1800	No looplant	ICU (with Ventilator) 7500 UCI (without Ventilator)-4700 Reutise Ward-1800	Neg	Secondary	Regular Procedure	No special condition	мы	Piles	Insurance
324	General Medicine, Neurology - Pandiatric Modical Management	ACOTE INFECTIOUS MENINGATIS AND MENINGDENCEP HALITIS	Acats meningy encephalitie pyogenic	ICU (with Ventilator)- 7500 ICU (without Ventilator)- 4700 Routine Ward- 1800	Nor Angelang	RCD (with Ventilator) 1500 ICU (without Ventilator)-4700 Restine Ward-1800	Re	Secondary	Regular Procedure	No special condition	No	Pás	Insurance
325	General Medicine. Neurology , Paediatele Modical Management	ACUTE INFECTIONS MENDALITIS AND MENDALITIS	Asoptic meningitis toberculur	ICU (with Vestiliarwi)- T500 ICU (without Vestiliarwi)- 4700 Routine Ward 1800	Sto logiant	ICU (with Vessilator) 7500 () ICU (settinae Ventilator):4700 () Beatine Ward-1800	No	Secondary	Reptiar Précedure	No spectal condition	1947	Dice	Insurance

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Se.N	Specialty	Package Name	Presedute Name	Rate	Implant rate	Stratification DETAIL	Goyt reserve	Level of Care	Procedure Label	Special Condition	Bules	Day Care	Reserved Procedure (Immrance/ Trust)
326	General Medacina, Neurology - Paefaetric Medical Management	ACUTE INFECTIOUS MENINGUENTES AND MENINGUENTEP HALITIS	Febrile encephalopathy fungal	ICU (with Vestilator)- 7508 ICU (without Vestilator)- 8700 Routine Ward- 1800	No Implant	ICU (with Ventilator) 7500 ICU (without Ventilator)-4700 Bourine Wani-1809	No	Secondary	Regular Procedure	No special condition	Na	No	Instance
\$27	General Medicies, Neurology , Posidiarcic Medical Management	ACUTE UNPECTIOUS DEDUNGITIS AND MENDINGOENCEP BALITIS	Hypertunuive encriholopathy viral	ICU (with Veenflator)- 7500 (ICU (without Vessilator)- 8700 (Routine Ward- 1000	No Impiant	ICU (with Ventilator) 7500 (800 (without Ventilator) 4700 (Roattine Ward-1800	No	Secondary	Reputar Procedure	No special condition	Nas	No	hour aice
320	General Medicine, Natrobigy , Paediatric Medical Masagement	ACUTE INFECTATIS MENINGTIS AND MENINGOENCEP HALITIS	Metabolic enceptulopathy parasitis	ICU (with Ventilator)- 7500 (SCU (without Ventilator)- 4700 (Rootme Ward- 1000	No Implant	KDJ (with Ventilator) 7500 EDJ (without Ventilator)-4700 Routine Ward-1000	Su	Secondary	Regular Procedure	No special condition	Nu	No	Insurance
324	General Medicine, Newsellagy, Paediatric Medical Management	ACUTE INFECTIOUS MENDAGTIS AND MENINCOENCEP HALITIS	Brain abscess/Intracranial abscess/ Aveptic menungma	ICII (with Ventilator)- 7500 ICI7 (without	No Implant	ICD (with Ventilator) 7500 (1CD (without Ventilator)-4700 (Routine Ward-1800	Ne -	Secondary	Regular Procedury	No special condition	No	No	Insurance
330	General Medicine, Neurology . Parolistere Medical Management	Meningers.	Chrosic meningits	ICU (with Ventilator)- 7500 ICU (without Ventilator)- 4700 Routine Ward- 1000	No Implant	ICU (with Ventilaur) 7500 (ICU (without Ventilatin')-4700 (Routine Ward-1880	No	Secondary	Begular Procedure	No special condition	Na	240	Insurance
m	General Medicine, Neuralogy Paediatric Medical Management	Moningrio	Partially treated programs merringhts	ICU (with Veintlanor)- TSINI (ICU) (without Veintlacor)- 4700 (Ruorme Ward- 1000	Ner Simplant	ICO (with Vancilanor) 7565 1CO (without Venifiator) 4760 Boatime Ward (1000	Ne	Secondary	Regular Procedure	No special condition	No	540	Inturasee

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SP,N 0	Specialty	Package Nome	Procedure Name	Rate	Implant rate.	Stratification DETAIL	Gent	Level of Care	Procedure Label	Special Condition	Rates	Day Carr	Reserved Procedure (Innitiace/ Texit)
312	General Medicine, Neurology, Paediatric Modical Management	Meningzia	Nearo taborcalosis	ICU (with Ventilator)- 7500 ICU (without Ventilator)- 4700 Houtine Ward- 1800	No implant	ICU (with Ventilator) 7500 ICU (without Ventilator)-4700 Routine Ward-1000	No	Secondary	Kegular Procedure	No special conditions	No	No	losurance
333	General Modicine, Neurology, Paedlarric Medical Management	Maningster	Complicated barterial menangitia	ICI) (with Ventilator) 7500 ICU (without Ventilator) 4700 Houtine Ward- 1800	An Implant	ICO (with Ventilator) 1500 ICO (without Ventilator)-4700 Reaction Ward-1800	No	Secondary	Negalat Procedure	Per special condition	Ne	40	Trisurance
334	General Modicine, Neurology , Paediatric Modical Management	Meningstia	Acute meningitis	ICU (with Ventilator)- 7500 (ICU (without Ventilator)- 4700 (Routine Ward- 1800	No implant	ICU (with Ventilator) 7500 ICU (withmat Ventilator)-4700 Routine Ward-1800	No	Secondary	Begalar Procedure	No special condition	No	No	Insurance
離	General Medicine, Neurotogy Paediatric Medical Management	Modical Management for Estivel pressure	Raised ICP due to seniral surgical procedures/due to trauma/coalignamices/ meetingre-micephalida	ICU (with VeurEnoc)- 1500 (ICU (without VeurEntor)- 4700 (Routine Ward- 1000	So Implant	ICD (with Vemilator) 7500 ICU (without Vorifiator) 4700 Readine Ward 1000	No	Secondary	Segular PKG	No special condition	No.	tio.	Instruct
335	General Medicine, Neurology, Paediarric Medical Management	INTRACEANIAL SPACE OCCOPYING LESIONS	Intracranisi hemorrhage	ICII (setti Ventilator)- 1500 (ICII (setthean Ventilator)- 4700 (Routine Ward- 1001	Nor Insplant	ICJ (with Ventilator) 7500 ICJ (without Ventilator)-4700 Resisting Ward-1800	No	Secondary	Regular Providure	No special condition	No	No	Instance
337	General Modicine, Neurology Paodatric Medical Management	OVTRACEANIAL SPACE OCCUPTING LESIONS	Intractantial space scoupying lesion tuberculonia.	ICO (with Vestbator)- 7500 ICO (without Vestfator)- 4700 Bouttos Ward- 1800	No Ingliant	ICU (with Ventilator)- 7500 (ICU (without Ventilator)-4700 (Risarias Ward-1000	No.	Secondary	Reputar Procettare	No special condition	No.	50	Interance

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sr.N U	Specialty	Package Name	Procedure Name	Itate	Implant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Condition	Raties	Day Care	Reserved Procedure (Insurance/ Trust)
318	General Medicine, Neuroingy , Paudiatric Medical Managriment	INTRACRANIAL SPACE OCCUPYING LESIONS	neseocyulizeroosis, hrain tampars	ICU (with Ventilator)- 7506 ICU (without Ventilator)- 4700 Roatine Ward- 1800	No Implant	ICU (som Ventilator) 2500 ICU (setthour Ventilator)-4700 Routos Ward-1800	Na	Secondary	Regular Precadure	No special condition	50	No	Insurance
339	General Medicine, Newrology, Newronagety, Pulta Irre medicine, Paoliatric Modical Management	Lumbat puncture Add on	Lumhar puncture	250	No Implant	NA	No	Secondary	Add - On Procedure	No special condition	No	Ro	huarance
340	General Medicine, Neurolage, Paediatric Medical Managementi	Mogamoya	Moyanoya	FCU (with Vestilator)- 7500 ECU (withmat Vestilator)- 4700 Routine Ward- 1006	No implant.	ICU (with Vestilator) 7500 ICU (without Ventilator)-4700 Routine Word-1800	lin	Secondary	Regular Procedure	No special condition	30	Nin	Insurance
143	General Medicini, Opticationology, Paetfattic Medical Monagementi	Optic serurnia	Optic semittis	Routine Ward- 1990	No Implant	Routine Ward-1990	No	Secondary	Regular Procedure	No special condition	The	8n	Insurance
342	General Medicine, Otorhandaryngolog y (ENT), Palmotology	Pibreaptic bronchoscopy (POH) - Day case / Regular	Branchascupy	2500	Sio Implant	Fur turngn body removal-2438.6 Viden Bronchescopy 8500	No	Secondary	Regular Procedure	No special condition	No	Su	Insurance
243	Gameral Modicini, Paediatrii Medical Management	Treatment of symmetric height infections	Treatment of systemic fungal infections	HU [with Veuntator]- 7500 iCU (without Ventlator]- 4700 Routine Ward- 1800	No implant	ICU (with Ventilator) 7500 (ICU (without Ventilator)-4700 (Routine Waed-1800	No	Secondary	Regular Fracadury	No special condition	16a	Sa	Timurance
344	General Medicine, Paediatric Medical Management	Malaria	Malaria	ICU (semi Vemilatior)- 7500 ICU [orthnat Vemilator]- 4700 Routine Ward- 1800	No Impiant	ICII (setth Vernifator). 2550 (ICU (without Vessilator)-4200 (Boutine Ward-1800		Securitary	Regular Procedure	Ne special condition	The	This	Benasi Mice

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Res General Medicate, Montral Subdicate, Montral Management Designs fever Designs fever Meet Start (10) (with ward- tool Nu Implant ICU (with Ventilator)- Start (10) (with ward- tool Nu Meet Start (10) (with ward- tool <thnu meet<br="">Start (10) (with ward- tool</thnu>	ints	Paediatric Medical	Malaria	Complicated evaluates	Ventilator]- 7500 [1C0 [without Ventilator]- 4700] Roattus Watal- 1000	Nu toylant	2500 HGI (without Venillator)-4700]	No	Secondary	Regular Preciedure	No special condition	No	Su	Semantanire :	
All General Modicine, Candidates Modical Management Design Peer Image hemographic for Ventiliancy 100 (with without) No Image Different Ventiliancy 100 (with without) Secondary Secondary Secondary Ne special condition Ne Ne 44 General Modicine, Management Design Peer Image hemographic for Ventiliancy- 100 (with without) No Secondary Secondary Ne special condition Ne Ne <t< td=""><td>186</td><td>Paediatric Medical</td><td>Designs fever</td><td>Derigae fever</td><td>Ventilator]- 7500 [100 (without Ventilator]- 4700] Boatine Ward- 1800</td><td>No Implant .</td><td>7500 4C0 (withinst Ventilator)-4700 [</td><td>No</td><td>Secondary</td><td></td><td>No special condition</td><td>No</td><td>No</td><td>laturance</td><td></td></t<>	186	Paediatric Medical	Designs fever	Derigae fever	Ventilator]- 7500 [100 (without Ventilator]- 4700] Boatine Ward- 1800	No Implant .	7500 4C0 (withinst Ventilator)-4700 [No	Secondary		No special condition	No	No	laturance	
48 General Modicine, Management Desgue fever Desgue fever Desgue shock syndrome Yestilatori- (with unit) (with unit) (with unit) (with unit) Nu Implant IEU (with Ventilator)- (200 EU (without) (without) + 200 Binatine Ward-1000 Nu Secondary Regular (scine) Regular (scine) Nu special condition Nu Nu Implant 49 General Medicine, Management Obliggenya Chilungonya (without) Chilungonya (without) Chilungonya (without) Nu Fill / with Ventilator)- 7300 EU (without) Nu Secondary Regular Nu special condition Nu Nu Nu Implant 49 General Medicine, Management Obliggenya Chilungonya (without) Chilungonya (without) Nu sequence Fill / with Ventilator) 7300 EU (without) Nu Secondary Regular Nu second condition Nu	47	Fandutric Medical	Orngue fever	Dongae henourrhagic lever	Ventlane)- 17500 8C0 [withest Ventlator]- 4700 Routine Ward- 1000	No longiase	7500 Hilt (without Ventilation) 4700	4	Secondary		No special condition	No	No	Hermanance	
 49 General Medicates, Management 49 General Medicate, Management 40 General Medicate, Management 40 General Medicate, Management 40 General Medicate, Management 41 General Medicate, Management 42 General Medicate, Management 43 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 45 General Medicate, Management 45 General Medicate, Management 46 General Medicate, Management 47 General Medicate, Management 48 General Medicate, Management 49 General Medicate, Management 40 General Medicate, Management 40 General Medicate, Management 40 General Medicate, Management 40 General Medicate, Management 40 General Medicate, Management 40 General Medicate, Management 41 General Medicate, Management 42 General Medicate, Management 43 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 44 General Medicate, Management 44 Gene	4.0	Paediatric Medical	Dangas favor	Dengan shock syndrome	Ventilator)- 7500 6C0 (without Vontilator)- 4700 Routine Ward-	Nis Irreplant.	7500 ICU (without Ventilator)-4700 [No	Secondary		No special condition	No	No	bengrance	
General Medicine, 10 Paestiatric Medical Emeric lover Enteric fever Enteric fever No implant No implant No implant No Secondary Regular No special condition. No No No. Impara		Pjentiatric Medical		Chikanganya lever	Ventlatar)- (%ethout (wethout Ventlatar)- 4700 1 Routine Ward-	No legior	7500 1CU (without Ventator)-4700 Bindine Ward (1000		Secundary	Procedure	Ne special condition	Ne	Net	Rinut anes	
Management A7001 J Rootine Ward-1000			Ennetic lower		ICU (with Ventilatur)- 7500 (ICU (without Ventilatur)- 4701 (Bootine Ward-	Cold State	7500 ICU (without Ventulator)-4700 (Secondary	Regular Procedury	No special condition	No.	Prim	Insurance	r

Se N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gost	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Beserved Procedure (bissurance/ Trust)
	General Mediatos. Paediatru: Medical Hanagement	ITTV with complications	HTV with complications	ICU (with Ventilator) 7500 (ICU (without Ventilator) 4700 (Koutine Ward- 1000	Na Inglant	fCU (with Ventilane) 7500 1CU (without Ventilanor) 4700 Routine Ward-1800	Neg	Secundary	Regular Procedury	No special condition	Ne	Nu	lourance
	General Modicine, Paediatric Modical Management	Leptospernon	Leptospironis	ICU (with Vemilator)- 7506 [ICU (without Ventilator)- 4706 [Routine Ward- 1806	tisi Ingilant	1CD (with Ventilator) 7500 1CH (without Ventianor)-4700 Routine Ward-1800	Na	Secondary	Regular Procedure	No special condition	No	Na	Iningance
353	General Modicine, Paediatro: Medical Management	Septic Arthratis	Septic Actoritie	ECII (with Ventilator)- 7500 (103 (without Ventilator)- 4700 (Kontine Ward- 1000	Ris Implant	ICD (with Ventilation) 7500 (ICD (without Ventilator)-4700 Routine Ward-1800	No	Secondary	Regular Procedury	No special condition	tia	No	binarianine
354	General Medicise, Paediatric Medical Management	Shini and soft mission infections	Shie and soft tissue infertions	ICU (with Ventilator)- 1500 (100) (without Ventilator)- 4705 (Routine Ward- 1000	No Implain	ICU (with Ventilator) 7580 ICU (without Vestilator)-4780 Routine Ward-1880	Ne	Secondary	Begular Procedure	No special condition	Ner	No	Inturance
	General Medicine, Psediatric Medical Management	Pyrensia of andersoorn origin	Pyrexia of assitnation arigan	ICU (with Ventifator)+ 15881 ICU (without Ventifator)+ #700 Routine Ward- 1000	No Implant	ICD (with Ventilane) 7500 ICI (without Ventilane)-4700 Routine Ward 1800	No	Secondary	Regular Procedury	No special condition	Nn	No.	kaurance
350	General Modicine, Poediatric Medical Matagement	Nydrucephalus	Nydrosepitalos	ICU (with Ventilianor)- 7530 ICU (without Ventiliator)- 4700 Routine Warsh- 1500	No legilant	BOU (with Ventilator) 7500 (100 perthesit Ventilatar)-4700 (Routise Ward-1900	No	Secondary	Regular Procedure	No special condition	No	Ne	Insurance

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GN U	specialty	Package Nume	Procedure Name	Hate	Implant rate	Stratification DETAIL	Guvt	Level of Care	Procedure Label	Special Condition	Hales .	Day Gare	Reserved Procedure (fournoce/ Trust)
	General Medicine, Pardatise Medical Management	Electrolyta Imhalance	Hypecodornile	ICU (with Vestilator)- 7580 (100 (without Vestilator)- 6708 (Routine Ward- 1600	No Inglan	100 (with Verrilator) 7500 100 (without Verrilator) 4700 Konfane Ward-1800	No	Secondary	Regular Procedure	No special condition	No	Réc	Insurance
158	General Medicase, Paediatric Medicai Management	Hyperusmalar Non-Ketottc coma	Nypernamalar Non-Ketatic coma	ICU (with Ventilator)- 7500 (ICU (without Ventilator)- 4790 (Routine Ward- 1800	No brokant	ICU (with Verifilator) 7500 1 ICU (without Ventifator)-4700 1 Boutine Ward-1800	No	Secondary	Regular Procedure	Ne special condition	74.00	Na	Insusace
159	General Medicine, Psediatric Medical Management	Secular Inte	Snake bite	ICU (with Ventilator)- 750t 8CU (without Ventilator)- 4700 Roattor Ward- 1800	No Implant	8(1) (with Vermiator) 7500 ICU (without Vernilator)-4700 Rauthle Ward-1000		Secondary	Regular Providure	No special condition	No	50	hucrance
160	General Medicine, Paediaris Medical Management		Arate seganophesphoras poisening	ICU (with Ventilator)- 7500 ICU (without Ventilator)- 4700 Routine Ward- tsi0	No Ingdaan	ICU (with Ventilator) 7500 ICV (without Ventilator)-8700 Routine Ward-1000	No	Secundary	Bepdar Procedure	No special condition	No	No	Insurance
63.	General Medicine, Paediarcic Medical Management	Pataoning	Other possimings	ICU (with Ventilatur)- 7500 ICU (withing) Ventilatur)- 6700 Routher Ward- 1800	No implass	ICU (with Ventilator) 7500-1-ICU (without Ventilator)-4700-1 Routine Ward-1000	No	Secondary	Reputer Procedure	No special condition	San	240	Imurature
62	General Medicine, Paediatric Medical Management	hevenide myasthenia	bevenile myastherita- requiring admission for work-up or to-patient care	ICU (with Ventilator)- 7500 1 ICU (without Ventilator)- 4700 1 Rouring Ward- 1800	No Implant	ICU (with Venitlatur) 7500 ICU (without Venitlator)-4706 Boutine Ward-1890	No	Secondary	Regular Procedure	No special coodition	No	No	Inturance

le N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gent	Level of Care	Procedure Label	Special Condition	Bales	Day Care	Reserved Procedure (Insurance/ Troat)
363	Gameral Medicino, Pareliatro Medical Managemini	Acute orticació / Anaphylania	Acute articaria/anaphytans	ICU (with Vestilator)- 7500 ICU (without Ventilator)- 4700 Roothe Ward- 1800	Ne Implant	000 (with Vestilator) 7500 (103 (without Ventilator)-4700 (Rootine Ward-1800	No	Scondary	Regular Protecture	Ne speciel condition.	No	Sig	hourpeer
244	General Medicino, Pandiatric Modical Management	Acute articaria / Anaphylasis	Steven Johnson syndrome	ICU (with Ventilator)- 7500 (ICU (without Ventilator)- 8700 (Rosether Ward- 1800	Was Implant	DCH (with Ventilator) 7506 1GU (without Ventilator)-4700 Bouttoe Ward-1800	No	Secondary	Kegalar Procedure	No special condition	No	-	becoratory
	General Medicine. Paediatric Medical Management	Gehac disease	Color disease (conving admission for Work Up and/or in-partient management	ICII (with Ventilator)- 7500 1 ICI/ (without Ventilator)- 4700 1 Russiane Ward- 1000	No Implant	ICU (with Ventilator) 7500 ICU (withour Ventilator)-4700 Routine Ward-1800	No	Secundary	Regular Pyscedure	No special condition	No	Dies	Instatute
306	General Modicine, Paediatric Medical Management	Unexplained hepainsplenane galy	Enexplained hepotespiesomegidy- requiring admission for Work Op and/or in-patient management	ICU (with Ventitator)- 7500 ICU (without Ventilator)- 4700 Routine Ward- 1000	No implant	900 (with Ventilator) 7500 (103 (without Ventilator)-4780 (Routine Ward-1809	Ne	Secondary	Regular Procedure	No special condition	No	No	Insurance
367	General Medition, Paediattic Modical Maragement	Neuratal/ Iedantie cholestaese	Neonatal/infamfie cholentaate / Choledochal cents	ICU (with Ventilator)- TSR0 [ICU (without Ventilator)- 4760] Rooms Ward- 1800	Netroplant	ICII (with Venillator) 7500 (ICU (without Venillator)-4700) Rosative Ward-1000	No	Secondary	Regular Procedure	No queral condition	-	3kā	hisurance
3448	General Medicine, Paediatric Medical Management	thaeroodytta areynik syndriene	Haemolytic unmie apiulromo	ICU (settle Veettilator)- 7560 ICU (veithout Veetilator)- 84700 Roottse Ward- 1006	No Implant	ICD (with Ventilator) 7500 (100 (without Ventilator)-4700 (Routine Ward-1000	No	Secondary	Regular Procedum	No special condition	No	No	binar www.m

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ich.	Specially	Package Name	Procedure Name	Rate	teeplant rate	Stratifications DETAIL	Gost' reserve	Level of Care	Procedure Label	Special Condition	Rulles	Day Care	Reserved Procedure (Insurance/ Trust)
169	Georcal Medicture, Paediatric Medical Management	Cyanatic spells	Cyaoutic spella without GHD	ICU (with Vestalator)- 7500 (850 (without Vestalator) 4500 (Biostron Ward- 1800	tio Deplant	ICU (with Veindator) 7500 (1 CU (without Ventilator)-4700 (Routine Word-1000	No.	Secondary.	Regular Procedure	No special condition	bin .	the	Insurance
170	General Medicine, Paediatric Medical Management	Cyanatic spefis	Cyanotic spells with CHD	ICO (with Ventilator)- 7500 8C0 (without Ventilator)- 4700 Routine Ward- 1800	No implant	ICU (with Ventilator) 7500 () ICU (without Ventilator)-4700 (Routine Ward-1800	740	Secondary	Regular Procedure	No special condition	No	This	Insurance
	General Medicine, Paediamic Medical Management	Mispatha Thrombocytopen ic Porpura	Minpathic Thromboxytopena: Purparo	ICU (with Ventilator)- 1560 (PCU (without	No implant	ICU (with Ventilator) 7568 ICLI (without Ventilator)-4700 Ramme Ward-1800	Net	Secondary	Rogular Procedure	Six special conditions	Ne	No	Inverance
172	General Medicine, Paediarri: Medical Management	Kawesaki Disease	Kawanaki Disease	ICU (with Ventilator)- 7508 ICU (without Ventilator)- 4700 Routine Ward- 1000	No looptant	ICU (with Ventilator) 7500 ICU (without Ventilator)-4700 Routine Ward-1800	No .	Secondary	Regular Procedure	No special condition	No	No	Insurance
173	General Medicine, Paediatric Medical Management	From gudrouse	Acuta Lacyngotracheodeonachetes/ Acute apiglottuna	ICU (with Vertilator)- 7500 (ICU (without Vertilator)- 6700 (Bosting Ward 1800	No Implant	ICO (with Ventilator) 1550 ICI (without Ventilator)-4708 Ramme Ward-1800	the	Secondary	Begadar Proceduce	No special condition	Neo.	Nie .	linurusci.
174	General Medicine, Paediatric Medical Management	filemostatic Disorders - Govt reserved	thimophilis	ICB (with Ventilator)- 7500 ICB (without Ventilator)- 4700 Routine Ward- 1000	No Inglant	ICU (setth Vestillator) 7500 (ICU (without Vestillator)-4700 (Routine Wand-1800	yes.	Serondary	Regular Procedure	Sie spectal condition	package can be buoked other than Factor use	240	Insurance

ir.N	Specialty	Package Name	Procedure Name	Kate .	Implant rate	Stratification DETAIL	Gent	Level of Care	Procedary	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust]
176	General Medicine, Pseularric Medical Management	Fremoutarile Disserved reserved	Plandet dinordars.	ICU (write Ventilator)- 7500 1 ICU (without Ventilator)- 4700 1 Routine Warst- 1000	No. Inspirat	ICU (with Ventilator)- 7509 (ICU (vention) Ventilator)-4700 (Routine Ward-1800	7*6	Secondary	Beggdar Proosture	No special modelan	Na	No	houtance
176	General Medicine, Paediatric Modical Management	Tetama	Титаныя	ICU (with Ventilator)- 7580 (ICU (without Ventilator)- 4780) Routine Ward- 1880	No Implant	HCU (with Ventilator)- 7500 (HCU (without Ventilator)-4700 (Routine Ward-1800	Nu	Secondary	Regular PKG	We special condition	No	No	huurusce
172	General Medicine Paediatric Medical Management	Scrub Typhie	Scrub Trythus	Reserved Wards	No Implant	Rotatione Ward-1900	Nii	Secondary	degilië PRI	No gestal modition	Diar	No	tniurinor :
179	General Medicine, Prediatric Medical Management	Electridyte Imfailance	Flypchalaemia	ICU (with Ventilator)- 7500 ICU (without Ventilator)- 4700 Roution Ward- 1800	No Implant	ICU (with Ventilator)- 2500. ICU (without Ventilator)-4700. Boutine Ward-1000	No	Secondary	Rogular Procedure	Too special condition	No	740	Insurance
PLE	General Modicine, Paedhatric Medical Management	Accelerated hypertension	Accelerated hypertension	ICU (with Ventilator)- 7500 (3CU (without Ventilator)- 4700 (Routine Ward- 1800	No implant	BOD (with Vemilator)- 7505 ICU (without Vemilator)-6700 Routine Ward 1880	Na	Secondary	Regular Procedure	No special candition	No	No	Insurance
140	General Medicine, Paediantic Medical Management	Hypertensive energencies	Dypertractive consequenties	ICU (setth Vestilator)- 7500 (4CU (without Vestilator)- 4700 (Routine Ward- 1000	No Implant	9CU (with Ventilator) 7500 (4CO (within Ventilator)-4700 (Reunier Ward-1800	Nii	Secondary	Regular Procedure	No special condition	Хн	805	insurance
3473	General Medicine, Parilatris Modeal Managenerit, Neptrology-pediatri s Neptrology		Severe separa	BCU (setts Ventilator) 7500 (BCD (settleout Ventilator) 4500 (Building Ward- 1800	Ne Implant	ICU [with Vernilator) 2580 [1021(softhear Vernilator) -4700 [Roather Ward-14000	Net	benndary	firgelar Procedure	Reasonate conditions	No	tero.	lumurance.
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Se.N	Spenially.	Package Name	Presoders Name	Rate	Implant rate	Stratification DETAIL	fort reserve	Level of Care	Procedure Labet	Special Condition	Inter	Duy Care	Reserved Fracedure (Insurance/
3112	General Medicine, Paediatric Medical Management, Nephrology.pediatri c Nephrology	Severe arputa	Septic shock	HCU (with Ventilatur)- 7500 HCU (without Ventilator)- 4700 Routine Ward- 1000	No Implant	0.33 (with Ventilator) 7500 X.33 (without Ventilator)-4700 Routine Ward-1800	No	Secondary	Rogular Procedure	No special condition	Ne	No	Treet)
3015	General Medicine Paolistric Medical Management Landiology	Endocaratria	Bacterial Endocarditie	ICD (with Vermistor)- 7500 (ICD (without Vermilator)- 4700 (Kentine Ward) 2000	See implant	ICI/ (with Vermlator) 7500 (ICU (without Ventilator)-4700 (Routine Ward-1800	5m	Secondary	liegolar Printedury	No special condition	80	No	Interance
304	General Medicine, Paediarric Medical Managiment, Cardiology	Endocarditie	Fungal Endocarditia	ICU (with Ventilator)- 7500 (ICU (without Ventilator)- 4700 (Routine Ward- 1800	No Implant	ICT (with Ventilater) 7500 ICD (without Ventilator)-4700 Routine Ward-1800	Su	Secondary	Regular Procedure	No special condition	No	Re	Insurance
345	General Medicine, Paediatric Modical Management, Gastroenterology	Acate gastroenteritu with dehydration	Acube gastroonteritie with moderate debydeatoos	ICU (with Ventilator)- 7500 ICU (without Ventilator)- 4700 Reatme Ward- 1000	No Implant	ICU (with Ventilator) 7500 (1820 (webwort Ventilator)-4700 (Rootnie Ward-1880	No	Secondary	Bezslar Pracabor	Ne special condition	No	No	Instator
576	General Medicine, Paediatric Medical Natiagenetic, Gastroenterology	Acate gadroenteritis with dehydration	Acute gastrienterilis with nevers debydration	ICD (with Ventilator)- 7500 (ICU (without Ventilator)- 4700 (Boutine Ward- 1800	Ko-lugiant	ICU (with Ventilator) 7500 ICU (without Ventilator)-4700 Rootine Ward-1800	No	Sociadary	Regular Procedure	fin special condition	Na	No	Insurance
1	General Medicine, Paediatric Medical Management, Nephrology, Pediatric Nephrology, Ginnal Immunilingy and Eliconstrology	Systematic Juput orgithematosos	Systematic lupus erythematorus (SLE)/ Diffuse atoridar formoschage associated with SLE	ICD (with Ventalator)- 7500 1 ICU (withinst Ventalator)- 4700 1 Risultine Ward- LINN	Nov Torquiants	ICU (with Vernilator) 7500 (1803) (without Ventilane)-4700 (Nontros Ward-1800	Nin	Secondary	Regular Procedure	No special condition	No	Na	hearance

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edicane, Niedical St. Electrolyte Inhalance	Bypronatreenia	ICU (with Ventilator)- 7500 (ICU (without Ventilator)- 4700 (Routine Ward- 1000 ICU (with	Nio Implant	ICU (with Ventilator)- 7500 ICI (witheas Ventilator)-4700 Bunting Wart-5900			Render				Tenat)
Medical Electrolyte						Secondary	Procodere	No special condition	Sin	No	leourance
·	Flypernatremia	Ventilator)- 7508 [JCB (without Ventilator)- 4700 [Roatzee Ward- 1000	No Impiant	ICU (with Ventilator) 7500 (ICU (without Ventlator)-4700 (Routtee Ward-1000	4	Secundary	Regular Procedure	No special condition	80	Nes	lmarante
ndatne, Madical sl, Electrolyte Induitance	Hyperbalaenta	ICII (with Vantilatur)- 7500 ICII (without Ventilatur)- 4700 Routine Ward- 1800	No implant	ICU [with Ventilator]- 7500 ICU (without Ventilator]-4700 Routine Ward-1800	No	Secondary	Begular Procedum	No special condition	No	No	Insurative
etlatise, Modical m, logy	a. Thyroboxic crisis	ICU (with Vestilator)- 7500 (1000) (without Vestilator)- 4700 (1 Routine Ward- 1000	No bequiases	ICU (with Ventilator)- 7500 (ICU (without Ventilator)-4700 (Boutine Wand-1800		Secondary	Regular Prossilure	No special condition	Ne	No	Insurance.
edicine, Medical nt, logy	Typoglycznia	ICO (setth Ventilation)- 7580 (800 (without Ventilation)- 8758 (Routine Ward- 1858	No Implant	ICU (with Ventilator) 7500 (ICU (withour Ventilator)-4700 (Boutine Word-1000	Net	Sacindary	Regular Procedure	No special condition	Ska	80	Insurance
efficient. Mindical Int, lietpacabere liety	Diabetic kernacidenis	ICU (stiff) Vaenilatory- 7509 (14CH (without Voenilatory- 4709 (1 Resting Ward) 1400	Bu İmplant	0,00 (with Vernilitor) 7500 ICI (without Ventlater)-4700 Routing Ward-1000		Secondary	Begsilar Procedure	Ne special condition	No	\$5	hiwana
M M M M M M M M M M M M M M M M M M M	techical distant di	Inducation Electronityte Hygerbalaennia Interaction Fiberbalaennia Hygerbalaennia Interaction Fiberbalaennia Fiberbalaennia Interaction Fiberbalaennia Fiberbalaennia	Instance, Ins	Instand Instand	factore, hadical d, Restruiyte Nggerkalaennia Ventilanir)- 100 (without Ventilanir)- 6300 Routine Ward-1800 Na implant ICU (with Ventilanir)- Yo00 ND (without Ventilanir)- 6300 Routine Ward-1800 factore, doined fictore, solution Thyronisic errors Thyrobioxit errors Na implant ICU (with Ventilanir)- Yo00 Routine Ward-1800 factore, solution Thyronisic errors Thyrobioxit errors Na implant ICU (with Ventilanir)- Routine Ward-1800 factore, solution Thyrobioxit errors Thyrobioxit errors Na implant ICU (with Ventilanir)- Ventilation)- TOO Routine Ward- 1000 factore, include tool Thyrobioxit errors Thyrobioxit errors Na implant ICU (with Ventilanir)- Yoni Routine Ward- 1000 factore, include tool Poppagiveemin Poppagiveemin Poppagiveemin ICU (with Ventilation)- Yoni Routine Ward- 1000 Na implant ICU (with Ventilation)- Yoni Routine Ward- 1000 factore, indicate n, nor Diabetic kernoacidesis Poppagiveemin ICU (with Ventilation)- Yoni Routine Ward- 1000 Routine Ward- 1000 Routine Ward- 1000 Routine Ward- 1000 Routine Ward- 1000 Routine Ward- 1000 Routine Ward- 1000	Basical Indicate In Electrolyte Inhatane Hyperbalaemia Ventilator)- 7500 100 Wettilator)- 4700 Routine Ward- 4700 Rout	Instruct Instruction Indica	Instrume Electrolyte Hyperbalaemia Vestilation/ 2000 1CD (without Ventilator/)- 2000 1CD (without Ventilator/)- 2000 1CD (with Ventilator/)- 2000 ECB (with Ventilator/)- 2000 1CD (without Ventilator/)- 2000 1CD (with Ventilator/)- 2000 Secondary Regular Proceedure Ventilator/)- 2000 1CD (with Ventilator/)- 2000 1CD (with Ventilator/)- 2000 1CD (with) Secondary Regular Proceedure Income, fonderal (and to the pro- secondary Thyronosic crass Phyrosouti crasts Thyronosic crass Phyrosouti crasts Thyronosic crass Phyrosouti crasts No Implant TO I with Ventilator/ Proceedure Proceedure No Implant TO I with Ventilator/ Proceedure No Secondary Regular Proceedure Interest (office) (notified (notified) (notified) No Implant TO I with Ventilator/ Proceedure No Secondary Regular Proceedure Interest (notified) (notified) Thypoglycemia Typoglycemia Typoglycemia No Implant No Implant No Secondary Regular Proceedure No Propod/ Proceedure No Implant No Implant No Implant No No<	following Electrolytic Propertualization Vacial table? No impliant ECU (with Vernitation?) 4700 [Routine Ward-1000] No Secondary Regular Procession Regular Procession </td <td>Biology Ladical a. Flore Tright Instations Flore Free Free Free Free Free Free Free F</td> <td>Biotry Biotry Pyperkalaenta Yoo lipida Yoo lipida Studies Studies Standard Standard Processor Standard Standard</td>	Biology Ladical a. Flore Tright Instations Flore Free Free Free Free Free Free Free F	Biotry Biotry Pyperkalaenta Yoo lipida Yoo lipida Studies Studies Standard Standard Processor Standard Standard

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Sector 10	Specialty	Package Name	Franciary Name	Rate	Implant rate	Stratification DETAIL	Govt. Tuserva	Level of Care	Procedure	Special Condition	Rules	Day Cars	Reserved Procedure (Domenance/ Trust)
394	General Modatue, Paeslatric Medical Management, Pulmonology	Pericardial tubercaloxic	Perscandial tubercubana	ICU (with Ventilator)- 7500 ICU (without Ventilator)- 4700 Boutine Ward- 1800	No Implant	ICU (with Ventilator) 7500 (1CD (without Ventilator)-4700 (Roamine Ward-1800	560	Secondary	Regular Procedure	No special condition	No	260	Insurance
жне	General Modicine, Paodarric Medical Management, Palanonciogy	Physical Indiversal data	Plearst tuberculesis / other tuberculesis (any organ)	ICII (with Veurifacier)- 7500 (1600 (without Veurifacier)- 4700 (Rostine Ward- 1800	No Implant	103 (with Ventilator) 7500 (100 (without Ventilator) 4700 (Rootine Ward-1800	No	Secondary	Regular Precedure	No special condition	No	15km	Incurance
276	General Modicine, Paofatrie Medical Management,Cardio logy	Arrisi Pômillation	Aural Fibrillation	ICU (with Ventilator)- 7500 ICH (without Ventilator)- 6700 Routine Ward- 1800	No implant	ICE (with Ventilator) 7500 ICE (without Ventilator)-4700 Rootnie Waed-1800	No	Secondary	Kegalar Pracedure	No special comfittion	No	we	Insurance
247	General Modicine, Pardiatric Medical Management aline al Instructingy and Rheumatology	Severe / Refractus y Vennalitus	Severo/Hofractory Vascalitic	ICU (with Ventilator) 7500 ICU (without Ventilator) 4700 Routine Ward- 1000	tio Implant	ICU (with Ventilator) 7500 (ICU (without Ventilator)-4700 (Romme Ward-1800	No	lecendary.	Regular Prorodure	No special condition	No	No	Insurance
3908	General Medicine, Paediatrix Medical Masagrissent diminial Immunology and Rheamstulogy	Vasculitis	Vancalitis	ICU (with Venitlator)- 7500 (ICU (withinst Venitlator)- 4700 j Rustime Ward- 1800	No Implant	RCO (setth Ventilator)- 7560 (RCI (without Ventilator)-4700 (Roomne Waed-1800	No	Secondary	Negalar Procedure	No special condition	No	24.0	Insurance
199	General Medicine, Paediatric Modical Management Endor rinalogy	Mysedema coma	Mysedema come	ICU (with Vestilator) 7500 ICB (without Ventilator) 4700 Routinu Ward- 1800	No Implant	ICII (setth Ventilator) 7500 (900 (without Ventilator) 4700 (Roome Ward-1005	No	leomlary	Regular Procedure	Nn special condition	50	No	lessratet

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*.N	Speciatty	Package Name	Procedure Name	Hate	Implant rate	Stratification DETAIL	Govt	Lenel of Carr	Procedure Label	Special Condition	Rules	Day Care	Beserved Procedure (Insurance/ Trust)
100		Recorrent somitting setth deligidration	Recurrent vonstring with detrydration	ICU (with Ventilator)- 7500 ICU (without Ventilator)- 4700 Routine Ward- 1800	Nes Implant	ICU (with Ventilator) 7560 RCU (without Ventilane)-4700 Routine Ward-1800	No	Secondary	Ragular Procedure	No special condition	No	No	Imurance
101	Gemeral Modiume, Paediatric Medical Management.pediat tic Nepheology	Acute febrile illueus	Acute fabrile (Dress	ICII (with Vent(lator)- 2500 (LICU (without Vent(lator)- 4700 (Resistive Ward- 1800	No Implan	ICO (setth Venillator) 7500 ICO (without Venilator)-4700 Routine Ward-1000		Secondary	Regular Procedure	No special conficien	Nerr	1	Imurance
102	General Mediatore, Paediatric Medical Management, pediat ric Nephrology	Benal oific	Rend volu	Routine Ward- 1800	No Implant	Routine Ward-1000	No	Secondary	fiogalar Procedure	No special condition	No	No	Insurance
100		Electrolyte Industation	Nypercalcrinia	ICU (with Ventlatur)- 1500 (ICU (withinst Vestfatur)- 4760 (Hontine Ward) 1889	No implass	ICU (with Ventilator) 7500 ICU (without Ventilator)-4700 Boutine Ward-1800)Net	Secondary	Rogular Procodure	No special condition	Nu.	Dire .	Insurance
104	General Medicine, Paediatric Medical Management/Pulmo solvers	Diffuse divestar Hemorrhage Associated with SLL/Vascalite/G P Syndrome	Diffuse alsosilar Homorthage Associated with SLE/Vascultus/GP Syndrome	ICU (with Ventilator)- 7500 (ICU (withing Ventilator)- 4700 (Routine Ward- 1800	No Implant	ICU (with Ventilator) 7500 ICU (without Ventilator)-4700 Beatine Ward-1800	Nu	Secondary	Regular Procedure	No special condition	Ma	344	Insurance
U.T.	General Medicine Palliative medicine	pant Asperatuse	Junt Agenation	150	No Implant	54A	Nu	Secondary	Add - On Fracedure	No spectal condition	Max	910	minimum
104	General Medicine, Pulmonology	Palliative care management of Breathlessness on advanced cancers and chronic respiratory distance Conservative management	Pallianye Management of Recathlessnes	ICU (with Ventilator)- 7580 (ICU (withour Ventilator)- 470n (Routine Ward- 2000	Ne Implant	ICU (with Ventilator) 7500 ICU (without Ventilator)-4700 Boutine Ward; 1800	500	Secondary	Regular Procedure	No special condition	Nor	No	Insurance
	6.60	10				Per 11.4730		5	-	bel	Vini Mich -	2 th	= A (

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(r.)) 10	Speciality	Package Name	Presentare Name	Rate	Implant rate	Stratification DETAIL	Gove	Level of Care	Procedure Label	Special Condition	Roles	Day Care	Reserved Processure (Insurance/ Teunt)
807	General Medicine, Polosinology, Paediaris: Medical Management	Plestai Efficion	Plaural Officiant	R20 (with Ventilator)- 2508 420 (without Ventilator)- 4200 Routine Ward- 1800	Ko tingdaan	ICU (with Ventilator) 7500 ICV (without Ventilator)-4200 Routino Ward-1000	Mo	Secondary	Begalar Procedure	Ne special condition	No	Pro	linication
120	General Medicine, Pulmonology , Paediaris Medical Management	Prounuma	Postmonia	ICU (with Ventilator)- 7500 (301) (without Ventilator)- 4700 (Routine Ward- 1800	Ko Implant	0CU (with Ventilator) 7500 J ICU (without Ventilator)-4700 J Routine Ward-1800	No	Secondary	Regular Procedure	No special conditions	No	No	Insurance
10.9	General Medicine, Publicouslingy , Parithatris Medical Management	Tevens posunoota	Pueumonia	RU (setth Veentilation)- 7500 EUI (without Veentilation)- Veentilation()- Routine Ward- 1800	No implant	100 (with Ventilator) 7500 103 (without Ventilator)-4700 Routine Ward-1800	No	Secondary	Regular Pracedure	No special condition	bla	Ma	Inserance
110	General Medicine, Pulmonology . Piediatric Medical Management	Empyema	Empyona	ICU (with Ventilator) 7500 (ICU (without Ventilator) 4700 (Routine Ward- 1800	No Ingian	HCU (with Vestilator)- 7580 (1CU (without Vestilator)-4700 (Routine Ward-1890	No	Secretary	Regular Procedure	No special condition	No	No	Instrance
41	General Mießeine, Pulmonology , Pasitiatric Miedical Mastagement	Long aboves	Lung shores	ICU (semi Vemilator)- 7500 ICU (setthout Venthnor)- 4700 Routine Ward- 1800	No Implant	HCU (with Ventilator) 2500 RUV (without Ventilator)-4700 Routino Ward-1000	Nes	Secondary	Regular Precodure	No special condition	Sko	54.0	hisrance
	General Medicine, Pulmonologi Paediatric Medical Management	Broechiectasta	Breachinetasis	ICU (with Ventilator)- 7500 ICI (without Ventilator)- 4700 Rissither Ward- 1000	No Implant	ICD (with Vestillator) 7580 0.0 (without Vestillator)-4700 Routine Ward-1800	Plan	Secondary	Regular Procedure	No special condition	50	No	Insurante

r.N	Specialty	Package Name	Procedure Name	Rate	implant rate	Stratification DETAIL	Gast	Level of Care	Procedure Label	Special Condition	Raies	Day Care	Reserved Procedury (Insurance/ Trust)	
an l	General Medicine, Polyanialogy Poedutric Medical Management	Actes bronchess	Acare hearchite	ICU (with Vestilator)- 7500 (- ICU (without Vestilator) 6700 (- Houtine Ward- 1000	Ke Implant	ICI (with Ventilator) 7500 ICI (without Ventilator)-4700 Roamer Want-LI00	No.	Secondary	Regular Procedure	No special condition	Ne	No	Baurance	
44	Patrimology.	Acuto escabetation of COPD	Acute exceloration of COPD	4700 J Routine Ward- 1800	No Implant	ICU (with Ventilator)- 7500 ICII (without Ventilator)-4700 Boutine Ward-1800	Na	Secondary	Regular Procedure	No special condition	74es	Na	brout Ato #	
115	Pulmonology ; Paeshatric Meilicai	Acute encoherention of Interestition Long Disease	Acute excellentition of International Long Discusse	ICU (with Ventilator)- 7500 (ICU (without Ventilator)- 4700 (Rostine Ward- 1000	Nes Impiant	ICO (wols Ventilatior) 7540 (ICO (without Ventilator) 4700 (Routine Ward-1800	34	Secondary	Regular Procedure	No special condition	244	No	Insurance	
13.6	General Meditine, Pulmonology . Paediatric Medical Management	Asthma	Acone authoratic attack	1017 (with Ventilation)- 1500 (1021 (without Ventilation)- 4700 (Bootme Ward- 1800	No implant.	ICU (with Vestilanor) 7500 (1CU (without Ventilator)-4700 (Routine Ward-1300	Na	Secondary	Begutar Procedure	No apecial condition	No	Ne	Beautiseuro	
5	General Medicine, Perincenology Paediatric Medical Management	Asthma	Skalus aethmaticies	ICII (eith Ventlatur) 7550 TCII (eithnut Ventlatur) 4700 Ibuttne Ward- 1800	Aun Berplaner	ICU (with Ventilator) 2500 (ICU (without Ventilator)-4700 (Routine Ward-1000		Secondary	Regular Procedure	No special condition	Ne	84	locatore	
10	General Maslittina. Palmonalogy . Pandiatric Madical Management	Respondincy Gallery	Type 1 respicancy follow	ICSI (with Vesttilator)- 7580 ICJJ (without Vesttlator)- 4700 Restine Ward- 2000	No: Implant	ICD (with Ventilator) 7500 1 400 (without Ventilator)-4700 1 Routies Ward 1000		Secondary	Regular Procedury	No special condition	Ne	No.	linurance	٢
			e la					5		Due	, kiriyan	10	. 4	Ø.
					-	Page 13 of 210		/					Z	

51.N 0	Spectality	Pashage Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gant	Level of Care	Procedure	Special Condition	History	Day Care	Reserved Procedure (Insurance/
419	General Medicina, Polenomilogy . Parollatric Moderal Management	Respiratory fathory	Type 2 respiratory follow	ICU (with Venitlatur)- 7500 ECU (without Venitlatur)- 4700 Risatina: Ward- 1800	Net Insplant	100 (with Ventilator) 7500 201 (without Ventilator) 4700 Rootine Ward-1000	760	Secondary	Regular Procedure	No special condition	No	No	True)
420	General Medicine, Palmonology , Pandiatric Medical Management	Respiratory failace	Due to any cause (preumonia, authma, COPD, ARDS, foreign bady, poisoning, head injury str.)	ICU (with Ventilator)- 7500 ICU (without Ventilator)- 4700 Routise Ward- 1800	No Implant	ICU (with Venislator) 7500 ICU (without Venitiator)-4700 Reutine Ward-1800	No	Secondary	Regidar Procedure	No special condition	No	ħo	Innatance
421	General Modicine, Pulmonology , Paediatric Medical Management	Preumothorus	Paramothicas	ICU (with Ventilator)- 7580 (ICU (vetthout Ventilator)- 4700 (Routine Ward- 1800	No Inglant	100 (with Vermlatur) 7500 103 (without Vermlatur)-4700 Rootine Ward-1800	tin	Secondary.	Begalar Procedure	No special condition	No	240	binitancy.
422	General Medicine, Pulminology "Carithology	Pubnonary Thramboenboin m (Induding thrombulytic Therapy)	Pulmonary Thrassboemladium - Add m	ICU (with Ventilator)- 7500 ICU (without Ventilator)- 6700 Routine Ward- 1800	No Implant	ICU (with Ventilator) 7500 ICU (without Vontilator)-4700 Reutine Ward-1890	No	Secondary .	Begular Procedure	Ne special condition	No	No	Deputance
123	General Medicine,Endocriso logr	Dathetic Foot	Dalbetic Foot delu idement	ICU (setth Ventilator)- 7500 (ICU (without Ventilatoc)- 670ir (Rootine Ward- 1800	No Toyland	HELI (with Ventilator) 2500-1-001 (without Ventilator)-6700-1 Boutine Ward-1000	No	Secundary	Regular Procedute	An special condition	No	Na	hourance
	General Mediatos,Gastroonio enlogy	Akobalir Liver Diseme	Alcoholic Urer Disease	ICU (with Ventilator)- 7500 ICU (without Ventilator)- 4700 Routine Ward- 1800	No Inglant	ICU (with Vestiliator) 7500 (ICU (without Vestiliator)-4700 (Routine Ward-3800	840	Secondary	Regular Procetture	No special condition	Ne	No	Insurance

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51.N	Specialty	Package Name	Procedure Name	Bate	Implant rate	Stratification DETAIL	Gost	Level of Care	Procedure Label	Special Condition	Rules	Bay Care	Reserved Pracedure (insurance/ Trust)
425	General Modicios, Nephrologi 9. podiatria Nephrology	A00 / Renat failure	AKI / Renal fathers	ICU (with Ventilator) 500 ICU (without Ventilator) 4700 Boutine Ward- 1800	%o louplant	ICU Juith Ventilator) 7505 ICU (without Ventilator)-4700 Routine Ward-1880	No	Secondary.	Regular Procedure	Dialysis payable separatoly as an abl on package	Ne	No	Buuranne
125	General Medicine,Neurology, Paediatric Medical Management	Acute lachemic Stolie	Acute Ischemic Stoke	ICU (with Ventilator)- 2500 (ICU (without Ventilator)- 4700 (Routine Ward- 1800	No Implant	ICU (with Vinitilator) 2500 ICU (without Ventilator)-4700 Routine Ward-1800	Na	Secondary	Regular Procedure	No special condition	No	50	Insurance
122	General Medicites:Neurology Poedurec Medical Management	Acute transverse novelitte/ Acute demyelinating encephabits	Acute transverse myslitis/ Acute demyslisating emeghalitis	ICO (with Ventilator)- 7500 (ICO (without Ventilator)- 6700 (Routine Ward- 1300	No Implant	ICU (with Ventilaner) 7500 (ICU (without Ventilator) 4700 Routter Ward-1800	No /	Secondary	Rogular Procedury	No special condition	3fei	No	lanaratice
120	General Medicine,Neurology, Paediatric Medical Management	Strauthesic crisis (IVIG)	Nyasthénic crisis - Immosogishulins (IVIG)	ICU (with Vestilatur)- 7506 ICU (without Vestilator)- 4700 Routine Ward- 1800	No buplant.	ICU (with Vescharor) 7500 (ICU (withost Ventilator)-4700 (Rostine Ward-1800	Na	Secondary	Regular Procedure	No special condition	No	No	Insurance
129	General Mediator, Neurology, Paydiator, Mediaal Management	Mpastheris: crisis (Pisseispheress]	Myanthom, eriox - Plasmaphervais	BCD (with Ventilane)- 7500 (102) (without Ventilane)- 8700 (Routne Ward- 1000	No Implant	RUF (with Ventiland) 7500 ICO (without Ventilane)-4700 Routine Ward 1000	No	Secondary	Kegalar Procedary	Ro special condition	No	No	humance
1.3ù	General Medicina, Paedatrio Medical Management	Nyterfultration mia	Hybertelinabinense	C. Caller	No. Insplace	Routine Ward 1800	Ne	Securidary	Regular Proxidure	No special coordition	260	344	Insurance
ai			Exploratory (approximity 17) Indiversion atoms	25000	%o limplare	NA	Ne	Secondary	Regular Pricedury	No special condition	.90	No	liniantee
132	General Surgery	Equivatory laparatomy f/b diversion stoms	Exploratory laparoticity F/ 6 diversion hypans	25000	Nie Implaen	NA	360	Secondary	Rogillar Procedure	No special condition	Max		Sharnere
1		Li beyant				Page 21 of 210		Ca		لمع	Khringer -	EX E	4

Sr.N H	Specialty	Patkage Name	Princedure Name	Rate	Implant rate	Stratification DETAIL	Govi	Laveel at Care	Procedure Labet	Special Condition	Rules	Day Care	Heserved Procedure (Insurance/ Trust)
4:13	General Surgery	Maile Dastainers	Mole Tagiatos	2000	No Deplant	NA.	No	Secondary /	Regular Procedure	New spectral constitutions	No	The .	linerane
-	General Sargery	Neurofibroma Excision under LA	Neurofibrema Exchion order LA	2900	No Implant	NA	No	Secondary	Regular Procedure	No special condition	740	No	insurance
4315	General Surgery	Ingrowing Toe Nail [day:sare]	Ingrowing Tee Nat (day sare)	1200	No begint	NA	No	Seriedary.	Regular	No agreeial combilion	No	Ňa	Incerator
436	General Surpery	Procedure for Finance is Ann - Gord, reserve	Procedure for Figures in Abn - Govt resurve	3600	No Implant	NA	ym.	Secondary.	Regular Procedure	Ne special condition	No	No	Inverse
117	General Dargary	Haemannudectu reg - Gret, reactive	without Stapler	13000	No Implant	N:A	349	lecondary	Regular Procedure	No special condition	Nii	Na	Interates
(38	General Surgery	Management of Pilomidal Serus	Management of Pitomilal Simus	5625	No Implant	4,4 - 5625 6A - 14125	No	Secondary	Begalar Procedure	No special condition	Net	Nu	Inicent
4.39	General Surgery	Enternant of Sirver and Garetrage	Encourses of Since and Correttage	100	No Implant	14A	×n	Secondary.	Regular Procedure	No special condition	No	Tin	Same and a
640	General Surgery	Eautoion of cent / Sebaceous Qosts over acrotum	Single Cyst	1500	No. Implant	NA	No	Secondary	Regular Procedure	No special condition	Net	Nu	Inturance
	General Surgery	Exclosion of crist / Sehacenos Cysta over scruban	Mustiple Gym	5000	No împlant	NA	No	Secondary	Rogidar Procedure	No special condition	50	No	bearrance.
412	General Surgery	Excason Filavial Scrutum	Excusion Filanal Scrotum	0005	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Invariance
143	General Surgery	Excision Manunary Fields	Econom Manmary Fistula	12000	No Implant	5.4	261	Secondary	Rogular Prisondarie	No special condition	50	840	Incurance
144	General Surgery	Debridgement of	Debrahement of Ulcer	3850	No luplant	LA - 5000 SA - 18000	No	Secondary	Regular Procedure	No special condition	Nu	No	Insurance
(15)	Geiteral Sattjøry	Exemplances Exercises of Solicitations Theorem In Lengtheorhoma	Cymphanics Factaine of Solicitzations Taranes 36 Lympfisiesleena	13000	No Inglant	NA.	Nii	Secondary	Hegola Procedury	No spical condition	Nu	No	fillingenese
456	General Surgery	Management of Varicuse Veins	Management of Variance Venus-Operative menagement	15730	No bogiani	NA.	Nii	Secondary	liegilar Pracedaru	No special condition	No	Phi I	Insurance
487	General Surgery	Minaprovided Variance Varia	Mana selanatharapy	1000	Wo Toyslam	NA	Nin	Secondary	Hegsler Procedure	No special condition	144	No	Insurance
-43	General Surgery	Necroting factors / Fourmer Gaugeme	Necrethilag faschila / Fournier Gaegrene	11000	No Implant	NA	No.	Secondary	Regular Prosedure	No speciel condition	Ner	Bása	Institute
449	General Surgery	Gengery	Company	20000	No Implant	33	261	Semilary	Procedury	No special condition	No	No	Incurance

Sr.N H	Specialty	Packige Name	Procedure Name	Rate	Implant rate	Strutification DETAIL	Govt Teserve	Level of Care	Procedore	Special Condition	Rules	Day Care	Beserved Procedure (Insurance/ Texit)
杨	General Surgery	Repair of Rynal Artery Statesia	Repair of Renal Artery Streamin	60000	No Implant	NA	No	Tertury	Regular Procedure	No special condition	No	No.	Insurance
453	General Surgery, Neurosurgery, Obsterries & Generatives surgery, Plastic & Reconstruction Function and Oucology, Unology, Surgecal Oucology, Unology, Surgecal Management, Ocal and MattBolachal Surgery, Obserfaminary: ppilog v (ENT)	Concernative Management	Gomert vative Management - stand along	Routine Wied- 1800	files longelisest.	Routine Ward-1800	Ne	Secondary	stand-alone	No special condition.	The	Nia	Basarance
esz	General Surgery, Neurosurgery, Orthopaedics,	Plenus inpery along with Vaioudar injury remain / graft	Plenus sujury along with. Vascular injury graft	60000	No implant	NA	Nin	Termary	Repilar Procedure	No special condition	Na	No	Insurance
	General Burgery.	Vaginal repair for vezeo- vaginal flatala (Repair for VVV)	Vagmal report for senten- vaginal fintula (Open)	25000	No Implant	NA.	360	Sistembery	Regular Procedure	No special condition	Net	No	Insurance
454	General Surgery, Obvizivies & Gynaecology, Paediatric surgery, Surgical Oncology, Urology	Closure of Burst Abdomes	Closure of Horst Abdumen	15800	No Implant	'nА	No	Securitary	Regular Procedure	No special condition	No	344	Insurance
455	Contract Concerns 1	Diagnostic Iapatoscogy - Goot Reservo	Dargnessly hipstoscopy	\$0600	No Implant	hA.	985	Secondary	Begutar Preositure	74o special condition	Nu	Su	boursesse
456	General Surgery.	Diagnostic Hystern - Laparositogy with/without Chromopertalant	Diagnostic Hystern - Laparosingy with/ without Chromopertolization	12000	Ne louplant	NA.	344.	Secondary	Hegsdar Presedere	No special condition	Xa	No	Insurance
157	General Surgery, Optical contexp. Or or bired as yrighting y (ENT), Radiationy Oncodegy, Surgical Decodegy	GA / EUA separati add on package	GA / EUA separate add ou ywrhage	8000	Wo Emplane	NA -	No	Secondary	Add+On Procedury	No special condition	Nie	No	Insurance &
		Sec. 1				Page 17 + 201		1 . 1		Ŀ	as which	A	RAC

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r.h	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Geet	Level of Care	Procedure	Special Condition	Raira	Day Care	Reserved Procedure (Insurance) Trust)
18	General Surgery, Oral and Masillufactal Surgery, Ostrtunolaryngolog y (ENT), Paulueric surgery, Surgical Oscology, Plastic & Reconstructive Surgery	Trachonstony Clouer	Trachenstumy Classer	2000	No Implant	NA	No	Secondary	Begadar PRG/add on	No special condition	No	No	huseance
59	General Sargery, Oral and ManifeGarial Surgery, Otarhinologyngolog y (ENT), Sargical Onanlogy	Radical Nech Dissection	Radical Neck Dissection	20600	No implant	NA	No	Secondary	Regular Procedure	No special condition	Ng	No	Insurance
60	General Sargery, Oral and Maxillofarial Surgery, Paediatric surgery, Surgical Oncology	Complete Excision of Growth from Tongue anly (inclume of Histopathology)	Complete Excession of Growth from Tungale only (inclusive of Histopathology)	14300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
61	Gentral Sargery, Oral and Maxillatadat Surgery, Martie & Reconstructive Surgery, Sorgical Oucology	Extlander Operation (hp)	Estlander Operation (Ngr)	14000	No Implant	NA	N 1	Secondary	Regular Procedure	No special condition	Skin	No	Insurance
62	General Surgery, Ocal and Maxifiofacial Surgery, Surgical Oricology, ENT	Exclusion of Growth from Tongoe with neck node direction	Exclusion of Growth from Tungae with neck usde disaection	25000	No Implant	NA.	No	Secondary	Regular Procedure	No special condition	No	940	boutance
D.	General Surgety, Oral and MaxiBotectal Surgery, Sorgical Owenlogy JUNT	Liperna / Cyst / other cutanessas overlings Excloses	Gpoma Excision	1500	No Implant	SCA.	Sia	Secondary	Regular Procedure	No operated conditions	Na	7640	histrance
	General Surgery, Oral and Manthetactal Surgery, Surgical Oncology, ENT	Lipunia / Cyst / other catalonia aveilings Eactaion	Cyvt Excision	1500	No Implant	NA	No	Secondary	Regular Procedure	No operation	No	No	Insurance
65	General Surgery, Oratanit Manifulation Surgery, Surgical Oricology, ENT	Openna / Cyst / offler: ratansenas scarellings Exclusion	Otter cutanessy swellings Eaction	3540	No Implant	94A	80	Secondary	Regular Procedure	No special conditions	Nó	20	lasurunas

ń.N	Specialty	Package Nano-	Procedure Name	Rate	implant rate	Stratification DETAIL	Gost	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
10 P	eneral Surgery, rthoposilics, lastic & econstruction urgery	люлт	NPWT	1650	No Implant	NA	No	Secondary	AM - Ou Procedure	No special condition	Ph.1	Sia	Insurance
62 U	entrus surgery.	Management of Chest injury with fracture of Long hose	Management of Chert injury with fixation of Single Long bene	30000	No Implant	NA.	Sa	Ternary	Regular Procedury	No special condition	No	No	Insurance
48 0	riterat surgery,	Management of Overt about with fructure of Long bone	Management of Chest injury with fluction of 2 or more Long hunce	33000	No Implant	NA.	Sin.	Tertiary	Begultar Procedure:	No special condition	Nn	Nit	Insurance
64 0	eneral Surgery. rthopsedict.		Torgical Intervention for Viceral injury and fluction of fracture of single long brine	30000	Na Implant	NA	24	Testiary	Registar Procedury	No special condition	Nu	жа	bisarance
70 0		Visceral Innery	Surgical intervention for Visceral injury and fisation of fracture of 2 or more long bones	85900	Ne Implant	NA :	Su	Tertiary	Regular Procedure	No special condition.	Box.	No	Insurance
71 0	eneral Surgery. terfueolaryingolog (ENT)	Brachtal annos Piutsinn	Brachool simos escision	15300	No Implant	NA	Su-	Secondary	Regular Procedure	No special condition	Sec	No	Insurance .
72 0	eneral Surgery, torbinslaryngolog (ENT)	forgical resonal of Branchial Cyst/Simus	Surgical removal of Branchial Cyst/Sinar	15000	No implant	NA.	No.	Secondary	Regular Procedare	No special condition	No	No	Insurance
73 0	eneral Surgery, tachiristaryngideg (TNT)	Thyragional / Branchial cpst / sinus / flatale excretor	Branchial strus excluses	15300	No buplant	мд	No.	Secondary	Regular Proordure	Ko special modition	Nu	No	Insurance
04.0	micral Surgery, tochinolaryngelog (ENT)	Thyragional J Branchial cyst / atoux / Batala exclusion	Branchial fistula outlation	15300	No Implant	NA	Na	Secondary	Regular Procedury	No special condition	Na	50	Invusion
75 y	endral Surgery, torhindaryngolog (DNT), Paedlatoic argery	Foreign Dody Renoral	Foreign Hody Removal	5200	No huguent	LA = 7000 GA = 10000	Na	Secondary	Regular Procedure	No special condition	80	500	inequality and
ctai 🛛	LIT DATE TO	Deep neck abscess drainage/ Yost traunci seck cogbrigtion	Deep neck abserve dramage	16000	Ne Implant	NA	Ne	Secondary	Regular Possedure	No special condition	366	No	Insurance

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r.h	Speciality	Package Name	Pracesdure Name	Rafe	Implant rate	Stratification DETAIL	Gert	Level of Care	Procedure Labei	Special Condition	Rubes	Day Care	Reserved Procedure (Insurance Teast)
	General Sorgery. Osorhinolaryngolog y (ENT), Paediates: surgery	Deep neck abscess dramage/Post trauma neck exploration	Povi trauma nock exploration	16400	No beglass	NA	No	Secondary	Regular Procedure	No special condition	No	No	Incurance
71	General Sergery, Ouethindaryngelog y (ENT), Sorgeal Ouenloge	Thyroidectumy	them thyrotectury	20000	No treplant	NA	No	Secondary	Regular Procedure	No special condition	No	No	lusurance
74	General Sargery, Oburtunolaryngolog y (ENT), Surgical Oncology	Threadertamy	Total thyroidectorey	11000	No Insplant	NA	No	Secondary	Begslar Princedure	No special condition	No	То	heurance
00	General Surgery, Otorhinolaryngolag y (ENT), Surgical Oncology	Thyroidectomy	Total Thyroidectomy with Block Dissection	25000	No terpiant	NĂ	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
Ĥ1	General Surgery, Otortoindaryngolog y (ENT), Sirtgiad Ouculogy	Paronidectumy	Total Parendectory	220000	No teoplant	NA	9lio	Testiary	Regular Promisere	No special condition	Mas	No	miurance
82	Gricology	Parotifisctomy	Superficial Parotidectomy	23000	No Implant	NA	Na	Secondary	Begular Procedure	No special condition	Ne	No	Incorators
10	General Surgery, Otorhandaryngtolog y (ENT), Surgical Oncology	Neck dimetion	Selective Design neck Summer exclusion	18000	Nic Interlacit	NA.	No	Secondary	Ibegular Provedure	No special condition	No	80)	historiantes
64	General Surgery, Otoriumalaryingolog y (ENT), inorgical Oncology	Neck dissection	Comprehensive Benign week turnear exclusion	18000	No huptant	NA	No	Secondary	Regular Procedure	Ne special condition	Na	No	lauranor
15	General Surgery: Oscilarited and a second 5 (FNT), Sergical Oscilary	Nev's dessection	Selective Pharyngsal divertioidans exemina	18000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	ha	No	hisurance
21	Genetial Surgery. Otorthinoloryngiolog y (ENT), Surgeral Oncology	Nock dimection	Comprohensive Pharyogeal diverticulum excision	18000	No Implant	NA	No	Secondary	Regular Procedure	50 operad condition	No	No	huuramas
17	General Sucgrey. Paedlattic surgery	Pyloroplisty	Pylaroplamy	14300	No neptant	NA	44	heromilary-	Regular Providere	ten spratel emdition	Net	No	Insurance
10	General Surgery. Paediatric surgery	Pylarumyutnmy	Pyloronyntomy	27000	No lepiant	NA	80	Territory	Regular Procedury	No special condition -	No	No	Insurance
	General Sergery,	Epidolymaf Exclosin under GA - Gent, enterne	Epidelyinal Exclusion and ef- GA	2000	No Implant	NA	Im	Secondary	Regilar Presidere	No great condition	» e vani Upp	No	Insurance

Sr.N 4	Specialty	Package Name	Procedure Name	Hate	Implant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Condition	Bades	Day Care	Reserved Procedure (Insurance/ Trust)
450	General Bargery, Paediatric setgery	Congenital Atresia & Stenosis of Scull Intesting	Congressial Arresia & Sciencias of Small Interime/ large Intesting	26009	No Implant	NA.	71-	Turnary	Regular Procedure	No special condition	No	No	linncature
441	General Surgity. Pauliatic surgery	Appendicementy	Lap-Appendicertany	15000	No Implant	8.8	No	Secondary	Regular Procedure	No special condition	Ne	No	tasarance
497	General Surgery. Paediatric surgery	Operative Ondecystostamy	Operative Cholocystastamy- Open	11250	No Implant	NA	Ne	Secondary	Register Procedure	No special condition	No	Ne	Insurance
493	General Surgery Paediatric surgery	Operative Onlegatimitary	Operative Cholocystostomy Lap	11250	No Implant.	NA	No	Secondary	Replat Procedure	No special condition	No	Nα	Insurance
494	General Surgery, Paudiatric surgery	Grote Hernia Repair - Gost. reserve	Grein Hernia Repair Obnarator - Lop.	21700	Mesh 15315-2000 Max :2	NA.	ies.	Tertiary	Regular Procedure	No opecial condition	No	Na	Insurance
495	General Surgery, Paediatric aurgery	Epididymal Cpst / Nodule Encision - Goot, renerve	Egodidymal Cyrit excision	e600	No Implant.	%A.	jes.	Secondary	Regular Procedure	No special condition	No .	Na	maurance
496	General Surgery. Paodiatric surgery	Epidadymal Cyst. / Nodule Excision - Gord, reserve	Epstidymal Nodule excision	4600	Ne legiant	NA	10	Secondary	Regular Procedure	No special condition	Na	No	lesurater .
197	General Surgery, Paediatric surgery	Decortication [Piesencloim/]	Decartication (Pinametony)	13900	No Implant	ял	Nu'	Ternary	Regular Procedure	No special condition	Not	No	Amoritation
698	General Surgery. Paediatric surgery	Thoracoscopic Segniaental Resection	Threesessory is Septential Resection	26000	Linear Cuther Artidges 3000/cortidge opto max-3	NA.	No	Tertialy	Rogular Procedure	No special condition	Nor	510	Insuration
49.9	General Surgery. Pasdiatric surgery	Anti GEBD Surgery	Anti GERD Yurgmy	21375	Na hupdant.	П.А.	10	Secondary	Rogular Procedure	No special months on	No	Not	Insurance
500	General Surgery. Paodiatric surgery	Herniz & Hydrocale - Gove reserved	Herate & Hydrocate	13,000	Na Implant	NA	yen	Secondary	Regular Procedure	Ne special condition	74n	Sia	Insurance
501	General Surgery. Prediatric megery	Foreign Bady Aemoral with sampe	Foreign Body fermional with scope	11000	No Implant	NA .	Nii	Soundary	Begalar Procedure	No special condition	74 m	Na	Insurance
502	General Surgery, Paodiatric surgery, Surgical Oncology	Orchodoctomy - Govt. reserve	Orchadectomy	13200	Na linplant	NĄ	949	Secondary	Repuber Procedure	No opectal condition.	760	260	Insurance
503	General Sergery, Paediatric integers, Sargical Oncology Surgical Castronisticology	Dieta) Pancasaliittumy + Spinnertuny	Discul Parameteritory + Splenetory	52100	No templant.	жа	-	Temury	Regular Procedure	No special condition	Nm.	No	(married

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ir.N 0	Specialty	Pathage Name	Procedure Name	Mate	Implant rute	Stratification DETAIL	Govt	Level of Care	Procedure	Special Constituen	Ruirs	Day Care	Reserves Procedur (Insurant Trust)
	General Surgery, Paedlatric surgery, Surgical Orenbegt/Surgical Gastroentervlogy	Clutary of dama	Character of strongs	13950	No implant	NA	Ng	Secondary	Regular Procedure	No special condition	No	No	Insurance
T	General Surgery. Paeillatric surgery. Unitagy	Divertical contry	Exclusion Mechel's Diverticulum	16075	No implant	NA	701	Secondary	Regular Procedure	No special condition	No	No/	huanner
86	General Surgery, Pediatric Surgery	Operative Gastrontomy	Operative Gastrustomy	20000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	literance
17	General Sargery, Pediatric llargery	Sympathectomy	Sympatheriumy-Bilatorid (1976)	21000	4is Bergeland	жĄ	the	Tertiary.	Regular Procedure	Ne special condition	Sio	No	Innerance
-	General Surgery, Pediatric Surgery	Operative dramage of Appendicular Abscess	Operative dramage of Appendicular Abscess	1.3000	No heiplant.	NA	No	Secondary .	Regular Procedure	No special condition	Dio	No	lorunance
819	General Surgery, Pydiatric Surgery	Sympathection	Sempatheytony-Unilateral (UL)	15000	No huplant	NA:	No	Secondary	Regular Procedure	Ne spiceral condition	Nii	No	Investore
10	General Surgery, Pediatric Surgery	Thoramplasty	Thoracoplasty	20000	No Implant	NA	No	Secondary	Reputar Procedure	No special condition	Sto	No	hisiance
ų.	General Surgery. Pediatrix Surgery	Cocumcision- Govt Reserved	Grouminion - Phimasik / Paraphanistis or any other clinical condition	3000	No Toplast	NA	yre	Secondary	Regular Procedure	Niceperial combine	No	No.	Innirance
112	General Surgery. Pediatric Surgery. Surgical Gastroenievilogy	Operations for Replacement of Ocsuphages by Colum	Operations for Replacement of Geographiques by Colum	43400	No looplant	жĂ	No	Tertiary	Repular Procedure	No special condition	Not	No	Invorance
Q,	General Surgery, Pediatric Surgery, Surgeol Gastroomterology	Operation forAbdommat Hydatid Cyst [Single Organ] - Olonge in Name	Opération der Abdominal Distant Cyst (Single Organ) - Change im Name	20000	No luplant	NA.	No	Secondary	Begslar Procedure	We special conditions	No	No	Insurance
14	General Surgery, Pediatric Surgery, Surgical Gastroepterology	Hernia - Ventral	Epigastric	29009	Mesh - 15 X 15 - 2000	NA	No	Tertiary	Begalar Procedure	No special condition	No	No	laturawa
15	General Surgery, Pediatric Surgery, Surgical Gastroesterology	fitenia - Ventral	Ombilicat	32400	Mech - 15 X 15 - 2000	NA	No	Tertiary	Begular Pracoduse	No operal condition	No	tua -	Neurance
16	General Surgery. Pediatric Surgery. Surgical Gaitmentervicey	Hannia - Ventral	Persondullical	22400	Mesh - 15 X 15 - 2000	NA:	No	Tertiary	Regular Procedure	No special condition	No	Ňo	Insurance
17	General Sargery, Pediatric Bargery, Bargical Gaithteentvrology	Berna - Ventral	Spipellan	22409	Modi - 15 X 15 - 2000	NA.	No	TertLicy	Regalar Princedure	No special condition.	Nos	No	Insurance

eN #	Specialty	Pachage Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt	Level of Care	Procedure	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trant)
18	General Surgery, Podutric Sergery, Surgical Gautoconterology	Repair of Inclaimed Parnia	Repair of Incisional Hernia Lap/Open	20000	Medi - 30 X 30 - 10000 m Medi - 15 X 15 - 2000	NA	No	Tertlacy	Regular Procedure	No special condition	90.	No	Insurance
29	General Surgery, Podiatric Sorgery, ENT, Sorgical Oucology	Instance & Dratuage of Abscess	tection & Dramage of Aburren	1500	No implant	NA	Na	Secondary	Regular Procedure	No special condition	2011	No	Insurance
	General Surgery, Podiatric Surgery, Surgical Gastroenterologic	Surgical Management of PseudoCyst	Cymdrianantamy - Open	21700	No Implant	NA	Net	Ternary	Regular Procedure	No special condition	No	Na	Imarance
	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Sargoal Management of PseudoCyst	Coundelanantomy - Lap	21700	No impitant	NA	No	Tertia/y	Regular Proosdare	Yea upected constituen	No	No	Iniuratics
	General Surgery, Pediatric Surgery, Surgical Gatementerology	Sargical Management of PseudorCyst	Cyvingastreatury - Opent	21700	No implant	BA	No	Tertury	Regular Procedure	No special condition	1611	No	huurasor
23	General Surgery. Pediatric Surgery. Surgical Gastriesterology	Surgical Management of PassadaCyst	Cymrgastrusteny - Lap	21700	No implant	NA	No	Tertlary	Regular Procedure	No special condition	New	No	Interance
	Genoral Surgery, Pediatric Surgery, Surgical Gaitmonterningy	Benchisely	Tievenomy-Stand alone	14300	No Implant	NA	Net	Secondary	trand-sloine	tio special condition	No	740	lanarance
	Genoral Sargory, Poduatric Surgery, Sargicol Gauttaetherology	Operation for Duplements of Intention	Operation for Deplication of Intention	11000	No brojdani	NA.	Nii	Secondary	Regular Procedure	No special condition	244	No	Incurance
	General Sargery, Podiatric Surgery, Sorgical Gaittoenteeology	Appendicactionsy	Approximationsy-Open	1H096	No hopflant	NA	No	Secondary	Negalar Procedure	No special condition	Nin	No	Insurance
22	General Surgery, Podiatry Surgery, Surgeral Gastronoterology	Appendicular Perforation	Appendicular Perforation	13000	No Implant.	NA	No	Secondary	Argulur Prosedury	Ne special condition.	No.	No	murance.
1	General Surgery, Peduatric Surgery, Surgical Castroenterology	Operation Management of Volvides of Lorge Bound	Operative Management of Volumbia of Large Rowel	13000	Si hiptin	NA	Sii	Soundary	Argular Procedure	No opecial condition	No	Núr	Incurance
	Genital Surgery, Podutnic Surgery, Surgeol Guarmientendogi	Resitction Anastomesilis	Resoctant Addetorments - Direm	25000	Se linplant	NA	No	Termary	Regular: Procedure	Re special condition	Na	-	forcurance.

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5e.N	Speciality	Fachage Name	Procedure Name	Raip	Implant rate	Stratification DETAIL	Geve	Level of Care	Procedure Label	Special Comilition	Rales	Day Cars	Reserved Procedury (Insurance Trust)
340	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Resortion Anastrimasis	Resection Anastomosia - Lap	25000	No Implant.	NA	Nep.)	Tertiary	Regular Procedure	No openial condition	No	No	liusanor
in i	General Surgery. Pediatric Surgery. Surgical Gastroentenilogy	Espiritatory Laparettony	Exploratory Laparotomy	25000	No Iraglant	NA	Nes	Terriary	stand-slower	No special condition	In case this procedure is booked at the time of Fre-Asthrotzorion. The Ploigital can subset a claim for some other procedure giving the diagnose e.g. Appendicular Perforation	N	bicuration
30	General Surgery, Pediatric Surgery, Surgical Gattreemerulogy	Cholecystectomy	Without Exploration of CHD - Open	22000	No httplant	NA	No	Secondary	Regular Procedure	Ne special condition	No	No	Insurance
133	General Surgery, Pediatex Surgery, Surgical Gartroenterology	Cholocystochurwy	With Exploration of CBD - Open	20000	No Implant	NA	No	Securitary	Regular Procedure	New special conditions	Nn	No	Insutance
34	General Sorgery, Pediatric Sorgery, Sorgical Gastroenterology	Chalacystochomy	Without Englineation of CBD - Lap	20009	No implant	88	Та	Secondary	Repular Procedure	Ne special condition	No	100	Interance
135	General Surgery, Pediatric Surgery, Surgical Gastroentersingy	Owlecestoctomy	With Exploration of CRD - Lop	20000	No Implant	4:A	No	Sociality	Reptiar Procedure	No special condition	No	Nii	baaranaa
36	General Surgery, Pediatric Surgery, Surgical Gastroenteralogy	Operation of Choleduchal Cyst	Operation of Choledochail Cyst	3094000	No hoptant	84	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
37	General Surgery, Pediatric Surgery, Surgeral Gastroenteology	Missentaria Cyar - Englation	Mesenteric/Onorital Cyci - Examen	17400	No Implant	24	tive .	Sermulary	Regitar Procedure	Nespresi condition	No	764	history
30	General Surgery, Podiatric Sargery, Surgical Gastroenterology	Hiatus Neenia Repair / Fundoplication	Hiatus Narota Repair - Open	26210	No Implant.	NA	No	Tettary	Regular Procedure	Ne special condition	No	Na	landance
39	General Surgery, Preliatric Surgery, Surgical Gastroenterology	Harns Hernia Repair / Fundaplicitant	Hiatus Hernia Niyase - Lup	26287	No brighter	NA	Nü	Ternary	Bepplat Princedure	No operad constituto	tio	ħo	lasurance
40	General Surgery, Pediatric Surgery, Surgical Gastroenterology	Hiatus Bertila Repair / Fundoplication	Fundoplication - Open(+/- (Ratio Herma reput)	26287	No linplant	ĸA	No	Tections	Negatar Procedure	No special condition	Then	310	toisurance

Sr.N.	Specialty	Pachage Name	Presentare Name	Rate	Implant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Condition	Rates	Day Care	Reserved Procedury (Insurance/ Trust)
541	General Surgery, Pediatric Surgery, Sargical Decelogy	Inguinal Risch- (dimection) - U/L or B/L	inguinal Node (damention) - U/L or II/L	Bilateral- 2170h Outstreal- Jogunal Node (dissettion)- 17700	Ret Implant	n.ă	Ne	Tettary	Regular Procedury	No special condition	Ne	No	hoursee
142	General Surgery, Pediatric Surgery, Surgical Occology	Thyumduny	Thymectumy	41700	No Implant	NA	80	Testiary	Regular Procedure	No special condition	Nu	No	Reservation
543	General Surgery, Podiatric Surgery, Surgical Oscology, Surgical Castrioenterology	Splenectory	Splenecturg- Open	25000	No Implant	NA	Nii	Tertiary	Regular Procedure	No special condition	2941	Ner	Amucance
	General Surgery, Pediatric Surgery, Surgical Oncology, Surgical Gastroenterology	Splenectomy	Spiroretumy- Lag	25000	No Impiant	NA	No	Tertiary	flogular Procedure	No special condition	Mar	No	Incutance
1545	General Surgery, Pediatric Surgery, Unilogy	Operation for Hydracele (M/L) - Goet, cameros	Operation for Hydrocele (H/L)	10000	No Implant	NA.	105	Secondary	Regular Procedury	No special condition	Re	No	lesurance
540	General Surgery. Pediatric Surgery, Urningy	Operation for Hydrocele (U/L) - Gort, courtor	Operation for Hydrocele (11/5.)	0000	No implant.	NA.	jes.	Secondary	Hegular Procedure	No special condition	Ner	-	Busicador
547	General Surgery. Plastic & Reconstructive	Free Grafts - Watte Grafts	Free Grafts - Walte Grafts	14000	Sur brightest	лд	No	Secondary	Regular Procedure	No special conditions	No	50	Imarator
5411	Sottory General Surgery, Plantic & Reconstruction Surgery, Pudlance Surgery, Surgeoil Owningy, Orthopaedics	Split thickness skin grafts	Small (+ 4% THSA)	10000	Ne Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Innerance
549	General Surgery, Plants & Boomstructive Surgery, Pediatric Surgery, Surgest Onesingly, Octoopaedics	Splá ma men skin grafis	Medium (4-105, TBSA)	13500	No Implant.	п.А	No.	Secondary	fiegular Proceshare	No sportal combiner	Nir	No	insurance

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ieN 11	Speciality	Package Name	Procedure Name	Rate	implant rate	Stratification DETAIL	Gove	Lavel of Care	Erocedure Labet	Special Condition	Roles	Day Cars	Reserved Procedure (Insurance/ Trust)
550	Surgery, Surgical Oncology,	Spitt thickness skin grafte	Large (+ 8% TRSA)	15000	No Implant	NA	No	Secondary	Begular Procedure	Ne special condition	No	Na	Insurance
551	Orthoppedict General Surgery, Plante & Reconstructive Surgery, Surgeral Oncology	Breast Longe Exclaime (Benge)	Breast Lamp Escause (Benign)	HIDOO	No Iseplant	NA	No	Secondary	Regular Procedure	Ne special condition	No	No	Intersect
552	General Sargery, Phonic & Reconstructive Sargery, Sargical thundary	Plap Reconstructive Surgery	Plap Reconstructive Surgery	25000	No Implant	NA	No	Tertiary	Registar Procedure	Ne special condition	Bio	80	Incorporer
553	General Surgery, Plastic & Economication Surgery, Surgical Occubility	Pressure Sere – Surgery	Pressure Sere - Surgery	21700	No Implant	NA	No	Secondary	Regular Procedure	Net special condition	No	840	Distance
554	General Surgery, Plastic & Beconstructore Surgery, Surgical Oncology	Internal fination with Flap cover Surgery for wound in compound fracture	Internal fination with Flap cover Surgery for wound in compound fracture	25000	No Implant	91A	No	Tertiary	Regular Procedure	No special condition	No	No	historante
÷	General Surgery, Plastic & Reconstructive Surgery, Surgeral Oneology J.NY	Timur Reconstruction Flap	Tunne Reconstruction Flag	25000	Sio Implant	N.A.	No	Terslary	Begelier Procedure	No special condition	See	Ne	Interace
154	General Surgery, Plastic & Reconstructive Surgery, Barus Management	Plane barns	% Tintal Body Surface Area Burns (TBSA) - any % (oot requiring admission). Needs at least 5-6 dressing	2000	No implant	NA	No	Secondary	Begolar Procedure	No special condition	No	Na	Interator
157	General Surgery. Surgical Gastrocternilogy	Gailtenburg	Altending Ulice - Partial Gastrectory without Vagetory	20400	No Implant	NA	No	Ternary	Repsiur Procedure	No special condition	No	80	Inseame.
558	General Surgery. Surgical Gastroenterology	Garantiany	Blooding Ulcer - Partial Gastrecturey with Vagotorey	30400	No Implant	NA	No ;	Tertiary	Regular Pricedure	No special condition	No	Nu	Inisiance
219	General Surgery. Surgical Gastroentersloge	Yaptomy	0.1Vagotomy	24906	No.begiana	NA	No	Secondary	Regular Procedure	No special condition	Ńű	No	hinanie

enterology A Surgery, A Surgery, B enterology I Surgery, B enterology I Surgery, B surgery, Surgery, Surgery, A enterology	Vagiminity Operation for Receiling Peptic Ulier Operation for Gentre / Diodenal Perforation Operation for Gentre / Diodenal Perforation Mesentric cost exclaine Spiemerenal Ananomissis Replacement Surgery For Correstive Injury	Vagatinny + Pyharaplasty Distriction for filesting Peptic Ulter Gastric Perforation Dissional Perforation Mesentric cyst exclusion Splemmenal Anostonialia Replacement Surgery For	23500 270000 14300 14300 20000 70000	No Implant No Implant No Implant No Implant No Implant	NA NA NA NA	Nu Nu Nu	Secondary Teritary Secondary Secondary	Regular Procedure Regular Procedure Procedure Regular Procedure	No special condition No special condition No special condition No special condition	No No No	No. No. No.	Trist) Insurance Insurance Insurance
il Surgery emministrology A Surgery distorology E Surgery dimeterology Surgery distorology il Surgery distorology il Surgery distorology il Surgery distorology	Biending Pepta Ulerr Operation for Genrie / Diodenal Perforation Operation for Gastrie / Diodenal Perforation for Gastrie / Diodenal Perforation Spiemerenal Anastronosis Replacement Surgery For	Peptic Ulter Gastrie Perforation Duodenal Perforation Mesentric cyst exclaims Splemmental Anastoniain	14309 14309 20009	No Implant	NA.	Na	Secondary	Procedure Regular Procedure Regular	No spectal candition	No	Na	Insurance
d enterology d Surgery d enterology d surgery d surgery d surgery d enterology	Gentric J Disofenal Perforation Operation for Gasteric J Disofenal Verforation Mesentric ont exclaim Spienorenal Anastomicias Replacement Surgery For	Duodenal Portoration Mesentric cyst exclaine Splemannal Anastoniain	14300 20000	Ne Implant	NA			Procedure Regular				
d mitariplogy i Sargery, d enterology i Sargery, d enterology i Sargery, d enterology	Gastric / Duordenal Perfortation Mesentric cost exclaim Spiemerenal Anastomosis Replacement Surgery For	Mesentriz cyst exclaine Spienwenal Anastonaia	20000	A Markaderica I		Nes .	Secondary		No special condition	Na	No	Insuration
i Sargery. A conceptory I Sargery. A conceptory i Sargery. A enterology	Mesoninic ont exclaim Spienorenal Anastominisis Replacement Surgery For	Spiennertal Anastonania		No Implant	N8							
f outerplogy i Surgery, d onterplogy	Anarimmissis Replacement Surgery For		70000		100	Ne	Secondary	Regular Frucedure	No special cundition	No	54u	Reputation
i Surgery. I enterology	Surgery For	Replacement Survey For		No Implant	NA	144	Tertiary	Regular Procedure	No special condition	We	Nii	Interance
	Stomach	Cocrosive Injury Stomach (stapler price included)	50000	No Implant	NA	Ne	Terllary	Regular Procedure	No special condition	Ne	Mu	hourance
t Surgery: 6 enterology	Choledochisbood escotomy Or Choledocho Jejunistomy	Choledoctudusdenostumy Or Choledocho Jejunostamy	13550	No Implicit	ΝA	Ne:< .	Terminy	Regular Procedure	No special condition	Na	Nu	Insurance
t Sorgery. é enterology	Hepatics. Jejumortung for Jeliary stricture	Hepatico bijunostomy for biliary utricture	45800	Na beglant	NA	Nd.	Tertiary	Regular Procedure	No special condition	Nu	No	Innurance
l Sergetai d enterology	l Stage-Sub Total Colectomy + Beostamy +1- Peach	1 Stage-Sub Total Guincturny + Timationy + [+ Pouch	70000	Na longiant:	NA	264	Tertury	Regular Procedure	No special condition	No	Ne	Insurance
t Surgery. 6 enteroliuer	Paecrualic: Necrosecturity	Pancreatic Necrosoctomy	00000	No implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	mularaisee
il Surgery), é omerology	Helier Myommy ().ap./Open)	Hielier Myotamy (Lays/Open)	sondti	No Implant	NA	140	Tertiary	Regulat Prisondare :	No special condition	ha	Ne	hourser
l Siegers. 6 enterology	1 Stage Sub Total Colectomy + Renstanty	l Stepp-Sub Total Calectomy + Broatomy	+0300	No (replant	ĸa	No	Tertary	Regular Procedury	No special condition	Ne	Nite	Insurance
l Rorgers. d enternkigs	Deserticulertermy	Econom Daidenal Diverticulum	.129900	No templant	MA -	Ne	Secondary	Regular Procedury	No special condition	160	No.	Distantione
本田 - 和正田 - 田本 四和本 四 出本 日 - 田本	nerology bergety nerology bergety bergety bergety bergety bergety bergety bergety bergety bergety bergety bergety bergety	nerology beineoriumy for beiney micture beingers fisher Sub Total Colectiony + Resubting + 1- pouch sergers Poscenatic Verplage Sergers Heller Myommy Nerology Die Sub Total Colectiony + terology Descriticule(trony merology	Betweentung für Istlary stricture Internetion primetion prime billary stricture Sorgery nerology I Stage-Sub Total Colections + Resistance +1- Pouch I Stage-Sub Total Colections +1- Pouch Sorgery nerology Pascruatic Pouch Pascruatic Pouch Sorgery Nerology Pascruatic Nerology Pancruatic Neccosectury Merphary Nerology Heller Myommy (Lap./Open) Heller Myotuny (Lap./Open) Sorgery Nerology Heller Myommy (Lap./Open) Heller Myotuny (Lap./Open) Sorgery Nerology Heller Myommy (Lap./Open) Heller Myotuny (Lap./Open) Sorgery Nerology Descrutic tony (Nerology Economy Band (Neerticulier)	Jeptimization permitting for billary structure Proposition permitting for billary structure 45000 Sorgery nerology 1 Stage-Sub Total Colectiony + Resulting + 1 Pouch 1 Stage-Sub Total Culterising + 1 Pouch 1 Stage-Sub Total Colectiony Pouch 1 Stage-Sub Total Colectiony Pouch 7 Stage Sorgery sorgery sorgery sorgery sorgery sorgery sorgery sorgery sorgery sorgery sorgery sorgery sorgery sorgery sorgery sorgery sorgery Heller Myoning Heller Myoning (Lap./Open) Heller Myoning Heller Myoning (Lap./Open) 90000 Sorgery sorgery sorgery sorgery sorgery sorgery 1 Stage-Sub Total Colections + Ilenationy 90000	Memory billing structure Memory st	Improviding billing structure Improviding billing structure 45000 Na Implant NA Surgery structure 1 Stage-Sub Total Collections + Implant 1 Stage-Sub Total Collections + Implant NA Surgery screetly Poulth 1 Stage-Sub Total Collections + Implant 1 Stage-Sub Total Collections + Implant NA Surgery poulth Pascreetly Poulth Pascreetly + Implant 20000 Nu Implant NA Surgery poulth Pascreetly Poulth Pascreetly + Implant 00000 Nu Implant NA Surgery poulth Pascreetly + Implant Pancreetly + Implant 00000 Nu Implant NA Surgery poulth Refer Myommy (Lept Myotamy (Lept Open)) Bonuli No Implant NA Surgery poulth Heller Myotamy (Lept Open) Bonuli No Implant NA Surgery poulth Interview + Implant Surgery + Implant NA NA Surgery poulth Heller Myotamy (Lept Open) Bonuli (Lept Open) Surgery + Implant NA Surgery poulth Surgery + Implant Surgery + Implant NA NA Surgery + Im	Marrology Marrology for Inlary structure Mage structure Male structure Male No Sargery nerology 1-Stage-Sub trial Collections + Departments 5/Lage-Sub Total Collectionsy + Hensitionsy + 1 + Pouch 70000 Na Implant NA No Sargery nerology Pouch Collectionsy + Departments For trial Collectionsy + Hensitionsy + 1 + Pouch 70000 Na Implant NA No Sargery, Merology Pouch Poncreatilic Nectoosectoriny (Lage/Open) 00000 No Implant NA No Merology Nation Male Male Mystemy (Lage/Open) Roller Mystemy (Lage/Open) 80000 No Implant NA No Sargery, Merology 1-Stage-Sub Total Collectionsy + Hensitionsy (Lage/Open) 80000 So Implant NA No Sargery, Merology Deprticulation of the Objection of the Merology So Implant NA No	Jermontumy for billary structure Neutron (Separate Separate Sep	Betworknowy far Introducy structure Helpelanto protection with Bilary structure Helpelanto protection with Bilary structure Helpelanto protection with Procedure NA Not Tertury Propriati Procedure Sorgery nerology 1Stage-Sub trical Colections + Beolation + 1 Pouch 1Stage-Sub Colections + 1 Pouch 1Stage-Sub Colections + 1 Pouch 1Stage-Sub Colections + 1 Pouch 1Stage-Sub Colections + 1 Pouch 1Stage-Sub Colections + 1 Pouch 1Stage-Sub Colections + 1 Pouch 1Stage-Sub Colections + 1 Pouch NA NA Na Tertury Regular Procedure Sorgery Sorgery, Sorgery, Colections + 1 Pouch Heller Myotamy (Log-/Open) Soroll No templant NA No Tertury Regular Procedure Sorgery, Sorgery, Colections + 1 Procedure 1Stage-Sub Total Colections + 1 Pouch Soroll No templant NA No Tertury Regular Procedure Sorgery, Sorgery, Colections + 1 Procedure 1Stage-Sub Total Colections + 1 Procedure 60000 Soromation NA No Tertury Regular Procedure Sorgery, Colections + 1 Procedure 1Stage-Sub Total Colections + 1 Procedure 60000 No Implant NA No Soromation + Procedure	IntroduceInternation preparation for the presentation preparation for the presentation of the present	Instrume Properties Properties <td>Introducts Influence influence</td>	Introducts Influence influence

Sr.N	Specially	Package Name	Procedure Name	Nate	Implant rate	Stratification DUTAIL	Gunt	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Heserved Procedury (Insurance Trust)
574	General Surgery. Sergical Gastroenterology	Sigmoid Resoction	Signied Beserties	22790	No Implant	NA	No	Secundary	Regular Proceilare	No special condition	50	No	Invance
575	General Surgery. Sargical Gastrisenterology	Permutal Procedure for Rectal Prolapse	Permutal Procedure for Bertal Prolapse	773849	No impiant	NA	NA	Secondary	Hogodar Procedure	No append conditions	No	in.	Insurance
576	General Surgery. Surgical Eastroenterology	Abstrommal Procedure for Rectal Prolapse	Abstantinal Procedure for Bestal Prolique - Open	20000	No implant	NA	No	Secundary	Regular Procedure	No special condition	No	No	Insirance
-	General Surgery, Surgical Generaturology	Abdommal Procedure for Rectal Prolapse	Abdominal Procedure for Rectal Prolapse (Lap	20000	Nor hingelases	NA	.84	Secondary	Heyndur Procedure	No quecial condition	Nu	No	Desimilation
	General Surgery, Sorgeoil Costroenterology	Harmarnisheitu 103 - Goet 1050775	with Stapler	0000	Harmorroid Stapler one- 15000	MA	344	Tertiary	Regidar Procedure	No special condition	No	No	Insamance
a.	General Surgery, Surgical Gastronaterology	Portia Caval Assetteestale	Porto Caval Anastomora	38170	No implant	NA	No	Terlary	Regular Procedure	Na special condition	No	Ten	Innmore
90	General Surgery, Surgical Gastroentrrology	Mesentaria Caval Atuntomosta	Mesenteria: Caval Anustianusia	34700	No Impiant	NA	No	Tertiary	Regular Procedure	No special apodition	Ne	No	Toiurupoe
81	General Surgery Surgical Gastroestorology	Gross Hernie Repair	logumal - Open	18000	Mash = 6 X 3 Pulppropylemi-1500 Max_1	WA.	314	Terniary	Regular Procedure	No special condition	Na	966 (minnine
82	General Surgery, Surgical Gastroenterology	Gruin Hornia Repair	Groin Hernia Repair Inguinal - Lap.	1000	Mesh - 15 X 15 Polypropylene -2008 Max -1	NA.	No	Tertiary	Regular Procedure	No special condition	No	No	linnarante
	General Surgery, Surgical Gaitmenteriology	Grmin Hormo Regium	Ferminal - Open	29000	Mesh - 6 X 3 Phypropylane-1500 Mag - 1	NA	ħa	ternary	flegslæ Fracedure	No special combilism	No.	76.0	Instants
114	General Surgery, Surgical Gastroenterology	Grots Hernia Regula	Fenorst - Lap	29000	Mesh - 15 X 15 Pulyprogylene-2000 Max (1	NA	No	Termary	flegalar Procedute	No spectal modition	N0.	Nia	Insurance
	General Burgery, Surgical Ownwege	Management of theeding molignant head and unde / inguinal besime	Haminostatic Surgery to advacer cameri putent/Hamostatic Radiotherapy	ADDINY .	Bohquiarr	R.A	No	Tertiany	liegolæ Franklare	No special condition	N ii (No	Innuance
m	General Surgery. Surgical Oncology	Bertal Polyp Excision	Rectal Putyp Eachtion	9600	No implant	nia -	86	Secondary	Regular Procedure	No special condition	260	No	Insurance
川村	General Surgery, Surgical Ownlegy	Anterior Resettion of NETION	Automotic Resolution of southant: Open	22000	circular shepler 15000 (upto may 1), Linear extrem cartesdge 3000 mar 2	%A	344	Tenagy	Regular Protestare	No opecal condition	Time	Tite	Instrance
00	General Surgery, Sergical Oncology	Amerior Resection of Portum	America Resection of rectain - Lap	25000	divular stepler 15000 (upts mm-3) Linear catter cattridge 1000 mm-2	544	360	Tertiary	Regular Procedure	No spectal condition	No	No	ministration

Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gave	Level of Care	Procedure Label	Special Condition	Raies	Day Care	Reserved Procedure (hourance, Trust)
ioneral Bargery. argical Omology	Operation for Carcinoma Lig	Wedge Exchange	19900	No toplant	NA	No	Semilary	Regular Procedure	No special condition	Ne	Ne	Dimit are a
Several Surgery. Surgical Oncology	Operation for Occimenta Lap	Westge Excision and Veenninesecturey	19000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	history
Seneral Surgery, longical Oncellingy	Operation for Caccinositia Lig	Cheek ath orcement	29000	Notesplant	NA	No:	Tertian	Regular Procedure	No special condition	Net	No	Internet
Seneral Surgery. Sergical Oncology	Sahmandibular Mara Exclusio	Submandibular Mass Excession	15800	No Implant.	NA	No	Secondary	Regular Procedure	No special condition	760)	No.	25mmmor
Semeral Surgery, largical Oscology	Carotal Body Tumpar - Eactains	Carolid Body nanoar - Eactilize	26000	No texplant	PLA	No	Termary	Regular Precedure	No special condition	76au	Tim	Interestor
General Surgery, Surgical Oscology	Extrains of Parathyroid Advenues / Carcinena	Exclusion of Parathyroid Adenama/Carcinama	21768	No Implant	NA	50	Secondary	Regular Procedure	No special condition	Ne	No	Insuration
Seneral Surgery, lorgical Osenhigy	Marborreny	Simple Manastany	20000	No legion	NA	No	Secondary'	Regular Procedure	No special condition	Min	No	Stone while
Seneral Surgery.	Martechney .	Radical / Modified Radical Mastectomy	25800	Nu Implant	NA	No	Tertury	Regular	No special condition	364	No	lemmenoie
Sentral Surgery, longical Oncology	Labertumy	Themaconcopic	27906		NA	Ne	Ternary	Regular Precedure	No special condition	744	Ne	Insurance
Seneral Surgery. Surgical Oncology	Lobertomy	Lobertumy-Open	27608	Linear Cuttor Per	NA	Not	Ternary	Regular Procedure	No special condition	No	74+	Investince
General Surgery, longical Omotogy	lliopuy	Lawuph Ninde	5000	No Implant	NA	Ne	Secondary	Regular Procedure	No special medition	Ma	nim	Invatance
Seneral Surgery, orgical Oncology, 'odlatric Surgery, lorgical	Feeding pomostomy	Feeding Jepanoidomy	13690	You Implate	NA	Ne	Secondary	Rogular Procedury	No special condition	Mai	Sa	lasurance
General Surgery, Jurgical Oncology Perkatric Surgery, Jurgical	Colostomy	Colorismy-Stand aloue	14500	No Implant	NA	Na	Secondary	stand-alime	No special condition	Net	30	licotony
Jeneral Bargery. Jorgani Oncobagy. Jodiatric Sargery. Sergical Castroenterology	Heputic Reservan	Piepatta: Resortinae Open	32100	No Implant	815	No	Tettlary	Regular Projedaty	Ko special condition	Ne	260	Insurance
eroral Surgery, orgical Ontology, fodatra: Surgery, orgical ammonterology	Repotic Resection	Regativ Resection - Lap	32100	WeiTripLan	NA	3644	Tertiary	Regular Prozedure	No special condition	Wes	Nii	haunanare
Seneral Bargory. Berghal Oncology. Pediartic Sargory. Berghall Bastroentheology	Dimil Paterschecturg with Paterschech Instantisch Instantisch	Circual Passe routin trony / Poincesatia of Recommeny with / without subsenfecturing	30009	Nie Josphant.	5.4	961.	Tertiary.	Regilier Procedury	No special condition		Nu	Insúranse
	angleat Oneology energie at Surgery, angleat Oneology energie at Oneology eductric Surgery, orgie at oneologie of Oneology eductric Surgery, orgie at Oneology eductric Surgery, orgie at Oneology eductric Surgery, orgie at Oneology eductric Surgery, orgie at Oneology eductric Surgery, orgie at Oneology eductric Surgery, orgie at Oneology eductric Surgery, orgie at Oneology eductric Surgery, orgie at Oneology eductric Surgery, orgie at Oneology eductric Surgery, orgie at Oneology eductric Surgery, orgie at Oneology eductric Surgery, orgie at Oneology	angioal Oncology Concernent La eneral Surgery, Operation for argual Oncology Controm La aneral Surgery, Operation for ergical Oncology Controm La eneral Surgery, Schmandhude argual Oncology Controm argual Oncology Constant argual Constant argual Constant argual Constant argual Constant Constant argual Constant Constant argual Constant Constant argual Constant Constant argual Constant Constant argual Constant Constant argual Constant Constan	ampical Oncology Carcinoma Lag Weight Excision and Vermital Surgery, orgical Oncology ampical Oncology Carcinoma Lag One-k aft orccammy ampical Oncology Carcinoma Lag One-k aft orccammy ampical Oncology Carcinoma Lag One-k aft orccammy ampical Oncology Submandbular Submandbular ampical Oncology Carcinoma Lag Carcinom ampical Oncology Carcinom Carcinom Excision ampical Oncology Carcinom Carcinom Excision ampical Oncology Carcinom Carcinom Excision ampical Oncology Parathynoid Adecoma/Carcinom/Carcinoma/Carcinoma/Carcinoma/Carcinoma/Carcinoma/Ca	order of largery, arginal ConsolingyOperation for Carcinoma LiaWedge: Exclusion Medge: Exclusion and Sargery, Operation for Vermitinauecturey19000arginal OrnologyCarcinoma Lia Vermitinauecturey19000arginal OrnologyCarcinoma Lia Carcinoma LiaCheck afte accement Exclusion Exclusion Exclusion Exclusion26000arginal OrnologySafar Sacharan Exclusion Uncount Uncount Exclusion Exclusion Exclusion Exclusion Exclusion Carcinoma / A Exclusion of ForntPyroid Adenoma / Adenoma/Carcinomy15000armeral Sargery, urginal OncologyBalachering Exclusion Exclusion Carcinoma / Adenoma / Adenoma/Carcinomy20000armeral Sargery, urginal OncologyBalachering Exclusion Carcinoma / Adenoma / Adenoma / Adenoma / Adenoma/Carcinomy20000armeral Sargery, urginal OncologyBalacheringSingery, Exclusion MatecturingSingery, Exclusion Exclusion20000armeral Sargery, urginal OncologyBalacheringDiscarcoopus27000Adenoma / Adenoma / Adenoma / Adenoma / Adenoma / Adenoma / Adenoma / Adenoma / Adenoma / Adenoma / Adenoma / Balachering27000Adenoma / Adenoma	americal Surgery, ungus at OrmologyOperation for Concromental asWeedge Excision and weedge Excision Excision and Excision and Excision and Excision (are statistics) Excision and Excision and Excision and Excision (are statistics)Submeand/submeant is Excision Excision and Excision and Events (are statistics) (are statistics)Submeand/submeant is Excision (are statistics)Submeand/submeant is Excision and Events (are statistics)Submeand/submeant is Excision and Events (are statistics)Submeand/submeant is Submeand/submeant is Excision and Events (are statistics)Submeand/submeant is Excision and Events (are statistics)Submeand Submeant is Submeand Submeant is (are statistics)Submeand Submeant is Submeand Submeant is (are statistics)Submeand is (are statistics)Submeand is (are statistics)Submeand is (are statistics)Subm	Concerned Surgery, and Market Surgery, and the Surg	Concerned Surgery, sentent Surgery, concerned Surgery, concerned Surgery, concerned Surgery, concerned Surgery, concerned Surgery, concerned Surgery, concerned Surgery, concerned Surgery, concerned Surgery, sentent Surgery, concerned Surgery, conconterned Surgery, concerned Surgery, concerned Surgery, concerned	concert langers surgical Consumerate Lie surgical Consumerate Lie surgical Consultage Consumerate Lie werden langers Consumerate Lie Vermitikaketanog19000No troplantNANe surgical membranet Lie werden langers vermitikaketanogsurgical Consultage construction Lie werden langers construction Lie Consultage Con	Ameral Sungery sunger Sungery sunger Sungery sunger Sungery regulation Casimana La Casimana La Cas	And StatesOperation in CancenariesWeight SchulmeHandleMandleNo hopkatesNo No hopkatesNo 	control Margers 	control March Control March<

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sr.N	Spectalty	Pachage Name	Procedure Name	Rate	Insplant rate	StallGoillon DI TAIL	Govt	Genetar Gare	Procedury Label	Special Condition	Rades	(tay I are	Reserved Procedure (Innurance)
605	General Turgery, Surgical Oncology, Poductic Surgery, Surgical Castrocaterology	Retingeritannal Tunno – Exclusion	ButroperBaueal Tamor – Exclusion	26/960	No Implant	na.	No	Tentary	Regular Procedure	No special condition	hu	Na	Triut)
606	General Surgery, Surgical Oncology, Plastic & Reconstructive Surgery, ENT, Orthogandics	Skin Flaps — local flap	Skin Flags -local flag	25000	So Implant	:NA	Nu	Tertiary	Regular Procedure	No special condition	30	No	Insurance
607	General Burgery, Surgical Oncology, Surgical Cantroentendogy	Occophagectority	Desighagectomy	60000	Linear cartidges- 5000 (agto max-5)	NA	Ne	Termany	flegular Procedure	No special condition	No	Na	Insurance
600	General Surgery, Surgical Oncology, Surgical Gastroenterology	Gardrectomy	Partial Gastractomy for Cassinome	29500	Ne Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Desurance
609	General Surgery, Surgical Orienlogy, Surgical Gentroentrollogy	Gastrictomy	Sulfortal Gatterscome for Carcinome	24500	Sia Implant	NA	Nor	Tettlary	Regular Procedure	No special condition	9U	340	Duorance
610	General Surgery, Surgical Oncology, Surgical Castroenterology	Gastrectumy	Total Gastrecturey - Lap	58500	No Implant	NA	No	Tertlary	Regular Procedure	No special condition	Ma	No	Buurance
611	General Surgery, Surgical Oncology, Surgical Gastroentendogy	Gastroctumy	Total Gatteertony - Open	56500	Ne Implant	NA	No	Tertiary	Regular Procedury	No special condition	Pier	No	Innurance
612	General Surgery, Sergical Oncology, Surgical Gastroenterology	Subtonal Collectomy	Subtotal Colectomy-Open	34875	No Implant	NA.	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance
613	General Surgery, Jurgical Osciology, Surgical Gastrienterology	Subural Calectomy	Aubtotal Galectomy - Lap	34075	Nie bropfaart	h.e.	No	Terllary	Regular Prooduce	No special condition	Pin .	Na	Insurance
614	General Surgery, Surgeal Oncology, Surgeal Gastroentenology	Gastrope(uncerte my	Gamujejunestiony	26000	Sin Implant	ЪĂ	No	Tertiary	Regilar Procedury	No special condition	Piere	No	Invurance
613	General Surgery, Surgical Oncologie, Surgical Gastroesterninge	Total Orlinctomy	Total Colectiony-Open	38625	circular steplier 15000 jupto max-1}	NAC	No	Tertiary	Regilar Proindory	Ne special rondition	Max	967	Neurance "
616	General Norgery, Surgical Decelogy, Surgical Gastroenterology	Total Gilectomy	Total Colectomy - Lap	38625	circular stepher 15000 (upto max-1)	N.A.	Na	Tertlary	Regular Procedure	No special condition	Rec	Nu	Insurance

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ne.N	Apreadity	Pachage Name	Prisedure Name	Rate	Implant rate	Stratification DETAIL	Gest	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
617	General Surgery, Surgical Oncology, Surgical Gastroenterology	Next colectory	Hemi colectorio Right- Open	25000	Mic Implant	RLA .	No	Scoulary	liopdar Prisodare	No special condition	No	fin:	lesurance
9.111	Gaytreenterology	Hanst onliethomy	Harm colectory Hight-Lap	25000	No Implant.	NA	Ňu.	Secondary	Regular Procedure	No special condition	344	No	lanuratice .
6,19	General Surgery, Surgical Oncology, Surgical Gamourneterology	Hemi othertomy	Hensi collectomy Left-Open	zsein	No Implant	NA	Ne	Secondary	Regular Precedere	No special condition	Re.	No.	lourance
620	General Sargery, Sargical Oacology, Sargical Gastroenterology	Henri coloritomy	Nenii colectomy Left-Lep	25000	Nis Implant.	NA	No	Secondary	Repdar Procedure	No special condition	Ne	No	Insurance
621	General Sargery, Surgical Onesidogy, Surgical Gentroenterology	Bygani - Imoperable Pancreas	Bygans - Tooperable Pantress	-85600	No Implant.	NA	Ne	Tertiary	Regular Procedure	No special condition	Ne	Na	tasarance
622	General Sargery. Sergual Osotlogy, Sargeal Gastroemerology	PancreaticsDard enectiony (Whipple's)	PercrasticsDuodenschmy (Whipple's)	00000	Linear cartalges 5000 (upto max-2)	NA	No.	Termany	Regular Procedure	No special condition	Ne	No	bearance
823	General Sargery, Surgeol Oneology, Surgeol Gastryernterology	Stoma Management	Steens Management follow up of Brostomy	4500	No Implant	8.3.	50	Secundary:	Buttow-up Procedure	Can be booked only after 15 days of Beortomy and then every 2 months thereafter 60 the clemer of strens. The Hespital has to uplead a signed streement from pt. that s/he has received the romanutables. Beestumy - bags, all-ever, slips etc. for 2 months	Can be booled only other 15 days of theoremisery and then every 2 booths thoreafter till the choose of ctures. The Hospital has to optend a segment extrement froms pt. that s/he has recorrent the consumation. Research base atherwise, stips of for 2 months	No	Insurance

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SF.N	Speciality	Package Name	Procedure Name	Rate	Implant rate	Mentification DETAIL	Gest	Level of Care	Procedure Label	Aperial Condition	linber	Day Care	Resorved Procedure (Insurance, Trust)
624	General Surgery, Surgical Oncology, Surgical Gastroenteeslogy	Stoma Matagement	Stoma Management ballow up of Colostumy	4500	No inglast	NA	No	Secondary	Fallow-up Procedure	Can be booked only after 15 days of Coloutency and then revery 2 rotoths thereafter till the cleraute of storms. The Hospital has to upload a signed statement from pt. that softe has received the communities unloctumy - hugs, affective, clips etc for 2 months	Can be booked only atter 35 days of Coloritory and then every 2 months thereafter till the chouse of atoms. The Bospital has to upload a signed statement from pic that statement from pic that consumables consumables consumables consumables consumables consumables	No	linutance
625	General Surgery. Uvolegy	Variate Constanting Govt Reserved	Vanavasouriney	12000	We Implant	NA	Met .	Secondary	Begalae Pricedure	No special condition	No	N 0	heisrance
626	General Surgery. Heology	AV Fistula without priothesis	AV Fistula vitificat. prosthesis	1800	No Implant	NA	59.0	Secondary	Regular Procedure	No special condition	No	No	BROSTANCE
627	Interventional Radiology	Carotten- covernose Funds (COP) embolization	Caroneo-exversion Flatula (EOP) embolization with calls. Juritudes 5 coils, goode catheter, micro-catheter, micro-cathetere, general items]	30800	General Derm, Guide catheter, Micro- catheter, Micro- guidestre 1, Upto 5 ostis-120000	NA	341	Tentary	Regular Procedure	No special condition	No	No	hatorance
628	Interventional Radiofogy	Balloon test occlusion -Gest Bastrar	Balloom test occlusion	60000	No Teoplane	NA	377	Tertiary	Registar Prisoduro	No special condition	No	No	Incurator.
10	heteroontional Radiology	Hepatic vetour wodge processo recourse recourse (HVPG) - Gove Recenter	Hepatic version weilge prosect missionment (MVPG)	8000	No implant	84	jn.	Secondary	Rogular Fruosdare	No special condition	840	No	history
639	Inferrentional Radiology	Tunnelled long term venuus catheter - Goot fleserve	Tunnofied long-term venous ratheter	11000	Permacath-14000 Max:1	NA.	- 564	Tertiary	Regular Princedure	No special condition	No	80	Incorates
	hterventinal Radiology		Tuncting longterns industring catheter for refractory another/ploural effusion	7000	Pieures kir-32000 Mar (3	NA	Nér	Termory	Begular Procestare	Neropecial condition	No	No -	Interator
92	Interventional radialogy	Percutanemia	Percentaneous antegrade scentric menting after prior PCN	11229	Silicon Steen-4700	84	No	Tertiary	Regular Priscedure	No special condition	Pin	500	touverance

se N b	Specialty	Package Name	Procedure Name	Rate	Insplant rate	Stratilication DETA0.	Govt	Level of Care	Procedury Label	Special Condition	Rules	Day Care	Beserved Procedure (Immrance/ Trust)
1633	forcevortismal radiology	Lymphatic occlusion of chytoes leak fairst houseaut	Lerophetic sectorism of christian back	17020	Lipitalisi 18000 •Microcathete 19000 •Colls(2)=7900	NA	Pro	Tertiary	Begalar Procedure	No special randotion	No	Ne	history
638	hererventionali Rathology	PVA embolization - Govt Reserve	PVA embolization (with microcatheter)	36400	PVA particle-5500 Mas 4 + Microcathetr- 19000	NA	yve	Teitury	Regular Procedure	No special condition	No	No	Jeuuran(e
×39	inneventional eachingy	Gue enholipation Gret Reserved	Gase embolination (with microsofficient)	32360	Uprodel 18000 +Microcathete 19000 +Cnils(2) - 7900	NA	745	Texting	Regular : Procedure	No special condition	No	Mai	Desarance
436	hearventional radialogy	Gettinam embolization- Goet Reserve	Gethiam embolization (with interocatheter)	234110	Microcollutter -14000	NA	3vin	Tertiary	Regular Procedure	No special condition	No	Nu	Univance
-63T	Interventional radiatogy	Viscolar plag accented eminimación	Vascular plug antisted embolitation	39200	Vamilar Pieg 44000+ Cells 13000	NA	yet.	Termay	Regular Procedure	No spectal condition	80	Min	Insurance
6.318	Intercentional Radiology	Angropianty (americal)	Angospitasty (arternal) using microguidewire and guiding catheter/ Drug eluting beads-TACE/Plug assisted or tunior ablation or Michanical thrambectumy device or intraarterial restaviblastories trastment/re-mitry device or Steattvenious of SFA stent	44560	Rafinun - Ra. 1900 Mas-2	NA	L.	Tertlary	Begilar Precidare	No special condition	No	Net	Innurseur
(39	Interventional Radiology	Augioplasty (arternal) - Spirit	Angeoplarty and lace metal stenting fartenial) CPO lesion	00000	Balloon 9800 +metallic shear 37000	NA	319/	Testino	Regular Procedure	Ro special condition	74.0	No	imarutor
640	hstereormonal Radiology	Angroplasty (arterial)	Auguaplasty and covered stent placement (artistal)	50120	Hallong 9000 venetalliz start 95000	NA		Tertury	Regular Procedure	No operation	No.	Su	Topurunce
641	liderventional Bactoriego	Angioptanty (remotes) - Cort Respond	Anginghasty and stearing hoportic vero / firing shohing hoportic vero / firing shohing hoportic vero / firing shohing are turner altitution or Mechanical thromhectomy device or intransminial remodulations flactionat/sur-mitry device or Sectoracionas or 3FA short	54100	Balloon 9000 +metallic mere 37000	NA	'jes	Tertiwy	Regular Procedure	No special condition	Nei	No	Bauraner

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e.N 11	Specialty	Package Name	Procedure Name	Rate	Implant rate	Reatification DETAIL	Govi	Level of Care	Procedure	Special Condition	Rules	Day Carp	Reserved Procedury (Insurance/ Trust)
42	Interventional Radiology	Angiopiasty (complex)) sutting balloon/drug couted halloom- Geet Reserve	Angroplasty (complex): cutting ballion/drog mated ballions	53160	Drug Gnated Italioon/Catting Italion-42009	NA	jes	Tertiary	Regular Procedure	No special condition	No	No	Desurance
	Interventional radiology	Retrieval of educational foreign hody	Retrieval of intravancellar foreign body	13520	Snare-70000	NA	No	Tertiary	Regular Procedure	No special condition	No	Ng	Insurance
144	Referencesional Radiology	Brint/burns intervention	loint/burns intervention	5520	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	hourseco
045	Interrentional Radiology	RadialPergenery attantion- Trigornical nerve/genicalar nerve/cellar plenos/stellare Ganglion/sympu thotic nerve [any franch) Gant Enserve	Radiofrequency ablation Trigentical nerve/genicalar nerve/cultar plotus /stellate Ganglion/sympathetic nerve (any branch)	15120	No beglart	NA	.yıs	Secondary	Begalar Procedure	No special condition	No	No	Bassar anuco
546	Interventional radiology	Radiofrequency Afitation (REA) of hone tamor /metastases/ost end osterma Gevt Reserve	Radiofrequency Atlation (RFA) of bone tumor /inetastases/osteoid esteroma	25440	RF prote-75000	NA.	yra	Tertiary	Regular Proceduro	No special condition	Nin	Nar	Insurance
47	latersentional radialogy	Magowinay altitution of bone flammer /oxtaand bonemmal-Gast flamerice	Mistoweve ablation of bone tumor / usteoid ostroma	31840	Manuscare probe - 19500	NA	-	Ternacy	Regular Procedury	No special condition	7841	Nim	Réalance
40	Interventional radialogy	Retiniblationa packagerlinet Reserve	Rettrudriavroma under GA	72100	Ne higfant	NA .	yes.	Tertarý	Regular Pracedure	No special candition	No	Shi - 1	Insurance
49	hatersentional radiology	Percentancema etholes yearstumy	Percutamenos cholocymintomy	17640	Ne Implant	NA	No	Secondary	Regular Procedure	No special condition	140	No	Desurance
50	lidarcentional Radiology	Transpigular Liver biopsy Govt Reserved	Transjugalar Liver Mopey	8000	LAUX 514 30000	NA	yex	Tistiny	Regular Procedure	No special condition	No	No	tanuranne
ST.	listoryestics	Percutaneous dastrocturey	Percuraneous pastructiony	6320	Gestromuny set- 4000	NA	5	tienary	Regular Procedure	No opecial condition	No	No	hourance
52	Interventional radiology	Transsriertal chamoemholizati on - Goot Kenerooil	Transarterial chemoenibolization - conventional (VTACE)	47968	Lipitchil 18000 +Microcathole 19000	NA	.yes	Tertiary	Regular Pricosbary	No special condition	Na	No	Insurance

e.N	Specialty	Package Name	Prosenture Name	Note	Implant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Condition	Rates	Day Care	Reserved Procedury (Insurance/ Trust)
51	Hitorventional Rachilegy		Transarterial chemomobilization - Drug eluting locads (DEB-TACE)	41160	DEB-50000+ Microcother-19000	NA	1996).	Tertiary	Regular Procedure	No special confitme	Na	Sec.	leastance
59	Diterventional Radiology	Transpagnlar introhepatic portosystemis slunt crustion (TIPSE)/Duwit transpagnlar fotralopatic Portosystemi shunt(DIPSE) Govt Reserve	Transogalar uni abepatie portusystemie abont creation (TIPSS)/Direct transogalar Intrabepatie Portusystemie abom(DIPSS)	40000	BUPS-set-31000, covered steet-95000, uncovered steet- 37000.Ballson catheter-9800	NA	ž	Tertiary	fiegolar Procedure	No special condition	Ne	No	Unsurance
55	Innerventional vadiology	Balasm-scatabal retrograde Mansvennat ubiteration (BATO)	Baboon-occluded retrograde trainovenous oblineration (BBTO)	40760	Lipcodul 13800 +Microcathete 19000 +Colls(21 - 7900	NA	No	Ternaty	Regular Procedure	No special condition	340	tur.	lumirance
58	Interventional radiology	Phag-anointed retrograde transversion obliceration (PARTO) - Gast Resorter	Plag-assisted retrograde transvesion oblitization (PARTO)	46029	Vacsular Plag-44090 +coli-7900+ liposhil-19000	NA	Sea	Ternary	Nogular Proizidaen	No special condition	No	2	fooirance
53	higercentional radiology	Pro-operative portal tems embediation	Pre-operative portal sem embediaation	26680	Gpiedol 18000 +Microsoftato 19000 +Colli(2) - 2900	NA	No	Tertlary	Regular Procedure	No special condition	No	80	Bauridee
58	listerventional Radiology	USG guided percutationus gaugtion/pticuts Mock (Neuronalystic)	USG guided percutaneous gauglien/plexus block (Neurmolysts)	9120	Sie looplaser	NA	No	Secondary	Regular Procedure	No special condition	Na	Nu	Invanier
19	hoterraniford ratiology	CT pushed percetabered gaugition/please block (Neuromelysis)	CT guided percutaneous gargtum/plexus block (Neuennolysis)	11520	We beginst	NA	No	Secondary	Regular Procedure	No special condition	Sie .	No	Insulation
	Interventional contrology	Vacuum assisted bruast biopry	Voccom assisted broad biogog	8520	VA00 gan-15000	NA	3a	Tertiary	Begelar Procedure	No special condition	Net	500	Insurance
AT.	hoorrestinial raibing	Um guded percutations Microscop Alifation (MWA) beings beiant Dispited tames fort feature	OLG gaided persitaneous Microwave Ablatine (MWA): beings breast /thurnel turne	29440	Marrowana antanna Wilitro	NA	344	Tertury	Rogislar Priseedury	No special condition	Nn	hin	Inntance
	1		1.56		+-	Per 91 4 204		64	-	kee	Winihut	ADA	1

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Sé.N	Specialty	Package Name	Procedure Name	Rate	Templant rate	Stratification DETAIL	Gove	Level of Care	Procedure Label	Special Condition	Rules	Day Cary	Reserved Procedure (Insurance/ Trust)
662	linterventional Radiology	Precutaneous Inpection activitherapy for low flow suscular malformation	Percutations lepottion informitierapy / drainage plocoment / billiary drainage/ cholecystostomy for low flow euscular mathemation	9120	No Implant	NA	No	Secondary	Regular Procedure	Ne special condition	Nex	No	lmauranuv
663	Interventional Radiology	EVOII Package- Govt Reserve	AVM (3 vial)	69500	DMSD Compatible micro-cathener 150000 Max 12 /Gande catherer 150000 / Micro- guidewary 150000 / 0pts 2 EV00-150000 Max 2	N.5.	. 397	Tertiary	Gegslar Procedure	No special combines	No.	No	boutanty
664	Interventional Radiology	EVON Package- Gent Reserve	AVM (5 viat)	69500	DMS0 Compatible micro-catheter 150000 Max :2 /Gathe catheter 150000 / Micro- gathewies 150000 / Upto 2 EV011-150000 Max :2	NA	I	Tertiary	Regular Procedure	No special condition	Sin	No	basaranse
665	Interventanial radiology	Tentor Embolization	Tumor Embolization	72038	No Implant	NA	1911	Tertiary	Begular Procedure	No special condition	3to	No	Deservence
666	Interventional Radiology	Image Guided Percatanemus: dramage placement /bilary dramage/ uhrlecystoniumy / sclerotharapy	Image Guided Percutaneous procedure	7000	No Implant		No	Secondary	Regular Procedure	No special condition	No	No	haurance
667	Interventional radialogy	Vertebroplanty/ Communitations	Venaticeplasty/Committee acty	22640	Vertebraplasty kit including rement 22000	NA	No	Tertiory	Regular Procedure	No special condition	No	No	histonor
neið.	Interventional radialogy , cardialogy	Coll embolization	Gail embaltionae (with microcalheter)	30340	Microcatheter (1900) sCoil (max 3) - 21700	NĄ	No	Tertiary	Regular Procedum	Nu special condition	No	No	histrance
649	Interventional Radiology Gestroenterology	Primary percultaneous transhepatic bilitary stearing (SEMS) - Gowt Beserved	Primary procedureous transforpatic billary enemting (SEMS)	25060	Metallic vient -37000	\$A.	yes	Tertury	Regular Procedure	No special condition	No	ħn	binationice
	Interventional Radiology Gastroenterology	Percutanenses transhepatis / Endoscopic billacy atenting [SEMS] + Goot Boserve	Percutaneous transhepatic Inliary similary (NDMS)	28360	No Implant	NA.	345	Terflary	Regular Procedure	No special condition	No	5.0	lesurance

Sr.N.	Specialty	Parkage Name	Procodure Name	Rate	Implant rate	Stratification DETAIL	Gont	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
671	Interventional Radinisgs Gastroomerology	Permutaneoson ebelangioptany - Goot Reserved	Percetaneous choiangeoplasty	12160	Hallinon - Ha, Mood Mas-2	NA.	915.	Tertiary	Regular Procedure	No special condition	5 4	1940	lessneror :
672	Interventional Radiology, Cardio- thoracic & Vascular surgery, pediatric Cardiothoracic & Vascular surgery	Anginglanty (peterial) - Goet Reserved	Angroptissty and have metal stearing (arterial)	38520	fiallisen-9000 + metallic stent-37000	NA	30	Tettary	Regular Proceilare	An special condition.	No	80	Interace
673	Interretitional Radiology Cardio- thoracts & Vancular ourgery, publishic Cardiothiotacic & Vancular surgery	Catherne directed thermitolysis (settertal/vernous)	Cathefor directed	35200	multiside Jusie thrombolysis catheter-L1088, Thrombectorep Cathetar-95090	NA	Sia.	Tertiary	Regular Procedury	No special conduise.	Ne	No	Insurance
474	Interventional radiology. Cardio- thoractic & Vascular ourgery, pediatric Cardiothoracic & Vascular surgery	Thrombectory followed by thrombolysis (artictal/venous) - Govt Besserved	Thrumbecturiny followed by thrumbolysis (arterial/vensus)	43680	inaltiside hole throatholysis catheter-11000, Throatheter-Wil000	NA.	jer	Tertiary	Regidar Procedure	No special condition	No	No	Inestance
675	Interneotional radiology, Cardio- thocaste & Vancalar ourgery, pediatric Cardiothoracte & Vascular surgery	Asgrapharty (serious)	Angioplasty (vennos)	20080	Rallen-98000	NA	This	Ternary	Regular Procedure	We special annulition	No	50	Insurance
676	Interventional Badiology, Cardio- thoravic & Vascular surgery, prolatric Cardiothoracic & Vascular surgery	Anglieplary and bare sortal atenting (venues) Gent Reserve	Arguinplasty and liste metal statiling (version)	35440	Bahm-9800+86gh Pressure large Babon- 18800+metallic stoot- 37000	NA	jes	Tertiaty	Regular Procedure	No special condition	So.	Nén	hourance
677	Interventional tadiology, Cambo thoractic & Vascular surgeys, pediatric Cardietherscir & Vascular surgery	Angeoplasty (sectors) - fact Reserved	Angioplasty (IVC/contral www.) with high pressure halloon	464600	High Pressure large Ballon - 18060	NA	Yes	Terliary	Begutar Procedure	Nexpectal condition	Tua	Nn.	Insurance

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Sr.N u	Specialty	Pathage Name	Procedure Name	Rate	Implant rate	Stratilication DETAIL	Gort	Level of Care	Procedure	Special Condition	Rules	Day Carr	Reserved Procedury (Insurance/ Text)
671	Interventional radiology, Cardio- theracic & Vascular surgery, pediatric Cardiotheracic & Vascular surgery	Angioplasty (venses)	Angioplasty and covered start placement (vessous)	45080	High Pressure Large Ballon-18000+ Covered steet-95000	NA	ž	Terliary	Regular Procedure	No special condition	No	The	Insurance
679	Interventional radiology, Cardio- theracic & Vascular surgery, pediatrie Cardonhoracic & Vascular surgery	Angropiasty with medicated SPA atom /Spectational stent (arterial) CTO lesion -Govt Reserve	AngingEasty with medicated SFA item /Specialised stem (arterial) CTO lesion	230000	No Deplact	NA	yes	Tertiary	Regular Procedure	No special condition	No	Na	hisuranie
680	Interventional radiology, Cardio- thoracte & Vascular norgety, pollatric Cardiothoracte & Vascular surgery	TEVAR for aurtic annerysm/ dissection - Govt Reserved can be removed from govt reserve	TEVAR for aurile annuryany/dissoction	40000	Grafi-250000 Max 1	RA.	344	Ternary	Regular Procedure	No special condition	No	Ne	Insurance
681		IVC films	IVC filter placement	15520	IVC filmer 50000	5.A	2	Tyrnary	Hegular Procedury	No special conditions	Ne	Ne	Insurance
682	Interventional Radiology, Cerdio- thoracic & Voscular surgery, podiatric Cardiothoracic & Vascular surgery	tVC filter retrieval	IVC filter retrieval	11520	Barrieval kii-30000	NA.	No	Tertiary	Regular Procedure	No special condition	No	80	fisiarance
6413	thoracic & Vescular	Diagnostic angiography (1953) - Gaart Respira	Diagnostic anglography (DSA)	n ^{ter} d	Res Implant	NA	344	Secundary	Regular Procedury	No special condition	No	Ne	Insurance
654		Fistaloplasty / Thrombecturey of dialysis fistula Govt Reserved	Fostuloplasty / The nubectury of dialysis fortuta	32440	Balloon-9000+Drag Coated ballon/Conting Ralloo42000	MA	jana	Tertiacy	Regular Procedure	No special condition	19m	Nas	Insurance

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Sr.N	Specialty	Pachage Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govi: reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
\$85	loterventional radiology Neuroingy, Neuroingjery	Anginplicity Control vern/ CIV] with high precision talloon Aand specifictual version stent Gove Reserve	Augusplasty (central year/ CIV) with high pressure hullows and specifiation version stear	146200	lin logplant	NA	113	Tertiary	Región Pricedure	No special condition	Ne	Nia	Tenatunce
606	Interventional Radiology, Neurology, Sourosurgery	Arteriovenue fictule (AVF)/Arteriove neue Mailermation (AVM)	AVT	104300	No Implant	NA	No	Tertiary	flegslar Procedure	No special condition	No	No	Insurance
687	Interventional radiology, Neurology, Neurology,	Arteriovencian fictula (AVF)/Arteriove mass Mailermation (AVM)	AVN (isshis apto 3 cm)	125300	No Implant	RA.	Nu	Tartiary	Regular Procedure	No special condition	Nu	Нα	Insurance
ADD	Interventional radiology, Neurology, Neurosurgery	Garotid angioplasty & sheeting	Carocal steming	100000	No Implant	NA	N=	Tertiary	Regular Procedure	No special roadition	Ner	No	Insurance
689	Interventional Radiology, Neurology, Neurology,	Carotid angioplasty & stoating - Gost Reserve	Caratial stenting membrane layered	141300	No Implant	NA	yes.	Тетину	Regular Procedure	No special residution	Na	No	liuuranoe
629	Interventional Radiology, Neuralogy, Neuralogy,	Dural situa stanting	Dural sinus resting	106300	No Implant	NA	No	Tertiary	Regular Peocedury	No special condition	No	Ne	Innerance
nii	Determinist radiatogy, Neurology, Neurology,	Carottid stemting with protection device	Carstil storing with protection device	166.300	No breplant	NA.	No	Tertiary	Regular Procedure	tio specul condition	Ne	5a.	Invirance
692	interventional radiology, Neurology, Neurossingery	Vannepann management- pest collog/clipping (Cast per semirm)	Vaxoxpaam management- post colling/clipping (Cost per session)	64760	No Implant	мл	No	Tertlary	Regular Procedury	No special condition.	Nin	No	Insurance
109)X	lateroomaal Ratelogy: Beamaargery	Extra Guile	Eatra CHOS and too	Detachable Gnil-24000 Max-2 Pushchile Ge0 9000 Max-2	Ne Implant	жа .	No	Terslavy	Add - Da Procedure	No special condition	No.	560	Innurance

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SF.N U	Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gost	Level al Care	Procedure Label	Special Condition	Aules	Day Care	Reserved Procedure (Insurance, Triest)
694	latterventhonal Radiology. Neuronargory	Angiography	Diagnostic Constral / Spinal Angiography (DSA - Digital Substruction Angiography)	16625	No Implant	RA.	740	Tecondary	Regular Procedure	No special condition	No	No.	Desarance
495	huterventional Radiology, Paedustric surgery, Urology	Percutanenus hephristomy	Perrutaments septementy	3 4000	No Implant	NA	No	Secondary	Begular Procedure	So special conditions	Ten	No	Insurance
(194)	hitorventional Radiology, Pauliatric surgery, Urology	Nephrostomy - Percutaneous ultrasound guided	Nephrostomy - Percutations altrainand guided	14000	%o limplant	NA	8677	Secondary	Begalar Procedure	No special condition	100-	No	beneratory.
W12	Interventional radiology, Palliance medicing	Sacreillar jornt dimervation	Saconiliae port demervation	15120	the Implant	58.	No	Secondary	Hegular Procedure	Sin special conditions	No	No	taourance
594	Interventional radiology, Pathative medicine	Modian branch rhiantumy- C3/Thoracic/LS	Modian branch rhiantomy- CS/Thoracie/LS	15129	No Implant	NA	No	Secondary	llogalar Procedure	No special condition	Na	80	Inurance
0.99	Interventional radiatogy, Pallative medicine	PEP - sugrascagular /tennis efbow/other tendos	P&P -saprascapalar /umnia «Dow/other tenden	1520	Re Implant	NA	No	Secondary	Regular Procedure	No special condition	No	510	Insurance
700	Interventional radiategy, Falliance Medicine		Kyphoplanty	31740	Kyphoplasty kit 52000 + Cement 18500	NA	No.	Tettlary	llegular Procedure	Su special condition	No	Na	Mouration
7015	listervenitional Radiology, Surgical Oncology	Peripherally incerteil central catheter (PIGC)	Periphecally incerted control autheter (PRC)	7120	PICC Ine-15000	NA	No	Tertiary	llogular Procedure	No special condition	No	No	Тенцганси
	Interventional Radiology, Surgical Outsilogy	Chemoport/ingi antable lines	Chemoport/implantable lines	11000	Chemopurt-18093	38	20	Tertiary	Regular Procedure	No special condition	No .	No	Insurance
	Interestional Radiology, Torgical Oscillogy	Chemo Puri . Incertion	Chenna Port	x1090	Chemio Part - Peditria 15000 Max /1/ PSC or Chemio Part - adult -15000 Max /1	πA	740	Ternary	Regilie Procidate	If the Hospital choice, Pediantic Part in 5 pt aged since than 15 prime. Then it chould be addrest	10	700	Inserator
	Interentional radiology/Gastroent erology	cuinne	Oesophageal /gastric / duadenal / colonis: sterrting/fullison dilatation	10000	Ballinne 9000 Max 2 Metallic mont 37000 Max 2	MA	yes	Tettlary	Regular Procedure	Sie special condition	Sa	tio .	Insurance

U.N.	speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gavi	Level of Care	Pricedure Label	Special Condition	Bailes	Day Care	Reserved Procedure (Insurance, Trust)
100	Interventional Radiology General surgery, Surgical Gastroenterology	Percentamental transflepace: escernal bilitary dramage (PTHD)	Perculareous transhepatic esternal biliary dramage (PTRD)	Loom	No implant	NA	No	Secondary	Regular Protedure	No special condition	Nn.	140	lasamance
700	medical oneslingy	CT for CA Broam	Cyclophorphamide + Epseuferm Cyclophorphamide - 600 mg /m2 D1 Eptrulicim -90mg/m2 D1 every 23 days	4000 per tytle	No Inglant	NA	No	Tertacy	day care	Adjurant therapy in breast cancer Metastanc breast cancer (should not have received the same regimen or AC earlier)	Minimum duration between 2 cycles 20 days Maximum mumber of cycles 6	3998	Insurance
17	modical uncology	CT for CA Broot	Weekly Pacification for Adjacent Therapy Pacificatel illing/to2 every week	3000 / week	No Emplan	NA	No	Securitary	day cure	Adjuvant therapy after 6 cycles of AC or EC	Missimum duration hartaron 2 cycles 6 days Maximum number of cycles 12	-	Insurance
100	medical concillogy	CT for CA Depart	Workly Pacifizatel in metastatic setting Pacifizatel 90mg/m2 every week	2000	Ne implant.	NA	No	Secondary	day sara	Metstatic breast canour	Minimum duration between 2 cycles 6 days Maximum multiple of cycles 24	900 -	Insurance
99	medical psochogy	CT for CA Breast	Cyclophosphamide = Methoresate = 5 - FU Cyclopherphamide 100mg/m2 orally D1-D14 Methoticesate 40mg/m2 IV D1 D1 SFU 600 mg/m2 D1, D8 every 28 days	3500	Ne Implant.	NA	Ney *	Tertiary	Regular Precedure	Adjustant therapy in hermot career with cardine dythesetator or not suitable for anthracycline based therapy Mutstartic besaat cancer (should not have received the same regimen earlier)	Manimum duration twowen 2 cycles 27 days Maximum number of cycles 6	ł	laturation
1.0	medical oncodings	CT for CA Beast	Doortaael + Cyclophusphamide Doortaaei 75mg/m2 01 Cyclophusphamide 600 mg/m2 01 every 21 steys	7000	Nee Implant.	NA	Ne	Tertiary	day sure	Adjuvant therapy in broad cancer with cardiac dysfunction ar- not suitable for anticocycline based therapy and high nodal barders Maranaric breast cancer (chasile ort base received the same pregimm eacher)	Missimum duration between 2 cycles 20 stoys Maximum sumber of cycles 6	242	Insurance
711	nedsstanning	CT for CA Beau	Trastitumab Trastumandi II ing/Kg in Osile 1 D1 Trastutumah 6 ing/Kg D1 from C2 every 21 days	15000	340 Implant	NA .	50	Secondary	illei Cari	Adjurcent therapy in formal cather with Nev 2 and possible parameter		ins	basennor

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še.N	Specialty	Package Name	Procedure Name	Rate	Implantrate	Stratification DETAIL	Gost	Level of Care	Procedure	Special Condition	Raites	Day Larg	Reserved Procedure (Insurance/ Texas)
712	medical encology	CT for CA Breast	Tamosiden Tamosiden 20 mg orally daily	1200	Ne inglass	NA	This	Secondary	Regular Procedure	Adjuvant or mendpatant therapy in ER / PR positive breast cancer ER / PR positive metastatic breast cancer (if sut receive safter)	Minimum duration hetwain 2 cycles 09 days Maximum number of cycler 20	260	Insurance
713	medical encodegy	CT for CA Bream	Letrozole Letrozole 2.5 mg orañy dady	3906	No lengtane	NA	No	Secondary	Regular Procedure	Adjustant or assumble varies therapy in ER / PR positive breast cancer ER / PR positive metastatic breast cancer	Maximum duration between 2 cycles IN days Maximum number of cycles 20	then .	the sur second
714	metical ancoingy	CT for CA Broast	Carboplatin + Paclitaxel Paclitaxel 175ing/m2 D1 Carboplatin ADC 5-6 D1 every 21 days	10000	- No Inglant	NA	No	Secondary	day Carr	Adjuvant or neoadjuvant therapy broad cancer enetastatic breast cancer (If not received earlier)	Missioun duration between 2 cycles 20 days Maximum number of cyclin 6	Jaca	Insurance
215	medical anceings	UT for CA Bread	Gapecitations Capecitations - 1000mg/m2 oradly mene daily D1-014 overy 21 days	7006	No Implant	NA	No	Secondary	Regular Procedure	Adjuvant or nenadjuvant therapy branit samere metastatic breast canor	Minimum daration between 2 cycles 20 days Maximum number of cycles 6	Plet	hourmen
716	medical ontology	CT for CA Breas	Carlsoplatin + Gerncitalinie Gerncitabine - 1000eng/m2 D1 D0 Carlsoplatis ADC 2 D1 D0 Gerncitabine - 1000eng/m2 D1 D0 Carlsoplatis ADC 5-6 D1 enly	10000 per cycle	No Implant	NA	No	Secondary	Regular Procedure	Adjuvant or nmadjuvant througy breast cancer metastatic breast cancer	Maximum number of eaches - B	ño	Insurance
717	medical socology	CT for CA Busan	Cyclophorphanide + Adrianycin Cyclophorphanida - 600 ng 7m3.01 Adrianycin - 60mg/m3.01 neery 21 dago	4500	No Tenglant	NA	Re.	Tertiary	Regular Procedury	Adjuv ant therapy in breast cancer Metalatic breast cancer (should not have received the same regimen or EC sarber)	Movement duration between 2 cycles 20 days Maximum mether of cycles 6	Net	Besserance.
7,18	medical encodegy	CT for CA Record	Fullerstraut Folgestraut 500 mg D1 D15 D29 then every 28 days	12000	Net Implant.	NA	Ne	Tertiary	day care	Metastatic breast catcar ER / PR positive	Mantenant duration Instween 2 cyclin 14 days	9+1	Innistance

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1.0	Specialty	Package Name	Procedure Name	Hate	Implant rate	Stratification DETAIL	Govi	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
719	medical receivings	CT for CA Brand	Paclitzon Paclitzon Paclitzani 175 mg/m2 (0) recevy 21 days	5000 per cycle	No Implant	N-A	2411	Ternary	dat care	Adjuvant or nenadjuvant therapy tratast concer metastast benant colorer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	925	Penarance
726	medical openings	CT for CA Breast	Exemistane Exemistane 25 mg orally daily (q 3 monthsly)	3900	No Implant	NA	30	Secondary	Kegular Procedury	Metastatic benart cancor ER / PR positive	Minimum duration Introcen 2 cycles 89 days	No	langtheor
741	nodical neoslagy	CT Jor CA Breast	Laportindb 1000 mg / 1250 mg / 1500 mg - orally ; daily per month	12000 per month	Ne Impiant	NA	264	Secondary	day sare	Non ygantai sasaditaasi	Morinean, duration between 2 cycles 27 days Till disease progression/toxicity (in he resemul every 17 months)	300	Tonur anco
722	tsedicai oscology	CT for Hetastatic hore maligneticy and multiple mychania	Zoledrenic Acid Zoledrenic acid 4 mg IV Monthly - Day care	1200	Na Implant	NA	No	Secondary	day ony	Matastatic bone malignancy and multiple asystoma	Minimum duration hetween 2 cycles 29 days Maximum number of cycles 24	375	Insurance
723	medical orientingy	CT for CA therey	Goglatin + trimotocau Ooptatin 60mg/w2 D1 frimotocat 60 mg/w2 D1 D6 D15 svery 28 days	10200	Na Implant	NA	50	Secondary	Regular Procedure	Metastatic ovariati ademocarcitentià accord line	Minimum duration Inducers 2 types 27 days Maximum number of sydes 6	Nis	Imutance
724	undical socology	CT for CA Diary	Lipodox + Carboplatin Lipophys 30 mg/us2 D1 Carboplatin ADC 5-6 D1 every 28 days	15000	No Implant	NA	No	Secondary	day Care	Nenaljuvan, oduvon and metastatic ovarian odmocarcinoma	Minimum duration between 2 cycles 27 dars Maximum number of cycles 6	544	Desurgore
725	montrial on allogy	CT for CA Diary	Kinposide 58 ng/m2 00 D1-D21 every 28 days	3400	No fugilant	NA	80	Secondary	Regular Pricodare	Metartatic evention ademocarcinisms second time	Minimus duration Instances 2 cycles 20 daps Maximus number of cycles 4	Max	beatance
226	numbral secondage	CT for CA 0/ary	brinntecan Brinntecan 60 -90 mg/m2 R1 D0 every 21 days	8400	No Implant	NA	No	Secondary	Regidar Procedury	Menautatic rearian ademocarcinema second line	Minimum duration Tertworm 2 cycles 29	510	Inseance
-	medical oncology	CT for CA Oney	Lipodus Lipodus 40 mg/m2 f0' every 20 days	12000	No Inglant	5A	Nu	Secondary	they care	Metastatic reactan advencerctionna second lina	Misimumi duration Isotween 2 cycles 27	ym	lurationer :

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Sr.N	Specialty	Package Nume	Procedure Name	Rate	Implant rate	Stratification DETAIL	Guvt	Level of Care	Procedure Label	Sportel Condition	Raden	Duy Care	Reserved Procesture (Invariance/ Trait)
728	anedical oscology	CT for CA Overy	Carboplatin + Gemiliahose Geocitabine - 1000mg/m2 D1 D8 Carboplatin AUC 2 D1 D8 Gemiliahose - 1000mg/m2 D1 D8 Carboplatin AUC 5-6 D1 setly	10000 per cysle	No implant	NA	No	Secondary	day care	Nessadjuvrant, adjuvant and metastatic ovariam adjenocarcinoma	Maximum number of cyclin - 6	yr3	Insurance
729	mentical membrage	CT for CA Overy	Carboplatin + Pachtanel Pachtanet 175mg/rs2/D1 Carboplatin AUC 5-6/D1 every 21 days	10000	Ne Impiant	NA	3in	Serondary	day care	Nestadjureant, adjureant and metrastatic memory advancementation	Missimum duration between 2 cycles 20 days Maximum number of cyclin 6	, ms	Insurance
730	metical encology	CT for CA Overy	Cyclophosphamide 50 mg/m2 00 01-021 every 28 days	2800	No Inglast	NA	Net	Secondary	day Care	No special condition	Minimum duration between 2 cycles 27days This is indicated for recurrent ovarian concer and should be continued until disease progression or unacceptable toxicity	ana.	Insucance
731	medical annahigy	CT for CA Ovary	Tamotifien Tamitaleen 20 mg orully daily (3 months)	1200	No implant	44	9ko	Secondary	Regular Præcebere	Ne special condition	Minimum theration between 2 cycles 89 dam 1 insettles cost Till discose progression/insicity (to be reconsed overy 12 minitial	Dia	Insurance
732	modizal oncology	CT for CA Owary	Letrasole Letrasole 2.5 mg orally daily (3 months)	2000	No texplant	NA	Mo	Secundary	day care	Six spectal condition	Minimum duration between 2 cycles IPI days Toll donase programion/bonicity [to he researed avery 12 marrhs]	115	Insurance
215	medical oncology	CT for CA Overy	Single agent Carbophine Carbophates AUC 5 & D1 every 21 days (maximum - Reycle)	5000	No Implant	NA	No	Secondary	day care	No special condition	Duration between 2 cycle is 20 days Max sumber of cycle B	205	Insurance
734	medical oncology	CT for CA Ovary	Copletin Copletin 411 mg/m2 every week (maximum- 6 cycles)	4100	Sin Implant	NA	Nei	Secondary	Hegular Procedure	Ne special condition	Duration between 2 cycle n 6 days Mai number of cycle 6	No	Insurance

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M.N 0	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt	Gevet at Care	Procedure Label	Special Condition	Rules	Duy Carn	Reserved Procedure (Insurance Trust]
735	medical incology	CT for Germ Cell Tumor	Carhoplatin (ABC 7) Carhoplatin AUC 7 every 21 dayy	5300	So looplant	NA	2	Secondary	Regular Procedate	Testindar Sestimona, Adjavant	Minimum duration between 2 cycles 20 days Maximum number of cycles 2	P&Ly	biorance
736	medical encodingy	CT for Germ Gell Tumir	Hennycin + Dopetide + Cisplatin Hiemnychs 30 units 01 DH 015 Cisplatin 20 mg/m2 IV D1- 05 Elsposide 100mg/m2 D1- 05 every 21 days	15000	No Implant	NA	1	Secontary	Regular Procedum	Germ cell tumour of any site for Nenadjuvant, adjuvant or metastatic first line	Minimum denation between 2 cycles 20 days Maximum number of cycles 4	Nes	Interance
7,17	medical (miningy	CT for Germ Gell Turnie	D5 every 21 days Enoposide - Capitata Capitata 20 mg/m2 IV D1- 05 Eloposide 100mg/m2 D1- 05 every 21 days	10860	So Implant	NA	No	Secondary	Regular Procedure		Monimum duration batteries 2 cycles 20 darse Macimum number of cycles 6	No	hinning
730	medical uncollegy	CT for Germ Gell Tamor	Paclitatel + Hosfamide + Cisplatte Paclitatel 240 mg/m2 D3 Hosfamide 1500mg/m2 D2- D5 Menta 300 mg/m2 00 40 05 03-05 Cisplatte 25eig/m2 D2-D5 overy 21 days	15000	No Implant	NA	No	Terliaty	Begular Procedure		Minimum duration between 2 cycles 20 days Maximum number of cycles 4	No	Initiatiance
729	medical opcificgy	CT for Germ Cell Turnor	Vuhlaatin + Hoslamide + Coplatin Vuhlaatine 0.11 mg/kg IV D1-02 Morna 240mg/m2 00 40 88 D1-05 Hoslamide 1200mg/m2 D1- D5 Coplatin 20 mg/m2 D1-05 mores 21 days		No Implant	N.A.	No	Tertiary	Begndar Procedure	Geritii cell famonor second line therapy	Monimum duration between 2 cycles 20 days Masonum number of cycles #	Ba	Insurance

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Sr.N u	Specialty	Package Name	Procedure Name	Baty	Implant rate	Stratification DITAIL	Gout	Level of Care	Procedure	Special Condition	Rades	Day Carr	Reserved Procedure (Insurance/ Trust)
740 min	fical minings	ICT for Gestational Trophoblestic Neoplatia	Emponide + Methatrevate + Dactnomyctin Cyclophosphamide + Vinccitatine Etoposiale 100mg/m2 IV D1 D2 Dactmanyctin 0.5 mg IV push D1 D2 Methatresate 300 mg /m2 D1 Ecocovoria 15 mg PO every 12 hrs for 4 dones Cyclophosphamide 600mg/m2 D8 Vincritme 1 mg/m2 D8 every 2 weeks	12941	No Juqdam	NA	.760	Tertiary	Regular Procedury	First line therapy for high - stak Gestational Tropboblastic Neoplasia Second line	Minimum duration between 2 cycles 13 days Maxemum number of cycles 0	No	Insurance
743 med	fical smoolegy	CT for Gestatomal Trophoblastic Nooglastia	Enquestide + Methodrosate + Dactinomycin + Cisplatin Enquestide 100mg/w2 IV B1 D2 DH Dactinomycin 0.5 mg IV push D1 D2 Methotresate 300 mg /m2 D1 Lessoworth 15 mg PO enery 12 bra for & datase Cisplatin Thing/m2 DE every 2 weeks	12200	Netinglass	NA	Ma	Secondary	Regular Procedure	Parat floor thereagy for high < mak Gestational Teophoblastic Neophoblastic Second line	Minimum duration Instances 2 cycles 13 days Maximum member of cycles 0	Ne	Insurance
742 med	fical encodegy	CT far Gestattonal Trophoblastic Neoplasia	Mothocresiate Methocresiate 1/mg/kg tM every other day x 4 days D1 3 05 D7 Alternating every other day with Leaseworth 15 mg PO regest every 14 days	1000	No Insplant	NA	No .	Secondary	Regular Procedure	First line therapy for low risk Gestational Trophoblastic Nooglastia	Minimum duration between 2 cycles 13 days Maximum number of cycles 12	Na	Insurance
74.9 mmd	the dimension gr	CT for Gestational Trophoblastic Neoplatia	Dactinomican Ing Dactinomycin 0.5 ing D1-D5 every 14 dare	5000	No Implan	5xX	No.	Secondary	day same.	for special conditions	Minimum duration between 2 species 13 stays Maximum number of cycles 10		Insurance
744 mod	fical metabogy	CT for Gervical Cancer	Carboptattis + Paclitasei Paclaasel 175mg/m2 01 Carboptatis AOC 5-6 01 mmry 21 days	10000 per cycle	No loopkost	NA	No	Termary	day tare	Neurilaivant and meturtatic Cervical Cancer	Missionate duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance

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日本	Speciality	Posterge Name	Procedure Name	Itale	Emplant rate	Stratification ULT AL	Gent	Level of Care	Procedury Label	Special Condition	Rides	Day Care	lleserved Procedure (insurance/ Trust)
45	meetical anothing	ET for Cervical Cancer	Cirplatin Cirplatin 40 mg/m2 avery weeh	2362	No implant	NA	+	Secondary	day uses	Stoge II and Stoge III certical cancer definitive thurspy along with Radiation therapy	Maximum duration herwein 2 cyclics 6 days Maximum tumber of cyclics 6	yves.	Insurance
ian.	metical oncology	Endometrial	Carboplatin + Paclitavel Pacitizatel 175mg/m2 DI Carboplatin AUC 5 D1 every 21 days	10000	No implant	NA	Ser	Fortiary	day care	Nexadjuvant, Adjuvant and Metartatic Endometrial Cancer	Minimum duration between 2 cycles 20 days Maximum member of system 6	yes	lisurapor
747	medical unrology	CT fur Exclometrial Cancer	Coplatin + Dooreufricin Dooreufricis fell ang/m2 D1 Coplatin 50mg/m2 every 3 teorete	4430	Wei lenglaut	NA	Ne	Secondary	they save	Metastatic Endometrial Cancer	Monomant duration between 2 cycles 20 days Maatmare number of cycles 6	Vee	Innerstor
740	medical ancology	CT for Endometrial Gausse	Upodox + Carboplatin Lapopdox 30 mg/m2 D1 Carboplatin ADC 5 D1 every 28 down	15000	Neimplais	NA	No	Tertlary	ilay Gere	No special condition	Duration between 2 cycle is 27 days Max number of cycle is 6	yes	Insurance
544	medical uncology	CT for Endometrial Cancier	Carbsplatin + Genecitatione Genecitatione - 3600 eng/m2 D J 200 Carbsplatin AUC 2 191 DB Genecitation - 3100 eng/m2 D J 208 Carbsplatin AUC 5 -6 D1 unly every 3 weeks	10000 per cycle	No Implant	NA	*	Seenndary	Regular Procedure	No special annulition	Duration between 2 cycle is 20 days Max monther of cycle is %	Nin	lennat minie
754	men sh unchange	CT for Solocostrift Gamer	Anastronolo 1 mg or shy darke (for 3 storths)	2000	No Implant.	NA	744	Secondary	day cary	Ne quebal condition	Minimum docation between 2 cycles 10 days Till disease procession Apsicity (to be remeable Apsicity (to the remeable yeary 12 months)	717	Insurance
251	mathcal investings	CT for Yulour Gauces	Goglistin + 5 FU 5 FU 1000mg/m2 D1-04 Goglistin 75mg/m2 D1 every 3 weeks	5000 per cycle	No Inglant	NA	Ne	Secondary	Regalar Procedure	NACT. more	Minimum duration Intervent 2 cycles 27 days Maximum number of cycles 5	54	louistence .
152	modical oncology	CT for Valuer Concer	Chiplinon Chiplinon Chiplinon 40 mg/m2 every work	2006	No Implant	N4	Nec	Secondary	day care	Stage II and Stage III cervical cascor definition therapy	Monitorn duration Between 2 cycles 6 days Maximum souther of cycles 6	745	lesorance
23.14	andred includings	CT for Velvar Gancer	Carboptatin - Paclitasti Pacinasel 175mg/m2.01 Carboptatin AOC 5.02 every 23.dn/s	todoo per cycle	No Implant.	NA	No	Noundary	вау сыгу	No special coodman	Minimum duration fectivern 2 cycles 30 days Maximum number of cycles 6	944	Insurance

Sr.S	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt	Level of Care	Fracestore Label	Special Condition	Railes	Day Care	Reserved Procedure (Insurance, Trust)
54	medical ancology	CT for Ewing Sarcona	Vancristine + Topolecus + Cyclophosphamile + Instotucan + Turnosolaesatle Viscristine 1.5mg/m2[day 1) Tupotocan 1.5mg/m2 (day 1-5) Cyclophosphamide 250mg/m2 (days 1-5) Given every 3 weeks Introtecus 10-56 mg/sqM days 1-5 and days 0-12 Temuzolaesate 100mg/m3 days 1-5 of each cycle every 3 weeks	9780	Ne Implant	NA.	No	Secondary	Regular Procedure	Ewing Saecoma second line chemotherapy	Minimum duration between 2 cycles 20 days Maximum number of cycles 12	No	lesurance
55	searchizal sincology	CT for Ewing Salenme	Vincristine + Unstamilie + froposide Vincristine + Genoruliscin + Cyclophrophanilie Vincristine + Cyclophrophanile Vincristine + Cyclophrophanile + Datimomptie 4 cycles VCD Vincristine 1.5mg/m2 (day 1.8 and 15) Biodemide 1800mg/m2 (day 1.8 and 15) Biodemide 1800mg/m2 (days 1-5) Genore every 3 weeks Vincristine 1.5mg/m2 (day 1 and 8) Advismyton 60mg/m2 (day 1) Cyclophrophanide 600eg/m2 (day 1) Giorg 7.3 weeks	9980	No longtant	MA	340	Secondary	Hegodar Pracedure	No special condition	VIE Minimum duration between 2 cycles 20 days Maximum number of cycles 4 VAC Minimum duration botween 2 cycles 13 days Maximum number of cycles 6 VCD Minimum duration between 2 cycles 20 diagos Maximum muther of cycles 4	2	Insurance

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r.N.	Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Processure Label	Special Condition	Kules	Day Care	Reserved Procedure (Resurance/ Trust)
756	medical oncology	-CT for Ewing Sarrtina	Viscristine + Adriansprin + Cyclophosphamide Biofamide + Eloposide Biofamide + Eloposide Biofamide: 1000mg/m2 (days 1-5) Eliposide: 100mg/m2, m (days 1-5) Given every 2-3 weekly Vincristine 1.5mg/m2 (day L and II) Adeiamyun: 7long/m2 (day () Cyclophosphamide 1200mg/m2 (day 1) Giren 2-3 weekly	25000	No implant	NA	No	Tertlary	day care	No special condition	VAC Minimum duration between 2 cycles 13 days Maximum number of cycles.6 IE Minimum duration between 2 cycles 13 days Maximum number of cycles 6	ha	Insurance
257	medical involvey	CT for Outrogenia Sarcinta	Doxorubicin + Cisplatin Coopiatio 100mg/m2 Docorubicin 75mg/m2 given yvery 3 works	12000	No Implant	NA	36	Secondary	Regular Procedure	Osteogenic cardinama Neoadjurant and adjurant therapy	Maximum duration factoreen 2 cycles 20 days Maximum number of cycles 6	New	Insurance
738	medical ancology	CT for Ostrogenis Sarcoma	Nethofresate + Devorsibilitie + Coplatin for Relapsed Osteogenic Saronna Cieplatin 120mg/%g m Dumruhicin 75mg/%2 Methotresate #-12 gram/m2 Each cycle far 3 weeks	27000	No Implant	NA	Nα	Tertiary	Begular Procedure	Relapsed Outersgamin Sarcema	Minimum darston hetween 2 cycles 35 days Maximum number of cycles 6	Piles.	Insurance
759	amedical outcology	CT for Ostosgenic Sarconsa	0G6-12 Unstamide 1800 mg/m2 01- 05 Mexil 600 mg/m2 01 36 66 96 01-05 Adriamycin 25 mg/m2 01- 03 Cisplane 33 mg/m2 01-03 every 21 days		No Intglant	NA	No	Tertlary	Regular Procedure	Ovteogenic carcinoma Necoadjuvant therapy	Minimum duration between 2 cycles 20 days Maximum number of cycles 4	514	hmanance
760	medical oncology	CT her Distorgress Sarcensa	005 - 12 Horfamide 1800 mg/m2 01 D5 Merona 600mg/m2 0h 3h 6h 9h D1-D5 Cisplares 33 mg/m2 D1-03 every 21 days		No Implant	NA.	No .	Tentary	Negular Procedure	Denogenic carrinoma adjuvant thurapy	Minimum duration between 2 cycles 20 days Maximum number of cycles 4	No	Trisur amore
763	motical mealogy	CT for Soft Trease Spreama	Generalities + Duertasel Generalities 900 (ng/m2 D1 00 Docerasel 100 (ng/m2 00 every 21 days	24000	So Implant	NA	ho	Tertory	Begular Priscedure	NACT, Adiarant, mets (if caniliac dysfunction)	Maximum duration fortween 2 system 29 days Maximum cumber of system 6	Na	Insuration

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54.N	Specialty	Pachage Name	Prioridare Name	Rate	Implant rate	Stratification DETAIL	Govt	Level of Cate	Procedure Labri	Special Combine	Rides	Day Cars	Reserved Procedure (Invariance) Trust)
762	motical secology	CT for Soft Tissue Sarcoma	Modamidu + Adriamycta Dosurutiscin 30reg/es2 D1 D2 Biestanide 2000 to 3000mg/m2 Mesna 400 to 600 mg/m2 0h 4h 8h 81 - D3 Every 23 days	13700	No Implant	NA	No	Tertiary	Begular Procedure	Soft timme sarenma recordjurant, adjuvant and metastatic	Minimum duration bottomen 2 sycles 28 dags Maximum mumher of sychol 6	Ma	Insurance
763	medical uncology	CT for Soft Tissue Sarcona	Deservable in 60-75/m2, every 21 days	4900	So Implant	N.4	No	Secondary	Repús Procedure	Sin special condition	Minimum duration between 2 cycles 20 days Maximum routiber of cycles 6	Rie	Incurance
764	mudical aneology	CT for Metastatic Melanoma	Dacarbanne + Coplann Dacarbanne 250mg/m2 D1 D5 Cisplatin 75 mg/m2 Every 23 days	7000	No Implant	NA	No	5ecoulary	Begslar Procedure	Metastatic Melanoma	Minimum daration hetween 2 cycles 20 days Maximum number of cycler 6	5ia	toorusce.
765	metical onraingr	CT for Metastatic Melanoma	Temazolamide Temazolamide 200mg/m2 D1-05 every 20 days	5000	No Implant	NA	Na	Secondary	Regular Procedure	Pertaitatic Melanoma	Minimum duration between 2 cycles 27 days Matsmuer number of cycles#	Ro	besurance
766	metfical countingy	CT for Metastatic Metanoma	Imatinih Tali Iniatinih 400/000 mg daily	2808	Ko Implant	NA	Nev	Soconilary	Begular Pricedure	We special condition	This is indicated for metastatic melanomic and should be continued until disease progression or unacceptable toxicity. Gan be renewed every 1 months.	140	Insuranse
767	medical secology	GT for Anal Gamm	5.Fluorourach (FIZ)+ Mitomycin C 5.Fluoroucach(FU) 1000mg/m2.D1-D4 B25- D32 Mitomycin 10mg/m2.D1	14000	No Implant	NA	No	Secondary	Begular Pricediare	Stage II and III and Cancer	Bio	Nor	Interace
7448	modical encodings	CT for Anal Cances	Cepecitatione + Minorry in C Caperitabine #25mg/m2 P0 twice daily riff completion of BT Mitamycin 10mg/2 D1	15000	Ne higiant	NA	No	Secondary	Hagalar Procedure	Stage II and III anal Camber	No	Nó	Шицтавен
10.00	medical annulogy	Cancer	Cognitem + 5 FU 5 FU 100mmg/m2 D1-04 Cognitem 25mg/m2 01 every 4 weeks	8109	Ne huptant	NA	No	Soundary	Regular Procedure	Marcailatic Airal Cancer	Mammar duration between 2 cycles 27 days Maximum number of cycler 8	1	Insurance

ar.N	Specialty	Package Name	Procedury Name	Itate	Implant rate	Stratification DETAIL	Gunt	Level of Care	Procedure Label	Special Condition	Rules	Day Cars	Beserved Procedure (Insurance/ Triot)
220	mindual encology	CT for Anal Cancer	Carboplatin + Pacticasel Pacticasel 175mg/m2/01 Carboplatin AUC 5-6 (11 every 21 days	10000	No Implant	NA	No	Secondary	day éste	Metastatic And Cancer	Minimum duration Instances 2 cycles 20 days Maximum number of cycles 6	3 18	lennaser
ani	medical oncollegy	CT for Anal Galacert	Coplatin + Pacifizzeri Pacifizani 175 mg/m2.01 Coplatin Ting/m2.01 every 21 days	10000	No implant	NA	Nii	Secondary	day care	Metastats: Anal Cancer	Minimum daration between 2 cycles 20 days Maxemum number of cycles &	y.cu	heuruse
772	medical oncology	CT for Colorectal Calver	5 FO + Leucovorin 5 FO 1200mg/m2 D1 D2 Leucovorin 400mg/m2 D1 every 14 days	4700	No implant	NA	210	Simulary	Regular Procedure	Adjuvant and Metaorani Colervetal Causer	Minimum duration between 2 cycles 13 days Maximum number of rycles 32	Ne	Interative
273	medical ancelogy	ET hu Colorectal Concer	Caperitabilitis + Irinorecan Capecitabilitis 1000mg/m2 01-014 Stronofecan 200 mg/m2 01 every 21 days	12000	No implant	NA	80	Secondary	Bogalar Fracedure	Menostatic Colorertal Canter	Minimum duration hotseven 2 cycles 20 days Maximum number of cycles II	740	anurance
774	medical ancology	CT for Colorectal Canter	5 FU + Leucovinititi + Osaliplatin 5 FU 1200mg/w2 D1 02 Leucovarin 400mg/w2 D1 Osaliplatin 85 mg/w2 D1 every 14 days	13650	No implant	NA	340	Tertiary	Kegular Proceduro	Adjuwant and Metjotatic Colorectal Cancer	Minimum duration between 2 cycles 13 days Masimum number of cycles 12	Nu	hourance
775	medical openingy	CT for Gilaretal Canter	5FB + Lescoverin + frinchstan 5 FU (200mg/m2 D) D2 Lescoverin 400mg/m2 D) frinchstan 100mg/m2 D5 mg/m2 D1 every 14 days	9570	Ne implant	NA	No	Secondary	Hegular Prisodam	Metantatic Colorivital Cancor	Manmum duration between 2 cycles 13 days Martimum number of cycles 12	No	Interaction
776	medical occulegy	CT to Coloretal Concer	Capeonablue + Oxaliplistus Capeonablue 1000mg/m2 D1-D14 Oxabiplatio 130 mg/m2 D1 every 21 days	12500	No Implant	NA	No	Secondary	Begudar Procedure	Adjuvant and Metastatic Colorectal Cancer	Maximum duration between 2 cycles 20 days Maximum number of cycles 8	No	Insurance
117	methial unvology	CT for Gelorectal Cancer	Capacitations along with RT Gaperizations #25 mg/m2 twice daily	3000	No langlant	NA	No	Secondary	day Gare	Till complation of RT Neoadjocant and adjuvant rectal cancer	No		Rotorance

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e N	Specialty	Pachage Name	Processory Name	Mare	toplant rate	Stratification DETAIL	Gert	Level of Care	Procedury Label	Special Candition	Bales	Day Care	Reserved Procedure (Insurance/ Trust)
279.	modical openings	CT for Galerectal Cassar	Capecitabine Capecitabine 1000mg/w2 D1-D14 every 21 days	7200	No Implant	NA	No	Secondary .	Regular Pracodare	Adjuvant mit Metastatic Colorectal Cancer	Minimum duration between 2 cpdus 20 days Maximum number of crydes if	No	Insurance
720	medical ancology	CT for Colorvatal Canter	SFU + Lencmoren + Osaliplatin + Intenfecan S FU 1200mg/m2 D1 D2 Lencororin 400mg/m2 D1 Osaliplatin 05 mg/m2 D1 Intentscan 100mg/m2 every 14 days	12400	Nes Implant	NA	No	Tertiary	Regular Prisodare	Neoadiacent and adjocant Colorectal Cancer	Maslmons duration butween 2 cycles 13 days Masements number of cycles 12	No	linaratze
terr	medical oncology	CT for Esophagoal Cancer	Carboplatis + Paclitanel Paclitanel 175mg/m2 01 Carboplatin AUC 5-6 01 every 21 days	10000 per cycle	No lingdant	NA	No	Secondary	day care	Neoadjorant and adjustant ecophagoat cateer	Minimum duration between 2 cycles 20 days Maximum number of cycles II	-	Insurance
NHE -	medical usualogy	CT for Esophapeal Genere	Cisplann + 1.80 5.80 1000mg/m2 01-04 Cisplann Timg/m2 01 every 4 works	14000	No Implant	NA	144	Secondary :	Negular Procedure	Upper enophageal reconductant and with RT as adjaces	Minimum duration Instances 2 cycles 27 days Maximum wanther of cycles 8	PAn	Insurance
uz.	medical secology	CT for Exophagoal Cancer	Cisplatin + 5 FU Cisplatin 75mg/m2 D1 D29 SFU 1000mg/m3 D1-D4 D29 D32 every 35 days	14000	No logilant	NA	No	Secondary	Reputar Procedure	Upper esophageat reseatforcer and with RT as adjocum	Minimum ducation between 2 cycles 35 days	Na	Insurance
11.3	moldical contrology	CT for Esophageal Cancer	Paclitated + Garbuplatin Paclitated Strington 2 DT Garbuplatis ADC 2 D1 every week	3000 / week	Nes Implant	NA	15 m	Socondary	dity care	WWN RT in definitive http://www.autotatata	Marmon duration britwen 2 cyclin 6 days Mastenin number of cyclin 12	Pers	Insurance
(04)	medical annology		Paditatel + Certoplatit Paditatel String/u2 D1 Certoplatiti ADC2 D1 every week	3000 / week	-Nos forplant	NA	840	Secondary	silay care	Metastatic without RT	Minimum duration botween 2 cycles 6 days Maximum number of cycles 12	MINI	Insurance
ns.	mestical openings	CT for Exophaged / Normach Cancer	Confidint + Discribert Derotoxial 40mg/m2.D1 Confidme 40 mg/m2.D1 Laurenorm 400mg/m2.D1 Laurenorm 400mg/m2.D1 LHT 1000mg/m2.D1 D2 every 14 days	10000	No Implant	NA	No	Secondary	Reputar Pracodare	Neveral available adjacement and methanisative atomach and hower monthapeal concer	Minimum duration between 2 cycles 1.1 days Maccasen number of cycles 8	Per	lesurance
Types.	medical uncollegy		litinotecan brinotecan 60-30 mg/w2 D1 D8 every 21 days	10925	No Implant	NA	No	Secondary	llegular Procedure	Metantatic second line emphageal and stomach cancer	Maximum duration between 2 cycles 20 days Maximum number of cycles 0	16a	Insurance

Sr.N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Condition	Rules	Day-Carr	Reserved Procedure (Insurance/ Trust)
7117	medical oncology	CT for Esophageal / Stomach Canor	5 FU 5 FO 258 mg/m2 111-05 over 24 hrs every week	4375	See Implant	NA	3a	Secondary	Regular Procadure	Till RT multi Lawer esophagnal and stumach Canent with RT as adjurant.	Minimum duration hetween 2 cycles 6 days	ħφ	huurance
7100	medical oncology	CT Inr Esophageal / Stomach Canorr	Capecitabine Capecitabine 825 mg/102 rotro dady	7200	No Implant	NA	No	Secondary	Regular Procedure	Till completion of RT Lower esophagral and stumach Cancer with RT as adjuvant	Upon 42 days, Indicated cost is for the entire treatment.	Ne	Insurance
1119	medical encodogy	CT for Exophagest / Stomach Camer	Caperitable + Ocaliplatie Capecitable + Ocaliplatie D1-014 Ocaliplatie 130 mg/m2 D1 every 21 days	12500	No implant	NA	No	Secondary	day care	Adjocant and Metastatic Stremath, Lower employerat (ademocarcinomia) cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 0	yes	Incurance
790	mindical osciałogy	C7 for Empirepat / Stomach Conor	Docetanel + Caplatin = 5 FU Docetanel 40mg/m2 D1 Coplatin 40 mg/m2 D1 Lesuovorin 400mg/m2 D1 SFU 1090mg/m2 D1 D2 overy 14 days	14000	No implant	NA	No	Tertiary	Regular Procedure	Neoadpavant, adjavant and metantatic stomach and lower englingeal (ademocarcinoma) cancer.	Minimum duration hetween 2 cycles 13 days Maximum number of cycles 8	No	Tecuranee
793.	medical encodogy	CT for Koophageal / Storeach Creser	Docetasel + Cisplatin + Capecitabore Docesasel 40mg/m2 01 Coolatin 40 mg/m2 01 Capecitatione H25org/m2 tosice daily every 14 days	13310	No Templant	NA	No	Tertiary	Regular Procedure	Neocolpanant, adjurant and metastatic starnach and lower enoplogeal (adjenscarcinoms) career	Manamam datation between 2 cycles 13 days Manamam member of cycles 8	No	hemin'strice
7972	nucleal ancalugy	C7 for Emphagent / Stomach Carcer	Docetaud + Oaaliplatin + 5 F5 Docetaud Slimg/m2 D1 Outlplatin 85 mg/m2 D1 Leuceveris 400mg/m2 D1 540 1200mg/m2 D1 B2 every 14 days	18500	Na Implant	NA	No	Secondary	Regular Princedure	Neoadiavant, adjavant and metastatic stomach and lower exceptageal cancer	Minimum duration between 2 cycles 13 days Manamum number of cycles 9	Nn	Insurance
743	nsekial enrology	CT far Koophageal / Thomash Gauter	Docutinal + Onaliphitin + Capacitatione Docorased 50mg/m2 D1 Oxaliphitin 87 mg/m2 D1 Capacitatione 825 mg/m2 Twice daily every 18 days	1#500	Net Insplant	84	No.	Tertury	Begalar Procedure	Neurdureant, adjorant and metastatic stantisch and lower exophageal cancer	Monimum duration between 2 cycles 13 days Maximum number of cycles 8	Na	Insurance

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sr.N	Speciality	Package Name	Procedure Name	Rate	timplant rate	Stratification DETAIL	Gast	Level of Carn	Procedure Label	Special Condition	Rales	Day Care	Reserved Procedure (Inneraser/ Trust)
294	mudical oncology	CT Ior Exophagnil / Shimach Camier	SFU + Leonmorin + Dimetecan S FU 1200mg/m2 D1 D2 Leonmorin 400mg/m2 D1 Drimmecan 100mg/m2 85 mg/m2 D1 every 14 days	9570	No implant	ма	No	Secondary	Regular Procedure	Netatstaic lower eosphagoal and atomach Gaucer	Minuman duration between 2 cycles 13 days Mocesum number of cycles 12	No	Insurance
795	medical ontology	CT for Exophaged / Shomath Cancer	EFD + Leucasoriu + Osaliplatos 5 FU 1200mg/m2 D1 D2 Leucasorus 400mg/m2 D1 Osaliplatos 85 mg/m2 D1 overy 14 days	11100	No legilant	NA	50	Scondary	Kegalar Pravadare	Adjurvant for stamach and lower exceptageal (ademocarchoumo) cancer	Minimum duration hetwest 2 cycles 13 days Maximum ounder of cycles 12	Nu	insecance
796	modical uncology	CT for Ecophagoal / Stomach Cancer	Paclitatet Paclitatet Bling/m2 every week	3000	No implant	NA	Sio -	Secondary	iday care	Nenadiavant, adjuvant, slong with Radiation (suncurrent), metantatic esophagoal cancer	Minumum duration hermon 2 cycles 6 days Maximum number of cycles 12	уча	Incurance.
797	mentical oncomenty	CT for Reputocellular Carcinoma	Doxorabicas (TACT) Doxorabicas 30-75 mg/m2 une praces	22300	No Implant	NA	50	Secondary	Regular Procedure	Lover confined hepatycellular carchiuma	Maximum number of cycles - 1	No	Insurance
798	medical oncology	CT for Highmorthalar Carcinoma	Sorafenth Sorafenth 400ng PD sware daily	6000	No implant	NA	No	Secondary	Regular Procedure	Meatastatic hepatocellular corctnomic (escupt child Poglic) Liver confined but not numble for liver ultractic (herapy	Ninoman duration hermony 2 cycles 29 days Managam number of cycles 12	Na	Interance
794	medical standings	CT for Reparacellator Carcinoma	Lenxannih 12 mg data	10000	No implant	ма	Sin	Secondary .	day care	Ne special condition.	This is indicated for metastatic hepotosoftalar carcinema and should be continued until disease progression or macoptable transity Car In renewed every T months	3449	Invariance
100	medical ancoingy	CT for Paineratic Cancer	Gemultahine + Nanoparinasal Gemultahine 1000mg/m3 Di Di Di Di A Alhumm bound Pacificavi 125mg/m2 Di Di Di Di S every 2fi days	25000	No buplant	ħΑ	No	Tertiary	Regular Pricoduce	Necialdaviant, adjuvant and metastatic partreatic catcor	Minimum duration between 2 cyclex 27 days Massioum number of cycles 8	na	Dosumance

4.8	Speciality	Package Name	Procedure Name	Rate	Implant rate	Strutification DETAIL	Govi	Level at Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (insurance/ Trust)
	avertical encodergy	CT for Patamata Cancer	Generatione Generatione 1000mg /m2 D1 D0 every 21 stays	9000	No feeplant	NA	310	Secondary	Regular Procedury	Metastatic parcrostic cancer - first line	Monimum duration Instances 2 cycles 20 days Maximum number of cycles 6	ħa	Enterance
AU2	methcal encodings	CT for Parceratic Cancer	Gemcitabline Gemcitabline 300mg/m2 weekly	9000	No Implant	NA	No	Secondary	day cara	Neoadjuvant and adjuvant locally advanced piocreatic cature	Minimum duration formmen 2 cycles 6 days	1993	basener
803	medical oncology	CT for Parcentic Cantor	SFU + Leucovorin + Oscipiatin + Irimitecan 5 FU 1200mg/m2 B1 02 Leucovorin A00mg/m2 D1 Oscipiatio IIS mg/m2 D1 Winsteam T80mg/m2 enery 14 days	15500	No Implant	NA	No	Secondary	Regular Procedure	Nenadarrant, adiosant and metantatic ponormitic cancer	Minimum duration between 2 cycles 13 days Maximum number of cycles 12	No	(Histanica)
104	mustical encodogy	CT for Poncentic Constr	Capecitabine Capecitabine H25 mg/m2 backe daily	7400	No Implani	NA	No	Secondary	day nate	Till &T ends Neoadjucant and adjucant braffy advanced punctionic concer	Maximum number of cysles - 12	yes	finarance
aas	medical orteriogr	CT for Proceedic Galaxy	Caperitatione + Generitatione Generitatione 10000mg/m2 D1 00 015 Capes thatinue 830mg/m2 twice daily 01-021 every 29 days	9900	No împlant	NA	Net	Secondary	Regular Procedure	Pancenatic cadoer - adjuvent	Minimum Auration Barween 2 cycles 27 days Maximum number of cycles 6	No	Іпартанов
106	modical oncology	CT for Gall Hadder Cancer / Chelangiocaetro roa	Capacitations Capacitations 1000 - 1250 mg/m2 toxice daily 01 -014 every 21 days	7300	No lingiant	NA	No	Secondary	day state	Adjuvant and metastatic gall bladder and cholmogicarcinoma	Minimum duration between 2 cycles 20 slays Maximum number of cycles 8	yana .	Deserance
1117	medical socialisty	CT for Gall Bladder Cantor / Cholangiocarcino mat	Constants + Generatione Generations 2000 mg/m2 01 04 Constants 25 mg/m2 01 00 every 21 days	12000	No Implant	NA	ħe	Secondary	Begular Procedure	Nervaduriant, adjustant and metastatic parametits succer	Minneam doration induced 2 system 20 days Maximum number of system 6	80	Insurance
	medical oncology	CT for Gall Bladder Cancer / Chelangrocardine rox	5PU + Lencovorin + trinotecan 5 PU 1200mg/m2 01 02 Lencovorin 400mg/m2 01 trinotecan 100mg/m2 95 mg/m2 01 every 14 days	7400	No Implant.	NA	Net	becomdary	Begular Procedure	Metastatic gall bladder and chologiocarchoma	Matinuum duration between 2 cycles 13 alors Maximum number of cycles 6	No	Instrance

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r.N D	Spiechabry	Package Name	Procedure Name	Hate	Implant rute	Stratilication DETAIL	Govi	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
09	medical encodegy				fvo httplant	NA	tier .	Secondary	Regular Procedure	Till IT ends Definitive and Adjavant therapy is get blackler carery	Misimum duration Introute 2 cycles 6 days Mannon sumfar of cycles 6	this	troutance
10	medical encodegy		/ Gemintalitise Gemintalitise 1000mg /m2 D1 D6 every 21 days	8975	No Implant	NA	No	Secondary	Begular Procedure	Meratotatic Gall Bladder Caucer	Mooman duration between 2 cycles 20 days Maximum number of eycles 12	no	buurance
iii.	metical oncology	1. The determinant descriptions	Oostiplann - Generation Generations 1000 mg/m2 01 Osaliplann 500 mg/m2 191 overy 14 days	17000	No boplant.	NA	Nei	Tertury	Regular Procedure	and meteriata:	Minimum duration between 2 cycles 13 days Maximum number of cycles 6	No	huaratee
112	medical ancology	Cholangiocarrinu	Capecitations + trinotecan Dispetitutors 1000mg/m2 D1-D14 Trinotecan 200 mg/m2.D1 every 21 days	7400	No Implant.	NA	Na	Secondary	dercore	Metastatic gall bladder and chologiocarcinoma	Minimum diaration botween 2 cycles 20 days Maximum number of cycles 6)er	Instance
113	medaal onrology	CT for tial Blatcher Cancer / Cholangiocarctum ma	SFU + Lencovorin + Osaliglatin / S PU 1300mg/m2 D3 D2 n Lencovorin 400mg/m2 D1 Osaliglatin R5 reg/m2 D1 every 14 days	10000	No Implant	NA	No	Secondary	Regular Princedary	Metastata: gali bladdov aud chulugiocavimenja	Minimum duration Determ 2 cycles 11 days Maximum number of cycles 6	No	hunstater
114	methical encology	CT tor Gammintestinal stronal tumor	laratiniti Jusatiniti 400 mg once daily per month	2000 per month	No Implant	NA	364	Secondary	day sarv	Neoadjevant, adjevant and metaitatic GST	Minimum duration between 2 cycles IN days	yes	Insurance
115	modical occology	CT for Userbinsteatistid Stromal former	Santtinih Santtinih 37.5 mg sorce dady	1000	tus hopfaut	NA	No	lecondary	Regular Procedure	Metastatic UIST	Minumian duration Between 2 cycles 29 days	Ne	Involutive
nie	medical ancalogy	CT for CA fitum	Temonstanish Temonstanish 150 - 200 mg/m2 D1-D5 energ 20 dags	5000	We Implant	N.X.	They	Secondary	day care	Adjurcant therapy	Minimum duration hotween 2 cycles 27 days Maximum number of cycles5	hea	Invariance
117	moderal outcology		Terrenzislamide Verninislamide 75mg/mlt once statly	5000	No logitant	NA	No	Secondary	Regular Procedury	Till RT ends Dedinition therapy	maximum number of cycle Lupto 42 days	No.	minianie
U10	modical encology	CT for Mesetheliuma	Gementabline + Cieplatin Gementabline 1000 mg/m2	9400	No Implant	NA	540	Secondary	Regular Procedure	Motaitaew - mesorfieliona	Minimum daration between 2 cycles 20 days Maximum wanther of cectors	Ne	bisaranie

ir.N	Specialty	Package Name	Procedure Name	Kate	legilant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Condition	Bules	Day Care	Reserved Procedure (Insurance/ Trust)
019	medical biocology	CT for Metatheliuma	Penetrexed + Coplatin Penetresed Stitling/m2 D1 Coplatin 75 mg/m2 D1 every 21 days	9400	No implant	NA	No	Secondary	Regular Procedure	Neuadjosmit.adjavant and metastatic menafadiama	Mommum duration between 2 cycles 20 days Mommum number of cycles 6	94	Insurance
820	medical encodegy	CT for Mesothetionea	Femetresed + Carboplatin Femetresed 500mg/m2 01 Carboptatix AUC 5= 01 every 21 days	9400	No freplant	NA	No	Secondary	Regular Procedure	and metartatic mesorbelantia	Maximum duration lectoreum 2 cycles 20 days Maximum number of cycles 0	Net	Inspression
621	medical ancoings	CT for CA Head & Neck	Gaptanin + Borrtgaol Docetzoul 75 mg/m2 D1 Capitatin 75 mg/m2 D1 every 21 days	12400	No implant	NA	No	Secondary	Reyslar Prinsdure	metaucatic head and	Monimum duration Instances 2 cycles 20 days Maximum number of cycles 6	Ne	Insulator
122	medical encology	CT for CA Head & Neck	Constantin Constantin 100mg/m2 every 21 days	3860	No Implant	NA	No	Secondary	day care	Definitive durapy	Minimum duration hetwenn 2 cycles 20 days Maximum number of cycles 3	100	linninatrice
23	medical sacology	CT for CA Real & Neck	Carthoptatin + Constitutione Generations 2000 mg/m2 D1 100 Carboptatin AUC 5-6 D1 every 21 days	10000 per cycle	No Implant	NA	No	Secondary	Regular Proceibaro	Matantatic squareonis coll braid and next omere, transpluryogeal cancer, sallowry gland cancers	Minimum duration Inducen 2 cycles 20 days Maximum number of cycles 6	No	Innurance
21	medical encodings	CT for CA Beal & Neck	Desetaaet + Coptann + S FU Desetaaet 75 mg/m2 01 Coptann 75 mg/m2 01 S FU 750 mg/m2 01-D5 every 21 days	14500	No Implant	NA	No	Tertiary	Regular Procedure	Kesudaream, Motastata upatinis cell hiad and neck cancer, manopharyngeal cancer, salivary gland cancers	between 2 cycles 20 days	50	haarmoe
45	medical sisenlogy	CT for CA Head & Nack	Decetasel Decetasel 20mg/e-2 every week	14400	No Ingitant	NA	No	Secondary	day care	Metastatic spinnini cell bead and nick concer, salivary gland cancers	Monimum duration fortween 2 cycles 6 days Sourman number of cyclus 12	998 B	Insurance
ide i	medical survivage	CT for CA Head & Nerk	Docentationi Docentationi 75 mg/wd2 D4 every 21 dage	5000	No implant	NA	hn	Sumdary	ite cire	Metartatic Hoad and herk equamous will cardinoma	Wannum duration between 2 cyclas 20 days Masterior number of cyclas 6	yes	Troutance
दर	motical anadogy	CT for CA Boot & North	Etoposide + Corboptano Etoposide 300mg/m2 DT - D1 Cartioptato AUC 5-6 D1 every 21 dore	7600	Nin Tropfanz	NA	ñ.a	Sementary	Begalar Procedure	Nenadjurant, adjurant and motastatic esthesionaizobliamma and Neuroembootte commona	Minimum daration hotseem 2 cpdss 20 days Maximum number of cycles 6	411	Insurance

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n N	Specialty	Parkage Name	Procedure Name	Bats	Implant rate	Stratification DETAIL	Guvi	Level of Care	Procedure	Special Caudition	Rades	Day Care	Reserved Procedure (Insurative/ Trust)
N26	medical socology	CT for CS Head & Neck	Ensposide + Gapfatin Ensposide 100mg/ws2 D1 - D0 Coplatia 75-100 mg/ws2 D1 every 21 skys	9262	No Implant	NA	Na	Secondary	Regular Procedure	Novadjuvart, adjurant and metastatic eithesioneuroblactoma and Neuroendoerine cartinema	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	Né 1	liourance
1129.	mestical incology	CT for CA Head S Neck	Gemcitabine Gemcitabine 1000 mg/zo2 D1 100 enrry 21 days	14000	No Implant	NA	Net	Pertiary	ilegalar Procisione	Metastatic opaminus sell head and usels cancer, twoopfueyrigeal cancer, usilvary gland cancers	Minimum duration herewoon 2 cycles 20 days Maximum number of cycles 6	No	Inverses
135	metral oncidaty	CT for GA Head & Neck	Gemeitabine + Cisplatin Gemeitabine 1000 mg/m2 Di D0 Cisplatin 75 mg/m2 D1 every 21 days	12150	No implant	NA	Net	Secondary	llegslær Procedure	Metastatic squamous cell head and neck cancer, nasopharyeged cancer, salivary gland cancers	Minimum duration between 2 cycles 20 days Maximum number of cycles 8	No	Incaracte
103	medical secology	CT for CA Head & Nock	Pachtasel + Carboptatos Pachtasel 00mg/m2 01 Carboptatin AUC 2 D1 every week	5000	No troplant	NA	80	Secondary	day care	Metastatic equations cell head and neck trancer, nampharyngraf cancer, salivary gland cancers	Witemani duration between 2 cycles & days Maximum number of cycles 24	yreq.	Innersece
#32	medical encodegy	CT for CA Head & Neck	Paclitaxei + Carboplatin Paclitaxei 175mg/m2 every 21 days	10000	No implant	NA	No	Secondary	iter core	Metantatic opiannoso cell head and neck cancer, salivary gland sancers, nasopharyngval carchoma	Minimum duration between 2 cycles 20 days Macmium number of cycles 6	Jea	Innerance
133	metrial oncology	CT for GA Head & Nech	Pachtonel Pachtasol Ulung/m2 every week	3000	No Implant	76.9,	Nor	Secondary	ilay cure	Metantatic opportunitie off final and neck cancer, bilivary gland cancers	Minimum duration between 2 cycles 6 days Maximum number of cycles 24	-	homore
634	medical occology	CT for CA Brail & Nock	Pacificand Pacificand 175mg/m2 every 21 days	12008	No langlant	NA	N	Secondary	day care	Metastatic squamesis cell head and neck uniter, navigitaryngeal canter, saferary glanil canters	Minimum duration between 2 cycles 20 days Maximum number of cycles &	Ţ	Instruct
us -	medical encology	CT for CA Head & Nork	Carboplatin Carboplatin AUC 2 every week	2692	Sto Implant	NA	No	Secondary	they curr	Definition therapy	Weemaan datation between Z sydes 6 days Maximum number of cycles 6	y#1.	Insurance
t3e	methical oncollegy	CT for CA Head & Neck	Goplatae Goplatte 40mg/m2 every week	3000	No laquiant	84	No	Sociendary	day care	Definitive therapy	Misimum duration between 2 cycles 6 days Maximum number of cycles 6	111	Innarance

e.N Speciality	Package Name	Procedure Name	Rate	limplant rate	Stratification DETAIL	Guvt	Level ut Care	Procedure Label	Special Condition	Rules	Day Lare	Reserved Procedure (Insurance Trast)
(17 medical unrelogy	CT for Renal Cell Cancer	Saurania Sil organice daily 4 weeks on 2 weeks off	10000	No Implant	NA	Su	Secondary	Region Procedure	Metariatic renal cell carrinoma	Minimum duration hotoorin 2 cyclin 13 days	PHI	Iniuration
CHI Intellect uncodegy	CT for Renal Gell Gancer	Cohosantimite 60 mg out a 1 month every 4 weeks	13000	Sio implant	NA	So	Secondary	Beggdar Procedure	No operal condition	Monimum duration between 2 cycles 27 days This treatment is to be continued until disease progression or unacceptable toxicity.	No	Токигатог
199 medical oncology	CT for Orener / Hindder / Drathes	Osplatin + Methotowane + Voiblaatin Methotowane 30mg/m2 07 08 Voiblaatine 4 mg/m2 01 08 Dorozahicin 30 mg/m2 02 Osplatin 100 mg/m2 02 Dorozahicin 35 mg P0 02 D9 every 23 days	66004	No Implant	NA	510	Secondary	Regular Procedure	Kennadiperant, Matasilatis neothelial sumper	Minimum datation loctween 2 cycles 20 days Maximum number of cycles 6	Ra	Interance
40 medical encodogy	CT for Ureter / Bladder / Drethra	Carboplatte + Genetitabline Genetitabline 1000 mg/m2 B1 D0 Carboplatte AUC 5-6 D1 every 23 days	10000 per cycle	No Implant	5.4	Na.	Secondary	Regular Procedure	Neoadjurant, Adjurant, Metastatic unifielial cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Instant
41 medical encodingy	CT for Uretor/ Bledder / Brethra	Copiatin + Genetitation Genetitation 1000 mg/m2 101 D0 Copiatin 75 mg/m2 D1 every 21 days	8000	No Implant	NA	No	Secondary	Regilar Procedure	Nesaljurani, Adjurani, Metartatic shothelial Gancti	Maximum duration between 2 cycles 20 days Maximum number of cycles 6	No	tosurance
12 medical anoningy	tT for Urotor / Bladder / Urothra	Caplatia + 5.FU 5.FU 1000mg/m2 D1-04 Gaplarin 75mg/m2 D1 every 4 weeks	6600	No împlant	NA	No	Secondary	regniar Procedum	Neveralizerant, Asliareant, Metaatlatic senthelial Gincer	Minimum duration between 2 cycles 27 days Maximum number of cycles 8	No	Insurance
C medical encodogy	Cf. for Trebst/ Bladder / Drothra	Coplatin + Paclitasil Paclitasel 175 mg /m2.01 Claptarin 75 mg /m2.01 every 21 days	8800	No Implant	N.A.	No	liccostary	ulay tany .	Nosallywert, Adpavant, Metantatic arathelial cateor	Monimum duration historium 7 cyclus 28 days Maximum monther of cyclus 8	ywe.	Instantio
•4 medical enceller	CT for Under/ Bladder / Dorthra	Decetased Decetased 75 mg/m2 01 every 21 days	5800	No Implant	NA	87	Secondary	day care	Metastatic wrothelial	Minimum duration between 2 cycles 28 days Maximum monther of cycles 6	T.	Desaration

e.5	Specialty	Package Name	Procedure Name	Rate	tengolanat mano	Strubilization DETAIL	Gest	Level of Gare	Procedure Label	Special Condition	Rains	Day Care	Reserved Procedure (Insurance/ Trust)
	modified successory	CT lise Orefur / Hiadder / Deathra	Genutations + Pachtnool Genutations 2500 aug/m2 fri Pachtanet 150 aug/m2 fri rwery 14 days	10000 per tyck	No implant	NA	No.	Secondary	Pergiatar Procedure	Nevaillovant, Metastatic scrittettal canver	Minessam duration fortness: 2 cycles 13 days Maximum mander of cycles 6	No	Instantice
646	molical oncology	CT for Uniter / Budder / Unitera	Generationse Generationse 10000mg /m2 D1 D6 every 21 days	6688	No Implant	NA	No	Secondary	Regular Procedure	Metaotatic scotheliat concer	Minimum duration between 2 cycles 20 days Maximum manher of cyclei B	No	Inverance
847	method sumslingy	CT for Oreint / Bladfor / Drethra	Methodromatic + Violidantin + Disconsisticin + Cogliatiu Methodromatic 30 mg/m/2 07 Violidantine 3 mg/m/2 02 Disconsisticin 30 mg/m/2 02 Compilatio 70 mg/m/2 02 every 24 days	8600	No Implant	мл	Ne	Secondary	Bugular Procedure	Nissadjovarit, Adjuvarit, Metastatic sevitheliail clancer	Maximum duration between 2 system 1.8 days Maximum number of cycles 6	No	barmer
	medical encodegy	CT for Dreter / Bladder / Unethra	Pachtxool + Carthoplatia Pachtanol 17Smg/m2 D1 Carbophatin ADC 5-6 D1 every 21 days	10000 /per cycle	No Implant	NA	No	Secundary	day saw	Neosofjuvant, Adjuvant, Metastatic arotholial canotr	Minimum distation between 2 cycles 20 days Maximum mather of cycles 6	-	Insurance
	mentical openings	CT Ast Division / Washier / Unemica	Paclitane(Paclitane) (0) reg/mJ (2) erryy work	3000	No buplant	NA	Ne	Secondary	day awa	Metastatic wonthelfail nancer	Musioner duration Setwees 2 cicles 6 days Maximum number of system 24	yra	Desurance
isii	medical incodings	CT for CA Penns	Cinplatin + Paclitovel Paclitanul 175 mg/m2 D1 Cisplatin 75 mg/m2 D1 every 21 days	10000	No Implant	NA	Sec	Secondary	day care	Nemidjuvant, Adjuvant, Metastatic people cancer	Minimum derution hetween 2 cycles 20 days Maximum nomher of cycles 6	315	Insurance
153	medical overlaps	CT for CA Funn	5.40 + Couplaine 5.40 1000ing/sol 01-04 Couplaine Tring/sol 01 entry 6 weeks	0175	So Implan	NA	10	Secondary	Hegdar Pooledare	Neroshorant, Adparant, Metastata: peoile cancer	Morrison duration between 2 cycles 27 days Mantesen number of cycles 6	74 m	Inturance
67	medical ascology	CT tur CA Punis	Capecitables Capecitables Ing/62 P0 twise daily D1 D14 every 21 days	7300	No Implant	NA	No	Secondary	day care	Metamatic Peoile Catcor	Minimum duration hermour 2 cycles 20 days Maximum mamber of cycles 6	ges.	Insurance
03	molical meetings	CT for CA Pieses		10000 /per sycle	Sie Implant	N-A	Ne	Secondary	day even	Necostianam, Adjected, Metacontic peoble cancer	Minissian discription herewarn 2 cycles 20 days Maximum manther of cyclin 6	145	brourance

- 4	Specialty	Package Natur	Procedure Name	Rate	Implantrate	Stratification DETAIL	Gost	Level of Care	Procedure Label	Special Condition	Raden	Day Care	Reserved Procedure (Insurance Trust)
854	nedani inadingy	GT for GA Pena	Paclitassi Paclitassi 80 mg/m2 01 ennyy week	3000	No implant	NA	No	Secondary	day care	Miniantatic Penile Caricer	Minimum duration between 2 cycles 6 days Maximum number of cycles 26	177	lanuranie
1553	medical occology	CT for CA Penn	Pachtanol Pachtanol 175 mg/m2.01 every 21 days	5000	No Implant	NA	Nu	Secondary	đay carij	Mistastatic Penile Cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	544	Insurance
iși,	medical oncology	CT for CA Peris	Pacificarel + Carboplatin Eachtasai 00 mg/m2 D1 Carboplatin AOC 2 D1 every week	15100	Bis Implant	NA	Bn	Ternary	day cire	Metastatic Penile Cancer	Minimum duration between 2 cycles 6 days Maximum number of cycles 24	777	Insurades
57	midzal owningy	CT for CA Printate	Docartanal Docartanal eng/10/2 D1 every 14 days	sooo pey syste	NeTesplan	NA	50	Secondary	daycaare	Mintaitatic presitate samee	Minimum daration faitween 2 cycles 13 days Maximum number of cycles 12	777	Insurance
546	medical oncology	CT Jur GA Prostate	Doortusef Doortusef 75 mg/m2 D1 every 21 days	5000	No Implant	NA	50	Secondary	day com	Metastalac prostate cancer	Maximum duration between 2 cycles 20 days Maximum number of cycles 8	yes	bourance
<u>ач.</u>	metical encology	CT for CA Prostate	Etoposnie + Carboplatm Emposide 300mg/m2 D1 - D3 Garboplatis AUC 5-6 D1 every 21 dan	7687	No Impian	NA	No	Secondary	Rogular Procedure	Metastatic produte cannet	Maximum duration between 2 cycles 20 days Maximum number of cycles 6	76p	losutance
ud-	medical on rology	CT for 6A Prostate	L3H8H Agoniat Longrulide 22.5 ng every 3 months	15000	No implant	NA	No.	Secondary	Regidar Procedure	Metastanc prostate cancer	Minimum duration between 2 cycles (P) days Maximum number of cycles (I)	860	hourance
iii.	medical encology	CT for CA Prostate	Manualians + Producialians Miccantrais 12mg/H2 every 3 works Preducions 10 mg daily	8200	No Implani	NA	NH-	Secondary	Regular Procedure	Menastatic prostate cancer	Mineman duration between 2 cycles 20 days Maximum number of cycles 12	No	hisar ance
12	medical encodings	CT for CA Printate	Paclitaxel + Cathoplatin Paclitaxel 90ing/m2 D3 Carhoplatie AUC 2 D3 every week	3000 per week	No Impiant	NA	No.	Soundary	day sare	Metastatic prestate cancer	Minimum duration between 2 cycles 6 dapt Maximum mumber of cycles 24	Şera .	Insurance
1.1	nodació encology	CT NO GA Prostate	Paclitarel + Carboylatin Paclitarel Thingrid D1 Carboylatin AUC 5-6 D1 every 21 days	10000 per cycle	No Implant	ña	34	hermitary	alasi stanis	Monautatic prostate cannot	Minimum duration between 2 cycles 20 days Masteronis musther of cycles 6	yes	linease or other

ii)	Specialty,	Package Name	Procedure Name	Rate	Implant rate	Stratilication DETAIL	Gost reserve	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Rearried Procedury (Insurance/ Trust)
864	medical secology	CT for CA Proxisio	Ducetaxel Docetaxel 20mg/m2 D1 every week	3200	No Implant	NA	No	Secondary	day sara	Metastatic prostate cancer	Minimum duration between 2 cycles 6 days Maximum number of cycles 24	785	Insurance
005	medical ancology	CT for CA Private	Abitaterone 1000 mg + Prednisolone 10mg daily Once every month	13000	No Implant	NA	Nu	Secondary	Regular Procedure	No special modition	Minimum duration heteenth 2 cycles 27 days Till disease programion/toxicity (to he reserved every 12 months]	No	louence
	methcal onusingy	GT for B - Cell NIIC - High Grade (Escept Harkitt's, & PCNSL)	Rituatinab + Cyclophasphamide + Dusserufiscis + Predminisce Rituatenab 375mg/m2 Cyclophosphamide 750 mg/m2 Doaroufacis 50mg/m2 Viscensione 1.4 mg/m2 un Day1 Printhisolone 1.00 mg Day 3 5 Tutal 6 cycles, repeat 21 days	20000/per cycle	No Replant	NA	Na	Terliary	Regular Procedure	No special condition	Minimum duration between 2 cycles 20 days Maaimum mumber of cycles 6	Ne	heseranov
567	modical oncology	CT for Relapsed II - Gell MHL - High Grady (Except Barkitt's & PCNSL)	GDF - 8 Ritusumah 372mg/m2 Day 1 Genecitabine 1000mg/m2 on day 1 and 8 Desamethosone 40 mg Bay 1 + 4 Coplatia 75mg/m2 on day 1 Cycle to be repeated every 21days Tutol - 6 cycles	15000) /per cycle	No.forplant	NA	940	Teruary	Regular Prioristhern	No special condition	Minimum duration factories 2 cycles 20 days Massimum number of cycles 6	Free	lesurance
0.0	medical membrap	CT for Relayoed B - Cell NHL - High Grade (Eacept Burkett's & PCNSL)	ICE - 0 Bitacommole 375/mg/m2 Bitafamade 1.5/bg/m2 nn day 1 - 3 Merua 1.6/ig/m2 day 1 - 3 Carbondarm AUC 5 on day 1 Etuposale 100/mg/m2 an day 1 - 3 Cycle overy 21/days for 6 cycles	15000/per rycle	No templant	NA	Ne	Terliary	Regular Prisesdam	No special condition	Minimum duration heteron 2 cycles 20 days Maximum number of cycles 6		Insurance

r.N H	Speciality	Package Name	Procedure Name	Kate	leoplant rate	Stratification DETAIL	Gove	Level of Care	Procedure	Special Condition	Rotes	Day Care	Reserved Procedure (heserance/ Trust)
969	nætical oncology	CT for PMBCL/ Barkers Lymphona / Seropositive B - Cell/MHLB	Engenide + Predminion + Viecratine + Cyclophosphamide + Datorubicle Binuemak 375erg/m2 Day 1 Ehspeside 50mg/m2 Doorenduste 10mg/m2 Doorenduste 10mg/m2 Doorenduste 100 mg day 1- 5 Every 21 days Daw elipstment sach cycle depending en nathr counts Total- 6 cycles	11700	Nis Implane	NA	No	Testary	Regular Procedure	No special condition	Minimum duration between 2 system 20 days Maximum member of cycles 6	2	Deservative
870		CT for Line Grade II - Cell	Lenahdomide + Ritaximah Ritoximah 325mg/m2 Day I Lenihdomide 25 mg D1-20, for 6 cycles	27500	No Implant	NA	No	Tertiary	day care	No special condition	Maximum number of reptas - 0	3++	Insurance
ITAL	medical encology	ET for Low Grade NIEL	Rimminali + Cycleptiosphamide + Viscrititine + Predisiolione Ritusimab 375 mg/w2 Cycleptiosphamide ESting/m2 Vimitation 1.4mg/m2 Day 1 Predisioner 340 mg Ovy 1 -5 Ropeat every 21days. Total 6 cycles	and the second second	Pio Implant	ĸA	No	Terliary	day care	No special cumlition	Minimum duration Software 2 cycles 20 days Maximum nomber of cycles 6	315	lamenta
872	modical introducy	Lymphocytic Lexitentia	Photheratorie + Cyclophosphamide Floritantorie 25mg/m2 D1- 3 Cyclophosphamide 250 mg/m2 D1-3 sivery 28 days for 6 cyclos	18090	No implant	NA	No	Tertiary	Bigsdar Pricedure	No special condition	Minimum duration between 2 cycles 27 days Maximum bandler of sycles 6	Piat	Insurance

sr.N 0	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gost	Level of Care	Procedure	Special Condition	Rafes	Day Care	Beservest Procedure (Invariante Trust)
ets	nedical an cology	t.T.for Chronic Lymphorytic Louitentia	Rimamah + Chinrambuci Rimamah 375mg/m2 Day 1 Chinramhucil T0 mg/m2 D1 7 Ropeat every 28 days for 12 cycles		No Impiant	NA	Na	Tertiary	day sare	No special condition	Minimum discussion Instrumts 2 cycles 27 days Maximum number of cycles 12	Toka	Innurance
874	medical oncology	Leokenna	Ritaximab + Pladarabine + Cyclophisphamide Ritaximab 375ing/w2 os iday 1 Fladarabine 25ing/w2 173 - 3 Cyclophosphamide 25it wg/m2 D1 - 3 Enery 28 days for 6 cycles	18000	No Implant	NA	Ne	Tettlary	Repular Procedure	No special condition	Minimum duration between 2 cycles 27 days Maximum number of cycles 6	Ne	Insurance
175	mistical oncollegy	CT for Chrome Lymphocytic Leukemia	Levalidemide implificantle-10-25 mg/day day 1 to 21 every 29 days	41100	No implant	NA	Pie.	Secondary	Regular Procedure	Ris openial condition	Manusaan daration between 2 cycles 27 days Maximum number of cycles 13	Na	innerance
176 -	mettical unnology	CT for Peripheral T+Cell Lymphoma	CHOP Cyclopboxphamide 750mg/m2 D1 Viornatioe 1.4mg/m2 D1 Adriamycia 50 mg/m2 D1 Predmiosiane 100 mg D1-5 Every 23 days. Tutal 6 cyclini	4000	Nes Implant	NA.	No	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cycles 20 days Maximum number of sydes 6	No	Instruct
1173	medical ancoings	CT for Peripheral CT + Cell Lymphoma	SM0.8 Metholowsalw 2gm/m2 01 Biolamide 1500mg/m2 02-4 Etoposide 100mg/m2 02-4 Larparginase 60600/m2 D0.10.12.14.16.10.20 Decamethanoue 60mg 01-4 every 20 days	19308	Per Implant	84	240	Tertary	Regular Procedure	Receptered condition	Masimum dat atom between 2 cycles 27 days Monomen mandler of cycles 6	No	himmance

SrcN D	Specialty	Package None	Procedure Name	Rate	Inspilant rute	Stratification (HETAIL	Gavt	Level of Care	Procedure	Special Condition	Bules 7	Day Care	Reserved Precedure (Insurance/ Trunt)
187M	nunlical ontohogy	CT for NK - T Gel Lympions	LVP L-asparginase 600001/m2 D1-5 Viecratine 1.4ssg/m2 D1 Produktione 100mg D1-5 Report every 23 days	7950	No implant	SA.	Na	Secondary	Repular Procedure	Ne special condition	Moomuni duration between 2 cycles 20 days Moolinum number of cycles 8	the	Insurance
879	medical nonlings	CT for Hudgles's Lymptoma	A020 Adriamyrin 25mg/m2 Heamyrin 10un0/m2 Vioblastine 6mg/m2 Datarbasise 375 mg/m2 Datarbasise 375 mg/m2 Datarbasise 375 mg/m2	10000	No Implant	NA	No	Secondary	Begalar Procedure	No special isominium	Minimum duration Interview 2 cycles 27 days Maximum manifer of cycles 6	Nen	Insoratee
8440	medical oncology	CT for Hadgian's Lymphema	AEVD Adriamyrin 25mg/m2 Vinblastine 6mg/m2 Davrtaame 375 mg/m2 Day 1.15 Etopside 65mg/m2 Day 1- 3, 15-17 Every 28 days for 6-cycles	10000	No Inglast	NA	No	Secondary	Regular Procedure	Na special condition	Minimum duration between 2 cycles 27 days Maximum number of cycles 6	Ла	Insurance
	medical encodingy	CT for Relayed Hodgkon Lymphonsa	ICE Bostamide 1.5 mg/m2 D1-3 Carboplatis AUCS D3 Eleptoide AUling/m2 D1-3 Every 3 weeks	15000	No implant	NA.	340	Tertiany	Wegidar Procedure	No special condition	Monimum duration Introven 2 cycles 26 days Maximum number of cycles 6	3kg	Insurance
8462	medical oncollegy	CT for Relayed Hedgkin Lymphonia	PTCL - GDP Germitabine 1000brog/m2 D1 and D0 Decarrethassise 40brog D1-4 Chiplatis 75mg/m2 201 or Carrheiplatin ADC-5 Every 3 weeks	12500	No implant	NA	No	Secondary	Hegalar Pracedure	No special conditions	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Disaranee
943	nutical secology .	CT Int MM / Amyfaideain / POEMIS	Lanualstomatic # Decamerihansone Lanualstomatic 25 mg darly Days 1-21 Decamerihansone 40 mg Day L. B. 15, 22 Every 28d ares	5000	No implant	NA	No	Secondary	Regular Procedure	Ne special condition (Minumouth duration between 2 cyclics 27 days Maximum murther of cycles 12	784	hearince

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Sr.N	Specialty	Package Name	Frozedure Name	Rate	Implant rate	Strabilication DETAIL	Gove	Level of Care	Procedure Label	Special Condition	Kuin	Day Care	Reserved Procedure (Insurance/ Trust)
104	method unosingy	CT for MM / Anyloidools / POEHS	Primalidomide + Desamethasione Primalidomiale 4 mg daily Day 1-21 Desamethasione 40mg Day 1, 8, 15, 22 Every 28 days	7008	No Implant	NA	*	Secondary	Regular Procedure	Te special condition	Morimum duration between 2 cycles 27 days Maximum number of cycles 12	No	Incurance
84.75	medical munilogy	CT for MM / AmySenduse	Cyclophonghamide + Thaliatonide + Dexamethatome Cyclophonghamide 10thing D1-D14 Thaliatoniate 100-200 mg daily Oay 1-28 Dexamethatone 40mg Elay 1, 8, 15, 22 Every 28 days	4000	Nii Inglam	NA	No	Secondary	Regular Precodere	Ne special condition	Minimum duration between 2 cycles 27 days Miscanum sumber of cycler 22	Na	Insurance
83e	medical encodegy	CT fue MM / Amytoideaia	Metphalan + Thalidomide + Prodhisolone Metphalan fing/m2 D1-D4 Thalidomide 100mg D1-28 Predmissioner 100mg Day1- 4 Every 28days	*000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Minimum duration betwarn 2 cycles 27 days Maximum number of cycles 12	No	Insurance
847	mattical uncodingy	CT for MM / Amylinideas	Bartannuith + Cyrlupbosphanidu + Desamethanore Cyrlopbosphanide - 300 mg/m2 day 1. 8. 15. 22 Desamethanose 40mg Day 1. 8. 15. 22 Borteromith 7.3 mg/m2 Day 1. 8. 15. 22 Every 29 days	14600	No Implant	NA	N+	Secondary	Regidar Precisions	'No special condition	Minimum duration hetween 2 cycles 27 days Maximum number of cycles 12	Ne	Innatiance
648W	medical unrodogy	CT fue MM / Anytoducia	Bortezumik + Decamethausee Bortezumik 1.3 mg/m2 Bey 1, 8, 15, 22 Decamethause 40mg Day 1, 8, 15, 22 Every 28 day	10000/ cycle	No implant	NA	Na	Secondary	Regular Procedury	Too special condition	Minimum duration between 2 cyclen 27 days Maximum number of cyclen 12 Maxim Maximum Maxim Maximum Maximum Maximum Maximum Maximum Maximum Maximum Maxi	No	lesurance

v.h u	Speculty	Package Name	Procedure Same	Rate	Implant rule	Strattication DETAIL	Geet	Level of Care	Procedure	Special Condition.	Ration	Day Care	Reserved Procedure (Insurance/ Trust)
22414	methcal secondary	CT for MM / Amytoidusis	Bertenmik + Melphalan + Prodesalare Melphalan 9mg/m2 D1-D4 Predesature 186mg Day 1- 4 Bartenmik 1.3 mg/m2 Day 1.6, 15, 22 Every 28 days	1 1000 per cycle	No Implant	NA	No	Socondary	Regular Procedure	No special condition	Maximum duration botwens 2 cycles 27 days Maximum number of cycles 12	Net	Insurance
890	modual oniningy	CT for MM / Amylnidosis	Hortenamih + Lenalidomide + Dexamethanone Lenalidouide 25 mg daily Deramethanone 40mg Day 1, 8, 15, 22 Bortaxomib 1,3 mg/m2 Day 1, 8, 11, 22 Every 26 days		Ne Implant	NA	No	Termary	Bagular Pricedure	No special condition	Minimum daration between 2 cycles 27 days Maximum number of cycles 12	Ne	Mauranen
P29.3	modical oncology	CT for MM / Amylandocia	Burtensmith + Thathdonode + Desamethaanse Thathdonode 100 mg dady Day 1 - 20 Desamethanose 40 mg Day 3, 0, 15, 22 Bortensmite 1,3 mg/m2 Day 1, 9, 15, 22 Every 28 days	15040	Siu Ingdane	NA	Na	Secondary	Brgular Procedure	No special condition	Manmuni darathon betwenn 2 cycles 27 days Manmun humber at cycles 32	The .	Dengramew
8472	medical ancology	CT for Aratte Lymphoblactic Leukentia	Berlin-Frankfurt-Muniter 90, Derlin-Frankfurt- Muniter-95, Berlin- Frankfurt-Manuter-2000 Hyper (cyclophosphanide, Viscrotine, Adriamytin, Doxamothasion e UCALL (linited kingdom acute lysiphololastic Indocentia) GMALL (Gorman maltianticr acute Igripholilastic leukentia) Induction phase	10000	No Implant	NA	Na	Tettiaty	Regular Procedure	No special condition	No	The	Insurance
		-				Page 127 of 200		(9)	~	h	a web a	262	4

Ity Package Norm	Pricedure Name	Rate	Implant rate	Stratification DETAIL	Gost TELECOR	Level of Care	Procedury Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance, Trust)
nlegy CT for Lympholitanis Lymphoma	95 Rietlin: Frankfurt: Hummer- 2000 Hyper EVAD (cyclophenphamide, Vuorristine: Adriamycis: Decamethasen e UKALL (United Ainghem acute lymphabilatis; leokaeenis) GMALL (German mahiosetter acute lymphabilastic leokemia)	1000	No frequient	54	Per	Tertiary	Begular Pyurodiare	Ne special condition		2	Inorator
ningy CT file Armin Promyelocytic Leuternia (High Risk)	Arsenic trioxids ATRA Dismonycin or Idaration Cytarabine - multiagent - vary on protocol	10000	No Implant	NA	2	Secondary	Regular Procedure	Ne special combine	Nu	No.	Imaganet
alegg GT for Low Grade Gioma	Vincritelise + Carlinglatin Vincritelise 1. Sing/in.2 (day 1. 8 and 15 his first 4 cycles and then only day 1 fram cycle 5 St (17) Carlinplatin 350mg/m2 very 3 semis (all cycles)	3850	No tinglam.	жл	7414	Secondary	Megnitar Procedure	Low Grade Chema	Ministeen duration fortoorn 2 system 20 days Maximum number of system 16	No	Iniuranus
nluge CT for Low Grade Choma	Vieblaatin Vieblaatine 6 mg/in2 every week	3000	Ke Implant	NA	Nic	Secondary	Air sare	Low Grade Closma	Minimum duration between 2 cycles 29 days Maximum number of cycles 32	yes	Insurance
ology CT for Medialiditation / Brain PICT	NA PACKER	4900	No troplant.	NA	200	Secondary	Regular Procedure	Minžollofilactoma	Massimum number of cyclici - II	Pau	losateore
ningy CT for Neuroidamina	Cohemplatis + Etopenide + Cyclinplenophanide + Disconsibiliti Carlinpliatis 600mg/m2 Ecohemplatis 600mg/m2 (Arys 1-5) Cyclophonghamide Disconsibiliti	8589	Se Ingilant	NA	544	Secondary	legilir Psoduv	Neurohlastoma	Masimum number of agoles - B	No	Inserance
	ningy Lyncphoma Lyncphoma ningy CT for Aceta Promyelocytic Leukernia (High Rick) CT for Low Grade Gioena mingy CT for Low Grade Gioena ningy CT for Low Grade Gioena	Note:Section - Franktort - Manuter- Section - Manuter- Section - Manuter- Section - Manuter- Section - Manuter- Section - Manuter- Section - Manuter- Section - Manuter- Section - Manuter- Section - Manuter- Manuter- Section - Manuter- Manuter- Section - Manuter- Manuter- Section - Manuter- Manuter- Section - Manuter- <	ninggyCT for Low problem (completibilities)10000minggyCT for Areas (completibilities) (completibilities) (commuticompletibilities) <b< td=""><td>ningrCT for Large bold (CT for Large td><td>niegyCT for Results Translation - Manatore (S Herms Translation - Manatore (S Herms Translation - Manatore (S Herms Translation - Manatore (S Herms Translation - Manatore (S Herms Translation - Manatore (S Herms Translation - Manatore (S Herms Translation - Manatore (Manatore - Manatore - Manatore - Manatore (Manatore - Manatore - 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ich i	Specialty	Package Name	Procedure Name	Kate	Implant rate	Stratification DETAIL	Govt	Level of Care	Procedure	Special Confilmen	Rules	Day Care	Reserved Procedure (Insurance/ Trust)	
0996		CE fur Nestrahlastants	13-cm retriese acid tentreg/m2 per day for 2 service Each cycle given 4 workly	2000	Nor Imgelann	NA	No.	Secondary	Begolar Procedure	Neuroblactuma	Movimum duration between 2 cycles 27 days Maximum mather of cycles 6	Net	Thisrance	
9400		CT for Retinoidamma	Vincenture + Cathoplatin + Etropositie Carboplatin 600mg/m2 day 1 Etroposide 150mg/m2 days 1-3 Vincentine/15mg/m2 day 1		No logiast	NA	No.	Secondary	Regular Procedure	Ketpioblamma	Minimum duration between 2 cycles 20 days Maximum number of cycles 12	Pist	Invatance	
984		CT fait Rhalahonymare oma	Vincentine + Cyclophesphanisle + Disclinianes E5mg/m2 (day 1,8 and 15) Cyclophesphanise 1260 - 2200 mg/m2 (day 1) Dischanonychi 1.5mg / m2 (day 1) Dischanychi 2.5mg / m2	\$700	Ne Implant	SA.	Ne	Secondary	Regular Procedure	Rhahdomyusarrums	Minimum duration Derween 2 cycles 20 days Maximum number of cycles 12	360	Insurance	
902			Vincenistine + thinfamide + Emposide Vincensition 1.5mg/m2 (days 1, 8 and 15) therfamide 1.8gm/m2 (days 1-5) Emposide 100mg/m2 (days 1-5) Each sycle every 2 works	and the second second	No legiur	NA	Ner	Tertiary	Regular Procedure	Rhabdomyunaruma	Monomian diaration between 2 cycles 20 days Maximum number of cycles 12	he	Incurance	
	medical antidiagy	CT he Relaps Rhabdowyoart uma		15000 per cude	Notemplant	NA	×	Sertary (Brepslar Procedury	Relaguest Ritabeloorgematesation	Minimum duration latureen 2 sydes 20 days Maximum number of sydes 12	No	Imerante	k Gy
		Sho			-	nge alte e me		5	/	Ki'	n ner A.	A	24	Cy

Sr.N	Specially	Package Name	Procedure Name	Rate	Implant vata	Stratification DITAIL	Gert reserve	Level of Care	Procedure Label	Special Condition	Ruirs	Day Care	Reserved Procedure (Innarance/ Trant)
914	medical socology	CT for Wilms Tumor	Vaccruins + Actionaycin D Vaccruins 1.5 mg/m2 waskly for 1.2 weeks and then 3 weekly Actioomycin 0.45 microgram / kg.3 weekly for 24 weeks	2500	No Implant	NA	740	Secondary	Regular Procedure	No special condition	Maximum number of cycle as per suggested providere defination cost is fur per cycle	No	Insurance.
905	undical orientagy	CT for Wilms Tumor	Vincrisins + Actionspects D + Disorration Vincritation 1.5 mg/m2 weekly for 12 weeks and then 3 weekly Actinomycis D 45 microgram/kg 3 weekly Descendicie 60mg/m3 for 24 weeks	4950/week	Net Implant	NA	Яю	Secondary	Regular Procedure	No special condition	Maximum number of cycle as per suggested presculare defination unit is for per cycle	Ne	Insurance
906	niedizał onesilogy	CT for Witnes Tumor	Cyclophinighamide + Disserubicie + Ebigooside + Vincristine + Dactionoycle Vincristine + Dactionoycle Vincristine 1.5 mg/m2 Dactinomycin 45 microgram/kg Adriamycic 60aug/m2 Cyclophinighamide Etoposide Wisekly chemotherapy - warying hyfirid regimen	10000	No Implant	NA	No	Secondary	Regular Procedure	No special condition.	Maximum number of cycle as per suggestual procedure defination cost is for per cycle	Ne	Insurance
NOT.	mutical intrology	CT for Pediatric Reparticleatorna	Cogénin	5600	No Implant	NA	80).	Secondary	Regular Procedure	No special condition	Masimum muther of cycles-n	No	buurance
ion.	medical openings	CT for CA Lung	Dorotanel Dorotanel 75 mg/m2 D1 every 21 days	5000 per cycle	Sie Implant	NA	No / .	Secondary	Dap Care	Metatatic com amalí coll long cancer - second line	Minimum duration between 2 system 20 days Maximum number of rycles 4	jora.	Innariance
109	utedical on otago	CT for CA Long	Erlotmik Briotmik 150 mg once daily	4500	See buglant	NA	No.:	Secondary	Regular Procedure	Merastata nos amili adl long custor	Munimum duration between 2 cycles 2% days	Re	fermior la testite
110	medical oncology	Ct for CA Lung	Gellmith Gellminth 250 mg once daily	2500	No Implant	NA	No	Secondary	Regular Procedure	Metastatic non-small cell long cancer	Minimum duration between 2 cycles, 29 days	No	linurance
n	medical conservings	CT for GA Long	Parlitanti + Carboplattu Parlitanti 175mg/m7.01 Carboplatu AUC S-6.01 overy 21 days	10000 per cycle	No implant	NA	No	Secondary	they care	Metaoratis Nen Imali cell long concor - first line	Minimum duration between 2 cycles 20 days Maximum minimer of cyclin 6	-	Insutance

e.N	Specialty	Package Name	Procedure Name	Rate	loopdaast rate	Stratilication DETAIL	Govt	Level of Care	Procedure Label	Special Condition	Itules	Day Care	Reserved Procedure (Insufance/ Trust)
912 -	medical oncodingy	CT for CA Long	Penastreved + Carboplatin Penastreved 500mg/m2 D1 Carboplatin AUC 3-6 D1 every 21 days	10000	No Implant	NA	50	Secondary	Regular Pracodure	Metaitatic non small sell lung (adenocarcinumà) cancre	Minimum duration between 2 cycles 20 days Maximum number of cyclin 6	No	Inisiania
913	medical sumilary	CT for CA Long	Topotecan Topotecan 1.5 mg/m2 D1- D5 overy 21 days	15000	No Implant	NA	30	Secondary	Hegular Procedure	Metaetatic small cell listig concer - revenued liner	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Instrator
914	medical on mingr	CT for CA Long	Doetavel Doetavel 20 mg/m2 D1 every week	1200	No langlant	NA	No	Secondary	day izere	Metaonatic New Small Cell Lung Cancer - In patients unfit for assertimation therapy	Minimum duration between 2 cycles 6 days Maximum number of cycles 12	pers.	losurance
y) The	modicai oncology	CT for CALong	Europside + Carboplatin Europside 100mg/m2.01 - 03 Carboplatin AUC 5-6.01 every 21 days	6000	No Implant	NA	No.	Socuridaey	Hegular Prisaidare	Neoadjavant. concurrent with radiation and metarcaic small cell long cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	No	Попиланся
916	neðrat oncology	CT for CA Long	Euspeside + Copfarin Euspeside 100mg/m2 01 - 01 Copfarin 75-100 mg/m2 01 every 21 days	5000	Nu teoplant	NA	No	Secondary	Regular Procedum	Nenadjurrant, concurrent with radiation and metastan small will brig cancer	Musimum duration between 2 cycles 20 days Masumon number of cycles 8	No	Interator
917	method meebogy	CT for CA Long	Generitabine Generitabine 1000mg/m2 D1 D8 every 21 slove	5000/per cycle	Ne împteur	NA	uo.	Secondary	Regular Presedute	Metastatic non small cell lung cancer	Minimum duration between 2 cycles 20 days Maximum number of cycles 8	Na	Desarantin
ain :	medical uncollegy	CT for CAlang	Gemeinabune + Carboptatin Gemeinabune 1000 mg/m2 D1 D0 Carboptatin AUC 5-6 D1 mmry 21 days	10000	No Implant	NA	No	Secondary	Regular Procedure	Nenadhwant and Metastanc Non Small Gell Long canore	Minimum duration between 2 system 20 days Maximum number of cycles 8	540	Insurance
ata 2	medical onrology	CT for GR Long	Gemeitahine + Coplatin Gemeitahine 1000 mg/m2 DI D0 Geplatin 75 mg/m2 DI O0 every 21 days	10000 per cycle	No Ireplan	N.A	Su	Secondary	Regula r Procedure	Nonadjuvant and Metacratic Non Tonal Gell Long cancer	Microsoft duration Instruction 2 cycles 20 days Maximum number of cycles 8	Me	tosarance
020	medical sacology	CT for CA Long	Paclinanal Paclinanal R/leng/m2 every serveli	2000	No Implant	NA	310	Secondary	day cate	Metastatic Non-Socal Coll Long Cancer - in patients solit for combination therapy	Monument duration between 2 cycles 6 days Maximum number of cycles 12	yve :	interation of the second second second second second second second second second second second second second se
		any.			1.1	Pre: 111-0-200			Cry	Deal	kinges 2	1 th	n d

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St-N U	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt. reserve	Level of Care	Procedure Label	Special Condition	Raire	Day Carr	Reserved Procedure (Dosurance/ Trust)
121	tuodatal ourshopy	CT for CA Long	Pachtaard Pachtaard 875mg/m2 every 21 days	5000 per xycle	No Implant	NA	Ne	Secondary	дау сант	Metastatu: Noo Small Gell Lung Caircer - In patiente certit for condrination therapy	Minimum duration between 7 cycles 20 days Maximum number of synthe 6	gres	Investment
972	medical oscology	CT for CA Lung	Pacitizatel + Gathroplater Pacitizatel Stong/m2 D1 Gathroplatin AUC 2 D1 every week	3000 / week	No implant.	NA	Ser	Secondary	day care	Concurrent domoradiation in Non Sestil Cell lung cancer	Miximum duration between 2 cycles 6 days Maximum number of cycles 12	300	Innessor
923	modical minutingy	CT for CA Lung	Parinasel + Coplane Parinasel 175 mg/m2 D1 Coplane 75 mg/m2 D1 every 21 days	8000/per Orde	No brytaat	NA	Mat	Secondary	day care	Nosadjuvant, Adjuvant and Metastatic Non Small Coll Lang Cancer	Minimum duration between 2 sycles 20 days Maxeum multiple of sycles 6	jez.	humanog
924	medical opcology	CT for CA Long	Permetrocond + Constains Permetrocond 500img/m2 D1 Constant 75 mg/m2 D1 every 23 days	7000	No Inglant	NA	Nie	Secondary	day cam	Nenadjurvent, Adjurvent and Metastatic Non Small Cell Lung cancer (admocarcinoma and adenerspuanous carcinoma)	Minimum duration hotenex 2 cycles 20 days Maximum number of cycles 6	798	hourance
125	medical oncology	CT for CA Long	Permetrowed Permetrowed 500mg/m2 D1 every 21 days	5000 per cycle	No lingtant	NA	740	Secondary	olay cato	Menastatic non-small celling cancie (adenocarcinoma) as maintenance after Carbopiatin + Perastiened and Cligitatus + Perastrenot # -6 cycles	Maximum durations between 2 cycles 20 days Maximum number of cyclict 16	277	Securate a
126	modical oncology	CT for CA Long	Vininelhine + Carboplatin Vinorelhue 25mg/m2 01 08 CarboplatinAUC 5-6 01 every 21 days	10000	No Inglant	NA	ħη	Secondary	Rogidar Protedare	Nesadjuvent and Metastatic Nite Small Cell Lung cancer	Minimum duration between 2 cycles 20 stays Maximum number of cycles 4	No	Insurance
125	medical ourology		Vinuseffung + Copletin Vinuseffung 200g/m2 01 D8 Copletin 75mg/m2 01 every 21 days	10000	We Implant	NA	Ne	Secondary	Hegalar Prominer	Newadjurcant and Metastatic Non-Small Cell Dang Lancer	Monimum duration between 3 cyclus 20 staps Mastroom munder of cycles 4	Ne	Janut san re
129	medical anadagy	CT for CA Gervia	Carboplatin Carboplatin AUC 2 every week	2000	Not Implant	NA	Nor.	Secondary	Day Care	Definitive therapy	Minimum duration between 2 cycles 7 days Maximum muniber of cycles - 7	xes	Mourance

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br.N	Specialty	Package Name	Procedure Name	Ilate	Implant rate	Stratification DETAIL	Gent reserve	Level of Care	Procedure Label	Special Condition	Raden	Day Care	Reserved Procedure (insurance/ Trust)
425	modzał oscology	CT for primary CNS lymphons	De Angelia/Methotrexate	34000	No Implant	NA	80	Tertiary	Sogular Procedure	No special condition	Total duration is 21 service including RT. Requires approximately 7 epinodes of inputiant admission for high-door MTX and cytarabre. The indicated and is for total 21 weeks of treatment, including supportive care.	No	Insurance
9.30	medical coordingy	GCT Testie	SA Carboptana AbC 7 onco every 3 weeks	5000	No Implaint	NA	No	Secondary	day care	No special condition	Maximum duration between 2 cycles 20 days Maximum number of cycles 4	379	Insurance
934	medical cacallegy	CT for GCT of burns	Demonstraß Demonstraß 120 mg s/s 01, 8, 15 then mery 29 days	12000 per dose. Max è dose	No Implant	NA	No	Tertlary	Regular Procedure	No special condition	For up to total 6 dises, of decommab. Price is per done cost.	50	Insurance
032	medical insortingy	GEP NET logh grade Neuroendocrose carchioma	Carboplatin ADC 5 + Dopuside 100mg/m2 D1+ D3 every 21 days	10000 per cycle	No Insplant	NA	No	Secondary	Regular Procedure	No spectal condition	Tatal up to 6 cycles.	Na	hanar reas
m	modical oncology	CT for Octospenie Szeroma	High dese Methotrenate Oxtoogenic Sarcana Methotrexate 8-12 gram/m2 Weekly Mattman 12 systes	15000 per cycle	teu implant	NA	Na	Ternary	Regular PKK	No special condition	No	ħe	besurante
934	method oncology	CT for Low grade NHL/ Chronic Lamphocytic Lambernia	Odorambacil Odorambacil Probusdose Repest overy 26 days for 12 cycles - day tare	3000	No tuplate	NA	Sho	Secondary	Regular PKS	No special condition	No	Ne	Insurance
903	medical oncology	CT hu Esophageal / Stomach Canoer- GAPOX-Cycle	CT for fixophageal / Stomash Carcut-CAPOX- Cycle	10000	No Implant	NCA .	No	Secondary	Regular PKG	No special condition	Nie	The	hauraver
936	methcal oncodogy	CT for Ecophageal Garcer-Pacifiasel - Carboplatis for definitive Nos- miniatorie (Web/ITT)-Optie	CT for Emphageal Cancer- Pacitizant + Carboptatin for definition Non - metastatic (Wath BT)-Cycle	10009	No Implant	NJA.	Sn	Secondary	Begalar PNG	No special conditions	Blue	Ne	hauppen
	×					Augu Litter at the			2	And	Kunhoh -	G	6

e.N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govs	Level at Care	Procedure Label	Special Constituon	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
937	method oncology	CT for Relapsed Hogkins / Ron Hogkins lymphoma	ICI Bastamide 3.64g/m2 nm day 1 = 3 Mema 1.66g/m2 day 1 = 3 Carboptatic AUC 5 nm day 1 Disposide 100mg/m2 nm day 1 = 3 Cycle every 21days har 6 rycles	20000	No Implant	на.	Ne	Secondary	Regular PKG	No special condition	36er	No	hourance
9(318	medical oncology	CT for Paedistric Hodgkons Lymphona Relapse	fforsfamilde, carboplatin, etopinide (Maximum 4 cycles)	10000/ cycle	No Implant	ма	No.	Secondary	Hegular PKG	No special condition	Na	54µ	baumptor
434	medical annings	CT for Parelianse Hodgkins Lympitoma Relapse	ICEV: Hastemate, Generations, Exposited Differ advage regiment can be allowed like DBAP, ESHAP, GVD in the same mate of possible	20000	Ko Inglast	na.	No	Secondary	Regular PKG	No special condition	15m	310	Annuar only the
y a IY	medical oscology	CT for Pandiatrie Non Bodghno Lymphome	FAB 1.MB 89/96 Maintenanie	65000	No Suplant	NA	Nα	Tertiary.	Regular PKG	No opecial condition	No	Na	huuratee
941.	medical incollegy	CT for Cervical /Vultur Cercor	Cognamn/ Carboglatin Captarin 40 mg/m3 every werk maximum 6 cycles	2506	No bogilant	76.5	30	Security	Regular PKG	No special condition	No	Nu	Innrane
942	medical encodegy	CT for Colorectal Cohort- Fulfirings-Cycle	CT for Colorectal Concer- Fulfirinos-Cycle	15100	No Implant	NA	No	Secondary	Registar PKG	No special condition	No	No	Insurance
14.5	medical incollegy	CT for Emphagest / Stomach Cancur- Fullios-Cycla	CT for Exophagest / Stomach Carrier Follow Cycle	11100	No Implant	NA	No	Secondary	Regular PRG	We special condition	No	No	Тихигание
164	medical oncology	CT for Ewing Sarcoma-EFT 2001	CT for Ewing Sarooma-EPT 2001	9700	No implant	na	No	Secondary	Regular PKG	No special condition	No	ħö	Internation
ME.	medical modelage	CT Induction for Psochatric Non Hodgking Lemphonia	FAB LMB 09/96 proteof [2 cyclin] Each cycle (haration- 4 works		Notriglast	na	80	Tertiary	Regular PKL	The special condition	Na.	70	Insurance

e.N	Speciality	Pacitage Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt	e Level of Care	Processors Label	Special Condition	Hules	Day Care	(Insurance/ Trust)	-
40	medical oncology	CONSOLIDATIO N XN CYCLES- High Biok Consolidation	APMG HIGH RESE - CONSIDEDATION XII CYCLES-Migh Risk Committeeting	32000	No Implant	SA.	No	Tertlacy	Regular PKG	No special condition	Ne	No	linurance	
iii.	medical encology	CT for Gentational Tropholidaetic Nexplasta-EML - CP-Cycle	CT he Gestational Trophoblastic Neoplasia EMA - EP-Cycle	12200	No Implant	NA.	Sir	Secondary	Begular FRG	. No special condition	No	No	finanance	
148	medical anisology		CT for MM / Amyfoldosis- VMP-Duration + Cycle	12600	No Implant	NA	31=	Secondary	Regular PRG	No special condition	No	50	Insurance	P
100	medical incidingy	CT for PMBCL/ Backur's Lymphona /	CT for PMBCL / Burkett's Lymphons / Seroposities 8 - Gell NHLR-EPOCH-Cyclic	31700	Ma Taupian	NA.	No	Termary	Bagidar PKG	i No special condition	No	No	laurance	1
150		CT for NHL	Cyclophosphamide + Vincriation + Prodotaulane Cyclophosphamide 750mg/m2 Vincriation LAmg/in2 Day 1 Predmininiose 100 mg Day 1 - 5 Repeat overy 21days. Total 6 cycles		No Implant	NA	2	Secondary	Regular PKG	- No special condition	Na	Na	Insurance	- Bill
est.	minimal snowingy	(LMB 89-96) INDUCTION- COPADIAM (B WEEKS, 7 CYCLES)-LME BY	PEDIATIOC NON HODGKINS EXMPHOMA (LNB IFF-66) INDUCTION- COPADAM (R WEEKS, 2 CITCLES)-LMII IPF-96- Imduction - CDPADAM- Ducation - Cpcks	11160	No Impian	NA.	24	Testary	Regular Phil	. Nu special condition	Pias	Sia	Insurance	
						Page 101 of 200			(4)	be	e kining	2ª	À	4 9

Sr.N	Specialty	Passage Name	Procedure Name	Hate	Implant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Innorance/ Trutt)
952	medical unitalogy	PEDIATRIC NON HODGKINS LYMPHOMA (MCP-042) 8 cycles-MCP - 842 Cycle	PEDIATRIC NON RODGRINS LYMPHOMA (MCP-042) II cycles MCP - 042-Cycle	13200	No. Insplant	NA	Net	Secondary	Regular PIG	Ne special condition	No	No	Universities
ne's	mentical occordings	CT for relique Neuroblastoma	Toporecan + Cochephenghamide	6000	No Implant	NA	260	Secondary.	Regular PRG	Na special condition	No	194	Insurance
454	medical encodegy , Surgical Oecology , Palinimology, Pediatric Oncology, Paeliatric Medical Management	Palliative care stanagement of Breachlesioners in advanced concers and chronic respiransity diseases- endoscopic/Surg sal/Radiological, Radiotherpay interventions		40000	Ne împlant	NA	No	Ternary	Regular Procedury	No special conditions	N	Ne	Incurance
	medical uncology Surgial assessings, Radiation Orcelogy, Interventional radiology, Podiarco Oscology	Malignant Arcites dramage with catheter insertion in adsarced cancer patients	Management of malignasis Ascess, Tapping & conservative management	ICII (with Ventilator)- 7580 ICII (without Ventilator)- 87981 Roorme Ward- 1000	No Implant	- H3J (with Ventilator) 7500 83J (without Ventilator)-4700 Noutine Wani-1000	7m	Secondary	Begadar Procedure	No special roadbian	Nie	Nor	konuranse
	medical oncology. Pediatric Oscology	CT for Germ Cell Tumor	Generitabine + OxaBplatin Generitabine 1000mg/m2 D1 DH Oxabplatin 130mg/m2 D1 every 21 days	0000 per cycle	Nie lengelase	nA.	No	Secondary	day care	Germ cell tumour second has therapy	Minimum duration between 2 cycles 20 days Maximum number of cycles 6	yes	Insurance
137	modical orientings. Pediatric Oscology	CT Aic Germ Cell Tumor	Gemettabine + Paclitaard Gemettabine 1000mg/m2 D1 D6 015 Pactrassel 100 mg/m2 D1 D0 D15 every 20 days	12000 per	No Implant	NA	No	Secondary	Regular Procedute	Gerini cell famour second has therapy	Maximum duration between 2 cycles 27 days Maximum number of rycles 4	No	Invariance
158	medical oncology, Pediatric Oncology	CT for Langerham Cell Illistacytusis	Langerhans Cell Histocytosis (Histocytosis Protocal - Malmenanos)	18800	No Implant	NA	Net	Secundary	Repéar Procedure	Hattocytonia Protocol - Maintenance	Mininum duration between 2 cycle 85 days Maximum number of cycle 5	Sa	Insurance

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ar.N	Speciality.	Parkage Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt	Level of Gire	Procedure Label	Special Condition	Bales	Day Care	Reserved Procedure (Insurance/ Trust]
159	medical onrology. Pardiatric Modical Management	SEVERE ANOMA IN CONLOCEN- (Govt Reserved)	Thalasamia	ICU (setth Ventilator) 750k (10CU (without Ventilatur) 8700 (Routine Ward 1000	No Implant	1032 (auth Ventilator) 7500 900 (websor Ventilator)-4700 Bindine Ward-1800	yes	Secondary	Begular Procedure	No special condition		tiis	lanaranin
960	medical oteningy. Paediatric Medical Management	SEVERE ANOMA IN CHILDREN		ICU (with VestBatter)- 7500 (ICU (without VestBatter)- 4700 (Routine Ward- 1800	No Implant	ICU (with Ventilator) 7500 ICU (without Ventilator)-4700 Routine Ward-1800	Sie	Secondary	Regular Procedure	No special condition	80	No	lisemance.
M63	modical oncology, Pallattor Medicine	Central lines in tancer patients for drug therapy Silicon cathetics in advanced concer patients Long term central lines	Lesg term todwelling venous catheter	10000	No implant	NA.	M	Semmlary	Begular PKG	No special modition	No	ħo	Insuration
14:	modical operiogy. Podiatric Oucology	CT for Thymic Carcinoma	Gisplatin + Etoposide Etoposide 100mg/m2 D1 - D3 Cuplatin 75-100 mg/m2 D1 every 21 days	7912	Ka Implant	NA	No	Secondary	Regular Procedure	Nesadjavant Chemotherapy and metaalatic thymic carcinoma	Minimum diaration between 2 cycles 20 days Maximum number of cycles 6	No	Insurance
HQ.	medical obcology. Pediatric Ourslogy	CT for Thyme Carcinoma	Chipilaths + Aditiaemyclio + Cychopfreightaenide Chipilathis 50 mg/m2 D4 Donocutiicin 50 mg/m2 D4 Cychophosphianichi 500 mg/m2 D1 every 21 days	5900	%+ Implant	NA.	No	Seriendary	dig care	Nesadjøvant Chemotherapy and metadatic thyrste carcinoma	Mananum duration between 2 cycles 20 days Manuum number of cycles 8	yes.	Insurance

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N.N.	Specialty	Parkage Name	Procédare Name	Rate	Implant rate	Stratification DETAIL	Guyt	Level at. Care	Precedure Label	Special Condition	Kales	Day Care	Reserved Frecedure (Insurance Trait)
ma	medical oncology, Pediatric Occology	CT for B - Gell NHL - High Grade (Except Backitt's & PCNSL)	Rituuimah + Cyclophorqhamido + Ritopoade + Predisistione Ritopoade + Predisistione Ritoximab 375mg/m2 Cyclophorphamide 750 mg/m2 Vincristine 1.4 mg/m2 on Day1 Emporide 65mg/m2 Day 1 to 3 Predisistione 160 mg Day 1 5 Tintal 6 cycles, repeat 21 days	20000 per cycle	No Implant	NA	Sia	Tertiary	day care	No special condition	Minimum distation between 2 cycles 20 days Maxemum number of cycles 6	15	Insurance
5	merical uncology. Pediatric Oncology		Eitusenab + Desarrothamme + High Dose Cytarabine + Coplatin Rinammab 375mg/m2 Day 1 Cytarabine 3g/m3 RD as day 2 Desarrothamse 40 mg Day 1 + 4 Coplatin 75mg/m2 or Carbopiatin AUC-5 on sky 1 Cycle to he repeated avery 31days	34900	No Implant	NA	2	Tertury	Regular Procedury	No special condition	Minimum duration between 2 sycles 20 days Maximum sumbur of sycles 6	No	Incurance
16		CT for fluctor's NR.	Codus - M - IVAC- cyclophosphamida, viacriatus, docorabicia, high-doce metholocase / firefamide, stopendo, high- dics cytarabise) GMALL (German multisentor acate lymphoblastic bedoemsa) Berlin- Frankfurt - Manater Hyper CVAD (occlophosphamida, Viacristine, Adriantycie, Benamethason e	34500	No Impiant	NA	Nat	Tertary	Regular Procedure	Msthiagent chemotherapy variable in sach protocol	Masimum number of cycles - it	Net	Insurance

100	Speciality	Package Name	Procedure Name	Ilate	linplant rate	Stratification DUTAIL	Gove	Leset of Care	Procedury Label	Special Condition	Intes	Day Care	Reserved Procedure (Insurance/ Trust)
H17	medical interlings. Pediatric Outslings	CT for Lun. Grade B - Cell	Brindamoutine + Ritualitati Bendamoutine 900ng/m2 on day 1, 2 Rituatinati 375ing/m2.orv day 1 Repeat every 28 days, Total 6 cycles	20000	Net Implant	NA	34	Secondary	flegolar Proceibire	No special condition	Maximum discution between 2 cycles 27 days Maximum number of cycles 6	fia	Innerasor
943		CT for Periphenal T - GeR	CHORP Cyclophonphanode 750mg/m2 D1 8 Vincristite 1.4mg/m2 D1 Adriaouycon 50 trig/m2 D1-3 Etoposide 100mg/m2 D1-3 Etoposide 100mg/m2 D1-5 Etoposide 100mg/m2 D1-5 Every 21slays. Total 5 Cyclas		No Implant	NA	No	Secondary	Negalar Procedure	No special condition	Minimum duration herseen: 2 cycles 20 days Massmum number of cycles 8	Nn	Insurance
niji		CT for NK - T Cell	GELOX Generatings 1000mg/w2 D1 and D8 Osifigitatin 130mg/w2 D1 L- appargnase 6000 B/m2 D1-7 Repeat svery 21 days		No Implant	NA	No	Secondary	Regular Procedary	Ne special condition	Mannum duration between 2 cycles 20 days Mazimum number of cycles 6	Sec.	lisaradet
w7Q		CT for Hedgkin's Lymphome	COPP Cyclophosphamide 650mg/m2 D1, 8 Vincristine 1.4mg/m2 D1, 8	3825	No Implant	NA	744	Secondary	Regular Procedure	No special condition	Minimum duration between 2 cyclin 27 days Mastissum number of cycles 8	tia	Iniarance
475	medical oncoingy. Pediatric Ourology	CT for Relayed Hodghis Lycophena	MINE Hestande 4 gm/m2 som histor (D1-3) Minsautone Bag/m2 Enoposide 65mg/m2 D1-3 Every 3 works	9706	No Impiant	мл	Na	Secondary	Hegolar Procedure	Ko operial condition	Morrimum duration between 2 cycles 20 days Maximum number of cycles 0	-Bol	muraner Or f

51.5	Specialty	Package Name	Procedury Name	Rate	Implantrate	Stratification DETAIL	Gart	Level of Care	Procesture Label	Spectal Condition	Bales	Day Care	Beserved Procedure (Invariance/ Trust)
972	medical unesingy. Pediatric Oncology	CT for Relapsed NHL & HL	DHAP Decamethasone 40mg D1-4 Cophoptan 100mg/m2 or Carboptan ADC-5D1 Cytanihine 2 gm/m2 60 D3 Repeat overy 21 days	12310	No Implant	NA	Ne	Secondary	Regular Procedure	No special condition	Minimum daration between 2 cycles 20 days Maximum somber of cycles 8	No	Desservation .
973	medical anndogy. Podatric Oncology	CT for Chronic Mysical Leukemia	Dasaminib 100 mg once a day	5000	No Implass	NA	Ne	Secondary	Regular Procedure	Ne epecial condition	Minimum duration fortunen 2 cycles 89 days Thus 9 inducated for CML and should be continued until disease progression or unacceptable toxicity. Can be renewed every 3 months		Annarance
978	metical oncology, Pediatric Oncology	CT for Myeloproliferati vo Neoplaam	Hydrossarea Hydrossarea daily (Dose will be haved on blood count)	2000	No Implant	NA	N=	Secondary	Begalar Procedure	No special condition	Misimum duration between 2 cycles 89 days Maximum number of cycles 12	No	Instance
175	medical unculogy, Pediatric Dicology	CT for Acute Nyelaid Leukemia	Cytarahine 2 ges / M2 HD for 3 days Every 21 days for 3 cycles	70000	Net Implant	NA	Ne	Tertoary	Argular Procedure	No special condition	Minimum darution historica 2 cycles 20 slays Maximum number of syder 3	No	Incorance
	medical encology, Pediatric Oscology	CT for Arate Myshoid Leukensia	Cytarahina 100 mg / M2.7 days Dismonyctn 60 mg / M2.3 days (this does not include antibiotics, antifungals, blood and planelets transfusion)	100000	No Implant	NA.	No	Tertiary	Regular Procedure	No special condition	Minimum daration between 2 cycles 29 days Maximum samber of cycles 2	No	Insurance

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ir.N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Strutification DETAIL	Sout	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
977	madital oneslogy. Pediatric Oneslogy	CT for Acare Lymphoblams Leukemia	Beelin-Frankfurt Muniter- 90 Berlin-Frankfurt Muniter- 95 Beelin-Frankfurt Muniter- 95 Beelin-Frankfurt Muniter- 2000 Hyper (syclophosphamide, Vancrattine, Adriametine, Adriametine, Adriametine, BEALL (thatter kingdom arrite lymphoblastic beokaemia) GMALL (German multioniter acute lymphoblastic lenkemia) - Cantinuation galose	120099	Ne Implant	NA	Nii	Tertlary	Bagalar Procedure	See apecial condition	Files	No	Inquestion
976	medical onrology. Pediatric Oscilogy	CE for Acute Lymphoblaste Leakemia	6 Mercaptoporine 50 mg / N2 daity Methodrocarie 25 mg / M2 Workly for 2 years	4000	No Implant	NA	Nu	Secondary	Begslar Procedure	Optional Vincrisione and Producisione Intratheral Mathematics	Minimum duration horsesen 2 cycles 29 days Maximum number of cycles 24	No	Interance
979	medical secondary. Perhatric Oncology	CT far Lymphoma	Berlin-Frankfurt-Mammer 90 Berlin-Frankfurt-Mammer 95 Berlin-Frankfurt-Mammer 2000 Nyper CVAD (cyclophosphamide, Viacriation, AdvancetinDenamethasse e UGALL (United korghern acute lymphoblastic bookaemia) GMALL (German multicentur acute lymphoblastic leokemia) - Indiactore phase		Nev Irregiant	NA	-	Testary	Regular Procedure	No special conditions	Net	No	Inscarce
-00	medical oncology. Puthers: Ownlogy	CT for Lymphoblaids: Lymphoma	6 Metrageopurine 50 mg/M2 daily and Methodoreador 25 mg/M2 Weekly far 2 Years	#00H	No Implant	868	Ne	Secondary	Regular Prootdure	Optional Vocristine and Productions, intrathecal Metholicitate	Minimum duration Instances 2 cycles 29 days Maximum number of cycles 24	540	braneration

D D	Specialty	Package Name	Procedury Name	Rate	Implant rate	Stratification DETAIL	Give	Level of Care	Procedure Lafeet	Special Condition	Rules	Day Care	Reserved Procedure (Pasorance/ Trout)
941	medical anenbagy, Pediatric Decidiogy	CT for Acon Promyelacytic Loulernia (Migh Kick)	Arsenia tripide ATRA Dismonycon se idarquess. Crtarabise - sourcigent - rary in each protocol	THOMAN	No leeplant	N.4	No	Tertany	Begaliar Procedury	No special condition	Maximum number of cycles +3	No	donaemov
482	metical aneningy. Pediatric Outsingy	CT for Acute Promyclocytic Leukemia (High Risk)	6 MF 50 mg / day daily Methotresate 15 mg Weekly ATBA 45 mg / M2 for 18 days Every three months for 18 Months	9000	No Implant	NA	No	Secondary	Begsåar Procedury	No operial condition	Minimum duration hetween 2 cycles 89 days Maccount number of cycles 6	Ne	hourance
963	medical menings. Pedamic Oursilegy	CT for Acuts Promyelocytic Leuternia (Low Ecsle)	ATO: Arvenic trionide 0.15 ing / kg day 1-Oay 5, day 0- 12, day 15-19, day 22-26 every 56 days for 6-cycles AYBA - All brane retensio and 45 mg / M2 day 1-Oay 14 and Day 29-43 every 56 days for 4-cycles	55600 (per 5a day cycle]	No Implant	NA	Sm	Tertiary	Begular Procishire	No special condition	Minimum duration between 2 systes 13 days Maximum numbur of cycle: 13	Ne	Insurance
984		CT for Anite Promyelocytic Leukernia (Low Hisk)	ATO: Accessic transide 0.15 ing / kg day 1-45 or 60 ATRA: All trans rettors: acid 45 mg / M2 - day 1-45 or 60	10000	No Implant	NA	No	Tertury	Regular Procedury	No special condition	Na	ria.	Januaran
1.11 M		Peterile Suratoperata	Coloperation + Sulbaction Piperaticillis + Tambaction Coloperation Piperatilin Aminamic Contamicus Colopine Levoltosacte Amorycillie and clavidanate Toicoplacin Vancomycin	30000	Ma Implan	154	740	Temary	Rugudar Procustare	Ng gpecial condition	744	Film	Insurance
146		Febrile Neuropeniu	Mersipetana Intipetana Collatia Tigocyclin Linezolid Vortconazole Caspfungo Antphotorica - B	70750	No Implant	NA	No	Tertiary	Begular Procedure	No special condition	Sie	(Ne	Desurance

e.N U	Spectalty	Packeige Name	Procedure Name	Rate	Implantrate	Stratification DETAIL	Gent	Level of Care	Pricedure Label	Special Condition	Roles	Day Care	Beserveil Procedure (Insurance/ Trust)
	Pediatric Ontailingy		Racharlane Februariat Aliopuriool Sevelamer	24000	Sui Implant	nA	No	Secondary	Regular Procedure	No special condition	No	tka -	Insurance
	inedical uncology. Pediatric Oncology	Granulocyte	5 starrugram / kg / day (max 300 microgram per day) for 7 days or PEG - GCSF long oou single dose per chomotherapy cycle	4500	No legiant	ж	No	Secendary	llegidar Procedure	No special condition	No	Tio.	Insurance
989	modical oncology. Pediatric Oncology	CT for Langerfums G-B Hamiscytoms	Langerhans Cell Historytmin (Mathecytosis Protocol - Induction)	25000	No Implant	NA	No	Secondary	Regular Procedure	Histocytonis Protocol - Induction	No	No	biouriance
	medical osciriogy. Pediatric Oscilogy	CT for Mishilibibartona / CNS PSIET	Cisplatin + Cyclophinisphamide + Vincriatine Cyclophiophamide 1000mg/m2 (2 days every a cyclm) Vincriatine 1.5mg/m2 (days 1 and 8) Cisplatin 100mg/en2 (3 day per aycle) Cyclan given every 3 weekly	1	500 Jeoplant	NA	No	Secondary	Hegular Procedure	Medulhiblastoma	Minomani duration Interent 2 cycles 20 days Maximum mather of cycles 6	7ke	Insurance
991	medical oncology. Pediatric Ownlogy	Cl' for Neorolitationa	Carhoplatta + Gaplatta + Cyclephosphamide + Viewristine + Elepsoide	2612	No implant	NA	No.	Secondary	Kegular Procedury	Neurodatterna	Maximum number of cycles - II	160	Innurance
442	medical oncidogy. Pediatric Oncology	CT for Pediatur Acute Lymphoblastic Leskemia	Gamolidation (Plane II, CNS Therapy Reinduction)	239650	Six Implant	NA	No	Tertiary	Regular Procedure	ACUTE LYMPHOBLASTIC LEUKEMUA Phase II, CN5 Therapy Beinduction	Convolution phase. The cost is he total duration of 5 months	No	Insurance
943	modical encology. Podiarric Oscology	CT for Pedianic Acute Completitions Leadonics	India collaborative childhood balaemia group Berlin- Frasifert - Manstor Eifl aenia colla Indonasi colla Mersoantrussi Oliorambue LPredninikore: 041	98000	No Implant	na	No	Tertiary	Replar Procedure	ACUTE COMPROBLASTIC LEUREMIA	No	Nu	Toourance

Sr.A	Speciality .	Package Namo	Procedure Name	Rate	Implant rate	Stratification DETAIL	Saut	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
974	medical onunlugy. Pediatric Oncology	CT for Pediatric Acute Lymphuhlastic Leukemia	6 - Mercaphoparine 75mg/m2 daily Mathatresate 20mg/m2 workly Vincristics 1.5mg/m2 mmthly Intrathecal methotresate 12 mg 3 mmthly	2662	No briplant	NK	No	Secondary	day Care	ACUTE LYMPHORLAUTIC LEIDEEMLA	Cord is for per month	10	Insurance
945	medical oscalogy. Pediaers: Oneslogy	CT for Phose Pediatric Acute Lynghofilartic Leukemia for adult and paediatric	Datatinib ALL/ AMK/CML (flottradult and Psediatric)	5000 per munith	Rec Implant	NA	7817	Secondary	day Care	No special condition	Minimum duration between 2 cycles 27 days Till-docume programmen/buocity (to his received overy 12 menths)	174	Duurunae
996	medical oncoingy. Pediatric Oncology	CT for Ph+ve Pediatric Acute Lynghoblastic Leukentia for adult and paediatric	lmatmih + chemo	2000 per month	No Implant	NA	Ne	Secondary	day Gare	No special condition	Minimum durations Instruction 2 cycles 27 days Till disease progression/bookity (to be renewed every 12 months)	yez.	Innurance
997	medical oncology; Pediatric Oncology	CT for Pediatric Lynghoblastic Lynghoma	Consolidation (Phase II, CNS Therapy Reinduction)	240000	No Impiant	NA	Nel	Tertiary	Regular Procedure	Phase R. OVS Therapy Reinduction	No	No	Insurance
998	medical oncoings. Pediatric Uncology	CT for Pediatric Lymphoblastic Lymphonia	India collaborative childhood Indusemia group Berlin-Frankfurt-Manater Kill arute lymphocytic leolormia cella Mitrovantrone, Chiecandool UPvedmiodione: 14.1	90000	No Implant	NA	Nin	Tertiary	Regular Procedury	No operial condition	Mir	Ne	Trisurance
999	nuedical enralogy Pediatrix Oncology	CT for Postarric Lampholdonic Lamphonia	6 - Mercaptoportive 75mg/m2 daily Methotresate 20mg/m2 www.by Viocristine 1.5mg/m2 monthly Introduced methotresate 12 mg 1 monthly	2500	No Implant	NA	No	Secondary	itay Care	No special conditions	Minimum duration between 2 cycls 00 days Manimum nonther of cycle 4	715	livesariater
000	modical oncology. Podiatric Oncology	CT for Pediarric Acute Mysloid Leukemie	Cytrahine 3 gram/m2 twice a day Days 1, 3 and 5	\$7000	No lengtant	NA	The	Tertury	Regular Procedure	No special condition	Maximum number of pider - 3	No	learance

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r.N 0	Specialty	Package Name	Procedure Name	Kata	Jimplant rate	Strutification DETAR.	Gent. reserve	Level of Care	Procedure Label	Special Constituou	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
001	nndstal enriñsgy. Podiarne Onrology	CY for Podiatric Acute Nyclose Louisenia	Cytrahine 200 mg/m2/day days 3-30 and Damorobicis 50 mg/m2 days 1, 3 and 3 Expende 100 mg/m2 days 3 S	1111000	No Impiant	51.6	Bio .	Tertiary	Regular Procedure	Ne special condition	the	Ma	Insurance
092	medical encology. Pediatric Oncology	CT for Pedianor Acute Mycfold Leukemia	Cytrahine 100- 200mg/m2/day days 1-7 and Daunorubicin 50mg/m2 days 1, 3 and 5	57000	Sio Implant	NA	No	Tectiary	Regalar Procedure	Re special condition	Mo	710	Tusurance
	nindical encology. Pediatric Uncology	CT firr Podlatne Acute Promyelocytic Leukemia	Genselledation	55000	No Implant	RA.	No	Tertiary	Regular Pescenture	No special condition	Maximum nummer of cycle 3. Goat given is for per cycle	Ne	Insurance
1904	medical openlogy. Pedutric Openlogy	CT for Pollutite Acute Protegolocytic Leukemin	Induction	75000	No Implant	NA.	No	Tertiary	Regelar Procedure	No operal condition	Na	1 48	Innaration
005	nonflicat oncollegy. Pediatric Unicology	CT for Pediatric Acate Promyetocytic Lealerma	Matricoainer (upto 18 montha)	2500/month	Nes Inspiant	NA.	Neto	Secondary	atay Care	Ne sperial condition	Minimum duration between 2 cpclex 09 days Maximum number of cpcles 0 The cost per cpcle is Ra 5200	yes :	Maurures
	medical encology. Pediatric Oncology	CT for Padiatric Hodykins Lymphoma	COPDAC Cyclophysphamide, Viscristine ealfate, Productore, Dacarba une	2800	No Implant	NA	80	Secondary	Regslar Proisidure	Relapsed Hodghine Lymphona	Maximum number of cyclics + 6	Ne	Insurance
007	medical occulogy. Pediatric Occulogy	CT for Pediarcis Hudgions Longiuma	Oncevin Etoposide, Prednia one descervits de hydrochtoride	7800	No Implant.	5.5	No	Secondary	Repsiar Procedure	Hudgkins Lymphoma	Maximum number of cyclics - 6	Mu	Insurance
inine.	medical uncology, Pediatric Oncology	CT for Podiants Hodgkins Longitureut Relagon	ikufanide, carbiplatin, etopoide	14800	Sie Implant	NA.	544	Secondary	Regular Procedure	Relapsed Hestgkins Lamphona	Maximum mainber of cycles – 6	360	Insurance
		CT for Podiaco Badgkins Lyciptionia Bislapse	DETA Desamethanene,Etopoolo, Cytal ahna:Eioplatin	17000	Ne Impian	na	1	Secondary	Hegolar Procedure	Relayed Hodybins Lymphonia	Maximum number of system - 8	Ne	BRANK (MINO)
	medical encology Podatric Oncology	CT for Pediana Hodgkms Lymphoma Relapse	ICVD. Sheed to check	34000	No Implant	NA	Nio	Tertiary	Regular Procedure	Relational Heeligkins. Kymphoma	Maximum number of cyclete - 4	No.	Innetime

e,N	Specialty	Package Name	Priscedure Name	Rate	lingilant rate	Stratification BETAIL	Gost	Level of Care	Procedure Label	Spectal Condition	Rules	Day Carr	Reserved Procedure (insurance/ Trust)
811	medical ancology. Pediatric Oncology	CT for Pediatric Non-Hodgkins Lymphema	Lymphonia nodign 8 01-16 Genesitdation (strond mun(ti)	40000	No implant	na	Nei	Ternacy	Regidar Procedury	Non - Hodgkins Lymphona	Maximum number of cycles - 2	No	Teauratice
017	medical uncology, Pedratric Oncology	CT for Pollatric Non Hodgdon Lympisona	Lymphoma malign II II9-96 Generidation (First month)	40000	No implant	78.4	Nee	Tertiary	Regular Procedure	Non - Hodgkins Lymphonia	Maximum number of cycles - 2	No	Insurance
013	medical sociality, Pediarcic filocology	CT for Pediatric Non Hodgkies Lymphoma	Lymphoma malign II II 9-96 Maintenaare	16940	Nin Implant	84	244	Secondary	Regular Procedure	Nun - Hodgkins Cemplaina	Miormum distance between cycle 20 days Maxmum number of syste 5 Cost given of per syste	Na	Insarance
014	rordical encology, Pediatric Oncology	CT for Pediatric Non Hodgione Lymphoma	Mitronantrone, Oiler andruct UProduiscione: 842	95700	No Implant	та	No.	Tertiary	Registar Procedure	Num - Hodgkms Lymphoma	Maximum number of cycles - 8	360	Insurance
115	medical uncology. Pediatric Oncology	PEDIATNIC- GCT/JEB	PEDRATRIC-GCT/JEB	10000	No Implant	пл	200	Secondary	Regidat Procedure	No special modition	Maximum number of tycles - 6	No	Insurance
016	modical oncology, Pediatric Occology		Carhoplatin + Cisplatin + Doscorubicin	\$587	No tesplant.	36A	Nir	Secondary	Regular Procedure	No special candition	Minimum duration between 2 cycles 13 days Mastroom number of cycles 6	No	Insurance
017	medical oscology. Pediatra Oscology	GEP NET Beursessforrine Carillionia	Tenorolamide 150mg/m2 D9-14 + Capecitatione Igni/me D1-14 every 28 days	0000	No implant	NA .	360	Secondary	day Gare	No opecial condition	This is for metastatic NET and the cycles are given until disease progression or unacceptable testicity.	yes	Insensor
018	medical ancology, Pediatric Oscilogy, Paediatric Medical Management	Symptom Management of Deficitum in advanced chronic diseases Conservative management	Pathative Definant in advance chronic disease	ICB (with Ventilator)- 7500 ICB (without Ventilator)- 4700 Rivatine Ward- 1000	Nex Insplant	ICU (with Venillator) 7500 ICU (without Ventilator) 4700 Roatino Ward-1809	340	Secondary	Regular Procedure	Perspectal condition	Pain	No	Instatos

1 mar 1 40 of 200

0	Specialty	Pathoge Name	Procedure Name	Rate	timplant ratio	Stratification DETAIL	Gent	Level of Care	Procedure Label	Special Condition	Rubes	Day Care	Reserved Procedure (Insurance/ Trust)	
010 Fr	ndical oncology, starric Occology, enhamic Medical anagement		Palliative Wound Generystice management	ICU (with Ventilator)- 7500 ICU (without Ventilator)- 4700 Boutine Ward- LHO0	No Implant	ICU (seith Venzilator) 7500 ICU (seithaut Ventilator)-4730 Routino Ward-1800	No	Secondary	Regular Procedure	No special condition	The	Na	Tensor annos	
1020 Or			Ritusieneb Ritusieneb 375mg/m2 per week für 6 works	13000	Ne lingtant	NA	No	Secondary	day Care	No opecial condition	Maximum number of cycles - 6	ywa.	Innurance	
1521 01 M	edivid incology, idaariic noology Pandiatric irdical	Palliative Carv Management of Constipution in advanced calent patients - Conservative menagament	Palliative care in Constipation	Busatine Ward- 1900	feo Impiant	Randme Ward-1900	800	Serviciary	Begular Prucedare	No special condition	74m	740	fusuration	
0022 Or M	edical monings, eduatric noology,Paediatric edical anagement	Pallative Cerv management of Malignant boxed obstruction - Conservative management	Palliative care in Bowel Obstruction Connervative management	Routine Ward- 1800	No impiant	Rautine Ward-1800	Nix	Secondaty	Regular Procedure	No special condition	200	194er	Dessente	
	ndical uninfogy, adlation Ourology	Management of Diarches in concerpations Concervative management	Pallantos care in Diarthora	ICU (with Ventilator)- 3500 (ICU (without Ventilator)- 4700 (Routtue Ward- 1000	No implant	ICU (with Vernilator) 7500 (FICU (without Ventilator)-4700 (Reactive Ward-1000	Natio	Secondary	Begular Prozedure	No special condition	Séc	No	Inaurasor	
124 8.	odical oncology, adiatric Oscology oliatric Oscology	Publiative care management of Nationa & Vocating in cancer patients- Canaercative management	Pallitive care in Names and consting		No Implant	Rootine Ward-1800	No	Secondary	Repúter Procedure	So special condition	Nex	No	baarance	1
1125 10	notical ourselogy, aduation Oncology, arginal Chambiogy	PET Jean	FET som	14000	No inglati	NA	No	Secondary	dar Gire	So special condition	200	yes	Insurance	0.0

Sr.N	Specialty	Package Name	Procedure Same	Rate	implant rate	Stratification DETAIL	Gevt	Level of Care	Procedure Label	Special Condition	Bules	Bay Care	Reserved Procedure (Insurance/ Trust)
1026	medical oncology. Urology	Intravesical BCG / Mitumycio	Induction syches (PC) Bate per dose (Rs 5000 max no- 00 (Inchaling drag)	5700	No implant	NA.	No	Secondary	Regular Procedure	Claim so he rateral after 6th Cycle	Maximum duration between 2 cycles 6 days Maximum number of cycles 6	Bio	houratoș
1017	medical oncology/Surgical Discology/Diferventi onal Radiology, Pediatric Oscology/Paediatric Medical Manugement	Radiological and undescopical	Pallianwe Radiological Interventions, Like PTRO/ERCP/PCN/Perscash notway, DS Stanting, etc	20000	No logilare	NA,	No	Secondary	Begular Procedure	No special condition	No	Date	Insutance
1023	mudical oncology Pediatric Oncology	Falliative Care Management of Lymphadenia in cancer patients including (Unformation, Education, Communication (IEC), and permanatio compression therapy	Conservative management of Lymphodoma	ICII (with Ventilator)- 7500 (ICI) (withinst Ventilator)- 4700 (Roatine Ward- 1000	Ku linglari	ICU (with Yamilator) 7500 (ICU (without Ventilator)-4700 (Routine Ward-1300	No	Secondary	Regular Procedure	No special condition	No	Dia	Insulation
1020	Mental Datarders Packages	Mental Resarctation (inteffectual disability) - NUA Govt Reserve	Intellectual Details(Ny (10)	Boutine Ward- 1809	fwe implant	Routine Ward-1800	yes	Seconitary	Regular Pracodure	No spectal condition	No	160	Insuration
030	Montal Disorders Packages	Mental disorders - Organic, including symptomatic - NHA Gost Keserve	Mental disorders - Organic, including symptomatic	Routine Wards 3300	No impiant.	Reutine Ward-1800	yws	Secondary	Regular Procedure	No special condition	No	No	Insuration
031	Backamp	Schlangfreinia, schlanitypäl and defisional ibaorders – NHA Gavt Reserve	Schuzophrenia, schmittypall and dehusional dieneders	Routine Ward 1800	New Pergulants	Enstine Ward 1800	pes :	Secondary	Regular Procedury	No special condition	No	No	loaurature

Se.N	Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gove	Level of Care	Procedure Label	Special Condition	Rober	Day Care	Reserved Procedure (Insurance/ Texat)	
i0(12)	Messal Divorders Pachages	Neurotic, stress- rotated and somatoliem disorders + NRA Good Beserve	Neurotic, stress-related and somatolism dourders	Routine Ward- 1800	No logiant	Routine Ward-1800	yra)	Secondary	Regular Procedure	No special condition	No	Ne	Innurance	
ages.	Mental Desorders Packages	Mood (affective) disorders - NHA Govt Reserve	Mand (affective) disorders	Routine Ward- 1800	No Implant	Restance Warst 1800	yes	Secondary	Negalar Procedure	No special condition	No	No	linneature	
834	Mestal Disorders Packages		Behavioural syndromes associated with physiological distarbances and physical factors	Routine Ward- 1800	So Ingiant	Routine Ward-1809	yve	Secondary	Begular Prucedure	No special condition	No	Ma	Insurance	
.035	Mental Disorders Packages	Mental and Behavioural diarrdees that to psychoactive substatce sor- VOIA Gost Reserve	Mental and Behavioural disorders due to psychoactive substance use	Routine Ward- 1000	No Inglant	Routine Ward-1800	yra	Secondary	Regular Procedure	No special condition	No	Ken	Insurance	
036	Mental Disorders Packages	Brain, Electroencephalo grain, Thyroid Function Test, VURL, MIV Test,	Package (Cognittive Tests, Complete Haemogram, Lover Function Test, Renal Function Test, Serum Electrolyses, Electro Cardiogram (ECG), CT / MRI Brain, Electroencephalogram, Thyroid Function Test, VDRL, HIV Test, Vitamie B12 levels, Folate levels, Lapid Profile, Humocysteiner tevels), serum Lithium level	6000	No Implant	NĄ	Im	Secondary	Add - On Pricedure	No special condition	Mer	Pro	Insurance	R
	14					Alle Then Still			4	/	kining .	, _l	2-1	t as

Sr.N	Specialty	Package Name	Procedure Name	Kuta	Implant cate	Stratification DETAIL	Guvt	LoveLof Care	Procedure Labei	Special Condition	Andes	Day Lare	Reserved Procedure (Insuciocs/) Trust)
1037	Ministal Disonders Puckages	Electro Convoluce Therapy (ECT) - per seminer - NillA Govi Beserve	Electro Consultane Therapy (BCT) - per arasiso	3000	No Implant	364		Secondary	Regular Procedure	Nu special condition	Pap	No	Insurance
1038	Miestal Disorders Packages	NeuroDevelopm ental Disorders (NDD) Other (ban Intellectual Disability - NHA Gost Reserve	Aution Spectrum Duorder	Routine Ward- 1800	No Implant	Routine Ward-1000	Yes	Secondary	Begalar Procedure	No special condition	No	So	Innerator
1809	Mental Dawrders Packages	ResardDevelopm estal Disorders (NOD) Other than Intelligenael Disability - Gavt Reserve	Mised Developmental Disorder	Roseine Ward 1900	No Impiant	Boutine Ward-1800	949	Secondary	Regular Procedure	No operated conditions	Nio	No	Incursoce
1040	Mental Disorskers Packages	NeuroDevelopes ental Disorders (NDD) Other than IntoBectual Daubility - Govt Renerve	Tourette Syndrome / Chronic Tic Disorder	Routise Ward- 1000	No Implant	Routore Ward-1800	baix	Secondary	Begalar Procedure	No special condition	No	No	Interactor
	Mental Disorders Packages	NeuroDevelopes ennal Disentery (NDD) Other than IntelSectual Disability - Gost Reserve	Attention Deficit Hyperactivity Diamber (ADHD)	Risatine Ward- 1800	%es hagitant	Raatine Ward-1000	9985	Secondary	Regular Procedure	Surspecial condition	Ner	No	Innarative
1042	Mental Disorders Packages	NeuroDevelopm ental Disorders (NDD) Other than Imellectual Disability - Govt Reserve	Specific Developmental Diaarders	Noutine Ward- 1800	New Inspirant	Boarrise Ward 1800.	341	Secondary.	Begalar Procedure	No special condition	369	No	Insurance

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Sr.N	Speatally	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gint	Level of Care	Procedure Label	Special Condition	Rades	Day Care	Reserved Procedure (insurance/ Trust)
	Montal Disorders Packages	Adolescence - Govt Reserve	Oppositional Deflaci Dimetder	Routine Ward 1000	No Implant	Roome Ward 1800	yes	Secondary_	Regular Procedure	We special condition	No	No	Incurated
1044	Mental Disembers Packages	Behavioral and motional Disorders of Chilabood and Adolescence Govt Reserve	Conduct Disconter	Routins Ward- 1800	No Ingilant	Routine Ward-1800	yes	Secondary	Regular Procedure	No special condition	.96a	No	Insurance
1045	Montal Disorders Packages	Behavioral and nucleonal Disorders of Childhood and Adolescence - Gast Reserve	Mixed Disorder of Conduct and Envelope	Routine Ward 1800	No Implant	Routine Ward-1900	tun .	Secondary	Regular Procedure	No special condition	Mar	Nii	hourseco
	Mental Disorders Packages	Rehavioral and motional Disorders of Childhood and Advincence - Govt Reserve	Anniety and Depressive Disorders	Routine Ward- 1800	No Implant	Restler Ward-1800	yes	Secondary	Regular Procedure	No special condition	No	No	Nemation of
1047	Mental Disorders Packages	Debartural and metional Disorders of Childhood and Adelescence - Gast Reserve	Other Internalizing and Externalizing Disorders of Childhood and Adolescence	Routine Ward- 1900	No împiant	Restine Ward-1800	9968 	Secondary	Hegular Procedure	No special condition	Net	Pére	Innorance

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Sr.N	Specialty	Pachage Name	Proveduire Name	Rute	Implant rate	Stratification DETAIL	farrt esserve	Level of Care	Proceedians Label	Special Canditium	Balles	Itay Care	Reserved Procedure (Insurance/ Treet)
1048	Mental Disorders Packages	Nun- Pharmacological Interventions Gevt Reserve & Addron	Psychological, Behavioural and Developmental and Educational Interventions (Typically Includes Child Gourselling / Psychotherapy, Family Counselling / Psychotherapy, Family Counselling / Psychotherapy / Training Such Ax Parent Management Training, Behavioral / Cognitive- Behavioral Interventions, Developmental Intervention, Speech / Languago Therapy, Physiotherapy, Physiotherapy, Physiotherapy, Physiotherapy, Corrupational Therapy, Physiotherapy, Computation, Sur Specific Learning Disability and Other Rehabilitative / Psychosocial Interventions)		No implant	Add-os package (4 CYCLES OVER 3 MONTHS)	yes	Secondary	Regular Precedure	No special condition	No.	No	bourance
1049	Mental Disorders Packages	Pharmanological Interventiona - Goet Reserve	Common Medications Used in Management of Child & Adult Psychological Divarderstitucluding Anti- ADHD Medication	3.800	No heplant	Add-on pochage (4 CYCLES OVER 3 MONTHS)	745	Secondary	Regular Prisoshire	No special condition	ħo	No	losurance
1050	Mental Disorders Packages	Paychological / Psychosocial Assessment Package for All Child And Adhlescent Psychiatric Disorders - Gort Reserve & Add on	Psychological Assessments (Includes 32 Testing, Specific Learning Disability Assessments, Assessments For Aution Spectrum Disorder, Developmental Assessments, Projective Tests and Other Tests Of Psychopathology), Other Psychopathology), Other Psychosocial Assessments (Family, Schooling) - Add- on package	2500	No Implant		Jue	Secondary	Begular Pracedure	No special condition	No	Dás	Insurance

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St.N	Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gost	Level of Care	Procedure Label	Special Condition	Raibes	Day Care	Reserved Procedure (Insurance/ Trust)
1051	Neo-natal care Packages	Care Pickage Balace that required administer to SNOU or NICU Babies admitted Sar short term care for conditions like • Mild Respiratory Distrony/helipin es • Mild encephaliopidly	Neurostes hereeven 1505 1799g OR Neurostes of any weight with mild filmens like, but not finited to: • Mild Bespiratory Distress/tastappress. • Mild encorphalopathy • Severe jaundice requiring interance phototherapy • Unwell haby requiring monitoring • Serie delipation • Hypeglycenus The ubove list is thertrative but not tenited to these conditions. The required procedures may include railant warmer care, gavage feeding, oxygen therapy, TV fluid administration, blood transfasion. The nakare includes food	3000 /day	Ner lengslænt.	SINCLE / NICU - 4000	Ne	Tecondary	Regular Procedure	No special condition	No	×	Transformer
1027	New-satul care Packages	Intensive Necessatal Care Package Balinos with hirthweight 1500-1799 g or Bubies of any hirthweight and at least one of the fullowing conditions: • Need far mechanical wentilation for loss than 24 himrs or non- invative responstory support (CPAP, UPPNC) • Septis / mechanical	Neonates of any birthweight with moderate illness like • Need for mechanical ventilation for less than 24 from or new-invariance respiratory support (CPAP, HVPNC) • Sepsis / prenominia without complications • HyperSilirubinensia respiring exchange transfinion • Settures respirators arti- convoluents • Major compential mathemations (pre- surgical stabilization) • Geolestance equiving investigation and in- looptat management • Competitive locart failure or shock	8000 /day	Nie Implant	SNCD / NICH- 4000	No	Secondary	Regular Pracedury	No special condition	The LOS Indicates should hold true for majority of cases, however in case the elinical nendition of patient warrants, them enhancement can be grown an request of hospital after examination of the eedisticement request by a modical supert (preferably Neonatologist or Pediatrician) at SELA / ISA	ž	Januar jamon

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Fr.N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gort	Level of Care	Procedure	Special Condition	Rales	Buy Care	Reserved Pricedary [insurance/ Travi]
	Neu-natal care Padages	at limit one of the following conditions:	Normation between 1200 1499 g OH Neuration of any weight with at least one of the following conditions requiring reveaue ventilation longer than 24 hours • Moderate to Severe Hypexic Industries encephalopathy • Cardiac ricythys disorders seeing intervention (the most of cardiac surgery or implicit with complections andre cardiac surgery packages) • Secure with complections such as mentiogits or bone and note infection, DIC or shock • Kend failure requiring diabeau		No Inspired	SNCU / NICU - 2569	No	Serondary	Regular Procedure	Ne special condition	The LOD Indicates invalid hold type for monenty of cases, however in case the clinical condition of potent surrants, then ordancement can be given on request al hospital after examination of the enhancement request by a medical expert (policyably Neomatologist as Podamician) at 500A / 15A	No	Insurance
054	Seo-satul 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 Bespiratory Palure requiring High Prequency Ventilation or inhaled Nitric Darie (180) - Mollinystem	Nonnates +(200 g OR Neonates of any weight with at least one of the following conditions: • Severt Requiring High Frequency Vestillation or inhubol Neric Oxde (200) • Multisystem Latture requiring multiple organ support including mechanical entitlation and multiple instructors + Societang parenteral numbion Critical congenital heart disease (excluding surgical costs) The above for is illustrative but nut from is illustrative but all form is illust	8500 /day	No Implant	NA	No	Secondary	Regular Procedure	Nu special conditions	The LOS Indicated should hold reve for majority of cases, however in case the clinical condition of partiest warrows, then enhancement can be given on request of hospital after examination of the enhancement request by a resolical aspert (preferably Neonatologist or Peeloarscian) of SHA / ISA	No	Interace
		-				Page 134 of 256		4/	/		win to	A	A

Sr.Nu	Specially	Parkage Name	Procedure Name	Rate	Implant sate	Stratification DETAIL	Govt	Level of	Proceduter	Special Conditions	Hules	Day Care	Reserved Procedure (Insurance/ Trust)
1055	Neo-natal care Packages	Chronic Care Package: If the baby requires stay beyond the upper limit of uoual stay in Package on Advanced Neonatal Care Package or Ortical Care Package or Ortical Care Neonatal Package for conditions libe severe BPO requiring respiratory support, severe NEC requiring prolonged TPN support	Neunates 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 Aritical Care Neonatal Package) who have not fully recovered and continue to require NICU/SNCU care, e.g. for respiratory support, go age feeding, thermal support, etc.	3300 /day	No implant	3300 /day	No	Secondary	Regular Procedure	No special condition	This package can be hooked only after "Advanced Neomatal Care Package" or "Critical Care Neomatal Package" (more than 30 days of Advasced Neomatal Care Package or 45 days of Critical Care Neomatal Package) This package will be booked in care the length of stay goen beyond the package rules for these two packages	No	Типагалосе
1056	Neo-natal care Pachages	Basic neonatal care (Level 1A)	Neumates > 2.5 kg nursed with mother : Includes clinical monitoring, breattfording support, birth vaccination, thyrnid acreening, universal bearing screening and pre- discharge routevelling	750/day	No implant	775/ day	No	Secondary	Regular Procedure	No special condition	740	No	Instance
1057	Neo-matal curv Puckages	RERA-day care	Brainstein Evoked Response Autiometry(BERA)	1500 per BERA	No Implant	1500/ Bera	No	Secondary	Hegular Procedure	No special condition	5in	Min	Innursece
058	Nes-natal care Packages		Advance acreening package (Can be book only After neomatal screening PRG, if any significant finding and indications required for more workup) karyotype, FISH, thrine GCMS & Blood TMS or any other required Genetic, metabolic, NGS, blochemical screening investigation	8000	FISH 4000/ Karyotype-2500/ Urine GCM5 & Blood TM5-2400 Max:1	ыл	yes	Tertlaty	Gavt Reserve	Ne special condition	м	74m	Inestation

Se.No	Specialty	Package Name	Percenture Name	Rate	Implantation	Stratification DEYAIL	Gost	Level of Care	Procedure Label	Special Condition	Raine	Day Care	Reserved Procedure (Jasurasce) Trust)
1059	Neo-natal carv Packages	Crassial USG - Add on	Cranial 125G - Add on only allow with plags of Advanced Neonatal Care Package / Critical Care Neonatal Package	500	No Implast	NA	No	Secondary	Add - On Procedure	No special condition	No	No	hearmoce
1860	Neo-natal care Packages	Echo - Add on	Exho - Add on only allow with plugs of Advanced Nematal Care Pachage / Critical Care Neonatal Pachage	1000	No Implant	NA	9444	Secondary	Add - Ou Procedure	No special condition	No	No	Innurance
061	Neo-natal care Packages, Opthalmology	Laser Therapy for Betioopathy of Prematurity (Immpective of so. of eyes affected) - per sension	Laser Thorapy for Retinopathy of Prematurity (Irrespective of no. of eyes affected) per ussion	1500	Téo Inegdant	NA	No	Secondary	Regular Procedure	No special condition	80	No	Innurance
	Neo-nutal care Packages. Opthalmology	ROP wreeping	ROP screening	500 per screening for both eyes (documentation n of finding to be done in a atructured format)	No Implant.	NA	No	Secondary	Rogular Procedure	No special condition	No	Mα	Іплигаюсе
163	Noplarology , Neurology , Pulliative Medicine , Pulmonology, pediat ric Nephrology	Palliative and supports care for non- realignant dimens at advanced or end stage	Palliative care end stage disease	ICU (with Ventilator)- 7500 ICU	No Implant	ICD (with Ventilator) 7500 ICU (without Ventilator)-4780 Routine Ward-1800	No	Serondary	Regular Procedure	No special condition	Nis	No	Insurance
64	Neurology	Stroke-Stent Retrainer	teather than - Alleria	RUNDING T	No Implant	NA	No	Terrilary	Regular Procedure	No special condition	No	Net	Insurance
65		Venue sines	Venuus 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	Instrance
66]	Neurulogy . Paediatric Medical Management	Myasthenic criais (Pfarmäpheresis)	Myaarhonic crisis (Planmapheresis)	RCU (with Ventilator) 7500 () RCU	No Implant	ICU (with Vestilator) 7500 ICU (without Ventilator)-4700 Rostine Ward-1000	No	Secondary	Regular Procedure	No special condition	No	Na	Insurance
		50.417	1911			Page 114-1250		5/	/	NON	King 1	2	43

1	Specialty	Package Name	Procedure Name	Nate	Implant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Candition	Boles	Day Care	Reserved Procedury (Insurance/ Trust)
10477	Neurology , Poolaarse Medicat Management	Evaluation of drug resistant optlepsy-Phane 1	Evolution of drug resistant spilepsy-Phase L	ICU (with Ventlator)- 7500 ICU (without Ventlator)- 4700 Routine Ward- Liboo	tio implant	101 (with Yermlatur) 2560 (. 1011 (withen) Ventilanar)-4700 (Roomne Waed-1800	Sin	Secondary	Hegular Procedute	Ne special condition	Nii	ħa	Insurance
060	Neursingy , Paeilarris Medical Management	Pediatric seizure disorders	Status epilepticus	ICU (with Ventilator)- 7500 ICU (withmit Ventilator)- 4700 Routine Ward- 1800	No implant	ICU (with Vermlator) 7500 (* ICU (websort Vertiliator)-4700 (Routine Wied-1800	No	Secondary	Regular Prisendare	Ne special condition	No	Ne	Insurance
19679	Neurology , PMR "Paediatric Nodicat Management	Medical/ source subabilitation Gove reserve	Comprehensive medical rehabilitation for spinal injury/ traomatic brain mining, CVA, Genetical policy with or without orthesis	ICU (wole Veentlator)- 7500 ICU (without Ventilator)- 4700 Rootne Ward- 1000	No Inglast	ICH (with Vermiator) 7500 ICH (without Ventifator)-4700 Routine Ward-1000	3 44	Secondary	Negalar Procedure	No special condition	No	Fire	lieurature
670	Neurslagy , FMR "Paedkatric Methcal Management	Medical/neuro relabilitation- neuro degenerativo disorder	Comprehensive medical vehabilitation for of complication secondary to specified disability/mattiple disability including procedures, chemodesevaration with or with nut orthonis	ICU (with Ventilator)- 7500 ICU (without Ventilator)- 4700 Reature Ward- 1800	Ne împlant	ICU (with Ventlator) 7500 (ICU (without Ventlator)-4700 Routine Ward-1800	hae	Secondary	Repulse Principare	No special condition	No	Jia	Insurance
071	Beamingy (PHB) Prediatric Medical Management	Medical/neuro rehabilization	Single event multiple level eargiery for spaceticity stamagement in corolical gainy	ICU (venh Ventitator)- 7500 (ICU (ventimut Ventilator)- 4700 (Honome Ward- 1000)	No Impiant.	ICU (with Komtlator) 1500 (HCU (softwar Ventfator) 4700 (Routaw Ward 1800	yes	Secondary	Regular Procedure	No special combtion	No	No.	Interance
1072	Neurology .PMR .Paollatric Medical Management	Medical/ arearo refugilization Givet: reserve	Medical reholy/litation of mancallar dystrophy	ICU (with Ventlatur)- 7500 (400 (without Ventlatur)- 4700 (Routine Ward- 1800	No implant	ICU (with Ventilator) 7500 (ICU (without Ventilator) 4700 (Routine Ward-1800	yes	teomatey	Regular Procedure	See special conditions	No	No	Teaurence

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br.N	Specialty	Package Name	Procedure Name	Rate	limptant rate	Stratification DETAIL	Gost	Level of Care	Procedure	Special Condition	Ibiles	Day Care	Beserved Procedure (Insurance/ Trust)
1073	Neuratogy , PMR Paediatric Moderal Management	Medical/ muco reliabilitation Govt reserve	Medical Rehabilitation Intellectual dissalidity	ICH (with Ventilanz)- 7500 (LED (without Ventilator)- 4700 (Routine Ward- 1809	We Implant	ICU (with Ventilator) 2500 (100 perform Ventilator)-4700 (Routine Ward-1800	978	Secondary	Regular Procedure	Tro special condition	No	Pier	Duuraner
674	Neurology , PMR Paelartic Medical Management	Medical/ neuro rehabitation Gost reserve	Medical Rehabilitation special learning disability	ICU (with Ventilator)- 7509 ICU (without Ventilator)- 6700 Routine Ward- 1000	So Implant	ICII (with Ventilator) 7500 ICO perthnut Ventilator) 4700 Bouttue Ward 1800	pes	Secondary	Regular Procedure	No special condition	No	No	University
W75	Noomlogy, PMR Postatra Metical Management	Modical/ norms refutbilization - Gost legarize	Medical Rehabilitation multiple disability	ICU (seith Venstlator)- 7500 (ICU (without Venstlator)- 6706 (Routine Ward- 1800	No Inglass	ICU (with VientBror) 7500 ICU (without VentBror) 4700 Rostos Ward 1800	949	Secondary	Regular Procedury	No special condition	Nu	No	Desutance
076	Neurology. Neurosargery	Intracranial hadioon angioplarty with intenting-Goyt Reserve	Intracrunial balloon angoplasty with steering	160000	No implant	NA.	yes:	Terlialy	Regular Procedare	No special condition	No	No	biourance
077	Neurology, Neuronargerty	latracianial thractholyms / clot retrieval = Govt Reserve	Introcramal fitromiodysm / clot rofelexal	160000	No implant	NA	y+4	Tertiary	Regular Ptroodurn	No special condition.	No	No	locurance
1171A	Neurology, Neurologyy	Struke- Aspiration Catheter	Stroke Aspection Catheter	248298	No Implant	NA	No	Ternary	Regular Procedum	No special condition	Sin .	Na	hourance
074	Neumanargary	Internetition for Acute stroke (Approximation & stent retrieval) - Gest reserved	Intervention for Acute stroke (Aspacation & shoat rotraeval)	393200	No despiant	na.	1	Tertiary	flegular Proceden	The Special condition	2611	Na	kesarance
óuió	Neurusurgery	Endovisedat thetapy for intracramal assurysm-Gost reserved	doeuryym 3 Cod	77900	Balloon or Writt,Guide catheter, Micro-gathewire (com-150000 Max -4	пл	-	Tertiary	Regular Proceilien	No special condition	9W	No	bourance
ilut	Neutrourgery	Endownedlar thorapy for intracrimial anioryym - Gost reserved	Annurgam-1 Guil	27000	Ballison ar atent- ,Guide cathorier, Micro guideneire-, colla- 150000 Mas-4	hA.	10	Techary	Bogular Presidani	No special condition	Nor	144	(11114) setuxe

N Speciality	Package Name	Procedure Name	Rate	Implant rate	Strutification DETAIL	Gunt	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trent)
#2 Neuromingery	Endowarmhar thorapy for intracrantal aneuryom-Govt Reserve	Ansurysim-7 Coll	77900	Balluon or storet Gaule catheter, Micro- guidewire-, cuils 150000 Max-4	NA.	yez	Tertiary	Regular Procedure	No special condition	No	ðio.	Innurance
II3 Neurosorgery	Endowascolar therapy for intracranial aneuryoun-Covt Reserve	3 Cad + Mallson	77000	Balloon or stent Galile ortheon, Micro- guidestre-colli- 150000 Max-4	NA	yes	Tertiary	Begolar Procedure	No special condition	Nu	7310	Insurance
04 Neuronargery	Endowannalar therapy for intracranial annaryum -Goot reserved	5 Ceit + Balleen	77000	Balloon or stend Galde catheter, Micro guidewire-scuils - 150000 Max :4	ма	yre	Tertiary	Begular Procedute	Ne special condition	Nin	80	Insurance
85 Neurolurgery	Endovacular therapy for intractorial anoutypit-Gost Reserve	3 Coll + Balloon+Steur	77000	Balloon or stort Guide cathetor, Micro- gaidewires colls - 136000 Max-4	NA.	pes.	Tertiary	Replar Procedure	No special condition	Ne	No	Insurance
86 Neurosurgery	Endowascular therapy for	5 Cuil + Balloom+Steur	77000	Balloon or steet- Guide catheter, Murss guidewire-criits - 158000 Max :4	'WA	yes	Testiary	Regidar Proceshare	No special condition	No	tive	lessranie
87 Neuronargery	Endovaszular thorapy for	7 Geil + Ballonn+Steen	77000	Balloon or stent- Guide catheter, Micro pidewire, cath- 150000 Max 4	NA :	942	Tertiary	Regular Procedure	Na special condition	Ke	Nèo	bicaration
illi Neurunargery	Arteciovennie fistula (AVF)/Arteriore	Pial AVF (Single hole)	86900	Ne Implant	NA	745	Tertiary	llegilar Procellare	No special condition	Re	No	Insurance
109 Nescamargary	terroranial stanting for Intracranial atheresesternie disease (ICAD) Gove Reserve	Intracranial strenting for Intracranial atheroscolorous disease (ICAD)	364300	No hopkor	764	ym	Tertury	Regular Promethere	No opectal condition	Ne	244	Insurance
n0 Neuronargery	Ansurpan Dipping including angingram (Ansurpan Dipping including DSA or C7A	Annurysm Olipping mchading DSA nr CEA - mchading implant	64750 (Including Implant)	No Implant.	NA	2	Secondary	Regular Procedure	hu special condition.	No	Na	Insurance

ir.N 0	Specialty	Parloge Name	Procedure Name	Rate	Implant rate	Mranfication DETAIL	Gort	Level of Care	Procedure Label	Special Condition	Raties	Day Carv	Reserved Procedury (Insurance/ Trust)
iry2	Neurosatgery	Depression Shuff. Fracture	Surgery for Depressed Skull fracture	\$5002	No Impiana	NA	Ner	Ternary	Regular Procedure	No special condition	No	Sir	Annemer
1092	Neurosurgary	GraninPanty	Crassioplasty with autoingus bone graft	23900	No Implant	Nő	No	Secondary	Regular Procedure	No special condition	No	Net	Эписаны
010	Neuronargery	GranitePlainty	Cramoplamy with ecogenous Graft	23900	Implant for CramoPlanty with Exogenous graft- 20000 May 1	NA	(Nij):	Termary	Reputar Procedure	No special condition	Plue	then (mane
094	Neurosurgery	Twent Deill Graninitomy	Twist Drill Graninstudy	15000	No Implant	NA	Nil	Securitary	Regular Procedure	No operat condition	No	34	haiurance
1995	Neurosutgery	Graniontennelle	Ctanual walt remodeling/ surgery for "Cranssynsatosis"	32000	Minis plane-3000 Max 14	NA	Nec	Tertiory	Reputar Procedure	No special condition	Pier.	No	Managaria
0%	Netironurge/y	Meningocele	Antoriur cranial biosa encophationele/meningocale rypoir	45000	Europennus Graft- 4000 / Fibrin Glue- 9000 Max (1	NA	Ne	Tertiary	Regular Procedury	No operation and then	Nio	No	heuranoo
097	teunourgery	Menilugotelu	Surgery for spina failula cystura/scruita	17500	Exogenous Graft 4000 / Fibris Gaus- 9000 May 1	NA	No	Terthary	Begalar Procedure	No special condition	No	No	Securatly.
0403	Neuroaurgory	Moningnosis	Posterior crastal forma encephalicele/ormingocele repair - ischuding graft	S1000 including graft	Fibria Glue-9006 Max 1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	letoration
099	Scurumigery	Surgery has tumpar meninges	Surgery for supernesteelal fixtra-actal Tamours (Meningtoma etc.)	\$0000	No Implant	NA	Ne	Termary	Repiter Procedure	No special continue	Pier	Ne	lessensie
100	Neuronorgery	Surgery for turniour menningen	Surgery for intratenturul ExtraordalTumour[inening) uma etc]	50000	No Implant	NA	No	Tertiary	Regular Procedure	You openial condition	The	No	Insurance
101	Newronargary	Duraplanty	Duroptisity with Endogramer graft: (May be performed as a add-on procedure)	12500	Endoprissio graff- 20100 Max (1	NA	(New)	Tertiary	Reptler Procedure	No special condition	Ne	Net.	Desarance
102	Neuroongery	Decoplasty	Duroplasty with Europennas graft. (May be perfumed an an add-on procedury) Cost of graft will be extra	12500	Exogenous graft- 20000 Max-1	KA	260	Tertiacy	Regular Procedure	Ko operial condition	Ne	No	Insidumit
1055	Veunnurgery	Burr hole seegery		Firmodo ouclaading harr Umplant	No Implan	NA	Nu	Secondary	Begalæ Procedure	No special condition	Ne	Nac	boaranez.
194	Keurmegery	Burt hole seegrey	Hurr hole surgery with	21700	No Implant	NA	No	Secondary	Regular Procedury	No special condition	ten	No.	Insurance
iát	Neuronargery	Surgery for Harmatowa Intractantal	Evacuation of Parts In second in Infragorem from al Remaining	Sadett	No Implant	N.6	2 (Textiars	Regular Procedury	No sportal condition	*	No.	bootine

e.N	Specialty	Pathage Name	Procedure Name	Rate	Emplant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Condition	Rates	Day Care	Reserved Provedore (besurance/ Trust)
114	Neumonargery	Surgery for Haemationa - Intraccinital	Spontonemes Estraparenchymal brenstorna evacuation	50000	No Implant	NA	7m	Tennary	Regular Procedury	No special condition	744	No	lanut store
1197	Terministration	Surgery for Hormatoma Intracronol	Evenuation of Post- transmite Introposynchymol Homatoma of Pediatric Age- group	20000	No tinglant :	NA	740	Ternary	Regular Procedure	No aperial condition	Tre	No	Immance
198	Weamourgery .	Exclusion of Brain Abscess	Encluine of Brain abscess	39200	No truplant	NA	fia -	Tertiary	Begular Procedure	No special constrain	No.	No	Immance
109	Nourceastgery .	Alumena Topping	Craniotumy/Burr hole and Tapping of Brain Absorst	Single - 25000 Multiple - 25000	No Implant	Single - 25000 Multiple - 25000	Mit	Tertiacy	Regular Pinesidany	No special condition	Ner	No	Invacance
1110	Neuminigery	Lightensy Surgery	Epitepey Sorgery	50000	IGRID COST - 18600 May 1	NA	Nó	Tortiary	Regular Privadure	No special condition	No	No	Motorance
	Neurosurgery	firam Nepsy	Brook Boopen Open/Stervotactic guided	16475	No Implant	NA.	M(t)	Secondary	Regular Procedure	No special condition	Ne	Ng	Imanance
1112	Neuronapery	Eaction of Orbital Tamore	Excision of Oristal Turnour	43400	No Implant	KA.	No.1	Tortlary	Register Protodure	No special condition	bia.	No	Insurance
	Nowwargery	Exchana of Bran Tanner Supratentoria	Paratagnal Tomours	50900	No Implant	NA	No	Tertiary	Begular Procedure	No special condition	No	Niv	Insurance
1114	Neuronogray	Excision of Brain. Turing Suprarentatia	Skull Base Tammers	50000	No.Implant	NA	No	Tertiary	Regular Procedury	No special candition	Ne	Na	Intuestor
115	Namourpey :	Exclusion of Bonn Technic Technical	Surgreey for infrateniorial intra-axial tumoury	30000	3% looplant'.	NA	THE :	Fortiery	Regular Procedure	No special condition	744	No	Insurance
110	Neuronargery	Taxtains of Brans Taxmor Supraneutorial	Corehello-pontine angle Angle	50000	Na Ingilani	:KA	No	Tertiary	Regular Procedure	No special condition	No	Ke.	linaratice
113	Nowoongery	Dactaions of Brains Tarress Superationtics	liegenstaasturtel & other Turnours	50000	No Implant	NA	6a	tertiny	Regular Procedure	No operation	Ka	Ke	buirner
1110	Neuronorgany	Sterentache Lesiening	Storentactic Lesioning for movement disaders	60000	No Implant	NA	540.0	TVrtaxy	Repular Procedure	No special condition	340	No	limitarce
17.14	Territoria (Trana Spherwishal Sulrgavy	Endinicpii/Microsopie Trans Sphenoidal Surgery	10000	No Implant	P6A	Net	Ternary	Regular Procedure	No special condition	No	Tin	Inscript
1129	Remond pro-	Trans oral. Incorry	Trans and Surgery	46900	No Implant	NA	Ne	Tertlary	Regular Procedure	No special condition.	914	Sin	Desistance
. 121	Terutminetarriy	Transoral ourgety (Americo) and CV Junctice, (Posterior or abilityment)	Trians wraf amorror decomprehensi and Posterin stabilismen or C. V postside	84300	Implant for "Transorial surgery (Antorior) and CV Junction (Posterior stationistical) 30000 Mag. 1	PA .	No	Tertiary	Regular Powedare	To special confitton	No	Sin	Instante
1122	Neuminigery	Parature	Ventroula: Tag	15000	No. Logialet	NA	Ne	Secondary	Argular Procedure	This agreed to consider the second	Ne	344	(manance .

Sr.N U	Specialty	Package Name	Procedury Name	Rate	Implant rate	Stratification DETAIL	Gort	Level of Care	Procedure Labet	Special Condition	Ruirs	Buy Care	Reserved Procedure (Insurance/ Trest)
m	Neuroisagery	Shart Sargery	Ventricula-Petitinial Grant (Low/Median/Bigh Pressure of Haw regulated salve)	2230000	No implant	**	Ma	Ternary	Repular Proonburg	Ne special condition	No	8	Insurance
124	Neurosorgery	Shost Sargery	Ventritude - plearal Shant (Low/Mediam/High Pressure or Flow regulated valve)	33000	No Inglant	NA	80	Tertiary	Heyplar Procedure	No special condition	No	No	Insurance
125	Neurourgery	Short Sargery	Ventrinds - atriat Souri (Low/Motium/Hugi Pressee or Flow regulated value)	330007	No Implant	NA	80	Termany	Regular Procedure	Na spectal condition	No	tie -	Innucance
126	Neurosargery	Shant Sargery	Theco-performed from (Low/Medium/High Processer or Flew regulated value)	33000	No lesplant	NA	No	Tertiary	Regular Procedury	No special condition	Sin	bla	Insurance
127	Neurosutgery	Seperficial Temparal Artory (STA) middle cerebral artery (MCA) or (other EC - EC) Rypans procedure	Superfictal Temporal Artery (STA): moldle emotical artery (MCA) ar (other EC - IC3 Bypans procedure	6/000	No langtaur	NA	No	Tertiary	Regular Providure	No special condition	No	Film	Insurance
129	Neurosurgery	Arterio venous malformation (AVM) excision	Craniotmy and exclaims of articrovenous mallormation	59100	No Implant	NA	No	Tertiary	Regidar Procedure	No sportal medition	No	No	Insurance
129	Nevencurgery	Arterno censos malformation (AVM) excision	Liminectiony/Lammolomy and exclosin of Intraquital arkerinecours mattermation	25100	No implant	NA.	No	Tertary	Begolai Pracadana	No special conditions	No	No	facutance
130	Neurosurgery	Actorio census malformation (AVM) excision	Exchange of scalp arteriormous malformation	34375	No Implant	RA.	No	Tertiary	Regular Procedure	No special condition	80	No	bisurance
111	Neurmangery	Foramen Magnum Desempression	Foromer magnem decompression for Churn malormation with or without duraplicity or transition resection.	enton	No Implant	4A	The	Tertiary	Regular Procedure	No special condition	No	Ret	Insurance
132	Neurosurgery	Gud Tractice	Shull Traction	10000	No implant	NA	No	Sociality	Replar Pricedure	No special condition	No	No	Issurance
in	Noutrourgery	Pasterior Cervical Discritory without amplant -Gast Reserve	Posterior servical Londinition restrictions and discontropy	37900	No Englant	NA	244	Termary	Regiñar Priscisburi	No sportal condition	No	Pan	basuranza

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NA	Speciality	Package Name	Procedure Name	Rute	implant rate	Stratification DETAIL	Govt	Level of Care	Procedure	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
114	Summarpry	Protector Cervical Patties with septant (Lateral mass fbatter)	Protection convectal Busines using lateral mass or predicts screen and reds	a0000	Podicle screw/lateral mass screw-2500 Max. 10. J. Bod -1500 Max. 2	ħA.	X.	Tertiary	Regular Processory	No special condition	No	2	Personality
135	Neutosargery	Cerescal Disc Multiple level without Fusion - Gest Bestrood	Anterior corviral discirctority without flation	35000	Ne Implant	SIA.	yes	Terrary	Regular Prisendure	No questal condition	ħo	264	Desurance
116	Neurinarpery	Excreme of Cervical Rifes	Exclusion of Cervical Hilts	Single - 20000 Multiple - 33750	Ne Implan	Single - 20750 Multiple - X3750	No	Teettary	Repúlar Procedure	No special combinant	No	160	Tosuraece
117	Neurosutgery	Thoracity / Lambar Corpectancy with funder	Cervical/Thuracit/ Luminar corpering with Jacon for Yumor/Infection/Trainta	\$0099	Ordonnud screw- 10000 Mar: 1/ Pediate screw: 2500, plate with screw: 5000 rage: 5000 Mas 3 / Rod -1500 Mas	71.8.	No	Tertiary	Begaller Procedury	They apprecial executivisies	No.	34	Improte-
138	Neurosengety	Lumbar Discretinity - Gost reserved	Microscopic/Endoscopic Lumbar Discertorep (Sne lovel)	30000	Na Implant	NA	715	Tertiacy	Regular Precoderv	No special condition	Ru	No	lumar where
139	Mosensurgery	Micre discretomy - Cost Release	Anterior Gerveral Discussionsy with fusion (vertra cost of inglasity for such disc level.)	15800	rage with in without arrow-10000/ cage with plate-15000	MA	gree	Ternary	Regular Procedure	No special condition	No	No	Jamarance
140	Newmangery	Spine - Extradural Haematoria	Intraspinal Extradural Intraspinal exactation	30000	NoImplant	NA	No	Tertlary	Regular Proceilare	No special condition	Su	80	Insurance
141	Beamsurgery	Spane - Extradural Tamour	Excision of contradiarial spiral famor	10000	No implant	NA	Sin	Tertiaty	Regular Procedure	No operationalities	No	No	Insimante
192	Newtoniargory	tipine - forradural Tumori	Excision of extractural openal humor with fusion and fination (Cest of implants to be extra)	40000	Implant for Spine – Extradural Tammur with Reation – 30000	NA	-No	Termany	Regular Procedure	No opecial constituou	N#	No	Innaration
1G	generatives.	Aprile - Intraducal Tumour	Excision of Instaducid extramedullary tunior	50000	No tanplant	NA:	No	Trittary	tlegalar Procedure	No special condition	No	50	Insurance
146	Noutrisurgary	Sprns - Intradieral Tumener	Excusion of Intraducal extramoballary tumor with fusion and filoation (Cost of implants to be extra)	54000	Insplant fair Spine- Intraducal Tamour with Eastion - 30008	826	960	Textlery	Regular Procedure	No special condition.	No	No	Insurance
145	Sourcement of the second	Spine- Intramedallar Tumour	Raciation of fortramediallary: tumor of spins	Sautetia	No Implant	na	No.	Territory	Repsint Procedure	No special condition	Siu	tio	lumination

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Se N 9 Speciale	Parkingo Name	Procedure Name	Kate	Implant cate	Stratification DITAIL	Gent	Level of Care	Procedure Label	Special Condition	Roles	Buy Care	Hearroed Fracedure (Instituate Trunt)
1146 Seamargery	Spine - Tutramedallar Tunaur	Exclusion of Intramedialiary turner with fusion and fictuition (Cost of Implants to be estiva)	51000	Implant for Spine - Introducal Tustioner with fination - 30000	na	No	Tertiary	Hegular Praceilary	No special condition	Nor	No	Innurance
1147 Newningery	R.F. Loviening for Trigemoul Secretate	R. F. Lesioning for Trigonimal Neucalgia	19610	No tempiant	NA	No	Secretary	Begular Procedure	No operation	No	No	loweamor
140 Nearmargery	Granial Nerve Anastomosis Govt Reserve	Cranial nerve re- Anastemosis/Repair (Facual)	25000	No linglasi	NA	pes.	Secondary	Regular Procedure	No special condition	No	80	hostor
149 Nearningery	Peripheral Nervy Surgery	Peripheral serve tunne excision and repair	30000	No implant	NA	849	Tertiary	Regular Procedure	No special condition	No	No	Incurance
150 Neurosurgery	Norve Biopry eschaling Henseny	Nerve Bugny excluding Hamien's	7900	No Implant	NA	No	Secondary	Heggiar Procedure	No special condition	No	No	Insurance
151 Nearonargery	Gamma Knile radionargery (GKRS) / SRS for turnoart / Arteriovernut nutformation (AVM)	Gamma Knife Radionurgery for tumors/AVMs/ Teigronical Neuralgia	75000	No implant	RLA	No	Tertiary	Regular Proceidare	No special condition	No	No	Inversion
152 Neutinacgery	Endoscapic Third Ventriculationy	Endoscopic Third ventriculoitumy	31300	No bugilant	NA	No	Tertiary	Heppilar Procedure	No special condition	No	No	Insurance
153 Neimmegny	R.F. Leniming	Radiofrequency lesioning for chronic back pairs	0125	No împlant	NA.	No	Secondary	Regular Procedure	Ne special condition	Na	No	Insurance
154 Neuronegery	Discretency - Dursal -Gret Reserve	Discectomy - Dorsal	33000	No Implant	NA	3005	Tettiary	Regular Procedure	No special condition	No.	No	lauratice
155 Neuroscipry	Receptoration for Cranual / Spinal aurgories	Receptoration for Crantal / Spinal surgerary	25000	No leoptant	TLA.	100	Secondary	Begular Procedure	No special condition	Ma	No	Instance
156 Neumangery	Conservative management of high service logory	Conservatively managed optical inputy with wentilatur	H31 (with Ventilator)- 7500 (E3) (without Ventilator)- 4700 (Rinstiner Ward- 1000	No Impiant	ICU (with Venillator) 7500 ICU (without Venillator)-4700 Resilies Ward-1000	No	Secondary	Replár Procedore	No special condition	Maximum capping of 30009	8ia	Interative

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	Specialty	Pathigs Name	Procedure Name	Itate	Implant rate	Strattlication DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Bules	Day Care	Reserved Procedure (Insurance/- Trust)
1157	Nounnargety	Constructive management of high correct	Moderang band legary:	ICD (with Ventilator)- 7560 ICD (without Ventilator)- 4700 Roomse Ward- 1000	No Suplant	ICO (with Vestilator) 7500 ICO (without Venilator) 4700 Routine Ward-1000	No	Secondary	fingular Procedury	No special condition	Maximum capping of 10060	No	linurates
158	Neuronactory	Conservative management of high convicat injury	Conservatively menaged Severe Head organy	ICU (with Ventilator)- 7500 ICU (without Ventilator)- 4700 Routine Ward- 1000	No implant	ICU (with Vestilator) 7500 (ICU (without Vestilator)-4700 (Boutine Ward-1800	No	Secondary	Kegsfær Procedure	No special condition	Maximum rapping of 30060	No	Imaraser
1199	Neumarpry	Conservation management of high constant injury	Simple head inputy	ICE (setth Vestalator)- 7580 ICE (without Vestalator)- 4760 Roome Ward- 1880	No Iregian	000 (www.Veetilator) 7500 (100 (without Ventilator) 4700 (Noutone Ward-1000	Net	Secondary	Regular Procedure	No special condition	Maximum capping of 30000	No.	taurance
1160	Neurosurgery	AVM EMBOLISATION	AVM EMBOLISATION/THEOMIS ECTOMY	175090	Ne Implant	NA	No	Tertiary	Hegalar Procedure	No special condition	No	No.	Interater
tist	Neurosangary	Ventrucalar top	Vennticular tapping with Omayya reservine/esternal ventricular dross	20000	Nee Implant	N.A.	Na	Secondary	flegular Pyscolarn	No special condition	Na	14	Insutance
1162	Sourosurgery	Decompressive Campchurg	Craniectiony/ DUCKA for head injury/scutte stroke/cerebral vessus throushests	75000	No Implant	πл	No	Ternary	Rogolar Procedure	Nu special condition	Ne	Disp.	hiuranor
1163	Naumangery	Conservative Management of Head logary	Severy	ICU (weth Ventilator)- 7500 ICU (without Ventilator)- 8000 Bioarase Warsi 1000	No Implant	ICH (with Ventilator) 7500 ICE (without Ventilator)-4700 Boutine Ward-1000	711	Secondary	Rogular Pysiendare	No opectal construion	No	Nili	Invariante
164	Neurotargery	Conservative Management of Doad Ingerg	Depresaed Fracture	ICU (weth Ventilator) 7500 ICU (without Ventilator) 4700 Rostner Ward- 1000	360 Implant	HOO (with Ventilatior) 7500 100 (without Ventilator)-8700 Nonthing Ward-1800	No	Secondary	Negular Prisodary	Non-operation	Net	No	Insurance
	3	See.	the set of	Marrielle.	-	- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1			5	L	1 Kinn	102	V

sr.N	Specialty	Package Name	Procedure Name	Bitte	Implant rate	Stratalication DETAIL	Govt	Level of Carr	Processare Label	Special Condition	Rules	Duy Care	Bearved Procedure (Issuitance/ Trust)
145	Neuminigny	Muscle Bapey with report	Mustle Bigsy	2540	No Implant	NA.	No	Secondary	Regular Procedure	No special constitute	50	No	Insurance
166	Rearmangery. Neurinargery	Emernal Ventrusdar Dranage (EVD) Including antibiotics	External Ventrucilar Dramage (EVD)	30000	No Implant	5.4	No	Testlary	Regidar Pricedure	No special condition	No	Be:	Insurance
167	Neurosurgery, Oral and Matillolacial Surgery	Neuroclomy Gast Reserve	Peripheral Neuroclumy	17300	No Implant	N-A	peq.	Secondary	Regular Procedure	No special curdition	No	No	Інзигансе
160	Neurosurgery, Oral and Matillofactail Surgery	Neuroctomy - Gost Reserve	Trigeninal Nerve/ Peripheral Neurocturey	17300	No Implant	NA	jes .	Secondary	Regular Procedure	No special condition	50	Na	Insurance
167	Neurosurgery. Orthopaetics	Laminoctomy - Gent Reserve	Laminectury without fusion for hardsar or pervisal canal steneols	25000	No Implant	NA	348	Secondary	Regular Procedure	No special condition	No	Play	mooranee
170	Beursenegery, Orthopsedies	Laminectomy - Gert Reserve	Lammecturg with humon and fluction for humbar/orrigal/thoracic canal attonuits or for turner / trauma/filerd(Cast of implants to be estra)	25000	Odominal screw- 10000 Mar 1 1 Pedicis screw-2500, plate with screw- 5000,cage -5000 Mar -3 3 1 Red -1500 Mar -3	NA.	yes	Tertiary	Regular Procedure	No special condition	No	14e	Insurance
171	Neuronargery, Orthopsedicz	Carpal Tannel Refease	Carpal tunnel release	13500	No Unplant .	NA.	80	Secondary	Reputer Procedure	No special condition	50	2441	hesurance
	Neurosorgery, Orthogoedica, Plastic & Eventsitractive Surgery	Nerce Decomproation	Peripheral acrie tegrar/Neurolysis	13000	No loquint	NA	No	Secondary	Regular Princedure	No special condition	No	76a)	Insurance
17.8	Neurossegery, Otorianolaryogolog y (ENT), Sorgeal Oscology	Anterior shall force surgery	Embercupe / open CSF Bhinaethen Repair	26000	Fibrin Glae-White Max 2	NA	80	Tertlary	Regular Procedure	No special condition	No	Net	Insurance.
324	Neurosurgery, Otorhundarysgolog y (ENT), Sorgical Osciology	Antietser skull hose surgery	Optic narios documptorialme	25560	Mint plain-3000 Max 2	NA	No	Tornary	Regular Procedure	No special condition	No	946	lesurance
113	Neurosargery, Ouethindarysgolog y (ENT), Sargical Oscalogy	Anterour shull have surgery	Urbital decompression	25500	Mint plate-3000 Min. 2	NA	Mite	Tertiary	Regular Procedure	No special condition	PM (s	No	Insurance
176	Neurosargery, Oscelumolargegolog y (ENT), Sorgical Oscology	Antonior shall have surgery	Complacial respection	253.00	Mini plate 2000 Max	NA	Ne	Tertiary	Regilae Procedure	No special candition	No	No	Insugance

5.N	Specially	Package Name	Procesture Name	Late	logdant rate	Strainfragion DETAIL	Gove	Level of Care	Procedure	Special Condition	Ruber	Day Care	Reserved Procedure (Insurance/ Trust)
1117	Neurningery, Ourbindarysgolog y (ENT), Surgical Outslogy	Americe shall have surgery	Maxiflary swing	25500	Mini plata-3000 Maa Z	R,A	No	Testiers	Begalar Pracebury	No sponol condition	Na	No	Insurance
3176	Neuronargery. Pediatric Sargery		Nentriculinperitornal Shunt Surgery (VP) or Onaya Reservoir or External Dramage for Hydrocephalas	2000	No Implant	NA	No	Secondary	Regular Procedure	bu special condition	No	149	Immurance
1179		Arachial Phona – Repair	Brichial Plexus repuir	31308	No Implant	96A	No	Tentary	Regular Procedure	No special condition	No	Ne	losurance
1100	foruronurgery. Plastic & Reconstructive Surgery	Maragement of Nerve Plenus / Tenden injuries	Nerve and/or tendon inpary: A. Wound oxploration and chouses: II. berve repair, C. Tendon repair	A. 15000/- (Under GA), 10.000/- (Under Local/regional amenthesia), B- 5000/- per nurve, C - 3000/- per tundon repair	No Implant	NA	No	Secesiary	Repsher Procedure	No special combrane	No	No	Innurance
1101	Neurosongery, Plastic & Reconstruction Surgery	Management of Norve Pieaus / Terothin inputies	Berver and/or tendon injury, A. Wound exploration and chinare. B. Berve graft, C. Tendon graft/transfer	A, 15000/- (Under GA), 10,000/- (Under Local/regional amenthesia), B- 5000/- per nerve: C - 3000/- per tendium repair	Neo Impliant	NA	745	Securitary	Reptar Procedure	No spectal condition	No	Na	Insarance
1.1162	Seurosatger). Radatum Oscology	Malignant Spinal Cord compression with Diagnostics, pollutive radiotherary, Brace in silvaneed camer policits		15000	So lingtant	NA.	No	Secondary	Segular Principar	No special condition	No	760	lesuroner

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r.N	Specialty	Package Name	Procedure Name	Bate	Implant rate	Strutification DICTAVE	Gint	Level of Care	Procedure Label	Special Condition	Juies	Day Care	Beserved Procedure (Insuranity/ Trant)
103	Noaconargery. Radiation Oncology	Palliative measureneightal interventions for secondary vortebral and brain metadase	Pathanne neurological acterventions	*000	No Implant	τiA	No.	Tertlary	Begular Procedury	No special condition	No	No	Inserance
184	Obstruction & Gynaecology	Overtan Orstectumy	Overian Cynbecturey - goet reserve	20000	No Implant	NA	yes :	Secondary	Govt Reserve	No special condition	Ne	Na	Inverance
mş	Discontras & Gynancology	Resection of autorscory multiation hore	Resettion of accessively multiarum hore (Open/Lap)	13000	We toplant	NA	Na	Secondary	Register PRG	ho special condition	No	Ne	Insurance
1000	Obsenetation di Gynamic lagy	Hysteroscopic cannutation	Rysteresceptic consulation	1606	No Implant	NA	No.	Secondary	Regular PKG / day care	No special condition	No	1000	Insurance
187	Observing & Cynaecology	Hystermoopic Septam resetion	Rysbrescope Septane resettion	and :	No Implant	NA	No.	Secondary	Brgidar PKG	No special condition	No.	Sec.	Inneance
	Obstations & Gynaecology	Inversion of sterils	Inversion of starus - vaginal reportion/Abdominal reposition	Abdemond repeation- ietite 1 Vaginal repolition- 1600	Ne Implant	NA	No	Secondary		No special condition	No	Sin	Insurance
109	Obstetrace & Generoslogy	fftopry - Govt. reserve	Endometrial Asympton	2625	We Implant	6a	yes :	Secondary	Regular Princediara	No gertal condition	Nei	Su.	baoarance
190	Obstetrics & Opnaecology	Biopoy - Govt. resorrer	Vulval	2437	Ne Implant	NA	yes.	Secondary	Regidiar Procedure	No special condition	No	Nu	Interance
191	Obuitefram II. Gynaecology	Hysterostopic Mysonochurty	Hystermospic Nyomectionty	8.23900	Na Replace	NA	Arr	Secondary.	Regular Procedure	No special condition	Ne	ħir.	locationer
197	Obstitution & Ovimetology	Hysterectomy - Goot Beserve	Abdominal Hysterectory	20000	No Septenc	NA	yes	Secondary	Rogidar Procedure	No special condition	No	ton	Insurance
\$93	Olimetrics & Gymantiliagy	Hymericramy - Gont Resorve	Abdommal Hysisroctury = Salpingo-tepforectury	21000	No knytani	54	yes.	Secundáry	Rogular Procedure	No special condition	lie	No	Datastande
194	Obimetrics di Gynaecology	Hystorecturey - Gove Reserve	Nue desceret saginal hysterectury	2(090	No Inglant.	NA	pes .	Secondary	Regular Privodian	No ipectal condition	No	No	Insurance
145	Olisierree & Gysterrelegy	Hydrorectiony - Goot Reserve	Virginial Inchese transports antipying and posterior outpaperations chaptly.	20000	No baster	M	yes	Secondary	Rogatar Praeschern	No special condition	76.0	No	Insurance
196	Obstation & Opnacrinkegy	Bysterectowy - Govt Reserve	Laparoacopic by thereisterywy (TUJI)	20008	No implant	84	per	Secondary	Hogistar Procedure	No special condition	Nn	No	Insurance
1197	Generality Biometrics &	Rysteescome Gost Roverse	Engineeringbirdly assisted engine husberectury (E2001)	20100	No tripton	NA.	are.	5esmilary	Rogodar Procedury	No special condition	žu	Nii	linurance
13.940	Obmetrica & Gynaecology	Constraint Bylsterectumy - Govt Reserve	Consuman hystorecture	20096	No implant	84	199	Secondary	Regular Procedure	We special condition	Re	No	Denstration
194	Operatives in Gynaccology	Sing Sugerses	Surgemention Printipor	20000	Storg -5000 Blan 11	NA	No	Vertility	Regular Procedure	No special initialities	No	10	Securious

e.N.	Specialty	Package Name	Prucedure Nama	Rate	Implant rate	Stratification DITAIL	Gert	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance Trust)
250	Obstances & Gaussicology	Hysterototey - Govt Reserve	Hystorotomy	6375	No Implant	NA	yee.	fecondary	Regitar Procedure	No special condition	No	No.	Insurance
101	Obstatution & Gynamichogy	Diagnostic Nysterroumpy - Govt Reserve	With hispay	7000	tia Implant	NA	yes .	Secondary	Itegular Precedure	No special condition	No	Su	Insurance
102	Obstetrics & Gynaecology	Diagnostic hysteroscopy Gort Reserve	Without hispay	7800	No Implant	NA	hed.	Secondary	Regular Pricedure	No special condition	нe	No	Invariance
100	Observations & Genuecology	Hysteroscopic IUCD romoval = Goyt Baserve	Hysteroscopic IIICD ermonal	0000	Ne hugtant	NA.	yes.	Secondary	Regular Procedury	No special anodition	Ra	No	Imurance
104	Obeixtrics & Genuecology	D&C (DilatationBourn etaan)	D&C (IIIIatation&correctope)	5000	No linplant	NA.	ne	Secondary	Regular Procedure	No special condition	No	No	Invariance
tub)	Observice & Gynaecology	Dilation and Evaluation (DAE)	Dilation and Evaluation (D&E)	5000	No Implant	NA	No.	Secondary	Regular Procedure	No special condition	No	No	Interance
20m	Obstetrics & Genzecology	Pyonetra dramage	Pyrometza draesage	3000	Net Implant	NA	No	Secondary	Regular Procedury	No special condition	No	No	fenarphice
107	Ototetnes & Cynaecology	Intrauterme triansfesteria	Intrasterine transfisions	10000	No Implant	NA	Ner	irrondary	Regular Procedure	Meenpeerial condition	Bire	Να	Reserve
ton	Operatives & Gynaecology	Hjosterosospic adhesiolysts Govt Reserve	Hystoroscepic adhesis/guit	nuao	No Implant	NL	yes	Secondary	Regular Procedure	No special condition	Na	No	Inurance
204	Obstetuises & Gynacoology	Laparoscopic adhesishysia Govt Reserve	Laparonopic adheriolpury	4750	No Implant	NA	yes.	Secondary	mand-allorer	No special condition	No	Net	Insurance
thi.	Obstetrics & Generalogy	Trans - vigna tape / Trans- chturgtar tape	Trume-Vaginal tape	15000	No Izeplant	NA	(99	Trintlarg	Regidar Procedare	No special conditions	Páse	No	maaranoe
ii)	Obsterras & Gynaecology	Frans - vagnar tape / Trans- obturator tape	Trues-obtaination tape	26000	No Implant	NA.	(N ii)) - (Tertlary	Regular Proceedury	No special condition	tie.	76.0	Instance
112	Obstetrics & Geneenlogy	Sacrocolpopeter (Abdommal)	Open-Sacrocolpopexy (Abdominal)	20000	Mesh - 15 X 15 - 5000 Max:1	505	No	Tertiary	Reputar Procedure	No special conditions	Ne	No	Interance
10)	Obsterres & Gaussialogy	Sacracoipopery (Abstrational)	Sacroenlipopesy (Abdominal)-Lap	20000	Mesh - 15 X T3 - 5005 May : 5	NA	80	Techary.	Regular Procedure	No special rundroom	No.	No	tenarance
224	Obsterrics & Gymanicology	LLETZ (sochading PAP oneor and colproscopy)	LLETZ (including PAP immar and endpowerpy)	7000	No Implant	NA	No	Secondary	Hegalar Precedure	No special condition	No	No	Insurance
235	Obstrations & Gymenatiogy	Bymenectomy for insperferate hymen-Gort Benerse	Hyrnenestiany for Inspectoralis hymen	3000	Nor Lingsand	NA	yes.	3estodary	Regular Presidere	No special condition	No	No	basenante
236	thorntes A Gynaderiogi	Antionar & Peaterior Colpopermoorth	Anterior & Posterior Colpoperineoritapy	1000	No Inglant	NA	36	Securidary.	Hogulat Procedure	Ne special condition	Piel	30	hourance

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	Specialty	Package Name	Procedure Name	Rate	Suplant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Condition	Bailes .	Day Care	Reserved. Procedure. (Invurance) Trust)
217	Obstration & Gynaticology	Vulval Hensatoma drammy	Volval Herratoria dramage	3000	No Implant	NA	-	Secondary	Regular Procedura	No special condition	Roy	No	Insurance
2116	Obstetrics & Gynaeculegy	Abdomines Pertocal repair for Multerian Anomaly	Abdomino Perineal repair for Mallerian Anomaly	29500	No Implant	NA	No	Tertiary	Regular Precedure	No special condition	50	No	Insurance
214	Obstructures & Generational	Colpationy	Colpiniumy	4300	No Implant	NA	his	hernwäuty	Regular Precedure	No special condition	Pere	No	Insurance
	Obstriction & Gynaecology	Cystocele - Anteriur repair	Cymode - Anneur repair	6000	No Implant	NA.	No	Secondary	Regular Priscedure	No special condition	No	No	Interance
z21	Observation & Gynamology	Casterbattine / Creo Surgery	Electro Cautemation / Cran Sargery	3000	No Implant	NA.	No	Semindary	Regnar Procedure	No special condition	No	No	bisurance
222	Obstatution & Gynaecology	Amniucuntesis	Annincentesis	5000	No Implant	NA	50	Secondary	Regular Pricedure	No special condition	No	No	Disurance .
223	Oneintries & Gynameniogy	Chorman villus sampling	Oserionic Wiles sampling	5800	So Implant	nA.	50	Secondary	Regular Procedure	Su special condition	So	No	Disarance
1224	Onatotrics & Gynaecology	Conducentesis	Confocentesis	10000	No Implant	NA	No	Secondary	Regular Precedure	No special condition	No	No	Insurance
225	Obsistrics & Gynamothogy	Shiroduir's ythch	Shorodkar's stitch	4500	No Implant	NA.	50	Secondary	Regular Procedury	No special condition	No	No	imarance
226	Characters &	Medical management of octopic pretrancy	Medical management of ectopic pregnancy	2100	No implant	ка	50	Secondary	Hegular Procedure	No special condition	No	No	Insurance .
227	thurming & Gymenology	Medical Termination of Programcy	MTP apto B severita	2000	No Implant	NA	100	Secondary	Hegular Prisceluty	No special condition	No	1in	finingator
1229	Obstatistics & Gynaecology	Medical Termination of Pregnancy -Govt. Renerve	MTP II to 12 weeks	5000	No Implant	NA	y m	Secondary	Regular Priscedure	No special condition	No	No	maranee
229	Outotrics & Gynascolugy	Medical Termination of Pregniescy-Gove Reserve	MTP = 12 words	6500	the lumphant	NA	m	Secondary	llegidar Procedure	No special confituu	No	84	Incurance
1230	Obstatrics & Gynamickegy	High risk delivery -Gout Besetve	Mothers with eclampsia / mminiori octampsia / severe pre-eclampsia	11500	No Implant	3NA	yes	Scondary	Registar Priscobure	No special condition	No	No	histrance
an i	Obstatisci & Gynaeurology	High risk delawry -Gort Reserve	Major Fetal matternation requiring intervention menodiarity after birth	11500	No Implant	KA	999 .	Secondary	Hogular Priscobare	No special condition	No	No	incurance
an	Obstituties & Gynaecology	High risk deitwery -Gent Reserve	Mathers with severe anaemia (<7 g/dL)	10000	No Implaint	NA	94K	Secondary	Rogular Pricedure	No special condition	No	No	Insurance

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54 N.	Speciality	Package Name	Procedure Name	Rate	implant rate	Stratification DETAIL	Gutt	Level of Care	Processare Label	Special Condition	Rojes	Day Care	Reserved Procedure [lassarance/ Trust]
1233	Obrietrics & Gynaecology	High risk delivery -Gon Reserve	Other maternal and field conditions as per guidefines or provision ascenarian section, diabetes, severe growth retardation, etc that quality for high rtak delivery.	10000	Nei Implant	NA	76	Secundary	Regular Procedure	No special condition	Ne	Nie	heatence
22.04	District & Synaecology	Manual removal of placenta - Gost Reserve	Manual removal of placenta	8500	No Implant	NA	yes	Secondary	Ropular Procedure	No special condition	Dute & time of delivery to be captured when this package is booked	Tio	Imurance ·
1215	Obstatives & Gynaecology	Caesanan Delivery Gent Reserve	Camarean Delivery	11500	No Implant	NA	-	Secondary	Regular Procedure	No special condition	Na	No.	Imurator
1236	Obstatrics & Gynamicology	Vaginal Myomectumy	Vaginal Mynmechiniy	15800	No Implant	NA	2011	Secondary	Regular Procedure	No special condition	No	No	Internation
1237	District &	Complete Perincal Year - Gent Resorce	Complete Pottonal Year	5000	No Implant	NA	949	Secondary	Regular Procedure	No special modition	560	No	Interation
1230	Gynamology	Pest contal / Injury Repair Govt lieuerze	Post const / Injury Repair	5000	Ne Implant	NA	yes	Secondary	Regular Procedure	No special conditions	Na	No	louranie
1237	Obstetrics &	Conc hispay	Came biogray	7000	No Implant	NA	No	Secondary	Reputar Procedure	No special condition	No	No	Innentos
1240	(Networks 8	Himpsy-Corvical, Endormetrial EA/ ECC, Vulvar, Polypectiony- Govet Reserve	Biopsy-Grivscot, Endonetrial EA/ ECC: Volvar: Polyportiony	4308	No Implast	NA	yes.	Secondary	Begolar Procedure	No special condition	No	No	Insurance
1241	Ubaterrics & Gynaecology	Brotern-sagood / Oterine fotula orpine	Oretero - Olarine fistula regale - Open	26040	Netmplant	NA	Na	Termary	Beguhar Procedure	No special modition	Net	Ka	Insurance
1242	illisterrice & Gynaecology	Uretero-sagnal / Uterine fistula reput	Droterw- vaginal Ratala repair - Laparoscopic	20000	Not Implant	NA	Nu	Tertiary.	Regular Procedure	No special condition :	Nia -	Na	lauguece
1243	Olimitatica & Opinamology	Uretern-sognal / Discuss famile report	Urstern - Unvine fistula repair - Lapariscopii	26000	No Implant	93A	No	Tertiary	Regular Procedure	No special conditore	Na	Su	luurance.
1244	Obstances & Generalization	Urstern-vagnal / Uterine fistula reputs	Orvero - vaginal fistala rugan - Open	26000	No Implant	NA	Net	Tentiary	Regular Procedury	No special condition	No	Na	Татисносе

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u.N	Specialty	Package Name	Procedure Name	Rate	Teoplant rate	Stratification DETAIL	Gort	Level of Care	Procedure	Special Condition	Rufes	Day Care	Reserved Procedure (Jumrunce/ Trust)
245	Offisiterens & Gemarchiege, Paodiatrie sorgery, Sorge al Oncoleggy	Laparetning and proceed for Outertain Case eve- Omercany with Bloteral Salpinge- niphiciectury	Laparotomy and process for Overian Canters. Omeniony with Hilatical Salpingor on phoreetuny	20000	No longitant	NA	No	Ternary .	Regular Procedure	No special condition	Ne	No	Justianes -
	Obstatrius & Gynaecology, Paodiatric surgery, Surgical Oncology	Haging Isparatomy for ovarian camour (simple)	Hystorrectiony + calpings optierschemy + umontectomy + BPLND- Opes	36000	No longitant	NA	No	Tertiary	Regular Procedure	No special condition	No	No	Instance
247	Osonteses & Gynaecology, Sorgical Oscilogy	Radical Bystarectury	Hysteractions + Infatienal scalpingoophorectomy + amentischamp + peritunections and organ resections (Misumum 2 ampung)	60000	No implant	NA	Nó	Termany	Bogsdar PKG	tto special condition	Nu	Nés	Inquiniesion
248	Obstetrues & Gynaecology, Surgical Oncology	Radical Opstorectumy	Caes tradical hysteractamy + bilateral salpingoophorectamy + IPLND - Lae.	40000	No implant	55	No	Terliary	Regular Procedure	No special condition	No	No	Insurance
249	Obstateles & Gynamenikegy, Surgical Oncollegy	Radical Dystatractionsy	Class Fradical hysterectarug + bilataral salpingoophorectorry + HPLNO - Open	40000	Nor Implant	NA.	210	Tyttany	Begalar Procedure	No special condition	No	B 1	Insurance
250	Observents & Gynaerology Surgical Oncology	Radical Hystorectomy	Class Fradical Hysterestomy +/- bilaneral salpingsophorectomy - Lap	30000	Nor Implant	NA	24.0	Ternary	Regular Procedure	No special condition	No	Pia	trourance
294	Obstatures & Gysaernhagy Surgical Obsology	Radical Hysterectomy	Class Fradical Hysterectomy 42- bilateral scigningsophorectomy - Open	30000)	No trigiani	NA	No	Tertiary	Begalar Procedure	No special condition	Per	560	lininance
253	Obstatrics & Gynascology, Sorgical Ontology	Radical Hysterectomy	Class II radical Systematomy + 305AD	40005	No Implant	NA	80	Tertiary	Begglar Procedure	No special condition	No	Sio	lesurance
-	Obstatutes & Gynaecillogy Sergical Openingy	Radical Hydroretania	Class III Faibcai Bysteectury + BPSND	302310	Sas broplant	N.A.	no.	Ternary	Regular Procedury	the special combinion	5.0	444	Insurance
1254	Observation & Gynamorology, Surgical Openingy	Radical Hysterectamy	Bysterostamy + bilateral adjungeopherectomy + onemetanity + peritometany and organ projections	649000	No Implant	NA.	Nu	Tertiary	Register Procedure	No special condition	No	No	inpuratory .
1253	Option & S. Gynaroulogy, Surgical Optimizing	Valverning + reconstruction procedures	Volentume + tocombustion procedures	40000	No higher	liA'	Nie	Intern	Reputar Procession	notthers kirrede aid	Der	500	freezanie.

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Sr.N.	Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gavt	Level of Care	Procedure Label	Apecial Condition	Rules	Dey Care	Reserved Procedure (Insurance/ Trust)
1250	Obstueries & Gynaecology, Surgical Occology	Proceedury on Fallequan Tuby for extablishing Tubal Falsency	Procedure on Fallopian Tube for establishing Tubal Patosay	11500	Nor Integlant	16.6	No	Secondary	Regular Procedure	Ne special condition	No	810	Insurance.
1257	Otisteerics & Gynaecology Sangical Occulingy	Valvectiny simple	Valaectomy simple	20000	No Inglant	26,8	No	Secondary	Regular Princedury	No special condition	Sio	No	leiteranite
1258	Obstatorius & Gynaecology, Sorgical Oscology	Laparrocopic tubal surgerses (for any todication tockuling estimat programcy)	Laparessapic tabal surgeries (for any indication including ectopic program(y)	13900	No implant	N.A.	Nit	Secondary	Regular Procedure	We opecial condition	Nn	Péte	Inverance
1259	Obstetrica & Gynamichigy, Sergical Oscology, Thulogy	Rafical Retraperitorical Symph mode dimension	Radical Retroperitornal sympto node dissection- open	40000	No texplane	NA	544	Tertiary	Rogidar Pricedure	No special condition	80	-	Inverance
1,200	Obstatrics & Gynawidogy, Sorgical Oscology, Urology	Ratical Retroperitoneal Jemph mole dissection	Radical Retroperitorical Symph node dissection Lap	52100	No implant	%A	No	Tertiary	Regular Procedure	Na special condition	No	No	Instrumen
ind.	Obstatrics & Gynacodogy, Unology	Burch	Abilominal	25000	No Implant	5.5	Sea	Secondary	Regular Procedure	No special condition	5-c	Pero.	Incompanie
	Obstatutes & Gynamology, Drology	Burch	Laparoscopic -Rorch	25000	No Implant	5.5	No	Secondary	Begular Procedure	No special condition	No	No	Insurance
263	Ofestetrics & Gynecology	Salpingcophotes tumy	Sulpingouphorectomy days	14000	No Implant	86.	Ne	Secondary	Regular Procedure	No special randition	No	50	Insurance
	District & Generalizer	Abdominal Myomechany	Abdominal Mysenectomy	20000	Nor Implant	NA	No.	Secondary	Regular Procedure	No special condition	No	No	Insurance
265	Onstatrics & Generology	Hysteroscope	Agateroacopic polypectours	0000	No Implant.	NA	500	Secondary	Regular Privedure	No special condition	Nei	50	Insurance
	Obidetrics & Generalizy	Maschester Beneir	Manchester Reput	15000	No Implant	na.	2(4	Seminitary	Regular Procedure	Ne special condition	Not	50	Insurance.
267	Obstitutes th Optimising	Lap. Sorgery for Endometricisti (Other dam Hystersetamy)	Lap. Surgery for Endometricolo (Other than Wysterschumy)	14700	No Implant	NA .	No	Secondary	flegidar Procedure	No special condition	No	No	Insurance
1.54280	Obstetrics & Gymenhagy	Vagmal Sacrospinus Poation with remain	Vaginal Sacronytmus Traition with repair	15600	No implant	%A	No	Secondary	Regular Procedure	No special condition	Nite	ĥo	Insurance
120480	Otominis B Gynesilogy	Emission of Vaginal Tephani (Vaginal route)	Excision of Vaginal Segment (vegetal costs)	21700	No longfart	76.A		Seenndary	Regutar Processarse	No special condition	No	ho	hisurance

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e N W	Specialty.	Package Name	Procedure Name	Hate	Implant rate.	Stratification DETAIL	Got	Level of Care	Procedure Label	Special Condition	Raign	Day Care	Reserved Procedure (tesurance, Trant)
276	Observation & Gynecology	Radical Volvectoring with Ingurnal and Pelvic lyrigh mode direction	Badical Volventiony with Inguinal and Petvic lymph node discrition	34500	No implant	NA	No	Tertiary	Tregular Procedure	The special conditions	Rec.	No	linurance
271	Obstatries & Gynecology	Laporotomy for ectopic/homiga disorders	Open-Laparoniumy for ecoupie/ beingn disorders	29000	No Implant	NĂ	Nn	Secondary	Regular Procedure	Ne special condition	Nor	No	Brourance
272	Ohmetrics & Gynecology	Laparatomy for ectopi(/ brenign disorders	PID	29000	No tooplant	NA	Na	Secondary	Regular Procedure	No special condition	No	No	lenunce
275	Obstetrics & Gyneeningy	Cystoctorey	Cystecturey - Lap	20000	No Implant	NA.	No	Semantary	Regular Procedure	No special condition	Nú	Na	Interation
274	Obsection & Gynecology	EUA for (minur girls / unmarried sexually machive / victims of sexual abuse)	EUA for (minor girls / annurried sexually inactive / victims of sexual abuse)	2425	No Implant	NA	No.	Secondary	Regular Procedure	No special condition	No	Tio	Interator
275	Obstatrics & Gynecology	Hospitalisation for Antenatal Complications	Hospitalisation for Antomatal Complications	1800	No Iniplant	NA	No	Secondary	Regular Procedure	No special condition	Net	Ne	Internation
276	Obineterics & Gynecology	McDenald's stitch	McDonald's stifts	6000	No Implant.	NA	No	Secondary	Regular	No special condition	No	No	Insurance
277	Obstatrics.4 Gynacology	Secondary induring of episiotumy (Geet Reserve	Secondary subiring of episionomy	3080	No logiant	NA	heir .	Secondary	Regular Princedure	No special condition	No	No	historica
271	Obstation & Gynecology	Vulvo vagital / hartholio cost/ almcess enacleatian / drainage	Vulter vaginal/ hartholin cyst/ aburss enucleation	6000	No brightest	NA	No	Secondary	Regular Procedure	Sie special condition	No	No	trourance.
279	Obstatizian & Gymecology	Yulvo vagnal / hartbulin cytt/ ahncess emscleation / dvanage	Valvo vaginal/ hartholin cyst/ abiawic dramage	6000	No Implant	NA	No	Secondary	Regular Prisodure	No special condition	7441	No	Insurance
218	Obstatzics & Gynecology	Cystectomy.	Cystectomy - Open	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
100	Obstetrics 8. Gynecology	Laparoncupy for Extraple/ other besign disorders	Tap	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Nn	No	Insurance
200	Obstruction for Cytocology	Enversal of Sterification/ Taboplasty [Jap/ open1]	Reversal of Specification,/ Tuboplasty (Jap/ open)	25000	New Templant	NA	Yes	Secondary	Regular Procedure	No special condition	No	80	hisurance.

er.N	Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification DUTAIL	Govt	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
2111	Obmentin & Gyneodogy	Laparationsy for Broad Ligament Remateria	Laparentumy for Broad Lapament Hematoms (with subernal ifrac figation)	304119	No implant	NA.	No	Tertary	Regular Procedure	No special condition	Ne	Na	Insurance
294	Obstiviries & Gynecology	Resultaring of wounds	Resonancing of seconds	5000	No Implant	NA	760	Secondary	Regular Procedure	No opecial condition.	540	No	Insurance
100	Ohenemings	Operative Vaginal delivery (Vacuum/ forceps)-Govt Reserve	Operative vaginal delivery (Vacuum/ forceps)	4000	No Implant	NA.	1me	Secondary	Regular Procedure	Sio special condition	No	No	louaranie
296	Obstetrics & Gymenings		Surgical management of PPH after viginal delivery	15000	No Implant	NA	No	Secondary	Repúer Procedure	No special condition	No	No	Meiaramóe
2547	Obstatrace & Gymecology, Plantic & Reconstructive Surgery, Surgery, Surgical Oncology	Rectourginal fictula repair	Bectorograd Batula repair	24000	No Implant	NA	Nú	Secondary	Hegalar Procedure	No special condition	bio	n a .	Insurance
290	Obstatrics & Gynecology Pediatric Surgery	Salpingsophire: taitly	Salpingnophorestumy- Open	34005	No Implant	NA	N9	Secondary (Repdar Procedure	No special condition	No	366	Invoration
200	Observices & Gynecology, Plastic & Resonatructive Surgery	Voginopfanty (Metholoe procedury)	Vagimpliany (McIndoe procedore)	17300	No linplant	NA	Mo	Secondary	Begsdar Procedure	No special condition	Ma	Ne	Insurance
240	Opmainsdogy	Advanced Surgery for Retinopathy of Prematurity	Advanced Surgety lise Retinopathy of Prematurity	15000	No Implant	NA	No	Secondary	Begular Procedure	No special condition	No	Na	bourance
271	Opitalinviogr	finites and a Grien Angeography OCGA1	Induityannie Green Angography (ICGA) - CRIVT Reserve and Day care	34011	Ne Implant	NA	344	Secondary	Govt Benerive / Deptare	Ne special condition	Plan	jas.	Insurance
290	Opthatmology	Findus Fluorescenn Anglography (FFX)	Pandus Fluoresceia Angiography (FFA) - GOVT Reserve and Day care	1000	No Implant	NA	945	Securitary	Govt Reserve / Day care	No special condition	No	-yes	Insurance
293	Optilationing	Provin Surgery	Philsin Sulgariy'.	8000	Silicone Rod -1500 Max (1	NA.	\$60	Tittaiy	Regarar Procedure	No special condition	Phie	161	Biswuner.
294	Optimisedapt	Resaura	Entropun correction	6500	No Implant	NA	yes.	Secondary	Regular Procedure	No special condition	Peo	Ne	Insurance
293	Optionsty	forregime correction -Gost hourse	Coursean correction	4500	No Implant	NA	100	semilary.	Regilar Finisitare	No special condition	No	No.	headermie

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ić.N D	Speciality	Package Name	Procedure Name	Rate	tingilant rate	Stratification DETAIL	Govt	Level of Carr	Procedure Label	Special Condition	Itules	Day Care	Reserved Procedure (Insurance/ Trust)
296	Opticalisation	Lid Teor Repair	Lid Teur Report	7500	No Implant	NA	No.	Secondary	Begular Procedury	No special condition	No.	No	Inverance
197	Optilational eggr	Lid Abszani Draininge	Lid Abaceus Drainage	\$500	NaImpion	NA .	tin.	Secondary	Begular Procedure	Ne special continues	No	No.	Insarance
2911	Opticalization	Lid Tumer earlies + Lid Reconstruction	Lift Tumor exclusion + Lid Reconstruction	12000	No Implant	NA	84	Secondary	Regular Procedure	No special condition	510	No	luurance
299	Operationalogy	Chalanam Removal day	Chalaction Removal	2000	Nie Implant	NA	No	Secondary	Regular Frirosbury	No special condition	No	Teles	Insurance
300	Opthalmalogy	Squint .	Minor - upto 2 museles	4050	No implant	NA	Su	Secondary	Begular Procedure	No special condition	No	No	lumination
301	Opriminalogy	Squar	Major - 3 or more mundes (complex surgery involving four muscles or oblique murcles)	12000	No Implant	NA	Ne	Secondary	Regular Procedure	No special aundition	80	No	Insurance
302	Oyrthailmailagy	Conjunctival turnour exclasos including Amniotic Mombrane Graft	Compositival homour excision including Amnione Membrane Graft	7000	Timor graft- anniofic membrane -2700 Mas.:1	NA.	Nir	Ternary	Regular Procedure	Ne special condition	tier	No	tecurance
383	Opthalmology	Dacryocystorhie osłutsy	Canalizate Dacryscyctorfunetomy with Silicon Tuby / Short	10000	Silicon Tube / Silicon steet -2000 Max 1	NA	Ne:	Tertary	Hegolar Procedure	No special condition	30	No	Insurance
304	Opthalmology	Dacryoejstorbia usiony	Canalicule Discryorystarbinestumy without Silicon Tube / Stent	0000	No Implant	74.0	No	Secondary	Regular Procedure	No special condition	260	No	Heurance
345	Opthalmology	Darrjorjsturhin ostorer	Dacryocystartinostany with Silicon Tube / Mont	10000	Mileum Tuthe / Stimme stant -2900 Marc 1	NA)	Ner	Tertiary	Risgular Procedurir	No special condition	un .	No	Insurance
306	Opthalmology	Dacryocysterluin ustomy	Durynrysterhinosteny without Silicor Tabe / Stent	BUKOD-	Sectoplant	na	No	Ternary	Regular Procedure	No special condition	Mar	No	Recurance
347	dymanulogs	Corneal Ulcer	Corneal Ulrer Management	4000	No Implant.	5.0	No	Securitary	Regular Procedure	No special continues	No	Ne	lissarance
juis	Optical mulney		Corneal Gratting	10000	convertige and when	NA	Sa	ternácy	Regular Procedure	The package is inclusive of Eye Bank processing five	N. LUCP	-	Insurance
1 Mid	Oppainslagy	Gerneul Grafting	Lamellar Keranglasty	11300	onread grain 4000	N.A.	Siu	Tertiny	Regular Procedure	The package is inclusive of Eye flatik principaling fee	Na	No	lissurance
1310	Opthalmology	Cornent Gallagen Generalishing	Corneal Collagra Crossiladving	14000	No Implant	N.A.	Net	Secondary	Regular Proordure	No special condition	pla	No	houranae
311	Opduinulugy	Psyrapiant » Conjunctival Autorialt	Ptorygium + Conjunction Autografi	2500	No Implant	NA.	Bu:	Secondary	Regular Procedure	No special combines	No	No	Hustance

have not with the

SCN.	Spociality	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Goyt	Level of Care	Procedure Label	Special Condition	Bules	Day Care	Reserved Pricethurs (Insurance/ Trust)
1.112	Opdialinelingy	Gormeo / Sideral / Germen schoral toar registr	Cartero / Scheral / Cartero scheral toar repair	6000	Ne Impiant	NA	No	Secondary	Regular Procedure	No special condition	Nu	No	Imutance
m	Optimized by	Cormeal / Scienal Patish Graft	Corneal / Science Patch Graft	5500	So Implant	NJA .	No	Secondary	Regular Promiure	No special condition	Nee	No	Innuration
1314	Optialmology	Ideral buckling surgery	Scieral buchting surgery	19000	Ne Implant	NA, .	Ne	Tertiary	Regular Procedure	No special condition	Ne	No	luourance
1315	Opthalmology	Scherzel Bluckin Rennoval	Scheral Richle Removal	5500	No Implant	NA	344	Secondary	Begalær Procedæm	To be done only after a prior scherat lockling surgery history	To be done only after a provision school buckling surgery lustery	Na	Insurance
uns	Optiumology	Central Dermoid Romanal - Gave reserved	Laubal Dermoid Removal	2009	Tossan graft - Cornoy / Sciara - 3000	NA.	yes	Tertiary	Begniar Procedury	No special condition	Su	500	Insurance
1,117	Optical standing y	Gataract weignig Goot received	Phaco emulaification with foldable hydrophobic acrylic KIL	4500	Poldatile Bydrophility Imraocutar lens-3000 Max (1	na	215	Testiery	Regular Procedury	No special condition	Sa	Nn	Immance
i)110	Opthelinology	Cataract surgery- Gast reserved	SICE with non-foldable IOC	\$008	Non Soldable 10L - 1000 May :1	NA	741	Tertiary	Regular Proordare	No special condition	2hu	50	Innorme
1319	Opthalmology	Surgery for Pediatric Cataract	Psedutric leasestowy	9298	Foldable Hydropfiobie Intrancalar lens-3000 May 1	NA	Sia	Tertaiy	stand-alune	Net spectal condition	Nu	No	Insurance
1329	Oythahmology	Surpey for Pedianic Cataract Gert reserved	Preliairie tens appration with protorior capsulations & americo vitrectory	9209	Poldable Bydrophobie Intraocular Jena-2000 Mas 1	NA	yes	Tertiary	stand-alone	No special condition	Nu	Na	Invariance
1321	Optialinology	Bargery for Pediatric Cataract, Gost reserved	Paedkatric Membranestamy & autorior subsections	sinos	Foidable Opdrophable Intraocular Into 3000 Max 1	NA	TO:	Termany	stimb-done	No special constitution	No	No	Descarye.
1922	Dprh.doub.gp	Capitationing (YAG)skip-care	Capacitotiany (YAG)	1500	No Implant	na.	No	Secundary	Regular Procedury	Case be boolond only after 1 year of sataract surgery	Can be brooked only after 3 year of catanact surgery	7in	Instate
142)	opdiatundege	GFIDL Dischesive of Vitrachemy)	SPIOL (unchasive of Viewclustry)	25000	Glue for Scienal finated POL - 3000	NA	No	Territory	Regular Procedure	No special confition	Sin	Ness	Insurance :
1323	Optical-molecter	Secondary IOL / IOL Exchange / Explant	Secondary 10L / 10L Bachange / Explant	4000	101-3000 Ma (1	NA	No	Ternary	Begular Procedure	No special condition	340	No	Insurator
i)iis	Opticitening	IRES Produpse - Prepair	ERIV Prologous – Royans	4500	Ne lingtan	йл.	No	Secondary	Regular Procedure	Can be broked as a complication of cataract surgery atleast 15 days after discharge	Can be basised as a complication of catacast surgery atleast 15 days after discharge	Ne	Imulaice

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Sr.N 11	Specialty	Fackage Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Nperial Condition	Rules	Day Care	Reserved Procedure Unsurance, Trusti
326	Opthabnology	Inidistanty	Iridectumy	2000	No Implant	NA	80	Secondary	Regular Procedure	Ne apecial condition	Nio	No	hourseen
1327	Opthalinology	Gisuruma Surgery	Cyclocrystherapy / Cyclophotscongulation	3500	Ne Implant	NA	20	tooondary	Registar Proteislary	No special condition	No	no	traumore
1328	Opthaboology	Glaucema Surgery	Glaucema Surgery (Trabucalectomy only) with or without Mitomycon C, including portoperative medications for 12 works (and wherever surgical or later procedures required for bleb augmentation and solution chamber inalitemence)	11000	No implant	NA	No	Secondary	Regular Procedure	No special condition.	Nés	No	Insurance
1329	Operficience longy	Guiconia Singery	Glaacoma Shont Sargery	13000	Non Valend Glaucoma tube - shunt-9000 Man 1 Valend Gaucoma tube - ahunt-9000 Man 1	NA	No	Teeniary	Regular Procedure	Ne special condition	Film	10	bisurance
1330	Opthalmulogy	Claucoma Surgery	Pediatric Glascoma Surgery	15000	No Implant.	NA	No.	Secondary	stand-alcore	Ne special condition	No	No	Insurance
1001	Cotheleology	EllA for Confirmation of Pediatric Glaucenta	EUA for Confirmation of Perhately Glascoma	3000	No lesgiant	мл	No	Secondary	Regular Procedure	No special condition	No	No	lumance
1337	Opthalmology	Retinal Later Photocoagulatio a - day care	For retinal tear repair Per Eye Per Sitting	1500	No Inglast	NA	760	Secondary	Regular Procedure	The procedure is done only since per eye and not repeated	The procedure is done only once per eye and not repeated	No	lanurance
cun	Opthalmology	Rotanal Lanor Pischucoagalatha n - day care	Pan Bettinal Photomosphation (PBP) - Retinal Laser including 3 ottings / package of retino- lator photocoagulation (3 ottings per ove for both syres)	8506	No legilant	NA	No	Secondary	Regular Procedure	Claim to be raised after all 3 sittings have laven draw per 4ye. 2. The interval between subsequent sittings is atteaut 3 week.	1	No	Preuranen
1114	öpthalmulogy	ROP Laser - Per	ROP Laver - Per Rye	5000	No Doplant	NA	No .	ticcentury.	Hegolar Procedure	No special condition	No	No.	Iniurarior
1115	Opmatinulogy	CONTRACTOR OFFICE	Retinal Cryopeny	3500	No Implant	nA	NGI	Serotsfary	Regular Procedure	No spectal condition	940	No .	beautience
1.1346	Optimizing	Vitromettical Sargery (with Silicon Oil Intertian)	Vitronettinal Sargery (with Silican Oil Invertion)	25009	Implant for "Vitrenretinal Surgery" (IOL & Per Rosen carbon liquid) 6000 Mas :1	NĄ	No	Tertiary	Rogular Procedure	Sie special condition	Nin	240	lenutance

Se.N.	Speciality	Package Name	Princedure Name	Rate	Implant rate	Stratification DETAIL	Gert	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trant)
3,17	Opfical molectry	SOR (Silicon Od Bernewal)	SCIR (Sillow Dil Resumal)	9002	78e Implant	5.4		Secondary	Add - On Procedure	Pre-autili to be trained unly in cases which have a prior history id Vitrorieritical surgery done atleast 3 months 200	Pro-auth in he canad only in taxes which have a prior history of Vitrometinal surgery done atleast 3 months ago	No	Innutance
370	Optical analogy	Endophthalmins (excluding Vitrostotey)	Endophthalantas (excluding Vitractomy)	5005	Neimplan	NA	No	Secondary	Regidar Procedure	No special condition	No	No	Innorance
3.34	Optical molector	Empleation	Enacleaties Without	6000	No Implant	NA	Sin	Secondary	Reptar: Procedure	No special condition	No	No	houtance
(340)	Opticalenology	Enucleation	Enacleation With implant	6000	Implant Se "Emailention" (Conformetts + Plants / silicon hall type implant) - (4000	NA	Ba.	Ternary	Beguñar Procedure	No special condition	No	No	Insurance
1541	Opthalmology	Evisoeration	Eviseration	6008	Implant for "Enactantion" (Conformers + Plantic / stheam ball type implant) + 4000	ħA	Nii	Tertiary	Regidar Procedure	No special modition	Nu	Nα	huturance
342	Opticalmology	Socket Reconstruction Including Amnostic Membrane-Graft	Socket Reconstruction including Amnietz Memircase Graft	11000	No Implant	NA	No	Secondary	Rogalar Procedure	No special rusdition	No	Nα	Тапытанся
343	Opendimiliagy	Ochitoturey	Orbitutuing	14000	No Implant	NA	(Noi) 1	Secondary	Regular Procedure	No special combines	Na	Nu:	marance
344	Optimizing	Orbital fractione repair	Orbital Inschure repair under GA	10500	Parsna Pulyethylens abort-0000 Max:1	NA	Ne	Tertiary	Rogular Procedure	No special condition	No	No	Insurance
(A6)	Upthelesioge	Clainconta Servermitgi-shay Larv	Viscon Retraction-KIP & Fundar	*10	No Implant.	nca.	No	Securitary	Regular Procedure	No special multilas	20	1911	marane
344	Opticalization	Glassenna Servening- day	Vision Refraction-50P & Fumbus OCT & Vision Fields	1580	So toplant	NA	No.	Securitary	Regular Procedury	No special condition	Ku	No.	Insurance
347	Opdulmalogy	Diabeths Retinopathy Service day	Vision refraction.funder phone and OCT	1000	No Implant.	NA.	No	Secondary	Regular Protedure	No spectal condition	Nee	No;	linurasice
340	Opticalization	Sequestrectury	Osciencitywildia - Acute	2009	bie Implant.	NA,	No.	Secondary	Regular -	No special condition	files	No.	Desurative:
349	Optialmology	Sequestrectury Debridement	Outcomywlitte-Orientic	30.00	No Impliant.	NA.	Ne	Soundary.	Regulac Prousdure	No special condition	No	Sim	Bennar penne
3110	Opthalmology	Salimand disdar stabilithousey	Sedenare@ullar statislithotomy	1000	Se Implant	ма	Ne	Socuritary	Regular Procedury	We special condition	No	No	histerance .

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Specialty	Package Nume	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gent	Level of Care	Procedure Label	Special Condition	Rules	Cuy Care	Bearryed Procedure - (Insurance/ Trust)
uediatric aurgery. tastic & assumitractive urgery, Sorgical motogy Serveral urgery, uearmargery, Oral mi Macellutactul attury, turhimitaryngologi (ENT)		Convervative Management (f.Inst/Heid/Pain/Abdome n)stand alone	Roome Ward- 1900	No logitarr	Routine Ward-1800	191	Semulary		Ne special conditions	No	Im	Theorem
	Exenteration	Exenteration	20000	No împlant	NA	No	Secondary	Regular Procedure	No special condition	No	No.	linurance
tacillolacial	Terationent of early childhood carrier under GA	Treatment of early childhood cheses under GA	100109	No Implant	NA	a data	Secondary	Regular PKG / day core	No special condition	No	-	Insurance
tacillofacial	Excluion of Partial mandible	Estision of Partial mandilde Under GA only	12000	No Implant	NA	30	Secondary	Regular PKG	No opectal condition	Na	No	Tanurance
ral and faciledanal ungery	Participe with systemic diseases 7	Estruction to mentally returned / Parient with systems: diseases / patient with special need - ander GA	4000	Pas implant	n.s	No	Secondary	flegalar PKG	No special constants	Nu;	Nu	lanaance
tasiliofacial	Complete denture	Complete denture - govt reserve	2500 - Gevt Reserve Only	No Implant	NA.	yes	Secondary	Gove Reserve / Day care	No opecial condition	Net	9711	losurance
ral and tartfofado)	Nort simal control per -	Root canal treatment per tooth - gost reserve	per-touth-	No Implant	RA.	yers	secondary	Gust Reserve	No special antalitiem	210	yex	Unitance
ral ană Lasifiofacial	Extraction of imported tooth	Extraction of impacted tooth under LA	600	Na tuglant	NA	No	Secondary	Regular Procedure	No special condition	No	Bis	hourance
mail and tareitteitacital	The passe	pors- under GA.	15000	Nes limplant	NA	Na	Secondary	Regular Pricedary	No special condition	No	R	Interance
trid and beciliofacial	Tumour Resection and	Manila / Mandible weighantic Turnour Resection and reconstruction (Cancer sargery)	13500	Nei Implant	n.s.	2411	Secondary	Regular Procedure	Se special condition	Ne	No	maurance
	Specialty protonoungs; archartus arangery. Sachartus arangery. Sachar	Implication Conservative sector A Conservative sector A </td <td>Instrument Instrument Instrument interfactories Conservative Management of gravy, Surgical Interface Conservative Management of gravy, Surgical Interface Conservative Management of gravy, Surgical interface Conservative Management of gravy, Surgical attury, number of Macelluberial attury, mathematery graving gravy Conservative Management of gravy Conservative Management of gravy Null and Macellubracial attury, mathematery graving gravy Description of gravy initiation of gravy initiation catter under GA Description of graving initiation of graving initiation of graving initiation of graving initiation of graving initiation of graving initiation in generally initiation in generally initiation of graving initiation of graving initiation of graving initiation of graving initiation in generally initiation of graving initiation of graving initiation in general initiation of graving initiation of graving initiation in general initiation of graving initiation in general initiation in general initiation in general initiation in general initiation in general initiation in general initiation i</td> <td>photomology, successing states, and sectors, and sectors, and sectors, surgery, Surgers, surgers, intertanger, theorem, surgery, surgers, intertangers, surgers, intertangers, surgers, intertangers, surgers, intertangers, surgers, intertangers, surgers, intertangers, surgers, intertangers, surgers, intertangers, surgers, intertangers, surgers, intertangers, surgers, intertangers, surgers, d> <td>Ipdathmangs, wednets and surgery.InclusionInclusionInclusionInclusionInclusionInclusionConservative inclusionConservative inclusionConservative inclusionInclusionInclusionInclusionInclusionConservative inclusionConservative inclusionConservative inclusionInclusionInclusionInclusionConservative inclusionConservative inclusionEnvironment of inclusionInclusionInclusionInclusionEnvironment of inclusionEnvironment of 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party instants instant and party instants instant and party instants instant and party instants instant and party instants instant and party instants instant and party instants instant and party instants instant and party instants instant and party instant and party instant and party instants instant and party instant and party instants instant and par</td> <td>NetworkPeckage havePeckage havePeckage havePeckage havePeckage haveCoreiplationary under Kargey have have trading entropy trading relation entropy trading relation entropy trading entropy entropy trading entropy trading entropy trading trading trading entropy trading trading trading entropy trading<br< td=""><td>Spectral PProceeding NumberProceeding td><td>AppendixPercent of the second of</td><td>Appendix printing p</td><td>Appellation printing<br< td=""></br<></td></br<></br></br></br></br></br></br></br></br></br></br></td>	Instrument Instrument Instrument interfactories Conservative Management of gravy, Surgical Interface Conservative Management of gravy, Surgical Interface Conservative Management of gravy, Surgical interface Conservative Management of gravy, Surgical attury, number of Macelluberial attury, mathematery graving gravy Conservative Management of gravy Conservative Management of gravy Null and Macellubracial attury, mathematery graving gravy Description of gravy initiation of gravy initiation catter under GA Description of graving initiation of graving initiation of graving initiation of graving initiation of graving initiation of graving initiation in generally initiation in generally initiation of graving initiation of graving initiation of graving initiation of graving initiation in generally initiation of graving initiation of graving initiation in general initiation of graving initiation of graving initiation in general initiation of graving initiation in general initiation in general initiation in general initiation in general initiation in general initiation in general initiation i	photomology, successing states, and sectors, and sectors, and sectors, surgery, Surgers, surgers, intertanger, theorem, surgery, surgers, intertangers, surgers, intertangers, surgers, intertangers, surgers, intertangers, surgers, intertangers, surgers, intertangers, surgers, intertangers, surgers, intertangers, surgers, intertangers, surgers, intertangers, surgers, intertangers, surgers, Ipdathmangs, wednets and surgery.InclusionInclusionInclusionInclusionInclusionInclusionConservative inclusionConservative inclusionConservative inclusionInclusionInclusionInclusionInclusionConservative inclusionConservative inclusionConservative inclusionInclusionInclusionInclusionConservative inclusionConservative inclusionEnvironment of inclusionInclusionInclusionInclusionEnvironment of inclusionEnvironment of surfly inclusionInclusionInclusionInterinductionEnvironment of and y childshowed interinductionEnvironment of surfly institution of Partial mandfillsInclusionInterinductionEnvironment and 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instant and party instants instant and party instant and party instant and party instants instant and party instant and party instants instant and par	NetworkPeckage havePeckage havePeckage havePeckage havePeckage haveCoreiplationary under Kargey have have trading entropy trading relation entropy trading relation entropy trading entropy trading entropy trading entropy trading entropy trading entropy trading entropy trading entropy trading entropy trading entropy trading 	Spectral PProceeding NumberProceeding AppendixPercent of the second of	Appendix printing p	Appellation printing <br< td=""></br<>		

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n Specia	atty Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt	Level of Carry	Procedure Label	Special Condition	Rales	Day Curr	Reserved Procedure (Insurance/ Trust)
Deal and Masthefacts Gargery	al Beliance of Otherway Sounds & gradings - 00 (OSMP) Uncomment and CA	Läsionse of fibring barnin & grafting - (n (O'MF) troutment under LA 5000	1300	Ro Implant	NA.	No	Secondary	Regulae Procedure	No special condition	Na	No	Interator
07al and Massibiliaria Surgery	Release of fibrous hunda &	2. Release of throws release bands & coronomidetomy with grafting - in (05MF) thratmost under GA	15000	No Implant	NA	80	Serondary	Regular Protectors	So special condition.	30	No	Insuration
0ral and 03 Maxibulars Surgery	Animetiums (1)	Apicocchiety (A) (1-6 to+tic) LA/GA	1 te 3 to 6 3000 1 4 to 6 teeth-5000	No Implant	NA.	50	Secondary	Regular Procedure	No special condition	MH.	Na	Insurance
0ral and Maxillofam Surpery	al Submonditivatar scaladithonomy	Intraoral submandibular alabithotomy LA/ GA	7000	No Implain	LA/7900 GA-11900	No	Seroodary	Regular Procedure	No special condition	Max	Na	hesaranze
Oraf and Manifolica Surpery	al Parotid stateturing	Extraoral parolid stabilithotomy under GA	12000	No Antglant	NA	240	Secondary	Regular: Procetture	No special condition	No	No	Insurance
Orial and Manifoliari Storigery	al Paronal ataloitchoromy	istraneal parotid stabilitiestony	7090	No Impiant	LA-7000 GA-11000	30	Secondary	Regular Procedure	No special condition	No	No	Desurance a
Oral and Maxilulari Surgery	al De-implantation of Acodeed worth with withing		1450	Re-implantation of Available tooth with wiring (4-6 tooth):12000 Re-implantation of Available tooth with wiring (2-9 rooth):10000	NA	No	Tertiary	Regular Procedure	No special cundition	764	No	Insurance
0rail and Maxillocan Surgery	Outeeradioence sia management by escision		5800	No limplant	NA	So	Secondary	Regular Precodure	No special condition	No	Su	Impatience
Dval and Maailofact Surgery		Osteoridismecrosis of Java n management by excision and / or reconstruction under GA intructing implant	12000	No longlant	ħ¢Ą.	No	Secondary	Regular Precedure	No operad condition	Nel	No	Insurance
Oval and 370 Maxibolar) Surgery, U			\$3000	No legitant	NA	No	Secondary	Regular Procedure	No special condition	n (all write	No	Insurance

Sr.N	Specially	Package Name	Procedure Name	Rate	Implant rate	Bratification DETAIL	Gave	Level of Care	Procedure Label	Special Condition	Roler	Day Car	Reserved Procedure (Sesarance/ Trant)
	Ocal and Maniferfacial Surgery, Otorhinolaryogolog y (ENT), Surgical Oncolury	Eschamm of furnous of scal cavity / parameted scous / bryographaryous with or withinst reconstruction	Environment turnsmar of orad careby / paramanal simme / karyingophiaryine without reconstruction	1000	Implant for Eaction of tumour of oral eventy -20000 Max-1 / Implant for Excision of tumour of oral taryngopharyns - 20000 Max-1 2 Implant for Eactions of tumour of oral paraeasat stress -20000 Max-1	RA	Sia	Yettary	Repidar Procedure	No special condition	So	Nis -	Interance
1372	Oral and Mixillofacial Surgery, Otochomilarysigning y (ENT), Surgical Oncology	Excision of turnsor of oral cavity / paramanal sites / laryngopharyns with or without reconstruction	Exclusion of turningr of ocal cavity / paramatal sinus / laryngophoryna with policied flap reconstruction	20000	Ne Implant	84	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1373	Oral and Maxillofarial Surgery, Otsehmularyegolog y (ENT), Surgeral Ouropers	Excision of function of coult cavity / personal stress / lacyegopliaryon with or without reconstruction	Ecclaims of turning of oral cavity / parametal sinus / targographaryon with free- flap reconstruction	25000	No Implant	NA.	No	Secondary	Regular Procedure	No special condition	Sin	No	Insurance
1374	Oral and Maxillofacial Surgery, Oto-fundarytigolog y (ENT), Surgical Oncology	Removal of Solomandibulu Solovery gland	Removal of Sudmandibular Salivary gland	15000	Na Impian	NA	Net	Secondary	Regular Procedure	An special condition	No	No	Insurance
1375	Oral and Monifoliated	Besonval of Submandbodar Subwiry gland	Roomwal of Hamila	15400)	See Ingfan	NA .	94	Secondary	Regular Procedury	for special production	Nu	2400	Insulance
1376	Ciral and Maxillofacial Surgery, Pandiatric surgery	Ankylogionata	Antylogiossis Minor	7125	No Implant	жа	24	Secondary	Regular Procedure	No special condition	No	Na	Mustance

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51.3	Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Covt	Level of Carry	Procedure	Special Condition	Rules	Day Care	Reserved Procedure (tasurance/ Trust)
\$373	Geal and Maxilloberal Surgery, Paediatric surgery	Ankyloglansin	Ankylogfozzia Mapor	15000	No Implent	NA.	Ne	Secondary	Begular Procedure	No special condition	Ne	Plan	Inauraope
1378	Oral and Mandinfactual Surgery, Paudiatric surgery, Plastic & Reconstructive Surgery	TONGUE LACERATION	Repair of tragge laceration	14000	No implant	NA	No	Secondary	Regular Pricedare	No special condition	80	No	Insurance
1.179	Oral and Manifoliarial Surgery, Plante & Reconstructive Surgery	TM Joint anhylcors of Josh Jours - ander GA	2 TM joint ankylosis of both (news - under CA (Billateral)- (Covering Reconstruction)	25000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	.Ner	.Nn	Invirance
1300	Oral and Manifofactal Surgery: Plastic & Reconstructive Surgery	Denmahreslar Itaama - seirang	Dentsalveslar trauma- wiring (destal /trauma wiring-nne jaw)	3000	No tanplant	NA.	No	Secondary	Regular Procedure	No special condition	Die	No.	Insurance
1301	Oral and Manifedatal Sorgery, Florite & Reconstructive Surgery	(Self Lip and Palate Surgety (per stage)	Cleft Lip and Palate Surgery (per stage)	16500	No Implant	50A	no	Secondary	Regular Procedure	No special condition	Net	Net	Innaration
1363	Oral and MasiBufatial Surgery, Surgical Discology	Sargical procedury under LA	Cpst / binpsy / FBAC/3hD/ In growing tor nail - Day care	700	No Implant	NA	Na	Secondary	llagi carn	No special condition	Nq	105	marance
1380	Orad and Manifestati	Surgery for Cest & turnour of Manifal / Manifale	Enucleation / Accimon of cynt / Kammur of Jaws under LA	2500	No Implant	NA	tio :	Secondary	Register Precedure	No special condition	Na	Na	Managare
iiin	Oral and Maxifolariai Sargery, Sargical Oscilogy	Surgery for Cert & turning of Maxifly / Manifile	Enucleation / exclusion of cyst / turnsur of jaws under GA	5000	No implant	NA	50	Secondary	Regular Proordure	No special condition	Nu	Nu	Insurance
atter	Oral and Masiliofacial Surgery, Surgical Uncodings	Palatiotomy	Suff patie	15000	No Implant	NA	the	Secondary	Begular Procedure	No special condition	No	No	Incurance
1394	Oncology	Palametorny	Hard palate	15000	No heiplant	на	80	Secondary	Begular Procedure	No special condition	Ma	No.	lucarance
1303	Ctrat and Manthefactal Surgery Surgeral Openings	Manifectiony	Partial	25000	No-Implant	ма	No.	Servedary	Regular Procedure	Ne special condition	No .	960	Mürinre

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Sr.N	Speciality	Package Name	Procedure Name	Rate	Tesplant rate	Stratification DETAIL	Govi	Level of Care	Procedure	Special Condition	Robes	Day Care	Reserved Procedure (Insurance/ Trust)
1,3100	Oral and Manifefactal Furgery,Surgical Oncology	Maillecture	Radical	50000	No Implant	nA.	No.	Tertiacy	Regidar Procedure	No special condition	No	Péri	Insurance
1109	Ocal and Manthetacial Isorgery Surgical Oncology	Masilisctump	Tetal	10000	No implant	ħi.h	744	Temary	Begalar Procedure	No special conditions	No.	Piler	Іплатанов
390	Orthopandics	Fracture - Conservative Management - Without plaster	Fracture - Conservative Management - Without plaster	2000	No Implant	ял	No	Secondary	Begistar Procedure	No special condition	No	No	Insurance
1991	Orthopastas	Application of Traction	Skeletal Tractines with pin	1500	No Inglant	NA .	No	Sermidary	Register Procedure	No special condition	No	No	Insurance
392	Orthopardics	Application of Traction	Skin Traction	1000	NeImplant	NA	No.	Secondary	Regular Procedure	No special condition	No	No	Investor
1397	Orthopassilies	Application of P.C.P. caute	Upper Limba	2500	No Implant	NA	No	Secontary	Fracedure	No sproad condition	No	No	Insurance
39.4	Orthogramfics	Application of P.O.P. casts	Lavier Limba	2500	No implant	NA	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
342	Orthopandu s	Application of P.O.P. Nylcan & Jackets	Spean	2509	No Implant	NA	No	Secondary	Kepplar Fracedure	No special condition	1	50	Insurance
396	Orthopaedics	Application of P.O.P. Spikas & Jackets	jacium	2500	No Implant	264	No	Secondary	Regalar Procedure	Na special condition	No	No	boursece .
ijna)	Orthopoindles	External Instant of Fracture	Longbone	1 A000	No birghase	ма.	Nor	Secondary	Regular Procedure	No. special condition	No	No	Insurance
1998	Orthopaedics	External focation of Fracture	Small home (MC,carpal, tarsal, MT, Calcimeum, Tatas, Phalanx)	9000	External Fixator - 7000 Jess-3000	NA.	No	Tertiary	Regular Pynoedure	No special condition	No	No	Insurance
1999	Orthopoedics	Cetornal Justicion of Fracture	Peivis	16000	External Finance - 7000 CL acress 1000 Max 3 k- wrre -250 Max 3 Pedicle acress -2500 Max 2 find-1500 Max 2	NA.	76.0	Turnary	Repplar Provider	No special condition	No	No	Insurance
1400	Orthogoandics	External Easturn of Fracture	Both honos - farmarma = DNS Ligamentotada	19000	Esternal Finator 7000 []am. 2000	NA:	No	Tertury	Regular Promolare	No special condition	5in	Nü	Interance
ioi	Dethoppoidars	Forestations - Exaction of Fracture	Percotaneous - Fixation of Fracture	LA - 3008 GA/AA > 5008	k-wow-250 Max 18	LA : 3000 GA : 0000	-	Tertory	Repstor Procedure	No special condition	Sku.	78+	Invariance
402	Orthopassian.	Elastic sailing for fracture fisation	Formar + chaft tiltia	1100	CC-stress-1900 Max 3 [Enternal locator / Elastic Nail -5000 stat.:3] Journe (250 Max:3	n.a.	Ser.	Termary	Regular Freedure	Ne special condition	No	2	Tesucance

e.N.	Specialty	Package Name	Procedure Name	Rate	Implant rate.	Stratilication DETAIL	Govt	Level at Care	Procedure Label	Special Condition	Robes	Day Care	Reserved Procedure (Tesurance/ Tetat)
102	Orthopaedics	Gar Bachary Bachary Baatang	Humerus	17600	No Implant	NA.	80)	Secondary	Regular Procedure	No special condition	No	No :	hintanæ
404	Gethopsedica =	Elastic nating for fracture fisation	Fursiante	16000	CC-serve-1000 Max (3.1 External fixator / Eastle Nail -5000 Max (3.1 K-serve -250 Max (3.2	NA	No	Tertiary	Regular Princiduen	No special condition	No	Né	Iniutation
405	Orthipielics	Internal Fisation of Small Bones	ORDF Small Bones	11000	1500 per plate, one 6 bole small DCP with urrews (3500 per plate, CC screw-1000	NA	Bas	Temary	Rogalar Procedure	No special condition	30	No	lanutance
406	Orthopaedica		Fracture - Long Boses - Metaphyseal - OBJF	19000	CC-screw-1000 May 2-1 Herbert screw- 2500 May 2-1 Per Plate-7000 May 2-1 h-wire-250 May 2-1	NA.	No	Tertiary	Regular Procedary	No special condition	Nu	No	linurance
407	Orthupaedbox	Fination of Displaysest Fricture - Long Bone	OIUF Long Bones	20800	CE-screw-3000 Mai 4 / Crutch-1000 Mai 3 / Nethert screw - 2500 Max 4 / Per Plate/ Natl -5000 Mas 3 / N-wire-250 Mas 14	NA	Na	Tertury	Ragalar Procedure	No special condition	Nu	Na	fesseance
400	Oxthopaedica	Finalties of Display scal Fraction - Long Bane	Cound Reduction & Internal Faction of long hones Fightion	20000	Plane/ IM Nail for - Diaphyseal fracture - Long Bone - 70001 k- wire-250 Max + [CC- mrms-1000 Max - 4]	NA	No	Tentiary	Regular Procedure	No special condition	No	50	laineanos
(40)	(nmopaodics	Surgery for Commission Fraction - Observation of Uffice	Plating electronen fracture, ultra	10000	Herbert acrew-2500 Mas. 3 Nail / Plate and Screw-5000 Mar 3 h-wave-250 Mar 3	Fi A	No	Tertiley	Regidar Procedure	No special condition	Nn	No	Inscence
	Orthopaedsis	Fracture Bout	Paulon	10000	Harbart acrew-2500 Mar. 3 Kail / Pare and Screw-5000 Mar 3 k-wire-300 Mar 3	74A	No	Tertiary	Regular Procedure	No special condition	Nu	50	hindunoj
ini)	Orthogonitics	Fracture Head	Enition	9200	No Unplant	NA	(No)	Secondary:	Fergular, Procedure	No special muchtion	Nii.	No	bursenoor:

9 19	Specialty	Package Name	Procedure Name	Rate	lesplant rate	Strutification DETAIL	Gust	Level of Care	Procedure Label	Special Condition	Bules	Day Carr	Reserved Procedure (Insurance/ Trust)
1412	Orthopsedics	Fracture - Single Base - Europens - ORIF - Plating / Nating	Fracture - Single Bone - Forearos - ORIF - Plating / Nafing/DCP/LCP	12000	Herbert server 2500 Max 4 Per plate/ Nati-5000 Max 4 ez screw-1000 Max 4 k-wire-250 Max 4 TTC nati-7500 Max 1 Eafre-5000	NA	No	Yertaey	Regular Procedure	No special condition	No	Ne	Insurance
	Orthopaedics	Fraction - Both Scows - Forearts ORIF - Plating / Noting	Fracture - Both Bonei - Forearm - OKIF - Plating / Nalling /DCP/LCF	16000	CC-screw-1000 Mae 2 / Hothert screw- 2500 Max :2 / Por Plate with acrews 5000/ Fee agains and 2000 Mae :2	NA.	Nes	Testiary	Ropiar Procedure	No special conditions	No	No	Insurance
1414	Orthopaedics	Fraction Condyle • Humerus • ORIF	Lateral Condyle	10000	CC-screw-1000 Max 4 Horbert screw- 2506 Max 4 k-wire 300 Max 4, Plate- 5000 Max 2	NA	No	Tertlary	Regular Procedure	No special condition	No	No	Insurance
415	9rthispaedica	Fracture Condyle - Humerus - ORIF	OILIF with arrow/were of Medital Condyle	10000	CC-azerwe-1000 Mas 4 1 Herbert scrow- 2560 Max 4 1 h-wire 300 Nax 4, Plate- 5000 Max 2	'nA.	No	Tertiary	Rogular Procedure	No special condition	No	340 V	Insurance
1416	Orthopaedics	Practure intercondylar flumerus +/- idecranom octeutowy	ORIF Fracture intercondylar Homoras + decision atteotomy + TRW	11000	CC-mrew-1000 Mas. 3 1 Herbert screw- 2500 Mar 3 1 Plane with screws-5000 Max 3 1 Tession band-1000 Mar 3 1 k-wre-250Mar 3	NA	No	Tettlary	Kegalar Procedure	No special condition	No	bin	Insurance
417	Orthopuedica	Risplaced Clavicle Fracture	Open / Cleved Reduction Internal Figurian	17000	Plate/elastic nati- Senio Max-2 keeire- 250 May-2	NA	No	Ternisy	Regular Procedure	No special condition	Nin	No	Interation
418	Orthopaedics	Fracture - Aretabulum	ORLF THROOGH lingle Approach PLATING	28000	CC-scrow1500 Max 3 Plate 5000 Max 3	NA	No	Ternary	Regular Procedure	No special condition	No	No	Insurance
419	Orthopandica	Practure - Arenabulane	OBJF THROUGH combined Approach PLATING	23000	CONTRACTION Man 1 Plate-5000 Man T		No	Territory	Begular Proceitory	Ne special condition	No	Nie	bourance :
420	Orthopsedics	Frasture - Neck Femar	Closed Radiction and Percutaneous Scree Fisation	15500	Commitated Screws for Closed Roburtion and Percetaneous Screw Faction (neck femar) - 2000/acteur	жа	Sm	Tertury	Regular Procedury	No special condition	ħø	Na	Invariance

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4.4	Specially	Package Name	Procedure Name	Bate.	Implant rate.	Atratification DETAIL	Gove	Level of Care	Procedure Tabel	Special Condition	Rubes	Day Care	Reserved Procedury (Imminisco/ Trust)
4/2110	Orthopastics	Practure - Nucli Femur	ORIF Intertrochanteric Fracture with Dynamic Hip Scene	38400	Dynamic Hig Screw for Interfrechameric Fracture - 5000, (C- screw-1000	NA.	Rec.	Tertiary.	Begular Procedure	Nó apenal modition	.80	Ma	Itsurance
1422	Oethopaedics	Fracture - Neck Femur	OREF Intertrochanteric Fracture with Prostinal Featoral Natl	16100	No Implant	NA.	No	Secondary	Regular Procedure	No special condition	no -	Ner	Insurance
423	Orthopaedica	and the second second	ORUF / CRIF of modial materities or bissufficidar fracture or Trimalieskar tracture or talus or calconoum fracture	13600	Calcaneam plate 5000 Mar. 5 Per CC stress-1000 Mar. 5 Per plate/ Nati-5000 Mar. 5 Per tension hand-1000 Mar. 5 k-stre-250 Mar. 5		Na	Tertiary	Regular Procedure	e No special condition	Ma	Na	Insurance
1424	Orthopuedics.	Cervical spice fination incluiting odomicad	Gervical spine fination techniting admitted	21300	Odmittal screw- 10000 Max 1 1 Pedicle screw-2500 glate with screw- 5000,cage -5000 Max 3 1 Red -1500 Max 3	NA.	мо	Tertury	Regular Procedure	No special condition	Pres	Ne	lournee
1425	Orthoguedics	Docust and familier spins facetoe	Dornal and humber spine fixetion THRODGI(Jumerian approach	33000	Odiomoid acrow- 10000 Marci 1 Pethole acrow-2500, plate with acrow- 5000 cage -5000 Marci 1 Rad -1500 Marci	ыл	No.	Tertiary	Regular Procedure	No special condition	Ne	Nin	Instance
(42n)	Cirthopaedies	Dorsal and lumber spins fixation	Dorsal and funitier spine fixation THRODGM Posterior approach	28008	Odontooli screw- 10000 Max.11 Peticle noves-2200, plate with screw- 5000,cape -5000 Max.3 3 Rist -1500 Max.3	RA.	No	Tertiary	Regular Procedure	No special condition	Ne	80	Insurance
427	Orthopaulica	Bone grafting for Ston union	Some grafting for Fracture Non-union	11000	Ne Implant	RA	307	Secondary	Regular Procedure	No special condition	Ne	suis	laturation
1428	Orthopaedics.	Arthocotomy of any joint + Girti reserved	Arthurstony of any poor	10000	No limplant	NA	ývá	Secondary	Regular Procedury	No special conditions	No	Ni	bisignation
1424	the thing paneling a	Arthrofysis of Joint - Girct reserved	Elhow	10009	No Implant	NA.	37%	Secondary	Ategolar Procedury	No special condition	24m	160	binunance
1430	Orthopsedere	Arthrolycen of juliet - Goet coursed	Kong	10000	NeTinglant	NA.	745	Seomdary	Regular Procedure	No special condition	Ner	No.	Innurance
1432	Orthogenetics	Arthrofiesis of junzt - Govt respected	Anhle	100.00	No troplant	N/A	gieli :	Secondary	Regular Procedure	No special condition	No	No	Insurance:
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Sr.N Sportality	Packoge Name	Procedure Name	Hate	Implant rate	Stratification DETAIL	Gove	terrel of Care	Procedure Label	Special Condition	Rules	Day Carr	Reserved Pracedure 5 (henurance/ Truit)
1432 Orthopaedics	Arthrodesix	Ankle / Triple with inglast	17000	Numbert screw-2500 Mai: 4 Per plate/ Nail: 5000 Mai: 4 cc screw: 1000 Mai: 4 screw: 250 Mai: 4 swire: 250 Mai: 4 Sufia: 3000 (TTC Mail 7500		1	Tertury	Regular Procedure	Su operal condition	Mar	Mix	beuranch.
1433 Orthepaedics	Arthrodesia	Shaulder	17008	Herbert screw-2500 Mar. 4 Per plate/ Nail-5000 Max. 4 cr screw-1000 Max. 4 h-wire-250 Max. 4 Eafly 5000	NA	No	Ternary	Regular Procedure	No special condition	Ne	80	Innurance
1434 Orthopsodice	Artforedessa	Wrist, Wrist with plating	17000	Herhert screw-2500 Max 4 / Pro- plate/Nail-5000 Max 4 / do screw-1000 Max 4 / k-ware-250 Max 4/Extix 5000	MA	No	Tertiary	Regular Procedure	No special condition	No	160 j	Imurance
1435 Orthopandica	Activadadas	Knee, Knue with plating/Vailing	17005	Nurben scraw 2500 Max 4 Perplate/ Null-5000 Max 4 or screw-1800 Max 4 k-wire-250 Max 4 TTC null-7500 Max 1 Estis-5000	NA	No	Ternary	Regular Procedure	No special condition	No	No	hisurance
1436 Orthopandics	Arthendesia	Hand	17000	Herhert screw-2500 Has:4 Per plate/ Nail-5000 Max:4 or screw-1000 Max:4 kontre-300 Max:4	i MA	510	Tertiary	Regular Procedure	No special condition	No	No	lassarance
1437 Orthopowders	Arthrudesis	Fast	17009	Iberbert acrew-2000 Max:4 Perplate/ Nail-5000 Max:4 er acrew-1000 Max:4 k-sate:-300 Max:4	'nå	No	Ternary	Regular Procedure	No grettal confition	No	Ne	Insurance
438 Orthopaedies	Arthundesia	Aside / Trigie without implant	17000	No Implant	NA	Tro	Seconitary	Regular Procedure	No special condition	No	Teri	Insurance
1439 Orthquastas	Conset reduction of post dislocation	тų	LA-5080, RA/GA-11000	No Implant	жA	704	Secondary.	Regular Procedure	No special condition	No	No	lesurance

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e.h.	Speciality	Package Name	Procedure Name	Late	ingdant rate	Stratification DETAIL	Cont	Level of Care	Processars Label	Spectral Constition	Rates	Der Care	Reserved Procedure (Insurance) Trust]
140	Orthopendics	Closed reflection of juist dislocation	Shoulder	LA-5008, RA/GA-13000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	740	No	Invariance
94X	Orthopaeidian	Climital reduction of junit dutimation	83hirie	LA-5000, RA/GA-13000	No Implant	NA	940 ()	Secondary	Regular Procedure	No special condition	No	No	Innanation
112	Orthopandica	Cleared reductions of joint dislocation	Raie	LA-5000, 8A/GA-11000	No Ingilant	NA	No	Secondary	Begular Procedure	No special condition	No	No	Insurance
443	Orthepunden	Open Reduction of Small Joint	Open Respective of Small Joint without faulton/Open Reduction of Small Joint with Scartee (wrist/hand/Rest)	8600	CC-screw-1000 Max 3 External fixator / Elurric Natl -5000 Max 3 k-scire -250 Max 3	NA	Te	Ternary	Regular Procedure	No special condition	Ne	No	lesurance
444	Orthogendics	Tension Band Wieing	Tension Band Worng	12000	Tension band-1000 Max 5 k-wiru- 250Max -5	NA	Ne	Tertiary	stand-alone	Can be used for ORIF, wherever indicated Can not be used as an Add - on package	Can not be need as an Add - on package	80	Insurance
445	Orthoguedics	Hemilartheoplast y	Onipidar	17000	Crutch-1000 http://ant.for.thespolar Herniartheoplasty - 4000	NA.	No	Tertury	Begolar Procedury	No special condition	No	1944	Insurance
440	Orthopaedics	Hemiethroplast y	Bipolar (Nen - Modular) committed /nun consented	17000	Nem - Montular - Num - Cermented - 8500 or Nem - Montular - Cermented - 12000, Crutch - 1000	NA.	Ne	Tertiary	Begidar Procedare	No special annihition	No	Niv	hautance
497	Orthopaedira	Homarthraplast	Bigolar (Modular) commiss/hon-remoted	17900	Modular - Gemenned - 20000, Modular - Discemented - 25000	NA	No	Tertiary	Regular Procedure	No special condition	No	190	besurrance :

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Se N Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gavt	Levri of Care	Procedure	Special Condition	Ruber	Per Cain	LEBRER MILES
1440 OrthopaesSon	AC Joint recessitraction / Stabilization	Rockwood Type -1	20500	Brane 1000 Max (3.) Per Fibre wire - 3000 Max (3.) Per piate/ Nati-5000 Max (3.) Per screw-1000 Max (3. Beconstruction by tendon-3000 Max (3.) K wire 250 Max(3.)	NA.	No	Terliary	Hzgadar Procedure	Surgical Management for Type II & IV Rockwood to be decided by the surgeon on case to case basis Type V & VI to be taken up for Surgery straight oway In case Type I or II is booked a Pup Up to be shown 'Yor Rockwood Type I & II - AC basis injury, experts recommend Medical Management, are you sure you want to de Surgical Correction in this case ?' For Huspitals booking Surgical Correction in Type I & Type II cases, Medical Androwell well be conducted	Ne	No	Distance
1449 Orthopsedax	AC Joint reconstruction / Stabilization	Rockwood Type - U	20300	Brace-1006 Max (3.) Per Fibre stre 3000 Max (3.) Per plate/ Nail-5000 Max (3.) Per screw 1000 Max (3.) Reconstruction by funder: 3000 Max (3.) K wire 250 Max (3.)	NA	No	Tertiary	Regular Pricedure	conducted. Surgical Management for Type III & IV Rocksword to he decided by the surgeon on cost to case basis Type V & VI to be taken up for Surgery stratight oway in cost Type For II is booked a Pop Up to be shown "For Rockwood Type I & II - AC point injury, experts recommend. Nedical Management, are you sure you want to de Surgical Correction in this cost 7° For Hompitals booking Surgical Correction in Type L& Type II cases. Mistical Aufit will be conducted.	Ne	Re	Insurance

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e.N _e Spoc	clatter Package Name	Pracedure Name	Rate	Implant cate	Stratification DETAIL	Gort	Level of Carw	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
450 Orthopand	des AC joint reconstruction / Stabilization	Racinsood Type - 10	20500	Brace-1000 Max 3 Per Fibra wire -3000 Max 3 Per plate/ Nad-5000 Max 3 Per screw-1000 Max 3 Reconstruction by tendor-1000 Max 3 K wire-250 Max 3	NA	Nu	Tertlary	Begidar Procedure	Surgical Management for Type IIS & IV Ruckwood to be discided by the surgeton on case to case basis Type V & VI to be taken up for Surgery straight away	Ха	23	Insurance
453, Orthopoly	AC joint fors reconstruction / Guildfinations	Backwood Type - IV	39500.	Brace-1000 Max 3 1 Por Fiber wire-3000 Max 3 1 Per plate/ Nat-5000 Max 3 1 Per screw-1000 Max 3 Reconstruction by rendes-3000 Max 3 1 K wre-250 Max 3	NA	50)	Tertury	Kegular 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	Ne	Nin	Insurance
452 Orthogram	AC Joint reconstruction / Stabilization	Rockwood Type - V	20500	Brace-1000 Max 3 Per Fibre wire -3000 Max 3 Per plate/ Mail-5000 Max 3 Per screw-1000 Max 3 Remembraction by tendros-3000 Max 3 K wire-250 Max 3	NA.	No	Tertary	forgular Procedure	Surgical Management for Type ID & IV Backwood to be decided by the surgeror on case to case basis Type V & VI to be taken up for Surgery straight away	Та	Su	Тамаганст
453 Octopeed	dus AC Jones promitive f Stabilization	Rockssond Type - VI	20200	Brace 1000 Max 3 Par Fibre wrv 3000 Max 3 Per plate/ Nall-5000 Max 3 Per screw 1000 Max 3 Beconstruction by tendor-3000 Max 3 K wrv 250 Max 3	N/A	A	Termary	Regular Procedure	forgical Management for Type III & IV Rockwood to be decided by the surgeon est then to case basis Type V & VI to be taken up for Surgery straight away	Din	ha	Instgrames
454 Orthopand	des Excision Arthoplasty of Femurihead Govt tour vol	Exclusion Attituptanty of Femuritoad	14000	No implant	ĸA	yes.	Secondary	Regular Protedure	No special condition	Su	No	hourance
455 Orthogaid	dies	Open Reduction of CDH	20000	No Implant .	NA	964)	Secondary	Regular Procedure	No special candition	Nu	264	Imuratice .
456 Orthopaed	day Pateliestunty	Patellectomy	11000	Nie Implant	NA	No	Secondary	Regitar Procedure	This spectal constitutes	Sker	Nor	Inneration

Sr.N U	Specially	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Candition	Roles	Day Care	Reserved Procedury (Insurance, Truit)
1457 (It the parentics	Arthroscopic Mensicus Repatr / Meniacocumy	Arthroscopic Monneux Repair / Moniscretowy	13200	Arthroscopic meniscal sepair with fibre wor for anside out technique 3000 Max 3 trace 3000 Max 3 Cratch- 3000 Max 3 Archor serare 10000 Max 2	NA	Mis	Tertiary	Regular Procedure	No special condition	No	No	Insurance
145800)rthepaedics	Ellow replacement	E3bow replacement	25000	Brace-1600 Max 2 } Implant for Ebow Replacement-30000 Mar 2	NA	No	Tertiary	Regular Procedure	No special condition	Na	No	hourance
1439 (Whilepaedics	Total Hip Replacement	Commented	38500	Crutch 1000 Implant for Total Hip Replacement - Committed - 40,000	NA	Nú	Tectury.	Regular Procedure	No special condition	No	No	Interace
460 (irthopaedics	Tutal Hip Replacement	Cementiesa	35000	Crutch-1086 / Inspisant for Total Hip Replacement Cementleus - 65000	NA	No	Tertiary	Regular Procedore	No special condition	No	No	Insurance
1461 0	h thopseifics	Total Hip Replacement	Rybrid	40000	Crutch-1000 / Inglant for Total Hip Replacement - Hybrid 51000	NA.	810	Tertiary	Begular Procedure	No special condition	No	No	bioirance.
1462 0	hthepaedics	Total Hip Reglacement	Revision - Yotal Hip Replacement	44000	Crutzle-1000 / Ingfant for Revision Total Hip Heplacement -70000 Max :2. Cement Spacer - 5000	NA.	No	Tertiary	Regular Procedure	No special condition	No -	No	Ensurance
1462 6	Irthupardica	Total Knos Replacement	Primary - Total Knee Replacement	40000 ⁽	Crutch-1000 / Implant for Total Knim Regimentert 55000, Brace-1000 Mar. 2	NA	Mo	Tertiary	Regular Preceibere	No special condition	No	No	Gourance
464.0	brthapaedica -	Total Knew Replacement	Bevision - Total Knee Replacement	45000	Implant for Revision Total Hip Replacement - 140095, Brace-1000 Mar: 2 Outch- 1000	RIA.	No	Tertiary	Regular Procedure	No special condition	No	No	Insurance

Sc.N. Specialty	Package Name	Procedure Name	Rate	lingtant rate	Stratification DETAIL	Gort	Level of Catt	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Innarance) Trust)
1465 Orthogaedics	Bore Tarring Earning (multignard) including GCT + point replacement (depending upon type of anni and implant)	Bone Tumour Excession (malignant) including GCT + Joint replacement (depending apon type of joint and implant)	6000	Madutar Caston Prosthenas for Honor Tativour Excision malignant including GCT + Joint replacement - 135000, Moga prosthenis [1] - 100000	K/A	Ne	Tertury	Begular Pracedore	No operial condition	N=	No	fororance.
1466 Orthopandica	fisher Tammar Excision + reconstruction	flow Tamour Exclusion + reconstruction	30000	Brue-1000 Ms. 1 1 Crutch-1000 Ms. 1 1 Minhair Custom Prosthenis - Meg prosthenis-Meg 1	NA	Nu	Tertiary	Regular Procedure	No special condition	Na	No	linurance
1467 Orthegaedics	Single Stage Amoutation	Above Elhow	16200	Ses Implant	NA.	960	Secondary	Regular Procedury	No special condition	No	No	Distance:
1468 Orthepaedics	Single Stage Arrestation	Below Elbow	16200	No Implant	NA.	261	Sicondary	Regular Pracedure	No special condition	Nii	No C	fishinance
1464 Orthopaedics	Situle Stage Amountation	Above Knew	Lines	No Implant	n.a	21.0	Secondary	Regular Proceibing	No spectal condition	Nu	No	Insurance
1470 Orthograedics	Strigle Stage Angustation	Below Knee	18600	Netmplan	NA	Sin	Secondary	Regular Precisione	to special condition	No	No	Beisverattce
1471 Orthograndics	Single Stage Ampatation	Feat	18600	Net Impilant	NA.	Su	Secondary	Regular Procedure	No special condition	Not	tu-	Interactor
1472 Dethispardics	Single Stage Ampatation	Haist	18600	Netopiam	NA	No	Secondary	Regular Procedure	No special condition	NU	No	trautance.
1473 Orthopsodics	Single Stage Ampatulism	Wrat	10000	No Implant.	NA.	900.1	Secondary	Regular Protedure	Ne special condition	NH:	Dío	Івриганос
1474 Orthopasdics	Amputation - Fangers / Taua	Finger(h)	LA-3000, RA/GA-8000	No Implant	NA	50	Secondary	Regular Promisire	Na special condition	Ne	No	Insurvisor
1475 Brinopowdics	Ampatamas - Pingers / Tore	Toe(v)	LA-3000, ILA/GA-0000	Nataglast	sa.	No	Secondary.	fingular Procedure	No special condition	NU	26	historiance
1470 Orthqueshts	Reconstruction of Oracone Eigenment with Implant and Intace (Tear / Averland)	Antersor	40000	Iltrace-1000 Mar. 4 Gradeb-1000 Mar. 4 Screw. / estibution / Anchor. / Stiture disc e attainend-17000 Mar. 1	51.0.	No	Tertiary	Begalar Procedure	Fia special condition	No	No	Insurance
1 CT7 Orthopandics	Resonation their of Cruciato Lagoneen with implant and brack (Tang J Architert)	Pasterior	+0000	Bruce-1000 May (2.) Crutch-1000 1 Screw / indubuttor / Anchor / Milare disc-iemithand-17000 Max:4	860	No	Tyrnary	Begalar Procedure	No special condition	Pen	760	Attantanta

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Sr.N Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gert	Level of Care	Procedure Label	Special Condition	Rairs	Day Care	Reserved Fracedure (Dourance/ Trust)
470 Orthopaedics	Detridement & Chemre of Imputes - metosed Ascenated wounds	Anti-burns + domaing - minimum of § sessions	9900	86 Implant	84	Na	Secondary	Begular Procedure	No special condition	Payment will be made at the completion of treatment	No	hourance
479 Orthopaedica	Debrahmment & Chemere of instances - constanced laconated wounds	Anti-Monte + altressing - minimum of 2 proxima	3300	So Implant	5.5	No	Secondary	Regular Procedure	No special condition	Payment will be made at the inseptement treatment	Ne	Insurance.
400 Orthopsedics	Separatectony / Curettage	Sequestochorey / Curettage	10000	Antibiotic cement beads-5000	NA.	Ne	Tertury	Regular Procedure	No special condition	No	Ne	humanae
401 Orthopaethes	Spite delormaty	Syrne deformity curreitum	31440	Odontoid screw- 10000 Max-2 deformity acrew- 5000, plate with screw 5000, cage 5000 Max-3 1 Rul- 1500 Max-3	NA.	yan	Tersory	Regular Procedure	For special condition	Meg	Ne	Theorem
482 Orthopaedics	Osteetoniy - Gost trainved	Long Bone	10000	Plate with Scrine - Long & small Bone (Gost, reserved)- 6000 Max (2	NA) an	Tertiary	Regular Procedure	No special condition	Na	This	hourance
403 Octooperation	Ostentumy Contreserved	Soudi Rone	mono:	Plate with Screw- Long & small Boss (Gowt, enserved)- 5000-May (2	RA	ym	Textury	Begrilar Procedure	No special condition	Nn	Ng	Henrinee
404 Orthopanilica	Patric Oxteolomy and fisation	Pelve: Oxtentony and Institut	20000	CC-screw - Pelve Osteomory and fication-1500 Mar : X Bacon plate-5000 Mar: 3 k-wtre-250 Mar: 3	NA	No	Tertiary	Regular Procedure	No special condition	Mes	No	bourone
405 Orthoposehea	Hagh Tibeal Octootimity	High Tanai Osmotowy	10000	plate -7000 Finisher- 15000, CC-scress- 1600 Max: 4 T Crutch 1600 Technet terres: 2500 Max; 6	95.6	da .	Ternary	Regular Precisione	No special conditions	Be	Tree	İnsurancıs
486 Orthopaedics	Sizarov Fination	Ilitarov Finatson	19030	Grutch 1000 Implant for Utaeov Diction 12000 May 2	3A	No	Tennary	Regular Procedure	No special condition	Der .	No	Insurance
487 Orthoposities		Lioth Longtheoring / Boine Transport By Elizarov	23700	Crutch-11007 triplinit for Londo Lengthening / Bone Transport by Disarrow / LRS-52000 Max / 2. Wall-5000 Max 1	NA.	Neo	Tertury	Higailar Procedury	No special condition	*	-9043	Instance

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10 4	specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gevt. reserve	Level of Care	Procedure Label	Sportal Condition	Rules	they Care	Reserved Procedure (Insurance/ Traist)
400	Orthogoiedice	Growth Modulation and flaation	Growth Modulation and Readien	5623	Implant for Growth Modulation & Fixation Plate-3000 Max:4	NA	360	Tertury.	Regular Procedure	No special condition	No	No	Innorance
419	Dethopaedics	Encrective Sergery for fast deformities	Verticul Talus	15000	GC-strew-1000 Max 3 Hechtert screw- 2500 Max 3 Per Plate/ Nail -5000 Max 3 k-waw-250 Max 3	NA	Na	Tertiary	Begalar Procedure	No special condition	No	no	Insurance
410	Orshopaedica	Corrective Norgery for feat deformines	Other foor deformities	15000	CC-screw-1000 Max 3 Herbert screw- 2500 Max 3 Per Plate/ Nail: 5000 Max 3 Kowre-250 Max 3	NA	Stor	Ternary	Regular Procedure	No special condition	No	No	Instiration
493	Orthipastics	Cerrection of stub fluot per cent	Correction of club foot per cast	\$700	No Implant	NA	No	Secondary	Begular Procedure	No special condition	No	No.	Insurance
492	Orthopandica		Corrective Surgery in Club Four / JESS Finator	12000	CTEV JESS Facator- 2000 Max :1	NA	80	Ternary	Regular Procedure	No special condition	No	No	lowrance
493	Orthopandics	Excision ist	Osterschundrenna	10000	So Implant	NA	No	Secondary	Regidar Procedure	No spectol condition	81.5	No	darar una e
4194	Orthopsedics	Exclaim of Ornectiondrama / Exception	Eurotonie	10000	No Implant	N/6	2	Secondary	Regular Procedure	No special condition	Nen	No	historice
495	Demopardice		Excision of Burns/ cyst / Ganglion	LA-3000, RA/GA-6900	No Implant	LA 3008, RA/GA- 6900	No	Secondary	Repiter	Su special condition	Dies	No	Insurance
495	Orthepsedics	Necos Transposition / Belease / Nescubeda	Nerse Transposition	13000	No Implant	NA	No	Securidary	Negatar Procedure	No special condition	No	No	buurance
1447	Orthogandics	Norve Traospesition / Helease / Neuralysis	Serve Release	L3009	No Impiant	NA.	No	Secondary	Rojular Procedure	No special condition	Ne	Ne	Anneance -
1490	Orthoguealice	Nexve Triereprosition / Balwawe / Neuropyin	Nerve Neurolysu	13000	No Implant	NA	No	Secondary	Regular Procedure	No special condition.	No	No	Innumer
1499	distantica -	Exploration and Ultrac nerver Repair	Exploration and Ulmar nerve Repair	9000	No Implant	NA.	80	Secondary	Bepular Procedure	No special condition	No	Net	Tomaranioi
1500	Orthopaedics	Implant Rommal souther RA / SA	Mail/ilizarow	15000	Nis Implant	NA	No	Secondary	Fulliss-up Procedure	No special conditions	No	No	Insurance
15.92	Certifipaeilles	Implant Kennes) ander BA / GA	Plane *	1500#	No hoplant	N.9	Nie	Secondary	Fullow-up President	Se special condition	Ner	No	Insurance

Sr.N.	Specialty	Package Name	Procedure Name	Rate	Implant Fate	Stratification DETAIL	Gent	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1502	Orthopantics	Core Decompensation Goat 2 surryed	Core Decompression	3 4000	No Implant	NA	gen.	Secondary	Regular Procedure	No special condition	No	310	Innutation
1500	Orthopantics	Arthroscopy / open - systematomy - Gost reserved	Arthenicspy / spin-	10000	No Implant	NA.	gen	Secondary	Regular Procedure	No special condition	310	50	houtance
1504	Orthopaeilics	Application of Traction	crutifield long cervical spine traction	5000	No Implant	NA	No	Secondary	Regulae Procerium	No special condition	No	No	Innurance
1505	Orthopardura	Application of Traction	POP shift	2500	Na Implant	NA	No	Securitary	Regular Procedure	No special condition	No	No	Ruturance
1506	Orthopasilics	Application of P3D.F, clasts	POP slab	25490	Nis Implant	NA	No	Securitary	Regular Procedure	No spectal condition	Size	No	Insurance
15-07	Orthogoortics	Fracture Head radiat	Replacement with Head Radius Pyrothesis	10000	Herliert Actew-2500 Max 3 1 Nol / Hare and Scene-5000 May 3 1 Badial head prostlesis-20000 Max 11 8-stre-250 Max 3	NA.	No	Tertiacy	Regular Procedum	No special condition	-	No	Insurance
1506	Orthograndica	Practure proximul - Ituamerus - ORIF	OIOF with screw of proximal homeroe	10090	Implant for Fracture Honerus - ORIF - plate - 12000 per plate, CC-screw-1000 Mas :4 Herbert screw-2500 Mas :4 h-ware-250 Mas :4	NA	Su	Ternary	Regular Procedure	No special coordinam	50	No	Insurance
15.04)	Orthopardica	Tertal Dip Replacement	Beetmann of failed herm. Aethrogelasty in to THR	64000	Grutch-1000 1 longtant for Revision Total Hip RepEterment-70000 Mas 2	NA	(No.)	Testiary	Regular Procedure	No special condition	Na	944	tenironey :
1510	Orthopandics	Spine deformity correction: Gort Reserved	Continued aprival sugment - front and back (anterior/posterior/ combined anterior and posterior)	30400	Implant for Revision Total Hip Replacement - 1 (10000, Bruce-1000) Max 2 Crutch- 1000 Max-2		1	Twinip	Regular Procedure	No special condition	Sie	Nie	Insurance
	0Hhiquides	Internal finances of Pelvicertation fraction	Internal from so of Polylacitabilar fracture	30300	No huptan	NA	-	tortary	Regular Procedury	his special condition	Nu	Na	lissurance
	Orthoppedics; Neutrality	Nerve root block	Nerve cont block	3000	No Implant	NA.	Ne	Secondary	Regular Procedure	No special condition	ħn	tio	Incurance

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с.К <u>.</u> 0	Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratilication DETAIL	Gest	Level at Care	Procedure Label	Special Condition	Rutes	Day Cary	Reserved Procedury (Insurance/ Trust)
513 4	Orthogaedics, Markenniaryngolog / (ENT)	Cleared radiaction / tenermanillary fixation for fracture of manilla / manilla / manilla / apgrona	Clused reduction for fracture of mandible	5000	No Inglant	NA	Ne	Secondary	Regular Procedure	No special condition	Nu	No	Intutation
1244	Doehoolaryngolog r (ENT)		Cleand reduction for fracture of aygema	5006	No implant	NA.	Ne	Secondary	Regular Proceduce	No special condition	No	ħn	Insurance
515 (Orthopaedics. Otorhinologyngolog y (ENT)	Closed robustim / intermacillary fination for fracture of massifia / manubble / zygems	Closed reduction and Internaulliary frontion for fracture of mandible	5000	No Implant	n.a	No	Seemulary	Regular Procedure	No special condition	Nα	Nu	Insurance
510	Orthogaedica, Miestic & Reconstructive Tartarty	Tenhin Gritting / Repair	Tendun Grafting	15000	No Implant	NA	No	Secundary	Begular Procedure	No special condition	Na	No	Insurance
517	Orthopardics.	Tendun Grafting / Kepair	Tendin Repar	15000	Brace-1000 Mas. 2 Cutth-1000 Screw / endotutton / Anchor / SUture data +ethiland-17000 Max. 8	R.A.	No	Ternary	Regular Procedure	No special condition	No	No -	Insurance
538	Dethoposides, Playtic & Reconstruction	Tendini Belezio / Tenifiimy	Tendos Belesse / Tenotomy	5000	No.Implant	NA	No	Secondary	Regular Prisonlum	No special condition	No	No	Insurance
519	Sargory Orthopaedics, Photo: 8 Reconstruction Surgery	Templais	Teoulysia	5000	No.Implant	NA	1964	Secondary	Regular Procedure	No special modition	200	No):	Insurance
5,20	Orthopardics. Plastic & Reconstructive	Fascionemy	Faulting	9008	No Implant	NA	Net	Secondary	Regular Procedure	Ne special condition	264	80	Insurance
141	Reconstructive	Duputryen's Contractore relation = relation	Disputcyur's Contractace enlane + tobalalitative	9588	Net Implant	na	New	Secondary	Regular Processbary	Re-special condition	No.	7410	Insurance
					~	9 apr 147 of 750		Car		he	Vitin A	2	44

e M	Specialty	Package Name	Princedure Name	Rate	Implant cate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Spectal Condition	Rates	Day Carr	Reserved Protestare (Instruce/ Trust)
572	Orthopasdics, Plastic & Reconstructive Surgery	Nerve Repair Sergery	Nerve Repair Surgery	11000	No Inglant	NA	No	Secondary	Regular Procedure	No operation	No	No	Insurator
223	Orthopaedica, Plastic & Reconstructive Sergery	Implant Removal under 1.3	K-Ways/Eatle	LA-2000, KA/GA-5800	No Implant	NA	511	Secondary	Follow-up Procedure	LA for - K Wice & Screw GA for - Nall & Plate	Nix	Re	Insurance
sia	Orthopandics, Plastic & Reconstructive Surgers	Implant Romwal under LA	Screw	LA-2000. NA/GA-5000	No Implant	NA.	Nu	Secondary	Follow-up Procedure	No special condition	Mir	No	linarianite
525	Orthopaedics, Plastic & Reconstructive Surgers	Timbon Trainfor	Tendus Trasider	15000	No Implant	NA	Na	Secondary	Regular Procedure	No special condition	Me	No	himance
526	Orthapseidicn, Plastic & Heomstructive Surgery	Emergency temfors repair a Periphical Nervo repair/ reconstructive surgery	Emergency tendons repair ± Peripheral Nerve repair	10500	firace-1000 Max-2 Crutch-1000 Screw / endination / Anchor / Miture disc+ethiloond-17000 Max-4	NA	Ne	Tertiary	Regular Procedure	No special condition	pie .	Ne	Tenuranee
527	Orthopaedics. Plastic & Reconstructive Surgery	Management of Nurse Flexus / Tendon inputies	Tendon Transfer	36500	No troplant	'nA	160	Secondary	Regular Procedure	No opectal condition	Die:	80	Insurania
528	Orthopaedics. Surgical Oncodugy	Disarticulation	Hind quarter	23000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	No/	linarance.
529	Orthopaedics, Surgical Occillegy	Disarticulation	Fors quarter	23000	No Inglant	8A	50	Secondary	Regular Procedure	No special candition	No	264	Hoursey.
530	Orthopaedics. Surgical Oricology	Two Stage Ampotation	Above Elbow	21009	No Ingéant	NA	Nes	Secondary	Megular Procedure	No special condition	Rs. 10.000 to be paid after 1st Stage Rs. 13.200 to be paid after 2nd Stage Operation	No	Instantion
533	Orthoppoptics. Sorgical Oncology	Two Stage Angestation	Belaw Elbow	23000	No Veplant	nл	No	Secondary	Regular Procedure	No special condition	Oper Alam His. 16:000 to be paid affire 1at Stage His. 11:200 to be paid uffer 2nd Stage Operation	No	Insurance
572	Orthopsedics, Surgical Oscology	Two Stage Amputation	Above Knee	23009	No Implant	NA	No	Secondary	Regular Procedure	construction of the second	Rs. 10,000 to be paid ofter 1st Stage Rs. 112200 to be paid ofter 2nd Stage Operation	Na	Insurance
sii	Orthopæidics, Surgital Oncology	Two Stage Amputation	Below Kore	23000	Teo lugdant	NA	This	Secondary	Regular Poscadare	No special condition	Ro. 10,000 to be paid after fat fitage Ro. 13200 to be paid after 2nd Stage Operation	tio.	llisterance

ar de o	Specialty	Package Name	Procedure Name	Ratu	Implant rate	Stratification DETAIL	Govi	Level of Care	Procedure	Special Conditions	Rades	Day Carr	Reserved Procedure (Insurance, Trust)
574	Orthopaedics. Bargical Oscillagy	Two Stage Amputation	Fun	23000	No Implant	NA	No	Secondary	Regular Pricedure	No special condition	Ry, 10,000 to be paid after 1st Stage No. 13,200 to be paid after 2nd Stage Operation	Ne	lanarance
535	Orthopaedics. Sargical Ontailogy	Two Stags Ampolation	Hand	23000	No lingtont	NA.	No .	Secondary	itegsilar Procedure	No special condition	Rs. 10,000 to be paid after 1st Stage Rs. 13,200 to be paid after 2nd Stage Operation	Net	Issurance
\$30	Orthopsedics, Surgical Ontology	Two Stage Amputation	Wrat	23000	No Implant	84	No	Secondary	Regular Procedure	No special condition	Ra. 10,000 to be paid after 1st Stage Rs. 13,200 to be paid after 2nd Stage Operation	Ne	Inneràtice
517	Orthopaedics. Surgical Oncology	Bone turners/ soft tunne surcommu- surgery	Rome turnors / soft fizmer sercomer: surgevy	30000	Nie heipilant	NA	Nu	Tertiary	Regular Procedure	No special condition	No	No	Insurance
5.10	Dethopaedics. Ural and MaxiBofacial Surgery: Oborhinolaryogolog P. Paediarric surgery. Plaence & Remostructive Surgery:Surgical Describogy,Urology.P otytrumma	Recoturing of Any Wrund gap Surgevies	Residuring of Any Wound BOP Surgeries	3900	Net Implant	NA	Ne	Secondary	Rogalar Procedure	Ne special condition	Ne	No	Insurance
5.31	Orthopsedics,Sarge at Oscalogy	Bone Tamme (bernge) curvitage / Excessor and home grafting	Brine Turnisser (hentige)) surrettage / Exclaim and hove gratting	22100	No Implant	NA	76g.	Secondary	Regulat Prioridure	No special condition	No -	No	Deniar Jamese
541	Citorhinslaryzgolog y (ENT)	Canaloguety For EAC Atresia	Canaloguety For EAC Attrenta - Govt reserve	0000	No Implant	NA	749	Secondary	Gmt Reserve	No special condition	Ne	No	Basarance
41	Otschinslarytopolog y (ENT)	taryugocite	Largengricelte	15000	No Implant	NA	No	Secondary	Regular PRE	Su special condition	Ne	Ne	Invitance
49	Otorhundaryngolig w (1987)	Simult	Per surtralar simo	7900	No Implant	NA	No	Secondary	Regular PRG	So special condition	No.	No	Imagane
	discriptional aryngolog		Torque Tei	2000	Ne Implant	NA.	8977	Secondary	A REPORT OF A REPORT	No special condition	Net	No	Winnrance.
54	Otenhinneryngelog r (EST)	Curreport 7 Scientification	Campuy / Schrotherapy	1000	No linplant	NA	8677	Secondary'	Begailar Procedure	No special conditions	Bell	No	Insurance
	Deorbinolaryngolog e (ENT)	Tympatoplarty Goyt reserved	Tympomplasty	12008	760 Gerplant	NA	yes.	Securitary	Repilar Procedure	No special condition	na	No	Insurance

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ie.N	Spectalty	Package Name	Procedure Name	Hate	Implant rate	Stratification DETAIL	Govi	Level of Care	Procedure Labet	Special Condition	Roles	Day Care	Reserved Providure (Insurance) Truit)
	Otochizolaryngolog y (ENT)	Stape-dectionsy / tympanishinny Govt. inserve	Stapedactomy	17000	No Implant	MA	yee	Secondary	Regular Procedum	Ne special condition	No	No	Disurance
547	Otorfunotaryngolog y (RNT)	Panetostal segio riempilasty- Govt reserved	Functional arptic rhomplasty	21800	No implant	NA	945	Secondary	Regular Procedurir	No special condition	Su	No	Insurance
548	Otorhusolaryngolog y (ENT]	Septoplasty - Govt reserved	Septoplarity	12009	No Implant	LA - 13975 GA + 19875	yes	Secondary	Hegular Procedure	No special condition	No	No	Insurance
1549	Otorhinolaryngolog y (ENT)	Fracture - setting manal heart	Fracture - setting statual home	8000	bie implant	LA - 9625 GA - 12025	944	Secondary	Regular Proceilurn	No special condition	560	Nin	Insurance
15.50	Otorhunolaryngolog y (ENT)	Inferior furbinate reduction under GA- Gove zoverwed	Inferior tarbunate reduction under GA (DOW IS IT DEFFERENT PROM TURBINATE REDUCTION AT THE END?)	1200	No implant	NA	yes	Secondary	Regular Procedure	No special condition	No	Na	Invariance
	Otochinollacyngolog y (3041)	Open sinus surgery	Open sous surgery(Open Sous Surgery (Single/Multiple Souses)	15000	No Implan	NA	Na	Secondary	Regular Procedure	No special condition	Pin	Sie	Builtine
1552	Ocerhinolaryogolog g (SNT)	Functional Endoscopic Sinus (FESS)- Govt reserved	Functional Endoacopic Sinus (FESS)stratified as U/L or B/L and cost adjusted	13900	No Implant	NA.	yes	Secondary	Regular Procedure	Nu special condition	No	544	bunaryasce .
1153	Otochinolaryngolog y (ENT)	Tonsillectomy- Goyt researd	Torrallectury > 0/1. torallectury	10400	Ne Implant	166	yes	Secondary	Repdar Procedure	No spectal condition	Nu	No	Inurince
554	Otochinelaryngelleg y (ENT)	Tonnificationsy - Govt reserved	Tomallectury - 0/L admotom/Dectory	10400	No Implant	NA.	pes	Secondary	Bepdar Procedure	No special condition	Nu	No	linnarance
155	Otochinolacyngolog y (ENT)	Thyrogenesal / firanchiat cyst / simes / futula exclution	Thyroglomal cyst exclusion	35300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Na	Pier	Rourance
	Otorhinolaryngolog y (ENT)	Thyrogenail / Branchial cyst / sinus / fietula escision	Thyroglomal sinus excluion	15300	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	Ne	loutance
i <u>s</u> s7,	Oberheesdaryogedeg v (ENT)	Thyroglocal /	Thursefound fortalls exclutors	15300	Ne Impiant	NA	Nu	Secondary	Regular Procedure	No opecial condition	Ne	Nii	laurance
	Otortstoleryngolog y (ENT)	Ovulopatatophier yngoptioty (UPPP)	Usukqudatopharyngoplasty (12PPP)	15000	No Implant	NA :	No	Secondary	Regular Procedure	No special condition	No	Na	bourance
554	Otorhinsdaryngolog	Clinic Issued therapeutic uncoversitions of INT	Tarhinan ordunian	3200	No Implant	ЪĂ	Nα	Secondary	Rogidar Procedure	We special mondition	No	Na	lemen minore

e.N.	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (insurance/ Trust)
560		Chuic based therapeutic supercentions of ENT	lliopsy	1200	No Inglant	NA	Nii	Secondary	Regular Procedure	No special condition	344	no	Insurance
541	Otorhinolaryngsdog y (ENT)	Clinic hased therapeutic interventions of EBT	Intratyorquanic injections	1200	No Implant	NA	ħa	Secondary	Regular Proceibire	No special condition	Na	Ne	bisurance
542	Otorhinolaryngolog	Clinic Round	Wide bore aspiration	1200	No ingiant	NA	No	Secondary	Regular Procedure	No special condition	Nu	No	lisionance
563	Otorhinolaryngolog . y (ENT)	Correction of we antrol commentication - Govt reserved	Correction of ore-antral	00011	No Implant	LA-7000 GA-11000	949	Secondary	tinggilar Procedure	No special condition	360	150	Insurance
	Otorhinelarynguing	Permentilar abscess frainage / torrastal calculus removal	Peritimoillar abicous dramage	SAND	No Implant	74A	No	Secondary	Hegydar Procedure	No special condition	No	No	frisaranse
	Diorhicolaryngolog	Perstanuttar abicess dramage / intraoral calculus removal	Intraneral valuatas removal	SABO	No Implant	NA	No	Secondary	Tregular Procession	9m special candition	No	No	hisurance
506	Otortanolaryngolog y (ENT), Plantic & Reconstructive Sorgery	Open reduction and internal fraction of massilla / massilla / trygoma	Open roduction and internal focation of maxila	5800	Implant for Open reduction and internal fixation of manilla / mandblor / 2ygoma (Plates / Sorrws) - 4000	ħA	Ne	Ternary	Repúse Procedure	No special condition	No	Nim	Innrance
567	Dischumderyngolog y (2017), Plante & Rosanstructive Surgery	Open reduction and internal feation of roandits / roanditie / stogma	Open estilation and internal fluction of mandible	14000	Implant for Open reduction and internal fraction of maxilla / mandible / ryguma (Plates / Scrows) + 4006	NA.	No	Taitiary	Regular Procedure	No special condition	No	Ne	Insurance

4.N	Specialty	Paskage Name	Protedute Name	Rate	Impliest rate	Strattfication DETAIL	Gevt	Level of Care	Procedure	Special Condition	Rules	Duy Care	Reserved Procedure a (Inverance/ Trust)
568	Oturhinslaryngolog y (ENT), Plastic & Reconstructive Sargery	Open reduction and internal fination of manifible / sygnma	Open veduction and internal fluation of zygoma	14000	Implant for Open reduction and internal feation of marilla / manditile / rygoma (Plates / Screws) 4000	RA.	Ne	Tertiacy	Regular Procedure	No special condition	No	740	linurance
5414	Onerhändaryngelog y (ENT) Putermelogy Paethatric surgery	Rigid faryngrocopy / hrunchoscopy / orusphagiscopy Diagunity + / > hiopoy	Rigid laryngosaugy - Diagonidie + / - biopey	with hispay- 7000 1 without biopsy -2000	No Implant	with Inagesy 7000 without huspay -2000	Ne	Secondary	Regular Procedure	No special condition	No	Nn.	likorance
	Oterhinolaryngolog y (ENT), Sargical Decology	Resection of nasopharysgod tuminat	Revection of nasepharyngral tumour	48600	NoImplan	NA	Ne	Tertiary	Regular Procedure	No special condition	No	No.	Desucance
171	Oterbinolaryngoleg y (ENT), Swylcal Onrodogy	Exclusion of Prime for Growths / Injuries - Total Amputation & Exclusion of External Auditory Meghas	Gerarth - Siptemann	15000	Be İmplant	PLA	ž	Secondary	Rogular Procedure	No special combine	Na	Ne	Insurance
572		Exclution of Pinna for Growths / Injuries - Total Amputation & Exclution of External Auditory Meature	Growth - Hanal	15000	Nes Implant	NA	Nm	Seenndary	Regular Procedure	No special condition	740	Re	Insurance
571	Durhoudaryngolog (ENT), Sorgical Durology	Excision of Pinna for Growthy / Inpartes - Total Angentation & Exclusion of External Auditory Meanas	Inders	15000	Ne Implant	NA.	Ne	Secondary	Regular Procedure	No special condition	,74ae	No	Insucanie
574	Stachmatteryngolog ((8NT), Swegical Ducology	Louis of Antimerstants .	Neck dissection - comprehensive	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	Na	hu	liourator
\$75	Dr. srtiinolary rupolog y (ENT), Surginal Ducislagy		Mendarengnomere Swegnry	15000	No implant	55	Na	Semulicy	Rogidar Procedure	No special multitum	no	Net	Insurance

3r.ft H	Specialty	Package Name	Procedure Name	Ratz	Insplant vate	Stratification DETAIL	Govi	Level of Care	Procedure Label	Sportal Condition	Rades	Day Carr	Reserved Procedure (Insurance/ Trust)	
1574			Pinna surgery for tumor	shion	No Implant	NA.	10	Secondary	Beggiárt Procédiare	No special condition	No	240	Insurance	
1577	(ENT), Sargical		Open laryngeal framework nergery / Thyroplasty	18000	No buplant	h.s.	Na	Secondary	Regular Proceilare	No special condition	No	ŝlā	beatance	
1578	(ENT), Surgical		Endescopie Nypophysectony	39000	Fibrus Glue - 8000 Max : 1	NĂ	No	Tertiary	Regular Procedure	No special condition	510	No	Insurance	
1579	(ENT), Surgical	Advanced americe shadt have surgers	Grod tummer encourt	19055	Fileta Glue-9000 Max G	NA	No	Terthery	Regidat Procedure	Nie spectal cambition	50	Mo	Insurance	
1580	Terrhinoloryrugolug r (ENT), Swrgical Ducslogy	tateral skull base procedures	Subtotal petrosectomy	24000	Fibrim Glue-9000 Max 1	πл	Nix	Teetiary	Repdat Proceilare	No special condition	So	No	Insurance	
15911	Dischandaryogolog (ENT), Sorgical Disology	Lateral skull have procedures	Post-traumatic facial nerve decompression	24000	Fibrie Gue 9000 Max T	NA .	No	Tertiary	Regular Procedure	Nu special condition	260	No	Insurance	
1582	Diserbinistaryngolog r (ENCT), Surgical Discology	Lateral skull base procedures	ChF Otorchieu repair	24000	Fibrin Glue-9000 Mas L	NA	264	Tertiary	Regular Proceilare	Nu special condition	Na	No	beurance	
1583	(ENTL Surgical	Advanced lateral skidl have surgery	Firch approach	40000	Filmus Glue-9000 Maa U	NA	140	Tertiary	flegsdar Procedure	An special condition	3424	No	Insurance	
1584	(ENT), Surgical	Advanced lateral shull have surgery	Translabyrinthine approach	40000	Fibrin Glas-9000 Mas 1	NA	No	Tertiary	Regular Procedure	No special condition	No	No	losarance	3
1585	(ENT). Surgicul	Advanced lateral shull have surgery	Transsochérar approach	40000	Films Clue-9000 Max	SKA	760	Tertiary	Regular Procedure	No special condition	No	No	Insurance	
1586	Otorhinolaryngelleg (ENT), Surgical	Advanced lateral shall have surgerly	Temporal Bone resettion	40000	Fibrio Gue-9000 Mas 1	nA	No	Terriary	Begular Procedure	No special condition	No	No.	Insurance	
			Føderlie antinares	RCD (with Vestilator)- 7501 (RCU (without Vestilator)- 6750 (Roattne Ward- 1800	No Triplant	ICU (with Voucilator) 7500 ICU (without Ventilator) 4700 Routine Ward 1300	No	Secondary	Regular Procedure	No special condition	246	No	Annaranne	
		Pediatra artines Inserders	Acute non-lichtlik solturry	ECF (settis Ventilatori)- 7500 ICF (without Ventilatori)- 6700 Routine Wards- 1800	No-Implant	ICU (with Ventilator) 7500 (1000 (without Ventilator)-4700 (Restrict Ward-1000	No	Secondary	Regular Procedury	No special condition	511	Sa.	Tosuraner	8
No. 11					1	New Minister		5	/	here to	they a	8/	V	ap

Se.N	Specialty	Package Name	Procedure Name	Rate	Implant vale	Stratification DETAIL	Govt	Locate Care	Procedure Label	Apertal Condition	Rates	Day Corr	Beserved Processare (Insutance/ Trent)
1500	Pardiatric Modical Management	Epőepra merphalupatky	Epiloptic enceptualopathy	ICU perth Ventilators- 7500 ICU (without Ventilatior): 4700 Broutine Ward- 1800	No begian	ICO (setth Ventilanae) 2550 (ICO (setthmat Ventilation)-4700 (Routing Ward-1000)	104	Secondary	Regular Procedure	No special condition	Ne	Sta	Insurates
1990	Paediatric Medical Management	Acote atania	Acum atasta	ICU (with Ventilator)- 7580 (ICU (without Ventilator)- 4700 (Boutine Ward- 1800	No Implant	ICU (with Ventilator) 7580 ICO (without Ventilator)-4700 Boutine Ward-1900	No	Secondary	Regidar Procedure	No special condition	No	194au	hourance
1591	Paedlatry: Meilical Management	Acute childhood authoni		ICII (with Ventilator)- 7500 (ICII (witheat Ventilator)- 4700 (Rosition Ward- 1000	No Terplant	ICO (with Ventilanar) 2500 ICO (without Ventilator)-4700 Boutbue Ward-3000	Mar	Secondary	Begidar Procedure	No special condition	Nin	No	hasarance
1592	Paediatro: Nedical Management	Global developmental delay / Intellectual disability of unknown etwlogy	Global developmental delay/Intellectual disability- requiring admission for Work Up and/or in-patient management	ICU (with Ventilator)- 7500 ICU (without Ventilator)- 4700 Rootine Waed- 1000	Nov Implant	ICU (write Ventilanier)- 7500 ICU (writesat Ventilatior)-4700 Building Ward-1000	Na	Secondary	Regular Procedure	No spectal condition	Nu	Nes	Insurance
	Paedatru Medical Management	Ricketti - respondig administert for Work Ug	Rickets - requiring adamselos for Work Ug- and/in/ in-patient management	ICII (with Venitlatur)- 7500 ICO (without Venitlatur)- 4700 Routnus Ward- 1000	No Implant	ICU (with Vestilator) 7500 ICU (without Vestilator)=4700 Routine Ward: Jami	No	Secondary	ficgalar Procedure	No special condition	Nn	Pán	Insurance
1594	Piedlatric Medical Management	Acute severe malesstriftee	Acute severe malmatrition	ICII (with Ventilator)- 7500 (ICU (without Ventilator)- 4700 (Rositine Ward- 1000	No brplarr	000 (with Veenlatur) 7580 EU (without Veenlator)=4700 Routine Ward-1000		Secondary	Regular Procedure	No speciál condition	No	Ne	Insurance

the way -

belavorisi y	Developmental and Schurinzal disorders for Work Up and/or in-patient Management	ICU (with Vientition)- 7500 (101) (without Vientition)- 8700 (No Implant	100 Ewith Ventilator)- 7500 900 (wethout Ventilator)-4700	1.00		1000				Trint)												
		Noutine Ward- 1809		Venitating Vard-2000	No	Secondary	Hegnlar Procedure	No special condition	944	540	hour me												
	Short stature countring admission for Work Up	4700 1 Routine Ward- 1800	Ne Implant	ICII (with Ventilator)- 7500 ICU (without Ventilator)-4700 Houtine Ward-1800		Securitary	Regular Procedure	No special condition	Mu	Sin	Interance												
morphic 3 ures d	leatures-requiring admission for work-up	ICU (with Ventilator)- 2500 1 ICU (without Ventilator)- 4700 1 Bostose Ward- 1000	Nes Implant.	ICII (woth Ventilmor)- 7500 ICII (without Ventilator)-4700 Rantine Ward-1000	8	Semilary	Regular Procedum	No special condition	740	Pres	haurana												
ipy mitam 1	requiring administration	and an other states and	No Implant	Routine Ward-1800	Na	Secondary	Regular Procedure	No special condition	No	No	Resurance												
orn errors of a	laborn errors of metaholism-requiring admission for work-up and/or repartient care	RCII (with Ventilatior)- 7500 (ICU (without Ventilatior)- 4700 (Roemos Ward- 1000	Sa buptant	1033 (with Vessilator) 7500 100 (withion Vessilator) 4700 Boutive Ward-1800	-	Secondary	Begalar Procedure	No special condition	No	No	linsaturice												
sen's discone	Wilson's disease-requiring administrator work-up and/or impatient care	HCU (with Ventilator)- 7500 (BCD Isolitour	No Implant.	ICU (with Vestilator) 7500-1 ICU (without Vestilator)-4700-1 Reuting Ward-1800	No	Securitary	Regular Procedure	Na spectal condition	No	860	Панганся												
enile Actients (ICT/ (with VentUlator)- 7590 (aCU	Sin implant	R20 (with Vemilator) 7509 (1001 (without Vemilator)-4709 (Routing Word-1009		Secondary	Regjúr Precidure	Nu special condition	No	No	Induranie												
in the state of th	been with niceptic rees py tofarr bome on eccurs of declars	Inters with horphic men Children with dynmurphic features requiring admission for work-up printin Pappy infant synthesis requiring admission for work-up printin Pappy infant synthesis requiring admission for work-up mereness Pappy infant synthesis requiring admission for work-up mereness Misser's disease-requiring admission for work-up and/or repatient care mile Actions Pressile Actions	Intervention Section (Control of the Control ntercount and Work Cy Version (C) Annocount and Work Cy 4700 Rootine Wardshitts Intervention Caliform with dynamic plan instances - requiring administran for work-up RCD (with Version (C) prime Caliform with dynamic plan instances - requiring administran for work-up Restance Wards- inon No Implant prime Plappy inflant syndrome requiring administration for work-int Restant Words No Implant prime Inform record of work-int Restant Words No Implant mentions Inform record of mechanism-requiring administration-requiring administration-requiring administration for work up and/or repatient care Rooting Worth Unitime (Vertifiance)- 1000 No Implant methodologies Without inpatient care Rooting Wards 1000 No Implant methodologies Without inpatient care Rooting Wards 1000 No Implant methodologies Without inpatient care Rooting Wards 1000 No Implant methodologies Intervention (Without Vertifiance)- 2500 i 1200 (Without Vertifiance)- 2500 i 1200 No Implant	administrative very operation production producting pr	Intercent Ser Work Og Contract (Ser Work Og) Contract (Ser Work Og) Overslation (Ser Work Og) Arren with horphic instructs - requiring adminished for work ogp KO (Weth Ventilitator)- 2000 1 (CD) Kei Impfant CD (Weth Ventilitator)- 2500 1 (CD) (with Ventilitator)- 4500 1 Kei Impfant primarin Caliform with dy similarity instructs - requiring adminished for work ogp Restine Ward- 1000 Kei Impfant CD (Weth Ventilitator)- 2500 1 (CD) (with Ventilitator)- 4500 1 Kei Impfant primarin Pappy inflatt ventheme requiring adminisher for work- og Restine Ward- 1000 Kei Impfant Restine Ward- 1000 Restine Ward- 1000 Restine Ward- 1000 Restine Ward- 1000 Restine Ward- 2500 1 (CD) (with Ventilitator)- 7500 1 (CD) (with Ventilitator)- 7500 1 (CD) (with Ward- 1000 Sei Impfant RCD (with Ventilitator)- 7500 1 (CD) (with Ward- 1000 Sei Impfant RCD (with Ventilitator)- 7500 1 (CD) (with Ward- 1000 Sei Impfant RCD (with Ventilitator)- 7500 1 (CD) (with Ward- 1000 Sei Impfant RCD (with Ventilitator)- 7500 1 (CD) (with Ward- 1000 No ref & disease addression for works up and/or inpatent care RCD (with Ward- 1000 No RCD (with Ventilitator)- 7500 1 (CD) (without Ventilitator)- 7500 1 (CD) (without Vent	Anderson Ser Work Og OpenAltery ATOR 1 Bactine Wards 1000 Number of Second 2000 Number of Second Bactine Wards 1000 here with torphic recession pression from Caldacen with dystmorphic Sectors Wards (000 1) Second 2000 No. Second 2000 pression from Caldacen with dystmorphic Sectors Wards (000 1) Sec Implant Second 2000 No. Second 2000 pression from Phopy infant synthesis work-up Bactine Wards (000 1) Sec Implant Restine Wards (000 1) Restine Wards (000 1) Restine Wards (000 1) Restine Wards 1000 No. Second 2000 No. Seco	additional and which op original field Vertication (Vertication) Procession Procession http://with Children with dynaminghes Real (Vertication) Rea (Vertication) Read (Vertication) <	Antension of works og Overstation // Markov Overstation // Markov Overstation // Markov Browning of works of the second of the s	animation is write yr original for write wide production is write yr write wide production write wide production write write production write write production write write production write write production write write production write	anisotron my wink og windstatury strong windstatury (%) SE.N	Specialty	Pachage Name	Precedure Name	Rate	tanglant role	Stratification DETAIL	Givt	Level of Care	Procedure Label	Special Condition	Rules	Day Care	ficarried Procedure (Interance/ Trast)
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14602	Paedatric Medical Management	Severy Asemia in children [Thalassemia]	Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days from chelation Medicine(Deferstirox) on discharge and routine investigation -CBC (Including hemoglobus, D),C, TLC, platelet court etc) LFT, KFT, Urine protoin, Sr. ferritin - during first admission and then 3 monthly.	1500	No Implant.	No	Жа	Secondary	Regular Procedury	Only beeked at the time of Lit admission and then after completion of 3 months, in between this package can not be booked.		No	baurance										
1603	Paediatric Medical Management	Severe Asemia is children (Thafacornia)	Admission for Packed cell blood transfinition (Daycary /Max. of One-day) infemling 15 days from chefation Niedicase(Deferasiros) in discharge and routine investigation. ORC (Incholing hemoglolish, DUC, TLC, platelet cours etc)- 15 days once	1500	fen implant	Sin	Mq	Secondary	Regular Procedury	Can only be booked after 15 days of use on any other peckage for thalasseria. After saming this pockage of can not be backed again in next 20 days	Tes	P4m	Transarganese										
1604	Paedustric Medical Management	Severe Anemia in châdren (Thalanormia)	Administen Sie Packest cell blood transtitution (Daysaee /Max. of One day) indicating 15 days Iron chefation Mediatine((Deferation) on discharge and runtine investigation - GBC, (Including hemoglobin, DLC, TLC, platefet count etc) LPT &PTJbrine Protien 3 monthly once	1580	No Implant	No	Nu	Secondary	Regular Procedure	After using this package it can not be booked again in next 30 days.	Yes	be	Innerance										

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80,90 10	Specialty	Package Name	Fracedure Name	Rate	Implant rate	Strafflication DETAIL	Govt	Level of Carr	Procedure Label	Special Cumbilium	Itales	Day Care	Reserved Procedure (Insurance/ Trust)	
1605			Admission for Packed cell blood transfusion (Dayrare /Max. of One day) including 15 days from cholation Medicine(Deferipment) on discharge and reaction invertigation -CBC (toccoding benegotism, DUC, TUC, platelier count atr) LPT, KPT, Univergentiat, for bacritik - during first admission and theo 3 monthly.	T500	Na Implan	No	No	Secondary	Regular Procedure	Only booked at the time of Lst adminision and then after completion of 3 months, in between this package can not be hunderd.		Tim	Insurance	
3606		Severe Anemia in children (Thilassormia)	Administran for Packod cell blood transfusion (Doyrare, /Mas. of One day) inleading 15 days from chelation: Medicine(Deferiprone) on distinger and routine investigation-CBC (Including hemoglobin, DI.C, TLC, platelet count stz)-15 days once		No implant	Ne	No	Secondary	Regular Procedure	Can only be booked after 15 days of use on any other package for thalancemia. After using this package it can not be booked again in next 30 days	and the second se	Να	Insurance	
1907	Management	Severe Assessa in children (Thulassenia)	Administration for Packed cell blood transition (Docure /Max. of One day) including 15 days of Iem christian Modeline(Defertprise) on discharge and routine investigation -COC (bschuding hetroglobin, DLC, TLC, planelet sound etc.), LFT, KFT, Urise Protein - 1 mantily mite	1500	7%d Jeoplant.	Big	2	Secondary	Register Procedure	After using this package it can not be booled again in next 30 days.	Yes	No	Insutone	No.
Sector		Keingenic diet induation in refractiony epilophy	Ketogenic diet initiation in refractory epilepsiy	ICII (with Ventilator)- 7509 ICII (withmat Ventilator)- 4700 Baattase Ward- 1800	34a boqdare	ICU (with Veetflator) 7580 ICO (without Ventilatio)-4700 Rostine Ward-1000	340	Secondary	Regular Procedure	No special condition	3m	Nir	levarance	Ł
		- in				the statut me		2		2 145	with other	10	4	Cho

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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	Babra	Day Care	Reserved Procedure (Insurance) Trust]
1639	Peedlatric Medical Management	Staphyliscurtal scalded alan symbrome	Staphyliseneral scalded chin synderense	ICU (with Ventilator)- 7500 (ICU (withint Ventlator)- 4700 (Rootine Ward- 1800	No logiant	ICU (with Ventilator) 7500 (100 (without Ventilator) 4700 (Rootne Ward-1800	No	Secondary	Regular Procedure	No special condition	No	No	Insurance
1640	Paediarric Medical Management . medical occology	Malignam Arcites drainage soft-long term satheter issurtion is advanced cancer patients	Ascitis tapping with long term indecelling catheter	40000	No Implant	NA	No	Tertiary	Begular Proceduce	No special condition	No	No	Insurance
1611	Parolians: Medical Management, General Medicine	Pulliation Care Management of Pain for treating Pain stress, analgesis Ustation	Canner Pace Management	ICU (work Ventilator)- 7500 ICU (withner) Ventilator) 4700 Boutine Ward- 1000	NicImplant	ICD (with Venillator) 7500 (ICD (without Ventillator)-4700 (Bootine Ward-1800	Para	Secondary	Regular Pricedure	No special condition	744	14.5	Insurance
612	Pardiatric Medical Masagement, medical oncology	Palliative Care approach to managing Pressure sore - Concervative management	Pressure sure in pulliative care	ICD (with Ventilator)- 2500 ICD (without Ventilator)- 4700 Roatine Ward- 1000	No logiant	ICE (with Ventilator) 7500 ICI (without Ventilator) 4700 Routine Ward-1800	No	Secondary	Regular Pracedure	Na special condition	No	No	Insurance
1613	Paediantic Medical Marcogenioni, medical oscielogy	Paltarive Care Package for Harman - givet reserve	Hazaps in Pallation care	ICII (with Venillator)- 7500 ICU (without Venillator)- 4700 Routter Ward- 1000	no mpian	ICII (with Ventilator) 7550 ICII (without Ventilator)-4700 Rootne Ward-1800	200	Secondary	Regular Procedure	Respectal condition	No	ħo	Insurance
-	Paerbarric Modual Massgement, medical oncology	Partitative Care Approach to managing Raematistia in advanced coheer pathenty - Conservative instangerment	Hemanaria In advance sancer patient	RCII (with Vientilator)- 7500 ICII (without Vientilator)- 4700 Routine Ward- 1800	No logiani	ICU (seith Vermiator) 7500 (ICU (without Ventilator)-4700 (Routine Ward 1000	film	Secondary	Regular Procedure	No special condition	No	No	Insurance

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NN O	Specialty	Package Name	Procedure Name	Rate	Implant rate	Biratification DETAIL	Gent	Level of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
1015	Faschatzyc Medicał Management, medicał oscodogy	Centrol lines in cancer patients for drug therapy Sincon cathetness in advanced caecer patients- lang term central lines	Loog serm indwelling venisies catheter	10000	No implast	NA.	No	Secundary	Rogolae Procedure / Add on	No upedal condition	344	No	Insurance
616	Paediatric Medical Management, medical necology	Symptom Management of Cough to advanced canor patients - Construction management	Intractable Cough in cancer potients - Conservative management	ICU (with Ventilator)- 7540 1 ICU (without Ventilator)- 4700 1 Roome Ward- 1800	No implant	ICU (with Vestilator) 7500 ICU (withmat Vestilator) 4700 Routine Ward-1800	2	Secondary	Regular Procedure	No special condition	Nu	344	Insurance
1637	Pardiatric Hedical Manapament, medical onrology	PaRiattise Care Management of Triutius, mucrositia (n advanced career patient	Pathative sare in Triumus marinitis	ICO (senth Vientillanor)- 7568 (1009 (senthmar Vesitillanor)- 4760 (Rountille Waesh- L009)	No Implant	ICU (with Ventlanur) 1500 (ICU (withour Ventlanur) 4700 (Routiner Ward 1000	No	Secundary	Regular Procedure	No special condition	Nu	No	Insurance
1618	Paediatric Medical Managemetit medical oncology	Management of terminal /fatal Meeding matigmant head and nuck / toguinal lectors	Conservative management of fatal blonding in cancer pathents	ICU (with Ventilator)- 7500 (ICU (without Ventilator)- 8700) Koatine Ward- 1000	No Implant	RCU (with Ventilation) 2500 (RCU (without Ventilation)-4700 (Routtine Ward-1800	Nu	Secondary	Regular Procedure	No special condition	Nu	Pain	lesurunce
(619	Psedanti Nedital Masagement medical-socology	Pallather Care Management of Symptom Cluster - Estigue in advanced current patients	Patigue in Pulliative care	ICJI (with Vestillator)- 7500 (ICJI (ottbeast Vestillator)- 4700 (Routine Wardi- 1005	No Implant	ICU (with Ventilator) 7560 (800 (without Ventilator) 4700 (Routor Ward-1800	No	Socandary	Regular Pracodure	No special (ombitos)	Ne	Bio	linuration

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Sr.N	Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gevt reserve	Level of Care	Procedare Labei	Special Condition	Index	Day Care	Reserved Procedure (Insurance/ Trunt)
1620	Paechatris Medical Management, mudical oncology, General Medicine	Communications in Adamsent chrome diseases/ seminal stage of diseas, for patient and family members with discussion on Geals of care and facilitated diarest decision msking - gest reserve	1.1.1.1	ICU (weth Ventilator): 2500 (ICU (without Ventilator): 4700 (Routine Ward- 1800	No linplant	ICU (setti: Ventilator) 2580 ICU (settinut Ventilator)-4700 Routine Ward-11800	aí	Secondary	Begular Procedure	No special condition	Ne	340	Insurance
1621	Paedisorric Medical Management, medical encology, General Medicine	Conservative inantagenerative post procedural or toratment related recordifications in Pallianive Medicise including electrolyto disorders (including hypercalcensia and ketoacidous).	Complications in pulliation care patients	ICU (with Ventilater)- 7500 ICU (without Ventilator)- 4700 J Koutine Wand- 1800	Ne Implant.	ICU (with Ventilator) 7500 (ICU (without Ventilator)-4700 (Reattine Ward-1800	No	Secondary /	Regular Procedure	No special combines	Na	34o	bieurance:
622	Parollatric surgery	Gestrochamy + Ecophagescopy + Threading	Gastrustumy = Emphagementsy = Threading	20000	No Implant	NA.	No .	Secondary	Regular Procedure	No special condition	No	No	besurance
623	Paediatric surgery	a second s	Latifs Presadure	31000	No Unplant	NA	5911	Tersor	Begular Procedure	Ne special condition	No	Sko	Insurance
624	Paediatric surgery	Duplication Cost. Exclusion	Duplication Cyst Exclusion	24600	No Implant	NEA	No :	Scondary	Regular Procedure	No greated condition	No	160	losimation
625	Paedlatric surgery	Intrascorption	Non - Operative Reduction or relation	20000	No lopiant	RCA	No	Servicidary.	Regular	No special condition	Prohability age uptin 12	No	funiting
626	Paedlatric surgery	Infumicoption	Operative in infants	25000	No Implant	NA	No	Secondary	Procedure Regular	No special condition	the second	tio	Insurance
677	Paedlatrix surgery	Surgery for Heschiprung's Durate	Mysectamy	25000	Nos Implant	NA	No	Secondary	Procedure Regular Procedure	Net special conditions	Nei	No.:	Interance
628	Paediatric surgery	Surgery for	Pull Through	22000	No Implant	NA	No .	Secondary	Regular Procedure	No special condition	No	No	bourance
629	Paediatric surgery	Surgery.for	Bertal Biopsy - Punch	10400	Ne Implant	NA	No.	Secondary.	Regular	See special conditions	Pier	No	Insurantia

5e.54	Speciality	Package Name	Presedure Name	Rate	Implant rate	Stratification DETAIL	Govt	Level of Care	Procedure	Special Condition	Rates	Day Care	Beserveil Procedure (tesurance/ Trust)
16.30	Paedatric surgery	Surgery for Hirochipeung's Disease	Rectal Biopey - Open	11300	No brigitant	NA.	No	Secondary	Hogular Presedure	No operad condition	No	Na	hourses
1633	Passiliarce augury	Surgery for Hurschaprung's Diangest	Sphinecherntumy	15000	No implant	NA	Ne	Secondary	flogular Procedure	No special condition	Nò	Na	Insorance
632	Pauliatric surgery	Rectal Polypertrimi Sigmoidoscopia Osder GA	Rectal Polypectumy - Sigmoiduscopic Coder GA	30000	No buglant	R4	Ne	Secondary	Regular Procedure	No special condition	Ma	No	Theoreman
637	Paediatric surgery.	Ano Rectal Mallormation	Abd - Perincal PSARP	39100	No Implant	MA	No	Ternary	Regular Procedure	No special condition	No	files .	Insurance
634	Poedarric surgery:	Ano Roctal Malformation	Annplasty	20000	No Implant	NA	No	Secondary	Regular Prisonhare	No special condition	90	Na	Тихотинсе
635	faodiatric sargery-	Ano Rectal Malformation	Curtoucle	20000	No Implant	NA	265	Secondary	Regular Procedure	No special condition	50	the .	himitation
is an	Paedatric surgery	Aso Rectal Malformation	PSARP	23876	No implant	NA	Na	Secondary	Regular Proceduce	No special condition	Na	ñe.	International
4.97	Paedlatric surgery	Ano Rectal Malformation	Hedo - Palittonagh	23700	Nie Intestant	NA	The	Secondary	Regular	No special conditions	Bu	No	Inniarance
+31	Pardiantic surgery	Auto Rectal Malformation	Transposition	28008	No Implant	NA.	No	Secondary	Hegular Procedure	No special condition	No	No	howcator
6.19	Positiatric surgery	Fecal Fistala Chesore	Fecal Famila Gesure	25000	Teo limpiant	NA	No.	Secondary	Regular Procedure	No special condition	No	Wes	Innurance
640	Piedamc augury	Gi Tumur Excluinn	GI Tumor Exclusion	30000	No briplant	NA	No	Tertiary	Regular Procedure	No special condition	No	140	Invariance
641	Paedantic surgery	Exomphalos / Gestroschum	Ecomphatos	10250	No Implant	NA	160	Tertiary	Regular Procedure	No special constitues	No.	Nex.	loannahise
642	Puodiatrii surgery	Exomplialisy / Gastronfinia	Gastronchinos	30750	No Implant	NA	No	Tertiary	Repular Proceduce	No special condition	No	No	feituranee
n43	Pondiatric surgery	Botrn - Pertraneul Lymphaegiuma Excision	Retro - Perstoneal Lymphangioma Factorios	25000	No Implant	NA	3m	Secondary	Regular Procedure	No special condition	940)	2414	Insurance
644	Paedatric surgery	Surgery be Sacromorygest Teratoma	Sargery for Sacrococrypeal Terratoma	22886	No looplant	NA.	No	Secondary	Regular Procedure	No special condition	Mar	Su	heirine
n és	Paedatric surgery	Support for Groupmatal Lable Employeema	Surgery for Congenital Labor Employeeme	30580	No Unplant	NA	No	Ternary	Regilier Produktere	No special condition	BD.	9614	Dissourantee
1940	Paedlatric surgery	Bactulou of accessory autoche	Exclusion of accessory auticle	19000	No Implant.	NA:	No .	Secondary	itegalar Procedure	No special condition	7840	No	Semanation .
647	Paedatric surgery	MACROSTORIA	Repair of microstomia	34000	No Implant	N.A	No	Tertory	Begalar Procedure	No special condition	Nis	Ne	Mourtoner
640	Pauliarie surgery	SUBERCOMMER A DICIT DIESON	Decision of supermemorary shipt	14000	No begiant	NA	Ni	saundary	Regular Procedure	No special condition	210	-	Institutes
649	Pacifiantia surgiry	SINDACTIES	Syndactally repair	35000	No hoplant.	NA	No	Tertiary	Regular Frücedure	No operial condition	No	No.	terrence

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TORTICOLLES LIVER TRAOMA NON-OP CONFORMED TWENS ESOPHAGE AL ATRESATER MALBOTATION POSTERIOR URETHERAL VALVES SPLESCORDARY VESICOSTOMY/ MEMORIA	VER TRADMA Pro- PS-OP Train STOTINED Sep OPTIAGEAL PRO- RESEATER PRO- ALBOYATION Lod STERIOR LESION VES LESIONSHAPH Spi	ercompilated division in-operative insegment of twee sums paration of twee paration of twee paration of twee successions successions	15000 40000 95000 65000 39000	No Implant No Implant No Implant No Implant	NA NA NA	No.	Secondary Ternary	Regular Procedure Régicat Procedure	No special condition	No	No	Inversion													
NON-OF CONDINED TWINS ESOPLIAGEAL ATRENATOR MALINDTATION POSTEROOM UNETHERAL VALVES SPLESCORDIAPS Y APPENDICO- VESICOSTOMY/ MICHIGANS	INFORMATION PROPERTY	inggeneen of twee name paration of twee paration of the paration of twee paration of the paration of twee paration of the paration of t	95000 65000 39000	No Implant	NA	1000	Ternery		No special constitues	No.	100														
TWINS ESOPLACE AL ATRESEATOR POSTERIOR UNETHERAL VALVES SPLESCORREAP Y APPENDECO- VESICOSTOMY/ MICHIGANS	SINS Sep OPTIAGEAL PED ALROYATION Lad STEROOR ULTHERAL VES LENGRORIAPH Sph	UMARY REPAIR	65000 39000	No Implant		Sec.			Margaretter and Sales		Rie .	Inverse													
ATREMATOR MALINDYATION POSTERIOR UNETHERAL VALVES SPLESCORDERAP Y APPENDECO- VESICOSTOMY/ MICHIGANS	RESEATER FROM ALBOYATION Lad STERADIR ULTIFERAL VES LESCONDUAPH Sph	dd's procedure	39000	135012157.00	au à	pan.	Ternary	Regular Procedury	No special modifion	Sin	No	trearmence													
POSTEBUM UNETHERAL VALVUS SPLESCORREAP Y APPENDECO- VESICOSTOMY/ MIRTINGES/	ETERADIC ULTREBAL VES LUNCHERIAPH Spit			Construction of the	an	344	Tertiary	Regular. Procedure	No special condition	794.0	No	Universities													
URETHERAL VALVES SPLENORRHAP Y APPENDICO- VESICOSTORY/ WEINCOSTORY	UTHERAL VES	SICOSTOMY		No Implant	NA	3in	Tertiary	Registur Procedury	No special condition	Nα	No	Inversion													
Y APPENDICO- VEDCHSTOMY/ Ministfans/ VEMCOSTOMY	sba		\$1000	No Impliant	NA	611	Torniary	Regular Procedury	No special condition	9hi	No	Insurance													
VEDCOSTONY/ Mitraffanof VESICOSTONY	and a local dia	Amorappley	33800	Netroplant	NA	Nu	Tertiary	Regular Procedure	No special condition	No	No	Insurance													
INTERNAL COMPANY	EXCEPTIONEY/ MAR	pendicoresimationsy or . outi-procedure	13000	No Inglian	NA.	No	Ternacy	Regular Procedure	No special continuon	Ner	No	Insurance													
theorem	sicostowi Vei	sicostumy	20000	Sie Implant.	SCA.	Siu .	Tertiag	Regular. Procedure	No special condition	Nu	No	Insuration													
Granuloma/ Undulical polyp	analomay" (Lint	elidicəl Gramikoma/ olidical polyp	12800	No logican	NA	tu.	Secondary	ogila pig	No special condition	No	a	Trease areas													
Millary Atresia - Natal Periodenterestor V	and the second se	lary Atresia – Kinni riberderustoony	80000	No bugiant	NA	80	Tertiacy	rigilar pig	No opecial condition	Mo	No	Insurance													
Fascilies - Debridement/Fo	tridemant/Fa Dah	croticing Fairins - Intilescent/Torcistiony	40000	Sie Implant	86	Sir.	Terriary	regular pág	No special mulition	740	No.	Institution													
Advendorming	resdoctours Adr	rendoctomy	85800	Sie Implant	NA	So.	Teetlacy	regular pág	No special condition	264	No	Indurance													
Hyposplatias repair - gost resorve	nair - goot - Sing	ulle state	3=900	No Implant	NA	315	Termery	Rogađar Procedure	No special condition	thes	a.	Insurance													
Hypospadias repair - govt resurre	pair - govt Star	vo er more stage (Pirist upr)	14850	Se triglant	NA	jon	Secondary	Regular Procesture	No special condition	Nor	No	Tenarance													
Hypoquatias repuis - givit Jenerois	niti - guvi fina		20000001	No Implant	БА	10	Senatory		stage and / or ion-condition stage paidkage has been	stage and / or interpretate stage package has been	Ne	Unintatics													
Wilms tumors: surgery		hur hallors, surgery	39100	Ne Implant	NA	No?	Vertiary	Regular Procedury	No opectal coordition.	No	Nel	Innirupor													
* * · · ·	9000000	rpani - govi So merne	epuis - guvi exercise Ofma turnors. Witney business aurous	eparat - gave Two or more store () and parents energies () for the second store () and () parents () and () parents () pa	epair - good Provide more stage () and pairing a point stage () and pairing a point stage () and pairing a point (epara - good Provide more stage () and provide	remer seven seven stage () and seven server stage () and seven seven stage () and seven se	renerse Search/Facture report 2000 Ne Implant NA Ne Secondary many Wilmernance surgery 29100 Ne Implant NA Ne Secondary	region - good Seage1//Set als report 2000 Anno 100 No Inglant NA res Secondary Procedury receive Wilnex humory surgery 29100 No Inglant NA No Yertiary Regular Procedury	Appropriation reprint - good Two or more stage (P and Stage 1/Finiture report Secondary Regular (Secondary) Regular (Secondary) Regular (Secondary) Bod (Secondary) (Secondary) Regular (Secondary) Regular (Secondary) <thregular (Secondary) Regular (Secondary)</thregular 	Appropriation reprint - good Does or more stage (P and Stage)//Second report Does or more stage (P and Stage) Does of more stage and / or package has been boolerd arise to the package has been boolerd arise to the Does of arise to the Does o	Appropriation spectra stage (P and Stage)//Second report. Stage (P and Stage)//Second report. Stage (P ind) Stage)//Second report. Stage (P ind) Stage)//Second report. Stage (P ind) Stage)//Second report. Stage (P ind) Stage)//Second report. Stage (P ind) Stage)//Second report. Stage (P ind) Stage)//Second report. Stage (P ind) Stage)//Second report. Stage (P ind) Stage)//Second report. Stage (P ind) Stage)//Second report. Stage (P ind) Stage)//Second report. Stage (P ind) Stage)//Second report. Stage (P ind) Stage)/Second report. Stage (P ind) Second report. Stage)/Second report. Stage (P ind) Second report. Stage (P ind) Second report. Stage (P ind) Second report. Stage)/Second report. Stage (P ind) Second sr.N	Specialty	Package Name	Procedure Name	Rate	İmplant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Condition	Holes	Day Care	Reserved Procedure (Insurance/ Trust)
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1667	Paudiatrix margory Surgical Oncology	Neuroblanuna Essterei	Proceediations Eachiron	19100	No Implant	NA	54.0	Tectiony	Rogular Promilant	his special condition	Nor	Na	Insulance												
1661	Paediatric surgery, Surgical Oncology, Unitings	Septerctomy	Nephrechung For Bestgn pathology - Open	31460	No Impliant	NA	30	Ternary	llogular Procedure	No special condition	Ne	Dieter	Interance												
1.567	Parshabric surgery, Surgeod Oncology, Unitsgy	Nephretung	Nephrechany -Far Besign pathology - Lap.	31460	No Implant	NA	30	Terliary	Regular Procedury	No special condition	No	540	Incarance												
1670	Pardiatics surgery. Surgical Uncology, Unology	Nephrechamy	Nephrestamy-Radical (Renal famor) - Open	15460	No Implant	NA.	Su.	Tertiary	Regular Procedury	%a special condition	No	No	Insurance												
1677	Paediatric surgery. Surgical Oncology, Unology	Nephrectura	Neglicrecturey-Badical (Renal former) - Lap	31408	No implant	NA -	Nn	Tartiary	Regular Procedure	No special condition	No.	511	Insurance												
1672	Paediatric surgery, Surgical Oncology, Drukury	Nephrectumy Partial or Denii	Nephrectury - Partial or Homi-Open	40000	No implant	NA	710	Tertury	Regular Procedure	To special condition	Ne	Na	Insurance												
	Fasharite simpley, Sergical Decology, Unitingy	Septirectiony - Partial or Hemi	Septementomy - Partial or Hemi-Lap.	+0000	No Implant	NA.	Nu	Tertiny	Regular Procedure	No special condition	764	10	Des un soco-												
1674	Paediatric surgery, Sargeod Oneslogy, Unslogy	Nephru urvtorochistry (Benign)	Nephro wistorecturay (Menige)-Open	33000	No Implant	84.6	Su	Tertiary	Regular Procedury	No special condition	76 H	No	biliurance												
1073	Partistric nargery Sarge al Decidogy, Unilegy	Nephro uniferentionay (Renign)	Nepters are treasuring (Benigit) - Lap.	33000	Na Implant	51A.	Sn.	Ternary	Regular Procedure	No special condition	80	Ne	terrature												
1476	Paedutric sutgery, Surgeod Oncology, Unalogy	Nephro uniterectomy with cell of bladder	Nephro unetorectomy with suff of bladder-Open	39500	No Implant	NA,	50	Tertiary	Regular Procedure	No special condition	Nu	No	Insurance												
1677	Pandathic surgery. Surgical Obcology. Brology	Nephro ursterectomy with ruff of bladder	Nephro unstanctony with ruff of bladder Lap.	12430	No Implant	NA.	Sie	Termany	Regular Procedure	No special condition	No	Nii	Insurance												
1578	Paediatric surgery. Surgeral Onotiogy.	Partial Cystectumy	Partial Cysterturey-Open	26000	No implant	ял	No.	Techney	Regular Procedury	No special condition	No	Nó	lisurance												
1479	Paediatric surgery, Sorgical Oncollegy, Denings	Partial Cystecture	Partial Cystertony - Lap	35500	Sin Implant	WA	No.	Tomary	Regular Procedure	No special condition	3lo	80	Insurance												
1600	Paediatric sargery, Surgical Oncology, Unology	Gerbischurry Govt Reserved	mgs inguinal	15380	Ne Implant.	865	yes.	Secondary.	Regular Procedure	No special condition	No	Ne .	lines commen												
1471	Paidiatrix mirgory. Boology	Congenital Disploraginatic Hersita - Gent reserved	Congenital Dophrograms Revisa/Eventualise	34700	Na hapfant	RA .	yes.	Terriery	Rogular Procedure	No special condition	Na	ti in	linourainty												

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Šr.N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Atratification DETAIL	Govi	Level of Care	Procedure	Special Condition	Rufer	Day Care	Reserved Procedure (Insurance/ Trust)
5882	Paediatric surgery. Grology	Pyeloplasty / Pyelopretoruntu my / Pyelopyelosiomy	Pysioplarty - Open	30400	No terplant	TLA.	No.	Tertiory	Hegsfar Pricodure	Ne special condition	bio	No	Insurance
Leng	Psedatric surgery. Urology	Pyeloplasty / Pyeloplasterustu my / Pyelopyelostomy		3940n	No Implant	NA	No :	Tertiary	Regular Procedure	Ne special condition	No	No	Inversey
	Paedlatric surgery, Orology	Pyeloplasty / Pyeloareterosto my / Pyelopyelustomy	Pyelourerestung - Open	30400	No Implant	NA	No	Tertiary	Negalar Procedure	No special condition	Néo	Re	Interance
	Paediatric surgery, Urology	Pyeloplasty / Pyelopreternatu iny / Pyelopyelacturey	Pyeluar merodiany - Laparoscopic	30400	No Implant	KA	No	Termary	Regular Procedure	No special condition	Pén	na	laturance
1686	Paediatric surgery, Unilogy	Pyeloplacty / Pyelouretariosto my / Pyelopyelostomy	Pyelopyelantomy · Open	27500	No Implant	NA.	No	Tertiary	Regular Procedure	Nergecial condition	No	No	besariata in
6/17	Pandiatric sorgerty, Drology	Pyelaplasty / Pyelopretoreatta tny / Pyelopyelostomy	Pyvlopyelastiany - Laparinanyic	30400	No Implant	16.4	No	Ternary	Negslar Procedure	No special condition	Neo	two	betarana.e
	Paediatric surgery, Unology	Oreterncallycests	Uniterocallycontrary - Open	26900	No.tmplant	NA	510	Tertiary	Register Procedure	No special condition	No	No	hourance
inter	Paediatric surgery, Linulogy	Ureterocally moto	Deeteroculy contomy -	30400	No Implant	NA.	30	Tettiary	Regular Procedure	No special condition	So	tro	biogrates.
in	Paedintric surgery. Urulagy	Prelolithotomy	Pyshalithationy - Open	29925	Neluplani	NA	No	Tertiary.	Regular Procedure	No special condition	No	No	Insurance
1091	Pastatric nirgety. Unlogy	Pyrloinhunary	Lap.	29921	No Implant:	NA	No	Tertiary.	Regular. Procedure	No special condition	No	No	biniration (
640	Pauliatric surgery, Unidegy	Uretaroutomy	Unstantisticity (Catabeous)	20000	No toplant	NA	No	Tecondary	Regular Procedure	No special condition	No	Nö	Innirates
649	Parshatric surgery, Beology	Uneberge areteriodumy	Unetero-oreforations-	20000	No Inglact	NA	No .	Sconlary.	Regular Procedure	No special condition	No	Nu	Insurates
04	Paediatric surgery, Unilogy	Urstern-	Uretern-protorestamy	20000	No briphant	NA	So.	Secondary	Regular Procedury	No special condition	No	No	Insurance
_	Pardutrac surgery,	Uniteric monglastation	Wenteric estimptantation - Open	U/L-25508 N/L-38500	No Implant	U/L < 25500 B/R - 38300	20	Tettaly	Regular	No special condition	20	No	insurance.
	Parolisinic surgery, Urokaty	Uniteria resegueration	Uniteric complantation - Lap.	0/L-25500 8/L-38508	No Implant	0/L - 25500 0/L - 30100	310	Tectory	Regular Providere	No special condition	No	Nu	Beneration

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M.T	Specialty	Parkage Name	Procedury Name	Kate	Implant rate	Stranification DETAIL	Gost	Level at Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Teast)
ten (Pavillatric owrgetr, Unidage	b) stenting aschafting cymneopy, areteric cohereritation, settingtade ywelogram - stand abuse	III stantosy including eystosrapy, areteric catheterazation, retrograde gyelogram	1000	Df Stent - 200	KA	÷	Tentaty	Brgsdar Ptocedure	No special condition	Nu	Sa	howance
	Paediatric surgery. Urology	Acute management of supper armaty tract trauma - conservative	Acute management of upper urinary tract trauma " mmervative	Routine Ward- 1900	No Impiant	Routitie Ward-1000	No	Secondary	Regular Procedure	No special condition	540	Ne	Insurance
	Paediatric surgery, Unology	Cystolithicany Open, including cymoscopy	Open - including cystoscopy	18500	No Inglani	NA	Ne	Secondary	Begsdar Procedure	No special condition	Ne	Ne	Bassarahke
1700	Paedlatric surgery, Brology	Cystolithatripay / Uratical Store embocropic, including cystolocopy	Cystalithorrupy embacaptic, indiading cystoscopy	18500	No Implant	NA	No	Securilary	Regular Procedure	No special condition	Nii	Fåte	Innorative
1701	Paedlatcic snegery, Urology	Cynalithaertpry / Urethral Staas endoscopic, lischafting cystoscopy	Brethrat Brone removal endoscopic, techniling cystassainy	18500	No Impian	NA	No	Secondary	Repular Procedure	No special condition	30	Sia	Imurance
1792	Paediatric surgery. Unitary	Augmentation	Augmentation cystoplasty - Open	1185	No Implant	NA	No	Tertiary	Repular Procedurer	No special condition	Ne	ħo.	Imarance
1703	Paodiates: surgery, thuingy	Augmontatione	Lap.	15625	No Implant	NA	No	Tertiary	Regular Processium	No special condition	No	310	Toourance
1704	Paediatric surgery. Ucology	Open bladder disorticuliectiony with / without ureteric re- implantation	Open bladder diverticoloctumy with / without amotoric se- implamation	25006	No Implant.	NA	Nm	Secondary	Regular Procedure	No special condition	Nee	No	bistrance.
1705	Paedarric surgery. Uralagy	Bladdor separy repair (settle or without unotheal tobary)	Badder intery report (with or without wethral intery)	23009	Ka Taquinar	N/A	No	Secondary	Regular Procedure	No special conditions	No	A	Incurance

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Sec.38	Specialty	Package Namo	Procedure Name	Rate	implant rate .	Stratification DETAIL	Gent	Level of Care	Priscodure Label	Special Condition	Bairs	Day Carv	Reserved Procedure (Interance/ Trust)
1706	Pædiatric surgery. Unology	Madder innery reper with enheateny (with or without urethral inputy)	Bladder Injery cipur with culoitony (with or withing withful injury)	29063	No-Implant	NA	No	Tertiary	Begular Procedure	Ne special condition	No	Na	Insurance
707	Paediattic surgery. Unslogy	Neurogenic bladder - Packagy for evaluation / investigation (authorize + white + BGU/ MCO) for 1 march (modicines - ambience)	Rearogenic bladder - Package for evaluation / invostigation (authotser + obraanonsil + culture + BGO/ MCO) for 1 month (medicines - antibiotica)	14342	No-Implant	NA	No	Secondary	Bagalar Procedure	Peyment to be made after completion of one month.	Payment to be made ofter completion of one month.	No	Invariance
708	Paedhatric surgery, Urnlogy	Sopraphic Drainage - Count / Trucar	Suprapuble Dramage - Clined / Trucar	5800	No Implant	NA.	No	Secondary	Regular Procedure	No special condition	No	No	Insirance.
7(2)	Paestatric surgrix, Irology	Meanitomy / Meanoplasty	Meatutomy	3500	No linglant.	nA ·	No	Servindary	Protedure	No special constraint	No	No	Incurance.
	Paisfatric surgery, Umiliary	Meatotomy / Meatoplasty	Meanuplasty	3500	No Implant	NA	No	Soundary	Begular Froceilure	No special condition	No	No	Invariance
	Pandiatric surgery. Unilogy	Unithroplasty	Brethroplasty - Substitution - single stage	20000	No Implant	NA.	No	Sernindary	Begulae Pracedure	No special condition	Nor	tio	Insurator
	Paediatric surgery, Brology	Urethral Dilatation - Stand Alone and day care	Non-endecopic as an independent procedure	2000	No Implant	NR.	Ne	Secondary	Bagular Procedure	No special condition	No	No	Insurance
713	Paedlattic surgery. Unilogy	Urethead Dilatation - Stand Alone and day care	Endocrapic as an andependent procedure	5000	No implant	NA	80	secondary	Begalar Fracethire	No special condition	No	No	baaana
714	Paediatric surgery, Orology	Pormeal Unethnostomy without closury	Permeal Urethrestony without closure	20000	No implant	NA	Sio	Secondary	Regular Proonhove	No special condition	No	no	Unutatice
12	Paedotric surgery, Onology	Post trethral Valve fidgaration	Paul, Unochraf Vislow Religioration (to be checked from goad surgery)	14000	No implant	5.4	40	Secondary	Repilie Procedure	No special condition	No	No	loiuranse
716	Paudurite surgery. Dealogy	Unethronectal Batalia repair	Ucerheorystal fistola repose	60000	No Intplant	NA	20	Tectiary	Regular Proceduce	No special condition	10	500	Invertee
		Lvelaptvy - Govt Beierve	Orchispery with Laparenampyin be cross checked with peak surgery	12/1, - 300000 11/1, - 35000	t No briplant	0/L - 30000 8/L - 15000	-	Testiały	segsiar Pencedure	No special condition	No	Na	Inviduaries :

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e.K	Speciality	Package Nome	Procedure Name	Blate	Implant rate	Stratification DETAIL	Gent	Level of Care	Procedury Label	Special Condition	Rules	Day Care	Reserved Procedury (Insurancy/ Trust)
	Saediable surgery. Indexy		Orchiopery without Diparoscopy - U/L	15000	No Implant	NA	lain .	Secondary.	Regular Procedure	No special condition	No	Ne	Insurance
224	Paedutric surgery. Instituty	the second second second second second second second second second second second second second second second se	Orchlopesy without lightninecepy - II/L	16500	No Implant	NA:	1660	Secondary.	Regular Procedure	No special condition	Sit	1960(1)	Insurance
1720		Emergency management of Urptractications Package for realization (ultrassand + culture) for 3 works (medicines).	Emergency management of threteric stone - Package for evaluation / Investigation (ultrasound + culture) for 3 weeks (medicines)	Russtane Warth 1800	See Implant	Routine Ward-1800	No	Secondary	Regular Procedure	Nie spectal condition	80	Ne	Insurance
1721	Pandiatric surgery. Unilogy,Sargical Gastroeuterology	Adrenalectiony	Adrenalisationty- Open	U/L - 29808 87L - 34800	No Implant	072 - 29800 875 - 34800	NUy	Tertility	Regslar Procedure	No special condition	No	No	Desaronce
732	Paediatric surgery, Unology Surgical Gastroenterology	Advenalectory	Advenated only -Lap.	0/L-29000 R/L-34000	No Implant	0/3,-29900 8/5,-34000	24	Tertiary	Regalar Procedure	No special condition	No	No	Insurance
1723	Palliative medicine	Facet joint intra- articular intervention CS/Thuracic/L5	Facet joint intra-articular Intervention CS/Thiracle/LS	5520	No linglant	NA.	No	Secondary	Regular Procedure	No special condition	No	Nu.	Beneratsie
1724	pediatria Neptrology	Retail colin	Renal colic	Routine Ward- 1800	No triplant	Binitine Ward-1800	No	Scondary	proputar plug	No special condition	5(0	Na	Disurance
1725	pediatrix Neptening: INTERV ENTIONAL RADIOLOGY Nepteningy	Permacath insertion (Podueric/ Adult) 100-2	Permacatk insertion (Pedomic/ Adult) NO-2	30000	No implant	NA	No	Tertiary	regular ping	5to special condition	54a	Ner	Insurance
1728	pediatric Nephrology,Nephrol ogy, Ditulogy, Pediatric surgery	Schuldanime tunnelled PD Catheter Insertion (Permanent)	Sobcutaments tarnelled PD Callecter insertion (Permanent)	27000 including Implant	No Implant	NA.	No	Tertiary	regular piq	No special condition	May	Nu	Insurance
titi)	pediatric Replexibacy Juphrol ogy, Orniogy, Pediatric surgery	HD Catholie	HD Cadastar insertion (Selding technique)	10000 Incheding Implane	No Implant	PA	01ó	Secondary	regular ysig	Su qecial condition	No	Sa	Insurance
	podiatric Nopheology Nephrol ogy Drology, Podiatric norgers	Tom/Bed PD Catheter Infection	Tunelled PD Cathoter Induction	Noutine Ward- 1800	No Implant	Routine Ward-1990	Nii	Secondary	regular piq.	No special condition	Net	ħirr	Insuitance

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Se.N	Specialty	Package Name	Procedure Name	Rate	Imphant rate	Stratification DETAIL	Govt	Level of Carr	Priscadure Label	Special Condition	Rates	Day Carr	Reserved Procedure (Insurance/ Trent)
1729	Pediatric Oncology	Immele duramhacytopen	Etrombopag / Romplestine for Aplantic anomia/ Intimato thrombocytopenia - Etrombopag / Romplestine for Aplantic anomia - per month	10000 / per aunth	Ao Inglani	NA	Ne	Secondary	ilay Gare	No special condition	10000 per trainth. Unually a 12 month tharapy announting to 120000	Jaa	Insurance
730	Podiatric Oncology	Cyclusportise for Aplastic anomia/posit RMT unmunicouppers stor	Cycloseportine for Aplantic enemia/post BMT informationappretation - per month	6000 per munth	No Implant	NA	No .	Secondary	day Care	No agricul condition	6000 per month. Unually a 24 month sharapy amounting to 1.44000 (72000/year)	755	linarance
291	Pedatric Ontology	Anti Thymocyte Globalth (ATG) for Aplastic anomia	Ann Thymocyte Globulm (ATC) for Aplantic assentia	10000 / kg	No implant	NA	No	Tentary	regolar plag	No special condition	Ous time therapy. Cest is 300000 for 10 kg child mas 30 kg allow	264	laturane
	General Medicine, Pediatri: Modical Management	Visceral Ieiskmaniasiis	Visceral leisbrianiasis	ICU (with Ventilator)- 7500 (ICU (without Ventilator)- 4700 (Routine Ward- 1800	No Inglant	ICU (with Ventilator) 7500 ICU (without Ventilator)-4700 Boutton Ward-1000	No	Tecustary	regslår pkg	No special condition	No	No	bisurance
	interventional radiology	Percutaneous.	Percutanenus gastrushumy	#320	No Implant	NA	Re	Secondary	regular phy	No special condition	Ma	No	himana
	Pediatric Ontology	Intravening limit therapy for refractury or senser from deficiency amenta or amenta or amenta related to chronic kidnoy disease	Intravenous iron therapy for colractory or severe iron deficiency attents or amenia related to chemic kidney discare	A, 1000/month up to 15 kg child B, 3000/month 15 - 30 kg child	No Implant	NA.	Na	Tertury	day Care	Sie special condition	Maximum 6-down are needed. Cost is 1000/month(6000 total course) for 15 kg shild and 3000/month (1000) total course) for 30 kg shild	A.	Insutance
1735	Pediatric Surgery	STENSON'S DUCT DILATATION	Dilatation of Stement's duct	11000	No Ingérit	51A	Ma)	Secondary	Regular Proceshire	No special condition	tha	89	Heartney
796	Pediatric Surgery	ESOPHAGEAL DILATATION	Ecophagoal dilatation	10006	No Implant	NA.	ha :	Secondary	Regular Procedure	No special conditions	No	Ne	Inimature et al.
137	Pediatric Surgery	SUPRACEOTTOP LASTY	Supra-glonettarty	27000	We Implant .	NA	Ra	Ternary.	Brgulat Procedure	No special condition	Wa	Net	Instantor.
738	Pediatric Surgery	SINGLE STAGE AIRWAY RECONSTRUCTI	Airway reconstruction	\$5000	No logiant	NA.	No C	Tertiary	Regular Procedure	No special condition	50	Nia .	linurance

90% 11	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Condition	Rates	Day Care	Reserved Procedury (Innurance/ Trust)
73N	Pedatric burgery	STAGED ARWAY RECONSTRUCTI	Staped arrway reconstruction	50000	No implant	RA .	Ne	Tertiary	Regular Pracodure	No special condition	Ne	This.	hourspor
740	Pediatric Surgery	SLIDE	Side trachesplasty	60009	No Impiant	NA	No	Ternary	Regular Prisondure	No special condition	No	No	Insurance
11	Pediatric Surgery, ENT	PARATHYROIDE.	Parathyroidettomy	39000	No Implant	NA	50	Tertiny	Regular Procedure	No special condition	Nu	140	lasurance
742	Pediatric Surgery, Nepiteulogy.podiatri c Nepiteulogy	OPEN KIDNET BIOPSY	Kadney hinpsy	5000	No. Implant	NA	No	Secondary	Regular Pracedure	No special condition	CT/USG guide to also dliow	Ne	traurumoe
14.5	Pediatric fargery, Mealingy	Undescended Testis - Gevt reserved	Bifateral - Palpalde + Nonpalpable	15000	No Implant	NA	-	Soundary	Regular Pracedure	No special condition	No	No	lasurance
744	Pediatric Sargery, Uralogy	Undescended Textis - Gyet reserved	Bilateral Palpabie	15009	No Implant	NA	375	Soundary	Regular Procedure	No special condition	No	No	lesurance
245	Pediatric Sorgery.Otology	Undescended Texts - Gort reserved	Unulateral - Palpable	13000	No Impiant	nun -	ynn -	Secondary	Hogular Proceiltarr	No special condition	No	Net	heinrunce
746	Pediatric Sargery,Unitingy	Undescended Testa - Gest reserved	Receptoration / Second Stage	15000	So hujilari	NA	yes	Secondary	Regular Procedure	No special condition	Discharge slip for the Respitalization episode of first surgery is mandatory	Pási	Instance
	Plastic & flactostruction Surgery	Figurean of fractors of just	Open reduction (1 Jaw) and Paring of plates / wide - under LA/GA Cent of implant Titaniani- TBF at pre-auth	5000	Temion band-1800 Mar.3 k-wire-300 Star.3 Plate-4000 Mar.3	BÁ.	50	Tertiary	Begular Precodars	No special condition	No	140	Insurance
740	Plastic & Reconstructive Surgery	Revescularization in of Benth / digit	Reconcularization of limits / digit (single digit)	22000	No lenglant	NA.	No	Secondary	Begular Procedure	No special condition	No	86	Insurance.
1749	Plantic & Reconstruction Surgery	Ear Press Reconstruction with certal cartilage / Prosthesis (including the cost of prosithesis / implants)	Ear Pinna Reconstruction with contai cartilogr / Prosthesis (Including the cost of prosthesis / implants)	Shags-1-35000 Sabauqaren atagre 20000	Cartulage= 75000 / Ingfant :00000 -	Stage-1-35000 Sulfsequent stages- 20000	tus.	Tertiary	Regular Princiedane	No special condition	If requiring multiple stages, each stage will (and Rs. 30,000 provident the operating margeon dessentations the photographic results of previous stages.	No	incorner

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ir.N	Specialty	Package Natur	Procedure Name	Rafe	Implantrate	Stratification DETAIL	Govt	Level of Care	Pracedure Label	Special Condition	Rales	Duy Care	Reserved Procedure (insurance/ Travit)
1750	Plantic & Reconstruction Surgevy		Ear Penna Reconstruction with costal cartilage / Prosthesis (including the assist of prosthesis / implants)	25000	Cartilago-75008 / Implant :80000	Stage-1-E5000 (Sobarquent stages- 20000	No	Tertiacy	Begular Procedure	No special combinion	No.	No	Deurance
353	Plastic & Reconstructive Surgery	Scalp andrim reconstruction	Scalp availation recontinentition	40000	No Implant	n:A	No	Ternary	Regular. Procedure	No special condition	Nee	No	Insuranya
	Plastic & Reconstructive Sorgery	Tissue Expander for disfigurement following burns / trauma / congenital deformity (technding cost of expander / implant)	Tissue Expander for diafigurement following borns	30000	Nes Implant	NA	Nin	Terliary	Regular Procedure	No special condition	544	Ne	Interance
	Plante & Reconstructive Sorgery	Tioner Expander for disfigurement following borns / cromms / congenital deformity (including cost of expander / implant)	These Expander for disfigurement following traume	50000	Ne Inglast	īκā	Ne	Techary	Regular Procedury	No special condition	940	Ner	Insurance
754	Plastic & Reconstructive Surgery	Tissue Expander fur disfigurement fullowing burns / traines / rongenited deformity (including post of expander / implant)	Tome Expander for dialiguryment following congenital deformity	50000	No Implant	NA	Trim	Testary	Regular Procedure	No special condition	Ne	Ke	Inpurator
755	Plastic & Reconstructive Soldery	Hemangiona - Gest reserved	Scierotherapy under GA	15800	No biglase	NA.	(per -	Secondary	Register Procedure	No special condition	Na	hu	lusurance
256	Plastic & Reconstructive Surgery	Piennaegiuma/Va scutar eșal formations	Dehalking	15000	No buplant	NA	No	Tertiary	Regular Procedure	No special condition	No	Ne	Incurince

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Se.X	Specialty	Package Name	Procedure Name	Rate	Implant sate	Stratification DETAIL	Govt	Level of Care	Procedure Label	Special Condition	Raies	Day Care	Reserved Procedure (Insurance/ Trust)
757	Plasta & Reconstruction Sargery	formations	Excision	#5000	No Implant	NA	ñe	Tertury	Regular. Procedury	No special condition	Ne	No	bourance
1758	Plastic & Reconstructive Surgery		Resultating of Any Woond pap Surgeries	45000	No Troplant	NA	Net	Tertiary	Rogular Procedure	No special condition	Ne	N	Insurance
7590	Plastic & Reconstructive Surgery	Revenuellerstatio a of look / digit	Revenendad triation of Tonib / digst (more than one digit)	20000	= idigit/limb : cost - 90,000/-	NA	No	Tertary	Regular Procedure	No special condition	Na	Ner	lenar anter
760	Plastic & Reimistrative Surgery	Palliance Care approach to managing Pressure sore at advanced chronic diseases who are bod ridden-Surgical	Pressors sure- lanerventions	21700	No Implant	NA	yes	Secundary	Regular Procedure	No special condition	Na	Na	Invarator
mili	Planic & Reconstructive Surgery		Goored reduction (1 jaw) uning wires - under LA/GA	5000	Not treplant	NA	Nu	Secondary	Hegular Procedure	No special condition	No	Na	Insurance
762	Plastic & Reconstructive Surgery, Surgical Oscology	Regional Rap	Myncutaneous flap	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	No	Na	lesurance
763	Plaitle & Remaintractive hargery; Sargical Omology	Regional Rap	Fuscioestanomus flags	20080	No Implant	NA	Nu	Secondary	Regular Procedure	No special condition -	Nii	Ne	Insurance
744	Plantic & Baconstructive Surgery, Surgical Oniningy	Microvinsiilar reconstruction (free flaps)	Microvascular reconstruction (free flags)	40000	Implant for microvancular reconstruction-15000 Ma :1	NA	No	Tertiary	Regular Procedure	No special condition	Na	80	haarahee
763		for sparte by	Single event sould level surgery (SEMLS) Ter spacticity management (more than 4 level) (CP)	15000		лд	yes	Secondary	Hegular 986	No special condition	Nut	144	Insurator
2446	PM3I	pressure unter in spinal cord infory patients including NPWT (Vac Thirtage 3)	Conservative managment of pressure other (NPUP grade ~-1) in spiral used intery patients tachefug NPWT (Vac Therapy 1 In Spend Cord Intery (Min 1495 15 Days)	25000	file Implant	N/A	m	Secondary	Bagatar 1965	No operial condition	Ne	Sin	Insurance
	2					Page 211 of 210		5		N	a whole -	102	4

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Ser.N Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification OTTAIL	Genet.	Level at Care	Procedure	Special Condition	Rules	Day Care	finarance/ Trust
1767 7988	HALO pervicul truction in upper cervical spine Interv	HALD corvical tractom in upper corvical spine injury	40000	No. topiam	тіА	jes :	Tertiary	Regular PRG	No special condition	80	No	losseancy
1768 PMII.	Genvervative Refoalstitution Packagos (cardio- pultinonary,Neur ological,Orthopa edic Rehabilitation) Including spinal cord mjury	Comprehensive medical reliabilitation for spinal injury/ travenatic hears injury, CVA, Cerebral paley with or without orthonis - gort reserved	1800	No implant	NA	yes	Secondary	Govt Beserve	No special condition	No	ħo.	Insurance
1769 PMR	Interventional Rahabilation of spanticity in interke/TBI / CP / SCI With Res. Toom - Goot Reserve	Interventional Rehabilition of spatticity in stocke/ 'Thi / CP / SCI With Ber, Toxin Gast Reserve (Spatholy ==3)	52009	No Implant	MA	Factor 1	Tertiary	Govt Reserve	No special condition	No	No	leisirates
1770 PMR	PRP Injection For MSR Disorder - Gort reserve	PRP Injection For MSK Disorder - Govt reserve	2500	Ne Implant	NA	yes	Secondary	Govt Reserve	No special condition	No	No	lasarance
1771 PMB	Spine Pain relieving procedures (Canital / faces) stirllare gangfion (Mach)	Spine Pain relieving procedures (Caudul / facet/ wellate ganglion block)	30076	No forgiant	NLA	pps .	liccondary.	Regular PKG	No special condition	No	No	Saturnee
1772 PMR	Intra Articular Injections for MSK disorder - Gort reserve	Intra Articular Injections for MSK disorder - Govt reserve	2500	No Implant	NA	yes	Secondary	Govt Beserve	No special condition	No	Sin	insurance
1773 PMR	H.F. Lenioning - Goot Reserve	Radiofrequency learning for surveilities	0125	No implant	54	-	Secondary	Regular	No sportal condition	50	740	Encurymow .
1774 Polytraunia	Conservative	Conservative management of Osest/Abdomos/100F/Pelv is(Wood transfusion and Investigations included)	ICU (with Ventilator)- 7500 IC31 (without Ventilator)- 4700 Routine Ward 1800	No Implant	R31 (with Ventilator) 7509 (182) (without Ventilator)-4700 (Boutine Ward-1800	Nes	Secondary		No special condition	No	No	brourance

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Networks graving Networks graving Network graving <t< th=""><th>e¥.</th><th>Specialty</th><th>Package Name</th><th>Procedure Name</th><th>Rair</th><th>Implant rate</th><th>Stratification DETAIL</th><th>Gint</th><th>Level of Care</th><th>Procedure Label</th><th>Special Constitues</th><th>Rules</th><th>Day Carr</th><th>Reserved Procedure (Insurance/ Trast)</th><th></th></t<>	e¥.	Specialty	Package Name	Procedure Name	Rair	Implant rate	Stratification DETAIL	Gint	Level of Care	Procedure Label	Special Constitues	Rules	Day Carr	Reserved Procedure (Insurance/ Trast)	
178 Mittauministic all metaleness di soluzio indicato lossanono altorio indicato nell'indicato di finate di soluzio indicato nell'indicato di finate di soluzio indicato nell'indicato di finate di soluzio indicato nell'indicato	175 3	Nilytrauma	Pienus mury atong with Vountar injury repair / graft	Serve and/or tendos injury: A Wound exploration and closure. B. Norve repair, C. Tendon repair D. Vaccular repair/graft	(Under GA). 10,0007- (Under Local/regional amethesta). 9 - 5005/- per merver, C- 3005/- per	No briplant	n.a.	No	Secondary	Regular Procedure	Ria special condition	Mit	Na	Insurance	
Instrument Consistence of the standard demonstrate along with flucture of the standard demonstrate along with flucture of the standard demonstrate along boots No. Implicit No.	776	Polytrauma, Orthopaedics, Veizroiningery,	evacuation of Haemistrona with fluction of fracture of long	with fixation of fracture of	60000	No Implant	NA	No	Tertiary		No special condition	No :	No	Disutarion .	
178 Prophysional Constraints of the Constraints 7	Folytrauma. Orthopaudics, Neurosurgery, General Surgery	Cramotomy and ecocuation of Harmatomic with Enotion of Tracture of long	with fixation of fracture of	60000	No Impizat	NA	Per	Tertiary	Register Procedure	So quecial condition	No	5n	Insurance		
Polytrauma. Creation and execution of fracture and and fracture and fractu	1778	Polytrauma, Sethopsedics, Neurosurgety,	Cranistomy and evacuation of Haimatoma with fination of fracture of lang	with fination of fractace of	75000	No laplast	NA	Shei :	Tertiary		No special condition	No	ho	Dilarance	
1710 Orthoganitation Management of Feature injuries Tendem injury repair 50000 No timplant NA No Tentary Regular Procedure No special condition No No No Insurance 1710 Orthoganitation Networksenses Tendem injury repair 50000 No timplant NA No Tentary Regular Procedure No special condition No No Insurance 1700 Orthoganitics Management of Constal Surgery Tendem injury repair 50000 No timplant NA No Tentary Regular Procedure No special condition No No Insurance A 1700 Orthoganitics Never Flexis/ Constal Surgery Tendem injury repair 50000 No Implant NA No Tentary Regular Procedure No special condition No No Insurance A 1700 Orthoganity No Never Flexis/ Constal Surgery Tendem injury repair 500000 No Implant NA No Tentary Regular Procedure No Insurance A 2 Orthoganin injuritis Soutof Surgery <t< td=""><td>1770</td><td>Orthopaedics, Neurosurgmy,</td><td>Cranistomy and execution of Raematoma with firstion of fracture of long</td><td>with footson of fracture of</td><td></td><td>No kmpdant</td><td>NA.</td><td>Na</td><td></td><td></td><td>No special condition</td><td>Na</td><td>50</td><td>Innurance</td><td></td></t<>	1770	Orthopaedics, Neurosurgmy,	Cranistomy and execution of Raematoma with firstion of fracture of long	with footson of fracture of		No kmpdant	NA.	Na			No special condition	Na	50	Innurance	
17111 Orthogasedick. Neuroscippergy General Surgery Neuroscipperger Tendion migride Solo No. Implant NA No. Tendion migride No. Instrume No. 17111 Orthogasedick. General Surgery Neuroscipperg Tendion graft repair Solo No. <td>1700</td> <td>Orthopandics, Neuriesurgery,</td> <td>Management of Netve Flavor /</td> <td>Tendon inputy repair</td> <td>50001</td> <td>No Implant</td> <td>NA</td> <td>No.</td> <td>Ternary</td> <td></td> <td>No special condition</td> <td>No</td> <td>50</td> <td>Insurance</td> <td></td>	1700	Orthopandics, Neuriesurgery,	Management of Netve Flavor /	Tendon inputy repair	50001	No Implant	NA	No.	Ternary		No special condition	No	50	Insurance	
Bernoth 3 North AS V Cli	1711	Orthograndics. Neuromangery:	Norve Please /	Tondion graft repair	50000	Teo Implant	34.	860)	Ternury		No special condition		1		h
							Page 201 of 202		R		4	to him hot	A	1	đĩ

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Se.N	Specialty	Patkag+ Name	Procedure Name	Kate	Implant rate	Stratification DETAIL	Govt	Level of Care	Princedure Label	Special Condition	Index	Day Care	Reserved Procedure 9 (Insurance/ Trust)
782	Neurosurgery, General Surgery,	Head mjary with repair of Factor Macillary Injury & fisations (including implants)	Head injury with repair of Facto-Macillary Injury & Instants (including implants)	33009	No Implant	NA	No	Turilary	Regular Procedury	No special condition	Ne		Insurance
1783		Trauma Bile fracture conservative	Travora Rile fracture conservative	ICU (with Vinitiatur)- 7580 (aCU (withinst Vestifator)- 4700 (Rootne Ward- 1000	No Inglan	ICU (with Ventilator) 7580 (1031 (without Ventilator) - 6700 (Rootine Ward-1906	No	Secondary	Regular Priscolare	No special condition	3in	Nii	Desurance
784		Endubrouchial Oltrasound (COUS)	Endubronchial Ultrasiound guided fine needle biopsy	10000	No Implant	жа	No	Secondary	Regular Procedure	No special condition	Nu	No	Insurance
1785		Malignan Plearat Efficient for Plearat tap with Fig tail catheter /chest tube insertion with Plearodesis in advanced cancer patients	Plearal offeriore & Plearadeurs	5560	Nu implant.	ħА	3 14	lermilary.	Begular Procedure	No operat condition	Ne	No	Imuranos
1786.	Radiation Oncology	Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Radical	21000	Not implant.	ма	No	Secondary	Regular Procedure	The Procedure will cover ALL Bodgian's Lymphone, Wiln's Yomour, Nills, Retricoblastence is certain Bone Yomoury	No	Nie	Industance
1787	Radiation Oronology	2D Esturnal Beam Radiotherapy (Telecohalt / Strock LA) (A Fractional (Instantion of Stemfation & Planning Cost)	Adjosant	11000	So Inglan	NA	5		Rogular Processore	The Procedure will over ALL, Budghir's Lymphona, Wilm's Tamour, NHL, Retinoblemme & netane Rone Tamoury	file:	Nu	Instant which

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**	Speciality	Patkage Name	Procedury Name	Rate	Implant rate	Stratification DETAIL	Cont	Level of Care	Procedure	Special Condition	Roles	Day Care	Heserved Procedure (Insurance/ Trust)
1786	Radiation Oncology	2D External Beam Radiothecapy (Telecoball / Streactions) (6 Fractions) (Inclusive of Simulation & Planning Cext)	Neoadjuvant	11000	No Implant	NA	No	Secondary	Regular Procedure	The Procedure will cover ALL, Hodgko's Lymphona, Wile's Tumour, NHL, Reteoblastoms & certain finne Tumours'	Ne	Nir	Insurance
1789		2D Esternal Beam Radiotherapy (Televobalt / Strock LA) (& Fractions) (Inclusive of Simulation & Planning Cost)	Additional fractions - 18 Max upto (Every additional fraction at 8x.500 per Fraction)	sana	No buplant	After 18 Fraction - 2D External Beam Radiotherapy (Taleoshalt / Strock LA) (6 Fractions)-500 Max 10	.No	Tertiary	Add - On Procedury	Can be booked only after MR001A / MR001B / MR001C	Can be booked only after MR001A / MR001B / MR001C	Ne	bouranie
1340		2D Esternal Beam Radiotherapy- Pulliative (Teleoshalt / Strock LA) (Upto 10 Practions) (Inclusion 6 Simulation & Planning Cost)	Pulliative	10000	No Implant	MA	No	Secondary	Regular Proceedore	No special condition	Minimum duration between 2 cycles 180 days	Nai	lucurance
1791	Radiation Oncology	2D Edernal Beam Radiotherapy (Telecohalt / Struck LA) (25 Fractioned) [Inclusive of Simulation & Planning Cost]	Radical	20000	No brigiant	мл	No	Secondary	Rogalar Procedury	No special condition	No	Na	fasurwoor
1792	Radiation Oscology	2D External ficars Radiotheraps (Televithalt / Struck LA) (25 Fractiona) (Inclause of Senulation & Planning Gott)	Adjurum	20000	No Implant	:NA	2	Securidary	Begular Procedure	No special condition	Ma	No	lesseance

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25 Fractions)			and the second sec	and the second states	a straight in						The state of the s
fochasive of insulation & forming Cost1	Nemadjevant	20000	No Implant	N.A.	No	Secondary	Begslær Prozedæn	Not special condition	**	No	Trust)
D External learn Ladiotherapy Telecobalt / trock LA) 25 Exections1	Max upto (additional fraction at Rs.500 per	5000	No Implant	After 10 Fraction - 20 External Beam Radiotherapy (Telecobalt / Streck LA) (25 Fractions) - 500 Max :10	No	Vertiary	Add - On Procedure	after MR003A /	Can be booked only after MR003A / MR003B / MR003C	No	Insurance
D External loam Cadotherapy Telecobalt / trock LA(5 Fractions) Inclusive of onulation &	Radical	11000	No Implant	NA	No	Secondary	Regular Procedore	The Procedure will cover ALL, Hodgkin's Lymphonsa, Wilm's Yammer, NHL, Remodulationa & ortam Bone Yammers'	Nis	No	Innelator
anear accelerator, aternal Beam ladiotherapy 3D	Adjuvant	21009	No Implant	NA	No	Secondary	Bepilar Procedure	The Procedure will cover ALL, Hodgkor's Lymphona, Wiln's Turnour, NIL, Retinoldationa & certain Bone Tunnours'	Priv	50	Insurance
innar ccelerator, attornal Brann adlotherapy 30 817 (5 ractions) fischarize of imulation & forming Cent)	Nenadiaram	21008	NinImplant	NA	No	Semulary	Replat	The Procedure will over ALL, Breighni's Tywphona, Wilne's Tamour, Mil, Retaublatione & ortan. Bote Tumours'	Ner	ħo	Insurance
a se a raziona da la se a se a se a se a se a se a se a	cam adiotherapy viecobalt / rock IA) S Fractions() actusive of mulation & anning Cost) P taternal orn: adiatherapy adiatherapy adiatherapy adiatherapy adiatherapy adiatherapy adiatherapy actions() mulation & anning Cost) mulation () actions()	am adiatherapy viecobalt./ rock.IA) S Fractions) actusive of mulation & anning Cost] Veternal simulation & anning Cost] Veternal simulation & anning Cost] relations) relative of mulation & anning Cost] mulation & actions) schonsol & schonsol tam adiotherapy viexobalt / rock IA) S Fraction() achasive of mulation 6 anning Cost) S Fraction () achasive of mulation 6 anning Cost) S Fraction () rock IA) Fraction () model () Fraction () model () S Fraction () S Fract	tam adistherapy ticrobalt / prock (A) S Fractions) achusove of multrium & anning Cost] S tractions at Bx 500 per Praction upto a mask) S 000 No Implant S tractions) achusove of multrium & adistherapy selecotalt / prock (A) Fractions) model (A) Fractions) model (A) Fractions) model (A) Fractions) model (A) Fractions) achusove of multrium (Cost) S 000 No Implant S e altertion approximation vieweduit/ resk LA)Additional fractions 10 Mar appro (additional fraction at Ba.500 per Praction upto a mest)SolonNe ImplantAfter 10 Fraction - 20 External Beam Radiotherapy (Telecotal! / Otreck LA) (25 Praction)- 500 Mar.30S Fraction mulation 8 anning Cost!Fraction upto a mest)SolonNe ImplantAfter 10 Fraction - 20 External Beam Radiotherapy (Telecotal! / Otreck LA) (25 Praction)- 500 Mar.30Other all orm addition 8 anning Cost!Radical11000Ne ImplantNATraction 1 ord action 9 action 9 action 10Fraction 10 SolonNe ImplantNATraction 1 mulation 8 anning Cost? action 1Fraction 20 solonNe ImplantNATraction 1 mulation 8 anning Cost?Radical11000Ne ImplantNATraction 1 mulation 8 anning Cost?Adjuvant21000No ImplantNAT (6 actions) colorator diotherapy 30 (T (6 mulation %Ne ordNaNA	Same idlutional fractions 10 Nar. upper (additional fractions 10 Nar. upper (additional fraction at Na 500 per Fraction npto a most)SologNo ImplantAfter 10 Fractions - 20 Internal Boam National fractions - 20 Internal Boam Nation At Na 500 per Fraction npto a most)SologNo ImplantAfter 10 Fractions - 20 Internal Boam Nation (Additional fractions)NoStraction anting ContFraction npto a most)SologNo ImplantNation (Additional fractions) - 20 Internal Boam Solog Max 30NoStraction anting ContRadixal11000No ImplantNANoStraction outstoo di mutation (Adjuorant11000No ImplantNANoStraction outstoo di mutation (Adjuorant21000No ImplantNANoStradiutor additional mutation (Adjuorant21000No ImplantNANoStraction actional fraction (Adjuorant21000No ImplantNANoStradiutor (Adjuorant actional fraction)21000No ImplantNANoStradiutor (Adjuorant actional fraction)NoNoNoNoStradiutor (Adjuorant actional fraction)NoNoNoNoStradiutor (Adjuorant actional fraction)NoNoNoNoStradiutor (Adjuorant actional fraction)NoNoNoNoStradiutor (Adjuorant actional fraction)NoNoNoNoStradiutor (Adjuorant actional fraction)NoNoNoNoStradiutor (Adj	orn additionary (secold) / resk1A/ Streationary Streation) additional fractions 10 Mar spin (additional fraction at h5:00 per fraction at h5:00 per hours at h5:00 per fraction at h5:00 per hours at h5:00 per fraction at h5:00 per fraction at h5:00 per hours at h5:00 per hours at h5:00 per fraction at h5:00 per hours at hours	iam alatebrargy Materiangy Materiangy Laber and Sections 18 No. 1990 No. 1991 No. 1992 No. 19	ierri dischenzary dischenzary dischenzary Mar upper facilitational Practions at Ba. 560 por Practions pho a max) Soloo S	initial information threadulity th	and information threadual/ treek tability treek tability<		

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11.34 0.1	Specialty	Pachage Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Got	Level of Care	Procedure Label	Special Condition	Raies	Day Care	Reserved Procedure (Impurance/
Two Ha	ahatsan Oncology	Practions) (Inclusive of Timulation & Plansing Cost)	Additional fractions - 18 Max upto (Every additional fraction at 8a,1000 per Fraction)	11000	No Implant	NA	No	Secondary	Add - Ou Prosedure	Can be booked only after MR004A / MR004B / MR004C	Gan be buoked only pher MR004A / MR004B / MR004C	Nas	Trint)
799 Ra	albation Oncolingy	Fractions) (Inclusive of Simulation & Planning Con!)	Radical	40000	No Implant	NA.	Ne	Tertialy	Regular Procedure	No special condition	Ne	Ria	Ensurable
.800 Hz	udiation Oncolegy	Linear Accelerator, External Beast Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost)	Adjurcant	40000	Ne Inglant.	NA	744	TertLery	Regular Procedure	No special condition	Me	Nu	Iniurance
1103 85	utution Osenlogy	Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractional) (Inclusive of Semulation 8 Planning Cect)	Neosodjiersmi	40000	No Implant	NA	No	Termary	Regular Procedure	No special condition	Ten	No	Impurdence
1002 83	adamon Openingy	Linear Accelerator, Esternal Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation 8 Planning Coll)	Additional fractions - 10 Max upto (Every additional traction at Rs 1000 per Fraction)	10000	No implant	Alter 10 Fraction Linux Accelerator, External Beam Radiotherapy ID CRT (25 Fractions)-1000 Max: 12	No	Ternary	Add+On Procedury	Can be fusiked only after MB005A / MRN05B / WB005C	Can be booked only after MR003A / MR005B / MR005C	No	betarance

Sr.N	Specially	Fachage Name	Procedure Name	Plate	Implant rate	Stranfication OFTAIL	Govt	Level of Care	Procedure Label	Special Condition	Rules	Bay Care	Reserved Procedure (Insurance/ Trust)
1 1003	Radiation Outsidogy	Linear Accelerators, External Team Bartistherapy Modulated Radietherapy) (20 Fractions) (Inclusive of Simulation & Planning Cest)	Ruhoil	70000	No Implant	764	Not	Tertiary	Regular Pracodure	The Procedure will cover ALL, Holgkin's Lymphona, Wiln's Tamour, Nill, Retimblastoms & orrtain Booe Tamours'	No	No	Insurance
1804	Radiation Oncology	Linear Accelerator, External Beam Badiotherapy IMRT (Intensity Modulated Badiotherapy) (20 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvan	70000	No Implant	NA	No	Tertiary	Regular Procedure	The Procedure will cover ALL, Hodgkin's Lyophoma, Wilm's Tummir, NHL Retinoblactoms & certain Bose Tumoury	No	No	Insurance
1403.	Radiation Oncology	Linear Accelerator, External Boam Radiotherapy IMRT (Intensity Modulated Badiotherapy) (20 Fractions) (Inclusive of Simulation & Planning Cest)	Menadjonant	30000	260 Inepiant	Alter 15 Fraction Linear Accelerator, External Boam Radiotherapy INUC (Intensity Modulated Radiotherapy) (20 Fractions) / 2000 Max (20	Neo	Tettary	Repilæ Procedam	The Procedure will over ALL, Hodgkin's Lymphona, Wilm's Tamout, NHL, Refinisheattoma & ortian Rose Tumouts'	340	No	Introducer
1896	Radiation Oncology	Linear Accelerator, External Beam Balastberapy IMRT (Intensity Modulated Balastberapy) (20 Fractional) (Inclume of Sensitation B Planning Cost)	Additional fractions - 15 (Every additional fraction at 8s 2000 per Fraction)	30000	No Implant	After 15 Fraction Linear Accideratur, External Beam Radiotherapy (MRT (Intensity Modulated Radiotherapy) (20 Fractions)-2000 Max 20	No	Tentary	Add - Ou Procedure	Can be buelood only after MH006A / MH006H / MH006C	Can be booked unity after HROUGA / MROUGE / MROUGE	No	Innesis

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N. S.	Speciality	Package Name	Fracedure Name	Rate	implant rate	Stratilization DETAIL	Gont reserve	Level of Care	Procedure Label	Special Condition	Bules	Day Care	Beserved Processary (Insurance/ Trust)
1807	10 NOD NEW	Linear Acceleration, Easternal Bease Badiotherapy (MRT (Intensity Modulated Radiotherapy) (6 Fractions) (Inclusive of Simulation & Planning Cast)	Radical	36500	Nu templant	Ph.A.	Na	Tertiacy	Begular Procedute	No special condition	Sto	No	linurance
1.000	Radiation Oncology	Linear Accelerator, Enternal Ream Radiotherapy IMRT (Intensity Modulated Sadiatherapy) (6 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuscant	36500	Nin Implant	8xA	Ne	Testary	Regular Procedure	No special condition	No	No	hourance
1309	Radiation (Incohogy	Linear Accelerator, Esternal Bases Radiotherapy Mart (Interaty Modulated Radiotherapy) (5 Fractions) (Inclusive of Simulation & Planning Cost)	Nesadovant	36500	Ro Ingéan	n.A	1	Tertiary	llegsdar Procedure	No special condition	Ne	Nu	Innatutice
1010	Badiation Oncology	Linoar Accelerator, External Brans Radiotherapy DRRT (Intensity Modulated Radiotherapy) (6 Fractional (Dechaster of Simulation & Planning Gast)	Additional fractions - 18 Max upto (Every additional fraction at Ba.2000 per Fraction)	36000	Kei Implant	After 18 Fraction- Linear Accelerator, External Beam Radiotherapy (MRT (Intrasily Modulated Radiotherapy) (6 Practione)-2000 Mar 18	Ne	Tentary	Add-On President	Can be booked only after MINRTA / MINNETE / MINNETE	Can be booked only after MR007A / MR007R / MR007C	Su	Inversion

1	Speciality	Pachage Name	Principlure Name	Rate	Implant rate	Stratification DETAIL	.Gevt reserve	Level of Care	Procedure Label	Special Condition	Bales	Deg Care	Beserved Procedure (Insarance Treat)
	Radiation Occology	with 3D CRT or IMRT (20 Fractiona) (Inclusive of formulation & Planning Cost)	Ratical	90000	No Implant	NA	No	Tertiary	Begalar Procedure	Ne special condition	Ne	240	Insurfaces
#12		Linear Accelerator External Beam Radiotherapy Billet (Image Gambel radiotherapy) with 1D CRT or 1MRT (20 Fractions) (Inclusive of Simulation & Planning Cost)	Adjucan	5000	No Implant	NA	260.	Tertlary	Register Pracisture	No special condition	Ne	No	Disturator
	Radiation Oneology	Litrear Accelerator External Ream Radiatherapy IGRT (Image Gantrd radiatherapy) with 3D CRT ar IMRT (20 Fractions) (Inclusive of Somilation & Planning Cost)	Neualjanatt	90000	No Implant	NA	No	Tetlary	Register Procedure	No special condition	Ne	Nq	Innurance
814	Radiation Oncology	104143EH	Additional fractions - 15 Mas upto (Every additional fraction at Rs.2500 per Fraction)	37500	No Irrglass	Alter 15 Fraction Linear Accelerator External Boam Radiotherapy BERT (Image Guided radiotherapy) with 3D CRT or IMET 2500 Max 15	50-	Tertiary	Add - On Procedure	Can be booked only after MR000A / MR000B / MR000C	Can be booked anly after ME000A / ME000IF / ME000C	No	Innutante

	r.N 0	Speciality	Package Name	Procedure Name	Rate	Insplant rate	Stratification DETAIL	Gort	Level of Care	Procedure Label	Special Condition	Raties	Day Care	Jeaserved Procedure (Insurance/ Trest)
1	115	Radiation Oneology	with 3D CRT or (MRT (6 Fractions) (Inclusive of Semulation & Planning Cost)	Radical	\$5000	No Implant	NA	Ne	Tertiary	Regular Procedury	The Procedure will over ALL Boight's Lymphoma, Wiln's Tamour, SHL, Retmoblemma & certain Bone Tamoury	The	No	Insurance
11	146.)	Radutine Oncology	Linear Accelerator External Boam Rathotherapy IGRT (Image Gaudent radiatherapy) with 3D OFT in IMRT (6 Practices) (Inclusive of Simulation & Planning Cost)	Adjucant	\$3000	No Impians	NA	Mer	Tertiary	Begular Procedure	The Princedure well rower ALL, Hodgkin's Lymphoma, Wiles's Turnose, Will, Retinoblactoma & certain Barre Turnoses	Min	Ne	Tensurance
11	117 1	Ræðurtiser Oscoolegy'	Lówar Accelerator External Boom Rafatherapy ICRT (Image Gathef	Nocadiavan	53000	Bes Implant	NA	No	Terliary	Regular Procedure	The Procedure will cover ALL Badgin's Lymphona Wila's Tumour, NBL Retmoblastrena B rectain Bane Tumoury	Nu	Net	Insurance
30	110.3	Radiation Overlegy	Linnar Acceleratus External Bours Radiotherapy KBRT (Image Guided radiotherapy)	Additional tractions - 38 Max upto Every additional traction at Re 2500 per Fraction	e5000	No Implant	After 18 Fraction Linear Accelerator External Beam Radiatherapy IGRT (Image Staded radiotherapy) with 3D CRT or IMBT- 2560 Mon 10	No. 1	Tertiary	Add - On Procedure	Can be booked only after MB009A / MR099B / MR099C	Gas he booked mily after 300094A / 3000098 / MB0009C	No	Innurance
			Contracting Contract				Page 211-9 338		5/		2 Ac	s vini 405	hai	4 18

eði H Speciali	y Package N	une Procedure Name	Rate	Implant rate	Stranfication DETAIL	Gent	Level of Care	Prucedure Label	Rectal Condition	Rides	Day Care	Reserved Procedure (Insurance/ Trust)
919 Hadfartson Oro	flucturing of Planning On	<pre>v SULT / SHEET with ICRT (Starrouting and callothinopy) i i i i i i i i i i i i i i i i i i i</pre>	62900	No Implant	NA ,	No	Terriary	Begular Procedury	No spirial condition	564	Ng	Insurance
829 Radiation Ou	slogy (A Fractions (Inclassive of Nimilations) (Inclassive of Nimilations) (Planning Co	n Additional fractions - 4 Every additional fraction a Rs.11000 per Fraction	44000	No Implant	Attar 4 Fraction - SHT / SBRT with ICRT (Steriotacatic radiatherapy) (4 Fractions)/11900	No	Tertary	Add - On Procedury	Can be booked only after MBD10A	Can be booked only after ME010A	Tio	lasurance
671 Kaliston On	SRS with IG Ofference of Ladiather ap (factorized a Simulation A Planning Co	ir SRS with KIRT (Threatacattic radiotherapy)	70006	No Implant	NA	No	Testary	Begalar Procedure	We special condition	No	No	hoursee
822 Sudiation On	Respiratory Gating along with Linear Accelerator	Benpiratory Gating along with Linear Accelerator glanning	65000	Sa Impiant	ж	No	Tertiary	Begular Procedure	No special condition	760	No	Innerance
RZB Radiation On	Respiratory Cating slong with Linear An elevator	Additional fractions - 10 Max upto Every additional fraction a Re-1500 per Fraction	35000	No Implant	After 10 Fraction Respiratory Gaug along with Linear Accelerator planning (5 Fractions)-3500 Max: 10	Nér	Terthery	Add - De Procedure	Can be tanked only after MR012X	Can be boulased unty after MRU12A	No	Insurance
824 Radiatano On	Brachythets High Diose Radiation (09 19/3 - buttacaeltery	3500	No Orgiant	NA	No	Secondary	day Care	No special condition	Maximum mander of cycles - 6	745	hourance
H25 Radiation De	Bradythen High Dues Robinton D	D/X- meraliominal	3500	No. Ingilant	**	No	termitary	day Cary	No special condition	Maximum number of cation - 4	m	Insurators

Sr.S	Specialty	Pathage Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gott	Level of Orv	Procedure	Special Condition	Rates	Hay Cure	Reserved Procedure (Insurance/ Trust)
1126	Radiation Decology	Brachytherapy High Dese Rodumen (2D/X- ray) (Maximum of 4 session)	Endobiliary	3500	No Implant	NA.	74m	Secondary	day Carn	No special condition	Maximum number of optics + 4	j ma	Innuturace
1827	Radiation Oncology	Brachytherapy High Dool Radiation (2D/X- ray) (Maximum of 4 science)	Endsbronchial	3500	No Implant	NA	dep	Secondary	day Carn	No special condition	Maximum number of repotes + 4	, F	Insurance
1828	Radiation Oncology	Brachytherapy High Dess Radiation (2D/X- ray) (Massingm of 4 genution)	CVS	25040	No implant	NA	No	Secondary	day Care	No special condition	Maximum number of cyclics - 4	yes	Insurance
1829	Radiation Oscolugy	Brachytherapy High Done Radiation (5 shees) (becknown of Jimolation, Planning Cost, OT & other charges.)	Interstitlad / Intracaritary complex planning like CT or MR	42000	No beplan	NA	No	Tertiary	day Cate	Ko special condition	Ne	Jrei	letterance .
18348	Kalarien Guology	Brachytherape High Dove Badlation (5 doew) (locluster of Simulation, Planning Cost, 07 & other sharpen)	Surface Mould / https://intracaritary.complex planning like CT or MR	42000	No implant	NA	Na	Tertiary	day Cere	You appended considences	Tru	E	Insurance
(tru)	Ballidam (huology	Brachytherapy High Door Radiation (3 Josen) (Sandarion, Planning Cast, OT 6 other adarges 1	Additional trainings - 11	t#750	Star Implant	N.A.	740	Sécondary	aldet - Ou Proceediaew	Con the brooked unity after NRR1144./ MR8148	Can be booked only after MB014A Z MR014B	540	Insurance
1132	Radiation Onrology	iodine trustment 3 mO	large Door scin/ Pre Ablation - calculation of treatment	10000	So Implant	NA	Su	Securitary	Regular Priordary	No special condition	No	764	University
UEEE	Radiatam Oncology	treather to the fit	Abiation revidual disease any risk	15000	Sie Implant.	NA	Sie	Secondary	Regidar Procedare	No special condition	2ba	Nam.	Insurance

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le.N	Speciality	Package Name	Frecedure Name	Rate	Implant rate	Stratification DETAIL	Govt	Lavel of Care	Procedure Label	Special Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
834	Radiation Oncology	lodine treatment 30 wCi	Althation of residual nech disease low/intermediate	16000	No Implant.	NA.	No	Secondary	Regular Procedure	No special condition	Na	50	listarianice
aces.	Radiation Occubingy	lodine treatment 100 mCi	Ablation for matastatic domain, High risk	29000	Nolmplant	NA	50	Secondary	Begular Procedure	No special condition	NUM	her	lesarance
836	Radiation Oncology	isdine treatment 158 mCi	Ablation for metastatic domase, High risk	27008	No implant	MA	50	Ternary	Hegolar Procedure	Ne special condition	No	80	Insurance
1037	Radiation Oncology	Indue traineet	Ablation for metastatic document, High risk	11000	No hisplant	sta	No	Tortiary	Regular Pricedury	No special candition	No	bio	licturation
	Radiation Oncology	lođite treatment 250 mCi	Ablation for metastatic uliusase, High risk	36000	No Implant	nA.	No	Tertary	Regular Priscedure	No special condition	No	No	Insuration
1839	Surgical Ownloge	Pallutive Care Monagement of Diterrationscro its -Conservative management	Outowradiomecropiis - Conservative	ICII (with Ventilatar)- 7500 ICU (withind Ventilatar)- 4700 Baattar Ward- 1000	Ko Inglant	ICU (with Ventilator) 7500 (11CU (without Ventilator)-4700 (Residator Ward-1800	56	Secondary	Bogalar Precedure	Nes special condition	No	Nia	Insurance
1040	Radiation Oncology, Surgical Discology,medical anenlogy	end	Advanced / high end investigations in uncestage	10009	No Implant	NA	1	Secondary	Begular PKG / day care	No special condition	No	yes	Inquirance
1843	Surgical Occorrigy . Gastroanterology	Pulliative Cere management of Malignant bound obstruction- endoscopic/Surg icat/Radiological interventions		30009	No looplant	84	Rés	Ternary	Rogular Procedure	No special condition	No	ND	hunder
1842	Surgical Oncodegy	Secondary subaring in operated Mend and Neck Concor- cates - LA / GA	100000111700001617	10000-GA 5000-LA	No implant	NA	No	Secondary	Regular PEG	No special condition	No	wo	Insurance
1013	Surgical Oscology +	Massagement of blooding in inclignent head and nock / ingenol malignenties	Trans attenud Embodization	50000	No Implant	NA	860	Terriary	Gegeler Procedure	No special condition	No	710	Insurance

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nihi M	Specialty	Package Name	Procedure Name	Hate	Implant rate	Stratification DEYAR	Govt	Level of Gare	Procedure Label	Special Condition	Rades	Day Care	Reserved Procedure (Insurance/ Trust)
2044	largeal Onudagy	Pafluttise Care Management of Orcessrationeers in Surgical intervention	Osteoradumecronii - Sargical interventian	40000	N= Implant	NA	4	Tertucy	Begidar Procisdure	No special condition	No	100	Innernor
145	lurgical Oscalogy	Fufficitive margicial anterventions like-Colostomy, Tracheostomy, Fending fogaroomeny/Gas enationy, Buvel hypes, Fisches, Umary diversions etc.in advanced canony patients	Palliative surgical interventions	15400	No Implant.	NΛ	Su	Secondary	Regular Procedure	Ne special condition:		мо	Insutance
296	Surgical Ontollogy	Glossectory	Hemiglousectumy	25000	No Implant	NA	an.	Secondary	Registar Procedury	No special condition	Ner	NO	Innurance
847	Surgeral Ontology	Gourstomy	Total Gloventumy	60000	No Implaid	NA	Nii	Ternary	Begular Procedure	No special multipose	No	340	Inonance
un an	longical Oncology	Composite resection (Oral Cavity)	Composite resection (Oral Cavity)	80000	No texplane	NA	Nu	Tertiary	Regular Procedure	No special condition	No	80	Invariance
349	surgeral Onoilogy	diseastang	Descripting strengting	63500	No Implate	NA	Nn	Tertiary	Begalar Proordure	No special condition	Ne	NO	Investor
0150	largical Onoclogy	Oesophagual / Teachnal menting	Trachoal shorting	63500	No Implant	NA	No:	Teritary	Regular Procedure	No special confition	Nee	N0.	Distance
orsia	lurgical Octobacy	Radical Small Doved Resoctant	Radical Small Broot Resources Lity.	60000	Nu teoplane	NA .	900	Tertuiry	Regular Presidure	No special condition	No	50	huurusee
1152	largical Oncodogy	Surgery for Abdominal wall forward	Abdominal wall rumour resection	40000	No heplast	NA	Nul	Tertiacy	Regular Procedure	No special condition	24	80	land over
163	againeed leagne	Surgery for Abdominal well fumilitz	Abdominal wall furneer resection with reconstruction	64300	No Implant	NA	-	Ternary	Regular: Procedure	No special conditions	Ner	NO	Insurance
1134	Surgical Oncodegy	Ometmichenry -	Omentectury	10000	No Implant	NA	90	Secondary	Regular Priscedure	No special condition	No	80	luxurjakie
103	structure of Concellency	Proceedianes Requiring Oppose Techniques	Proceediares Requiring Options Techniques	20000	4n kroplant	NA	80.	Secondary	Rogular Proceducu	No operati condition	Ne	90	Inconsince
1114	longical flucology	Hemipelvertung-	flomipelvectory - Internal	64300	No bropling	NA.	Nº C	Ternary.	Hegular Procedure	No special condition .	No.	10	lasurance .

se.Ni III	Specialty	Package Name	Procedure Same	Rate	Implant rate	Straofication DEYAIL	Gost	Level of Care	Princedure Labet	Special Condition	Forlas	Duy Carv	Reserved Procedure (Insurance/ Trust)
1137	ingleif Oneslogy	Pelica Exemption	Peles Essentation Total - Lap	0000	No Triglant	NA	Nor.	Ternary	Regular Procedure	No special condition	744	ND.	Incoration
usus	iargical Oscology	Destanic and to and anastermonia	Dorberic end to end anactomosta	20000	No Implant	NA	50	Secondary	Regular Procedure	No special condition	No	NO	himimarian
niti i	urgical Oncidogy	Charmet TUROF	Channel TURP	26000	No hujdant	NA .	30	Tertary	Regular Procedure	Respectal annalment	No	N0	hourance
860	lorgical Oncology	Exciting of undescended testicular mass	Excusion of undexcended testicular mass	18000	No Implant	NA	30	Secondary	Repúar Procedure	The special condition	No	ND	Innurance
1063	hurganit Granitogy	Germ Gell Tamanar Excision	Germ Cell Tumuur Barman	38499	No higilant	NA	Nó	Dettary .	Regular Procedure	No special condition	764	10	Instance
1962	argeal Oncology	Lenimpunu excision - Gove meerind	Leinmpoma eschion- Open	40000	No buplant	NA	yei	Tertury	Regular Procedure	No special condition	Nor	NO	Iniurance
1863	lurgical Outploge	Lowrence exclusion Gove	MIS	40000	No Implant	NA		Ternary	Rogidar Procedure	No special condition	Nit	140	Investice
1964	lorgical Oncology	Radical Explorements	Radical sugmectiony	33000	No implant	N/A	Na	TertingS	Riegullar Proondorm	No special condition	Nii	NO	Insurance
14.5	iurpical daimlage	Ratical Trachelectamy	Radical Trachelectory	30000	Nor Inspirent	NA	No	Tertiary	Regular Procedure	No special condition	510	NO	Insurance
856	impeal Oncology	Sacral Tumpur Enclaine	Anterner + Postation approach	80000	No Implant	NA	No	Termary	Regular Procedure	No spectal coodition	Sia	ND .	Insurance
067	longical Oscology	Sacral Tumour	Positerior approach	00000	No implant	NA	80	Territory	Regular Presedure	Su quecial condition	Nie	ND	Insucance
1868	Sargual Oncology	Total Pharphyretomy	Total Pharyngeriuny	43400	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	ма	80	linurance
una	langual Oneslagy	Parapharyngral. Tunnar Exclusion	Parigharyngod Tumow Exercion	33000	No Implant	NA	Ner	Terbary	Begalar Procedure	No special condition	Im	80	Invicance
1870	Surgecal Osciology	Laryngestnmy	Partial bryngectiony (vitice preserving)	60000	Voice provinents- 30000 Ma (1	NA	No	Tertiary	Regular Procedury	No special condition	No	NO	University
1071	lurgeoil Ontailagy	Laryngestomy	Total Laryngectromy	60000	Vous prosthests 30000 Muril	N.5	No	Tertlary	Septar Frazedure	No special condition	269	845	Inne store
1472	Surgical Oncobigy	Trachesl / Carinal resection	Tracheal / Carinal resection	50000	No bogilam	NA	No	Tertiary	Regular Procedure	No special condition	No	ŃŨ	theorem .
шта	tanpcil Oranlogy	Tracheol Stormais (find to out Anistamilia) (Excent)	Trachest Stenesis (Kod to end Anastanooid) (Throat)	36009	No herplant	NA	Sin	Ternary	Negatar Procedure	Net special condition	No	N81	Invariance
13174	Surgical Oscollegy	Central airway Tumnur debulking	Central airseay tumuur debulksing	20043	No Implant	NA	No	Tertiary	Regular Procedure	Ne special condition	No	NO	Insurance
ni¥s.	Sargical Oscalogy	Diagnostic thorapsecrips : East reserved	Diagnostic Mosterarring	15000	No tingiant	NA	.30	Secondary	Regular Procedure	No special condition	7644	NO.	(maifabe)

0.11	Specialty	Package Name	Procedure Name	Rate	Supplant rate	Stratification DETAIL	GOT	Lanal of Care	Procedure Label	Special Condition	Rales	Day Care	Reserved Procedure (Insurance/ Trust)
11.76	Sergical Oncollegy	Sheeve tener tank of long timeer	Sleeve repetion of long cancer	40000	Lonsor carndges- 5000 (optic mas 5)	NA.	No	Tornary	Regular Procedure	No special condition	Nii	80	boutatee
H12	Symptosi Occology	Mediananovcrpy - Greezensee	Diagnosta	30000	No Implant	NA	ite	Tertiary	flegatar Pancedure	No special condusee	74m	80	innurance
RTH	iorgaal Oncoingy	Midlattisoxerpy - Gost reserved	Staging	30000	No implant	NA	yes.	Tertiary	Begular Pracedure	We special condition	740	50	linurance.
129	largical Oncology	COLUMN STREET, SALAR STREET, SA	Chent Wall Tumour Excedute	60000	No Implant	NA	[No]:	Tertiary	Replar Procedury	No special condition	Ne	Nα	Innerance
010	Sorgical Oncology	Removal of Chent Wall Turning	Removal of chest wall turning with reconstruction	50000	No Implace	NA	m	Tertiary	Regular Procedure	No special condition	Ska	NO	tunurance
011	largical Onnihogy	Pleasectomy Decortication	Plearectony Departication	44300	No Implant	NA.	No	Tertiary	Begadar Procedury	560 special condition	No.	ND.	Investige
002	forgatal Openhogy	Chamberlain prucidure	Osamberlato prosedure	22200	Sin Implant	NA	No	Secondary	Regular Procedury	No-special condition	Na	NO	(maranze
883	longical Oncollogy	and the second se	futrapleural posurioenectumy	70000	No Implant	NA	300	Termary	Regular Procedure	No special condition	140	340	biorance -
894	Surgical Onbilogy	PhenemoticsTerray	Pheumanectomy	60000	No Implant	5.4	No	Ternary	Regular Procedury	No special randition	No	NO	himmanor
1115	iangoal Oncology	Lang	Long matanacticary Open	60000	Lines: cartulges 5000 (upto max-5)	NA	360	Tertury	Regular Procedure	We special condition	The	ND.	hourabce
806	iorgical Onorlingy	Lang metailectores	VATS	40000	Linear cartidges- \$000 (upto max-5)	NA	No	Territor:	Regular Procedure	No special condition	Tio	NO	Desurision
10,7	forgical Oncology	Theracustumy	Thoracostony /	20060	No Implant	NA	Nu	Secondary	Regular Procedure	No special condition	Nop	300-	hoursess.
anne.	largical Onorlogy	Mediantmai Tymphadenection T	Mediastingl lymphademectumy- Open	50000	No Implant	NA	Net	Tertury	Regular Procedure	To special condition	No.	NO	Insurance
0117	surgical Discribing	Methorinal Jyinphademetam	Video - answed	50000	No (mplan)	NA	(Niji)	Tertany.	Regular Procedure	No special condition	Sio -	NO	Inturanee .
19D	iergial Droilegy	Mediaminal mass exercises with long resettion	Mediantinal many extinion with lung resettion	69500	No Implant	NA	No	Tertiary	Registar Procedure	No epecial condition	Ma	300	Instanto
1945	ergeal Oscillegr	Segmental resection of Jung	Segmented econtine of long- Open	27809	Linear Cattor Per cartilgree 5000 (upper max-5)	N.4	See.	Ternary	Regular Procedure	No special condition	Met	50	Theoreman
ma	largest Oronings	September resection of long	Thomassocopic	27000	Linear Catter Per cartilizer 5000 (spin- man-5)	NA	No	Tertiary	Regular Priceduly	No special condition :	Na	ser	Tesuriance
141	Angeal Osoling	Wedgermertan, ineg	Wedge renertion boog: Open	40000	Print and a second state	NA	Am	Teman	Reputat Precodury	No special condition	Ne	50	Incomance
8944	urge of Owning	Weilge courtlint	Therapprope	40000	a successful designed and the second s	NA	Ne	Ternary	Heguia: Prayadare	No special condition .	Neo	50	Heurance .

SHN	Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gart	Level of Care	Pencodore Label	Special Condition	Rules	Day Care	Scarved Procedure (testerater/ Trust)
1095	Surgical Onvology	Breatt conserving ourgery	Breast conserving surgery (Compectency + authory surgery)	40000	No Implant	NA .	Nu	Tertiacy	Kogular Praesilare	No special condition	No	ND	Tenerature
1896	Surgical Oscillogy	Recart conserving excercy	Breast conserving surgery with Oncoplasty	40000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	Na	ND	liconance
1897	Sorgical Onconegy	Authory Sampling / Sentimet Node Biogry	Aniliary Sampling / Sentiard Node Biopoy	15000	No limpiant	N.A.	No	Secondary	Regular Procedure	No special condition	Na	NO	leaurance
1998	Surgical finciningy	Aniflary	Asiliary dissection	15880	No Intplant	NA	50	Secondary	Regular Pynoedure	No special condition	Na	ND	Innirance
1999	Surgical Orientogy	Scalp turnour escolario with skall terre escimen	Scalp tamour vacuation with skull home excision	30400	No implant	NA	No	Tertiag	Regular Fracedure	No special spadition	No	NU	Rourance
900	Surgical Oncodings	Benign Soft Tissue Tomour - Excision - Gort reserved	Benigs Soft Tissue Turnsur Excrusse (Small)	10000	No Implant	NA	jui	Secondary	slay Care	No special condition	Na	Velu	titulieance .
1901	Surgeal Oncology	Malignant Soft Tiasue Tuntnur Excision	Malignant Soft Tissue Tumour (Small)- Eacisium	34700	No Implant	NA	510	Tertiary	Regular Precidence	No special condition	No	NO	lourance
1902	Surgical Oncology	Ratationplasty	Rotationplasty	50000	No Implant	NA.	No	Tertiary	Regular Procedure	tio special condition	No	NO	linistance
903	Surgical Openlogy	Endoprosthesis	Campiete	72000	Nor Implant	NA	No	Tertiary	Regular Procedure	No special combines	No	50	Insurance
1904	Surgical Oscology	Endopresthesis Revision	Partial	50000	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	NO	Inversion .
1905	Sorgical Oscology	Surricheal	Vectorial Tommur Barnung and Beconstruction	66600	No Implant	NA	No	Dertiacy	Regular Proceibre	No opectal condition	No.	NO	lestrator
1906	Surgical Oscillagy	Posterior Esouteration (Gynaec)	Posterior Exerteration (Gynaec)	60000	No Triplant	NA	No	Tertiary	Regular Procesture	No special condition	Tim	140	Insumance
997	Surgical Oncodings	Bilaneral pervic. Symph Node Dissection (SPEND)18	Bilator al parisie lyimpto Node Disastettura (BPLND)	38000	No Topfant	NA	No	Tertiary	Regular Procodure	No special condition	No	NO	Insurance
1902	Surgical Osciology	Cytorediative surgery to swarter canor	Cytoreductive surgery for overfam concer	72000	No Implant	NA	No	Tertiary	Regular Procodure	Ro special combines	No	NO	lasurance

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n Speciality	Pachage Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Gort	Level of Care	Procedury	Special Condition	Rates	Day Care	Reservent Procedure (Insurance/ Trust)
909 Surgeod George	Wade Excision Oral Cavity Malignancy	Wide Escisson: Oral Cavity Ralignancy	10000	Implant for Emission of Lammur of Jaryngopharyny- 20000 / Jappiant for Encourter of functual of oral carry-20000/ Implant for Eaclatan of Lamour of parantasal sinins - 20000 Mas. 3	NA	2	Temacy	Regular Procedure	No special condition	No.	ND	Insurance
Surgical Oncology 910 "Panthatris Medical Management	Pathatow Care Management of Constipation is advanced cannor patients - endorcopic/Sarg inst/Radiatogical interventions	Constipution - Palliative Inclusive interventions	30000	No Implant	жа	2	Tertury	Begalar Procedure	No special condition	No	NO	Intillymen
Sorgical Oncology 911 Jawdiatric Medical Management	Palliative care management of Namua KVeniting in advanced cancer patients Endoscopis/Sing Cal/Badistogral Radistherapy Interventions	Palitry Names and romiting interventions	30000	No Implant	hA	80	Tertiary	Hegular Pyscislarn	Na special condition	Nu	NCI	innaram v
Surgical Oncology, Cardio-thuracic & Vancular surgery, productic 912 Cardiothuracic & Vascular surgery, Placts: & Biocrosofyschore Surgery	Vacular reconstruction	Vacular reconstruction	50000	No implain	ма	Ne	Tertary	Regular Procedure	Ne special condition	Su	80	losurance
Surgeral Discology 11.1 Obstrations & Generalismy	Rispey	Gervin Canter streening (PAF + Colposangy)	2000	No Implant	RA	No	Secondary	Hegodar Processore	No special condition	No	50	Insurance.
934 Surgical Ownlogy. Orthograndics	Verbebropdasts/ Kypfioplasty - Govt.Beserve	Veristeriçizety/Kypluqdari y	40000	Sur Implant	NA	779	Tertiary	Regular Procedure	Ne special condition	Nin	m	Innurance
Probatis Surgical Oscology, Probatis Surgery, Surgical Castr ambridge	Reparabilitiessa Distation	Regarithington Excelore	59100	Soo faaqiiaan	na	×	Tertiny	Regular Procedure	We special condition	Not	NO	Invariance

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ir.N	Specialty	Package Name	Procedure Name	Hate	Implant sate	Stratification DETAIL	Gavt	Level of Care	Procedury Labol	Special Condition	Rules	Day Carr	Reserved Procedure (Insurance Treat)
416	Surgical Oncology, Plastic A Reconstructive Surgery	Plastic & Reconstructive Surgery flap division	Head & Neck Flag Carring any type	5000	Nis Implant	NA	No	Secondary.	Regular Procedure	Ne special condition	No	NQ	Insurance
917	Burgical Onenhigy, Palmonology	Sympton Management of Cough its advanced cancer patients- endoscoper,/Surg ical/Radological /Radiotherpay interpretineous	Malignam Gough- Invasioe Informations	40000	No Implant	36	1	Terbary	Regular Procedure	See special condutee	3us	ND	basurance
918	Surgical Oscillogy, Surgical Gastroenterology	Transthuracic ecophagectomy 2F / 1F	Open-Transfiberacic esoplugectomy: 2F / 3F	60000	Linear cartidges- 5000 (upto max-5)	NA	No	Tertiary	Regular Procedute	No special condition	Nin	NO	lusurance
919	Surgical Oscabuly, Surgical Gastrometrology	Transitionacic.	MIS	60000	Literar cartidges- S000 (opto mar 5)	(NA	No	Tertiary	Argidar Procedure	No special condition	Nin	NO	Insurance
916	Surgical Oncology, Surgical Gestromiterology	Radical Small Bowood Resection	Open-Radical Small Bowel Resection	50000	No Implant	NA	89	Tertiary	Regular Procedure	No special condition	260	NO	Interance
101	Surgical Ontalogy, Drology	Radical cystectomy	Radical systemetry Without field Comfuit = BFLMD	100000	No implant	NA	No	Tertury	Regidar PKG	No special condition	No	NO	Insurance
422	Surgital Onenings, Undage	Pulliative Care Approach to inounaging Hoemaniutia in advanced Canor publishi Endescoper/Sarg ical/Radiological Radiotherpay interventions		40000	No Inglant	NA	No	Tertiary	Negular Procedure	No special cuedition	76m	NO	bourance
923	Surgical Oncollogy, Urology	Distal urefatoctumy with reimplantation	Distal oretreechang with reimplantation	30460	No Implant	NA	No	Tettiary	Hegular Precedure	No special condition	No	NO.	Insurance
924	Surgical Oncology, Urology	Radical systectiony	Radical cystectomy With continent diversion - Open	100025	No Implant	NA	No	Tertiary	Bogistar Procedure	No special condition	No	310	Inversor
9.15	Surgical Oscology, Urology	Radical	Radical systemuty With Brut Conduit - Open	80000	No huplant	91A	Sin	Tertiary	Regular Practiture	No special condition	No	NO	Interation
	Surgical Decology, theology	Radical	Radical cystectomy-With Real Constant - Lap.	110400	No Implant	3.5	No	Sertiary	Regular Procedure	No special condition	Na	80	bisidation
927	Surgical Decidogy, Urology	Rodual	Badical cystocromy-With multiadder - Open	129000	No luptant	8.4	nà.	Tertiary	Regular Procedure	No speyral condition	50	MO	Insurance
920	Surgical Oncology Urobaty	Radical	With mothiadder - Lap	113000	No Impiant	NA	ma	Tertiary	Regular Procedure	No special condition	No	940	Insurance

91.5	Speciality	Pachage Name	Procedure Name	Rate	Impfant rate	Stratification DETAIL	Gott	Larged of Care	Procedure Label	Special Conditions	Bules	Day Care	Beserved Procedure (Insurance/ Trant]
019	Surgical Occorogy. Unology	Radical dystochemy	Radical costectiony - With areterosignisticolony - Open	10000	No Implant	NA.	No.	Ternary	Regular Procedure	No special condition	Sin	зю	Insurance
930	Surgical Oncellugy. Unology	Radical systemoty	With wortennignoidomony - Lap	71600	No Impliant	ял.	No.	Tertury	Regular Procedure	No special condition	Nec	NO	Innarance
911	Surgical Oncology. Unsidgy	Radical cystectemy	Radical cystectumy - Woli areterochamy - Open	77790	No Implant	NA,	5+	Tertiary	Regular Procedure	No special condition	The	NO	Innarance
9.12	Hurgical Oncology. Urology	Radical (ysterburry)	Radical cystectump-With unetomatume - Lag.	77340	No Implant	NA	No.	Tertiary	Regular Procedure	No special condition	No	ND	Immance
453	Kenglical Oncology. Unplogy	Radiated Unothing comp	Radical Gretherstury	30400	tin Implant	NA.	No	Ternary	Rogular Procedure	No special condition	Ne	ND	Interance
	Surgical Onesitagy. Unidagy	Penile preserving surgery (WLE, Glassectomp, Laser)	Penile preserving surgery (WLE, Glansectory, Laser)	25800	No implant	NA	Nes	Secundary	Regular Procedure	No special condition	Ne	NO	Imirabce
935	Sergical Oncollogy. Unitogy	TUILIT - Restage	TURDT - Restage	10000	No begiant	NA.	No	Secondary	Regular Procedure	No special condition	No	NO	Security me
	Surgical Oscillagy, Drology	Stress Humatinence Margery	Stress incontinence surgery • Open	23000	TVT /TOE/Sling - 15000 Mx:1	NA	No.	Tertiacy	Regular Procedum	No special condition	No	NAL N	Millinaboe
9.47	Bargical Oncology, Drollingy	Penetsuny	Partial Penectumy	15000	Nulmpion	NA	No	Secondary	Regular Procedure	No special condition	No	50	BALLITADOC
am	Surgical Oncology, Unpluga	Penichinty	Total Penectomy + Perinad Unothrustany	20000	No Implant	NA	No	Secondary:	Regular Pricedure	No special condition	No	N0	Innation
1.96	Surgeral Onestingy. Distlagy	Bitateral Orchidectomy for hormone ablation	Bilateral Dirchidocromy for formous ablation	10000	No Implant	NA	540	Secondary	Regular Percention	No special condition	No	50	tourance
940	Sargical Oncology, Unilogy	Bio-Inguinat lymphademectom	the Ingeneal Tymphadenestomy	23500	No Implant	NA	No	Secondary	Begular Proceitare	No special continues	No	160	houradce
943	Sergeod Openingy, Undagy	Pelva. hystophafiemeetum y, aftor pesar concre aurgreg	Policie lymphadeniectomy, after prior santor surgery- Open	25000	No Implant	NA	No	Secondary	Regular Pricedum	No special condition	Nas -	50	terno antre
943	Sorgical Oscology. Unitegy	Pelos hymphadenectos y, after prise cancer sargery	Laparnacapie	30000	No implant	NA.	Ne	Terilary	Regular Procedures	No special comittion	Nee	50	Imurance
1943	Serge at Decodingy, Unstrage	TURRET (Thursonethese Resection of the Washier Turner)	TUBRT (Transauthral Resection of the Bladder Tamor)	27300	Aut Implant	NA	la.	Tectlary	Regular Presedure	No special comitton	Skei	100	himitanie

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ic.N	Specialty	Pachage Name	Prozedare Name	Rate	Implant rate	Stratification DETAIL	Gost	Level of Care	Procedure Label	Special Conditions	Rules	Day Care	Reserved Procedure (Insurance/ Trust)
	Surgical Oncology,Surgical Gastriventerology	Gaotric pall-up / Jepanal Graft	Gautric pull-up / Jejuwał Grafi	60000	No implant	NA	No	Tertlary	Hegular Procedure	No operial condition	Net	NO	Insurance
445	Surgecal Decology,Surgical Gastroenterology	Intersplancterie resection	Open-Johersphilusterss resolution	50000	No implant	NA.	544	Ternary	ttegolar Procedury	No special condition	Na	NO	Insurance
	forgical Oscology,Surgical Gantroennerology	Isteraphiscteric reaction	Interophincheric resection- Lop.	\$0000	No implant	nA.	No	Ternacy	Regular Procedure	No special condition	Ner	NIS	Inneanor
	Sargical Onuitogy Sorgival Gautroentorology	Abdominoperme al resection	Investionsteric resection - Open	50000	No implant	PAR \	Nu	Tertiary	Rogular Proceibire	No special combine	294	NQ	linurance
	Sargical Oncology.Sargical Gastroenterology	Abdomineperine al resection	Abdominoportneal resection -Lap	60000	No implant	NA	Sii	Tertiary	Regular Procedure	No special condition	Nu	NO	Janurance
	Sergical Oncology/Sergical Gastroenterslogy	Segmentschumy hepatololiary system	Segmentschung - hepatubiliary system	58000	No Iroplant	NA .	Nir	Tectiony	Regular Prisogdure	No special condition	No	NO	Insurance
950	Surgical Oncology/Surgical Gastroenterology	Radical / Revision Chalesystectiony	Radical	50000	No Implant	ма	No	Tertiary	Regular Procedure	No special condition	Nu	NO	haurance
9月	Surgezi Oncology,Surgezi Gastronuturology	Recision Onderstectory	Revision	same	No Impian	N.6.	50	Terniary	Negalar Procedure	No special condition	No	80	lasuran e
952	Surgical Oncology,Surgical Gastroenterology	Enucleation of pancreatic neoplasm	Enucleation of pancreatic mophasm	40000	No Implant	N/A	No	Tertiary	Regular Procedure	No special condition	No	NO	Insurance
	Surgical Duradiogy,Surgical Gastroenterology	Privit Exercise actions	Polyic Exempration Americe - Open	70000	Netupton	NA	ha	Tertiary	Regular Procedure	Nn special condition	No	80	Inneance
954	Surgical Decology, Surgical Gairrowetersilingy	Privic Esenteration	Polyic Econteration Anterior - Lap	00000	No implant	NA	No	Tentiacy	Regular Procedure	No special condition	No	150	Insurance
	Surgical Onoology,Surgical Gastrocontrollogy	Pulter Exenteration	Polvic Excidenation Total - Open	20000	No Implant	NAC	No	Tertiary .	Regular Procedure	No special condition	No	ND	monie
956	Transplant Sargery	Heart / Long Transplant	Lang / Heart-Lang ControjTransplant Surgery pre Operative evaluation	100000	No implant	NA	No	Tertiny	Regular PRG	No special condition	Ne	50	trust mode
957	Transplant Surgery	Heart / Lung Transplant	Lung / Heart-Lung Genthe)Lung / Heart-Lung GentheTransplant Surgery	amereo a	Nu Impium	SA.	86	Tertiary	Regular PRI	No special condition	210	NO	trust mode
958	Transplant Surgery	Heirt / Lung Transplant	Long / Heart- Long Combo)Donne for Waltsorgan	59090	No Inglant	NA	Ne	Tertiary	Begular PKG	No special condition	260	ND	trust mode

Sr.N	Specialty	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	GONT	Level of Care	Procedure Label	Special Condition	Roles	Day Care	Rearryed Procedure (Insurance/ Trait)
MER	Transplant Surgery	Long / Hearts Long Combo)Ehurt torm. ECHO Bridge to transplant	Long / Hourt: Long Combo Short seem. ECMO Redge to transplant	.700000	Ne Implan	NA	544 j.	Tertiory	Regular PKG	No special condition	7441	но	trust mode
768	Fransplant Surgery	VA / VV ECMO Instation	VA / VV EDMO Initiation	258000	No implant	NA	No	Ternary	Regular PKG/add mi	No special condition	No	340	Waat mode
963		Hourt Transplant Packages -ECMO Permit - per day	Heart Transplant Packages ECMO Period - per day	10000	No legiant	NA	Pare	Tertiary	Regular PRG/add on	No special condition	No	ND	trust mode
962	fransplant Surgery	Bine Matrow Tamplant	Rone Marrow Tamplant Packages) - Allogenic Bone marrow transplant (MSD/Hapio) - Pre- evaluation/Work up	100000	No Implant	NA	Re	Tertiary	Regular PKG	An special condition	Na	NO	trust mode
963	Fransplant Surgery	Boto Margos Templatt	Hore Marrow Tampiant Packages) - Allogenic Bone marrow transplant (MSD) - Allogenic Bone marrow transplant (MSD)	900000	No Implant	NA	The	Tertury	Regular PKG	No special condition	No	NO	tnat made
564	framplant Surgery	Buine Marrow Trangilarit	Bone Marrow Tanaplant Parkages) - Allogenic Bone marrow transplant (Haple) Allogenic Bone ssarrow transplant (Haple)	1100000	No lengtant	NA	9ia	Tertury	Regular PKG	No special condition	80	960 .	trust minite
165	fransplant Surgery	finne Marrow Tamplant	Bone Macrow Tampfant Packages) - Allogenic Bose macrow transplant chronic GVBO	250000	No briplant	NA	No	Tertiary	Regular PEG	No special condition	50	300	trust mode
9646	framsplant Surgery	Bene Marrow Tampiani	Binne Marrow Tanoplant Peckages) - Allogensi Bone marrow transplant Inemunization/Vaccination	50000	No Inglast	74A	The	Tertury	Add - On Proondure	No special conditions	Sio	NO	truat mide
967	transplant the grow	Biner Marrow Templan	tusse Marrow Tanoplant Parkagos) - Post Autologous / Alliagous (Haplo/MSD) Teionghant Sollow ap (6-12 manthe) -	5000#	No Implant	21.4	The	Tertiary	Failme-op Procedure	No special condition	Min	au	trust mode
960.3	transplant Burgery		(Liver Transplant Packages) "Transplant sergery - Toreorigation of donut - Pro- evaluation/Work up	50000	No Implant	NA	No	Tertiary	Regular PKG	No special condition	No	ND .	traint mode

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Sr.N U	Specialty	Package Name	Pracadure Name	Rate	Implant rate	Stratification DETAIL	Goet	Level of Care	Prisendure	Special Condition	Bailes	Day Care	Reserved Procedure (Desurance/ Trust)
1969 3	frampiont Surgery	Liver Tramplint	[Lever Transplant Packages] -Transplant surpery - Sovertigation of Recipient - Pre- revaluation (Work up	\$0009	No Impiant	N.A	50	Ternary	Regular PSG	Pin special condition	Nor	NO	teust mode
1970 1	framplant Surgery	Liver Transplant	(Liver Tramplant Psckages) - Transplant	1000000	No Implant	n.a.	No	Tertiary	Rogular PICG	No special condition	Nu	80	trust mode
(971 7	fransplant Surgery	Liver Transplant	[Loor Transplant Packages] Post-Transplant Medication - Month 1-3 months	30008	No Implant	ħIA	No	Termay	Follow-up Procedure	No special condition:	т.u	50	www.soode
1972 1	frienplant Surgery	Liver Transplant	(Liver Transplant Packages) -Post- Transplant Medication - Month 2-6 months	58000	No Implant	NA	Nix	Tertiary	Folimesp. Procedary	No opectal condition	tto	NO	teust mode
1973 1	framplant Surgery	Lever Transplant	(Lever Transplan) Packages) Post- Transplant Medication - Month 6-12 escuths	10000	No Implant	76.6	Sui	Tertiary	Fallow sig Philodolu	No special condition	No	300	trust mode
1974 1	Franglant Sargery	Liver Transplant	Interventions for acute rejection/warly graft dysfunction	150000	No Implant	NA	Na	Tertiary	Regular PKG	No special condition	No	50	trast mede
1435 3	tranglast Surgery	Hense Transplant	Renal Transplant- Transplant surgery, including domor members tumy	319500	No Implant	NA.	No	Tertian	Regular PKG	No opecial condition	No	NO	trust mode
1976 1	Frannplant Surgery	Renal Transplant	Renal Transplane - isolaction /Intervention for acute rejection	147900	No implant	NA .	No	Tertary	Add - Un Procedure	No opecial condition	No	110	trust mode
1977.1	Fransplant Surgery	Reinal Temophon	Renal Tranglant - Intervention for acute graft rejection	147000	No Implant	NA.	260	Tertiary	Regular PKG	To special readition	No	NR	trust mode
s ates	Franquant Surgery	Liver Transplant	(Lover Transplant Packages) - Transplant	1100000	No linglain	NA.	Nev.	Tornary	Regular PKG	No special condition	No	NO	trust mode
1979 7	Transplant Surgery	(Cachlear Impiant Packages 1- vachloar Impiant Imprade / Replacement	Gachinar Impliant mapping and awitch in (Gent Reserve(ADD 109	South	No Implant	54	3441	Tertiery	Regular Phil	Ne special condition	Su	190	must mede

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se.N Specialty	Package Name	Procedure Name	Rate	toplant rate	Stratification DETAIL	Govt	Level of Care	Priscedure Label	Spectal Condition	Rules	Day Care	Reserved Procedure (Insurance/ Trait)
1980 Transplant Surgery	(Cuchlear Inglant Packages) - Cochlear Inglant Replocement Surgery	Coctinar Implant Replacement Torgery (Covt Reserve)	38000	No facilitate	na	yes	Tertury	Regular PEG	No special condition	No	50	waat mada
1981 Transplant Surgery	(Cochiear Implant Pachages 3 + cochiear Implant Upgrade 7 Replacement	Cachiear Impiant Internal + External composent (Govt Reserva) - ADD ON	4095100	No. Implant	NA	741	Тетну	Regidar PIGG	No special condition	Ne	NO	waar mode.
1982 Transplant Surgery	[Cochlean Implant Pickagns] - cochlear Implant Upgrade / Replacement	Cochlear Implant External compoont (Govt Reason)	345000	No Implant	NA	741	Tertiary	Begsfar PilG	No special condition	No	ND	trust mode
1981 Transplant Surgery	Codilinar Implant	(Gueldear Implant Packages) - Preoperative evaluation for exchinar Implant	50050	Na fregiant	NA.	y15	Tertury	Begalar PKG	No special condition	Ne	NIE	trust mode
1904 Transplant Surgery	Geoblean lingtant	Cochlear Implant Packages) - Cochlear Implant Surgery	30000	No Implant	NA	yes	Teenary	Begular PKG	No-special condition	No	NO	logst mode
1905 Transplant Surgery	Gochikar Umplant	Cochieur Implant Packages. J - Cochieur Implant - ADD ON	400500	No Implant	niA.	yes.	Testiag	Regular PRG/add on	No special condition	na :	NIL	trast mode
1986 Transplant Surgery	Cochlear Implant	(Godilear Implant Packages) - Post-Operative Audio Verbal(speech) Therapy	70000	No Implant	NA	yes	Tertiary	Begular PKG	No special condition	No	NO	trust mode
1987 Transfant Surgery	Cectilear Implant	Goshlear Implant Pachages) - Mointemance for coshlear implant	Saoaa	Nolimplasm	NA	yers.	Ternary	Regular PKG	No operated construction	tier .	80	trust mulie
1900 Transplant Salarty	Boon Marrow Tamgtam	Time Marrow Tampfant Porbuges) - ASCT (Antiligens Bore exarrow transplant) - Pro- evolution/Work up	50030	No Implant	ħA	No	Tertiary	Begulae PKG	No special condition	Tre	541	trust mode
1919 Transplant Surgery	fiene Marrow Trangfast	Bono Marrow Templant Pochages) - Post Autological / Allogenic (Naple/MSD) Transplant follow up (upte 5 manths) -	50000	No terplane	8.4	Na	Tertiary	Fallon-ap Providary	the special condition.	Pre	100	Irust mode

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Sr.N	Specialty	Package Name	Procedure Name	Rate	tinplant rate	Stratification DITAIL	Govt	Level of Care	Procedure Label	Special Condition	Bules	Day Care	Beserved Procedure (Insurance/ Trust)
1990	Truniplant Surgery	(Long / Heart- Long Combo)Long / Heart- Long ComboTransplan t Surgory	Long / Heart- Long Combol Transplant Surgery- Post-Transplant Medication - up to 3 Month	50000	No Implant	No	244	Tertiacy	Pollowiup Procedury	No special condition	Plan	NO	trust mode
991	Transplant Surgery	(Long / Heart- Long Combo)Long / Heart-Long CondroTransplan T Surgery	Long / Beam Long CombieTransplant Surgery- Post Transplant Medication + up to 6 Month	Suppo	No implant	No	Su	Tentiary	Pottone sgr Precodure	No special condition	Nu	80	trust mide
1992	Transplant Surgery	(Long / Heart- Long Combo)Long / Beart-Long ComboTransplan r Surgery	Long / Beart- Long ComboTransplant Surgery- Poot-Transplant Medication - up to 12 Month	50000	Nu Implaut	No	Ne	Tertiary	Follow-up Procedure	No special condition	Min	NO -	trust mole
1993	Transplant Surgery	Benal Transplant	Post-Transplatt Medication - Month I d	50000	No brighter	NA .	Nie	Termay	Folime sp Proceilarir	No special condition	Sin	100	troat mode.
994	Transplant Surgery	Benal Transplant	Port-Transplant Medication - Month 3-n	50000	No Implant	NA	544	Tertiacy	Fallow-up Proordiere	No special condition	30	ND	trust mode
1995	Transplant Surgery	Renal Vraniplant	Post-Transplant Medication - Month 6-12	40000	No Implant	na.	NU	7ertua y	Fothose-up Procedure	No special condition	No	NO	truit mode
1996	Transplant Surgery	Bone Marrow Transplant (Antologuas)	Transplant (includes conditioning)	450000	No Implant	8A.	No	Tertiary	Regular PKG	No special smalltion	No	NO	trust mode
1947	Unidage	Penile Fracture	Penile Fracture - Smt	20000	Nie fmplättt	NA	No.	Secondary	Govt Heserve	No special another	No	NO.	Section 1
910	Unology	Mirroplanoff pencedura For Urinary divertion	Mitropfanull procedure For Uninary divertion - Govt Reserve	40000	No buplant	NA	yes	Tertiary	Govt Reserve	No special condition	No	NO	lesserance
999	Undegr	Nephrolithotomy	Nephralithatamy-Open	100005	Pen Implant	21.8	No	Tertiary	Regular Proteities	No special constraint	No	840	İmarator
990	Unilogr	Nephrolabutury	Anatrophic	30000	No Implain	NA.	No	Tertiary	Regular Procedury	No special condition	No	NO.	Inverance
20103	Unilogy	PCNL (Prinataiweesii Neghroötthatumy	PCNI, (Perrutanensia Nephrolizholomy)	U/L - 30000 R/L - 40000	No Implant	0/1 30000 11/0 40000	No.	Tertiacy	Regular Procedure	The special conditions	No	160	Rourance
10112	Unology	Torsion of testie	Terxion of festile	15000	No implant	NA	80.	Selondary.	Regular Procedure	No special condition	No	NO.	Ommatice
10111	Under	Pertaophru Abocess draisage	Perinophric Abursa dramago Open	17,300	No Implant	14A	Ny.	Secondary	Regular Procedure	No special condition	No	50	Inneance
1944	Unilogy	Permephric Abacest drainage	Percutaneous	14000	No implant	ъл	Ne	Secondary	Regular Procedure	Ne special condition	No	80	Innurance

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ir.A	Specially	Package Name	Fracedare Name	Rate	Implant rate	Stratification DETAIL	Gevt.	Level of Care	Precedure	Special Condition	Hules	Day Care	Reserved Procedure (Insurance/ Trust)
105		Uniternationsy + State temoral with Inhotropy - Stand Abour	Lavers' Urstan	25200	No logian		78e	Secondary	fløgsfør Procedure	No special constraint	Жы	NO	Insurance
206	Urningy	University + State removal with tabatripey - Stand Alone	Upper Derter	25900	No Implant		No	Secundary	Regular Procedure	No special condition	Ne	NO	Unsufance.
0417	Urology	Lithototypey (ICSWL) - stand	Estransporent sheek - wave Litheitripsy (EWL) stave, with or without stroit (one side) - starst store	18500	0) Store 200 Max 3	nA.	78	Terstaty	stand alone	No special condition	Ne	80	buarance -
1000	Thisingy	Verterolithotses v	Desterniithatumy - Open	20000	No Implant	NA	No	Secondary	Regular Procedure	No special condition	New	ND	Innerance
1009	Urnlegy	Urstaroillibrins.	tiretersiithatony - Lap.	20000	Normplan	NA	No	Securitary	Regular Procedure	So special conditions	No	NO	Benaraoog 🗧
1010	Onlogy	cyrtoscopy as as	Internal University including cystoscopy as an independent pracedure	10000	Sio Implant	RiA.	Ne	Secondary	Regular Procedure	No special medition	The	ND	linsaranen
1011	Mindegy	(with or without	Demerulysis for retroper time at Opensis (with or without monotal wrapping) - Open	20000	No Implant	NA	No	Tertary	Regular Protedure	We special condition	1.	140	Popursone
012	Dividings	Altrouis (with or without	Orosterndyna far rotropertonnal Obroais (with ar without americal urapping-Lag.	20000	No împian	ĸā	No	Tertiary	Begalar Praesdare	Two openial conditions	Pres	N0	Bourne
-	ltrology	Baari flap for sizetterir Meschare	Open - Occer flag, for weiteric stellchare	399900	No Implant	NA	3600 1	Testany	Sepalar Procedury	No special condition	Kep	80	ihauranas
014	Undersp	Boart Bap for unsteric staticture	Beart flap for oreienc stricture- Lap.	30000	No Implant	NA	30)	Termary	Regular Procedure	No special condition	Жa	307	Insurance
015		Bed replacement for anatoria surfactoria	Real replacement for weiwes stricture	80000	Notmpion	NA	-	Testiary	Regular Procedure	No special condition	Net	NI	Distance
	N ing	uricters.			1	Page 211 of 211	14	/		P	Y your	ti)	D

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N	Speciality	Package Name	Procedure Name	Rate	Implant rate	Stratification DETAIL	Govt reserve	Level of Care	Procedure Label	Special Condition	Rales	Day Care	Reserved Procedure (Insurance/ Trust)
016	Dealogy	Di Steut Ramanal Day care	D) Stent Removal	3000	Ko Implient	TA	No	Secondary	Regular Procedure	Ne special condition	Can be builded endy if there is a history of a procedure involving Of ident learning	390	Disurance
017	thrology	Unviennenté tocssion including epitemenpy, unvienie cartiertertoation, tectograde prefognate	Ursteroosle autison anhading cystoscopy, armetic catheternation, retrograde pyriogram	17300	No beglast	NA	No	Secondary	Regular Precedure	We special condition	Net	50	Insurance
1918)	Drahagy	University sampling including rystoscopy, areteric cathetermation, retrograde prediagram	Ureteric sampling including cystoscopy, ureteric catheterization, retrograde pyologram	13000	Ne Implant	ма	No	Seandary	Regular Procedury	Ne special condition	Nee	NO	Innerance
1019	Unology	Endopyelotoxy	Retrograde with lawy /	26000	No Implant	84	Nai	Ternary	Regular- Procedury	No special roadmon	ha	50	Dalarinter
1020	Dirology	Endogyelotomy	Antegrade with later / bother	26000	No Implant	NA	No	Terttary	flegular Procedury	No special condition	No	N0	Interator
1922	Umbugy	Deffux for VUR	Deflux for Vimjooly procedure charge]	3400	Ne Implant	NA	1940	Secondary	Regular Procedum	No special condition	No.	80	Insurance
1022	Undagy	Illadder Neck Incision - Endoscupic- stand alone	Madder Nerk incluion - Enduscopic	15000	No Implant	NA.	No	Secondary	Begydae Prioendiary	No special condition.	Táo	NO	linearance
1023	Undagy	Post TUBBIT - Chech Cystoscopy (Pur sitting) with <u>s</u> and-rop biopsy	Paul TUBUY - Check Cythescopy (Par sitting) with ± cold-cap biopog	10000	No Implant	ðA.	Nu	Secondary	Regular Procedury	No special condition	The	50	Incutation
1024	Uningy	Uractual Cyst	Urachail Cyst exclusion - Open	20080	Ne Implant	NA	No	Secondary	Regular Procedure	No special condition	No	140	Insurance
1035	Undagy	Urachal Cyst exitston	Drachal Cyst excluim - Laparoxitipic	29080	New Implant	9.4	Na	Secondary	Regular Pouchasi	No special subdition	Nen	100	Incurance
1926	Uruhugy	Unothroplasity	Urethroplasty - Substitution - Investage	25000	No implant	NA	No.	Secondary	Regular Proceduro	No special credition	Páre	NO	Itourance
1927	th/dug/	Dethioplasty	Unethropianty - Transpolat-	3+500	No brigitant	NA	No.	Tertiary	Negatar Procedure	No special soudition	1644	NO	Insurance
920	linology	Excision of Unotheral Canancie	Eachsion of Greethrul Caroncle	5625	See Emplant	NA.	No	Secondary	Regilar Prozidani	No special condition	No	10	Insurance
2020	(Initially)	Open simple prostatetrismy for JIPH	Open simple presidentiony for 8091	27500	No implant	NA	30	Timan	Reputar Procedure	Ausporte comption	Nii	NO	mounte

SY N	Speciality	Package Name	Procedure Name	Rate	lingilant rate	Stratification DETAIL	Gost	Level of Care	Procedure	Special Condition	Rubes	Day Care	Reserved Procedure (Insurance/ Trust)
2030	Grodingy-	Ramcal prestationary	Radical prostatactomy- Open (to be checked with surg onco)	20000	Sie Implant	NA	Ne	Secondary	Régitar Procedure	No special condition	No	NO	laurenna
1021	Orningy	Hadical prostatectomy	Lap.(to be checked with surg. Onco)	\$2100	Ne Implant	NA	No	Tentary	Hegular Procedure	No agental condition	No	N92	Insurance
toaz	theology	TURP- Transuretheal Resectore of the Printate, BPH	Monapolar	27500	No Implant	NA	Sur.	Tertiary	Regular Proceilare	No special condition	Nie	NO	Insurance
2033	Unilogy	TURP- Transverties Resistion of the Printage, 8P40	Ripolar	27500	Nos Implant.	N/6	50	Testucy	Regular Procedure	No spectal condition	No	NO	Insurance
20.34	Unology	Trammetal Obracound guided prostare Mopoy (intrimum 12 core)	Transrectal Ultrassunit guided prostate biopsy (minimum 12 core)	10125	Sin Implant	NA	Ner	Secondary	Regular Proceilare	No special combiner	Sin	NO	Insurance
1035	truiegy	Sargery for Priagram	Aspiration	7009	No Implant	hA.	211	Secondary	Regular Procedury	No special condition	No	NO	Insurance
976	lindegr	Surgery for Priaptum	Shund	15000	No Implant	NA	tan -	Secondary	Regular Procedure	No special condition	5410	(945)	Insurance
19.37	ffruingy	Penile prostless marrier - Gest Reserved	Penile prothesis insertion	15800	No Implant	NA	y m.	Tertiary	Regular Procedure	No special condition	Nor	NO	Innirance
199R	Unitagy .	Singical Correction of Varicoche	Non Microsurgical	U/L-10125 B/L-15125	No Ireplant	11/L+10125 0/L+15125	No	Secondary	fiegatar Procedure	No special condition	Nia	NO	Insurance
999	Umlage	Sorgical Correction of Variancele	Microsofficiał	15000	No Implant		Nii	Secondary	Regular Procedure	No special condition	No	ND	Insuration
is air	thridagy	Remograde Intracenal Surgery with Laser Litheripsy	Rotrograde Intrarenal Surgery with Laser Lathatripey	10275	No Implant	NA.	Nu	Tertiary	Regular Procedure	No special condition	Nu	80	Insurance
1001	lloongy /	Bepair for VVF	Repair for VVF - Laparoscopic/open	17500	No Implant	88	80	Tertiary	Regular Precedury	No special combinity	hin	NIS	histation :
042	Mrobagy	Botalinum toeth injection for Neurogathir bladder	Botalinaes toste injection for Neuropathic bladder	10000	No Implant	NJ,	ðin	Secondary	Begular Procedure	No special condition	hin	NO	Insurance

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Se.N	Speciality	Pac-age Name	Procedure Name	Hate	Implant rate	Stratification DETAIL	Gevt resorve	Level of Cary	Procedure Label	Special Constituon	Takes	Dig Care	Reserved Proventury (Insurance) Trust]
2943	Horner & Vascular surgery, podiatric Cardiothoracis & Vascular surgery, Nephrology, Bachaters	Permanent tunnelled catheries placement as substitute for AV fatula in long term dialysis	Permanent tunnelled catheter placement as substitute for AV fistula in long term dialysis	25008	Bes Inspirant	жА	No	Sermidary	Regular Pracedure	No special condition	Ne	NO	Insurance
2944		Orethrovaginal Entola repair	Drethrovagoual Ostada repair	30406	Nis Implant.	NA	Phin	Tertiary	Regular Procedure	No special condition	No	N0	Insurance
2845	Drology, Padiatric Surgity	Extrophy Bladder repair Instorting estantomy of aneided + opiopidus repair + uneteric reinglant - Gest Reserve	Excreptly Illudder repair including oxtentiony II needed + optigation repair + urmeric reinglast	78200	Nos fregelant	NA:	995	Ternary	Regular Pracadure	No special condition	No	ND	Inturance
2046	Grobogy, Pediatric Surgery	Urethroplasty	Unethroplasty - End to end	211008	No Implant	NA	No	Tertiary	Regular Procedure	No special condition	No	ND	Insurance
2014-71	Daningy,Pediamic Surgery	Undesconded Textus - Gent reserved	Infatural Non - Palpable	15000	Ne logilari	NA	in .	Secondary	Regular Procedure	No special condition	Nu	Nö	magnee

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Dr. Amit Sharma Senior Medical Officer RSHAA

hush Dr. Yashwant Chauhan M.O., RSHAA

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