

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

**Finance Department
Government of Kerala**

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Disclaimer

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

This document has been prepared based on the information that is presently available with Finance Department, Govt. Of Kerala and that which is publicly available. The information contained in this Request for Proposal document (the "RFP") or subsequently provided to bidder(s), whether verbally or in documentary form or any other form by or on behalf of the Authority or any of its employees or advisors, is provided to bidder(s) on the terms and conditions set out in this RFP including such other terms and conditions subject to which such information is provided.

This RFP includes statements, which reflect various assumptions and assessments arrived at, by the Authority in relation to the Scheme. Such assumptions, assessments and statements do not purport to contain all the information that each bidder may require. This RFP may not be appropriate for all persons, and it is not possible for the Authority, its employees or advisors to consider the investment objectives, financial situation and particular needs of each party who reads or uses this RFP. The assumptions, assessments,

statements and information contained in the bidding documents, may not be complete, accurate, adequate or correct. Each bidder should, therefore, conduct its own investigations and analysis and should check the accuracy, adequacy, correctness, reliability and completeness of the assumptions, assessments, statements and information contained in this RFP and obtain independent advice from appropriate sources.

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The bidder shall bear all its costs associated with or relating to the preparation and submission of its bid including but not limited to preparation, copying, postage, delivery fees,

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

Introduction

The medical treatment for Kerala Government employees including the High Court of Kerala and their family members is currently covered under the Kerala Government Servants Medical Attendant Rules [KGSMA Rules, 1960]. The employees are eligible for medical reimbursement for both outpatient and inpatient medical care from government hospitals and empanelled private hospitals. Further, the employees also have the provision to avail Interest Free Medical Advance (IFMA) for medical treatment. Along with this, the State Government provides Rs. 300 per month as medical allowance for pensioner/family pensioners. Data compiled by the Finance Department indicate that there was a budgetary outflow of Rs. 209 crores in 2018-19 to meet medical expenses of the employees and pensioners. This included Rs 46.67 crores towards medical reimbursement, Rs. 150 crores towards medical allowance for pensioners and Rs. 12.32 crores for interest-free medical loans (IFMA).

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

The scheme is intended to provide comprehensive health insurance coverage to all serving employees of the State Government including the High Court of Kerala who are covered under the existing Kerala Government Servants Medical Attendant Rules [KGSMA Rules, 1960] and pensioners. This also includes newly recruited employees and their family, part time contingent employees, part time teachers, teaching, non-teaching staff of aided schools and colleges and their family and pensioners and their spouses and family pensioners on compulsory basis, and all Civil Service officers serving under the Government of Kerala on optional basis. It is estimated that approximately 5 lakh State Government Employees and 5 lakh pensioners will be beneficiaries of the scheme. In addition to the above mentioned categories, employees and pensioners of the universities which receive Grant-in-Aid from the State Government and Local Self Government Institutions and the directly recruited

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

personal staff of the Chief Minister, Ministers, Leader of Opposition, Chief Whip, Speaker, Deputy Speaker, Chairmen of the Financial Committees and personal staff pensioners/family pensioners shall also be considered as beneficiary for this scheme. Notwithstanding the above, the Authority have the discretion to include or exclude any categories of beneficiaries to / from the coverage of the Scheme at any stage of the Scheme.

The scheme envisages cashless treatment facility to beneficiaries through an insurance company and a network of empanelled hospitals according to the criteria specified by the Government. The benefit package of MEDISEP was finalized by an expert committee constituted by Department of Finance for revision of packages and costing. The expert committee recommended a Basic Benefit Package and Additional Benefit Package for catastrophic procedures including transplant surgeries. The scheme will also cover all pre-existing diseases of the beneficiaries from the inception of the scheme. However, Outpatient Treatment will not be covered under this scheme.

Features of MEDISEP

Title of the Scheme

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

Application of the Scheme

This Scheme shall come into force on the **01 January 2021**.

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

DEFINITIONS

In this Scheme unless the context otherwise requires: --

- I) "Additional Coverage" means the additional sum insured for specified diseases.
- II) "Authority" means Principal Secretary, Finance Department, Government of Kerala.
- III) "Beneficiaries" means All Serving employees of the State Government including the High Court of Kerala and their family who are covered under the existing Kerala Government Servants Medical Attendant Rules [KGSMA Rules, 1960], part time contingent employees, part time teachers, teaching & non-teaching staff of aided schools and colleges and their family and pensioners and their spouses and family pensioners on compulsory basis, and all All India Service officers serving under the Government of Kerala on optional basis . In addition to the above mentioned categories, employees and pensioners of the universities which receive Grant-in-Aid from the State Government and Local Self Government Institutions and the directly recruited personal staff of the Chief Minister, Ministers, Leader of Opposition, Chief Whip, Speaker, Deputy Speaker, Chairmen of the Financial Committees and personal staff pensioners/ family pensioners shall also be considered as beneficiary for this scheme. Notwithstanding the above, the Authority have the discretion to

include or exclude any categories of beneficiaries to / from the coverage of the Scheme at any stage of the Scheme.

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

A. In the case of an insured employee:

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

- (ii) minor or adopted child/children dependent upon the insured, till they get employed, married, or attained the age of 25 years whichever is earlier.
- (iii) Physically challenged/mentally challenged children of the employee without any age restriction. (certificate should be produced as specified in the scheme).
- (iv) dependant parents of the employee.

B. In the case of insured pensioner:

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

C. In the case of insured family pensioner.

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

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

- XVIII) “Insurer” means Insurance Company registered under IRDAI and selected by Government of Kerala.
- XIX) “Insured Person” means a person who has got insurance coverage under the scheme.
- XX) “Medical Board” means standing medical board constituted by the Director of Health Services consisting of not less than 3 members.
- XXI) “Medical Expenses” means those expenses that an Insured Person has necessarily incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner.
- XXII) “Newborn Benefit” means the benefit given to the new born child/children along with the insured mother.
- XXIII) “New born baby” means baby born during the Policy Period.
- XXIV) “Period of Contract” means three years from the date of signing of MoU/Agreement.
- XXV) “Period of Insurance” means three years from the date of signing of MoU/Agreement between the Government and Insurer.
- XXVI) “Pre-existing disease” is a medical condition/disease that existed before the commencement of the insurance coverage obtained from the health insurance policy.
- XXVII) “Pre-hospitalization / Post-hospitalisation Medical Expenses” means medical expenses incurred during pre-defined number of days preceding/succeeding the hospitalisation of the Insured Person. 15 days before hospitalisation and 15 days after discharge.
- XXVIII) “Premium” means the payment made on behalf of the insured persons as consideration for the policy. The Premium of the employee shall be deducted from their salary in monthly instalments and the premium of the pensioner shall be met from their monthly entitlement.
- XXIX) “Policy plan period” means the three-year period from the date which the scheme starts.

- XXX) “Provider Network” means hospitals or health care providers enlisted by an insurer, to provide medical services to an insured by cashless facility.
- XXXI) “State Nodal Cell” means the implementation and monitoring mechanism for MEDISEP under the Authority.
- XXXII) “Sum Assured” means the total benefit coverage provided by the insurer.
- XXXIII) “CGHS” means Central Government Health Scheme.
- XXXIV) “HDU” means High Definition Unit.
- XXXV) “ICU” means Intensive Care Unit.

Scope of the Scheme

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

Eligibility of Beneficiaries

- i) All serving employees of State Government including teaching and non-teaching staff of Aided Schools and Colleges by remitting prescribed premium. In addition to the above mentioned categories, employees of the universities which receive Grant-in-Aid from the State Government and Local Self Government Institutions and the directly recruited personal staff of the Chief Minister, Ministers, Leader of Opposition

and Chief Whip, Speaker, Deputy Speaker and the Chairmen of the Financial Committees shall also be considered as beneficiary for this scheme.

- ii) Newly appointed employees who joined service during the policy period of three years shall join the scheme by remitting the premium from the month of joining and can avail Rupees One Lakh Fifty Thousand per annum as Basic Sum Insured.
Newly joined employees may get enrolled either by paying full year premium for that year and avail the benefit package in total or join the scheme in subsequent year. If they join from second year, the block period Sum insured (SI) available would be only Six Lakhs and so on.
- iii) Part time Contingent employees/pensioners and part time teachers/pensioners subject to remittance of prescribed premium. The part-time contingent pensioners/family pensioners and Ex-gratia Pensioners/family pensioners should execute an authorisation for deducting the prescribed monthly premium from their monthly pension.
- iv) All service pensioners including teaching and non-teaching staff of aided schools and colleges by deduction from monthly entitlement. In addition to the above-mentioned categories pensioners of the universities which receive Grant-in-Aid from the State Government and Local Self Government Institutions and the directly recruited personal staff pensioners/family pensioners shall also be considered as beneficiary for this scheme.
- v) Those who avail LWA under Appendix XII A, XII B and XII C part I KSR shall not have the eligibility to join/continue in the scheme during the policy period.
- vi) Those who avails Leave Without Allowance for a short spell not exceeding the period of one year during the policy period shall have the option to remit the premium in advance during the tenure of the leave but before the date of renewal of the policy.
- vii) Employees joining back from leave without pay may get enrolled for current year, by paying the full year premium. If they join from 2nd year or 3rd year, the block period sum insured (SI) would only be available corresponding to the no. of years full premium is paid (e.g. if an employee pays only 2 years full premium, block period SI of 6 Lakh only would be available, similarly for one year premium, SI available would be Rs. 3 lacs).
- viii) If any employee opts out in between the policy period (LWA/resignation), Eligibility criteria would be as under: (a) if no claims are made during service period,

no impact is on premium collection. (2) if claims were made only up to the basic SI and up to block period SI, then full year(s) premium is to be paid.

- ix)** In the case of employees under deputation and employees not drawing salary through SPARK, the Drawing and Disbursing Officer concerned shall deduct the premium and remit the same to the TSB account to be opened for this purpose. The remittance details shall be forwarded to Finance (Health Insurance) Department.
- x)** Pensioners under National Pension System have the option to enrol in the scheme by remitting the prescribed premium.
- xi)** If an employee is under suspension, the premium during the period shall be deducted from the subsistence allowance admissible.
- xii)** If an employee is dismissed or terminated from service as a part of major penalty, he/she shall cease to be the beneficiary of the scheme with effect from the date of order of such dismissal/termination.
- xiii)** If an employee retires/ superannuates during the policy period, the membership of his/her policy shall sustain and remittance towards the premium payment will be deducted from his/her entitlement as a pensioner.

Enrolment of Beneficiary

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

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

Family Enrolment

The Scheme shall cover a family and dependants as follows.

A. In the case of an insured employee:

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

B. In the case of insured pensioner:

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

C. In the case of insured family pensioner:

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

Addition & Deletion of Family Members

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

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

B. Deletion from Family is allowed in following contingencies

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

Identity Cards

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

Benefit Package

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

- i)** Basic Benefit Package - The Insurer shall pay all expenses (as per package costs specified) incurred in course of medical treatment availed by the beneficiaries in empanelled hospitals (24 hours admission clause) for the medical, surgical and day care procedures as enlisted in Annexure 1
- ii)** Additional Benefit Package: The Insurance coverage given over and above the basic coverage for catastrophic illnesses specified enlisted in Annexure 2
- iii)** Coverage of Pre-existing diseases: All diseases under the Scheme shall be covered from day one and there shall not be any waiting period.
- iv)** Pre & Post hospitalization benefit: Benefits up to 15 days Pre-Hospitalization & up to 15 days Post Hospitalization respectively which would cover all expenses related to

treatment of the sickness for which hospitalization was done. The beneficiary shall avail this benefit on cashless basis in empanelled hospitals.

- v) New-born child/children to an insured mother would be covered from day one up to the expiry of the current policy plan period. However, next year the child/children could be covered as a regular member of the family. All Congenital diseases of newborn child/children shall be covered under the scheme.
- vi) The insurance coverage shall start from day one and continue till the expiry of the policy plan period.
- vii) 'Unspecified Procedures' should be covered under Basic Benefit package based on the pre-authorization process initiated by insurance company and authority, which will be limited to Rs.1.5 lakhs per annum during the block period of three years. New diseases like COVID-19 will also be covered based on the regulatory provisions issued by IRDA from time to time.

Benefit Package Rates

The Expert Committee has also recommended the benefit package rates for all the procedures which are part of the Basic and Additional Benefit Package. The costing of the basic benefit package includes three components (1) Procedure Cost (2) Implant Cost if any (3) Room charges

1. Procedure Charges- The first component of the package cost includes procedure costs which would include all cost components related to medical consultation and treatment. The procedure charges include prehospitalization expenses, medicine and consumables, diagnostic and laboratory investigations, procedures including surgeries if any, doctor, and nursing charges, discharge medicines and post hospitalization review if required. The procedure costs will thus follow the approach of a 'bundled rates' covering all input cost related to conducting the surgical procedures and managing the medical conditions.

2. Implant Cost- Certain procedures require single or multiple implants, the cost of which is variable. Hence the implant cost is separate from the procedure costs, wherever it is applicable. In such cases, the price of Implant / High-End Consumable will be added over and above the procedure price based on either the actual usage or the maximum capping of Implant / High-End Consumable defined (whichever is less). The cost of the implants will be based on the maximum ceiling price fixed by the National Pharmaceutical Authority of India

(NPPA). The insurance company can use the implant list and costs suggested by the National Health Authority as the reference point for MEDISEP.

3. Room Charges – The third component of the package cost is room charges and the following room charges as applicable. For General Ward up to Rs.1000; For Semiprivate Ward up to Rs.1500 and Private Ward up to Rs 2000. As all the procedures require a pre-authorization process, the insurance company will have to fix the average length of stay for all procedures, and accordingly the total charges would be calculated. Any charge over and above the ceiling rates prescribed would have to be borne by the patient. In case, a hospital has room rent less than the patient's eligibility, then only the actual rates applicable for each category room should be claimed from that hospital. The room charge details are given in Annexure-3. However where the hospital stay gets prolonged on account of medical/ surgical complications, the attendant treatment charges will also get covered and the insurance company/ Empanelled Health Care Provider cannot charge additional amount from the beneficiary.

The final package cost of any procedure enlisted in the Annexure-1 will be inclusive of the above three components.

For calculating the final package cost, three components are to be included. To cite an example, if the package is PTCA, then the total cost would include the procedure cost which is Rs.40,600 + Implant Cost for Drug-Eluting Stent which is Rs.31,600 and the room charges for three days in a private ward which is Rs.6000. The final package cost of any procedure enlisted in the Annexure-1 will be inclusive of the above three components.

The costing of the catastrophic package list specified in Annexure- 2 is inclusive of all the four components i.e. Procedure Charges; Implant Costs; Room Charges and Investigation costs. All the packages will have a single package rate and any additional expense above the ceiling rates will have to borne by the beneficiary. This is irrespective of the number of days of hospital stay of the patient and the attendant medical or surgical complications will also get covered in the package and insurance company / Empanelled Health Care Provider cannot charge additional amount from the beneficiary.

AGE LIMIT.

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

SUM INSURED ON FAMILY FLOATER BASIS.

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

1. **Basic Benefit Package Coverage:** This caters to the benefit package list mentioned in **Annexure 1** in which medical, surgical and day care procedures will be covered up to a sum of Rs. 3 lakhs per annum for a block period of three years. Out of the annual coverage of three lakhs, Rs.1.5 lakhs are fixed in nature and Rs.1.5 lakhs can be availed on a floater basis each year. The first component of Rs.1.5 lakhs is fixed for each year and will lapse at the end of each year. The floater component, if not exhausted, can be carried over to the subsequent years of the policy.
2. **Additional Package Coverage:** In addition to the Basic Benefit Package coverage mentioned above, all procedures mentioned in the **Annexure 2** will be covered by the policy.
3. **Corpus fund for Catastrophic illnesses:** An additional sum of not less than **Rs. 35 crore** for three years shall be provided by the Insurer as a corpus fund for providing coverage to Additional Packages enlisted in **Annexure 2**. The corpus fund can also be used for reimbursement of expenses to insurance company, in case there is any new catastrophic illness and a treatment package for the same, which is not listed in the benefit package, but recommended for inclusion after detailed review by the Health Department.

Payment of Premium

The Government of Kerala will pay the insurance premium on behalf of the employees/pensioners to the Insurance Company. For the first year the premium will be initially calculated based on the number of beneficiaries in position covered under the Scheme as on date of implementation. Of this amount, 25% will be paid as the first instalment on signing the agreement and commencement of the Scheme. During the implementation, the actual premium will be arrived at based on the number of identity cards distributed. The remaining 75% will be calculated as per the premium amount and will be

paid in three equal instalments after the successful completion of three months of the scheme and before end of the first policy year.

The same payment schedule will be continued during the second and third year. For these years, the total annual premium will be calculated based on number of identity cards or certificates of Pay Drawing Officers issued under the Scheme . The payment of premium will be based on the data made available by the department.

Period of insurance and period of contract:

The Scheme will be introduced from the date agreed by the Government of Kerala and Insurer for a period of three years. The period of Insurance contract will be effective from the date of signing of agreement and shall expire three months after the date of expiry of policy plan period or at completion of all the obligations of the insurance company, whichever is later. In case the contract is terminated after the expiry of the Policy Plan Period, the Insurer shall continue to remain liable for making payments in respect of all the claims lodged with it or the TPA in respect of all the claims/ invoices of Provider Network and Beneficiaries on or before the date of expiry of the policy plan period.

Empanelled Provider Network

The empanelled provider network for MEDISEP will include public and private hospitals which will be empanelled by the insurer. All the secondary and tertiary public hospitals should be empanelled as providers of the scheme. The insurer will also have to empanel the super speciality institutions which includes Regional Cancer Center (RCC), Malabar Cancer Center (MCC), Cochin Cancer Center (CCC) and Sree Chitra Thirunal Institute of Medical Sciences and Technology (SCTIMST), and the package rates specified for accredited institutions will be applicable to the treatments undergone by the beneficiaries in the above listed super speciality institutions.

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

- (1) Category -1 General Purpose Hospitals: These are hospitals having 25 or more beds with the following specialities: General Medicine, General Surgery, Obstetrics and

Gynaecology, Paediatrics, Orthopaedics, ENT, Dermatology ICU and Critical Care units.

(2) Category- 2 Speciality and Super Speciality Hospitals. Hospitals having 50 or more beds can be empanelled as a specialty hospital, provided they have at least 10 beds earmarked for the speciality. The specialities include Cardiology, Cardiovascular and Cardiothoracic surgery, Genito Urinary Surgery, Gastroenterology, Ophthalmology, Pulmonology, Poly Trauma & Critical Care, Plastic Surgery, Neurosurgery, Neurology, Paediatric Surgery, Nephrology, Rheumatology, Endocrinology etc. In this category, the insurer can also empanel single-specialty hospitals with a minimum bed strength of 20 beds (Example: Ophthalmology, Gastroenterology etc). In addition to this, if the insurance companies empanelling only specific departments in a super specialty hospital, they should ensure that all services related to that department are provided as per the contract.

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

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

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

The insurance company can empanel all specialities or a group of specialities depending on availability of each specialities in a network hospital. If the insurance company is empanelling specific departments in a super specialty hospital, they should ensure that all services related to that department are provided as per the contract. To illustrate, if the insurance company is empanelling the Oncology Department of a hospital, then the hospital will have to provide medical, surgical, and radiation oncology services. Along with this, the hospital also needs to ensure treatment for any comorbidity while the patient is admitted to that facility.

The insurer is bound to ensure empanelment of at least two hospitals having full accreditation of NABH in the cities of Kozhikode, Ernakulam, and Thiruvananthapuram for all specialities available at such health care providers.

A network hospital can be empanelled for all three categories or for any one of the three categories specified above.

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

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

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

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

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

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

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

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

The benefit package rates for empanelled providers will be classified based on the quality accreditation/certification of hospitals as recommended by the expert committee on revision of procedures and costing. Based on the quality certification, empanelled hospitals will be classified into three (a) Normal rate for hospitals without any quality certification , a Base rate i.e. 5% incentive for the hospitals which have NABH/NQAS entry-level certification and Accredited Rate i.e. 10% rate (from the base rates applicable to NABH entry-level hospitals)

for hospitals having NABH/NQAS full certification. The incentive will apply only to the procedure cost of the package and not to other items like implant cost, room charges, etc. The base package rates of MEDISEP would be the rates that apply to the NABH entry-level hospital.

In the case of NABH full accreditation, where hospitals get a 10% higher rate for procedures, the additional amount from the base price has to be borne by the beneficiary. To cite an example, the procedure cost for Laparoscopic Appendicectomy is Rs.22,100 in a hospital without quality certification (Normal Rate) and the Rs.23,200 (Base Rate) in a hospital with entry level quality certification and this will be the base package rate. In both these cases, the procedure charges will be reimbursed by the insurance company. *But in the third case, i.e. hospitals with full accreditation (Accredited Rates), where there is an increase of 10% over the base package price, (accredited rate being Rs.25,500), the difference of Rs.2300 from the base rate will have to be borne by the beneficiary.*

Pre-authorization and Claim Settlement: The insurer should establish a comprehensive process flow and mechanisms regarding pre-authorization and claims settlement of procedures under the scheme. The process of pre-authorization should be done electronically through e-preauthorization mode. The insurer shall appoint enough number of medical auditors for scrutinizing the said process. The pre-authorization must be done round the clock and the process would be monitored by the State Nodal Cell. The Insurer shall ensure that in all cases pre-authorization request related decisions are communicated to the EHCP within 12 working hours for all normal cases and within one working hour for emergencies. If there is no response from the Insurer within 12 working hours of an EHCP filing the pre-authorization request, the request of the EHCP shall be deemed to be automatically authorised. A provision for emergency intimation and approval should also be established subject to proper approval later. In instance of dispute, the final decision on preauthorization rest with the Authority.

Establishment of 24*7 Call Center

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

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

DISPUTE RESOLUTION AND GRIEVANCE REDRESSAL

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

1. District Level Grievance Redressal Committee (DGRC)

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

- i) District Collector/ Representative
- ii) District Medical Officer
- iii) Representative of Insurer
- iv) Finance officer of District Collectorate (Convener)

The Committee will resolve the Grievance within 30 days from the date of receiving the application. The aggrieved, if not satisfied with the decision of the committee, can approach to the State Level Committee.

2. State Level Grievance Redressal Committee (SLGRC)

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

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

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

3. Appellate Authority

The appellate authority will consist of the following members

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

The decision of the appellate authority will be final & binding to all the parties. In case of disputes arising between the Government of Kerala and the Insurer, in respect of the validity, interpretation, implementation or alleged breach of any provision of the scheme etc, can be directly taken up with the appellate authority for resolution.

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

Penalty clause

Failure to abide by the terms of the Scheme as stipulated in the tender document will attract penalty as may be determined by the Government of Kerala The details and the modalities of the penalty will be part of the agreement with the insurance company.

(1) Claim Servicing: There will be a penalty for delay in settlement of claims by the Insurance Company beyond the turnaround time of 15 days. A penalty of 1% of claimed amount per week for delay beyond 15 days from submission of bills to be paid directly to the hospitals by the Insurance Companies. This penalty will become due after 30 days in case of payments to hospitals which are empaneled outside the state.

(b)Grievance Redressal: It is mandated that all orders of the grievance redressal committee are carried out within 30 days unless stayed by the next higher level. Any failure to comply with the direction of the Grievance Redressal Committee at any level will meet with a penalty of Rs. 25,000/- per decision for the first month and 50,000/- per month thereafter during which the decision remains un-complied. The amount shall be paid by the insurance company to the Authority. Apart from the above, in the event of noncompliance of guidelines

and agreement leading to disruption of the project will attract a penalty subject to a maximum of 75% of estimated annual project cost.

Performance Monitoring

The insurer shall furnish a Fortnightly / Monthly / Quarterly / Annual report to the Authority with heads of department / organization wise details of the number of subscribers enrolled, number of claims received and the total amount disbursed - diseases, treatments and surgeries-wise. Moreover, heads of department / organization wise monthly report detailing the opening balance of number of employees of the month, additions and deletions during the month shall be furnished. Similarly, heads of department / organization wise monthly report shall reveal the opening balance of number of Identity Cards, number of Identity Cards issued during the month and balance yet to be issued. Regarding the scheme performance, the insurer shall furnish details of preauthorization, claims settlement, complaints redressal, claims ratio and any other parameters decided by the government.

Process Manual for Scheme Implementation

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

CLAIM SETTLEMENT

The empanelled Hospital shall be reimbursed the cost of treatment as per agreed MEDISEP package rates with hospitals. The Insurance Company shall settle the claims of the empanelled hospitals within 15 working days of receipt of the complete documents along with the discharge summary of the patient. The claim settlement progress will be scrutinized and reviewed by the Authority. The Insurer shall decide on the acceptance or rejection of any Claim received from an Empanelled Health Care Provider. In case of any claim is found untenable, the TPA/ Insurer shall communicate reasons to the Health provider and Designated Authority of the State / Nodal Department for this purpose with a copy to the Beneficiary. The EHCP can send reconsideration request to Insurance Company and if still not resolved Empanelled Health Care Provider can approach relevant Grievance Redressal

Committee against such decision to reject such claim. All such claims shall be reviewed by the State Government on monthly /quarterly basis.

Information Technology Platform

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

- i. Database of beneficiaries.
- ii. Database of Enrolment.
- iii. Package details in the network hospitals.
- iv. e- Health database: This database will maintain the patient details along with the diagnosis and treatment details. This Database will also be linked to the Enrolment Database & Claims Transaction Database to form the Central Database.
- v. e-Preauthorization: The Hospital will require a Pre-Authorization e-form to be filled before going in for the treatment.
- vi. Claim processing and settlement Data Base: The claims processing database should include claim intimation, scrutiny of claims and status update and upon verification, settlement of claims.
- vii. MIS Reporting: Real-time reporting on performance and monitoring indicators.
- viii. Accounting system: Payment Reconciliation.
- ix. Third Party Integration: This will include (a) Electronic clearance of bills with payment gateway (b) SMS Gateway.

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

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

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

Submission of Proposals.

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

SECTION A - TECHNICAL PROPOSAL:

QUALIFYING CRITERIA:

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

Third Party Administrator, if any, implementing the scheme on behalf of the Insurance Company should also be an agency approved by the Insurance Regulatory and Development Authority of India. The Insurance Company or/and the Third-Party Administrator should have offices for processing claims in all districts of Kerala with headquarters in Thiruvananthapuram. The details of Third-Party Administrator(s) if any/branches of the insurance company shall be furnished to the State Nodal Cell within one month from the date of signing the agreement.

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

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

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

The Insurance Company should have accredited hospital network in all districts of the State of Kerala. The empanelment criteria prescribed under Annexure-4 shall be adhered to by the successful Insurance Company. The final list of the empanelled hospitals with specialities covered under the Scheme shall be furnished two weeks before the execution of agreement.

The insurance Company should not have been banned or blacklisted by Govt. of Kerala or any other state government from conducting such businesses owing to the defaults in execution of such schemes. The insurers should give an undertaking to this effect.

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

SECTION B - FINANCIAL PROPOSAL

FINANCIAL PROPOSAL

Annual premium quoted shall be for a basic benefit package of Rs.3 Lakhs per annum for a block period of three years for the illnesses listed in Annexure1 and for unspecified procedures and additional benefit package for catastrophic diseases as listed in Annexure 2.

(Out of the annual coverage, Rs.1.5 Lakhs is fixed in nature and Rs.1.5 lakhs can be availed on a floater basis each year. The first component of Rs.1.5 lakhs is fixed for each year and will lapse at the end of each year. The floater component, if not exhausted, can be carried over to the subsequent years of the policy.) The insurer should provide a corpus fund of **35 crores for the block period of 3 years** for the coverage of **catastrophic procedures exclusively**, which includes transplant surgeries listed in **Annexure-2**.

1. Content of RFP Documents.

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

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

1.The technical proposal should provide the following details.

- a) Covering Letter as per the format provided in Annexure IV.
- b) Power of Attorney (POA) document which authorizes the signatory to sign on the documents on behalf of the company/consortium (Prime participant in case of a consortium) should be attached in the format available with the participating agency.
- c) Company/Consortium Profile – Management Structure, Main Business & Areas of Specialization, Duration of Business, Service Centres in Kerala etc.
- d) Key Corporate Clients, Value of Contracts and Salient Features of Contract/Agreement with Clients.
- e) Details of the Third-Party Administrator and list of network hospitals.
- f) Proposal should contain a comprehensive detail on implementation of tasks assigned to insurer in accordance with the first part of the document.
- g) Profit & Loss Account of the last three financial years and net worth of company/consortium.

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

3. The proposals may be cancelled. --

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

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

4. Amendments to tender documents. --

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

(b) The amendments will be notified through corrigendum posted on the website www.finance.kerala.gov.in. Such amendments will form part of the tender document. Bidders are advised to constantly watch for any corrigendum at the above-mentioned website.

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

5. Canvassing.

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

6. Signature in each page of document.

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

7. Procedure for evaluation of the Technical and Financial Proposals

The Authority will constitute a proposal evaluation committee to evaluate the responses of the participants. The Proposal Evaluation Committee shall evaluate the responses to the proposal and all supporting documents & documentary evidence listed below. Inability to submit requisite supporting documents or documentary evidence, may result in non-consideration of the proposals. The decision of the Proposal Evaluation Committee in the evaluation of responses to the proposals shall be final. No correspondence will be

entertained outside the evaluation process of the Committee. The short-listed participants/consortium shall be called for detailed presentation/meeting in Thiruvananthapuram.

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

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

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

8. Notification of award and signing of Agreement.

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

9. Period of agreement.

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

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

1	Publication of RFP	15/10/20
2	Authority response to queries latest by	15/11/20
3	RFP due date	25/11/20
4	RFP technical proposal evaluation	30/11/20
5	RFP financial proposal evaluation	After the successful evaluation of Technical bids.

Note:1. Queries, if any may be mailed at financehealthinsurance@gmail.com

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

Benefit Package List of MEDISEP

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

The benefit package of MEDISEP was finalized by an expert committee constituted by Department of Finance for revision of packages and costing. The expert committee recommended a Basic Benefit Package and Additional Benefit Package for catastrophic procedures including transplant surgeries.

Basic Benefit Package

The basic benefit package consists of 1920 surgical and medical procedures and the details are given in Table-1

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

Sl. No	Specialty	No. of packages
1	General Surgery	197
2	Surgical Gastroenterology	62
3	Cardiology and Cardiothoracic Surgery	168
4	Ophthalmology	72
5	ENT	46
6	Orthopedics	144
7	Paediatric Surgeries	96
8	Genito Urinary Surgeries	112
9	Surgical Oncology	156
10	Medical Oncology	79
11	Radiation Oncology	38
12	Poly trauma	22
13	Dental Surgery	147
14	Obstetrics & Gynecology	86
15	Neurosurgery	82
16	Interventional Neuroradiology	14
17	Plastic Surgery	111

18	Critical Care-Medical	8
19	General Medicine	22
20	Pediatric medical management	63
21	Infectious Diseases	3
22	Cardiology Medical	24
23	Nephrology- Medical	13
24	Neurology -Medical	13
25	Pulmonology-Medical	23
26	Dermatology-Medical	21
27	Rheumatology- Medical	20
28	Endocrinology-Medical	16
29	Medical Gastroenterology	59
30	Psychiatry	3
	Total	1920

Details of each specialty group is listed below.

The Expert Committee has also recommended the benefit package rates for all the procedures which are part of the Basic and Additional Benefit Package. The costing of the basic benefit package includes three components (1) Procedure Cost (2) Implant Cost if any (3) Room charges

1. Procedure Charges- The first component of the package cost includes procedure costs which would include all cost components related to medical consultation and treatment. The procedure charges include prehospitalization expenses, medicine and consumables, diagnostic and laboratory investigations, procedures including surgeries if any, doctor, and nursing charges, discharge medicines and post hospitalization review if required. The procedure costs will thus follow the approach of a 'bundled rates' covering all input cost related to conducting the surgical procedures and managing the medical conditions.

2. Implant Cost- Certain procedures require single or multiple implants, the cost of which is variable. Hence the implant cost is separate from the procedure costs, wherever it is applicable. In such cases, the price of Implant / High-End Consumable will be added over and above the procedure price based on either the actual usage or the maximum capping of Implant / High-End Consumable defined (whichever is less). The cost of the implants will be based on the maximum ceiling price fixed by the National Pharmaceutical Authority of India (NPPA). The insurance company can use the implant list and costs suggested by the National Health Authority as the reference point for MEDISEP.

2. Room Charges – The third component of the package cost is room charges and the Committee recommends the following room charges as applicable. For General Ward up to Rs.1000; For Semiprivate Ward up to Rs.1500 and Private Ward up to Rs 2000. As all the procedures require a pre-authorization process, the insurance company will have to fix the average length of stay for all procedures, and accordingly the total charges would be calculated. Any charge over and above the ceiling rates prescribed would have to be borne by the patient. In case, a hospital has room rent less than the patient's eligibility, then only the actual rates applicable for each category room should be claimed from that hospital. The room charge details are given in Annexure-4

For calculating the final package cost, three components are to be included. To cite an example, if the package is PTCA, then the total cost would include the procedure cost which is Rs.40,600 + Implant Cost for Drug-Eluting Stent which is Rs.31,600 and the room charges for three days in a private ward which is Rs.6000. The total the final package cost of any procedure enlisted in the Annexure-1 will be inclusive of the above three components.

The benefit package rates for empanelled providers will be classified based on the quality accreditation/certification of hospitals as recommended by the expert committee on revision of procedures and costing. Based on the quality certification, empanelled hospitals will be classified into three (a) Normal rate for hospitals without any quality certification , a Base rate i.e. 5% incentive for the hospitals which have NABH/NQAS entry-level certification and Accredited Rate i.e. 10% rate (from the base rates applicable to NABH entry-level hospitals) for hospitals having NABH/NQAS full certification. The incentive will apply only to the procedure cost of the package and not to other items like implant cost, room charges, etc. The base package rates of MEDISEP would be the rates that apply to the NABH entry-level hospital. In the case of NABH full accreditation, where hospitals get a 10% higher rate for procedures, the additional amount from the base price has to be borne by the beneficiary. To cite an example, the procedure cost for Laparoscopic Appendectomy is Rs.22,100 in a hospital without quality certification (Normal Rate) and the Rs.23,200 (Base Rate) in a hospital with entry level quality certification and this will be the base package rate. In both these cases, the procedure charges will be reimbursed by the insurance company. *But in the third case, i.e. hospitals with full accreditation (Accredited Rates), where there is an increase of 10% over the base*

package price, (accredited rate being Rs.25,500), the difference of Rs.2300 from the base rate will have to be borne by the beneficiary.

The insurance company should publish a comprehensive list of Empanelled Healthcare Service Providers specifying the facilities of cashless service and co pay system.

ANNEXURE-1

List of Basic Benefit Package (Procedure charges excluding implants and roomrent)

Sl. No..	Procedure Name	Normal Rate Hospital without Quality Certification	Base Rate Hospital with Entry level Certification (5% than Normal Rate)	Accreditation Rate Hospital With full NABH (10% than Base Rate)
General Surgery				
1	Excision of Ganglion - large	10,300	10,800	11,900
2	Excision of Ganglion - Small	10,600	11,100	12,200
3	Ganglion Sclerotherapy	2,000	2,100	2,300
4	Laprosopic-Lumbar Sympathectomy	26,200	27,500	30,300
5	Hemithyroidectomy	26,200	27,500	30,300
6	Laprosopic Hemi Thyroidectomy	28,900	30,400	33,400
7	Total Thyroidectomy	31,500	33,100	36,400
8	Laprosopic Total Thyroidectomy	29,400	30,900	34,000
9	Excision of Lingual Thyroid	30,900	32,400	35,700
10	Excision of Thyroglossal Cyst Fistula	30,900	32,400	35,700
11	Parathyroidectomy -Non Malignant	31,500	33,100	36,400
12	Resection Enucleation - Thyroid	26,800	28,100	31,000
13	Subtotal Thyroidectomy	29,200	30,700	33,700
14	Laprosopic Sub total Thyroidectomy	28,400	29,800	32,800
15	Laprosopic Thyroid Nodule Excision	28,400	29,800	32,800
16	Isthmectomy	25,500	26,800	29,500
17	Partial Thyroidectomy	25,400	26,700	29,400
18	Laprosopic Isthmectomy	29,300	30,700	33,800
19	Bilateral Adrenalectomy in nonmalignant conditions	43,000	45,200	49,700
20	Unilateral Adrenalectomy in nonmalignant conditions	37,100	39,000	42,900
21	Laprosopic Right Hemi Colectomy in non malignant conditions	40,300	42,300	46,500
22	Laprosopic Left Hemicolectomy	33,000	34,600	38,100
23	Excision of large growth from Tongue	20,600	21,600	23,800
24	Excision of Small growth from Tongue	17,400	18,200	20,100
25	Partial Glossectomy	28,500	29,900	32,900
26	Parotid Duct Repair	28,300	29,700	32,600
27	Excision of Salivary Gland	23,400	24,500	27,000
28	Removal Of Submandibular Salivary Gland	25,700	27,000	29,700
29	Superficial Parotidectomy (Non- malignant)	23,400	24,500	27,000

30	Wedge Excision of Lip	15,900	16,700	18,400
31	Wedge Excision of Lip&Vermilionectomy(27.43)	19,200	20,200	22,200
32	Vermilionectomy	22,400	23,500	25,800
33	ABBE Operation	21,800	22,900	25,200
34	Excision of Branchial Cyst	25,500	26,800	29,500
35	Excision of Branchial Sinus	24,900	26,100	28,800
36	Excision and Ligation of Varicose Veins	25,600	26,900	29,600
37	Splenorenal Anastomosis	71,500	75,100	82,600
38	Warren Shunt for Portal Hypertension	71,200	74,800	82,200
39	Portocaval Anastomosis	81,800	85,900	94,500
40	Excision of Carotid Body Tumours	36,300	38,100	42,000
41	Hemangioma Sclerotherapy	9,200	9,600	10,600
42	Lymph Node Biopsy	8,800	9,200	10,100
43	Axillary Lymph Node Dissection	28,400	29,800	32,800
44	Excision of Cystic Hygroma -Extensive	24,700	26,000	28,600
45	Excision of Cystic Hygroma -Major	25,500	26,800	29,500
46	Cystic Hygroma Excision - Minor	10,900	11,400	12,600
47	Splenectomy For Hypersplenism	42,100	44,200	48,600
48	Laparoscopic Splenectomy - For other Indications	55,600	58,400	64,200
49	Gastrostomy	21,200	22,300	24,500
50	Pyloromyotomy	32,100	33,700	37,100
51	Partial/Subtotal Gastrectomy with anastomosis to Esophagus for ulcer	41,200	43,300	47,600
52	Highly Selective Vagotomy	27,100	28,500	31,300
53	Pyloroplasty & Vagotomy	50,100	52,600	57,900
54	Selective Vagotomy drainage	49,200	51,700	56,800
55	Operation for bleeding peptic ulcer	48,900	51,300	56,500
56	Surgical management For Haemorrhage Of The Small Intestine	49,800	52,300	57,500
57	Gastrojejunostomy & Vagotomy	40,900	42,900	47,200
58	Surgical management of Duodenalperforation	50,100	52,600	57,900
59	Laparoscopic Surgical treatment forDuodenal Perforation	48,900	51,300	56,500
60	Gastrostomy Closure	23,800	25,000	27,500
61	Resection & Anastomosis Of Small Intestine(45.9)	50,100	52,600	57,900
62	Surgical treatment for Duodenal Diverticulum	32,100	33,700	37,100
63	Excision of Meckel's Diverticulum	41,500	43,600	47,900
64	Surgical treatment for Acute Intestinal obstruction	50,100	52,600	57,900
65	Duodenectomy	40,200	42,200	46,400
66	Surgical treatment for Duplication Of Intestines	50,400	52,900	58,200
67	Right Hemi Colectomy	40,300	42,300	46,500

68	Left Hemi Colectomy	40,900	42,900	47,200
69	Laprosopic colectomy (Total Colectomy)	61,200	64,300	70,700
70	Total Colectomy	62,100	65,200	71,700
71	Colostomy	20,900	21,900	24,100
72	Ileostomy	20,900	21,900	24,100
73	Loop Colostomy Sigmoid	22,100	23,200	25,500
74	Illieo Sigmoidostomy	50,100	52,600	57,900
75	Ileostomy Closure	25,900	27,200	29,900
76	Colostomy Closure	25,900	27,200	29,900
77	Surgical treatment For Recurrent Intestinal obstruction (Noble Plication Other)	50,100	52,600	57,900
78	Cecopexy	31,800	33,400	36,700
79	Surgical treatment for Acute Intestinal perforation	50,100	52,600	57,900
80	Excision Small Intestinal Fistula	51,500	54,100	59,500
81	Surgical treatment for Intususception	50,100	52,600	57,900
82	Surgical treatment for Mal-Rotation & Volvulus Of The Midgut	50,100	52,600	57,900
83	Surgical treatment for Volvulus of Large bowel	50,100	52,600	57,900
84	Laprosopic Appendicectomy	22,100	23,200	25,500
85	Open Appendicectomy	18,700	19,600	21,600
86	Surgical treatment for Appendicular Perforation	27,700	29,000	31,900
87	Laprosopic Surgical treatment for Appendicular Mass-Abscess	30,900	32,400	35,700
88	Excision of Prolapse of Rectal Mass	27,200	28,500	31,400
89	Anorectoplasty	28,200	29,600	32,500
90	Excision of Papilloma Rectum	21,200	22,200	24,400
91	Pull Through Abdominal Resection	52,100	54,700	60,200
92	Anterior Resection of Rectum	52,100	54,700	60,200
93	Fistulectomy	15,600	16,400	18,000
94	Rectopexy Open with Mesh for Rectal Prolapse	41,800	43,900	48,300
95	Laprosopic Rectopexy With Mesh for Rectal Prolapse	51,800	54,400	59,800
96	Rectopexy Open without Mesh for Rectal Prolapse	31,800	33,400	36,700
97	Laprosopic Rectopexy With Repair	41,200	43,300	47,600
98	Drainage of Ischio Rectal Abscess	16,500	17,300	19,100
99	Fissurectomy	15,600	16,400	18,000
100	Lord's Procedure for Haemorrhoids	10,300	10,800	11,900
101	Haemorroidectomy	22,700	23,800	26,200
102	Haemorroidectomy+ Fistulectomy(49.12)	27,600	29,000	31,900
103	Excision of liver Abscess	32,100	33,700	37,100
104	Surgical treatment For Hydatid cyst of Liver	40,300	42,300	46,500
105	Cholecystostomy	31,800	33,300	36,700
106	Repair Of CBD	49,500	52,000	57,200

107	Cholecystectomy With CBD Exploration	41,800	43,900	48,300
108	Laparoscopic Cholecystectomy With CBD Exploration (51.41)	30,600	32,100	35,300
109	Cholecystectomy	25,300	26,600	29,200
110	Laparoscopic Cholecystectomy	30,300	31,800	35,000
111	Laparoscopic Cholecystectomy With Gargrene	30,600	32,100	35,300
112	Laparoscopic Cholecystectomy For Calculus	30,600	32,100	35,300
113	Laparoscopic Cholecystectomy With CBD Repair	40,600	42,600	46,900
114	Pancreaticocystojejunostomy	51,800	54,400	59,800
115	Pancreaticocystogastrostomy	43,400	45,600	50,200
116	Herinoplasty without Mesh for Direct Inguinal Hernia	20,900	21,900	24,100
117	Herinoplasty with Mesh Direct Inguinal Hernia	25,900	27,200	29,900
118	Laparoscopic Surgical treatment for Unilateral Femoral Hernia With Mesh	30,600	32,100	35,300
119	Rare Hernias repair (Spigalion,Obuturator,Sciatic)	21,500	22,600	24,800
120	Laparoscopic Surgical treatment for Unilateral Femoral Hernia Without Mesh	40,600	42,600	46,900
121	Unilateral Femoral Hernia repair	26,500	27,800	30,600
122	Umbilical Hernia repair with Mesh	31,500	33,100	36,400
123	Laparoscopic Surgical treatment for - Umbilical Hernia With Mesh	50,600	53,100	58,400
124	Umbilical Hernia repair without Mesh	26,500	27,800	30,600
125	Laparoscopic Surgical treatment for Incisional Hernia without Mesh	30,600	32,100	35,300
126	Epigastric Hernia repair without Mesh	26,500	27,800	30,600
127	Ventral And Scar Hernia repair without Mesh	31,500	33,100	36,400
128	Laparoscopic Surgical treatment for Incisional Hernia with Mesh	40,600	42,600	46,900
129	Laparoscopic Surgical treatment for Epigastric Hernia repair with Mesh	50,600	53,100	58,400
130	Epigastric Hernia repair with Mesh	41,500	43,600	47,900
131	Ventral And Scar Hernia repair with Mesh	41,500	43,600	47,900
132	Laparoscopic Surgical treatment for Hiatus Hernia With Mesh	50,600	53,100	58,400
133	Hiatus Hernia Repair - Abdominal	49,800	52,300	57,500
134	Drainage of Perigastric Abscess	37,200	39,100	43,000
135	Drainage of Subdiaphragmatic Abscess	31,700	33,200	36,600
136	Open Drainage of Pelvic Abscess	30,100	31,600	34,700
137	Laparoscopic Surgical treatment for Intra Abdominal Abscess	35,600	37,400	41,100
138	Excision of Umbilical Sinus	18,200	19,100	21,000
139	Excision of Mesenteric Cyst	33,700	35,300	38,900
140	Surgical treatment for Minor Abdominal Injuries	21,500	22,600	24,800
141	Surgical treatment for Major Abdominal	52,100	54,700	60,200

	Injuries			
142	Surgical treatment for Burst Abdomen	51,500	54,100	59,500
143	Treatment with Self Expanding Metallic Stent (SEMS)	21,000	22,100	24,300
144	Surgical treatment for Unilateral Hydrocoele	18,400	19,300	21,300
145	Surgical treatment for Bilateral Hydrocoele	20,100	21,100	23,300
146	Surgical treatment for Fourniers Gangrene	34,200	35,900	39,500
147	Surgical treatment for Filarial Scrotum	27,100	28,500	31,300
148	Excision of multiple Scrotal swellings	9,100	9,600	10,500
149	Evacuation of Scrotal Hematoma	20,700	21,700	23,900
150	Excision of multiple Scrotal Cysts	8,600	9,000	9,900
151	Orchidectomy -Unilateral	23,500	24,700	27,100
152	Orchidectomy + Herniorraphy(53.00)	31,500	33,100	36,400
153	Orchidopexy with Eversion of Sac	27,100	28,500	31,300
154	Laposcopic Excision of Varicocele Cyst	41,200	43,300	47,600
155	Excision of Epididymal Cyst	16,200	17,000	18,700
156	Epididectomy	15,900	16,700	18,400
157	Circumcision	8,500	8,900	9,800
158	Dorsal Slit and Reduction of Paraphimosis	9,400	9,900	10,900
159	Rectovaginal fistula Management without Colostomy	40,900	42,900	47,200
160	Hemimandibulectomy	45,800	48,100	52,900
161	Segmental Mandible Excision	37,100	39,000	42,900
162	Surgical treatment for Infected Bunion Foot	4,800	5,000	5,500
163	Excision of Cervical Rib	28,400	29,800	32,800
164	Drainage of Psoas Abscess	19,500	20,400	22,500
165	Excision of Mammary Fistula	16,100	16,900	18,600
166	Wide Excision of Mammary Fistula	14,000	14,700	16,200
167	Excision of Bilateral Fibroadenoma	15,600	16,400	18,000
168	Excision of Unilateral Fibroadenoma	10,300	10,800	11,900
169	Unilateral Lumpectomy	10,600	11,100	12,200
170	Bilateral Lumpectomy	15,900	16,700	18,400
171	Breast Conservation Surgery	16,200	17,000	18,700
172	Segmental Resection of Breast	15,800	16,500	18,200
173	Simple Mastectomy (Non Malignant)	32,100	33,700	37,100
174	Surgical repair of bilateral Gynaecomastia	12,700	13,300	14,700
175	I & D of Breast Abscess	9,200	9,700	10,700
176	Drainage of large Abscess	20,100	21,100	23,200
177	Paronychia Drainage	6,800	7,200	7,900
178	Excision of swelling Neck	11,400	12,000	13,200
179	Excision of Granuloma	10,500	11,000	12,100
180	Surgical treatment for Carbuncle back	30,500	32,000	35,200
181	Excision of Sebaceous Cyst	9,300	9,700	10,700
182	Excision of Keloid	28,000	29,400	32,300
183	Excision of Pyogenic Granuloma	8,300	8,700	9,600

184	Excision of Large Corn	5,700	6,000	6,600
185	Excision of Large Swelling in Hand	15,700	16,500	18,200
186	Excision of Small Swelling in Hand	11,100	11,600	12,800
187	Excision of Fibro Lipoma	9,300	9,700	10,700
188	Excision of Fibroma	9,200	9,600	10,600
189	Excision of Sinus	18,100	19,000	20,800
190	Excision of Large Dermoid Cyst	11,300	11,800	13,000
191	Excision of Small Dermoid Cyst	7,200	7,600	8,400
192	Wide Local Excision (Non - malignant)	36,600	38,400	42,200
193	Foreign Body Removal in Deep Region	30,700	32,300	35,500
194	Skin Grafting	18,400	19,300	21,300
195	Excision of Pilonidal Sinus	19,300	20,200	22,200
196	Surgical treatment for Ingrowing Nail	7,000	7,300	8,000
197	Surgical treatment for Cut Throat Injury	35,400	37,100	40,900
ENT Surgery				
198	Facial Nerve Decompression	20,600	21,600	23,800
199	Endoscopic Surgery for Dacryocystitis	10,500	11,000	12,100
200	Surgical treatment for Preauricular sinus	18,600	19,500	21,400
201	Cryosurgery	11,300	11,800	13,000
202	Partial amputation of Pinna (malignancy perichondritis)	19,500	20,500	22,500
203	Myringoplasty	16,600	17,400	19,100
204	Myringoplasty with ossiculoplasty (19.3)	17,300	18,200	20,000
205	Tympanoplasty	17,400	18,300	20,100
206	Stapedectomy - Veingraft	18,900	19,800	21,800
207	Myringotomy with grommet for one ear	10,300	10,800	11,900
208	Myringotomy with-grommet for both ears	15,600	16,400	18,000
209	Mastoidectomy	18,600	19,500	21,500
210	Aural polypectomy	17,400	18,300	20,100
211	Labyrinthectomy	20,000	21,000	23,100
212	lateral Rhinotomy	15,600	16,400	18,000
213	Excision of Benign tumours of Nose	17,400	18,300	20,100
214	Surgery for Angiofibroma	42,100	44,200	48,600
215	Septo rhinoplasty	19,100	20,000	22,000
216	Youngs operation	14,600	15,300	16,900
217	Surgical treatment for Choanal atresia	15,000	15,800	17,300
218	Endoscopic Sinus Surgery	18,300	19,200	21,100
219	Caldwell-luc(unilateral)	18,200	19,100	21,000
220	Surgical treatment for Oro antral fistula	15,000	15,800	17,300
221	Surgical treatment for release of tongue tie	10,000	10,500	11,500
222	Excision of Benign Parotid gland tumor	20,600	21,600	23,800
223	Drainage Parapharyngeal abscess	10,300	10,800	11,900
224	Uvulo & Palato - Pharyngoplasty	26,200	27,500	30,200
225	Surgical treatment for Pararetro pharyngeal abscess	10,000	10,500	11,500

226	Adeno tonsillectomy	12,000	12,600	13,900
227	Adenoidectomy Gromet insertion	12,100	12,700	14,000
228	Exision of Tumors In Pharynx	20,900	21,900	24,100
229	Exision of Parapharyngeal Tumour	21,500	22,600	24,800
230	Laryngectomy in nonmalignant conditions	43,000	45,100	49,700
231	Phono Surgery For Vocal Cord Paralysis	27,400	28,800	31,600
232	Laryngo Fissurectomy	27,300	28,700	31,600
233	Microlaryngeal Surgery	19,400	20,400	22,500
234	Surgical treatment for Laryngotracheal stenosis	20,900	21,900	24,100
235	Bilateral Styloidectomy	15,900	16,700	18,400
236	Temporal Bone Excision	52,100	54,700	60,200
237	Exision of Maxilla	39,500	41,500	45,600
238	Removal of Impacted Ear wax	9,700	10,200	11,200
239	Rhinorrhoea- repair	25,600	26,900	29,600
240	CSF rhinorrhoea - Endoscopic repair	25,600	26,900	29,600
241	Bronchoscopy Foreign Body Removal from Oesophagus	10,600	11,100	12,200
242	Removal of foreign body in Ear	10,600	11,100	12,200
243	Bronchoscopy Foreign Body Removal from Bronchus	24,600	25,800	28,400
OPHTHALMOLOGY				
244	Decompression/Excision Of Optic Nerve Lesions	78,900	82,800	91,100
245	Surgical treatment for Ankyloblepharon	14,400	15,100	16,600
246	Drainage of Lid Abscess	9,500	9,900	10,900
247	Surgical treatment for disorders of Eyelid	11,000	11,600	12,700
248	Exision of Small tumour of lid	10,700	11,300	12,400
249	Surgical correction of Ptosis	30,600	32,100	35,300
250	Ectropion correction	17,700	18,600	20,400
251	Entropion correction	15,300	16,100	17,700
252	Lid Reconstruction surgery	10,400	10,900	12,000
	Lagophthalmos correction	13,200	13,900	15,300
254	Epicanthus repair	7,100	7,500	8,200
255	Surgery for Congenital dacryocystitis	10,800	11,400	12,500
256	Dacryocystectomy	8,100	8,500	9,400
257	Congenital NLD probing	11,000	11,600	12,700
258	External Dacryocysto rhinostomy	15,000	15,700	17,300
259	Canaliculo/conjunctivo Dacryocysto rhinostomy	13,400	14,100	15,500
260	Fornix forming sutures	11,300	11,900	13,000
261	Surgical treatment for Symblepharon	4,800	5,000	5,500
262	Corneal Patch Graft	17,700	18,600	20,500
263	Pterygium repair	7,600	8,000	8,800
264	Pterigium + conjunctival autograft	12,100	12,700	14,000

265	Double Z-Plasty	4,300	4,500	5,000
266	Lamellar Keratoplasty	22,800	23,900	26,300
267	Penetrating Keratoplasty	18,700	19,600	21,500
268	Therapeutic Penetrating Keratoplasty	19,800	20,800	22,900
269	Amniotic Membrane Graft for Cornea	11,900	12,500	13,700
270	Intraocular foreign body removal	33,700	35,400	39,000
271	Iridectomy-Iridotomy	7,900	8,300	9,100
272	Surgical treatment for Other disorders of iris and ciliary body	7,300	7,700	8,400
273	Surgical treatment for Iris prolapse	7,300	7,700	8,400
274	Exision of tumours of iris	21,300	22,400	24,600
275	Glaucoma Surgery	9,100	9,500	10,500
276	Cyclocryotherapy	12,700	13,300	14,600
277	Glaucoma Filtering Surgery For Paediatric Glaucoma	10,200	10,700	11,800
278	Surgical treatment for Scleral wound	11,300	11,900	13,100
279	Surgical treatment for Perforating scleral injury	23,400	24,500	27,000
280	Scleral Patch Graft	21,500	22,600	24,900
281	Amniotic Membrane Graft for Sclera	18,200	19,100	21,100
282	Removal of blood clot	7,500	7,900	8,700
283	Anterior chamber reconstruction	8,600	9,000	9,900
284	Bandage contact lens with glue application	7,100	7,400	8,200
285	Cataract surgery phacoemulsification	20,000	21,000	23,100
286	Lensectomy	12,800	13,500	14,800
287	Posterior capsulotomy/polishing	11,700	12,300	13,500
288	Yag laser capsulotomy	8,200	8,600	9,500
289	Cataract surgery phacoemulsification +IOL	22,500	23,600	25,900
290	Cataract surgery SICS + IOL(ECCE+IOL)	15,300	16,100	17,700
291	Paediatric Cataract Surgery (Phacoemulsification IOL)	19,200	20,100	22,100
292	Secondary IOL-scleral fixation-sulcus fixation of lens ACIOL	22,600	23,700	26,100
293	Scleral buckle procedure for Retinal	30,500	32,000	35,200
294	Photocoagulation for Retinopathy	2,000	2,100	2,300
295	Photocoagulation For Retinopathy Of Prematurity	10,300	10,800	11,900
296	Cryoretinopexy - closed	13,200	13,800	15,200
297	Cryoretinopexy - open	11,900	12,500	13,700
298	Vitreotomy - Membrane Peeling- Endolaser	21,400	22,400	24,700
299	Vitreotomy	24,200	25,400	28,000
300	Vitreotomy Plus Silicon Oil Or Gas -14.75	24,800	26,100	28,700
301	Vitreotomy -Membrane peeling - Endolaser _Silicon oil or Gas - with or without belt bulking	32,400	34,000	37,400
302	Monthly Intravitreal Anti-Vegf ForMacular Degeneration - Per Injection (Maximum - 6)	16,400	17,200	18,900
303	Removal Of Silicon Oil Or Gas post	10,600	11,200	12,300

	Vitrectomy			
304	Rectus Muscle Surgery(Single)	8,500	8,900	9,800
305	Oblique muscle surgery	8,300	8,700	9,600
306	Rectus Muscle Surgery(Twothree)	11,300	11,900	13,000
307	Orbitotomy	27,400	28,800	31,600
308	Evisceration /Enucleation with Orbital implant	16,100	16,900	18,600
309	Exenteration of Orbit	13,500	14,200	15,600
310	Dermis Fat Graft	24,100	25,300	27,800
311	Socket Reconstruction	26,700	28,100	30,900
312	Endoscopic orbital decompression	9,100	9,500	10,500
313	Excision of Benign neoplasm of Eye and Adnexa	10,000	10,500	11,600
314	Surgical Management of Proptosis	60,900	63,900	70,300
315	Dermoid cyst excision	14,500	15,200	16,800
Gynecology and Obstetrics				
316	PPH-Conservative Surgical management	33,100	34,800	38,200
317	Surgical management of pelvic abscess	28,200	29,700	32,600
318	Laparoscopic Adhesiolysis	31,800	33,400	36,700
319	Purandares Sling operations - Open	26,100	27,400	30,100
320	Laparoscopic Sling Operations	33,100	34,800	38,200
321	Surgical Management of Ovarian Tumours	33,300	34,900	38,400
322	Ovarian cystectomy	33,300	34,900	38,400
323	Laparoscopic Cystectomy	25,500	26,800	29,500
324	Surgical Management of Tubal Ovarian mass	30,000	31,500	34,700
325	Laparoscopic Ectopic Resection	22,700	23,900	26,300
326	Laparoscopic Recanalisation	33,600	35,300	38,800
327	Encirclage	11,300	11,800	13,000
328	Cryo Surgery	3,100	3,200	3,600
329	Surgical Management of Cervical Tears	11,600	12,200	13,400
330	Hysterectomy - abdominal	25,400	26,700	29,400
331	Vaginal Hysterectomy	26,200	27,500	30,300
332	Vaginal Hysterectomy With Pelvic Floor Repair(70.79)	31,800	33,400	36,700
333	Hysteroscopic septal resection	17,500	18,400	20,200
334	Ablation of Endometrium	11,300	11,800	13,000
335	Laparoscopic Myomectomy	30,600	32,100	35,300
336	Hysteroscopic submucous fibroid resection	15,300	16,100	17,700
337	Myomectomy	27,600	29,000	31,900
338	Polypectomy	13,100	13,700	15,100
339	Laprosopic Vaginal Hysterectomy	30,600	32,100	35,300
340	D&C (Dilatation & Curettage)	6,300	6,600	7,300
341	Surgical Management of Endometriosis - Excision of Chocolate Cyst	23,600	24,800	27,300
342	Incomplete Abortion + inevitable abortion Management	9,200	9,600	10,600

343	Surgical Management of Missed abortion	9,900	10,400	11,400
344	Surgical Management of Septic Abortion	11,400	12,000	13,200
345	Surgical Management of Vesicular moles (Benign GTD) D & C	14,900	15,600	17,200
346	Manchesters Operation + Cervical amputation(67.4)	25,600	26,900	29,600
347	Intra Uterine Insemination	10,000	10,500	11,600
348	Repair of Cystocele ,Rectocele &Perineorrhaphy (71.71)	20,900	21,900	24,100
349	Haemato Colpo Surgical management or Hymenectomy	15,600	16,400	18,000
350	Surgical Management of Cystocele - Repair	14,800	15,600	17,100
351	Mc Indoe's operation For Vaginal Atresia	42,000	44,100	48,500
352	Surgical Management of Vaginal Tear	13,600	14,300	15,700
353	Abdominal Repair for Vault Prolapse	36,200	38,000	41,800
354	Laprosopic Sacrospinocolpopexy for vault prolapse	45,900	48,200	53,000
355	Abdominal Repair With Mesh for Vault Prolapse	41,200	43,300	47,600
356	Vulvectomy for tumors	22,700	23,800	26,200
357	Surgical Treatment for Vulval Heamatoma	14,100	14,800	16,300
358	Surgery for Bartholin cyst(Marsupilasation,cyst removal)	10,300	10,800	11,900
359	Instrumental Vaginal Delivery	15,500	16,300	17,900
360	Normal Vaginal Delivery	15,100	15,900	17,500
361	Normal Vaginal Delivery with Epidural Anesthesia	20,600	21,600	23,800
362	Normal Vaginal Delivery In Rh-Negative Mother With Rh-Positive Baby	18,600	19,500	21,500
363	Normal Vaginal Delivery in Twins(Multiple pregnancy)	16,400	17,200	19,000
364	Normal Vaginal Delivery HIV +ve Mother	22,100	23,200	25,500
365	Caesarean Section	15,600	16,400	18,000
366	Caesarean Section In Rh-Negative Mother With Rh-Positive Baby	17,400	18,300	20,100
367	Caesarean Section in Twins(Multiple pregnancy)	17,400	18,300	20,100
368	Cesarean Section in HIV+ve Mother	21,200	22,300	24,500
369	Surgical Management of Ectopic pregnancy	21,800	22,900	25,200
370	Caesarean Hysterectomy with Bladder Repair	49,200	51,600	56,800
371	Surgery for Rupture Uterus with Tubectomy	33,700	35,400	38,900
372	Surgical Management of Abruptio-Placenta with Coagulation Defects(Dic)	27,700	29,100	32,000
373	Obstetric Hysterectomy (AtonicPPH,Traumatic PPH , Rupture-RuptureUterus,Abnormal Placentation)	32,300	33,900	37,300
374	First Trimester Medically Induced Abortion	4,400	4,600	5,000
375	Termination of pregnancies for foetal anamolies + IUD	9,200	9,700	10,600

376	Retained Placenta with Manual Removal	30,900	32,500	35,700
377	Complete perineal tear repair	19,400	20,400	22,400
378	Management of Eclampsia with Complications Requiring Ventilatory Support	41,200	43,300	47,600
379	LNG-IUS (Levonorgestrene Intrauterine system)	14,000	14,700	16,200
380	Intra abdominal IUCD retrieval - Open	21,200	22,300	24,500
381	Intra abdominal IUCD retrieval - Lap	25,600	26,900	29,600
382	Hysteroscopic FB removal	10,600	11,100	12,200
383	Medical Management of PPH	11,400	11,900	13,100
384	Medical Management of Haemorrhagic shock in pregnancy	37,900	39,800	43,800
385	Medical Management of Fibroids	8,900	9,300	10,300
386	Medical Management of Polycystic Ovarian Syndrome	11,600	12,200	13,400
387	Medical Management of Pelvic Inflammatory Disease	8,900	9,300	10,300
388	Medical Management of Endometriosis	8,000	8,400	9,200
389	Medical Management of DUB	11,200	11,800	12,900
390	Heart disease complicating pregnancy Management	22,100	23,200	25,500
391	Pre- eclampsia / PIH Management	42,400	44,500	48,900
392	HELLP Syndrome Management in pregnancy	22,100	23,200	25,500
393	Eclampsia Management without ventilator support	32,400	34,000	37,400
394	Hyperemesis Gravidarum Management	9,200	9,600	10,600
395	Diabetes complicating pregnancy Management	22,100	23,200	25,500
396	Hepatic Disorder Management in pregnancy	22,100	23,200	25,500
397	Moderate Anaemia Management in pregnancy	12,300	12,900	14,200
398	Severe Anemia Management in pregnancy	25,900	27,200	29,900
399	Intra Uterine Growth Retardation Management	23,000	24,200	26,600
400	Acute Poly Hydramnios Management	21,500	22,600	24,800
401	Placenta Previa-type III to IV Management	21,200	22,300	24,500
ORTHOPEDIC SURGERY AND PROCEDURES				
402	Surgery for Brachial Plexus & Cervical Rib	46,300	48,600	53,400
403	Neurolysis / Nerve Suture	26,500	27,800	30,600
404	Obturatorneurectomy	20,600	21,600	23,800
405	Nerve Repair With Grafting	43,100	45,300	49,800
406	Sequestrectomy&Saucerizations	40,700	42,700	47,000
407	Sequestrectomy& bone grafting	40,800	42,900	47,100
408	Excision of Accessory bone	21,500	22,600	24,800
409	Bone tumor surgery reconstruction with internal fixation(78.59)	50,400	52,900	58,200
410	Long bone osteotomy with POP application & k-wires	31,800	33,400	36,700

411	Long bone osteotomy with internal fixation	31,500	33,100	36,400
412	Costo Transversectomy(77.39)	41,600	43,700	48,100
413	Corrective osteotomy Acetabulum	42,400	44,500	49,000
414	High tibial osteotomy	33,400	35,100	38,600
415	Anterolateral Clearance For Tuberculosis	61,500	64,600	71,000
416	Excision of deep Bone Tumours and Re-Construction With Conventional Prosthesis	51,800	54,400	59,800
417	Bone tumor curettage and bone graft(78.00)	31,500	33,100	36,400
418	Bone tumor curettage	25,300	26,600	29,300
419	Bone curettage and bone cement(84.56)	31,500	33,100	36,400
420	Surgical Management of Exostosis of small joints	23,500	24,700	27,100
421	Surgical Management of Exostosis of long bones	28,900	30,300	33,400
422	Excision of Fracture fragment	87,000	91,400	1,00,500
423	Excision of Scaphoid	23,900	25,100	27,600
424	Excision of Radial head	24,500	25,700	28,300
425	Excision of Lower end Ulna	24,500	25,700	28,300
426	Excision Or Other Operations For Scaphoid Fractures	16,500	17,300	19,100
427	Spinal Ostectomy And Internal Fixations(78.59)	49,400	51,900	57,100
428	Excision of Patella	17,200	18,100	19,900
429	Bone Grafting As Exclusive Procedure	20,900	21,900	24,100
430	Phemister grafting	27,500	28,900	31,800
431	Limb lengthening	43,000	45,200	49,700
432	Neglected CTEV. Jess Fixator	37,800	39,700	43,700
433	Tension band wirings	26,200	27,500	30,300
434	Cancecllous screw/pins fixations for fracture neck of Femur	37,100	39,000	42,900
435	Clavicle surgery	25,900	27,200	29,900
436	Internal fixation lateral epicondyle for non union Humerus	28,000	29,400	32,300
437	Reconstruction around Radial head	33,800	35,500	39,000
438	Removal of implants plates and nail	16,200	17,000	18,700
439	Removal of implants wires and screws	15,600	16,400	18,000
440	Surgery for Avascular Necrosis Of Femoral Head (Core Decompression)	30,800	32,300	35,600
441	Reduction Of Compound Fractures & External Fixation(78.10)	26,500	27,800	30,600
442	Closed reduction with percutaneous k- wire fixation(78.10)	16,300	17,100	18,800
443	Closed reduction with percutaneous screw fixation(78.10)	17,600	18,500	20,300
444	Open reduction & Internal Fixation Of Fingers & Toes	16,400	17,200	18,900
445	Open reduction of Deep dislocations	32,400	34,000	37,400
446	Closed reduction of Shoulder dislocation	8,100	8,500	9,400
447	Closed reduction of Elbow dislocation	8,400	8,800	9,700

448	Closed reduction of Wrist dislocation	8,100	8,500	9,400
449	Closed reduction of fingers small joint dislocation	8,100	8,500	9,400
450	Closed reduction of Hip dislocation	8,100	8,500	9,400
451	Closed reduction of Knee dislocation	8,400	8,800	9,700
452	Closed reduction of Ankle dislocation	8,400	8,800	9,700
453	Acromioclavicular joint dislocation open reconstruction	26,700	28,000	30,800
454	Arthrotomy and joint lavage	37,100	39,000	42,900
455	Diagnostic Arthroscopy	24,900	26,100	28,800
456	Arthroscopy . Operative Meniscectomy	25,900	27,200	29,900
457	Subacromial decompression	31,500	33,100	36,400
458	Release of Stiff Elbow	31,500	33,100	36,400
459	Synovectomy	37,100	39,000	42,900
460	Surgical management Dequerenstenosynovities	6,500	6,800	7,500
461	Mossmiami instrumentation for vertebral fractures	51,900	54,500	59,900
462	Arthrodesis of foot Small joints	15,300	16,100	17,700
463	Congenital ankle deformity correction	54,200	56,900	62,600
464	Arthrodesis of major joints	30,300	31,800	35,000
465	Flexion construction of hip release	41,500	43,600	47,900
466	Scoliosis and kyphosis correction(81.05+33.4)	97,100	1,02,000	1,12,200
467	Excision arthroplasty(81.8)	31,500	33,100	36,400
468	Shoulder replacement	41,200	43,300	47,600
469	Ankle arthrodesis	37,100	39,000	42,900
470	Triple arthrodesis	36,800	38,600	42,500
471	Subtalar arthrodesis	37,400	39,300	43,200
472	Arthrodesis of Hip	37,100	39,000	42,900
473	Arthrodesis of Knee	36,800	38,600	42,500
474	Arthrodesis of Shoulder	37,400	39,300	43,200
475	Arthrodesis of Elbow	36,800	38,600	42,500
476	Arthrodesis of hand Small joint(81.27/81.28)	15,600	16,400	18,000
477	Arthrodesis of Wrist	36,800	38,600	42,500
478	Release of Stiff knee	36,800	38,600	42,500
479	Anterior cruciate ligamentl reconstruction	26,500	27,800	30,600
480	Posterior cruciate ligament reconstruction	26,500	27,800	30,600
481	Bipolar hemiarthroplastyof Hip without cement	40,400	42,400	46,700
482	Hemiarthroplasty of Hip uncemented	36,200	38,000	41,800
483	Bipolar hemiarthroplasty of Hip with cement	44,400	46,600	51,300
484	Hemiarthroplasty of Hip cemented	36,800	38,700	42,500
485	Reconstruction procedure for recurrent dislocation shoulder	31,200	32,800	36,000
486	Arthroplasty of Shoulder	42,400	44,500	49,000
487	Elbow replacement	41,500	43,600	47,900

488	Joint reconstruction/intraarticular fractures	36,800	38,600	42,500
489	Trigger Finger release	6,500	6,800	7,500
490	Dupuytrens contracture release	21,200	22,300	24,500
491	Tendon transfer procedure for claw hand	33,800	35,500	39,000
492	Maxpage release for Volkmann	31,500	33,100	36,400
493	Synovial cyst excision/ganglion/Bakers Cyst	20,100	21,100	23,200
494	Excision of Retrocalcaneal bursa	15,900	16,700	18,400
495	Adductor release	15,900	16,700	18,400
496	Tenotomy	16,500	17,300	19,100
497	Fasciotomy	21,500	22,600	24,800
498	Fasciotomy with skin graft	25,900	27,200	29,900
499	Rotator cuff repair	31,200	32,800	36,000
500	Tendon transfer procedure around ankle	34,100	35,800	39,400
501	Tendon transfer with graft	33,200	34,900	38,300
502	CTEV correction	50,900	53,400	58,800
503	Hamstrings release	16,500	17,300	19,100
504	Quadricepsplasty	37,100	39,000	42,900
505	Tricepsplasty	32,100	33,700	37,100
506	Fasciotomy with skin graft with fixator	42,700	44,800	49,300
507	Drainage of cold abscess	31,200	32,800	36,000
508	Drainage of acute osteomyelitis	29,500	31,000	34,100
509	Fingers amputations	10,600	11,100	12,200
510	Disarticulation at wrist level	24,500	25,700	28,300
511	Orif-long bones with locking plates	36,200	38,000	41,800
512	Below Elbow amputations	24,500	25,700	28,300
513	Disarticulation at elbow level	25,900	27,200	29,900
514	Above Elbow amputations	26,800	28,100	31,000
515	Disarticulation at Shoulder level	41,500	43,600	47,900
516	Amputations - Forequarter	39,500	41,400	45,600
517	Disarticulations at small joints Foot	10,000	10,500	11,600
518	Disarticulation at ankle level	26,200	27,500	30,300
519	Below Knee amputations	28,700	30,100	33,100
520	Disarticulations at knee level	27,000	28,400	31,200
521	Above Knee amputations	28,800	30,200	33,300
522	Disarticulation at Hip level	42,100	44,200	48,600
523	Amputations - Hind Quarter And Hemipelvectomy	52,100	54,700	60,200
524	Limb reconstruction system(Irs)	40,400	42,400	46,700
525	Ilizarov Ring Fixator Application	46,400	48,700	53,600
526	Ilizarov fixator with joint arthrolysis	52,100	54,700	60,200
527	Excision of Sinus over Sacrum	16,300	17,100	18,800
528	Soft Tissue Reconstruction Procedures For Joints/Osteotomy	31,500	33,100	36,400
529	CDH soft tissue reconstruction	36,500	38,300	42,200
530	Hip spica	8,600	9,000	9,900

531	Cervical spine injury(skull traction) treatment	21,500	22,600	24,800
532	Application of skeletal traction	6,300	6,600	7,300
533	Application of skin traction	4,500	4,700	5,200
534	Application of functional cast brace	2,500	2,600	2,900
535	U-slab application	7,100	7,500	8,200
536	Synthetic cast application above Elbow	5,000	5,300	5,800
537	Synthetic cast application below Elbow	5,600	5,800	6,400
538	Synthetic cast application above Knee	6,500	6,800	7,500
539	Synthetic cast application below Knee	5,000	5,300	5,800
540	Synthetic cast cutting	500	500	600
541	POP application above Elbow	4,300	4,500	5,000
542	POP application below Elbow	3,300	3,500	3,800
543	POP application above Knee	5,300	5,600	6,100
544	POP application below Knee	4,300	4,500	5,000
545	Bandages and strapping procedures for fractures	6,800	7,100	7,900
SURGICAL GASTROENTEROLOGY				
546	Surgery For Portal Hypertension Bleed	1,02,100	1,07,200	1,17,900
547	Splenectomy	36,500	38,300	42,200
548	Splenectomy + Devascularisation + Spleno Renal Shunt(39.1)	79,300	83,200	91,500
549	Splenectomy For Space Occupying Lesion	42,300	44,400	48,800
550	Open Hellers Myotomy	81,200	85,300	93,800
551	Laposcopic Hellers Myotomy	29,600	31,100	34,200
552	Surgery For Oesophageal Perforation Stage 1 Cervical Exclusion And Chest Tube And Feeding Jejunostomy	1,26,800	1,33,100	1,46,500
553	Surgery For Oesophageal Perforation Stage 2 Definitive Surgery	1,02,400	1,07,500	1,18,300
554	Surgery For Oesophageal Perforation -Single Staged Foreign Body, Iatrogenic & Spontaneous	1,02,400	1,07,500	1,18,300
555	Oesophagectomy	91,200	95,800	1,05,300
556	Colonic Pull Up	61,500	64,600	71,000
557	Surgery for Corrosive Injury Stomach	61,200	64,300	70,700
558	Partial Gastrectomy with anastomosis to esophagus	41,200	43,300	47,600
559	Partial Gastrectomy with anastomosis to duodenum	41,200	43,300	47,600
560	Distal Gastrectomy For Gastric Outlet Obstruction	41,200	43,300	47,600
561	Partial/Subtotal Gastrectomy with anastomosis to jejunum For Ulcer	33,200	34,800	38,300
562	Total Gastrectomy	41,800	43,900	48,300
563	Oesophago-Gastrectomy	91,200	95,800	1,05,300
564	Truncal Vagotomy + Gastro Jejunostomy(44.3)	48,900	51,300	56,500
565	Surgery For Bleeding Ulcers	48,900	51,300	56,500

566	Surgery For Obscure Gi Bleed	72,900	76,500	84,200
567	Gastro Jejuno-Colic Fistula Surgical Management	62,100	65,200	71,700
568	Lap Funduplications	54,300	57,000	62,700
569	Extended Right Hemicolectomy	48,300	50,700	55,800
570	I Stage-Sub Total Colectomy + Ileostomy(46.2)	60,300	63,300	69,600
571	I Stage- Sub Total Colectomy + Ileostomy + J - Pouch	96,300	1,01,100	1,11,200
572	II Stage-J - Pouch	50,300	52,800	58,100
573	II Stage- Ileostomy Closure	25,900	27,200	29,900
574	III Stage-Ileostomy Closure	26,800	28,100	31,000
575	Surgical management of Volvulus	49,200	51,700	56,800
576	Surgical management of Malrotation	49,200	51,700	56,800
577	Abdomino Perineal Resection of rectum	53,100	55,700	61,300
578	Hartman.S Procedure With Colostomy	54,300	57,000	62,700
579	Anterior Resection of Large Intestine	40,900	42,900	47,200
580	Anterior Resection With Ileostomy	60,300	63,300	69,600
581	Anal Sphincter Repair -With Colostomy	35,100	36,800	40,500
582	Anal Sphincter Repair -Without Colostomy	32,500	34,100	37,600
583	Rt.Hepatectomy	86,900	91,200	1,00,300
584	Lt.Hepatectomy	90,300	94,800	1,04,300
585	Hepatectomy For Cholangiocarcinoma	1,51,800	1,59,400	1,75,300
586	Hydatid Cyst-Marsupilisation	40,300	42,300	46,500
587	Haemangioma Sol Liver Hepatectomy + Wedge Resection	90,300	94,800	1,04,300
588	Hepato Cellular Carcinoma(Advanced) Radio Frequency Ablation	72,300	75,900	83,500
589	Segmentectomy	60,300	63,300	69,600
590	Radical Extended Cholecystectomy For Ca Gall Bladder	1,02,400	1,07,500	1,18,300
591	Cyst Excision+Hepatic Jejunostomy(51.37)	56,100	58,900	64,800
592	Hepatico Jejunostomy	67,600	70,900	78,000
593	Choledochoduodenostomy Or Choledocho Jejunostomy	42,100	44,200	48,600
594	GB+ Calculi CBD Stones Or Dilated CBD	50,300	52,800	58,100
595	Benign Biliary Stricture Repair	1,02,100	1,07,200	1,17,900
596	Enucleation Of Cyst	91,500	96,100	1,05,700
597	Triple Bypass -Pancreas	61,500	64,600	71,000
598	Lateral Pancreaticojejunostomy(Non-Malignant)	1,03,000	1,08,200	1,19,000
599	Other Bypasses -Pancreas	40,800	42,800	47,100
600	Whipples Any Type	1,02,700	1,07,800	1,18,600
601	Laprosopic Pancreatic Necrosectomy	1,14,900	1,20,600	1,32,700
602	Open Pancreatic Necrosectomy	1,23,100	1,29,200	1,42,100
603	Distal Pancreatectomy	1,21,500	1,27,600	1,40,300
604	Distal Pancreatectomy +Splenectomy(41.5)	1,21,500	1,27,600	1,40,300

605	Central Pancreatectomy	1,21,500	1,27,600	1,40,300
606	Diaphragmatic Hernia (Gortex Mesh Repair)	49,200	51,700	56,800
607	Rectovaginal fistula Management with Colostomy	41,400	43,500	47,800
Cardiology and Cardiothoracic Surgery				
607	ASD Device Closure	38,400	40,300	44,300
608	Balloon Aortic Valvotomy	29,300	30,700	33,800
609	Balloon Atrial Septostomy	30,500	32,000	35,200
610	Balloon Dilatation of Coarctation of Aorta	48,300	50,700	55,700
611	Balloon Dilatation of Pulmonary Artery Stenosis	48,300	50,700	55,700
612	Balloon Mitral Valvotomy	41,300	43,300	47,600
613	Balloon Pulmonary Valvotomy	29,300	30,700	33,800
614	Bronchial artery Embolisation (for Haemoptysis)	41,000	43,100	47,400
615	Electrophysiological Study	25,000	26,300	28,900
616	Electrophysiological Study with Radio Frequency Ablation	25,000	26,300	28,900
617	Left Heart Catheterization	6,300	6,600	7,200
618	PDA Device Closure	27,500	28,900	31,800
619	PDA stenting	46,400	48,700	53,600
620	Percutaneous Transluminal Septal Myocardial Ablation	42,600	44,800	49,200
621	Peripheral Angioplasty	46,800	49,100	54,000
622	PTCA, inclusive of diagnostic angiogram	50,800	53,300	58,600
623	Right Heart Catheterization	6,300	6,600	7,200
624	Systemic Thrombolysis (for MI)	22,400	23,500	25,800
625	VSD Device Closure	38,400	40,300	44,300
626	Permanent Pacemaker Implantation - Double Chamber	33,800	35,400	39,000
627	Permanent Pacemaker Implantation - Single Chamber	25,000	26,300	28,900
628	Temporary Pacemaker implantation	24,000	25,200	27,700
629	Pericardiocentesis	15,100	15,900	17,500
630	Catheter directed Thrombolysis for Deep vein thrombosis (DVT)	38,500	40,400	44,500
631	Catheter directed Thrombolysis for Mesenteric Thrombosis	38,500	40,400	44,500
632	Catheter directed Thrombolysis for Peripheral vessels	38,500	40,400	44,500
633	Aortic Aneurysm	1,87,500	1,96,900	2,16,600
634	Aortic Aneurysm Repair using Cardiopulmonary bypass (CPB)	1,50,000	1,57,500	1,73,300
635	Aortic Aneurysm Repair using Left Heart Bypass	1,50,000	1,57,500	1,73,300
636	Aortic Aneurysm Repair without using Cardiopulmonary bypass (CPB)	87,500	91,900	1,01,100
637	Aortic Aneurysm Repair without using Left	87,500	91,900	1,01,100

	Heart Bypass			
638	Aortic Arch Replacement using bypass	1,87,500	1,96,900	2,16,600
639	Aortic Dissection	1,87,500	1,96,900	2,16,600
640	Aortic Valve	1,40,000	1,47,000	1,61,700
641	Aortic Valve Repair/ Aortic Valve Replacement / Mitral Valve Repair / Mitral Valve Replacement / Tricuspid Valve Repair / Tricuspid Valve Replacement	1,87,500	1,96,900	2,16,600
642	Aortic Valve Repair/ Aortic Valve Replacement / Mitral Valve Repair / Mitral Valve Replacement / Tricuspid Valve Repair / Tricuspid Valve Replacement	1,87,500	1,96,900	2,16,600
643	Aorto - carotid bypass	62,500	65,600	72,200
644	Aorto - subclavian bypass	62,500	65,600	72,200
645	Aorto femoral bypass - B/L	87,500	91,900	1,01,100
646	Aorto femoral bypass - U/L	87,500	91,900	1,01,100
647	Aorto Iliac bypass - B/L	87,500	91,900	1,01,100
648	Aorto Iliac bypass - U/L	87,500	91,900	1,01,100
649	AP window repair	1,87,500	1,96,900	2,16,600
650	Arch interruption Repair with VSD closure	1,87,500	1,96,900	2,16,600
651	Arch interruption Repair without VSD closure	1,87,500	1,96,900	2,16,600
652	Arterial switch operation	1,87,500	1,96,900	2,16,600
653	ASD Closure + Infundibular procedure	1,50,000	1,57,500	1,73,300
654	ASD Closure + Mitral procedure	1,50,000	1,57,500	1,73,300
655	ASD closure + Partial Anomalous Venous Drainage Repair	1,50,000	1,57,500	1,73,300
656	ASD Closure + Pulmonary procedure	1,50,000	1,57,500	1,73,300
657	ASD Closure + Tricuspid procedure	1,50,000	1,57,500	1,73,300
658	Atrial septectomy + Glenn	1,50,000	1,57,500	1,73,300
659	Atrial septectomy + PA Band	1,50,000	1,57,500	1,73,300
660	AVR + Root enlargement	1,87,500	1,96,900	2,16,600
661	Axillary aneurysm repair	62,500	65,600	72,200
662	Axillo - Brachial Bypass	62,500	65,600	72,200
663	Axillo - femoral bypass - B/L	62,500	65,600	72,200
664	Axillo - femoral bypass - U/L	62,500	65,600	72,200
665	Bental Procedure	1,87,500	1,96,900	2,16,600
666	Brachial aneurysm repair	62,500	65,600	72,200
667	Carotid - endarterectomy	62,500	65,600	72,200
668	Carotid aneurysm repair	62,500	65,600	72,200
669	Carotid Body Tumor Excision	62,500	65,600	72,200
670	Carotido - axillary bypass	62,500	65,600	72,200
671	Carotido - subclavian bypass	62,500	65,600	72,200
672	Carotio - carotid Bypass	62,500	65,600	72,200
673	Closed Mitral Valvotomy including thoracotomy	71,300	74,800	82,300

674	Coarctation repair	1,25,000	1,31,300	1,44,400
675	Complete AV canal repair	1,87,500	1,96,900	2,16,600
676	Coronary artery bypass grafting (CABG)	1,47,600	1,55,000	1,70,500
677	DORV Repair	1,87,500	1,96,900	2,16,600
678	Double switch operation	1,87,500	1,96,900	2,16,600
679	Ebstien repair	1,87,500	1,96,900	2,16,600
680	Excessive bleeding requiring re-exploration	12,500	13,100	14,400
681	Femoral - popliteal Bypass	62,500	65,600	72,200
682	Femoral aneurysm repair	62,500	65,600	72,200
683	Femoro - Femoral Bypass	62,500	65,600	72,200
684	Fontan procedure	1,87,500	1,96,900	2,16,600
685	Glenn procedure	1,25,000	1,31,300	1,44,400
686	Immediate reoperation (within 5 days)			
687	Infundibular PS repair	1,50,000	1,57,500	1,73,300
688	Intermediate AV canal repair	1,50,000	1,57,500	1,73,300
689	Isolated Secundum Atrial Septal Defect (ASD) Repair	1,25,000	1,31,300	1,44,400
690	Konno procedure	1,87,500	1,96,900	2,16,600
691	Low Cardiac Output syndrome requiring IABP insertion post - operatively	62,500	65,600	72,200
692	Mitral Valve	1,40,000	1,47,000	1,61,700
693	Mustard Operation	1,87,500	1,96,900	2,16,600
694	Norwood procedure	1,87,500	1,96,900	2,16,600
695	Partial AV canal repair	1,50,000	1,57,500	1,73,300
696	Patent Ductus Arteriosus (PDA) Closure via thoracotomy	71,300	74,800	82,300
697	Pericardial window (via thoracotomy)	37,500	39,400	43,300
698	Pericardiectomy	83,800	87,900	96,700
699	Peripheral arterial injury repair (without bypass)	37,500	39,400	43,300
700	Popliteal aneurysm repair	62,500	65,600	72,200
701	Pulmonary Artery Banding	1,25,000	1,31,300	1,44,400
702	Pulmonary Embolectomy	1,76,300	1,85,100	2,03,600
703	Pulmonary Resection	87,500	91,900	1,01,100
704	Rastelli Procedure	1,87,500	1,96,900	2,16,600
705	Re-do sternotomy	25,000	26,300	28,900
706	Ross Procedure	1,74,400	1,83,100	2,01,400
707	Senning Operation	1,87,500	1,96,900	2,16,600
708	Sinus of Valsalva aneurysm repair with aortic valve procedure	1,50,000	1,57,500	1,73,300
709	Sinus of Valsalva aneurysm repair without aortic valve procedure	1,50,000	1,57,500	1,73,300
710	Sub-aortic membrane resection	1,50,000	1,57,500	1,73,300
711	Subclavian aneurysm repair	62,500	65,600	72,200
712	Supravalvular AS repair	1,87,500	1,96,900	2,16,600

713	Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM)	1,38,800	1,45,700	1,60,300
714	Systemic - Pulmonary shunt	1,25,000	1,31,300	1,44,400
715	TAPVC Repair	1,87,500	1,96,900	2,16,600
716	Tetralogy of Fallot Repair	1,87,500	1,96,900	2,16,600
717	Thoracic Outlet syndrome Repair	62,500	65,600	72,200
718	Thoracoabdominal aneurysm Repair using bypass	1,87,500	1,96,900	2,16,600
719	Thromboendarterectomy	1,76,300	1,85,100	2,03,600
720	Tricuspid Valve	1,40,000	1,47,000	1,61,700
721	Truncus arteriosus repair	1,87,500	1,96,900	2,16,600
722	Unifocalization of MAPCA	1,25,000	1,31,300	1,44,400
723	Valve sparing root replacement	1,87,500	1,96,900	2,16,600
724	Valvular PS repair	1,50,000	1,57,500	1,73,300
725	Vascular Ring division	1,25,000	1,31,300	1,44,400
726	VSD + Aortic procedure	1,87,500	1,96,900	2,16,600
727	VSD + Coarctation repair	1,87,500	1,96,900	2,16,600
728	VSD + Infundibular procedure	1,87,500	1,96,900	2,16,600
729	VSD + Mitral procedure	1,87,500	1,96,900	2,16,600
730	VSD + Pulmonary procedure	1,87,500	1,96,900	2,16,600
731	VSD + Tricuspid procedure	1,87,500	1,96,900	2,16,600
732	VSD closure	1,50,000	1,57,500	1,73,300
733	VSD closure + RV - PA conduit	1,87,500	1,96,900	2,16,600
734	Foreign Body Removal with scope	25,000	26,300	28,900
735	Isolated Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy	12,500	13,100	14,400
736	Space - Occupying Lesion (SOL) mediastinum	81,900	86,000	94,600
737	Thromboembolctomy	35,000	36,800	40,400
738	Decortication	56,300	59,100	65,000
739	Diaphragmatic Repair	37,500	39,400	43,300
740	Hydatid cyst	56,300	59,100	65,000
741	Lung cyst exision	56,300	59,100	65,000
742	Other simple lung procedure excluding lung resection	56,300	59,100	65,000
743	Thoracotomy, Thoraco Abdominal Approach	37,500	39,400	43,300
744	Surgery for Cardiac Tumour	1,18,800	1,24,700	1,37,200
745	Surgical Correction of Bronchopleural Fistula	81,300	85,300	93,800
746	Lung Resection	50,000	52,500	57,750
747	Aortic Stenting (Single)	5,00,000	5,25,000	5,77,500
748	AVR+ Pneumonectomy	2,00,000	2,10,000	2,31,000
749	ALCAPA repair	1,75,000	1,83,750	2,02,125
750	Tetralogy of Fallot - Systemic Pulmonary Shunts with Graft	41,800	43,890	48,279
751	Tetralogy of Fallot - Systemic Pulmonary Shunts without Graft	55,400	58,170	63,987

752	Tetralogy of Fallot - Total Correction	95,000	99,750	1,09,725
753	Tetralogy of Fallot (Comple) - Total Correction	1,35,000	1,41,750	1,55,925
754	Tetralogy of Fallot (Simple) - Total Correction	1,10,500	1,16,025	1,27,628
755	Thoracic Vascular Injuries	1,00,000	1,05,000	1,15,500
756	Transposition of Great Arteries	1,05,000	1,10,250	1,21,275
757	Transposition of Great Arteries - Arterial Switch	1,50,000	1,57,500	1,73,250
758	Transposition of Great Arteries - Carotid Embolectomy	70,000	73,500	80,850
759	Primary Angioplasty with thrombus aspiration with one DES	90,000	94,500	1,03,950
760	Primary Angioplasty with thrombus aspiration with two DES	1,20,000	1,26,000	1,38,600
761	FFR + Angioplasty with 1 drug eluting stent	1,05,000	1,10,250	1,21,275
762	FFR + Angioplasty with 2 drug eluting stent	1,35,000	1,41,750	1,55,925
763	FFR + Angioplasty with 3 drug eluting stent	1,65,000	1,73,250	1,90,575
764	IABP + Angioplasty with 1 drug eluting stent	1,05,000	1,10,250	1,21,275
765	IABP + Angioplasty with 2 drug eluting stent	1,35,000	1,41,750	1,55,925
766	IABP + Angioplasty with 3 drug eluting stent	1,65,000	1,73,250	1,90,575
767	angioplasty needing covered stent	1,20,000	1,26,000	1,38,600
768	IVUS	70,000	73,500	80,850
769	FFR	40,000	42,000	46,200
770	IABP	40,000	42,000	46,200
771	PERCUTANEOUS SEPTAL MYOCARDIAL ABLATION (PTSMA) REQUIRING PPI VVI	1,00,000	1,05,000	1,15,500
772	PERCUTANEOUS SEPTAL MYOCARDIAL ABLATION (PTSMA) REQUIRING PPI DDD	2,20,000	2,31,000	2,54,100
773	Peripheral Angioplasty with single non collapsible stent /covered stent	1,40,000	1,47,000	1,61,700
774	Vascular plugs	80,000	84,000	92,400
775	Bioptome assisted coil embolisation	60,000	63,000	69,300
PAEDIATRIC SURGERIES				
776	Surgical management of Encephalocele	43,000	45,100	49,600
777	Surgical management of Neuroblastoma	48,400	50,800	55,900
778	Adrenal Gland Surgeries In Paediatric patients(07.3&07.4)	50,300	52,800	58,100
779	Excision of pediatric tumors	53,600	56,300	61,900
780	Surgical treatment for Preauricular sinus in pediatric patient	10,600	11,100	12,200
781	Surgical correction of Microtia/Anotia In Paediatric Patient	35,800	37,600	41,400
782	Excision of Retention Cyst Lip	3,100	3,200	3,500
783	Surgical correction of Cleft Lip in children	27,100	28,400	31,300
784	Surgical correction of Cleft Palate	28,000	29,400	32,300
785	Surgical corection of Velo-Pharyngeal Incompetence	38,900	40,900	45,000
786	Surgical management of Sinuses & Fistula of the neck in Paediatric Patient	21,800	22,900	25,100

787	Excision ofThoracoscopic cysts	41,500	43,600	47,900
788	Open excision of Lung cyst In Paediatric Patient	41,200	43,300	47,600
789	Mediastinal Cyst Excision In Paediatric Patients	66,900	70,200	77,300
790	Empyema decortication In Paediatric Patients	32,100	33,700	37,100
791	Empyema-ICD drainage In Paediatric	10,900	11,400	12,600
792	Thoracoscopic Decortication In Paediatric	49,500	52,000	57,200
793	Surgical Correction of Thoracic Wall defects	65,900	69,200	76,100
794	Excision of Haemangioma	19,100	20,100	22,100
795	Surgical management of Lymphangioma In Paediatric Patients	49,200	51,600	56,800
796	Paediatric Splenectomy (Non Traumatic)	44,700	46,900	51,600
797	Surgical management of Oesophageal Atresia In Paediatric Patients	64,600	67,800	74,600
798	Surgical Correction of Thoracic Duplications In Paediatric Patients	47,200	49,600	54,600
799	Surgical Correction of EsophagealObstructions In Paediatric Patients	60,000	63,000	69,300
800	Surgical Correction of Esophageal Substitutions In Paediatric Patients	76,200	80,000	88,000
801	Surgical management of - Gastric Outlet Obstructions In Paediatric Patients	31,200	32,800	36,000
802	Surgical management of Gastro Esophageal Reflux In Paediatric Patients	38,200	40,100	44,100
803	Surgical Management of Intestinal Atresias & Obstructions In Paediatric Patients	65,900	69,200	76,100
804	Surgical management of Intestinal Polyposis In Paediatric Patients	61,500	64,600	71,000
805	Meckel's Diverticulectomy In Paediatric Patients	43,000	45,200	49,700
806	Stage 2 procedure for Anorectal Malformations In Paediatric Patients	62,100	65,200	71,700
807	Stage 1 procedure for Anorectal Malformations In Paediatric Patients	49,500	52,000	57,200
808	Stage 1 procedure for Hirschsprungs Disease In Paediatric Patients	48,600	51,000	56,100
809	Feeding Jejunostomy In Paediatric Patients	30,400	31,900	35,100
810	Ileostomy closure In Paediatric Patients	26,800	28,100	30,900
811	Stage 2 procedure for Hirschsprungs Disease In Paediatric Patients	73,500	77,200	84,900
812	Colostomy closure In Paediatric Patients	25,900	27,200	29,900
813	Surgical mangement of Acute Intestinal Obstruction In Paediatric Patients	51,000	53,600	58,900
814	Rectal polypectomy In Paediatric Patients	8,300	8,700	9,600
815	Laparoscopic Pull Through For Ano Rectal Anomalies In Paediatric Patients	73,800	77,500	85,200
816	Laparoscopic Pull Through Surgeries For Hirschsprungs Disease In Paediatric Patients	73,500	77,200	84,900

817	Surgical mangement of Anal Fissure and Fistula In Paediatric Patients	24,100	25,300	27,800
818	Surgical Management of Biliary Atresia & Choledochal Cyst In Paediatric Patients	71,900	75,500	83,000
819	Pancreatic surgery in Paediatric Patients	76,500	80,300	88,400
820	Unilateral Inguinal Hernia repair In Paediatric Patients	15,300	16,100	17,700
821	Bilateral Inguinal Hernia repair In Paediatric Patients	20,300	21,300	23,400
822	Lumbar Hernia repair In Paediatric Patients	16,800	17,600	19,400
823	Femoral Hernia repair In Paediatric Patients	15,300	16,100	17,700
824	Umbilical Hernia repair In Paediatric Patients	20,300	21,300	23,400
825	Incisional Hernia repair In Paediatric Patients	32,700	34,300	37,800
826	Open repair of diaphragmatic hernia in Paediatric patients	75,600	79,400	87,400
827	Correction of Vitello intestinal duct anomalies in Paediatric Patients	40,000	42,000	46,200
828	Repair of Abdominal wall defects	76,500	80,300	88,400
829	Surgical management of Abdominal trauma in Paediatric Patients	62,400	65,500	72,100
830	Surgical management of peritonitis in Paediatric Patients	40,900	42,900	47,200
831	Correction of Duplications of alimentary tract in Paediatric Patients	48,700	51,100	56,200
832	Simple Nephrectomy	41,200	43,300	47,600
833	Surgical Management of Congenital Hydronephrosis in Paediatric Patients	56,200	59,000	64,900
834	Open ureterolithotomy	30,300	31,800	35,000
835	Ureterostomy in Paediatric Patients	33,900	35,500	39,100
836	Ureteric Reimplantations	36,600	38,400	42,200
837	Ureteric Implantation with tailoring	43,700	45,900	50,500
838	Vesical calculi-vesicolithotomy in Paediatric Patients	25,100	26,400	29,000
839	Supra pubic drainage- open in Paediatric Patients	11,200	11,800	12,900
840	Vesicostomy	27,300	28,600	31,500
841	Vesicotomy closure in Paediatric Patients	28,700	30,100	33,200
842	Stage 1 procedure for Exstrophy Bladder in Paediatric Patients	75,300	79,100	87,000
843	Stage 2 procedure for Exstrophy Bladder in Paediatric Patients	71,700	75,300	82,800
844	Bladder augmentation	54,400	57,200	62,900
845	Repair of Urethral injuries in Paediatric Patients	27,500	28,900	31,800
846	Surgical Management of Posterior Urethral Valves	32,100	33,700	37,100
847	Single Stage procedure for Hypospadiasis	43,900	46,100	50,700
848	Stage 1 procedure for Hypospadiasis	31,500	33,000	36,300

849	Stage 2 procedure for Hypospadiasis	31,700	33,300	36,600
850	Surgical Correction of Epispadiasis	43,700	45,800	50,400
851	Surgical Correction of Scrotal Transposition In Paediatric Patients	20,900	21,900	24,100
852	Surgical management of Undescended Testis In Paediatric Patients	25,900	27,200	29,900
853	Laparoscopic Orchidopexy In Paediatric Patients	27,100	28,500	31,300
854	Laparoscopic Varicocele Ligation	41,200	43,300	47,600
855	Open Varicocele ligation	32,700	34,300	37,800
856	Hydrocele high ligation In Paediatric Patients	15,300	16,100	17,700
857	Surgical Management for Torsion of Testis	27,000	28,400	31,200
858	Surgical Management of Phimosis and Paraphimosis	8,600	9,000	9,900
859	Intersex-Genitoplasty surgery(70.6)	47,500	49,900	54,800
860	Surgical Management of Temporo mandibular Joint Ankylosis	47,200	49,600	54,600
861	Management Of Tmj Dysfunction Syndrome (76.94)	1,100	1,100	1,300
862	Excision of cogental dermal sinus	30,600	32,100	35,300
863	Surgical Management of Torticollis in Paediatric Patient	16,100	16,900	18,600
864	Excision of External angular dermoid in Paediatric Patient	8,400	8,800	9,600
865	Surgical Management (excision) of Congenital Dermal Sinus	30,600	32,100	35,300
866	Excision of Sebacencyst Lipoma in Paediatric Patient	6,100	6,400	7,100
867	Excision of hamartoma	20,600	21,600	23,800
868	Excision of cysti lesions of neck	27,100	28,500	31,300
869	Surgical correction of Syndactyly of Hand For Each Hand in Paediatric Patient	27,100	28,400	31,300
870	Syndactoly correction-multiple correction in Paediatric Patient	29,500	31,000	34,100
871	Anal Dilatation	5,300	5,600	6,100
GENITO URINARY SURGERIES				
872	Renal angio embolization	36,100	37,900	41,700
873	A.V. Fistula surgery (creation) [Pre-Transplant Procedure Only	10,900	11,400	12,600
874	Balloon dialatation of transplant Renal Artery stenosis	34,100	35,800	39,400
875	AV Fistula	12,500	13,100	14,400
876	Open post transplant lymphocele	30,800	32,400	35,600
877	Laprosopic post transplant lymphocele	32,900	34,500	38,000
878	Uni-lateral ilioinguinal block dissection in non malignant conditions	31,500	33,100	36,400
879	Bi-lateral ilioinguinal block dissection in non malignant conditions	65,400	68,600	75,500
880	Surgery for Retroperitoneal Fibrosis Open/Lap	40,900	43,000	47,300

881	Parapelvic Cyst Excision-Open/Lap	33,800	35,500	39,000
882	Open Nephrolithotomy	25,900	27,200	29,900
883	Nephrostomy - Renal	13,900	14,600	16,100
884	Percutaneous Nephrolithotomy	36,400	38,200	42,000
885	Nephrectomy for Pyonephrosis/Xgp	40,900	42,900	47,200
886	Laposcopic Partial Nephrectomy	62,400	65,500	72,100
887	Laposcopic Simple Nephrectomy	52,400	55,000	60,500
888	Laposcopic Radical Nephrectomy	63,100	66,200	72,900
889	Renal Transplantation Surgery	1,67,100	1,75,500	1,93,000
890	Nephropexy	37,900	39,800	43,700
891	Revascularization procedure for renovascular hypertension	29,900	31,400	34,600
892	Open Pyelolithotomy	23,000	24,100	26,500
893	Laparoscopic Pyelolithotomy	43,000	45,200	49,700
894	Anatrophic Peylolithotomy For Staghorn Calculus	51,800	54,400	59,800
895	Partial stag horn caluculi	35,300	37,000	40,700
896	Complete stag horn caluculi	40,100	42,100	46,300
897	Renal Cyst Excision	24,700	26,000	28,600
898	Radical Nephro-Ureterectomy	52,100	54,700	60,200
899	Bilateral Nephroureterectomy	82,100	86,200	94,800
900	Laposcopic unilateral Nephroureterectomy	50,900	53,400	58,800
901	Open unilateral Nephroureterectomy	47,400	49,800	54,700
902	Hemi- Nephroureterectomy	47,100	49,500	54,400
903	Post transplant graft Nephrectomy	37,100	39,000	42,900
904	Renal auto transplantation	61,500	64,600	71,000
905	Surgical Management of Congenital Hydronephrosis	37,100	39,000	42,900
906	Anderson Hynes Pyeloplasty	49,500	52,000	57,200
907	Retrograde Intrarenal Surgery(RIRS)	32,500	34,100	37,500
908	Laparoscopic deroofting of Renal Cyst	33,000	34,600	38,100
909	URSL	26,200	27,500	30,300
910	Laparoscopic ureterolithotomy	31,500	33,100	36,400
911	Surgical correction of Ureterocele	24,600	25,800	28,400
912	Excision of Ureterocele with Ureteric Implantation	43,900	46,100	50,700
913	Surgical Procedure for Ileal Conduit Formation	42,200	44,300	48,700
914	Post transplant revision Ureteroneo cystostomy/Pyelo Ureterostomy	39,400	41,300	45,500
915	Ureteric replacement	46,400	48,700	53,600
916	Uretero ureterostomy	34,000	35,700	39,300
917	Balloon dilatation of Ureteric stricture	20,700	21,700	23,900
918	Cystolithotripsy	14,200	14,900	16,400
919	Endoscope removal of stone in bladder	14,900	15,600	17,200
920	Partial Cystectomy	35,400	37,100	40,800
921	Total Cystectomy	47,100	49,500	54,400

922	Open Cystolithotomy	20,900	22,000	24,200
923	Mitrafanoff procedure	49,000	51,400	56,500
924	Transurethral resection of bladder tumour (TURBT)	39,900	41,900	46,100
925	Transurethral resection of bladder tumour (TURBT) with intravesical Mitomycin instillation	35,900	37,700	41,500
926	Excision of Urachal cyst	36,200	38,000	41,800
927	Bladder Diverticulectomy	34,000	35,700	39,300
928	Laparoscopic radical cystectomy with Ilealconduit diversion	1,26,500	1,32,800	1,46,100
929	Laparoscopic radical cystectomy with Ureterosigmoidostomy(57.88)	59,700	62,700	68,900
930	Open radical cystectomy with Ureterosigmoidostomy (57.88)	48,000	50,400	55,400
931	Laparoscopic radical cystectomy with Continent Urinary diversion(56.7)	65,600	68,800	75,700
932	Open radical cystectomy with Continent Urinary diversion	53,000	55,700	61,200
933	Surgical correction of Vesicovaginal Fistula	45,800	48,100	52,900
934	Transvaginal repair of Vesicovaginal Fistula	37,900	39,800	43,800
935	Trans abdominal repair of Vesicovaginal Fistula with omentoplasty	55,800	58,600	64,400
936	Caecocystoplasty	44,800	47,100	51,800
937	Bladder neck incision	25,300	26,600	29,300
938	Bladder neck reconstruction for Incontinence	62,100	65,200	71,700
939	Perineal Urethrostomy	33,200	34,800	38,300
940	Optical Urethrotomy	22,400	23,600	25,900
941	BMG Urethroplasty for pan Urethral stricture	66,500	69,800	76,800
942	Dilatation for Urethra stenosis	10,900	11,400	12,600
943	Excision of Urethral Caruncle	16,600	17,400	19,100
944	Urethral Fistula closure	31,500	33,100	36,400
945	Single stage- Urethroplasty for Stricture	53,300	56,000	61,600
946	Double stage Urethroplasty (Reconstruction Procedure) for stricture Urethra.	40,200	42,200	46,400
947	Meatoplasty	12,600	13,200	14,500
948	Transpubic Urethroplasty with Omentoplasty	68,600	72,000	79,200
949	Urethroplasty doblestage stage I	40,800	42,800	47,100
950	Urethroplasty doublestage stagell	40,200	42,200	46,400
951	Nephrolysis/surgery for Chyluria Open/Lap	41,800	43,900	48,300
952	Surgical Management of Incontinence Urine (Male)	26,800	28,100	31,000
953	Surgical Management of Incontinence Urine (Female)	22,900	24,000	26,400
954	MMK/birch colpo suspension for stress urinary Incontinence	42,100	44,200	48,600
955	Dj Stent (One Side)	5,300	5,600	6,100
956	CAPD-Tenckhoff catheter insertion	38,600	40,600	44,600

957	Drainage of Perinephric Abscess	40,100	42,100	46,300
958	Mid urethral sling procedure for stress urinary incontinence	31,500	33,100	36,400
959	Open Prostatectomy	34,500	36,200	39,800
960	Laposcopic radical Prostatectomy	57,100	60,000	66,000
961	Open radical Prostatectomy	50,900	53,400	58,800
962	Laser Prostatectomy	41,500	43,600	47,900
963	Transurethral Resection of Prostate (TURP)	31,500	33,100	36,400
964	Transurethral Resection of Prostate (TURP) Cyst Lithotripsy	30,900	32,400	35,700
965	Bipolar TURP	41,500	43,600	47,900
966	Scrotal/Perineal Injuries	29,600	31,000	34,100
967	Orchidopexy Bilateral	24,700	25,900	28,500
968	Vasectomy reversal	23,900	25,100	27,600
969	Partial amputation of penis	38,200	40,100	44,100
970	Surgical correction of Chordee	34,700	36,400	40,000
971	Surgical Correction of Chordee without Hypospadias	34,400	36,100	39,800
972	Surgical Management of Penile Injuries	26,200	27,500	30,300
973	Plaque Excision/Plasty for Penile curvature/Peyronies disease	42,100	44,200	48,600
974	Surgery for Priapism	37,100	39,000	42,900
975	Difficult vascular access/graft	31,500	33,100	36,400
976	CAPD-Tenckhoff catheter removal	36,000	37,800	41,600
977	CAPD bags per month	8,500	8,900	9,800
978	Cystoscopy/ Stent removal	9,400	9,900	10,900
979	Extracorporeal shockwave lithotripsy (ESWL)	20,600	21,600	23,800
980	Post Renal Transplant Immunosuppressive Treatment From 1st To 6th Months	91,700	96,300	1,05,900
981	Post Renal Transplant Immunosuppressive Treatment From 7th To 12 Th Month.	61,200	64,300	70,700
982	Intravesical BCG Induction therapy	10,100	10,600	11,600
983	Intravesical BCG maintenance	18,100	19,000	20,900
NEURO SURGERY				
984	Twist Drill Craniostomy	15,600	16,400	18,000
985	Subdural Tapping	19,500	20,500	22,500
986	Ventricular Tapping	15,000	15,800	17,300
987	Burr Hole procedure for evacuation of Brain Abscess	32,700	34,300	37,700
988	Endoscopy Procedures -Brain	79,800	83,800	92,200
989	Craniotomy And Evacuation of Subdural Haematoma	66,000	69,300	76,200
990	Craniotomy And Evacuation of Extradural Haematoma	60,000	63,000	69,300
991	De-Compressive Craniectomy (Non Traumatic)	80,600	84,600	93,100
992	Tapping of Brain Abscess	40,000	42,000	46,200

993	Evacuation of Intra-Cerebral Hematoma	72,000	75,600	83,200
994	Temporal Lobectomy Plus Depth Electrodes	1,40,300	1,47,300	1,62,000
995	Temporal Lobectomy	75,600	79,400	87,300
996	Excision of Lobe(frontal,temporal,cerebellum Etc.)	40,300	42,300	46,500
997	Excision of Parasagittal Brain tumour	70,400	73,900	81,300
998	Excision of Basal Brain tumour	70,300	73,800	81,200
999	Excision of Brain Stem Brain tumour	70,900	74,400	81,900
1000	Excision of C P Angle Brain tumour	80,300	84,300	92,700
1001	Excision of Other Brain tumours	48,600	51,000	56,100
1002	Lesionectomy Type 1	57,200	60,000	66,000
1003	Lesionectomy Type 2	57,400	60,200	66,200
1004	Excision of Subtentorial Brain Tumours	48,600	51,000	56,100
1005	Evacuation of Brain Abscess	60,000	63,000	69,300
1006	Surgical Management of Meningomyelocele	40,600	42,600	46,900
1007	Intra Ventricular Tumours	60,600	63,600	70,000
1008	Meningocele Excision	40,300	42,300	46,500
1009	Excision of brain abscess	70,300	73,800	81,200
1010	Cranioplasty	30,300	31,800	35,000
1011	Depressed / Elevated Fracture	30,300	31,800	35,000
1012	Endoscopic Third Ventriculostomy	30,900	32,400	35,700
1013	Cranioplasty With Impants	30,300	31,800	35,000
1014	Cranioplasty With Titanium Mesh	31,900	33,500	36,900
1015	Surgical Management of Meningo Encephalocele	40,600	42,600	46,900
1016	Surgical Management of C.S.F. Rhinorrhoea	40,600	42,600	46,900
1017	Ventriculo Atrial Shunt	21,500	22,600	24,800
1018	Atrial shunt	20,000	21,000	23,100
1019	Ventriculo Peritoneal Shunt	30,000	31,500	34,700
1020	Ventriculoatrial / Ventriculoperitoneal shunt	20,000	21,000	23,100
1021	External Ventricular Drainage (EVD)	40,000	42,000	46,200
1022	Selective Posterior Rhizotomy	30,300	31,800	35,000
1023	Surgery for Cord Tumours	38,900	40,800	44,900
1024	Surgical Management of Intra Medullary Spinal Tumours	51,200	53,800	59,100
1025	Surgical Management of Syringomyelia	60,600	63,600	70,000
1026	Laminectomy	27,300	28,600	31,500
1027	Laminoplasty With Implants	30,800	32,300	35,600
1028	Endoscopy - Spinal	29,900	31,400	34,500
1029	Meningo Myelocele Spinal Procedure	25,600	26,900	29,600
1030	Surgical Management of Spina Bifida Major	35,600	37,400	41,100
1031	Surgical Management of Spina Bifida Minor	30,300	31,800	35,000
1032	Facet, Nerve Root Blocks	10,000	10,500	11,600
1033	Radiofrequency Ablation For Trigeminal Neuralgia	30,600	32,100	35,300

1034	Radio Surgery For Brain Tumours & Vascular Malformations/ Trigeminal Neuralgia	25,300	26,600	29,200
1035	Surgical treatment for brachial plexus injuries	72,900	76,500	84,200
1036	Microvascular Decompression For Trigeminal Neuralgia	60,300	63,300	69,600
1037	Surgical management Carpal tunnel syndrome	10,000	10,500	11,600
1038	Peripheral Nerve Injury Repair	40,900	42,900	47,200
1039	Cervical Sympathectomy	31,200	32,800	36,000
1040	Lumbar Sympathectomy	31,500	33,100	36,400
1041	Trans Sphenoidal Surgery	40,300	42,300	46,500
1042	Carotid Endarterectomy	40,600	42,600	46,900
1043	Intra Cranial Vascular Bypass	1,00,900	1,05,900	1,16,500
1044	Aneurysm Clipping	1,10,000	1,15,500	1,27,100
1045	Other Vascular Malformations (Other Than AVM) - Cavernomas, AV Fistulas, Sinus Pericranii	60,900	63,900	70,300
1046	Embolization of Aneurysm	76,500	80,300	88,400
1047	Brain Tumour Embolisation	28,300	29,700	32,700
1048	Coil Embolization of Aneurysm (each coil cost)	30,000	31,500	34,700
1049	Surgical Management of Vascular Malformations	60,600	63,600	70,000
1050	Spinal Fixation Rods And Plates, Artificial Discs	85,600	89,900	98,900
1051	Anterior Lateral Decompression	31,200	32,800	36,000
1052	Posterior cervical disectomy	27,300	28,600	31,500
1053	Excision Of Cervical Inter-Vertebral Discs	31,200	32,800	36,000
1054	Anterior Discectomy & Bone Grafting	41,200	43,300	47,600
1055	Discectomy With Implants	65,600	68,900	75,800
1056	Anterior Cervical Discectomy	27,600	28,900	31,800
1057	Discectomy	27,000	28,300	31,100
1058	Corpectomy For Spinal Fixation	75,600	79,400	87,300
1059	Spinal Fusion Procedure	50,600	53,100	58,400
1060	Trans Oral Surgery	40,300	42,300	46,500
1061	Combined Trans-Oral Surgery & Cv Junction Fusion	51,800	54,400	59,800
1062	C.V. Junction Fusion	40,600	42,600	46,900
1063	Anterior Cervical Spine Surgery With Fusion	45,600	47,900	52,700
1064	Excision Of Scalp Lesions	10,000	10,500	11,600
1065	Stereotactic Procedures	20,600	21,600	23,800
SURGICAL ONCOLOGY				
1066	Thyroidectomy any type in malignant conditions	31,200	32,800	36,000
1067	Parathyroidectomy in malignant conditions	36,200	38,000	41,800
1068	Excision of Solitary Thyroid nodule in malignant conditions	37,200	39,000	43,000

1069	Thyroidectomy for solitary nodule in malignant conditions	38,800	40,800	44,900
1070	Laparoscopic Bilateral adrenalectomy in malignant conditions	41,100	43,100	47,400
1071	Unilateral Adrenalectomy in malignant conditions	67,100	70,500	77,500
1072	Maxillectomy + Orbital Exenteration in malignant conditions	55,700	58,500	64,300
1073	Orbital Exenteration in malignant conditions	44,200	46,400	51,000
1074	Laprosopic Right Hemicolectomy in malignant conditions	40,000	42,000	46,200
1075	Hartman procedure in malignant conditions	51,300	53,900	59,200
1076	Laparoscopic Left Hemicolectomy in malignant conditions	40,000	42,000	46,200
1077	Sleeve Resection of Ear in malignant conditions	47,300	49,700	54,600
1078	Hemiglossectomy in malignant conditions	43,400	45,500	50,100
1079	Total Glossectomy + Reconstruction in malignant conditions(25.59)	59,400	62,300	68,500
1080	Parotidectomy any type in malignant conditions	26,200	27,500	30,300
1081	Excision of Submandibular gland in malignant conditions	26,900	28,200	31,100
1082	Palatotomy any type in malignant conditions	41,000	43,000	47,300
1083	Full Thickness Buccal Mucosal Resection & Reconstruction in malignant conditions(27.59)	65,100	68,400	75,200
1084	Excision of Parapharyngeal tumours in malignant conditions	48,900	51,400	56,500
1085	Resection of Nasopharyngeal Tumor in malignant conditions	79,300	83,300	91,600
1086	Laryngectomy Any Type in malignant conditions	69,700	73,200	80,500
1087	Laryngopharyngo Oesophagectomy in malignant conditions	99,100	1,04,100	1,14,500
1088	Tracheal Resection in malignant conditions - CA Thyroid/CA Trachea	66,800	70,100	77,200
1089	Sleeve Resection of Lung Cancer	1,10,100	1,15,600	1,27,200
1090	Lobectomy for Carcinoma Lung	77,900	81,800	90,000
1091	Pneumonectomy for Carcinoma Lung	81,200	85,200	93,800
1092	Icd + pleurodesis	21,500	22,600	24,800
1093	Solitary Lung Metastatectomy in malignant conditions	70,000	73,500	80,800
1094	Lung Metastatectomy multiple in malignant conditions	78,900	82,800	91,100
1095	Resection of mediastinal tumors in malignant conditions	64,700	67,900	74,700
1096	Superior Mediastinal Dissection+Sternotomy in malignant conditions(77.31)	61,700	64,700	71,200
1097	Intercostal Drainage(Icd) in malignant conditions	3,300	3,500	3,800
1098	Surgical Resection of Soft tissue /Bone	31,200	32,800	36,000

	tumors of Chest wall			
1099	Surgical Resection and Reconstruction of Soft tissue /Bone tumors of Chest wall in malignant conditions	71,200	74,800	82,200
1100	Full Thickness Buccal Mucosal Resection & Reconstruction in malignant conditions(27.59)	75,900	79,700	87,700
1101	IVC thrombectomy in malignant conditions	54,300	57,000	62,700
1102	IVC filters for tumour thrombus in malignant conditions	58,500	61,400	67,500
1103	Vascular reconstruction with synthetic graft in malignant conditions	71,900	75,400	83,000
1104	Vascular reconstruction with auto graft in malignant conditions	78,000	81,900	90,000
1105	Microvascular reconstruction	92,800	97,400	1,07,200
1106	Vascular isolation and perfusion in malignant conditions	55,400	58,200	64,000
1107	Neck Dissection Any Type in malignant conditions	34,000	35,700	39,300
1108	Retro Peritoneal Lymph Node Dissection RPLND As Part Of Staging in malignant conditions	41,800	43,900	48,300
1109	Uni-lateral Inguinal Block Dissection in malignant conditions	31,300	32,800	36,100
1110	Bi-lateral Ilioinguinal block dissection in malignant conditions	65,400	68,600	75,500
1111	Axillary Dissection in malignant conditions	41,300	43,400	47,700
1112	Bilateral Pelvic Lymph Node Dissection(Bplnd) in malignant Bilateral Pelvic Lymph Node	41,800	43,900	48,300
1113	Bilateral pelvic lymph node dissection(bplnd) (CA. URINARY BLADDER)	41,800	43,900	48,300
1114	Retro Peritoneal Lymph Node Dissection(Rplnd) (For Residual Disease) in malignant conditions	80,100	84,100	92,500
1115	Popliteal lymphadenectomy in malignant conditions	30,900	32,400	35,700
1116	Splenectomy in malignant conditions	43,700	45,900	50,500
1117	Transhiatal oesophagectomy in malignant conditions	82,100	86,200	94,800
1118	Oesophagectomy With Two Field Lymphadenectomy in malignant conditions(40.59)	1,18,800	1,24,700	1,37,200
1119	Oesophagectomy With Three Field Lymphadenectomy in malignant conditions(40.59)	1,21,500	1,27,600	1,40,300
1120	Substernal Gastric Bypass in malignant conditions	51,900	54,500	59,900
1121	Gastrostomy in malignant conditions	20,000	21,000	23,100
1122	Laparoscopic mobilization of stomach with distal gastrectomy with billroth i/ii anastomosis in malignant conditions	1,01,800	1,06,900	1,17,600

1123	Thoracoscopic Mobilization of Oesophagus + Laparoscopic Mobilization of stomach + Gastric Pull-up in malignant conditions	1,20,600	1,26,600	1,39,300
1124	Gastrectomy Any Type in malignant conditions	51,200	53,800	59,100
1125	Gastro Jejunostomy in malignant conditions	50,900	53,400	58,800
1126	Small Bowel Resection in malignant conditions	49,200	51,700	56,800
1127	Colectomy Any Type in malignant conditions	54,100	56,800	62,500
1128	Ileotransverse Colostomy in malignant conditions	60,900	64,000	70,400
1129	Colostomy in malignant conditions	21,200	22,300	24,500
1130	Ileostomy in malignant conditions	33,200	34,900	38,400
1131	Jejunostomy in malignant conditions	31,900	33,400	36,800
1132	Laparoscopic anterior/low resection with staplers with diversion covering ileostomy in malignant conditions	1,00,000	1,05,000	1,15,500
1133	Ileostomy Closure in malignant conditions	25,900	27,200	29,900
1134	Colostomy Closure in malignant conditions	25,900	27,200	29,900
1135	Laparoscopic abdominoperineal resection in malignant conditions	1,00,000	1,05,000	1,15,500
1136	Abdomino Perineal Resection (Apr) + Sacrectomy in malignant conditions(77.99)	61,500	64,600	71,000
1137	Anterior Resection of rectum in malignant conditions	51,500	54,100	59,500
1138	Posterior Exenteration for Carcinoma Rectum	61,500	64,600	71,000
1139	Total Exenteration for Carcinoma Rectum	1,00,100	1,05,100	1,15,600
1140	Hepatectomies in malignant conditions	1,01,500	1,06,600	1,17,200
1141	Radical Cholecystectomy in malignant conditions	79,800	83,800	92,200
1142	Distal Pancreatectomy in malignant conditions	1,01,800	1,06,900	1,17,600
1143	Other Bypasses-Pancreas in malignant conditions	52,300	54,900	60,400
1144	Inoperable Laparotomy in malignant conditions	37,800	39,700	43,600
1145	Abdominal Wall Tumor Resection in malignant conditions	54,300	57,000	62,700
1146	Resection With Reconstruction of Abdominal wall Tumors in malignant conditions	61,100	64,200	70,600
1147	Resection Of Retroperitoneal Tumors in malignant conditions	61,500	64,600	71,000
1148	Diagnostic Laparoscopy in malignant conditions	22,700	23,900	26,300
1149	Open Partial Nephrectomy	42,100	44,200	48,600
1150	Laprosopic radical nephrectomy in malignant conditions	1,00,000	1,05,000	1,15,500
1151	Radical Nephrectomy	52,100	54,700	60,200
1152	Nephroureterectomy For Transitional Cell Carcinoma Of Renal Pelvis in malignant conditions	66,500	69,800	76,800

1153	Urinary Diversion in malignant conditions(56.6/56.7)	64,800	68,000	74,800
1154	Other Cystectomies in malignant conditions	89,100	93,600	1,03,000
1155	Suprapubic cystostomy	18,500	19,400	21,400
1156	Open radical cystectomy with Ilealconduitdiversion	1,02,100	1,07,200	1,17,900
1157	Anterior Exenteration (CA. Urinary Bladder)	61,500	64,600	71,000
1158	Total Exenteration (CA. Urinary Bladder)	76,800	80,600	88,700
1159	Radical Prostatectomy in malignant conditions	89,100	93,500	1,02,900
1160	Channel TURP	41,100	43,100	47,400
1161	Scrotoctomy in malignant conditions	41,700	43,800	48,200
1162	High Orchidectomy	22,900	24,000	26,400
1163	Bilateral Orchidectomy	25,200	26,400	29,000
1164	Emasculatoin in malignant conditions	41,800	43,900	48,200
1165	Total Penectomy	38,800	40,700	44,800
1166	Surgery For Carcinoma Ovary Early Stage	33,900	35,600	39,100
1167	Excision of Complex ovarian mass in malignant conditions	53,100	55,700	61,300
1168	Ovarian cystectomy in malignant conditions	53,000	55,700	61,200
1169	Unilateral Salpingo Oophorectomy in malignant conditions	31,500	33,100	36,400
1170	Surgery For Carcinoma Ovary Advance Stage	54,100	56,800	62,500
1171	Bilateral Salpingo Oophorectomy in malignant conditions	30,900	32,400	35,700
1172	Radical Trachelectomy in malignant conditions	52,400	55,000	60,500
1173	Radical Hysterectomy in malignant conditions	59,600	62,500	68,800
1174	Laparoscopic pelvic exenteration in malignant conditions	1,20,000	1,26,000	1,38,600
1175	Anterior Exenteration - Carcinoma Cervix	86,900	91,200	1,00,300
1176	Posterior Exenteration - Carcinoma Cervix	67,100	70,500	77,500
1177	Total Pelvic Exenteration - Carcinoma Cervix	1,00,100	1,05,100	1,15,600
1178	Supra Levator Exenteration - Carcinoma Cervix	92,100	96,700	1,06,400
1179	Laparoscopic extraFACIAL hysterectomy + multiple biopsies + omentectomy in malignant conditions	47,600	49,900	54,900
1180	Laparoscopic ExtraFACIAL Hysterectomy with Bilateral pelvic node dissection in malignant conditions	48,300	50,700	55,800
1181	Hysterectomy in malignant conditions	34,000	35,700	39,300
1182	Total Abdominal Hysterectomy(Tah) + Bilateral Salpingo Oophorectomy (Bso) + Bilateral Pelvic Lymph Node Dissection (Bplnd) + Omentectomy in malignant conditions	64,200	67,400	74,200

1183	Radical Hysterectomy +Bilateral Pelvic Lymph Node Dissection (Bplnd) + Bilateral Salpingo Ophorectomy (Bso) /Ovarian Transposition in malignant conditions	52,100	54,700	60,200
1184	Laparoscopic wertheim hysterectomy in malignant conditions	56,200	59,000	64,900
1185	Radical Vaginectomy in malignant conditions	55,200	58,000	63,800
1186	Radical Vaginectomy + Reconstruction(70.62)	62,600	65,800	72,300
1187	Vulvectomy in malignant conditions	47,400	49,700	54,700
1188	Cranio Facial Resection in malignant conditions	93,100	97,700	1,07,500
1189	Resection of Lateral Temporal Bone in malignant conditions	69,900	73,400	80,800
1190	Subtotal Resection of Temporal Bone in malignant conditions	73,500	77,200	84,900
1191	Total Resection of Temporal Bone in malignant conditions	79,500	83,500	91,800
1192	Hemimandibulectomy in malignant conditions	39,300	41,200	45,300
1193	Marginal Mandibulectomy in malignant conditions	48,000	50,400	55,500
1194	Maxillectomy Any Type in malignant conditions	32,900	34,500	38,000
1195	Maxillectomy + Infratemporal Fossa Clearance in malignant conditions	67,500	70,900	77,900
1196	Bone Resection in malignant conditions	44,200	46,400	51,000
1197	Bone and Soft Tissue Tumors Amputation malignant conditions	29,800	31,300	34,400
1198	Surgery (removal) for Bone/Soft tissue tumors-Without Prosthesis in malignant conditions(83.49)	51,300	53,800	59,200
1199	Surgery (removal) for Bone / Soft tissue tumors-With Custom Made Prosthesis in malignant conditions(83.49+84.40)	87,600	92,000	1,01,200
1200	Surgery (removal) for Bone / Soft tissue tumors-With Modular Prosthesis in malignant conditions(83.49+84.40)	99,500	1,04,500	1,14,900
1201	Shoulder Girdle Resection in malignant conditions	56,300	59,100	65,000
1202	Sacral Resection in malignant conditions	61,500	64,600	71,000
1203	Soft tissue and bone tumour wide exision	16,800	17,600	19,400
1204	Soft tissue And Bone tumors wide excision reconstruction	26,800	28,100	31,000
1205	Head and Neck - Wide Excision	41,100	43,100	47,400
1206	Forequarter Amputation in malignant conditions	79,100	83,100	91,400
1207	Hemipelvectomy in malignant conditions	80,100	84,100	92,500
1208	Internal Hemipelvectomy in malignant conditions	80,800	84,900	93,400
1209	Curettage & Bone Cement in malignant conditions	52,600	55,300	60,800

1210	Mastectomy Any Type in malignant conditions	30,900	32,400	35,700
1211	Breast Reconstruction Surgery	43,300	45,500	50,000
1212	Lumpectomy	3,400	3,600	3,900
1213	Wide Excision - Breast in malignant conditions	5,800	6,000	6,600
1214	Skin Tumors Wide Excision in malignant conditions	36,600	38,400	42,200
1215	Skin Tumors wide Excision + Reconstruction in malignant conditions(86.6/86.7)	41,800	43,900	48,300
1216	Wide local excision in malignant conditions	64,600	67,800	74,600
1217	Wide local excision + reconstruction	67,000	70,400	77,400
1218	Skin Tumors amputation in malignant conditions	26,200	27,500	30,200
1219	Reconstructon with Myocutaneous / Cutaneous Flap in malignant conditions	39,300	41,200	45,400
1220	Composite Resection & Reconstruction - Head & Neck in malignant conditions	69,000	72,400	79,600
1221	Isolated limb perfusion-hyperthermia in malignant conditions	62,100	65,200	71,800
MEDICAL ONCOLOGY				
1222	Prostate Cancer with Hormonal Therapy	3,700	3,900	4,300
1223	Chemotherapy for Breast Cancer with Adriamycin / Cyclophosphamide (Ac)	4,200	4,400	4,800
1224	Chemotherapy for Bladder Cancer with Weekly Cisplatin.	2,000	2,100	2,300
1225	Chemotherapy for Bladder Cancer with Methotrexate Vinblastine Adriamycin Cyclophosphamide (Mvac)	6,000	6,300	6,900
1226	Chemotherapy for Breast Cancer with 5-Fluorouracil A-C (Fac)	4,200	4,400	4,800
1227	Chemotherapy for Non SMAL cell Lung Cancer with Cisplatin/Etoposide (Iiib)	7,900	8,300	9,100
1228	Chemotherapy for Non SMAL cell Lung Cancer with Erlotinib	15,000	15,800	17,300
1229	Chemotherapy for Non SMAL cell Lung Cancer with GEFITINIB	7,100	7,400	8,200
1230	Chemotherapy for Non SMAL cell Lung Cancer with Paclitaxel /Carboplatin	10,300	10,800	11,900
1231	Chemotherapy for Non SMAL cell Lung Cancer with PEM + Cisplatin	20,300	21,300	23,400
1232	Chemotherapy for Oesophageal Cancer with Cisplatin/5fu	7,400	7,800	8,500
1233	Chemotherapy for Gastric Cancer with 5- Fu Leucovorin (Mcdonald Regimen)	5,300	5,600	6,100
1234	Chemotherapy for Vulval Cancer with Cisplatin/5-Fu	5,900	6,200	6,800
1235	Chemotherapy for Gastric Cancer with EOX	15,600	16,400	18,000
1236	Chemotherapy for Gastric Cancer with Gemcitabine+Oxaliplatin	16,300	17,100	18,800
1237	Chemotherapy for Gastric Cancer with Gemcitabine / Cisplatin	12,600	13,200	14,600

1238	Ac (Ac Then T)	4,500	4,700	5,200
1239	Chemotherapy for Gastric Cancer with Imatinib(CML)	5,600	5,900	6,500
1240	Chemotherapy for Gastric Cancer with Dcf	18,300	19,200	21,100
1241	Chemotherapy for Colorectal Cancer with Monthly 5-Fu	6,400	6,700	7,400
1242	Chemotherapy for Colorectal Cancer with 5-Fluorouracil-Oxaliplatin Leucovorin (Folfox) (Stage III) Only	12,400	13,000	14,300
1243	Chemotherapy for Colorectal Cancer with Capecitabine + bevacizumab (metastatic)	8,300	8,700	9,600
1244	Chemotherapy for Colorectal Cancer with Capecitabine + Oxalipantia (adjuvant) and metastatic	12,600	13,200	14,500
1245	Chemotherapy for Vaginal Cancer with Cisplatin/5-Fu	6,900	7,200	8,000
1246	Chemotherapy for Colorectal Cancer with Capacitabine	7,300	7,700	8,400
1247	Chemotherapy for Bone Tumors with Cisplatin/Adriamycin	7,600	8,000	8,800
1248	Chemotherapy for Bone Tumors - Hodgkin Lymphoma disease with Adriamycin Bleomycin Vinblastine Dacarbazine (Abvd)	5,600	5,900	6,500
1249	Chemotherapy for Non Hodgkin Lymphoma with Cyclophosphamide Adriamycin Vincristine Prednisone (Chop)	5,100	5,400	5,900
1250	Chemotherapy for Breast Cancer with Paclitaxel	7,600	8,000	8,800
1251	Chemotherapy for Non Hodgkin Lymphoma with R - chop	45,300	47,600	52,300
1252	Chemotherapy for Multiple Myeloma with Vincristine, Adriamycin, Dexamethasone(Vad)	4,600	4,800	5,300
1253	Chemotherapy for Multiple Myeloma with Thalidomide+Dexamethasone(Oral)	5,000	5,200	5,800
1254	Chemotherapy for Multiple Myeloma with Melphalan Prednisone (Oral)	4,800	5,000	5,500
1255	Chemotherapy for Wilms Tumor with Siopwts Regimen(Stages I-III)	7,300	7,700	8,400
1256	Chemotherapy for Ovarian cancer with Carboplatin / Paclitaxel	11,300	11,900	13,000
1257	Chemotherapy for Hepatoblastoma operable with Cisplatin -Adriamycin	5,300	5,600	6,100
1258	Chemotherapy for Childhood B cell Lymphoma with variable regimen	22,100	23,200	25,500
1259	Chemotherapy for Neuroblastoma (Stages I-III) with Variable Regimen	11,500	12,100	13,300
1260	Chemotherapy for Neuroblastoma (Stages I-III) PCV (medulloblastoma)	5,600	5,900	6,500
1261	Chemotherapy for Retinoblastoma with Carbo/Etoposide/Vincristine	5,600	5,900	6,500
1262	Chemotherapy for Breast Cancer with Cyclophosphamide/ Methotrexate / 5fluorouracil (Cmf)	2,000	2,100	2,300

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1263	Chemotherapy for Histiocytosis with Variable Regimen	5,300	5,600	6,100
1264	Chemotherapy for Rhabdomyosarcoma with Vincristine-Actinomycin- Chemotherapy for Rhabdomyosarcoma	9,600	10,100	11,100
1265	Chemotherapy for Ewings Sarcoma with Variable Regimen	5,300	5,600	6,100
1266	Chemotherapy for Acute Myeloid Variable Regimen	69,000	72,400	79,700
1267	Chemotherapy for Ovarian cancer with Germ Cell Tumor Bleomycin-Etoposide-Cisplatin (Bep)	8,600	9,000	9,900
1268	Chemotherapy for Acute Myeloid Leukemia with Consolidation Phase	66,300	69,600	76,600
1269	Chemotherapy for Acute Myeloid Leukemia with Maintenance phase	3,000	3,100	3,500
1270	Chemotherapy for Acute Lymphoblastic Leukemia with Induction 1st And 2nd Months	1,09,000	1,14,400	1,25,900
1271	Chemotherapy for Acute Lymphoblastic Leukemia with Induction 3rd, 4th, 5th	10,900	11,400	12,600
1272	Chemotherapy for Acute Lymphoblastic Leukemia with Induction Maintenance	12,300	12,900	14,200
1273	Palliative Chemotherapy for unlisted Regimen	5,600	5,900	6,500
1274	Chemotherapy for Breast Cancer with Tamoxifen Tabs	500	500	600
1275	Palliative And Supportive Therapy for terminally ill cancer patient	3,600	3,800	4,100
1276	Chemotherapy for Acute Myeloid Leukemia with Xelox Along With Adjuvant Chemotherapy Of As-I	12,000	12,600	13,800
1277	Chemotherapy for Multiple myeloma with Zoledronic Acid Along With Adjuvant Chemotherapy Of As-I	3,300	3,500	3,800
1278	Chemotherapy for low risk Gestational trophoblast DS with Weekly Methotrexate	2,300	2,400	2,600
1279	Chemotherapy for Multiple myeloma with Lenalidomide dexta	10,000	10,500	11,500
1280	Chemotherapy for Multiple myeloma with MPT(myeloma)	5,400	5,600	6,200
1281	Chemotherapy for Multiple myeloma with Imatinib (GSIT)	7,000	7,300	8,100
1282	Supportive Therapy (Third Generation Cephalosporin, Aminoglycoside Etc.,)	5,300	5,600	6,100
1283	Chemotherapy for Febrile Neutropenia with 2nd Line Iv Antibiotics And Other Supportive Therapy(Carbapenems, Fourth Generation Cephalosporins, Piperacillin, Anti-Fungal . Azoles Etc.,)	44,200	46,400	51,000
1284	Chemotherapy for Chronic lymphoid leukemia with Benadamustine	16,300	17,100	18,800
1285	Chemotherapy for Chronic lymphoid leukemia with Chilorambucil	3,000	3,100	3,500

1286	Chemotherapy for Breast Cancer with Aromatase Inhibitors	1,200	1,200	1,400
1287	Chemotherapy for Chronic lymphoid leukemia with IA	10,600	11,100	12,200
1288	Chemotherapy for Chronic lymphoid leukemia with Imatinib(CML)	7,000	7,300	8,100
1289	Chemotherapy for low risk Gestational trophoblast DS with Actinomycin	5,300	5,600	6,100
1290	Chemotherapy for Chronic lymphoid leukemia with Sunitinib	15,000	15,700	17,300
1291	Chemotherapy With Temozolamide(brain tumours)	10,000	10,500	11,600
1292	Chemotherapy With Benadamustin - RITUXIMAB	60,000	63,000	69,300
1293	Chemotherapy With TIP(GCT 2nd line)	20,000	21,000	23,100
1294	Chemotherapy for Breast Cancer with Docetaxel	10,300	10,800	11,900
1295	Chemotherapy for Cervical Cancer with Weekly Cisplatin	2,000	2,100	2,300
1296	Chemotherapy for high risk Gestational trophoblast DS with Etoposide-Methotrexate -Actinomycin / Cyclophosphamide Vincristine (Ema-Co)	7,600	8,000	8,800
1297	Chemotherapy for Testicular Cancer with Bleomycin with Etoposide-Cisplatin (Bep)	8,600	9,000	9,900
1298	Chemotherapy Chemotherapy for Hepatoblastoma operable with Sorafenib	10,000	10,500	11,500
1299	Chemotherapy with Capeiri(metastatic)	8,300	8,700	9,600
1300	Chemotherapy with Capeox(adjuvant) and metastatic	7,800	8,200	9,000
Radiation Oncology				
1301	Acute lymphoblastic leukemia: radiation	5,500	5,800	6,400
1302	Hodgkin Lymphoma (Favorable group): radiation	11,000	11,600	12,700
1303	Hodgkin Lymphoma (unfavorable group): radiation	16,500	17,300	19,100
1304	Retinoblastoma (Intraocular): radiation	11,000	11,600	12,700
1305	Retinoblastoma (extraocular): radiation	11,000	11,600	12,700
1306	Brain tumors: radiation	33,000	34,700	38,100
1307	Wilms tumors: radiation	5,500	5,800	6,400
1308	Bone tumors/soft tissue sarcomas :radiation	27,500	28,900	31,800
1309	Bone tumors/soft tissue sarcomas :surgery (inlcuding prosthesis)	2,58,500	2,71,400	2,98,600
1310	Cobalt 60 External Beam Radiotherapy (Radical/Adjuvant / Neoadjuvant)	22,000	23,100	25,400
1311	Cobalt 60 External Beam Radiotherapy (Palliative)	11,000	11,600	12,700
1312	Linear Accelerator External Beam Radiotherapy (Palliative)	22,000	23,100	25,400
1313	Linear Accelerator, External Beam Radiotherapy 3D CRT/2D Planning	55,000	57,800	63,500

	(Radical/Adjuvant/Neoadjuvant)			
1314	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (Radical/Adjuvant/Neoadjuvant)	82,500	86,600	95,300
1315	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) (Radical/Adjuvant/Neoadjuvant)	1,32,000	1,38,600	1,52,500
1316	SRT(Stereota1036ic radiotherapy)	82,500	86,600	95,300
1317	SRS (Streotactic radiosurgery)	77,000	80,900	88,900
1318	Respiratory Gating along with Linear Accelerator planning	77,000	80,900	88,900
1319	Electron beam with Linear accelerator (Radical)Tomotherapy(Radical/Adjuvant/Neo adjuvant)	55,000	57,800	63,500
1320	Tomotherapy(Radical/Adjuvant/Neoadjuvant)	55,000	57,800	63,500
1321	Brachytherapy High Dose Radiation(Intracavitary) - per fraction, maximum of 4 sessions	5,000	5,200	5,700
1322	Brachytherapy High Dose Radiation (Interstitial) - for one application, multiple dose	33,000	34,700	38,100
1323	Brachytherapy High Dose Radiation (Intraluminal) - per fraction, maximum 4 sessions	5,000	5,200	5,700
1324	Cobalt 60 External Beam Radiotherapy,Definitive, Neoadjuvant, Adjuvant	22,000	23,100	25,400
1325	Brachytherapy/ Interstitial LDR , adjuvant	16,500	17,300	19,100
1326	Linear accelerator teletherapy, Definitive+Tab Temozolamide	60,500	63,500	69,900
1327	Linear accelerator teletherapy, 3DCRT, Definitive along with +concurrent Tab Temozolamide along with RT	88,000	92,400	1,01,600
1328	Linear accelerator (Photons) teletherapy,Adjuvant	55,000	57,800	63,500
1329	Cobalt 60 External Beam Radiotherapy,Definitive	22,000	23,100	25,400
1330	Radioiodine Treatment < 100 Millicuries	22,000	23,100	25,400
1331	Radioiodine Treatment > 100 Millicuries	33,000	34,700	38,100
1332	Accelerated partial breast irradiation (APBI) any type/ LINAC/3DCRT/IMRT	55,000	57,800	63,500
1333	Linear accelerator,Involved-Site Radiotherapy (ISRT)/Involved field radiation therapy(IFRT)/3DCRT/IMRT	27,500	28,900	31,800
1334	Linear accelerator, less than 20 fractions/3DCRT/IMRT	27,500	28,900	31,800
1335	Linear accelerator teletherapy,3DCRT,IMRT,VMAT Adjuvant/Definitive	82,500	86,600	95,300
1336	Brachytherapy/ Interstitial HDR one application, multiple doses Definitive/Boost	33,000	34,700	38,100

1337	Cobalt 60 teletherapy, Palliative	11,000	11,600	12,700
1338	Linear accelerator teletherapy, Palliative	22,000	23,100	25,400
PLASTIC SURGERY				
1339	Skull base surgery	1,02,400	1,07,500	1,18,300
1340	Surgical correction for Craniosynostosis	92,100	96,700	1,06,300
1341	Surgical Correction of Nerve and Tendon Repair + Vascular Repair (82.4+39.3)	49,800	52,300	57,500
1342	Sequalae of brachial plexus injuries	42,700	44,800	49,300
1343	Conservative treatment for brachial plexus injuries	10,900	11,400	12,600
1344	Corrective surgery for Hyperchalonism elecanthes	55,400	58,200	64,000
1345	Tarsorrhaphy surgery to prevent exposure keratitis to prevent loss or impairment of vision especially in facial burns	10,900	11,400	12,600
1346	Ear reconstruction	44,900	47,100	51,800
1347	Reconstruction or prosthetic appliance for absent ear	33,000	34,600	38,100
1348	Surgical Correction of anomalies of Ear (cup & bat ears)	28,600	30,000	33,000
1349	Nose fractures with implants	47,400	49,800	54,700
1350	Nose deformities with functional disturbances	61,800	64,900	71,400
1351	Macroglossia Correction	47,400	49,800	54,700
1352	Micrognathia - pierre robbinsequaleae	68,300	71,700	78,900
1353	Tessier's cleft	54,800	57,500	63,300
1354	Palatal fistula Repair	43,100	45,200	49,800
1355	Surgical Management Of Cleft Lip	27,400	28,800	31,600
1356	Cleft lip nasal deformity correction	76,800	80,600	88,700
1357	Secondary correction of cleft lip/palate	61,800	64,900	71,400
1358	Surgical correction for Vascular malformations	35,900	37,700	41,500
1359	Hypospadias cripples	42,700	44,800	49,300
1360	Epispadias / exstrophy	22,000	23,100	25,400
1361	Vasovasalanastamosis	63,000	66,200	72,800
1362	Penis reconstruction - pedicled	76,500	80,300	88,400
1363	Penis reconstruction - micro vascular	1,26,200	1,32,500	1,45,800
1364	Tuboplasty/Open Tubal Recanalisation	27,200	28,500	31,400
1365	Reconstructive procedures for vaginal atresia	40,500	42,500	46,700
1366	Functional corrective surgery for sequel of facial injuries	72,700	76,300	84,000
1367	Orthognathic surgeries involving facial bones	82,700	86,800	95,500
1368	Panfacial fractures combination with polytrauma	1,05,800	1,11,100	1,22,200
1369	Frontonasoethmoid fractures with implants	1,01,800	1,06,900	1,17,600
1370	Surgical Correction of lid retraction with Tumour of Mandible And Maxilla	62,500	65,600	72,100

1371	Corrction of lid retraction	27,700	29,100	32,000
1372	Zygoma/ Orbital Fractures	80,900	84,900	93,400
1373	Maxilla fractures lefort II	74,400	78,100	85,900
1374	Surgical Correction Of Fracture Lefort III	53,500	56,200	61,800
1375	Maxilla fractures lefort III	76,900	80,700	88,800
1376	Facial bone fractures - mandible fracture single with implants	53,600	56,300	61,900
1377	Facial bone fractures - mandible fracture multiple with implants	76,500	80,300	88,300
1378	Alveolar bone grafting with bone graft	32,700	34,400	37,800
1379	Polydactyly Repair	31,900	33,500	36,900
1380	Calvarial reconstruction	77,700	81,600	89,700
1381	Treatment for trisser fingerenosynovitis(82.2)	32,000	33,600	37,000
1382	Aplasia / hypoplasia / post traumatic loss of thumb for reconstruction - conventional surgery	66,500	69,900	76,900
1383	Aplasia / hypoplasia / post traumatic loss of thumb for reconstruction - microsurgery	86,700	91,100	1,00,200
1384	Surgical Correction of Leprosy Reconstructive Surgery	23,500	24,700	27,100
1385	Surgical correction for Congenital Deformity of Hand (Per Hand)	26,500	27,800	30,600
1386	Tendon transfer procedure for wrist drop	34,400	36,100	39,700
1387	Cleft hand / foot Correction	55,500	58,300	64,100
1388	Mallet finger Surgery	29,700	31,200	34,300
1389	Boutonniere's deformity Repair	38,900	40,800	44,900
1390	Finger tip injuries Repair	20,400	21,400	23,600
1391	Compressive neuropathies	32,800	34,400	37,900
1392	Treatment for supparativechondritis	33,300	35,000	38,500
1393	Post cabg(sternal dehiscence/osdo Repair	44,700	46,900	51,600
1394	Free functional muscle transfer	78,200	82,100	90,300
1395	Corrective surgery for congenital deformities of foot (per foot)	53,000	55,700	61,200
1396	Post Burn Contracture Surgeries - Mild	43,100	45,200	49,700
1397	Post Burn Contracture Surgeries - Moderate	45,100	47,300	52,100
1398	Post Burn Contracture Surgeries - Severe	51,600	54,200	59,600
1399	Mgt of electrical burns with vital exposed with flapcover	59,900	62,900	69,200
1400	Amputation of hand / fore arm / arm / foot / leg / thigh with skin cover (84.1)	41,600	43,700	48,100
1401	Amputation of digit with skin cover(84.11)	26,200	27,500	30,300
1402	Disarticulation through shoulder	39,200	41,200	45,300
1403	Disarticulation through thigh	43,300	45,500	50,000
1404	Reimplantation / revascularization - multiple digits per finger	86,000	90,300	99,400
1405	Reimplantation / revascularization - single digit	86,600	91,000	1,00,000
1406	Reimplantation / revascularization - wrist	86,600	90,900	1,00,000

1407	Toe transfer	87,100	91,400	1,00,500
1408	Breast reduction for gynacomastia-male	40,000	42,000	46,200
1409	Breast reduction for gigantomachia female	52,300	54,900	60,400
1410	Post mastectomy breast reconstruction with flap and tissue expandor	87,600	92,000	1,01,200
1411	Nipple areola reconstruction	41,800	43,900	48,300
1412	Reduction Surgery For Filarial Lymphoedema	44,100	46,300	50,900
1413	Any raw area which needs skin grafting - mild<5%	35,900	37,700	41,500
1414	Any raw area which needs skin grafting - moderate 5-10%	40,300	42,300	46,500
1415	Any raw area which needs skin grafting - major - >10 %	55,000	57,700	63,500
1416	Debridement and primary closure for avulsion injuries(86.59)	58,300	61,200	67,300
1417	Debridement and skin grafting for avulsion injuries(86.63)	77,100	81,000	89,100
1418	Surgical Management of 40% mixed burns	78,500	82,400	90,700
1419	Surgical Management of 50% mixed burns	1,33,300	1,39,900	1,53,900
1420	Surgical Management of 60% mixed burns	1,56,000	1,63,800	1,80,200
1421	Surgical Management of above 60% mixed burns	1,54,100	1,61,800	1,78,000
1422	Eyelid injuries / avulsions - major (more than 25% either in thickness or length)	62,100	65,200	71,700
1423	Nose injuries / avulsions- primary closure/ skin graft(86.6)	42,100	44,200	48,600
1424	Ear injuries / avulsions - primary closure/ skin graft(86.6)	42,100	44,200	48,600
1425	Lip injuries / avulsions - primary closure/ skin graft(86.6)	42,100	44,200	48,600
1426	Sub mucosal fibrosis - surgical management with grafts	62,400	65,500	72,100
1427	Extensive degloving injuries / lacerations of the face in rta / animal bites with exposure of vital structures	77,400	81,300	89,400
1428	Surgical management for keloid & hypertrophic scar requiring flap cover	28,000	29,400	32,300
1429	Pedicle flap	72,300	75,900	83,400
1430	Sub mucosal fibrosis - surgical management with flap	51,700	54,300	59,700
1431	Flap cover for trauma of the hand / forearm / arm / foot / leg / thigh etc., with exposure of the underlying vital structures like tendons, nerves, vessels, bone, with or without any fracture - flap division	62,000	65,100	71,600
1432	Crush injury hand involving loss of skin and vital parts requiring flap cover	51,600	54,200	59,600
1433	Flap cover for trauma of the hand / forearm / arm / foot / leg / thigh etc., with exposure of the underlying vital structures like tendons, nerves, vessels, bone, with or without any fracture- flap insert	61,800	64,900	71,400

1434	Micro vascular reconstruction flap (post burns, post neoplastic, trauma, post traumatic, congenital)	92,400	97,000	1,06,700
1435	Nose injuries / avulsions -flap cover	36,100	37,900	41,700
1436	Ear injuries / avulsions - flap cover	38,100	40,000	44,000
1437	Lip injuries / avulsions - flap cover	36,000	37,800	41,600
1438	Scar revision procedures involving natural orifices	31,300	32,800	36,100
1439	Reconstructive surgery for facial palsy - micro vascular	81,400	85,500	94,100
1440	Surgical Correction of Hemifacial Atrophy	92,200	96,800	1,06,500
1441	Reconstructive surgery for facial palsy -conventional	82,300	86,400	95,000
1442	Surgical Correction of hemifacial microsomia	84,000	88,200	97,000
1443	Post traumatic squeal like contractures, severe hypertrophy, unstable scars, non-healing ulcers etc.,	42,100	44,200	48,600
1444	Surgical Management of Syndactyly of Hand For Each Hand	36,600	38,500	42,300
1445	Tissue expansion -for functional purpose	48,200	50,600	55,600
1446	Conservative management of 40% burns	69,000	72,500	79,700
1447	Conservative management of 50% burns	1,38,000	1,44,900	1,59,400
1448	Conservative management of 60% burns	2,13,500	2,24,200	2,46,600
1449	Injection treatment - each sitting for keloid,haemangioma, lymphangioma and vascular malformations	22,100	23,200	25,500
POLYTRAUMA				
1450	Surgical Treatment (Up To) for Neuro Surgical Trauma	1,51,500	1,59,100	1,75,000
1451	Tracheostomy	6,200	6,500	7,200
1452	Thoracostomy	11,400	12,000	13,200
1453	Surgical Treatment for Chest injuries	30,600	32,100	35,400
1454	Surgical Management for Abdominal Injuries	77,100	81,000	89,100
1455	Surgical treatment of fascial bone fracture	16,500	17,300	19,100
1456	Surgical management with K-Wiring for Small bone fractures (To Be Covered Along With Other Injuries Only And Not As Exclusive Procedure)	5,000	5,300	5,800
1457	Surgical Management of Patella Fracture (To Be Covered Along With Other Injuries Only And Not As Exclusive Procedure)	5,000	5,300	5,800
1458	Surgical Correction Of Pelvic Bone Fractures.	36,700	38,500	42,400
1459	Surgical Correction Of Longbone Fracture	31,500	33,100	36,400
1460	Surgical Management of Grade I&II Compound Fractures	16,500	17,300	19,100
1461	Surgical Management of Grade III Compound Fractures	27,800	29,200	32,100
1462	Surgical Management of wound In Compound Fracture with Flap cover(86.7)	26,600	27,900	30,700

1463	Management of Soft Tissue Injury	6,800	7,100	7,900
1464	Toes Amputation	10,600	11,100	12,200
1465	Amputation surgery	10,600	11,100	12,200
1466	Intesive care management for Chest injuries in RICU Rs. 4000/- per day	35,000	36,800	40,400
1467	Intesive care managementof Neuro Surgical Trauma in Neuro Icu @Rs.4000/Day	48,000	50,400	55,400
1468	Intesive care management for Abdominal Injuries In Surgical ICU@Rs.4000/Day	31,000	32,600	35,800
1469	Medical management of Neurosurgical troma in general ward @900/- day	12,300	12,900	14,200
1470	Conservative management of chest injuries in general ward @900/- day	6,900	7,200	8,000
1471	Conservative management of Abdominal surgical in general ward Major @900/- day	6,900	7,200	8,000
Dental Surgery				
1472	Surgical Management of Naso Ethmoidal Floor Fracture - G.A	19,500	20,500	22,600
1473	Surgical Closure Oro-Nasal Fistula	7,500	7,800	8,600
1474	Sinus Lift Procedure Without Grafting	17,100	18,000	19,800
1475	Sinus Lift Procedure With Grafting	18,700	19,700	21,600
1476	Simple Extraction Of Tooth	300	300	300
1477	Application Of Pit & Fissure Sealants (Pedo)	600	600	700
1478	Amalgam Restoration Per Tooth	300	400	400
1479	Temporary Filling Per Tooth	300	300	300
1480	Tooth Coloured Restoration Per Tooth	500	500	500
1481	Fabrication & Cementation Of Inlay & Onlay-Ceramic	2,600	2,800	3,000
1482	Fabrication & Cementation Of Inlay & Onlay-Metal	1,700	1,700	1,900
1483	Flouride Gel Application (Pedo)	1,400	1,500	1,600
1484	Treatment Under Conscious Sedation	800	900	1,000
1485	Vital Bleaching Procedure For 8 Upper Teeth	1,100	1,200	1,300
1486	Restoration With Composite Veneers (Per tooth)	600	600	700
1487	Preparation & Cementation Of Anterior All Ceramic Laminates	3,200	3,400	3,700
1488	Atraumatic Restorative Treatment	800	800	900
1489	Pulpotomy & Pulpectomy With Ssc	900	900	1,000
1490	Management Of Avulsed Tooth	900	1,000	1,100
1491	Surgical Placement Of Dental Implants Under L.A	11,200	11,800	13,000
1492	Treatment with Micro Implants (Each)	600	600	700
1493	Surgical Placement Of Eye Prosthesis With Implants	40,400	42,500	46,700
1494	Surgical Placement Of Nose Prosthesis With Implants	36,000	37,800	41,600
1495	Surgical Placement Of Zygomatic Implants	1,30,500	1,37,000	1,50,700

	Under G.A			
1496	Root Canal Treatment - Deciduous Tooth	900	900	1,000
1497	Anterior Root Canal Treatment	2,000	2,100	2,300
1498	Apicoectomy	2,000	2,100	2,300
1499	Root Canal Treatment With Hemisection Of Root	4,000	4,200	4,600
1500	Posterior Root Canal Treatment	2,000	2,100	2,300
1501	Apicoectomy With Grafting (76.91)	2,200	2,300	2,600
1502	Root Resection	1,900	2,000	2,200
1503	Extraction Of III Molar / Impacted Toot Under L.A	2,000	2,100	2,300
1504	Surgical Extraction Of Tooth	1,500	1,600	1,700
1505	Extraction Of Deep Bony Impacted Tooth Under G.A.	10,000	10,500	11,600
1506	Preparation And Cementation Of Acrylic Crown	400	400	500
1507	Fabrication & Cementation Of Metal Ceramic Crown (Per Unit)	1,400	1,400	1,600
1508	Preparation & Cementattion Of Anterior All Ceramic Crown	3,100	3,200	3,500
1509	Placement Of Stainless Steel Crown (Per Tooth)	700	700	800
1510	Fibre Post & Core Restoration With Anterior All Ceramic Crown (23.4)	3,600	3,700	4,100
1511	Fibre Post & Core Restoration With Metal Ceramic Crown (23.4)	2,300	2,400	2,600
1512	Metal Post & Core Restoration With Metal Ceramic Crown (23.4)	2,300	2,400	2,600
1513	Placement Of Fixed Habit Breaking Appliances	2,100	2,200	2,400
1514	Tretament With Expansion Plate	1,600	1,700	1,900
1515	Fabrication & Insertion Of Removable Habit Breaking Appliance	1,500	1,600	1,800
1516	Fabrication & Insertion Of Removable Appliance (Upper / Lower)	1,600	1,600	1,800
1517	Fabrication & Insertion Of Removable Functional Appliance	2,900	3,000	3,300
1518	Fabrication & Insertion Of Removable Partial Denture- Single Tooth	600	600	600
1519	Fabrication & Insertion Of Removable Retainers-Each Arch	700	700	800
1520	Fabrication & Insertion Of Fixed Space Maintainers / Space Retainer	1,300	1,300	1,500
1521	Fabrication & Insertion Of Removable Space Maintainers (Pedo)	1,000	1,100	1,200
1522	Treatment With Inclined Plane	900	900	1,000
1523	Fabrication Of Occlusal Night Guard (Hard Or Soft)	1,000	1,100	1,200
1524	Operculectomy	400	500	500
1525	Sub Gingival Curretage Per Quadrant	800	900	1,000
1526	Gingivectomy (Per Quadrant)	1,200	1,200	1,400

1527	Gingivectomy-Single Tooth	600	700	700
1528	Flap Surgery - Single Tooth	700	800	900
1529	Crown Lengthening Procedure (24.6)	1,000	1,000	1,100
1530	Root Coverage Procedure (Per Tooth)	1,600	1,700	1,900
1531	Osseous Surgery	3,500	3,600	4,000
1532	Flap Surgery (Per Quadrant)	1,700	1,800	2,000
1533	Flap Surgery With Bone Grafting (Per Quadrant)	2,100	2,200	2,400
1534	Free Gingival Graft-Gum Surgery	2,300	2,400	2,600
1535	Gingival De Pigmentation Procedure	1,500	1,600	1,800
1536	Local Drug Delivery -Periodontal Treatments	1,000	1,100	1,200
1537	Pre Prosthetic Surgery - Ridge Augmentation(Full mouth)	20,900	21,900	24,100
1538	Resection And Reconstruction (Tumor)	21,500	22,500	24,800
1539	Surgical Managemant Of Cyst(<2.5 cm) Under L.A.	1,700	1,800	2,000
1540	Excision Of Growth Under L.A.	3,300	3,500	3,800
1541	Surgical Managemant Of Cyst(> 2.5 cm) Under G.A.	10,700	11,200	12,300
1542	Excision Of Growth Under G.A.	14,800	15,600	17,100
1543	Excision Of Precancerous Lesions Under L.A	6,200	6,500	7,200
1544	Excision Of Precancerous Lesions Under G.A	10,500	11,000	12,100
1545	Excision Of Precancerous Lesions With Grafting (76.91)	13,200	13,900	15,300
1546	Surgical Excision With Grafting (76.91)	22,100	23,200	25,500
1547	Enucleation Of Cyst/ Tumor	10,800	11,300	12,400
1548	Alveoloplasty (Quadrant)	700	700	800
1549	Rapid Maxillary Expansion With Hyrax Screwifr Palatal Expanders	4,700	5,000	5,500
1550	Treatment With Temporary Anchorage Devices	1,900	2,000	2,200
1551	Treatment With Fixed Functional Appliances	3,600	3,800	4,100
1552	Fixed Orthodontics Treatment-Ceramic Braces	5,100	5,400	5,900
1553	Fixed Orthodontics Treatment-Metal Braces	10,700	11,200	12,300
1554	Treatment With Fixed Retainers	1,000	1,100	1,200
1555	Fabrication Of Acrylic Splinting Arch (In Auto Polymerizing Acrylic)	1,100	1,100	1,200
1556	Fabrication & Insertion Of Feeding Plate (Acrylic)	900	1,000	1,100
1557	Fabrication & Insertion Of Obturator - Acrylic	900	900	1,000
1558	Fabrication & Insertion Of Obturator & Speech Bulb-Acrylic	2,000	2,100	2,300
1559	Relining / Rebased of Complete Denture	900	1,000	1,100
1560	Vestibuloplasty - Maxilla / Mandible- G.A.	26,000	27,300	30,100
1561	Vestibuloplasty - Maxilla / Mandible- L.A	13,200	13,900	15,300
1562	Sulcus Extention Procedure	2,300	2,500	2,700

1563	Surgical Placement Of Nose Prosthesis	2,000	2,100	2,400
1564	Surgical Placement Of Ear Prosthesis	2,200	2,300	2,500
1565	Frenectomy	700	700	800
1566	Surgical Removal Of Sialolith -L.A.	25,600	26,900	29,600
1567	Surgical Removal Of Sialolith -G.A.	35,900	37,700	41,500
1568	Incision & Drainage of Simple Abscess (per Tooth)	700	700	800
1569	Incision & Drainage of Facial Abscess Under G.A	8,300	8,700	9,600
1570	Incision & Drainage of Facial Abscess Under L.A	3,500	3,700	4,000
1571	Sequestrectomy & Saucerization Of Osteomyelitis Of Maxilla & Mandible	30,000	31,500	34,700
1572	Marginal Mandibulectomy- Osteomyelitis	21,200	22,200	24,500
1573	Coronoidectomy	12,000	12,600	13,800
1574	Segmental Osteotomy Mandible	13,900	14,600	16,000
1575	Vertical Sub Sigmoid Osteotomy	7,500	7,800	8,600
1576	Bilateral Sagittal Split Osteotomy Of Mandible (BSSO)	30,100	31,600	34,700
1577	Anterior Segmental Osteotomy - Maxilla / Mandible (ASO)	24,700	25,900	28,500
1578	Segmental Osteotomy Maxilla	13,600	14,300	15,800
1579	Zygoma/orbital fractures	76,900	80,700	88,800
1580	Surgical Management Of Combined Fracture Of Mandible & Maxilla (76.74/76.75/76.76)	33,400	35,000	38,500
1581	Surgical Correction Of Fracture Lefort II	40,400	42,400	46,600
1582	Open Reduction & Internal Fixation Of Jaw Fractures Under G.A. (76.76)	12,800	13,400	14,800
1583	Closed Reduction & Immobilisation Of Mandibular Fracture Under L.A.	1,900	2,000	2,200
1584	Surgical Correction Of Fracture Lefort I - G.A. (76.76)	39,300	41,300	45,400
1585	Surgical Management Of TMJ Dislocation (G.A.) (76.94)	15,300	16,100	17,700
1586	Distraction Osteogenesis- Mandible- G.A.	37,400	39,300	43,200
1587	Distraction Osteogenesis- Maxilla- G.A.	37,600	39,500	43,400
1588	Alveolar Distraction L.A.	5,400	5,700	6,300
1589	Surgical Management Of TMJ Ankylosis (G.A.)	17,900	18,800	20,700
1590	Radio Frequency & Thermo Coagulation For Treatment Of Trigeminal Neuralgia	15,900	16,700	18,400
1591	Cryosurgery In Dental Procedures	10,800	11,400	12,500
1592	Laser Treatment For Precancerous Lesions	1,100	1,100	1,200
1593	Chin Cup Therapy	4,400	4,600	5,000
1594	Head Gear Therapy	4,200	4,400	4,800
1595	Face Mask Therapy	3,500	3,600	4,000
1596	Intermaxillary Fixation(IMF) For Alveolar Fractures Under L.A.	4,200	4,400	4,800
1597	Splinting Of Teeth Under L.A(24.7)	1,000	1,000	1,100

1598	Surgical Placement Of Eye Prosthesis	2,500	2,600	2,900
1599	Oral Prophylaxis - Extrinsic Stains (Upper/ Lower)	400	500	500
1600	Oral Prophylaxis - Calculi (Upper/ Lower)	600	600	600
1601	Fabrication & Insertion Of Complete Denture (U & L)	5,700	6,000	6,500
1602	Fabrication & Insertion Of Complete Denture (Upper / Lower)	3,200	3,300	3,700
1603	Fabrication & Insertion of Soft Liner Denture	7,500	7,800	8,600
1604	Fabrication & Insertion Of Cast Partial Dentures Framework With Precision Attachments	9,800	10,300	11,300
1605	Fabrication Of Over Dentures Without Attachments	5,900	6,200	6,800
1606	Fabrication Of Over Dentures -Implant Supported (2 units)	26,400	27,700	30,400
1607	Fabrication Of Over Dentures With Attachments	11,200	11,700	12,900
1608	Fabrication & Insertion Of Cast Partial Dentures Framework Per Unit	4,800	5,100	5,600
1609	Medical Management Of Trigeminal Neuralgia	8,000	8,400	9,200
1610	Medical Management of Oral Ulcers	5,000	5,300	5,800
1611	Hesters Opener Procedure - Management of OSMF	25,000	26,300	28,900
1612	Combination Of Intralesional Injection For Oral Submucous Fibrosis	3,000	3,200	3,500
1613	Medical Management of OSMF	3,000	3,200	3,500
1614	Medical Management of Leukoplakia	3,000	3,200	3,500
1615	Medical Management of Premalignant Lesions And Conditions (Antioxidant Therapy) (K13.29/K13.5)	5,000	5,300	5,800
1616	Medical Management Of Lichen Planus	1,100	1,200	1,300
1617	Medical Management Of TMJ Dysfunction Syndrome (76.94)	5,000	5,300	5,800
1618	Medical Management Of Myo FACIAL Pain Dysfunction Syndrome (MPDS)	5,000	5,300	5,800
Medical - Critical Care				
1619	Medical Management of Acute Bronchitis with Pneumonia and Respiratory Failure	61,500	64,600	71,000
1620	Medical Management of COPD with Respiratory Failure (Infective Exacerbation)	81,800	85,900	94,500
1621	Medical Management of Acute Severe Asthma With Acute Respiratory Failure	51,800	54,400	59,800
1622	Medical Management of ARDS	1,02,100	1,07,200	1,17,900
1623	Medical Management of ARDS with Multi Organ failure (R65.1)	1,15,000	1,20,800	1,32,800
1624	Medical Management of ARDS with DIC (Blood & Blood Products) (D65)	1,43,000	1,50,200	1,65,200
1625	Intensive care management of Septic Shock	63,000	66,100	72,800

1626	Medical Management of Poisoning Requiring Ventilatory Assistance	51,500	54,100	59,500
Medical-General Medicine				
1627	Medical Management of Typhoid And Paratyphoid Fevers	21,800	22,900	25,200
1628	Medical Management of Acute Gastroenteritis	15,900	16,700	18,400
1629	Medical Management of Tb Meningitis	32,400	34,000	37,400
1630	Medical Management of Dengue Fever	26,500	27,800	30,600
1631	Medical Management of Dengue Haemorrhagic Fever	36,800	38,600	42,500
1632	Medical Management of Falciparum Malaria	11,500	12,100	13,300
1633	Medical Management of Cerebral Malaria	27,100	28,500	31,300
1634	Medical Management of Vivax Malaria	11,500	12,100	13,300
1635	Medical Management of Myelodysplastic Syndromes	33,000	34,700	38,100
1636	Medical Management of Chelation Therapy For Thalassaemia Major	16,200	17,000	18,700
1637	Medical Management of Pancytopenia	31,500	33,100	36,400
1638	Medical Management of Anaemias (Less Than 7 Gms)/ Heart Failure	31,200	32,800	36,000
1639	Medical Management of Hemophilia (D67/D68.0)	61,500	64,600	71,000
1640	Medical Management of Thrombocytopenia With Bleeding Diathesis	32,100	33,700	37,100
1641	Medical Management of Other Coagulation Disorders	45,200	47,500	52,200
1642	Medical Management of Periodic Paralysis	16,200	17,000	18,700
1643	Medical Management of Metabolic Encephalopathy	36,800	38,600	42,500
1644	Medical Management of Acute Rheumatic Fever	17,100	18,000	19,800
1645	Medical Management of Hypertensive Emergencies	21,800	22,900	25,200
1646	Medical Management of Metabolic Coma Requiring Ventilatory Support	37,400	39,300	43,200
1647	Medical Management of Snake Bite Requiring Ventilator Support	63,000	66,200	72,800
1648	Medical Management of Scorpion Sting Requiring Ventilator Support	28,000	29,400	32,300
Medical-Infectious Diseases				
1649	Medical Management of Severe Tetanus	29,500	30,900	34,000
1650	Medical Management of Complicated Diphtheria	28,900	30,300	33,400
1651	Medical Management of Cryptococcal Meningitis	31,900	33,500	36,800
Medical -Pediatrics				
1652	Medical Management of Enteric Fever Complicated in Paediatric patient	12,200	12,800	14,100
1653	Medical Management of Acute gastritis in Paediatric patient	9,800	10,300	11,400

1654	Medical Management of Pulmonary koch's with complications in Paediatric patient	11,500	12,100	13,300
1655	Medical Management of Neuro Tuberculosis in Paediatric patient	17,400	18,300	20,100
1656	Medical Management of Neuro Tuberculosis With Ventilation in Paediatric patient	26,800	28,100	31,000
1657	Medical Management of Tetanus in Paediatric patient	16,600	17,400	19,100
1658	Medical Management of Diphtheria in Paediatric patient	18,600	19,500	21,500
1659	Medical Management of Viral haemmaragic fever with complicatons in Paediatric patient	27,100	28,400	31,300
1660	Medical Management of Viral hepatitis in Paediatric patient	13,000	13,700	15,000
1661	Medical Management of Auto immune hemolytic anemia in Paediatric patient	17,700	18,600	20,400
1662	Medical Management of Anemia Of Unknown Cause in Paediatric patient	11,500	12,100	13,300
1663	Medical Management of Haemophillia Including Von Willibrands disease in Paediatric patients	22,100	23,200	25,500
1664	Medical Management of Henoch -schonlein purpura in Paediatric patient	17,400	18,200	20,100
1665	Medical Management of Idiopathic thrombocytopenic purpura in Paediatric patient	28,600	30,000	33,000
1666	Medical Management of Diabetic Ketoacidosis in Paediatric patient	30,000	31,500	34,700
1667	Medical Management of Rickets in Paediatric patient	9,200	9,700	10,600
1668	Medical Management of Meningo-Encephalitis in Paediatric patients (Non Ventilated)	40,000	42,000	46,200
1669	Medical Management of Meningo-Encephalitis in Paediatric patients (Ventilated)	60,000	63,000	69,300
1670	Medical Management of Encephalitis /Encephalopathy in Paediatric patient	28,300	29,700	32,700
1671	Medical Management of Status Epilepticus	23,000	24,200	26,600
1672	Medical Management of Convulsive Disorders/Status Epilepticus (Fits)in Paediatric patient	11,800	12,400	13,600
1673	Medical Management of Stroke Syndrome in Paediatric patient	24,200	25,400	28,000
1674	Medical Management of Muscular dystrophy in Paediatric patient	18,000	18,900	20,800
1675	Medical Management of Acute flaccid paralysis in Paediatric patient	37,400	39,300	43,200
1676	Medical Management of Rheumatic heart disease in Paediatric patient	17,100	18,000	19,800
1677	Medical Management of Infective Endocarditis	29,200	30,700	33,700

1678	Medical Management of Severe Myocarditis in Paediatric patient	40,000	42,000	46,200
1679	Medical Management of Viral Myocarditis in Paediatric patient	22,100	23,200	25,500
1680	Acquired heart disease with congestive cardiac failure	17,100	18,000	19,800
1681	Medical Management of Intra Cranial Bleed in Paediatric patient	50,000	52,500	57,800
1682	Medical Management of Croup in Paediatric patient	11,500	12,100	13,300
1683	Medical Management of Acute pharyngo tonsillitis in Paediatric patient	6,200	6,500	7,200
1684	Medical Management of Acute Broncho Lobar pneumonia With Empyema/ Pleural Effusion in Paediatric patients(J18.1/J43/J90)	29,200	30,700	33,700
1685	Medical Management of Acute Broncho Lobar pneumonia With PyoPneumothorax in Paediatric patient(J18.1/J86/J93)	24,200	25,400	28,000
1686	Medical Management of Acute Hepatitis With Hepatic Encephalopathy in Paediatric patient	50,000	52,500	57,800
1687	Medical Management of Portal hypertension in Paediatric patient	18,300	19,200	21,100
1688	Medical management of Acute Pancreatitis (Mild)	52,100	54,700	60,200
1689	Medical Management of Acute Gastro Intestinal Bleed in Paediatric patients	25,000	26,300	28,900
1690	Medical Management of Rheumatoidn Arthritis Requiring Hospitalisation	33,000	34,700	38,100
1691	Medical Management of Acute glomerulonephritis in Paediatric patient	11,800	12,400	13,600
1692	Medical Management of Steroid Resistant Nephrotic Syndrome Complicated Or Resistant in Paediatric patients	29,200	30,700	33,700
1693	Medical Management of Nephrotic syndrome-non steroid resistant in Paediatric patient	18,300	19,200	21,100
1694	Medical Management of Acute Renal Failure in Paediatric patient	20,000	21,000	23,100
1695	Medical Management of Acute Renal Failure With Dialysis in Paediatric patients	43,000	45,200	49,700
1696	Medical Management of Renal Tubular Acidosis	19,900	20,900	23,000
1697	Medical Management of UTI (Urinary Tract Infection)	18,100	19,000	20,900
1698	Medical Management of Urinary Tract Infection With Complications Like Pyelonephritis And Renal Failure in Paediatric patient(N13.6/N17.9)	16,600	17,400	19,100
1699	Newborn (suspected to be) affected by maternal renal and urinary tract diseasesNewborn (suspected to be) affected by maternal conditions classifiable	19,100	20,000	22,000

	to N00-N39			
1700	Medical Management of Severe Hyaline Membrane disease with clinically evident septicemia , Hyperbilirubinemia in 30 To 34 Weeks Preterm baby not requiring ventilatory support. (A41.9+P59.9)	35,000	36,700	40,400
1701	Medical Management of severe Hyaline Membrane Disease, Culture Positive Sepsis, Perinatal asphyxia, Hyper bilirubinemia in above 34 Weeks Preterm baby not requiring ventilatory support. (A41.9+P59.9)	35,000	36,800	40,400
1702	Medical Management of severe Hyaline Membrane Disease, Culture Positive Sepsis, Perinatal asphyxia, Hyper bilirubinemia in above 34 Weeks Preterm baby requiring ventilatory support. (A41.9+P59.9+P21.9)	50,000	52,500	57,800
1703	Medical Management of Patent Ductus Arteriosus/ Severe Hyaline Membrane disease with clinically evident septicemia, Hyperbilirubinemia requiring ventilatory support in 30 To 34 Weeks Preterm baby. (A41.9+P59.9+Q25.0)	60,000	63,000	69,300
1704	Medical management of pre-term Baby of <30 weeks severe Hyaline Membrane Disease septicemia culture positive, Hyperbilirubinemia patient Ductus Arteriosus requiring Mechanical Ventilation.	90,000	94,500	1,03,900
1705	Medical Management of Severe respiratory distress in paediatric patient not requiring ventilatory support	15,000	15,800	17,300
1706	Medical Management of Severe respiratory distress in paediatric patient requiring ventilatory support.	20,000	21,000	23,100
1707	Medical Management of Cyanotic heart disease in Paediatric patient	12,100	12,700	14,000
1708	Medical Management of Congenital Heart Disease With Congestive Cardiac Failure in Paediatric patients	17,100	18,000	19,800
1709	Medical Management of Congenital Heart Disease With Infection (NonVentilated) in Paediatric patient	25,000	26,300	28,900
1710	Medical Management of Congenital Heart Disease With Infection And Cardiogenic Shock (Ventilated) in Paediatric patients	50,000	52,500	57,800
1711	Medical Management of Febrile Seizures (Atypical- Mechanical Ventilated) in Paediatric patients	25,000	26,300	28,900
1712	Medical Management of Cardiogenic Shock in Paediatric patients	50,000	52,500	57,800

1713	Medical Management of Scorpion Sting With Myocarditis And Cardiogenic Shock Requiring Ventilatory Assistance in Paediatric patients	40,000	42,000	46,200
1714	Medical Management of Poison Ingestion/Aspiration Requiring Ventilatory Assistance in Paediatric patients	40,000	42,000	46,200
Medical- Cardiology				
1715	Medical Management of Accelerated Systemic Hypertension	10,000	10,500	11,600
1716	Medical Management of CAD - Chronic Stable Angina	8,300	8,700	9,600
1717	Management Of Acute MI without Angiogram	10,600	11,100	12,200
1718	Management Of Acute MI With Angiogram	30,600	32,100	35,300
1719	Medical Management of Acute MI-AHF- Not Requiring Ventilator	25,900	27,200	29,900
1720	Medical Management of CAD-Acute MI With Pulmonary Edema - Requiring Ventilator	35,900	37,700	41,500
1721	Medical Management of Acute MI With Cardiogenic Shock	30,600	32,100	35,300
1722	Medical Management of Acute MI Requiring IABP Pump	55,900	58,700	64,600
1723	Medical Management of Pulmonary Embolism	35,600	37,400	41,100
1724	Medical Management Of Pericardial Effusion-Without Aspiration	5,300	5,600	6,100
1725	Medical Management of Pericardial Effusion, Tamponade without Aspiration	16,600	17,400	19,200
1726	Medical Management of Complex Arrhythmias	1,40,600	1,47,600	1,62,400
1727	Ablation Therapy for Simple Arrhythmias	91,600	96,200	1,05,800
1728	Medical Management Of Simple Arrhythmias	8,300	8,700	9,600
1729	CHF-Acute Decompensation-Medical Management Without Ventilator	10,300	10,800	11,900
1730	CHF-Acute Decompensation-Medical Management With Ventilator	20,600	21,600	23,800
1731	Medical Management of Chronic Heart Failure	5,300	5,600	6,100
1732	Medical Management of Refractory Cardiac Failure	40,600	42,600	46,900
1733	Medical Management Of Aortic Dissection	15,600	16,400	18,000
1734	Medical Management of Deep Vein Thrombosis	26,800	28,100	31,000
1735	Medical Management Of Vascular Embolisation	15,600	16,400	18,000
1736	Medical Management Of Aortoarteritis	15,000	15,800	17,300
1737	Medical Management Cardiogenic Shock (Non AMI) With Out Angiogram	15,900	16,700	18,400
1738	Medical Management Cardiogenic Shock (Non AMI) With Angiogram	20,900	21,900	24,100
Medical- Nephrology				

1739	Medical Management of Post Transplant Sepsis	38,900	40,800	44,900
1740	CAPD Peritonitis	49,800	52,300	57,500
1741	Medical Management of Acute Glomerulo Nephritis	27,500	28,900	31,800
1742	Medical Management of Nephrotic Syndrome	18,400	19,300	21,200
1743	Medical Management of Rapidly Progressive Renal Failure	33,200	34,800	38,300
1744	Medical Management of AKI Without Dialysis	22,400	23,500	25,900
1745	Medical Management of CKD Stage-V With Complications	32,100	33,700	37,000
1746	Maintenance of CKD with Haemodialysis	12,500	13,100	14,400
1747	management with immuno globulin therapy - IV	75,500	79,300	87,200
1748	Medical Management of Epilepsy - Idiopathic Neurocysticercosis Tuberculoma	16,900	17,700	19,500
1749	Medical Management of Wilson'S Disease	16,600	17,500	19,200
1750	Medical Management of Dementia	12,900	13,600	14,900
1751	Medical Management of Neuroinfections - Pyogenic Meningitis(Bacterial)	30,400	31,900	35,100
Medical-Neurology				
1752	Medical Management of Neuroinfections - Fungal Meningitis	56,400	59,200	65,200
1753	Medical Management of ADEM	21,500	22,600	24,800
1754	Medical Management of Neuroinfections - Viral Meningoencephalitis (Including Herpes Encephalitis)	39,600	41,600	45,700
1755	Medical Management of Parkinsonism	13,700	14,400	15,800
1756	Medical Management of Migraine	4,800	5,000	5,500
1757	Medical Management of Guillian-Barre Syndrome	84,500	88,700	97,600
1758	Medical Management of Chronic Inflammatory Demyelinating Polyneuropathy(CIDP)	17,000	17,900	19,700
1759	Medical Management of Neuromuscular disorders (Myasthenia Gravis)	23,400	24,600	27,100
1760	Medical Management of Myopathies - Hereditary	10,800	11,400	12,500
1761	Medical Management of Acquired Myopathies	21,600	22,600	24,900
1762	Medical Management of Optic Neuritis	12,100	12,700	14,000
1763	Medical Management of Hemorrhagic Stroke/Strokes(I61/I62/I63/I64)	32,200	33,800	37,200
1764	Medical Management of Ischemic Strokes	21,500	22,600	24,800
Medical- Pulminology				
1765	Medical Management of Cold Abscess Chest Wall	14,000	14,700	16,200
1766	Medical Management of Aspergilloma	26,400	27,700	30,400
1767	Medical Management of A.B.P.A (Alergic Broncho Pulmonary Aspergillosis)	42,100	44,200	48,600

1768	Medical Management of Sarcoidosis	18,000	18,900	20,800
1769	Medical Management of Cystic Fibrosis	21,800	22,900	25,200
1770	Medical Management of Pulmonary Vasculitis	22,100	23,200	25,500
1771	Medical Management of Pneumonias	33,000	34,700	38,100
1772	Medical Management of Emphysema Without Respirative Failure	17,100	18,000	19,800
1773	Medical Management of COPD Acute Exacerbation	16,500	17,300	19,100
1774	Medical Management of Chronic Persistent Asthama	16,200	17,000	18,700
1775	Medical Management of Bronchial Asthma (Acute and Chronic Severe)	16,800	17,600	19,400
1776	Medical Management of Bronchiectasis with Repeated Hospitalisation>6per Year	33,000	34,700	38,100
1777	Medical Management of Pneumoconiosis	37,400	39,300	43,200
1778	Medical Management of Inhalational Lung Injuries	21,500	22,600	24,800
1779	Medical Management of Interstitial Lung Diseases	32,100	33,700	37,100
1780	Medical Management of Lung Abscess ,Non Resolving	38,000	39,900	43,900
1781	Medical Management of Empyema	33,000	34,700	38,100
1782	Medical Management of Pleural Effusion	32,100	33,700	37,100
1783	Medical Management of Pneumothorax Recurrent	33,000	34,600	38,100
1784	Medical Management of Pneumothorax (Large/Recurrent)	33,300	35,000	38,500
1785	Medical Management of Acute Respiratory Failure (Without Ventilator)	26,500	27,800	30,600
1786	Medical Management of Acute Respiratory Failure (With Ventilator)	53,000	55,700	61,200
1787	Medical Management of Haemoptysis For Evaluation	32,700	34,300	37,800
Medical- Dermatology				
1788	Medical Management of Leprosy Reactions & Deformities (Type I & Type li)	23,000	24,200	26,600
1789	Medical Management of Chlamydial Tests	31,200	32,700	36,000
1790	Medical Management of Herpes Zoster Post Herpetic Neuralgia	14,500	15,200	16,800
1791	Medical Management of Electro/Cryocautery For Warts	9,400	9,900	10,900
1792	Medical Management of Cutaneous Malignancies -Malignant Melanoma	15,500	16,300	17,900
1793	Medical Management of Cutaneous Malignancies (Sq. Cell Ca ,Bcc,Lymphomas)	15,500	16,300	17,900
1794	Medical management of Pemphigus	30,800	32,300	35,500
1795	Medical Management of Bullous Disorders (Pemphigoid/Pemphigois)	25,900	27,200	29,900
1796	Medical Management of Acute Contact Allergic Dermatitis	16,500	17,300	19,100

1797	Medical Management of Pustular Psoriasis	29,200	30,700	33,700
1798	Medical Management of Adverse Drug Reactions	14,900	15,700	17,300
1799	Medical Management of Acute Urticaria	20,600	21,600	23,800
1800	Medical Management of Erythema Multiforme	10,100	10,600	11,700
1801	Medical management of Stevens- Johnson Syndrome	23,800	24,900	27,400
1802	Medical management of Toxic Epidermal Necrolysis	42,300	44,400	48,900
1803	Medical Management of Erythroderma	22,100	23,200	25,500
1804	Medical Management of Vitiligo Medical (OP Management)	15,300	16,100	17,700
1805	Medical Management of Cutaneous Vasculitis	22,100	23,200	25,500
1806	Medical Management of Dermatomyositis	21,800	22,900	25,200
1807	Medical Management of Connective Tissue Disorders - Systemic Sclerosis	22,100	23,200	25,500
1808	Medical Management of Connective Tissue Disorders - Dermatomyositis / Polymyositis	23,200	24,400	26,800
Medical-RHEUMATOLOGY				
1809	Medical Management of Anti Phospho Lipid Antibody Syndrome With Ischemia	52,100	54,700	60,200
1810	Medical Management of Vasculitis Including Undifferentiated	32,100	33,700	37,100
1811	Medical Management of Severe Lupus Erythematosis	52,100	54,700	60,200
1812	Medical management of Scleroderma	32,100	33,700	37,100
1813	Medical Management of Severe Psoriatic Arthritis	22,100	23,200	25,500
1814	Medical Management of Juvenile Idiopathic Arthritis	23,000	24,200	26,600
1815	Medical Management of Juvenile Idiopathic Arthritis with systemic onset	32,100	33,700	37,100
1816	Medical Management of Gout	11,500	12,100	13,300
1817	Medical Management of Infection Related Arthrites	11,200	11,700	12,900
1818	Medical Management of Undifferentiated Inflammatory Arthritis	32,100	33,700	37,100
1819	Medical Management of SLE (Systemic Lupus Erythematosis)	27,800	29,100	32,100
1820	Medical management of SLE (Systemic Lupus Erythematosis) with sepsis	73,400	77,000	84,700
1821	Medical management of Primary Sjogren'S Syndrome	22,100	23,200	25,500
1822	Medical Management of MCTD (Mixed Connective Tissue Disorder)	27,400	28,800	31,600
1823	Medical Management of Undifferentiated Connective Tissue Disorder	22,400	23,500	25,900
1824	Medical Management of Severe Spondylo Arthropathies	26,900	28,200	31,000
1825	Medical Management of Inflammatory	31,500	33,100	36,400

	Myositis			
1826	Medical Management of Severe Myositis Requiring IVIG	31,500	33,100	36,400
1827	Medical Management of Osteoporosis With Recent Painful Yertebral Fracture	15,900	16,700	18,400
1828	Medical Management of Osteomalacia	15,100	15,800	17,400
Medical-ENDOCRINOLOGY				
1829	Medical management of Rhinocerebral Mucormycosis	54,600	57,400	63,100
1830	Medical Management of Grave'S Disease	11,600	12,100	13,400
1831	Medical management of Pyelonephritis in uncontrolled Diabetes melitus	23,600	24,800	27,300
1832	Medical management of Cavernous Sinus Thrombosis in uncontrolled Diabetes melitus	44,000	46,200	50,800
1833	Hormonal therapy for Pituitary - Acromegaly	20,500	21,600	23,700
1834	Initial evaluation and management of Hypopituitarism without growth hormone	17,200	18,000	19,800
1835	Hypopiturasim Initial Evaluation And Management With Growth Hormone	28,400	29,800	32,800
1836	Hypopiturasim Maintanance Phase Monthly Package For Growth Hormone	13,600	14,200	15,700
1837	Medical Management of Cushing Syndrome	32,100	33,700	37,100
1838	Medical Management of Precocious Puberty	16,800	17,600	19,400
1839	Medical management of Lower Respiratoy Tract Infection	25,400	26,700	29,300
1840	Medical management of Fungal Sinusitis	43,900	46,100	50,800
1841	Medical management of Cholecystitis	32,700	34,300	37,800
1842	Medical Management of Osteoporosis	12,000	12,600	13,800
1843	Hormonal therapy for Delayed Puberty Hypogonadism-Turners Syndrome	16,300	17,100	18,800
1844	Hormonal therapy for Delayed Puberty Hypogonadism - Klinefelter Syndrome	16,300	17,100	18,800
General- Gastroentrology				
1845	Medical Management of Other Bacterial Intestinal Infections	19,300	20,200	22,200
1846	Medical Management of Viral And Other Specified Intestinal Infections	18,700	19,600	21,500
1847	Medical Management of Infective Proctitis entero Colitis	18,100	19,000	20,800
1848	Medical Management of Abdominal Tuberculosis	23,000	24,200	26,600
1849	Medical Management - SEMS (Stent) For Paliation Of Advanced Biliary Malignancy	52,600	55,200	60,700
1850	Medical Management- SEMS (Stent) For Paliation Of Advanced Pancreatic Malignancy	52,600	55,200	60,700
1851	Medical Management - SEMS (Stent) For Paliation Of Advanced GI Malignancy	34,800	36,600	40,200

1852	Medical Management of Budd-Chiari Syndrome	37,800	39,700	43,700
1853	Medical Management of Haemorrhoids	11,000	11,600	12,700
1854	Medical Management of Oesophageal Varices with Sclerotherapy	10,700	11,200	12,400
1855	Medical Management of Oesophageal Varices using Variceal Banding	12,500	13,100	14,400
1856	Medical management of Gastric Varices	15,500	16,300	17,900
1857	Medical management of Oesophageal Fistula	30,900	32,400	35,700
1858	Medical Management of Infective Oesophagitis (Candida Viralbacterial)	14,200	14,900	16,400
1859	Medical Management of Gastro Esophageal Reflux Disease	8,000	8,400	9,300
1860	Medical management of Achalasia Cardia	14,800	15,500	17,100
1861	Oesophageal Injury	23,400	24,600	27,100
1862	Oesophageal Foreign Body	8,500	9,000	9,900
1863	Conservative management of of Oesophageal Foreign Body	51,200	53,800	59,100
1864	Medical Management of Oesophageal Perforation, Conservative Management With Stent	35,100	36,800	40,500
1865	Medical Management of Mallory Weiss Tear	10,900	11,400	12,600
1866	Medical Management of Duodenal Ulcer	12,400	13,100	14,400
1867	Medical Management of Gastric Ulcer	12,500	13,100	14,400
1868	Medical Management of Erosive Gastritis	11,500	12,100	13,300
1869	Medical Management of Gastric Outlet Obstruction	13,200	13,900	15,300
1870	Medical Management of Gastric Polyp	12,300	12,900	14,200
1871	Medical management of GAVE(Gastric Antral Vascular Ectasia)	20,900	21,900	24,100
1872	Medical Management of Crohn'S Disease	43,500	45,700	50,300
1873	Medical Management of Ulcerative Colitis	26,300	27,600	30,300
1874	Medical Management of Ischaemic Bowel Disease	29,600	31,100	34,200
1875	Medical Management of Fissure	5,600	5,900	6,500
1876	Medical Management of Rectal Polyp ¿ Medical Management	7,900	8,300	9,200
1877	Medical Management of Colorectal Polyps	10,900	11,400	12,600
1878	Medical Management of Solitary Rectal Ulcer Syndrome	10,800	11,400	12,500
1879	Medical Management of Radiation Proctitis	10,800	11,300	12,500
1880	Conservative management of Cirrhosis with Hepatic Encephalopathy	41,200	43,300	47,600
1881	Medical Management of Acute Liver Failure	51,000	53,600	58,900
1882	Medical Management of Chronic Hepatitis (Viral , Alcohol, NASH, Drug,auto Immune, metabolic)	23,600	24,700	27,200
1883	Chronic hepatitis, unspecified	15,000	15,800	17,300

1884	Medical Management of Cirrhosis Decompensated Including SBP, Portal HTN, Bleed	38,400	40,300	44,300
1885	Medical Management of Compensated Cirrhosis	25,700	27,000	29,600
1886	Medical Management of Liver Abscess (Amoebic, Pyogenic & Misc. Infections)	31,200	32,800	36,000
1887	Medical Management of Acute Hepatitis (Viral, Alcohol, Drugs, Misc. Infections)	15,900	16,700	18,400
1888	Medical management of Cirrhosis with Hepato Renal Syndrome	41,200	43,300	47,600
1889	Medical Management of Gall Stone Diseases(Biliary Colic, cholangitis,cholecystitis)	23,600	24,800	27,300
1890	Medical management of Sclerosing Cholangitis	76,500	80,300	88,400
1891	Medical Management of Billiary Stricture	14,600	15,300	16,800
1892	Medical management of Acute Pancreatitis (Severe)	1,52,100	1,59,700	1,75,700
1893	Conservative management of Chronic Pancreatitis with Severe Pain	31,200	32,800	36,000
1894	Conservative management of Acute Pancreatitis With Pseudocyst (Infected)	31,500	33,100	36,400
1895	Medical Management of Chronic Pancreatitis With Pseudocyst Infected	31,200	32,800	36,000
1896	Medical Management of Malabsorption Syndrome	33,500	35,100	38,600
1897	Medical Management of Chronic Pancreatitics With Maldigestion	11,200	11,800	12,900
1898	Medical management of Post op stent	48,300	50,800	55,800
1899	Medical management of Post op leaks	48,800	51,300	56,400
1900	Medical Management of Upper GI Bleed	46,100	48,400	53,200
1901	Medical Management of Lower GI Bleed	47,500	49,800	54,800
1902	Conservative management of Obscure GI Bleed	50,900	53,400	58,800
1903	Medical Management of Ascities Of Any Etiology (Tubercolor, Malignant,Pancreatic, Biliary)	16,200	17,000	18,700
PSYCHIATRY				
1904	Medical Management of Schizophrenia	32,900	34,500	38,000
1905	Medical Management of Acute Psychotic Episode	28,000	29,400	32,300
1906	Medical Management of Bipolar Affective Disorder (A. Type-1)	35,000	36,800	40,400
Interventional Neuro Radiology				
1907	Coil embolization for aneurysms (includes cost of first 3 coils + balloon and/ or stent if used) 1 to 20 coils may be required as per need	1,10,000	1,15,500	1,27,100
1908	Additional coil for coil embolization for	26,400	27,700	30,500

	aneurysms			
1909	Dural AVMs/AVFs (per sitting) with glue	77,000	80,900	88,900
1910	Dural AVMs/AVFs (per sitting) with onyx	1,65,000	1,73,300	1,90,600
1911	Carotico-cavernous Fistula (CCF) embolization with coils. [includes 5 coils, guide catheter, micro-catheter, micro-guidewire, general items]	1,65,000	1,73,300	1,90,600
1912	Carotid-cavernous Fistula (CCF) embolization with balloon (includes one balloon, guide catheter, micro-catheter, micro-guidewire, general items)	82,500	86,600	95,300
1913	Cerebral & Spinal AVM embolization (per sitting). Using Histoacryl	1,10,000	1,15,500	1,27,100
1914	Parent vessel occlusion - Basic	33,000	34,700	38,100
1915	Additional coil for Parent Vessel Occlusion	26,400	27,700	30,500
1916	Additional balloon for Parent Vessel Occlusion	12,100	12,700	14,000
1917	Balloon test occlusion	77,000	80,900	88,900
1918	Intracranial balloon angioplasty with stenting	1,76,000	1,84,800	2,03,300
1919	Intracranial thrombolysis / clot retrieval	1,76,000	1,84,800	2,03,300
1920	Pre-operative tumour embolization (per session)	44,000	46,200	50,800

Note 1: *The cost of the implants will be based on the maximum ceiling price fixed by the National Pharmaceutical Authority of India (NPPA).*

2. *The insurance company can use the implant list and costs suggested by the National Health Authority as the reference point for MEDISEP.*

Annexure-II
Additional Benefit Package for Catastrophic Illnesses

The Insurance coverage given over and above the basic coverage for catastrophic illnesses specified enlisted in Annexure -2

Catastrophic Packages	Package Cost
Liver Transplantation	18,00,000
Bone Marrow Transplantation / Stem Cell Transplantation (related)	9,46,000
Bone Marrow Transplantation / Stem Cell Transplantation (unrelated/Haploidentical)	17,00,000
Cochlear Implantation	6,39,000
Renal Transplantation	3,00,000
Knee Joint Replacement	3,00,000
Total Hip Replacement	4,00,000
Auditory Brain Stem Implant	18,24,100
Isolated Heart / Isolated Lung Transplant	15,00,000
Heart Lung Transplant / Double Lung Transplant	20,00,000
CARDIAC RESYNCHRONISATION THERAPY [CRT] with defibrillator	6,00,000
ICD-DUAL CHAMBER	5,00,000

The costing of the catastrophic package list specified in Annexure- 2 is inclusive of all the four components i.e. Procedure Charges; Implant Costs; Room Charges and Investigation costs. All the packages will have a single package rate and any additional expense above the ceiling rates will have to borne by the beneficiary. This is irrespective of the number of days of hospital stay of the patient and the attendant medical or surgical complications will also get covered in the package and insurance company cannot charge additional amount from the beneficiary.

Annexure- III: Ward Charges and Ceiling Limit

Sl. No	Type of Ward	Ceiling Limit (INR)
1	General Ward	1000
2	Semiprivate Ward	1500
3	Private Ward	2000
4	ICU/ITU/CCU/NICU/PICU (INCLUDING OXYGENECG/SPO2/NIBP/IBP MONITORING 12 NURSING GNM NURSING ROUND THECLOCK DOCTOR (RESIDENT ONSPOT) DIET SYRINGE PUMP)	5000
5	VENTILATOR CHARGE (INCLUDING ACCESSORIES) PER DAY	2000
6	PNEUPACK VENTILATOR INNURSERY (PER DAY)	1000
7	HIGH DEFINITION UNIT/ STEPDOWN (INCLUDING OXYGEN)	1500
8	EXCHANGE TRANSFUSION	1200
9	O.T. CHARGES FOR EXCHANGE TRANSFUSION	400
10	CRIB (CRITICAL WARD BED)	1000

Annexure- IV
Empanelment Guidelines for MEDISEP

The following are the general guidelines which shall be used by the insurance company for empaneling the network hospitals for MEDISEP. The empanelled provider network for MEDISEP will include public and private hospitals which will be empanelled by the insurer. All the secondary and tertiary public hospitals will be empanelled as providers of the scheme through the Department of Health. The insurer will have to also empanel the super speciality institutions which includes Regional Cancer Center (RCC), Malabar Cancer Center (MCC), Cochin Cancer Center (CCC) and Sree Chitra Thirunal Institute of Medical Sciences and Technology (SCTIMST), and the package rates of accredited institutions will be applicable to the treatments undergone by the beneficiaries in the above listed super speciality institution.

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

- (1) Category -1 General Purpose Hospitals: These are hospitals having 25 or more beds with the following specialities: General Medicine, General Surgery, Obstetrics and Gynaecology, Paediatrics, Orthopaedics, ENT, Dermatology ICU and Critical Care units.
- (2) Category- 2 Speciality and Super Speciality Hospitals. Hospitals having 50 or more beds can be empanelled as a specialty hospital, provided they have at least 10 beds earmarked for the speciality. The specialities include Cardiology, Cardiovascular and Cardiothoracic surgery, Genito Urinary Surgery, Gastroenterology, Ophthalmology, Pulmonology, Poly Trauma & Critical Care, Plastic Surgery, Neurosurgery, Neurology, Paediatric Surgery, Nephrology, Rheumatology, Endocrinology etc. In this category, the insurer can also empanel single-specialty hospitals with a minimum bed strength of 20 beds (Example: Ophthalmology, Gastroenterology etc). In addition to this, if the insurance empanelling only specific departments in a super speciality hospital, they

should ensure that all services related to that department are provided as per the contract.

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

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

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

The insurance company can empanel all specialities or a group of specialities depending on availability of each specialities in a network hospital. If the insurance company is empanelling specific departments in a super specialty hospital, they should ensure that all services related to that department are provided as per the contract. To illustrate, if the insurance company is empanelling the Oncology Department of a hospital, then the hospital will have to provide medical, surgical, and radiation oncology services. Along with this, the hospital also needs to ensure treatment for any comorbidity while the patient is admitted to that facility.

The insurer is bound to ensure empanelment of at least two hospitals having full accreditation of NABH in the cities of Kozhikode, Ernakulam, and Thiruvananthapuram for all specialities available at such health care providers.

A network hospital can be empanelled for all three categories or for any one of the three categories specified above.

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

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

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

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

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

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

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

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

The benefit package rates for empanelled providers will be classified based on the quality accreditation/certification of hospitals as recommended by the expert committee on revision of procedures and costing. Based on the quality certification, empanelled hospitals will be classified into three (a) Normal rate for hospitals without any quality certification , a Base rate i.e. 5% incentive for the hospitals which have NABH/NQAS entry-level certification and Accredited Rate i.e. 10% rate (from the base rates applicable to NABH entry-level hospitals) for hospitals having NABH/NQAS full certification. The incentive will apply only to the procedure cost of the package and not to other items like implant cost, room charges, etc. The base package rates of MEDISEP would be the rates that apply to the NABH entry-level hospital.

Table: Minimum Requirement of Network Hospitals in Each Cluster

Type of Hospitals	Number of Hospitals		
	Cluster 1	Cluster 2	Cluster 3
Category 1	25	25	25
Category 2			
Cardiology	5	5	5
Cardiovascular and Cardiothoracic surgery	5	5	5
Neurology	5	5	5
Neurosurgery	5	5	5

Genito Urinary Surgery	5	5	5
Oncology	5	5	5
Poly Trauma & Critical Care,	5	5	5
Pediatric Surgery	5	5	5
Nephrology	5	5	5
Rheumatology,	5	5	5
Gastroenterology	5	5	5
Endocrinology	5	5	5
Plastic Surgery	5	5	5
Ophthalmology	5	5	5
Pulmonology	5	5	5
Category 3	2	2	2

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

A. General Criteria for Infrastructure and Manpower

1. At least one in-house surgeon and or in-house physician (MD) shall be available for empanelment of surgical and medical specialities respectively.
2. All the doctors working in the hospitals whether full time or part-time should be registered under Travancore Cochin Medical Council.
3. The hospital should have at least minimum of 3 MBBS doctors as duty doctors, for bed strength of 50 and above. The doctors mentioned above may also act as duty doctors.
4. Round- the-clock, availability of Duty Doctors & Paramedical staff
5. Casualty should be equipped with Monitors, Defibrillator, Crash Cart, Resuscitation equipment, Oxygen and Suction facility and with attached toilet facility.
6. Fully equipped Operation Theatre along with required equipments as mentioned in the specific requirements for each Speciality.
7. Post-operative ward with adequate number of Monitors, Ventilators and other required facilities.
8. ICU facility with Monitors, Ventilators, Oxygen facility, Suction facility, Defibrillator, and required other facilities & requisite staff.
9. Separate male and female wards with toilet and other basic amenities.
10. Round-the-clock advanced diagnostic facilities either 'In-House' or with 'tie-up' with a nearby Diagnostic Centre.
11. Round-the-clock Blood Bank facilities either 'In-House' or with 'Tie-up' with a nearby Blood Bank.

12. Round-the-clock own Ambulance facilities.
13. Records Maintenance: Maintain complete records as required on day-to-day basis and can provide necessary records of hospital / patients to the Society/Insurer or his representative as and when required.
14. 24 Hrs In-house pharmacy
15. Bio Medical waste management facility available.
16. The insurance company shall empanel the specific specialities in the hospital after inspection of human resources and infrastructure availability of each speciality. The insurance company shall use existing guidelines of CGHS or other state health insurance schemes for verification and empanelment.

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

Competitive proposals are invited from IRDAI accredited insurance companies/consortium for implementation of **MEDICAL INSURANCE SCHEME for STATE EMPLOYEES AND PENSIONERS (MEDISEP)** for the year 2021-2023 as per the terms and conditions specified in the Request for Proposal (RFP).

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

The Technical and Financial bids will be evaluated by the Proposal Evaluation Committee duly constituted by the **Finance Department, Government of Kerala**. Financial bids of only the technically qualified offers shall be opened before the successful bidders by the State

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

Government/ State Government appointed Agency for awarding of the contract. Following schedule will be observed in this regard.

Sl.No	Particulars	Date
1	Publication of RFP	15/10/20
2	Authority response to queries latest by	15/11/20
3	RFP due date	25/11/20
4	RFP technical proposal evaluation	30/11/20
5	RFP financial proposal evaluation	After the successful evaluation of Technical bids.

Note: 1. Queries, if any may be mailed at financehealthinsurance@gmail.com
2. The Authority have discretion to alter the above dates.

The completed Bid documents should be submitted electronically before
1 PM on 25/11/ 2020 at <http://www.etenders.kerala.gov.in>.

Annexure- VI

Covering Letter for Proposal Submission.

(On office letter head of Insurance Company/Consortium)

To

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

Dear Sir,

Sub: Submission of Proposals for Implementing Medical Insurance Scheme for State Employees and Pensioners (MEDISEP) – 2021-2023

Ref: RFP No. dated/...../2020

With reference to the above, I am / we are enclosing technical and financial proposals for implementing the Medical Insurance Scheme for State Employees and Pensioners (MEDISEP) 2021-2023. I/We have carefully read and understood the above referred document including instructions, terms & conditions and all the contents stated therein, and all subsequent corrigendum published on the official website of Finance Department, Government of Kerala.

Thanking You
Yours faithfully,

(Signature of the Authorized Person)

Name:

Mobile No: