**Model Tender Document for Selection of Insurance Company for the implementation of**

**Ayushman Bharat – Pradhan Mantri Jan Arogya Yojna (AB-PMJAY)**

**In the State of Nagaland**

December 2019

Volume III:

Draft Insurance Contract

***To be signed by the Insurance Company***

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# Abbreviations

AB-PMJAY AYUSHMAN BHARAT - PRADHAN MANTRI JAN AROGYA YOJNA

AL Authorisation Letter (from the Insurer)

BFU Beneficiary Family Unit

BPL Below Poverty Line

RC Risk Cover

CCGMS Central Complaints Grievance Management System

CHC Community Health Centre

CRC Claims Review Committee

DAL Denial of Authorisation Letter

DGRC District Grievance Redressal Committee

DGNO District Grievance Nodal Officer

EHCP Empanelled Health Care Provider

HPGRC High Powered Grievance Redressal Committee

GRC Grievance Redressal Committee

IRDAI Insurance Regulatory Development Authority of India

MoHFW Ministry of Health & Family Welfare, Government of India

NGRC National Grievance Redressal Committee

NHA National Health Agency

NOA Notice of Award

PHC Primary Health Centre

RAL Request for Authorisation Letter (from the EHCP)

SECC Socio Economic Caste Census

SGRC State Grievance Redressal Committee

SGNO State Grievance Nodal Officer

SHA State Health Agency

UCN Unique Complaint Number

# Insurance Contract

for the implementation of

Ayushman Bharat – Pradhan Mantri Jan Arogya Yojna (AB-PMJAY)

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

**BETWEEN**

1. **THE GOVERNMENT OF THE STATE OF** Nagaland, represented by the **Commissioner & Secretary to Government of Nagaland, Health & Family Welfare Department**, **Shri R RAMAKRISHNAN, IAS,** having his principal office at **Kohima** (hereinafter referred to as the **State Health Agency** which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and permitted assigns);

**AND**

1. The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ an insurance company registered with the Insurance Regulatory & Development Authority having registration number \_\_\_\_ and having its registered office at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter referred to as the **Insurer**, which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and permitted assigns).

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

**WHEREAS**

A. The "AB-PMJAY" (the **AB-PMJAY**), a Government of India scheme, requires to provide health insurance cover to the extent of 500,000 per annum on a family floater and cashless basis through an established network of health care providers to the AB-PMJAY Beneficiary Family Units (*defined below*).

B. The Government of **Nagaland** decided has to implement the AB-PMJAY to provide health insurance to defined categories of families that are eligible for the scheme in the State of **Nagaland.**

C. The objective of AB-PMJAY is to reduce catastrophic health expenditure, improve access to quality health care, reduce unmet needs and reduce out of pocket healthcare expenditures of poor and vulnerable families falling under the deprivation criteria of D1, D2, D3, D4, D5 and D7, Automatically Included category and broadly 11 defined occupational un-organised workers (in Urban Sector) of the Socio-Economic Caste Census (SECC) database of the State/ UT along with the estimated existing RSBY Beneficiary Families not figuring in the SECC Database.

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

D. On \_\_\_\_\_\_\_ the State Health Agency commenced a bidding process by issuing tender documents (the **Tender Documents**), inviting insurance companies to submit their bids for the implementation of the AB-PMJAY. Pursuant to the Tender Documents, the bidders submitted their bids on \_\_\_\_\_\_\_\_\_\_ for the implementation of the AB-PMJAY.

E. Following a process of evaluation of financial bids submitted by bidders, the State Health Agency accepted the Bid of the Insurer for the implementation of the AB-PMJAY. The State Health Agency issued a notification of award dated \_\_\_\_\_\_\_\_\_\_ (the **NOA**) and requested the Insurer to execute this Insurance Contract. The Insurer accepted the NOA on \_\_\_\_\_\_\_\_\_\_.

F. The Insurer represents and warrants that it has the experience, capability and know-how required for carrying on health insurance business and has agreed to provide health insurance services and provision of the Risk Cover (*defined below*) to the Beneficiary Family Units (*defined below*) eligible under the AB-PMJAY for the implementation of the AB-PMJAY in all the districts in the State of **Nagaland.**

G. Subject to the terms, conditions and exclusions set out in this Insurance Contract and Policy (*defined below*), the Insurer undertakes that if during a Policy Cover Period (*defined below*) of such Policy any Beneficiary (*defined below*) covered by such Policy:

1. undergoes a Medical Treatment (*defined below*) or Surgical Procedure (*defined below*) requiring Hospitalization (*defined below*) or a Day Care Treatment (*defined below*) or Follow-up Care (*defined below*) to be provided by an Empanelled Health Care Provider (*defined below*)

then the Insurer shall pay the packages as defined to the Empanelled Health Care Provider in accordance with the terms of this Insurance Contract and such Policy, to the extent of the Sum Insured (*defined below*) under such Policy.

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

# Definitions and Interpretations

## Definitions

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

**AB-PMJAY** shall refer to AB-PMJAY managed and administered by the Ministry of Health and Family Welfare, Government of India with the objective of reducing out of pocket healthcare expenses and improving access of validated Beneficiary Family Units to quality inpatient care and day care surgeries (as applicable) for treatment of diseases and medical conditions through a network of Empanelled Health Care Providers.

**AB-PMJAY Beneficiary Database** refers to all AB-PMJAY Beneficiary Family Units, as defined in Category under the deprivation criteria of D1, D2, D3, D4, D5 and D7, Automatically Included category (viz as Households without shelter, Destitute-living on alms, Manual Scavenger Families, Primitive Tribal Groups and Legally released Bonded Labour) and 11 defined occupational un-organised workers (in Urban Sector) of the Socio-Economic Caste Census (SECC) 2011 database of the State / UT along with the existing RSBY Beneficiary Families not figuring in the SECC Database of the Socio-Economic Caste Census (SECC) database which are resident in the Service Area (State for which this Tender Document is issued).

**AB-PMJAY Guidelines** mean the guidelines issued by MoHFW / NHA from time to time for the implementation of the AB-PMJAY, to the extent modified by the Tender Documents pursuant to which the Insurance Contract has been entered into; provided that MoHFW/ NHA or the State Healthl Agency may, from time to time, amend or modify the AB-PMJAY Guidelines or issue new AB-PMJAY Guidelines, which shall then be applicable to the Insurer.

**Annexure** means an annexure to this Insurance Contract

**Appellate Authority** shall mean the authority designated by the State Health Agency which has the powers to accept and adjudicate on appeals by the aggrieved party against the decisions of any Grievance Redressal Committee set up pursuant to the Insurance Contract between the State Health Agency and the Insurer.

**Sum Insured** shall mean the sum of Rs 5,00,000 per AB-PMJAY Beneficiary Family Unit per annum against which the AB-PMJAY Beneficiary Family Unit may seek benefits as per the benefit package proposed under the AB-PMJAY.

**Beneficiary** means a member of the AB-PMJAY Beneficiary Family Units who is eligible to avail benefits under the AB-PMJAY.

**Beneficiary Family Unit** refers to those households (also refered to as families for the purpose of AB-PMJAY) including all its members figuring in the Socio-Economic Caste Census (SECC) database under the deprivation criteria of D1, D2, D3, D4, D5 and D7, Automatically Included category (viz as Households without shelter, Destitute-living on alms, Manual Scavenger Families, Primitive Tribal Groups and Legally released Bonded Labour) and broadly 11 defined occupational un-organised workers (in Urban Sector) of the Socio-Economic Caste Census (SECC) 2011 database of the State / UT (as updated from time to time) along with the existing RSBY Beneficiary Families not figuring in the SECC Database under the AB-PMJAY.

**Benefit Package** refers to the package of benefits that the insured families would receive under the AB-PMJAY.

**Bid** refers to the qualification and the financial bids submitted by an eligible Insurance Company pursuant to the release of this Tender Document as per the provisions laid down in this Tender Document and all subsequent submissions made by the Bidder as requested by the SHA for the purposes of evaluating the bid.

**Bidder** shall mean any eligible Insurance Company which has submitted its bid in response to this Tender released by the State/ UT Government.

**Cashless Access Service** means a facility extended by the Insurer to the Beneficiaries where the payments of the expenses that are covered under the Risk Cover are directly made by the Insurer to the Empanelled Health Care Providers in accordance with the terms and conditions of this Insurance Contract, such that none of the Beneficiaries are required to pay any amounts to the Empanelled Health Care Providers in respect of such expenses, either as deposits at the commencement or at the end of the care provided by the Empanelled Health Care Providers.

**CHC** means a community health centre located at the block level in the State.

**Claim** means a claim that is received by the Insurer from an Empanelled Health Care Provider, either online or through alternate mechanism in absence of internet connectivity.

**Claim Payment** means the payment of eligible Claim received by an Empanelled Health Care Provider from the Insurer in respect of benefits under the Risk Cover made available to a Beneficiary.

**Clause** means a clause of this Insurance Contract.

**Day Care Treatment** means any Medical Treatment and/or Surgical Procedure which is undertaken under general anaesthesia or local anaesthesia at an Empanelled Health Care Provider or Day Care Centre in less than 24 hours due to technological advancements, which would otherwise have required Hospitalization.

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

**Empanelled Health Care Provider** means a hospital, a nursing home, a district hospital, a CHC, or any other health care provider, whether public or private, satisfying the minimum criteria for empanelment and that is empanelled by the Insurer in accordance with terms of this Contract for the provision of health services to the Beneficiaries.

**Hospital IT Infrastructure** means the hardware and software to be installed at the premises of each Empanelled Health Care Provider for the provision of Cashless Access Services, the minimum specifications of which have been set out in the Tender Documents.

**Hospitalization** means any Medical Treatment or Surgical Procedure which requires the Beneficiary to stay at the premises of an Empanelled Health Care Provider for 24 hours or more including day care treatment as defined above.

**ICU** or **Intensive Care Unit** means an identified section, ward or wing of an Empanelled Health Care Provider which is under the constant supervision of dedicated Medical Practitioners and which is specially equipped for the continuous monitoring and treatment of patients who are in critical condition, require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the general ward.

**Insurance Contract** shall mean this contract between the State Health Agency and the Insurer for the provision of the benefits under the Risk Cover, to the Beneficiaries and setting out the terms and conditions for the implementation of the AB-PMJAY.

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

**IRDA** means the Insurance Regulatory and Development Authority established under the Insurance Regulatory and Development Authority Act, 1999.

**IRDA Solvency Regulations** means the IRDA (Assets, Liabilities and Solvency Margin of Insurers) Regulations, 2000, as amended from time to time.

**Law** means all statutes, enactments, acts of legislature, laws, ordinances, rules, bye laws, regulations, notifications, guidelines, policies, and orders of any statutory authority or judgments of any court of India.

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

**Medical Practitioner/Officer** means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction, acting within the scope and jurisdiction of his/her license.

**Medical Treatment** meansany medical treatment of an illness, disease or injury, including diagnosis and treatment of symptoms thereof, relief of suffering and prolongation of life, provided by a Medical Practitioner, but that is not a Surgical Procedure. Medical Treatments include but not limited to: bacterial meningitis, bronchitis-bacterial/viral, chicken pox, dengue fever, diphtheria, dysentery, epilepsy, filariasis, food poisoning, hepatitis, malaria, measles, meningitis, plague, pneumonia, septicaemia, tuberculosis (extra pulmonary, pulmonary etc.), tetanus, typhoid, viral fever, urinary tract infection, lower respiratory tract infection and other such diseases requiring Hospitalization.

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

**NHA** shall mean the National Health Agency set up the Ministry of Health and Family Welfare, Government of India with the primary objective of coordinating the implementation, operation and management of AB-PMJAY. It will also foster co-ordination and convergence with other similar schemes being implemented by the Government of India and State Governments.

**Package Rate** means the fixed maximum charges for a Medical Treatment or Surgical Procedure or for any Follow-up Care that will be paid by the Insurer under Cover, which shall be determined in accordance with the rates provided in this Contract.

**Party** means either the Insurer or the State Health Agency and **Parties** means both the Insurer and the State Health Agency.

**Policy Cover Period** shall mean the standard period of 12 calendar months from the date of start of the Policy Cover or lesser period as stipulated by SHA from time to time, unless cancelled earlier in accordance with this Insurance Contract.

**Premium** means the aggregate sum agreed by the Parties as the annual premium to be paid by the State Healthl Agency to the Insurer for each Beneficiary Family Unit that is eligible for the scheme, as consideration for providing the Cover to such Beneficiary Family Unit under this Insurance Contract.

**Risk Cover** shall mean an annual risk cover of Rs. 5,00,000 covering inpatient care and day care surgeries (as applicable) for treatment of diseases and medical conditions through a network of Empanelled Health Care Providers (EHCP) for the eligible AB-PMJAY Beneficiary Family Units.

**Risk Premium** means the sum agreed by the Parties as the annual premium to be paid by the State Health Agency to the Insurer for each Beneficiary Family Unit that is covered by the Insurer, as consideration for providing the Risk Cover to such Beneficiary Family Unit under this Insurance Contract and the Policy.

**Schedule** means a schedule of this Insurance Contract.

**Scheme** shall mean the AB-PMJAY managed and administered by the State Government of **Nagaland.**

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

**Service Area** refers to the entire State of **Nagaland**. covered and included under this Contract for the implementation of AB-PMJAY.

**State Health Agency** (SHA) refers to the agency/ body set up by the Department of Health and Family Welfare, Government of **Nagaland** for the purpose of coordinating and implementing the AB-PMJAY in the State/ UT of **Nagaland**

**Successful Bidder** shall mean the bidder whose bid document is responsive, which has been pre-qualified and whose financial bid is the lowest among all the shortlisted and with whom the State/ UT Government intends to select and sign the Insurance Contract for this Scheme.

**Sum Insured** in respect of each Beneficiary Family Unit enrolled under a Policy,means at any time, the Insurer’s maximum liability for any and all Claims made on behalf of such Beneficiary Family Unit during the Policy Cover Period against the Risk Cover.

**State/ UT Government** refers to the duly elected Government in the State/ UT in which the tender is issued.

**Tender Documents** refers to this Tender Document including Volume I “Instruction to Bidders”, Volume II “About AB-PMJAY” and Volume III “ Insurance Contract to be signed by the Insurance Company” including all amendments, modifications issued by the SHA in writing pursuant to the release of the Tender Document.

**Treatment (medically necessary)** means any Medical Treatment, Surgical Procedure, Day Care Treatment or Follow-up Care, which:

1. is required for the medical management of the illness, disease or injury suffered by the Beneficiary;
2. does not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
3. has been prescribed by a Medical Practitioner; and
4. conforms to the professional standards widely accepted in international medical practice or by the medical community in India.

**Turn-around Time** means the time taken by the Insurer in processing a Claim received from an Empanelled Health Care Provider and in making a Claim Payment including investigating such Claim or rejection of the such Claim.

## Interpretation

1. Any grammatical form of a defined term herein shall have the same meaning as that of such term.
2. Any reference to an agreement, contract, instrument or other document (including a reference to this Insurance Contract) herein shall be to such agreement, instrument or other document as amended, varied, supplemented, modified or suspended at the time of such reference.
3. Any reference to an "agreement" includes any undertaking, deed, agreement and legally enforceable arrangement, whether or not in writing, and a reference to a document includes an agreement (so defined) in writing and any certificate, notice, instrument and document of any kind.
4. Any reference to a statutory provision shall include such provision as modified or re-enacted or consolidated from time to time.
5. Terms and expressions denoting the singular shall include the plural and vice versa.
6. Any reference to "persons" denotes natural persons, partnerships, firms, companies, corporations, joint ventures, trusts, associations, organizations or other entities (in each case, whether or not incorporated and whether or not having a separate legal entity).
7. The term "including" shall always mean "including, without limitation", for the purposes of this Insurance Contract.
8. The terms "herein", "hereof", "hereinafter", "hereto", "hereunder" and words of similar import refer to this Tender as a whole.
9. Headings are used for convenience only and shall not affect the interpretation of this Insurance Contract.
10. The Schedules and Annexures to this Insurance Contract form an integral part of this Insurance Contract and will be in full force and effect as though they were expressly set out in the body of this Insurance Contract.
11. References to Recitals, Clauses, Schedules or Annexures in this Insurance Contract shall, except where the context otherwise requires, be deemed to be references to Recitals, Clauses, Schedules and Annexures of or to this Insurance Contract.
12. References to any date or time of day are to Indian Standard Time.
13. Any reference to day shall mean a reference to a calendar day.
14. Any reference to a month shall mean a reference to a calendar month.
15. Any reference to any period commencing from a specified day or date and till or until a specified day or date shall include both such days or dates.
16. Any agreement, consent, approval, authorization, notice, communication, information or report required under or pursuant to this Insurance Contract from or by any Party shall be valid and effectual only if it is in writing under the hands of a duly authorized representative of such Party.
17. The provisions of the Clauses, the Schedules and the Annexures of this Insurance Contract shall be interpreted in such a manner that will ensure that there is no inconsistency in interpretation between the intent expressed in the Clauses, the Schedules and the Annexures. In the event of any inconsistency between the Clauses, the Schedules and the Annexures, the Clauses shall prevail over the Schedules and the Annexures.
18. The Parties agree that in the event of any ambiguity, discrepancy or contradiction between the terms of this Insurance Contract and the terms of any Policy issued by the Insurer, the terms of this Insurance Contract shall prevail, notwithstanding that such Policy is issued by the Insurer at a later point in time.
19. The rule of construction, if any, that an agreement should be interpreted against the Party responsible for the drafting and preparation thereof shall not apply to this Insurance Contract.

***PART I***

**TERMS AND CONDITIONS OF INSURANCE**

# AB-PMJAY Beneficiaries and Beneficiary Family Unit

1. The Parties agree that for the purpose of this Insurance Contract and any Policy issued pursuant to this Insurance Contract, all the persons that are eligible for the scheme as per SECC data and RSBY enrolled families (if applicable) in the Service Area shall be eligible to become Beneficiaries,

All AB-PMJAY Beneficiary Family Units, as defined under the deprivation criteria of D1, D2, D3, D4, D5 and D7, Automatically Included category (in rural areas) and broadly defined occupational un-organised workers (in Urban Sector) of the Socio-Economic Caste Census (SECC) database of the State/ UT (as updated from time to time) along with the existing RSBY Beneficiary Families not figuring in the SECC Database which are resident in the Service Area (State for which this Tender Document is issued) and fall under one or more of the categories further detailed in **Schedule 1** of this Document shall be considered as eligible for benefits under the Scheme and be automatically covered under the Scheme.

The Insurer agrees that: (i) no entry or exit age restrictions will apply to the members of a Beneficiary Family Unit; and (ii) no member of a Beneficiary Family Unit will be required to undergo a pre-insurance health check-up or medical examination before their eligibility as a Beneficiary.

Unit of coverage under the Scheme shall be a family and each family for this Scheme shall be called a AB-PMJAY Beneficiary Family Unit, which will comprise all members in that family. Any addition in the family will be allowed only as per the provisions approved by the Government.

The presence of name in the beneficiary list shall be the proof of eligibility of the Beneficiary Family Unit for the purpose of availing benefits under this Insurance Contract and a Policy issued pursuant to this Insurance Contract.

# Risk Covers and Sum Insured

## Risk Cover and Sum Insured

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

1. **Risk Cover (RC)** will include hospitalization / treatment expenses coverage including treatment for medical conditions and diseases requiring secondary and tertiary level of medical and surgical care treatment and also including defined day care procedures (as applicable) and follow up care along with cost for pre and post-hospitalisation treatment as defined.
2. As on the date of commencement of the Policy Cover Period, the AB-PMJAY Sum Insured in respect of the Risk Cover for each AB-PMJAY Beneficiary Family Unit shall be **Rs. 5,00,000 (Rupees Five Lakh Only)** per family per annum on family floater basis. This shall be called the **Sum Insured**, which shall be fixed irrespective of the size of the AB-PMJAY Beneficiary Family Unit.
3. The Insurer shall ensure that the Scheme’s RC shall be provided to each AB-PMJAY Beneficiary Family Unit on a family floater basis covering all the members of the AB-PMJAY Beneficiary Family Unit including Senior Citizens, i.e., the Sum Insured shall be available to any or all members of such Beneficiary Family Unit for one or more Claims during each Policy Cover Period. New family members may be added after due approval process as defined by the Government.
4. Pre-existing conditions/diseases are to be covered from the first day of the start of policy, subject to the exclusions given in **Schedule 2**.
5. Coverage of health services related to surgical nature for defined procedures shall also be provided on a day care basis. The Insurance Company shall provide coverage for the defined day care treatments, procedures and medical treatments as given in **Schedule 3**.
6. Pre and Post Hospitalisation expenses: Expenses incurred for consultation, diagnostic tests and medicines before the admission of the patient in the same hospital and cost of diagnostic tests and medicines and up to 15 days of the discharge from the hospital for the same ailment/ surgery.

## Benefit Package: AB-PMJAY Cover

1. The benefits within this Scheme under the Risk Cover are to be provided on a cashless basis to the AB-PMJAY Beneficiaries up to the limit of their annual coverage and includes:
2. Hospitalization expense benefits
3. Day care treatment benefits (as applicable)
4. Follow-up care benefits
5. Pre and post hospitalization expense benefits
6. New born child/ children benefits
7. The details of benefit package including list of exclusions are furnished in **Schedule 2: ‘Exclusions to the Policy’ and Schedule 3: ‘Packages and Rates’**.
8. For availing select treatment in any empanelled hospitals, preauthorisation is required to be taken for defined cases.
9. Except for exclusions listed in **Schedule 2**, services for any other surgical treatment services will also be allowed, in addition to the procedures listed in **Schedule 3**, of upto a limit of Rs. 1,00,000 to any AB-PMJAY Beneficiary, provided the services are within the sum insured available and pre-authorisation has been provided by the insurance company.
10. The Insurer shall reimburse claims of public and private health care providers under the AB-PMJAY based on Package Rates determined as follows:
11. If the package rate for a medical treatment or surgical procedure requiring Hospitalization or Day Care Treatment (as applicable) is fixed in **Schedule 3**, then the Package Rate so fixed shall apply for the Policy Cover Period.
12. If the package rate for a surgical procedure requiring Hospitalization or Day Care Treatment (as applicable) is not listed in **Schedule 3**, then the Insurer may pre-authorise an appropriate amount or the flat daily package rates for medical packages specified in **Schedule 3** shall apply.
13. If the treatment cost is more than the benefit coverage amount available with the beneficiary families then the remaining treatment cost will be borne by the AB-PMJAY Beneficiary family as per the package rates defined in this document. Beneficiary will need to be clearly communicated in advance about the additional payment.
14. The follow up care prescription for identified packages are set out in **Schedule 3**.
15. In case of AB-PMJAY Beneficiary is required to undertake multiple surgical treatment, then the highest package rate shall be taken at 100%, thereupon the 2nd treatment package shall taken as 50% of package rate and 3rd treatment package shall be at 25% of the package rate.
16. Surgical and Medical packages will not be allowed to be availed at the same time.
17. Certain packages as mentioned in **Schedule 3** will only be reserved for Public EHCPs as decided by the SHA. They can be availed in Private EHCPs only after a referral from a Public EHCP is made.
18. Certain packages as indicated in **Schedule 3** have differential pricing. Hospitals having entry level of NABH certification, located in the aspirational distrits as identified by NITI Aayog (Fill names of the aspirational districts **Kiphire**) and running PG/ DNB course will be provided 10% higher package rates in each of the cases. Hospitals with full NABH accreditation shall be provided 15% higher package rates. **The package rates of various procedures and treatments specified under AB-PMJAY shall be enhanced by 10% for empanelled private hospitals and autonomous public hospitals located within the State.**
19. For the purpose of Hospitalization expenses as package rates shall include all the costs associated with the treatment, amongst other things:
20. Registration charges.
21. Bed charges (General Ward).
22. Nursing and boarding charges.
23. Surgeons, Anaesthetists, Medical Practitioner, Consultants fees etc.
24. Anaesthesia, Blood Transfusion, Oxygen, O.T. Charges, Cost of Surgical Appliances etc.
25. Medicines and drugs.
26. Cost of prosthetic devices, implants etc.
27. Pathology and radiology tests: radiology to include but not be limited to X-ray, MRI, CT Scan, etc.
28. Diagnosis and Tests, etc
29. Food to patient.
30. Pre and Post Hospitalisation expenses: Expenses incurred for consultation, diagnostic tests and medicines before the admission of the patient in the same hospital and cost of diagnostic tests and medicines and up to 15 days of the discharge from the hospital for the same ailment/ surgery.
31. Any other expenses related to the treatment of the patient in the hospital.
32. For the purpose of Day Care Treatment expenses shall include, amongst other things:
33. Registration charges;
34. Surgeons, anaesthetists, Medical Practitioners, consultants fees, etc.;
35. Anaesthesia, blood transfusion, oxygen, operation theatre charges, cost of surgical appliances, etc.;
36. Medicines and drugs;
37. Cost of prosthetic devices, implants, organs, etc.
38. Screening, including X-Ray and other diagnostic tests, etc.; and
39. Any other expenses related to the Day Care Treatment provided to the Beneficiary by an Empanelled Health Care Provider.
40. Either Party may suggest the inclusion of additional Package for determination of ratesfollowing due diligence and procedures and based on the incidence of diseases or reported medical conditions and other relevant data. The Parties shall then agree on the package rates for such medical treatments or surgical procedures, as the case may be; but the decision of the SHA in this regard shall be final and binding on the Insurer. The agreed package rates shall be deemed to have been included in **Schedule 3** with effect from the date on which the Parties have mutually agreed to the new package rates in writing.
41. The SHA and Insurer shall publish the Package Rates on its website in advance of each Policy Cover Period.
42. As part of the regular review process, the Parties (the Insurer and EHCP) shall review information on incidence of common medical treatments or surgical procedures that are not listed in **Schedule 3** and that require hospitalization or day care treatments (as applicable).
43. No claim processing of package rate for a medical treatment or surgical procedure or day care treatment (as applicable) that is determined or revised shall exceed the sum total of Risk Cover for a AB-PMJAY Beneficiary Family Unit.

However, in case at the admission package rates for some medical treatment or surgical procedures may exceed the available Sum Insured, it would enable AB-PMJAY beneficiaries to avail treatment of such medical conditions or surgical procedures on their own cost / expenses at the package rate rather than on an open-ended or fee for service basis.

## Benefits Available only through Empanelled Health Care Providers

1. The benefits under the AB-PMJAY Risk Cover shall only be available to a AB-PMJAY Beneficiary through an EHCP after Aadhaar based identification as far as possible. In case Aadhaar is not available then other defined Government recognised ID will be used for this purpose. State Government shall share with the insurance company within 7 days of signing the agreement a list of defined Government IDs.
2. The benefits under the AB-PMJAY Cover shall, subject to the available AB-PMJAY Sum Insured, be available to the AB-PMJAY Beneficiary on a cashless basis at any EHCP.
3. Specialized tertiary level services shall be available and offered only by the EHCP empanelled for that particular service. Not all EHCPs can offer all tertiary level services, unless they are specifically designated by the SHA for offering such tertiary level services.

# Identification of AB-PMJAY Beneficiary Family Units

1. Identification of AB-PMJAY Beneficiary Family Units will be based on the deprivation criteria of D1, D2, D3, D4, D5 and D7, Automatically Included category and 11 broadly defined occupational un-organised workers (in Urban Sector) of the Socio-Economic Caste Census (SECC) database of the State/ UT along with the existing RSBY Beneficiary Families not figuring in the SECC Database.
2. The beneficiaries will be identified using Aadhaar and/or Ration Card and / or any other specified identification document produced by the beneficiary at the point of contact. Once successfully identified, the beneficiary will be provided with a print of AB-PMJAY e-card which can be used as reference while availing benefits.
3. States with high coverage under their own health insurance/ assurance scheme with own datasets may be allowed to use their own data with Central share upto numbers derived from SECC data. However, these States will need to map their scheme ID with AB-PMJAY ID (AHL TIN) at the point of care. These States will also need to map their own database with SECC data as per MoHFW within a reasonable period of time. States will need to also ensure that no family eligible as per SECC criteria of AB-PMJAY is denied services under the scheme and will need to provide undertaking that eligibility under their schemes covers AB-PMJAY targeted families as per SECC.
4. Detailed guidelines for beneficiary identification are provided at **Schedule 4**.

# Empanelment of Health Care Providers

1. All public hospitals with inpatient facilities (Community Health Centre and above) shall deemed to be empanelled.
2. Private healthcare providers (both for profit and not for profit) which provide hospitalization and/or day care services (as applicable) would be eligible for empanelment under AB-PMJAY, subject to their meeting of certain requirements (empanelment criteria) in the areas of infrastructure, manpower, equipment (IT, help desk etc.) and services (for e.g. liaison officers to facilitate beneficiary management) offered, which can be seen at **Schedule 5** of this document.
3. At the time of empanelment, those Hospitals that have the capacity and which fulfil the minimum criteria for offering tertiary treatment services as prescribed by the SHA would be specifically designated for providing such tertiary care packages.
4. The SHA shall be responsible for empanelment and periodic renewal of empanelment of health care providers for offering services under the AB-PMJAY. The SHA may undertake this function either directly or through the selected Insurance Company. However, the final decision regarding empanelment of hospital will rest with SHA.
5. Under circumstances of any dispute, final decision related to empanelment of health care providers shall vest exclusively with the SHA.
6. Detailed guidelines regarding empanelment of health care providers are provided at **Schedule 5**.

# Agreement with Empanelled Health Care Providers

1. Once a health care provider is found to be eligible for empanelment, the SHA and the selected Insurance Company shall enter into a Provider Service Agreement with such health care provider substantially in the form to be provided for themedical treatments, surgical procedures, day care treatments (as applicable), and follow-up care for which such health care provider meets the infrastructure and personnel requirements.
2. This Provider Service Agreement shall be a tripartite agreement where the Insurer shall be the third party. Format for this Agreement is provided at **Schedule 6**.
3. The Agreement of an EHCP shall continue for a **period of at least 3 years** from the date of the execution of the Provider Services Agreement, unless the EHCP is de-empanelled in accordance with the **AB-PMJAY guidelines** and its agreement terminated in accordance with its terms.
4. The Insurer agrees that neither it nor its outsourced agency will enter into any understanding with the EHCP that are in contradiction to or that deviates from or breaches the terms of the Insurance Contract between the SHA and the Insurer or tripartite Provider Service Agreement with the EHCP.
5. If the Insurer or its outsource agency or any if its representatives violates the provisions of **Clause 6.d.** above, it shall be deemed as a material breach and the SHA shall have the right to initiate appropriate action against the Insurer or the EHCP or both.
6. As a part of the Agreement, the Insurer shall ensure that each EHCP has within its premises the required IT infrastructure (hardware and software) as per the AB-PMJAY guidelines, which shall be a minimum of at least two IT sets, for District Hospitals and at least 1 IT set for CHCs and below. All Private EHCPs shall be responsible for all costs related to hardware and maintenance of the IT infrastructure. For all Public EHCPs the costs related to hardware and maintenance of the IT infrastructure shall be borne by the Insurance Company. The EHCPS may take Insurance Company’s support may be sought for procurement of such hardware by the EHCPs, however the ownership of all such assets, hardware and software along with its licenses, shall irrevocably vest with the EHCP. Specification for IT Infrastructure including device for bio authentication/TMS registration should be as per NHA guidelines.

\*IT set will comprise of desktop/laptop and peripherals, printer, bioauth devices for adhaar KYC collection, UPS and any other device as may be mandated by NHA as per guideline.

# De-empanelment of Health Care Providers

1. The SHA, either on its own or through Insuance Company, shall suspend or de-empanel an EHCP from the AB-PMJAY, as per the guidelines mentioned in **Schedule 5**
2. Notwithstanding a suspension or de-empanelment of an EHCP, the Insurer shall ensure that it shall honour all Claims for any expenses that have been pre-authorised or are legitimately due before the effectiveness of such suspension or de-empanelment as if such de-empanelled EHCP continues to be an EHCP.

# Issuance of Policies

1. For the purpose of issuance of a policy, all eligible beneficiary family units in the entire State of **Nagaland** shall be covered under one policy. The Insurer shall issue a Policy before the commencement of the Policy Cover Period for such State.
2. The first Policy Cover Period under the Policy for a State/UT shall commence from the date **23rd December 2019.**
3. The terms and conditions set out in each Policy issued by the Insurer to the State Health Agency shall at a minimum include:
   1. the Policy number;
   2. the Policy Cover Period under such Policy; and
   3. the terms and conditions for providing the Covers, which shall not deviate from or dilute in any manner the terms and conditions of insurance set out in this Insurance Contract.
4. Notwithstanding any delay by the Insurer in issuing or failure by the Insurer to issue a Policy for a State/UT in accordance with **Clause 8(a),** the Insurer agrees that the Policy Cover Period for the State shall commence on the date determined and that it shall provide the eligible Beneficiaries in the State with the Risk Cover from that date onwards.
5. In the event of any discrepancy, ambiguity or contradiction between the terms and conditions set out in the Insurance Contract and a Policy issued for a State/UT by the Insurer, the terms of the Insurance Contract shall prevail for the purpose of determining the Insurer's obligations and liabilities to the SHA and the AB-PMJAY Beneficiaries.

# Period of Insurance Contract and Policy

## Term of the Insurance Contract with the Insurer

1. This Insurance Contract shall be for a period of maximum 1 year with starting date **23rd December 2019.**

## Policy Cover Period

In respect of each policy, the PolicyCover Period shall be for a period of 12 months from the date of commencement of such Policy Cover Period starting at 0000 hours on **23rd December 2019.**, until 2359 hours on the date of expiration **22nd December 2020.** Provided that upon early termination of this Insurance Contract, the Policy Cover Period for the State/UT shall terminate on the date of such termination, wherein the premium shall be paid on pro-rata basis after due adjustment of any recoveries on account of termination.

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

## Policy Cover Period for the AB-PMJAY Beneficiary Family Unit

1. During the first Policy Cover Period for a State/UT, the policy cover shall commence **from 0000 hours on the date indicated by the SHA**.
2. The end date of the policy cover for each State/UT be 12 months from the date of start of the Policy Cover or the date on which the available Sum Insured in respect of that Cover becomes zero

## Cancellation of Policy Cover

Upon early termination of the Insurance Contract between the SHA and the Insurer, all Policies issued by the Insurer pursuant to the Insurance Contract shall be deemed cancelled with effect from the Termination Date subject to the Insurer fulfilling all its obligations at the time of Termination as per the provisions of the Insurance Contract.

For implications and protocols related to early termination, refer to **Clause 29**.

# Premium and Premium Payment

## Payment of Premium

* 1. The payment of the premium to the insurance company by the SHA will be done as per the following schedule:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Central & State Premium Split Ratio** | **Instalment 1**  **(On or before the commencement of the Policy Cover Period)** | **Instalment 2**  **(After completion of 2nd Quarter of the Policy Cover Period dated \_\_\_\_\_\_\_\_)** | **Instalment 3**  **(After completion of 10 months of the Policy Cover Period dated \_\_\_\_\_\_\_\_\_\_)** |
|  | For 8 North-East and 3 Himalayan States:  Centre: State: 90:10 | 45% of  (State Govt. Share)  & 45% of  (Central Government Share) | 45% of  (State Govt. Share)  & 45% of  (Central Government Share) | 10% of  (State Govt. Share)  & 10% of  (Central Government Share) |
|  | For other States Centre: State: 60:40 | 45% of  (State Govt. Share)  & 45% of  (Central Government Share) | 45% of  (State Govt. Share)  & 45% of  (Central Government Share) | 10% of  (State Govt. Share)  & 10% of  (Central Government Share) |
|  | For Union Territories with Legislation  Centre: State: 60:40 | 45% of  (State Govt. Share)  & 45% of  (Central Government Share) | 45% of  (State Govt. Share)  & 45% of  (Central Government Share) | 10% of  (State Govt. Share)  & 10% of  (Central Government Share) |
|  | For Union Territories without Legislation: Centre: 100% | 45% of  (Central Government Share) | 45% of  (Central Government Share) | 10% of  (Central Government Share) |

* 1. The SHA shall make the payment to the respective Insurance Companies through an Escrow Account.

c. Detailed premium payment guidelines are provided at **Schedule 8.**

## Refund of Premium and Payment of Additional Premium at the end of contract period

1. The SHA shall issue a letter to the Insurer stating the Insurer's average Claim Ratio for all 12 months of Policy Cover Period for the State/UT. In the letter, the SHA shall indicate the amount of premium that the Insurer shall be obliged to return. The amount of premium to be refunded shall be calculated based on the provisions of **Clause 10.2.b**.
2. After adjusting a defined percent for expenses of management (including all costs excluding only service tax and any cess, if applicable) and after settling all claims, if there is surplus: 100 percent of leftover surplus should be refunded by the Insurer to the SHA within 30 days. The percentage that will be need to be refunded will be as per the following:
   1. In category A States
      1. Administrative cost allowed 12% if claim ratio less than 60%.
      2. Administrative cost allowed 15% if claim ratio between 60-70%.
      3. Administrative cost allowed 20% if claim ratio between 70-80%.
   2. In Category B States
      1. Administrative cost allowed 10% if claim ratio less than 60%.
      2. Administrative cost allowed 12% if claim ratio between 60-70%.
      3. Administrative cost allowed 15% if claim ratio between 70-85%.
3. All the surplus as determined through formula mentioned above should be refunded by the insurer to the SHA within 30 days.
4. If the Insurer delays payment of or fails to pay the refund amount within 60 days of the date of expiration of the Policy Cover Period, then the Insurer shall be liable to pay interest at the rate of one percent of the refund amount due and payable to the SHA for every 7 days of delay beyond such 60 day period.
5. If the Insurer fails to refund the Premium within such 90-day period and/ or the default interest thereon, the SHA shall be entitled to recover such amount as a debt due from the Insurer through means available within law.
6. The SHA is under no obligation to pay any further premium to the Insurer if claim ratio of the Insurer is upto 120 percent for Category A States and 115 percent for Category B States.
7. If the Insurer's average Claim Ratio for the full 12 months is in excess of 120 percent for Category A States and 115 percent for Category B States, then the SHA will be liable to pay 50% of additional claim cost in excess of the total Premium already paid by it and remaining 50% shall be borne by the insurance company. The total premium, including this additional claim cost, shall be borne by SHA only till the ceiling limit of premium set under AB-PMJAY for Central and State Governments’ share. After the ceiling is reached claims cost will need to be borne entirely by the Insurer.

## Taxes

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

1. pay any service tax assessed or levied by any competent tax authority on the Insurer or on the State Health Agency for or on account of any act or omission on the part of Insurer; or

1. on account of the Insurer’s failure to file tax returns as required by applicable Laws or comply with reporting or filing requirements under applicable Laws relating to service tax; or
2. arising directly or indirectly from or incurred by reason of any misrepresentation by or on behalf of the Insurer to any competent tax authority in respect of the service tax.

## Premium All Inclusive

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

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

## No Separate Fees, Charges or Premium

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

## Approval of Premium and Terms and Conditions of Cover by IRDA

1. The Insurer shall, if required by the Health Insurance Regulations, obtain IRDA's approval for the Premium and the terms and conditions of the Covers provided under this Insurance Contract under the File & Use Procedure prescribed in the Health Insurance Regulations, within 75 days of the date of execution of this Insurance Contract.
2. The Insurer undertakes and agrees that it shall not:
3. file an application with the IRDA for approval of the revision, modification or amendment of the Premium for or the terms and conditions of or for the withdrawal of any or all of the Covers; or
4. revise, modify, amend or withdraw any or all of the Covers, whether with or without the IRDA's approval under the Health Insurance Regulations, at any time during the Term of this Insurance Contract.
5. The Insurer hereby irrevocably waives its right to seek the IRDA's approval for the revision, modification, amendment or withdrawal of any or all of the Covers under this Insurance Contract by filing an application under the File & Use Procedure.

# Cashless Access of Services

1. The AB-PMJAY beneficiaries shall be provided treatment free of cost for all such ailments covered under the Scheme within the limits/ sub-limits and sum insured, i.e., not specifically excluded under the Scheme.
2. The insurer shall reimburse EHCP as per the package cost specified in this Document agreed for specified packages or as pre-authorised amount in case of unspecified packages.
3. The Insurer shall ensure that each EHCP shall at a minimum possess the Hospital IT Infrastructure required to access the AB-PMJAY Beneficiary Database and undertake verification based on the Beneficiary Identification process laid out, using unique AB-PMJAY Family ID on the AB-PMJAY Card and also ascertain the balance available under the AB-PMJAY Cover provided by the Insurer.
4. The Insurer shall provide each EHCP with an operating manual describing in detail the verification, pre-authorisation and claims procedures within 7 days of signing of agreement.
5. The Insurer shall train Ayushman Mitras that will be deputed in each public EHCP that will be responsible for the administration of the AB-PMJAY on the use of the Hospital IT infrastructure for making Claims electronically and providing Cashless Access Services. These AMs shall be deployed to ensure 24/7 PMJAY services.
6. The EHCP shall establish the identity of the member of a AB-PMJAY Beneficiary Family Unit by Aadhaar Based Identification System (No person shall be denied the benefit in the absence of Aadhaar Card through use of alternate Government ID) and ensure:
7. That the patient is admitted for a covered procedure and package for such an intervention is available.
8. AB-PMJAY Beneficiary has balance in her/ his AB-PMJAY Cover amount.
9. Provisional entry shall be made on the server using the AB-PMJAY ID of the patient. It has to be ensured that no procedure is carried out unless provisional entry is completed through blocking of claim amount.
10. At the time of discharge, the final entry shall be made on the patient account after completion of Aadhaar Card Identification Systems verification or any other recognised system of identification adopted by the SHA of AB-PMJAY Beneficairy Family Unit to complete the transaction.

# Pre-authorisation of Procedures

1. All procedures in **Schedule 3** that are earmarked for pre-authorisation shall be subject to mandatory pre-authorisation. In addition, in case of Inter-State portability, all procedures shall be subject to mandatory pre-authorisation irrespective of the pre-authorisation status in **Schedule 3.**
2. Insurer will not allow any EHCP shall, under any circumstances whatsoever, to undertake any such earmarked procedure without pre-authorisation unless under emergency. Process for emergency approval will be followed as per guidelines laid down under AB-PMJAY
3. ~~Request for hospitalization shall be forwarded~~ Preauthorisation for hospitalisation request shall be submitted by the EHCP after obtaining due details from the treating doctor, i.e. Preauth Request~~“request for authorisation letter” (RAL)~~. The ~~RAL~~ Preauth Request needs to be submitted online through the Scheme portal and in the event of any IT related problem on the portal, then through email or fax. The medical team of Insurer would get in touch with the treating doctor, if necessary.
4. ~~The RAL should reach the authorisation department of the~~ Preauth request should be submitted to Insurer within 6 hours of admission in case of emergency.
5. In cases of failure to comply with the timelines stated in above **Section 14.d**, the EHCP shall forward the clarification for delay with the request for authorisation.
6. The Insurer shall ensure that in all cases pre-authorisation request related decisions are communicated to the EHCP within 6 working hours for all normal cases and within 1 hours for emergencies. If there is no response from the Insurer within 6 working hours of an EHCP filing the pre-authorisation request, the request of the EHCP shall be deemed to be automatically authorised.
7. The Insurer shall not be liable to honour any claims from the EHCP for procedures featuring in **Schedule 3**, for which the EHCP does not have a pre-authorisation, if prescribed.
8. Reimbursement of all claims for procedures listed under **Schedule 3** shall be as per the limits prescribed for each such procedure unless stated otherwise in the pre-authorisation letter/communication.
9. ~~The RAL form should be dully filled with clearly mentioned Yes or No. There should be no nil, or blanks, which will help in providing the outcome at the earliest.~~
10. The Insurer guarantees payment only after receipt of preauth request ~~RAL~~ and the necessary medical details. And only after the Insurer has ascertained and negotiated the package with the EHCP, shall issue the approval on the preauth ~~Authorisation Letter (AL)~~. This shall be completed within 24 hours of receiving the preauth request ~~RAL~~.
11. In case the ailment is not covered or the medical data provided is not sufficient for the medical team of the authorisation department to confirm the eligibility, the Insurer can deny the authorisation or seek further clarification/ information.
12. The Insurer needs to file a report to the SHA explaining reasons for denial of every such pre-authorisation request.
13. Denial of authorisation (DAL)/ guarantee of payment is by no means denial of treatment by the EHCP. The EHCP shall deal with such case as per their normal rules and regulations.
14. Preauth Approval ~~Authorisation letter (AL)~~ will mention the authorisation number and the amount authorized as a package rate for such procedure for which package has not been fixed earlier. The EHCP must see that these rules are strictly followed.
15. The authorisation is given only for the necessary treatment cost of the ailment covered and mentioned in the preauth request ~~RAL~~ for hospitalization.
16. The entry on the AB-PMJAY portal for claim amount blocking as well at discharge would record the authorisation number as well as package amount agreed upon by the EHCP and the Insurer.
17. In case the balance sum available is less than the specified amount for the Package, the EHCP should follow its norms of deposit/running bills etc. However, the EHCP shall only charge the balance amount against the package from the AB-PMJAY beneficiary. The Insurer upon receipt of the bills and documents would release the authorized amount.
18. The Insurer will not be liable for payments in case the information provided in the preauth request ~~RAL~~ and subsequent documents during the course of authorisation is found to be incorrect or not fully disclosed.
19. In cases where the AB-PMJAY beneficiary is admitted in the EHCP during the current Policy Cover Period but is discharged after the end of the Policy Cover Period, the claim has to be paid by the Insurer from the Policy which was operating during the period in which the AB-PMJAY beneficiary was admitted.
20. Detailed guidelines for hospitals transactions including pre-authorisation is provided at **Schedule 15.**

# Portability of Benefits

1. The benefits of AB-PMJAY will be portable across the country and a beneficiary covered under the scheme will be able to get benefits under the scheme across the country at any EHCP.
2. Package rates of the hospital where benefits are being provided will be applicable while payment will be done by the insurance company that is covering the beneficiary under its policy.
3. The Insurer is required to honour claims from any empanelled hospital under the scheme within India and will settle claims within 30 days of receiving them.
4. To ensure true portability of AB-PMJAY, State Governments shall enter into arrangement with ALL other States that are implementing AB-PMJAY for allowing sharing of network hospitals, transfer of claim & transaction data arising in areas beyond the service area.
5. Detailed guidelines of portability are provided at **Schedule 9.**

# Claims Management

## Claim Payments and Turn-around Time

The Insurer shall comply with the following procedure regarding the processing of Claims received from the Empanelled Health Care Providers:

1. The Insurer shall require the Empanelled Health Care Providers to submit their Claims electronically within 24 hours of discharge in the defined format to be prescribed by the NHA/SHA/Insurer. However, in case of Public EHCPs this time may be relaxed as defined by SHA.
2. The Insurer shall decide on the acceptance or rejection of any Claim received from an Empanelled Health Care Provider. Any rejection notice issued by the Insurer to the Empanelled Health Care Provider shall state clearly that such rejection is subject to the Empanelled Health Care Provider’s right to file a complaint with the relevant Grievance Redressal Committee against such decision to reject such Claim.
3. If the Insurer rejects a Claim, the Insurer shall issue a written letter of rejection to the Empanelled Health Care Provider stating: details of the Claim summary; reasons for rejection; and details of the District Grievance Nodal Officer. The letter of rejection shall be issued to the State Health Agency and the Empanelled Health Care Provider within 15 days of receipt of the electronic Claim. The Insurer should inform the Empanelled Health Care Provider of its right to seek redressal for any Claim related grievance before the District Grievance Redressal Committee in its letter of rejection.

If a Claim is rejected because the Empanelled Health Care Provider making the Claim is not empanelled for providing the health care services in respect of which the Claim is made, then the Insurer shall while rejecting the Claim inform the Beneficiary of an alternate Empanelled Health Care Provider where the benefit can be availed in future.

1. The Insurer shall be responsible for settling all claims **within 15(instate)/30(out of state) days after receiving all the required information/ documents**. The Insurer shall make the Claim Payment (based on the Package Rate or the Pre-Authorized Amount) within 15 days, if not rejected, including any investigation into the Claim received from the Empanelled Health Care Provider.
2. The Insurer shall make the full Claim Payment without deduction of tax, for all PHCs, CHCs, District Hospitals and other government sponsored hospitals, for private healthcare providers the Insurer shall make the full Claim Payment without deduction of tax, if the Empanelled Health Care Provider submits a tax exemption certificate to the Insurer within 7 days after signing the agreement with the Insurer making a Claim. If the Empanelled Health Care Provider fails to submit a tax exemption certificate to the Insurer, then the Insurer shall make the Claim Payment after deducting tax at the applicable rate.
3. If the Beneficiary is admitted by an Empanelled Health Care Provider during a Policy Cover Period, but is discharged after the end of such Policy Cover Period and the Policy is not renewed, then the arising Claim shall be paid in full by the Insurer subject to the available Sum Insured.
4. If a Claim is made during a Policy Cover Period and the Policy is not subsequently renewed, then the Insurer shall make the Claim Payment in full subject to the available Sum Insured.
5. The process specified in paragraphs (b) to (d) above in relation to Claim Payment or investigation of the Claim shall be completed such that the Turn-around Time shall be no longer than 15 days.

Without prejudice to the foregoing, during the subsistence of any delay by the State Health Agency in making payment of the Premium for a Policy Cover Period, the Insurer shall have the right to delay making Claim Payments to the Empanelled Health Care Providers until the Premium is received, provided that the Insurer completes the processing of the Claims in accordance with paragraphs (b) to (d) above within te Turn-Around Time of 15 days.

If the Insurer fails to make the Claim Payment within a Turn-around Time of 15 days for a reason other than a delay by the State Health Agency in making payment of the Premium that is due and payable, then the Insurer shall be liable to pay a penal interest to the Empanelled Health Care Provider at the rate of 1% of the Claim amount for every 15 days of delay.

1. The counting of days for the purpose of this Clause shall start from the date of receipt of the Claim.
2. The Insurer shall make Claim Payments to each Empanelled Health Care Provider against Claims received on a weekly basis and as far as possible through electronic transfer to such Empanelled Health Care Provider’s designated bank account.
3. The Insurer shall ensure that there is an online web portal for processing of all claim payments.
4. All Claims investigations shall be undertaken by qualified and experienced Medical Practitioners appointed by the Insurer or its TPA, to ascertain the nature of the disease, illness or accident and to verify the eligibility thereof for availing the benefits under this Insurance Contract and relevant Policy. The Insurer’s or the TPA’s medical staff shall not impart or advise on any Medical Treatment, Surgical Procedure or Follow-up Care or provide any OPD Benefits or provide any guidance related to cure or other care aspects.
5. The Insurer shall submit details of:
6. all Claims that are under investigation to the district nodal officer of the State Health Agency on a monthly basis for its review;
7. every Claim that is pending beyond 15 days to the State Health Agency, along with its reasons for delay in processing such Claim; and
8. details of interest paid to the Empanelled Health Care Providers for every Claim that was pending beyond 15 days to the State Health Agency.
9. The Insurer may collect at its own cost, complete Claim papers from the Empanelled Health Care Provider, if required for audit purposes. This shall not have any bearing on the Claim Payments to the Empanelled Health Care Provider.
10. The Insurer shall, at all times, comply with and ensure that its TPA is in compliance with the Health Insurance Regulations and any other Law issued or notified by the IRDA in relation to the provision of Cashless Access Services and Claims processing.
11. In case the insurer hires Third Party Administrator (TPA), it shall ensure that the TPA does not approve or reject any Claims on its behalf and that the TPA is only engaged in the processing of Claims. The TPA may however recommend to the Insurer on the action to be taken in relation to a Claim. However, the final decision on approval and rejection of Claims shall be made by the Insurer.
12. Guidelines for submission of claims, claims processing, handling of claim queries, and all other related details are furnished in **Schedule 9**.

## Right of Appeal and Reopening of Claims

1. The Empanelled Health Care Provider shall have a right of appeal against a rejection of a Claim by the Insurer, if the Empanelled Health Care Provider feels that the Claim is payable. Such decision of the Insurer may be appealed by filing a complaint with the DGNO in accordance with **Clause 28** of this Insurance Contract.
2. The Insurer and/or the DGNO or the DGRC, as the case maybe, may re-open the Claim, if the Empanelled Health Care Provider submits the proper and relevant Claim documents that are required by the Insurer.

## No Contributions

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

# No Duty of Disclosure

1. Notwithstanding the issue of the Tender Documents and any other information provided by the State Health Agency prior to the date of this Insurance Contract, the Insurer hereby acknowledges that it does not rely on and has not been induced to enter into this Insurance Contract or to provide the Covers or to assess the Premium for providing the Covers on the basis of any statements, warranties, representations, covenants, undertakings, indemnities or other statements whatsoever and acknowledges that none of the State Health Agency or any of its agents, officers, employees or advisors or any of the enrolled Beneficiary Family Units have given or will give any such warranties, representations, covenants, undertakings, indemnities or other statements.
2. Prior to commencement of each Policy Cover Period for any State, the State Health Agency or MoHFW undertakes to prepare or cause a third party to prepare the Beneficiary Database as correctly as possible. The Insurer acknowledges that, notwithstanding such efforts being made by the State Health Agency, the information in the Beneficiary Database may not be accurate or correct and that the Beneficiary Database may contain errors or mistakes.

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

1. The Insurer represents, warrants and undertakes that it has completed its own due diligence and is relying on its own judgment in assessing the risks and responsibilities that it will be undertaking by entering into this Insurance Contract and in providing the Covers to the enrolled Beneficiary Family Units and in assessing the adequacy of the Premium for providing the Covers for the Beneficiary Family Units.
2. Based on the acknowledgements of the Insurer in this Clause, the Insurer:
3. acknowledges and confirms that the State Health Agency has made no and will make no material disclosures to the Insurer;
4. acknowledges and confirms that the State Health Agency shall not be liable to the Insurer for any misrepresentation or untrue, misleading, incomplete or inaccurate statements made by the State Health Agency or any of its agents, officers, employees or advisors at any time, whether made wilfully, negligently, fraudulently or in good faith; and
5. hereby releases and waives all rights or entitlements that it has or may have to:

* make any claim for damages and/or declare this Insurance Contract or any Policy issued under this Insurance Contract declared null and void; or

as a result of any untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars that affect the Insurer’s ability to provide the Covers.

# Fraud Control and Management

1. The insurer is expected to develop a comprehensive fraud control system for the scheme. For an indicative (not exhaustive) list of fraud triggers that may be automatically and on a real-time basis be tracked please refer to **Schedule 13**. The Insurer shall have capactities and track the indicative (not exhaustive) triggers and it can add more triggers to the list.
2. For all trigger alerts related to possible fraud at the level of EHCPs, the Insurer shall take the lead in immediate investigation of the case in close coordination and under constant supervision of the SHA.
3. Investigations pursuant to any such alert shall be concluded within 15 days and all final decision related to outcome of the Investigation and consequent penal action, if the fraud is proven, shall vest solely with the SHA.
4. The SHA shall take all such decision within the provisions of the Insurance Contract and be founded on the Principles of Natural Justice.
5. The SHA shall on an ongoing basis measure the effectiveness of anti-fraud measures in the Scheme through a set of indicators. For a list of such indicative (not exhaustive) indicators, refer to **Schedule 14**.
6. The Insurer shall be responsible for monitoring and controlling the implementation of the AB-PMJAY in the State in accordance with **Clause 24**.
7. In the event of a fraudulent Claim being made or a false statement or declaration being made or used in support of a fraudulent Claim or any fraudulent means or device being used by any Empanelled Health Care Provider or the TPA or other intermediary hired by the Insurer or any of the Beneficiaries to obtain any benefits under this Insurance Contract or any Policy issued by the Insurer (each a Fraudulent Activity), then the Insurer’s sole remedies as per the approval of SHA shall be to:
8. refuse to honour a fraudulent Claim or Claim arising out of Fraudulent Activity or reclaim all benefits paid in respect of a fraudulent Claim or any Fraudulent Activity relating to a Claim from the Empanelled Health Care Provider and/or the Beneficiary that has undertaken or participated in a Fraudulent Activity; and/or
9. de-empanel the Empanelled Health Care Provider, with approval of SHA, that has made a fraudulent Claim or undertaken or participated in a Fraudulent Activity, with the procedure specified in **Schedule 5**;
10. terminate the services agreement with the intermediary appointed by the Insurer; and/or

provided that the Insurer has: issued a notice to the State Health Agency of its proposed exercise of any of these remedies; and such notice is accompanied by reasonable documentary evidence of such fraudulent activity. An indicative list of fraudulent triggers has been set out in **Schedule 13**.

The State Health Agency shall have the right to conduct a random audit of any or all cases in which the Insurer has exercised such remedies against an Empanelled Health Care Provider and/or any Beneficiary. If the State Health Agency finds that the Insurer has wrongfully de-empanelled an Empanelled Health Care Provider, then the Insurer shall be required to reinstate such benefits to such Empanelled Health Care Provider.

1. The Insurer hereby releases and waives all rights or entitlements to:
2. make any claim for damages and/or have this Insurance Contract or any Policy issued under this Insurance Contract declared null and void; or

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

# Representations and warranties of the Insurer

## Representations and Warranties

The Insurer represents, warrants and undertakes that:

1. The Insurer has the full power, capacity and authority to execute, deliver and perform this Insurance Contract and it has taken all necessary actions (corporate, statutory or otherwise), to execute, deliver and perform its obligations under this Insurance Contract and that it is fully empowered to enter into and execute this Insurance Contract, as well as perform all its obligations hereunder.
2. Neither the execution of this Insurance Contract nor compliance with its terms will be in conflict with or result in the breach of or constitute a default or require any consent under:
3. any provision of any agreement or other instrument to which the Insurer is a party or by which it is bound;
4. any judgment, injunction, order, decree or award which is binding upon the Insurer; and/or
5. the Insurer’s Memorandum and Articles of Association or its other constituent documents.
6. The Insurer is duly registered with the IRDA, has duly obtained renewal of its registration from the IRDA and to the best of its knowledge, will not have its registration revoked or suspended for any reason whatsoever during the Term of this Insurance Contract. The Insurer undertakes that it shall continue to keep its registration with the IRDA valid and effective throughout the Term of this Insurance Contract.
7. The Insurer has conducted the general insurance (including health insurance) business in India for at least 3 financial years prior to the submission of its Bid and shall continue to be an insurance company that is permitted under Law to carry on the general insurance (including health insurance) business throughout the Term of this Insurance Contract.
8. In the financial year prior to the submission of its Bid, the Insurer has maintained its solvency ratio in full compliance with the requirements of the IRDA Solvency Regulations and the Insurer undertakes that it shall continue to maintain its solvency ratio in full compliance with the IRDA Solvency Regulations throughout the Term of this Insurance Contract.
9. The Insurer has complied with and shall continue to comply with all Laws, including but not limited to the rules or regulations issued by the IRDA in connection with the conduct of its business and the AB-PMJAY Guidelines issued by MoHFW and/or the State Health Agency from time to time.
10. The Insurer has quoted the Premium and accepted the terms and conditions of this Insurance Contract:
11. after the Insurer and its Appointed Actuary have duly satisfied themselves regarding the financial viability of the Premium; and
12. in accordance with the Insurer's underwriting policy approved its Board of Directors.

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

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

## Continuity and Repetition of Representations and Warranties

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

## Information regarding Breach of Representations and Warranties

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

***PART II***

***PROJECT OFFICE***

# Project Office and District Offices

## Project Office at the State Level

The Insurer shall establish a Project Office at a convenient place at **Kohima** [*insert name of State/ UT capital*] for coordination with the SHA on a regular basis within 15 days of signing of the contract.

## District Offices

1. The Insurer shall set up an office in each of the districts of the State/UT of **Nagaland** [*insert name of State/UT*] at the district headquarters of such district (each a District Office) within 15 days of signing of the contract.
2. Each District Office shall be responsible for coordinating the Insurer’s activities at the district level with the SHA’s district level administration.
3. Insurer shall display relevant information/IEC materials prominently in their district offices/kiosks. These shall include but not be limited to, hoardings, posters, pamphlets with details of the scheme, brochures, etc.

## Organizational Set up and Functions

1. In addition to the support staff for other duties, the Insurer shall recruit or employ experienced and qualified personnel exclusively for the purpose of implementation of the AB-PMJAY and for the performance of its obligations and discharge of its liabilities under the Insurance Contract:
2. One State Coordinator who shall be responsible for implementation of the Scheme and performance of the Insurance Contract in the State/UT.
3. One full time District Coordinator for each of the districts who shall be responsible for implementation of the Scheme in each of the districts.
4. One full time district medical officer for each of the districts who shall be responsible for medical audits, fraud control etc.
5. One district grievance officer for each of the districts who shall be responsible for grievances in the district.

The State Coordinator shall be located in the Project Office and each District Coordinator shall be located in the relevant District Office.

## Role of District Coordinator

* To coordinate and ensure smooth implementation of the Scheme in the district.
* To follow up with the EHCP to ensure that the IT infrastructure installed is fully functional at all times.
* Liaise with the district officials of the SHA to addressing operational issues as and when they arise.
* Liaise with the District Grievance Redressal Cell for resolving all complaints.

1. In addition to the personnel mentioned above, the Insurer shall recruit or employ experienced and qualified personnel for each of the following roles within its organisation exclusively for the purpose of the implementation of the Scheme:
2. To undertake Information Technology related functions which will include, among other things, collating and sharing claims related data with the SHA and running of the website at the State level and updating data at regular intervals on the website. The website shall have information on AB-PMJAY in the local language and English with functionality for claims settlement and account information access for the AB-PMJAY Beneficiaries and the EHCP.
3. To implement the grievance redressal mechanism and to participate in the grievance redressal proceedings provided that such persons shall not carry out any other functions simultaneously if such functioning will affect their independence as members of the grievance redressal committees at different levels.
4. To coordinate the Insurer’s State level obligations with the State level administration of the SHA.
5. In addition to the personnel mentioned above, the Insurer shall recruit or employ experienced and qualified personnel for each of the following roles within its organisation at the State/district level, exclusively for the purpose of the implementation of the AB-PMJAY:
6. To undertake the Management Information System (MIS) functions, which include creating the MIS dashboard and collecting, collating and reporting data.
7. To generate reports in formats prescribed by the SHA from time to time or as specified in the Scheme Guidelines, at monthly intervals.
8. Processing and approval of beneficiary identity verification requests, received from Ayushman Mitras at the hospitals, as per the process defined in the scheme. Scrutiny and approval of beneficiary identity verification requests if all the conditions are fulfilled, within 30 minutes of receiving the requests from Ayushman Mitras at the network hospital.
9. To undertake the Pre-authorisation functions under AB-PMJAY.
10. To undertake paperless claims settlement for the Empanelled Health Care Providers with electronic clearing facility, including the provision of necessary Medical Practitioners to undertake investigation of claims made.
11. To undertake internal monitoring and control functions.
12. To undertake feedback functions which include designing feedback formats, collecting data based on those formats from different stakeholders like AB-PMJAY beneficiaries, the EHCPs etc., analysing the feedback data and recommending appropriate actions.
13. To coordinate the Insurer’s district level obligations with the district level administration of the SHA.
14. The Insurer shall not be required to appoint the concerned personnel if it has outsourced any of the roles and functions listed in the above sections to third parties in accordance with **Clause 25**.
15. Provided, however, that the Insurer shall not outsource any roles or functions that are its core functions as a health insurer or that relate to its assumption of risk under AB-PMJAY Cover or that the Insurer is prohibited from outsourcing under the Insurance Laws, including but not limited to: implementation of the grievance redressal mechanism, managing its District Offices, undertaking pre-authorisation (other than in accordance with the Health Insurance Regulations), undertaking Claims Payments (other than in accordance with the Health Insurance Regulations).
16. The Insurer shall provide a list of all such appointments and replacement of such personnel to the SHA within 30 days of all such appointments and replacements. The Insurer shall ensure that its employees coordinate and consult with the SHA’s corresponding personnel for the successful implementation of AB-PMJAY and the due performance of the Insurer's obligations and discharge of the Insurer's liabilities under the Insurance Contract and the Policies issued hereunder.
17. The Insurer shall complete the recruitment of such employees within 45 days of the signing of the Insurance Contract and in any event, prior to commencement of the Policy Cover Period.

# Capacity Building Interventions

The insurer shall prepare a training plan and share with SHA within 15 days of signing of the contract. The Insurer shall, at a minimum, conduct the following training and make them part of training plan:

**Empanelled Health Care Provider Training**

* 1. The Insurer shall provide training to the Ayushman Mitras for all EHCPs in a State at least once every 6 months, that is, at least twice during each Policy Cover Period for such State. Such training shall minimum include: list of covered procedures and prices, pre-authorisation procedures and requirements, IT training for making online Claims and ensuring proper installation and functioning of the Hospital IT Infrastructure for each Empanelled Health Care Provider.
  2. The Insurer shall organize training workshops for each public EHCP (including Community Health Centres- CHCs and Primary Health Centres- PHCs) at the hospital premises at least once every 6 months, that is, at least twice during each Policy Cover Period for a State and at any other time requested by the EHCP, to increase knowledge levels and awareness of the hospital staff.
  3. If a particular EHCP frequently submits incomplete documents or incorrect information in Claims or in its request for authorisation as part of the pre-authorisation procedure, then the Insurer shall undertake a follow-up training for such EHCP.
  4. The cost of all capacity building interventions associated with the implementation of the Capacity Building Programme shall be borne by the Insurer.
  5. The Insurer shall submit to the State Health Agency at the end of every 6 months, a detailed report specifying the capacity building and training conducted by the Insurer and the progress made by the Insurer against the Capacity Building Programme during those 6 months.

# Other Obligations

## Insurer’s Obligations before start of the policy

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

1. Sign contract with the empanelled hospitals
2. Ensure that requisite hardware and software is available in the empanelled hospitals
3. State and district offices as mentioned aboe are set up and functional
4. Print sufficient number of booklets which have to be given to each Beneficiary Family Unit through various mechanisms including hospitals, common service centres, ASHA etc. The responsibility of distributing booklets will lie with the SHA. Such booklets shall contain at least the following details:
5. Details about AB-PMJAY;
6. Process for utilizing the Covers under AB-PMJAY;
7. List of Exclusions;
8. Start and end date of the Policy Cover Period for that State;
9. List of the Empanelled Health Care Providers along with addresses and contact details;
10. The names and details of the District Coordinator of the Insurer in that district;
11. Toll-free number of the call centre;
12. Process for filing complaints or grievances;
13. All other details required for smooth usage of the AB-PMJAY.
14. Ensuring availability of Policy number for the Policy for State that is issued by the Insurer.
15. Ensuring that contact details of the District Coordinator of the Insurer, and the nodal officer of the other service providers appointed by the Insurer are are provided to SHA before the commencement of each Policy Cover Period.

## State Health Agency’s Obligations

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

1. Provide the Beneficiary Database for each district in the format prescribed by the AB-PMJAY Guidelines to the insurer prior to the commencement of each Policy Cover Period at least 15 days prior to the scheduled date for start of policy.
2. Appoint the District Nodal Officers (DNOs) and other required staff for each district and work with the DNO appointed by it to create the requisite organization structure at the district level to effectively implement and manage the AB-PMJAY within 30 days of the signing of this Insurance Contract.
3. Set up State and District level grievance committees as detailed out in this contract document.
4. Set up Claims review committee as mentioned in 24.3.1 (b) (I)

***PART III***

***OTHER OBLIGATIONS REGARDING IMPLEMENTATION OF THE AB-PMJAY***

# Service beyond Service Area

To ensure true portability of the AB-PMJAY and to provide the Beneficiaries with seamless access to health care services across the Empanelled Health Care Providers anywhere across India. To ensure true portability of AB-PMJAY, State Governments shall enter into arrangement with ALL other States that are implementing AB-PMJAY for allowing sharing of network hospitals, transfer of claim & transaction data arising in areas beyond the service area.

# Plan for Provision of Services in the Absence of Internet Connectivity

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

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

# Management Information System

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

# Monitoring and Control

## Scope of Monitoring

1. Monitoring under AB-PMJAY shall include supervision and monitoring of all the activities under the AB-PMJAY undertaken by the Insurer and ensuring that the Insurer complies with all the provisions of the Insurance Contract signed with the State Health Agency (SHA) and all contracts and sub-contracts/ agreements issued by the Insurer pursuant to the Insurance Contract with the SHA for implementation of the Scheme.
2. Monitoring shall include but not be limited to:
3. Overall performance and conduct of the Insurer.
4. Claims management process.
5. Grievance redressal process.
6. Any other aspect/ activity of the Insurer related to the implementation of the Scheme.

## Monitoring Activities to be undertaken by the Insurer

### General Monitoring Obligations

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

1. Ensure compliance to all the terms, conditions and provisions of the Scheme.
2. Ensure monitoring of processes for seamless access to cashless health care services by the AB-PMJAY beneficiaries under the provisions of the Scheme.
3. Ensure monitoring of processes for timely processing and management of all claims of the EHCPs.
4. Ensure fulfilment of minimum threshold levels as per the agreed Key Performance Indicators (KPIs).
5. Ensure compliance from all its sub-contractors, vendors and intermediaries hired/ contracted by the Insurer under the Scheme for the fulfilment of its obligations.

### Medical Audit

**Scope**

1. The scope of medical audit under the Scheme shall focus on ensuring comprehensiveness of medical records and shall include but not be limited to:
   * 1. Completeness of the medical records file.
     2. Evidence of patient history and current illness.
     3. Operation report (if surgery is done).
     4. Patient progress notes from admission to discharge.
     5. Pathology and radiology reports.

1. If at any point in time the SHA issues Standard Treatment Guidelines for all or some of the medical/ surgical procedures, assessing compliance to Standard Treatment Guidelines shall be within the scope of the medical audit.

**Methodology**

1. The Insurer shall conduct the medical audit through on-site visits to the concerned EHCPs for inspection of records, discussions with the nursing and medical staff.
2. The indicative process of conducting medical audits is set out below and based on this the Insurer shall submit its detailed audit methodology to the SHA for approval:
3. The auditor shall check the data before meeting the EHCP authorities.
4. The audit should preferably be conducted in the presence of the EHCP’s physician/ treating doctor.
5. The medical audit will include a review of medical records in the format specified in **Schedule 10**.

**Personnel**

1. All medical audits should compulsorily be done by MBBS doctors or Specialists as required who are a part of the Insurer’s or the Outsourced agency or is otherwise duly authorized to undertake such medical audit by the Insurer or the outsourced agency. The Insurer shall share the profiles of all such auditors hired/empanelled by it for medical audit purposes under the Scheme.

**Frequency and Sample**

1. The number of medical audits to be conducted by the Insurer will be a five percent of the total cases hospitalized in each of the EHCP in the current quarter. The sample shall be selected in a manner to ensure that over a period of one year every district and every EHCP is included at least once in the medical audits.

### Hospital Audit

1. The Insurer will conduct hospital audit for every single EHCP visited by it as a part of the medical audit as described in **Clause 24.2.2** above.
2. Hospital audit shall be conducted as per the format prescribed in **Schedule 11**.
3. Hospital audit will focus on compliance to EHCP’s obligations like operational help desk, appropriate signage of the Scheme prominently displayed, etc. details of which are captured.

## Monitoring Activities to be undertaken by the State Health Agency

### Audits by the State Health Agency

1. Audit of the audits undertaken by the Insurer: The SHA shall have the right to undertake sampled audits of all audits (Medical Audit and Hospital Audit) undertaken by the Insurer.
2. Direct audits: In addition to the audit of the audits undertaken by the Insurer referred in **Clause 24.3.1.a**, the SHA shall have the right to undertake direct audits on a regular basis conducted either directly by it or through its authorized representatives/ agencies including appointed third parties. Direct audits shall include:
3. Claims audit: For the purpose of claims audit, the SHA shall constitute a **Claims Review Committee** (CRC) that shall look into 100 percent of the claims rejected or partially settled by the Insurer to assure itself of the legitimacy of the Insurer’s decisions. Claims settlement decisions of the Insurer that are disputed by the concerned EHCP shall be examined in depth by the CRC after such grievance of the EHCP is forwarded by the concerned Grievance Redressal Committee (GRC) to the CRC.

CRC shall examine the merits of the case within 30 working days and recommend its decision to the concerned GRC. The GRC shall then communicate the decision to the aggrieved party (the EHCP) as per the provisions specified in the Clause of Grievance Redressal Mechanism.

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

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

1. Concurrent Audits: The SHA shall have the right to set up mechanisms for concurrent audit of the implementation of the Scheme and monitoring of Insurer’s performance under this Insurance Contract.

### Spot Checks by the State Health Agency

1. The SHA shall have the right to undertake spot checks of district offices of the Insurer and the premises of the EHCP without any prior intimation.
2. The spot checks shall be random and will be at the sole discretion of the SHA.

### Performance Review and Monitoring Meetings

1. The SHA shall organize fortnightly meetings for the first three months and monthly review meetings thereafter with the Insurer. The SHA shall have the right to call for additional review meetings as required to ensure smooth functioning of the Scheme.
2. Whereas the SHA shall issue the Agenda for the review meeting prior to the meeting while communicating the date of the review meeting, as a general rule the Agenda shall have the following items:
3. Review of action taken from the previous review meeting.
4. Review of performance and progress in the last quarter: utilization pattern, claims pattern, etc. This will be done based on the review of reports submitted by the Insurer in the quarter under review.
5. KPI Results review – with discussions on variance from prescribed threshold limits, if any.
6. Contracts management issue(s), if any.
7. Risk review, fraud alerts, action taken of fraud alerts.
8. Inter insurance company claim settlement
9. Any other item.
10. All meetings shall be documented and minutes shared with all concerned parties.
11. Apart from the regularly quarterly review meetings, the SHA shall have the right to call for interim review meetings as and when required on specific issues.

## Key Performance Indicators for the Insurer

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

## Measuring Performance

1. Performance shall be measured quarterly against the KPIs and the thresholds for each indicator.
2. Indicator performance results shall be reviewed in the quarterly review meetings and reasons for variances, if any, shall be presented by the Insurer.
3. All penalties imposed by the SHA on the Insurer shall have to be paid by the Insurer within 60 days of such demand.
4. Based on the review the SHA shall have the right to issue rectification orders demanding the performance to be brought up to the levels desired as per the AB-PMJAY Guidelines.
5. All such rectifications shall be undertaken by the Insurer within 30 days of the date of issue of such Rectification Order unless stated otherwise in such Order(s).
6. At the end of the rectification period, the Insurer shall submit an Action Taken Report with evidences of rectifications done to the SHA.
7. If the SHA is not satisfied with the Action Taken Report, it shall call for a follow up meeting with the Insurer and shall have the right to take appropriate actions within the overall provisions of the Insurance Contract between the SHA and the Insurer.

## Penalties

1. KPI performance related penalties are provided in the KPI table in **Schedule 12**.
2. Apart from the KPI related penalties, the SHA shall impose the following penalties on the Insurer which have been referred to in the other clauses of this Contract and Tender Document:

|  |  |  |
| --- | --- | --- |
| **No.** | **Additional Defaults** | **Penalty** |
|  | If premium refund is not made by the Insurer to the SHA within 30 days of the communication for refund sent by the SHA to the Insurer | 1% penal interest for every week of delay or part thereof and if not received within 30 days, penal interest to be recovered through legal means |
|  | If the premium is not paid to the Insurer, by the SHA within 6 months of the commencement of the AB-PMJAY Cover | Interest @ 1% of the premium amount for every 7 days’ delay shall be paid by the SHA to the Insurer |
|  | If claim payment to the hospital is delayed beyond defined period of 15 days. | An interest of 1% for every seven day of delay after 15 days |
|  | For claims outside State, if claim payment to the hospital is delayed beyond defined period of 30 days. | An interest of 1% for every seven day of delay after 30 days |

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

1. The Insurer shall notify the SHA of the agencies or service providers that it wishes to appoint within three days of NOA.
2. The agency or service providerto be appointed by the insurer shall be as per the latest regulations issued by IRDAI.
3. For the purpose of hiring an outsourced agency or service provider the Insurer shall enter into a Service Level Agreement with the concerned agency or service provider and within 14 days submit a redacted copy to the SHA.
4. The Insurer in all cases shall ensure that the appointment and functioning of agency or service provider shall be in due compliance with latest regulations of IRDAI and any deviation in this manner shall be considered a case of breach of the contract.
5. The appointment of intermediaries or service providers shall not relieve the Insurer from any liability or obligation arising under or in relation to the performance of obligations under this Insurance Contract and the Insurer shall at all times remain solely responsible for any act or omission of its intermediaries or service providers, as if it were the acts or omissions of the Insurer.
6. The Insurer shall be responsible for ensuring that its service agreement(s) with intermediaries and service providers include provisions that vest the Insurer with appropriate recourse and remedies, in the event of non-performance or delay in performance by such intermediary or service provider.
7. The Insurer shall notify the State Health Agency of the intermediaries or service providers that it wishes to appoint on or before the date of execution of this Insurance Contract.

# Reporting Requirements

1. The Insurer shall submit the following reports as per the scheduled provided in the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Report** | **Frequency** | **Deadline** |
|  | Medical & Hospital Audit Reports | For each audit | Within 10 days of completing the audit |
|  | Medical & Hospital Audit Summary Reports | Quarterly | Within 10th day of the month following the end of the quarter |
|  | Claims/ Utilization Summary Reports | Monthly | Within 5th day of the month following the end of the month |
|  | Overall Scheme Progress Reports | Monthly | Within 10th day of the month following the end of the quarter |

1. All reports shall be uploaded by the Insurer online on the SHA web portal.
2. The Insurer shall receive auto-acknowledgement immediately on submission of the report.
3. The SHA shall review all progress reports and provide feedback, if any, to the Insurer.
4. All Audits reports shall be reviewed by the SHA and based on the audit observations, determine remedial actions, wherever required.

***PART IV***

***COORDINATION AND GRIEVANCE REDRESSAL***

# Coordination Committee

## Constitution and Membership

1. The SHA shall, within 15 days of the date of execution of this Insurance Contract, establish a coordination committee (the **Coordination Committee**) which shall meet quarterly to perform its functions.
2. The Coordination Committee shall be constituted as follows:
3. Principal Secretary (Health and Family Welfare) or any other representative designated by her/ him (Chairperson).
4. Mission Director NHM.
5. Director Health Services.
6. The State Nodal Officer and one other member nominated by the SHA.
7. The State Coordinator (s) of the Insurance Company (ies) and one other member from the Corporate/ regional office of the Insurer.

State may add additional members, if required.

## Roles and Responsibilities

The key functions and role of the **Coordination Committee** shall include but not be limited to:

1. Ensuring smooth interaction and process flow between the SHA and the Insurer.
2. Reviewing the implementation and functioning of the Scheme and initiating discussions between the Parties to ensure efficient management and implementation of the Scheme.
3. Reviewing the performance of the Insurer under the Insurance Contract.
4. Any other matter that the Parties may mutually agree upon.

# Grievance Redressal

A robust and strong grievance redressal mechanism has been designed for AB-PMJAY. The District authorities shall act as a frontline for the redressal of Beneficiaries’ / Providers / other Staekholder’s grievances. The District authorities shall also attempt to solve the grievance at their end. The grievances so recorded shall be numbered consecutively and the Beneficiaries / Providers or any other aggrieved party shall be provided with the number assigned to the grievance. The District authorities shall provide the Beneficiaries / Provider or any other aggrieved party with details of the follow-up action taken as regards the grievance as per the process laid down. The District authorities shall also record the information in pre-agreed format of any complaint / grievance received by oral, written or any other form of communication.

Under the Grievance Redressal Mechanism of AB-PMJAY, set of three tier Grievance Redressal Committees have been set up to attend to the grievances of various stakeholders at different levels. Details of Grievance Redressal mechanisms and guidelines for this purpose are provided at **Schedule 16**.

***PART V***

***OTHER TERMS AND CONDITIONS***

# Term and Termination

## Term

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

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

The Insurer undertakes that it shall discharge all its liabilities in respect of all such Claims raised in respect of each Policy and all of its liabilities to the State Health Agency within 45 days of the date of expiration of the Policy Cover Period for that Policy.

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

## Termination by the State Health Agency

1. The State Health Agency shall have the right to terminate this Insurance Contract upon the occurrence of any of the following events (each an **Insurer Event of Default**), provided that such event is not attributable to a Force Majeure Event:
2. the Insurer fails to duly obtain a renewal of its registration with the IRDAI or the IRDAI revokes or suspends the Insurer’s registration for the Insurer’s failure to comply with applicable Insurance Laws or the Insurer’s failure to conduct the general or health insurance business in accordance with applicable Insurance Laws or the code of conduct issued by the IRDAI; or
3. the Insurer’s average Turn-around Time over a period of 90 days is in excess of 45 days per Claim provided all premium due is paid by the SHA in time to the Insurer; or
4. If at any time any payment, assessment, charge, lien, penalty or damage herein specified to be paid by the Insurer to the SHA, or any part thereof, shall be in arrears and unpaid within 60 days of receipt of a written notice from the SHA requesting payment thereof; or
5. the Insurer is otherwise in material breach of this Insurance Contract that remains uncured despite receipt of a 60-day cure notice from the SHA; or
6. any representation, warranty or undertaking given by the Insurer proves to be incorrect in a material respect or is breached; or
7. The Insurer has successively infringed the terms and conditions of the Insurance Contract and/or has failed to rectify the same even after the expiry of the notice period for rectification of such infringement then it would amount to material breach of the terms of the Insurance Contract by the Insurer; or
8. The Insurer has failed to perform or discharge any of its obligations in accordance with the provisions of the Insurance Contract with SHA unless such event has occurred because of a Force Majeure Event, or due to reasons solely attributable to the SHA without any contributory factor of the Insurer; or
9. The Insurer engaging or knowingly has allowed any of its employees, agents, tenants, contractor or representative to engage in any activity prohibited by law or which constitutes a breach of or an offence under any law, in the course of any activity undertaken pursuant to the Insurance Contract; or
10. The Insurer has been adjudged as bankrupt or become insolvent; or
11. Any petition for winding up of the Insurer has been admitted and liquidator or provisional liquidator has been appointed or the Insurer has been ordered to be wound up by Court of competent jurisdiction, except for the purpose of amalgamation or reconstruction with the prior consent of the SHA, provided that, as part of such or reconstruction and the amalgamated or reconstructed entity has unconditionally assumed all surviving obligations of the Insurer under the Insurance Contract; or
12. The Insurer has abandoned the Project Office(s) of the AB-PMJAY and is non-contactable; or
13. Performance against KPI is below the threshold specified in **Schedule 10** for two consecutive quarters; or
14. Intentional or unintentional act of undisputedly proven fraud committed by the Insurer.
15. Upon the occurrence of an Insurer Event of Default, the State Health Agency may, without prejudice to any other right it may have under this Insurance Contract, in law or at equity, issue a notice of its intention to terminate this Insurance Contract to the Insurer (**Preliminary Termination Notice**).

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

1. SHA will provide prorata premium for the period for which insurer has provided the policy within 30 days of end of policy. In case excess premium with respect to pro-rata policy has been already received by the insurer then insurer will need to return the excess premium excluding the premium due for the pro-rata period within 30 days of end of policy.

## State Health Agency Event of Default

1. The Insurer shall be entitled to terminate this Insurance Contract upon the occurrence of a material breach of this Insurance Contract by the State Health Agency that remains uncured despite receipt of a 60 day cure notice from the Insurer (a **State Health Agency Event of Default**), provided that such event is not attributable to a Force Majeure Event.
2. Upon the occurrence of a State Health Agency Event of Default (non-payment of first instalment of premium within 180 days of start of policy), the Insurer may, without prejudice to any other right it may have under this Insurance Contract, in law or at equity, issue a Preliminary Termination Notice to the State Health Agency. If the State Health Agency fails to remedy or rectify the State Health Agency Event of Default stated in the Preliminary Termination Notice issued by the Insurer within 60 days of receipt of the Preliminary Termination Notice, the Insurer will be entitled to terminate this Insurance Contract by issuing a Final Termination Notice.

## Termination Date

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

1. an Insurer Event of Default, shall be the date of issuance of the Final Termination Notice;
2. a State Health Agency Event of Default, shall be the date falling 120 Business Days from the date of the Final Termination Notice issued by the Insurer; and
3. a Force Majeure Event, shall be the date of expiration of the written notice.

## Consequences of Termination

Upon termination of this Insurance Contract, the Insurer shall:

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

**TC = P x N x UT**

**365**

Where:

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

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

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

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

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

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

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

## Migration of Policies Post Termination

1. At least 120 days prior to the expiration of this Insurance Contract or the Termination Date, the SHA may issue a written request to the Insurer seeking a migration of the Policies for all the districts in the Service Area (**Migration Request**) to another insurance company (**New Insurer**).
2. Once the SHA has issued such a Migration Request:
   1. The SHA shall have the right to identify the New Insurer to whom the Policies will be migrated up to 30 days prior to the expiration date or the Termination Date.
   2. The SHA shall also have the right to withdraw the Migration Request at any time prior to the 30 day period immediately preceding the expiration date or the Termination Date. If the SHA chooses to withdraw the Migration Request, then the remaining provisions of this **Clause 29.6** shall not apply from the date of such withdrawal and this Insurance Contract shall terminate forthwith upon the withdrawal of the Migration Request.
3. Upon receiving the Migration Request, the Insurer shall commence preparing Claims data, and current status of implementation of training provided to Empanelled Health Care Providers and any other information sought by the SHA in the format prescribed by the SHA at that point in time.
4. Within 7 days of receiving notice of the New Insurer, the Insurer shall promptly make available all of the data prepared by it to the New Insurer.
5. The Insurer shall not be entitled to:
6. refuse to honour any Claims made by the EHCPs on or before the date of expiration or the Termination Date until the migration process has been completed and the New Insurer assumes all of the risks under the Policies for the Service Area; or
7. cancel the Policies for the Service Area until the migration process has been completed and the New Insurer assumes all of the risks under the Policies for the Service Area; or
8. charge the SHA, the New Insurer or any third person with any commission, additional charges, loading charges or otherwise for the purpose of migrating the Policies to the New Insurer.
9. The Insurer shall be entitled to retain the proportionate Premium for the period between the date on which a termination notice has been issued and the earlier to occur of: (x) the date on which the New Insurer assumes all the risks under the Policies; and (y) the date of withdrawal of the Migration Request (the **Migration Termination Date**).

## Hand-Over Obligations

Without prejudice to the provisions of **Clause 30.6**, on expiration of the Term or on the Termination Date, the Insurer shall:

1. assign all of its rights, but not any payment or other obligations or liabilities, under its Services Agreements with the Empanelled Health Care Providers and any other agreements with its intermediaries or service providers for the implementation of AB-PMJAY in favour of the State Health Agency or to the New Insurer, provided that the Insurer has received a written notice to this effect at least 30 days’ prior to the date of expiration of the Term or the Termination Date;
2. hand-over, transfer and assign all rights and title to and all intellectual property rights in all data, information and reports in favour of the State Health Agency or to the New Insurer, whether such data, information or reports have been collected, collated, created, generated or analysed by the Insurer or its intermediaries or service providers on its behalf and whether such data, information and reports is in electronic or physical form;

# Force Majeure

## Definition of Force Majeure Event

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

1. fire, flood, atmospheric disturbance, lightning, storm, typhoon, tornado, earthquake, washout or other Acts of God;
2. war, riot, blockade, insurrection, acts of public enemies, civil disturbances, terrorism, sabotage or threats of such actions; and
3. strikes, lock-out or other disturbances or labour disputes, not involving the employees of such Party or any intermediaries appointed by it,

but regardless of the extent to which the conditions in the first paragraph of this **Clause 30.1** are satisfied, Force Majeure Event shall not include:

1. a mechanical breakdown; or
2. weather conditions which should reasonably have been foreseen by the Affected Party claiming a Force Majeure Event and which were not unusually adverse; or
3. non-availability of or increase in the cost (including as a result of currency exchange rate fluctuations) of suitably qualified and experienced labour, equipment or other resources, other than the non-availability of equipment due to an event that affected an intermediary of the Insurer and that, if it had happened to the Insurer hereunder, would have come within the definition of Force Majeure Event under **Clause 30.1**; or
4. economic hardship or lack of money, credit or markets; or
5. events of physical loss, damage or delay to any items during marine, air or inland transit to the State of **Nagaland** unless the loss, damage or delay was directly caused by an event that affected a intermediary of the Insurer and that, if it had happened to the Insurer hereunder, would have come within the definition of Force Majeure Event under **Clause 30.1**; or
6. late performance or other breach or default by the Insurer (including the consequences of any breach or default) caused by the acts, omissions or defaults of any intermediary appointed by the Insurer unless the event that affected the intermediary and caused the act, omission or default would have come within the definition of Force Majeure Event under **Clause 30.1** if it had affected the Insurer; or
7. a breach or default of this Insurance Contract (including the consequences of any breach or default) unless it is caused by an event that comes within the definition of Force Majeure Event under **Clause 30.1**; or
8. the occurrence of a risk that has been assumed by a Party to this Contract; or
9. any strike or industrial action that is taken by the employees of the Insurer or any intermediary appointed by the Insurer or which is directed at the Insurer; or
10. the negligence or wilful recklessness of the Insurer, the intermediaries appointed by it, their employees or other persons under the control and supervision of the Insurer.

## Limitation on the Definition of Force Majeure Event

Any event that would otherwise constitute a Force Majeure Event pursuant to **Clause 30.1** shall not do so to the extent that the event in question could have been foreseen or avoided by the Affected Party using reasonable *bona fide* efforts, including, in the case of the Insurer, obtaining such substitute goods, works, and/or services which were necessary and reasonable in the circumstances (in terms of expense and otherwise) for performance by the Insurer of its obligations under or in connection with this Insurance Contract.

## Claims for Relief

1. If due to a Force Majeure Event the Affected Party is prevented in whole or in part from carrying out its obligations under this Insurance Contract, the Affected Party shall notify the other Party accordingly (**Force Majeure Notice**).
2. The Affected Party shall not be entitled to any relief for or in respect of a Force Majeure Event unless it has notified the other Party in writing of the occurrence of the Force Majeure Event as soon as reasonably practicable and in any event within 7 days after the Affected Party knew, or ought reasonably to have known, of the occurrence of the Force Majeure Event and it has complied with the requirements of **Clause 30.3** of this Insurance Contract.
3. Each Force Majeure Notice shall:
4. fully describe the Force Majeure Event;
5. specify the obligations affected by the Force Majeure Event and the extent to which the Affected Party cannot perform those obligations;
6. estimate the time during which the Force Majeure Event will continue; and
7. specify the measures proposed to be adopted to mitigate or minimise the effects of the Force Majeure Event.
8. As soon as practicable after receipt of the Force Majeure Notice, the Parties shall consult with each other in good faith and use reasonable endeavours to agree appropriate mitigation measures to be taken to mitigate the effect of the Force Majeure Event and facilitate continued performance of this Insurance Contract.

If Parties are unable to arrive at a mutual agreement on the occurrence of a Force Majeure Event or the mitigation measures to be taken by the Affected Party within 15 days of receipt of the Force Majeure Notice, then the other Party shall have a right to refer such dispute to grievance redressal in accordance with **Clause 28**.

1. Subject to the Affected Party having complied with its obligations under **Clause 30.3**, the Affected Party shall be excused from the performance of the obligations that is affected by such Force Majeure Event for the duration of such Force Majeure Event and the Affected Party shall not be in breach of this Insurance Contract for such failure to perform for such duration; provided however that no payment obligations (including Claim Payments) shall be excused by the occurrence of a Force Majeure Event.

## Mitigation of Force Majeure Event

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

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

## Resumption of Performance

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

## Termination upon Subsistence of Force Majeure Event

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

# ASSIGNMENT

## Assignment by Insurer

Except as approved in advance by the State Health Agency in writing, this Insurance Contract, no Policy and no right, interest or Claim under this Insurance Contract or Policy or any obligations or liabilities of the Insurer arising under this Insurance Contract or Policy or any sum or sums which may become due or owing to the Insurer, may be assigned, transferred, pledged, charged or mortgaged by the Insurer.

## Assignment by State Health Agency

The State Government may assign or transfer all or any part of its rights or obligations under this Insurance Contract or any Policy without the prior consent of the Insurer.

## Effect of Assignment

If this Insurance Contract or any Policy or any rights, obligations or liabilities arising under this Insurance Contract or such Policy are assigned or transferred in accordance with this **Clause 31**, then this Insurance Contract and such Policy shall be fully binding upon, inure to the benefit of and be enforceable by the Parties hereto and their respective successors and permitted assigns.

Any assignment not expressly permitted under this Insurance Contract shall be null and void and of no further force and effect.

## Assignment by Beneficiaries or Empanelled Health Care Providers

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

Without limiting the foregoing, the Parties acknowledge that the public Empanelled Health Care Providers in the Service Area that are under the management of Rogi Kalyan Samitis may assign all or part of their right to receive Claims Payments from the Insurer in favour of the Government of **Nagaland** or any other department, organization or public body that is under the ownership and/or control of the Government of **Nagaland.**

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

# Confidentiality of Information and Data Protection

Insurer will treat all non-public, especially health, treatment and payment related information as confidential, and such party shall not disclose or use such information in a manner contrary to the purposes of this Agreement.

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

# Intellectual Property Rights

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

# Entire Agreement

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

# Relationship

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

# Variation or Amendment

1. No variation or amendment of this Insurance Contract shall be binding on either Party unless and to the extent that such variation is recorded in a written document executed by both Parties but where any such document exists and is so signed, neither Party shall allege that such document is not binding by virtue of an absence of consideration.
2. Notwithstanding anything to the contrary in **Clause 34(a)** above, the Insurer agrees that the MoHFW and the State Health Agency shall be free to issue AB-PMJAY Guidelines from time to time (including pursuant to the issuance of recommendations of the Working Group constituted by the MoHFW) and the Insurer shall comply with all such AB-PMJAY Guidelines issued during the Term, whether or not the provisions or terms of such AB-PMJAY Guidelines have the effect of varying or amending the terms of this Insurance Contract.

# Severability

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

# Notices

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

To: **Insurer**

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

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

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

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

To: **State Health Agency**

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

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

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

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

# No waiver

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

# Governing Law and Jurisdiction

1. This Insurance Contract and the rights and obligations of the Parties under this Insurance Contract shall be governed by and construed in accordance with the Laws of the Republic of India.
2. The courts in [Insert name of State Capital] shall have the exclusive jurisdiction over any disputes arising under, out of or in connection with this Insurance Contract.

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

**SIGNED, SEALED and DELIVERED SIGNED, SEALED and DELIVERED**

For and on behalf of For and on behalf of

**State of Nagaland Insurance Company\_\_\_\_\_\_\_\_\_\_\_**

Represented by Represented by

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In the presence of: In the presence of:

(1) (1)

(2) (2)

**Schedules: Volume III**

# Schedule 1: AB-PMJAY Beneficiaries

**Beneficiaries and Geographical Coverage**: The Scheme is intended to provide the benefit to all eligible AB-PMJAY Beneficiary Families included in the Socio-Economic Caste Census (SECC) database currently and updated from time to time by the State Government in the districts stated in the Table below, subject to the compliance of AB-PMJAY Guidelines**.**

District wise profile of the identified families is given below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Districts** | Number of eligible families in SECC Data | | | Number of families currently enrolled in RSBY | Total Number of eligible families for PMJAY(benchmarked against RSBY) |
| Rural | Urban | Total |
| 1. Dimapur | 89891 | 9585 | 99476 | 44033 | 44033 |
| 1. Longleng | 6528 | 239 | 6767 | 6188 | 6188 |
| 1. Kiphire | 8284 | 422 | 8706 | 16822 | 16822 |
| 1. Kohima | 14852 | 5036 | 19888 | 16292 | 16292 |
| 1. Mokokchung | 17840 | 2333 | 20173 | 26632 | 26632 |
| 1. Mon | 27697 | 1193 | 28890 | 24904 | 24904 |
| 1. Peren | 11047 | 505 | 11552 | 15298 | 15298 |
| 1. Phek | 20703 | 503 | 21206 | 16788 | 16788 |
| 1. Tuensang | 23916 | 670 | 24586 | 19206 | 19206 |
| 1. Wokha | 15662 | 612 | 16274 | 25096 | 25096 |
| 1. Zunheboto | 12753 | 535 | 13288 | 22069 | 22069 |
| **G/ Total** | **249173** | **21633** | **270806** | **2,33,328** | **2,33,328** |

\*Number of beneficiaries is subject to revision based on any new directive from NHA.

# Schedule 2: Exclusions to the Policy

*The Insurer shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Beneficiary in connection with or in respect of:*

1. ***Conditions that do not require hospitalization:*** *Condition that do not require hospitalization and can be treated under Out Patient Care. Out Patient Diagnostic, unless necessary for treatment of a disease covered under Medical and Surgical procedures or treatments or day care procedures* (as applicable), *will not be covered.*
2. *Except those expenses covered under pre and post hospitalisation expenses, further expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes only during the hospitalized period and expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending physician.*
3. *Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease, illness or injury and which requires hospitalisation for treatment.*
4. ***Congenital external diseases:*** *Congenital external diseases or defects or anomalies, Convalescence, general debility, “run down” condition or rest cure.*
5. ***Fertility related procedures:*** *Hormone replacement therapy for Sex change or treatment which results from or is in any way related to sex change.*
6. ***Drugs and Alchohol Induced illness:*** *Diseases, illness or injury due to or arising from use, misuse or abuse of drugs or alcohol or use of intoxicating substances, or such abuse or addiction*
7. ***Vaccination:*** *Vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness. Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident),*
8. ***Suicide:*** *Intentional self-injury/suicide*
9. *Persistent Vegetative State*

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# Schedule 3: Packages and Rates - Hospital Packages under AB-PMJAY

Index

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Specialty** | **Specialty Code** | **Packages** | **Procedures** |
| 1 | Burns Management | BM | 6 | 20 |
| 2 | Cardiology | MC | 20 | 26 |
| 3 | Cardio-thoracic & Vascular surgery | SV | 34 | 113 |
| 4 | Emergency Room Packages  (Care requiring less than 12 hrs stay) | ER | 3 | 4 |
| 5 | General Medicine | MG | 76 | 98 |
| 6 | General Surgery | SG | 98 | 151 |
| 7 | Interventional Neuroradiology | IN | 10 | 15 |
| 8 | Medical Oncology | MO | 71 | 263 |
| 9 | Mental Disorders Packages | MM | 10 | 10 |
| 10 | Neo-natal care Packages | MN | 10 | 10 |
| 11 | Neurosurgery | SN | 54 | 82 |
| 12 | Obstetrics & Gynaecology | SO | 59 | 77 |
| 13 | Opthalmology | SE | 40 | 53 |
| 14 | Oral and Maxillofacial Surgery | SM | 7 | 9 |
| 15 | Orthopaedics | SB | 71 | 132 |
| 16 | Otorhinolaryngology | SL | 35 | 78 |
| 17 | Paediatric Medical management | MP | 46 | 65 |
| 18 | Paediatric surgery | SS | 19 | 35 |
| 19 | Plastic & reconstructive Surgery | SP | 8 | 12 |
| 20 | Polytrauma | ST | 10 | 21 |
| 21 | Radiation Oncology | MR | 14 | 35 |
| 22 | Surgical Oncology | SC | 76 | 120 |
| 23 | Urology | SU | 94 | 143 |
| 24 | Unspecified Surgical Package | US | 1 | 1 |
| **Total** | | | **872** | **1573** |

**ALL PACKAGES WILL INCLUDE DRUGS, DIAGNOSTICS, CONSULTATIONS, PROCEDURE, STAY AND FOOD FOR PATIENT**

**Performance-linked Incentive:**

**A performance-linked payment system has been designed to incentivize hospitals to continuously improve quality and patient safety, based on successive milestones. Hospitals qualifying for NABH entry-level accreditation will receive an additional 10%, while those qualifying for full accreditation will receive an additional 15%. To promote equity in access, hospitals providing services in aspirational districts will receive an additional 10%. Also teaching hospitals running PG/ DNB courses would receive an additional 10 % rate.**

**The package rates of various procedures and treatments specified under AB-PMJAY shall be enhanced by 10% for empanelled private hospitals and public public hospitals located within the State.**

I. Procedures

\*\*Detailed HBP2.0 +State specific Package list can be downloaded from http://www.nhmnagaland.in/\*\*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Specialty Code HBP 2.0** | **Package Code HBP 2.0** | **AB PM - JAY  Package Name** | **Multiple Procedures** | **Procedure Code HBP 2.0** | **AB PM - JAY  Procedure Name** | **Price - Static** | **Price - Dynamic** | **Stratification Criteria** | **Implants / High End Consumables** | **Can more than one type of implant be booked** | **Special Conditions** | **Procedure Label** | **Pop - Up** | **Special Conditions - Details** |
| BM | BM001 | Thermal burns | Y | BM001A | % Total Body Surface Area Burns (TBSA) - any %  (not requiring admission).  Needs at least 5-6 dressing | 7,000 |  | None | None | No | No | Regular Procedure | None | None |
| BM | BM001 | Thermal burns | Y | BM001B | % Total Body Surface Area Burns (TBSA): Upto 40 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone. | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| BM | BM001 | Thermal burns | Y | BM001C | % Total Body Surface Area Burns (TBSA): 40% - 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone. | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| BM | BM001 | Thermal burns | Y | BM001D | % Total Body Surface Area Burns (TBSA): > 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone. | 80,000 |  | None | None | No | No | Regular Procedure | None | None |
| BM | BM002 | Scald burns | Y | BM002A | % Total Body Surface Area Burns (TBSA) - any %  (not requiring admission).  Needs at least 5-6 dressing | 7,000 |  | None | None | No | No | Regular Procedure | None | None |
| BM | BM002 | Scald burns | Y | BM002B | % Total Body Surface Area Burns (TBSA): Upto 40 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone. | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| BM | BM002 | Scald burns | Y | BM002C | % Total Body Surface Area Burns (TBSA): 40% - 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone. | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| BM | BM002 | Scald burns | Y | BM002D | % Total Body Surface Area Burns (TBSA): > 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone. | 80,000 |  | None | None | No | No | Regular Procedure | None | None |
| BM | BM003 | Flame burns | Y | BM003A | % Total Body Surface Area Burns (TBSA) - any %  (not requiring admission).  Needs at least 5-6 dressing | 7,000 |  | None | None | No | No | Regular Procedure | None | None |
| BM | BM003 | Flame burns | Y | BM003B | % Total Body Surface Area Burns (TBSA): Upto 40 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone. | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| BM | BM003 | Flame burns | Y | BM003C | % Total Body Surface Area Burns (TBSA): 40 % - 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone. | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| BM | BM003 | Flame burns | Y | BM003D | % Total Body Surface Area Burns (TBSA): > 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone. | 80,000 |  | None | None | No | No | Regular Procedure | None | None |
| BM | BM004 | Electrical contact burns | Y | BM004A | Electrical contact burns: Low voltage - without part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone. | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| BM | BM004 | Electrical contact burns | Y | BM004B | Electrical contact burns: Low voltage - with part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone. | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| BM | BM004 | Electrical contact burns | Y | BM004C | Electrical contact burns: High voltage - with part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone. | 60,000 |  | None | None | No | No | Regular Procedure | None | None |
| BM | BM004 | Electrical contact burns | Y | BM004D | Electrical contact burns: High voltage - without part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone. | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| BM | BM005 | Chemical burns | Y | BM005A | Chemical burns: Without significant facial scarring and/or loss of function; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone. | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| BM | BM005 | Chemical burns | Y | BM005B | Chemical burns: With significant facial scarring and/or loss of function; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone. | 60,000 |  | None | None | No | No | Regular Procedure | None | None |
| BM | BM006 | Post Burn Contracture surgeries for Functional Improvement | Y | BM006A | Post Burn Contracture surgeries for Functional Improvement (Package including splints, pressure garments, silicone - gel sheet and physiotherapy): Excluding Neck contracture; Contracture release with - Split thickness Skin Graft (STSG) / Full Thickness Skin Graft (FTSG) / Flap cover is done for each joint with post - operative regular dressings for STSG / FTSG / Flap cover. | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| BM | BM006 | Post Burn Contracture surgeries for Functional Improvement | Y | BM006B | Post Burn Contracture surgeries for Functional Improvement (Package including splints, pressure garments, silicone - gel sheet and physiotherapy): Neck contracture; Contracture release with - Split thickness Skin Graft (STSG) /  Full Thickness Skin Graft (FTSG) / Flap cover is done for each joint with post-operative regular dressings for STSG / FTSG / Flap cover. | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| ER | ER001 | Laceration - Suturing / Dressing | N | ER001A | Laceration - Suturing / Dressing | 2,000 |  | None | None | No | No | Regular Procedure | None | None |
| ER | ER002 | Cardiopulmonary emergency | Y | ER002A | Emergency with stable cardiopulmonary status | 2,000 |  | None | None | No | No | Regular Procedure | None | None |
| ER | ER002 | Cardiopulmonary emergency | Y | ER002B | Emergency with unstable cardiopulmonary status with resuccitation | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| ER | ER003 | Animal bites (Excluding Snake Bite) | N | ER003A | Animal bites (Excluding Snake Bite) | 1,700 |  | None | None | No | No | Regular Procedure | Payment after completion of 5th dose of ARV Excluding Snake Bite 1 Pre - Auth for all 5 doses | None |
| IN | IN001 | Dural AVMs / AVFs | Y | IN001A | Dural AVMs (per sitting) with glue | 70,000 |  | None | IMP0085 | No | No | Regular Procedure | None | None |
| IN | IN001 | Dural AVMs / AVFs | Y | IN001B | Dural AVFs (per sitting) with glue | 70,000 |  | None | IMP0085 | No | No | Regular Procedure | None | None |
| IN | IN001 | Dural AVMs / AVFs | Y | IN001C | Dural AVMs (per sitting) with onyx | 150,000 |  | None | IMP0086 | No | No | Regular Procedure | None | None |
| IN | IN001 | Dural AVMs / AVFs | Y | IN001D | Dural AVFs (per sitting) with onyx | 150,000 |  | None | IMP0086 | No | No | Regular Procedure | None | None |
| IN | IN002 | Cerebral & Spinal AVM embolization - Using Histoacryl (per sitting) | Y | IN002A | Cerebral AVM embolization - Using Histoacryl  (per sitting) | 100,000 |  | None | None | No | No | Regular Procedure | None | None |
| IN | IN002 | Cerebral & Spinal AVM embolization - Using Histoacryl (per sitting) | Y | IN002B | Spinal AVM embolization - Using Histoacryl  (per sitting) | 100,000 |  | None | None | No | No | Regular Procedure | None | None |
| IN | IN003 | Coil embolization for aneurysms (includes cost of first 3 coils + balloon and / or stent if used) | N | IN003A | Coil embolization for aneurysms  (includes cost of first 3 coils + balloon and / or stent if used) |  | 100,000 | None | IMP0084 | No | No | Regular Procedure | None | None |
| IN | IN004 | Carotico-cavernous Fistula (CCF) embolization | Y | IN004A | Carotico-cavernous Fistula (CCF) embolization with coils.  [includes 5 coils, guide catheter, micro-catheter, micro-guidewire, general items] | 150,000 |  | None | IMP0147 | No | No | Regular Procedure | None | None |
| IN | IN004 | Carotico-cavernous Fistula (CCF) embolization | Y | IN004B | Carotid-cavernous Fistula (CCF) embolization with balloon  (includes one balloon, guide catheter, micro-catheter, micro-guidewire, general items) | 75,000 |  | None | IMP0087 | No | No | Regular Procedure | None | None |
| IN | IN005 | Pre-operative tumour embolization  (per session) | N | IN005A | Pre-operative tumour embolization  (per session) | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| IN | IN006 | Intracranial balloon angioplasty with stenting | N | IN006A | Intracranial balloon angioplasty with stenting | 160,000 |  | None | None | No | No | Regular Procedure | None | None |
| IN | IN007 | Intracranial thrombolysis / clot retrieval | N | IN007A | Intracranial thrombolysis / clot retrieval | 160,000 |  | None | None | No | No | Regular Procedure | None | None |
| IN | IN008 | Balloon test occlusion | N | IN008A | Balloon test occlusion | 70,000 |  | None | None | No | No | Regular Procedure | None | None |
| IN | IN009 | Parent vessel occlusion - Basic | N | IN009A | Parent vessel occlusion - Basic | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| IN | IN010 | Vertebroplasty | N | IN010A | Vertebroplasty | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| MC | MC001 | Right / Left Heart Catheterization | Y | MC001A | Right Heart Catheterization | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| MC | MC001 | Right / Left Heart Catheterization | Y | MC001B | Left Heart Catheterization | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| MC | MC002 | Catheter directed Thrombolysis | Y | MC002A | For Deep vein thrombosis (DVT) | 30,800 |  | None | None | No | No | Regular Procedure | None | None |
| MC | MC002 | Catheter directed Thrombolysis | Y | MC002B | For Mesenteric Thrombosis | 30,800 |  | None | None | No | No | Regular Procedure | None | None |
| MC | MC002 | Catheter directed Thrombolysis | Y | MC002C | For Peripheral vessels | 30,800 |  | None | None | No | No | Regular Procedure | None | None |
| MC | MC003 | Balloon Dilatation | Y | MC003A | Coartication of Aorta |  | 38,600 | None | IMP0002, IMP0003 | No | No | Regular Procedure | None | None |
| MC | MC003 | Balloon Dilatation | Y | MC003B | Pulmonary Artrey Stenosis |  | 38,600 | None | IMP0002, IMP0003 | No | No | Regular Procedure | None | None |
| MC | MC004 | Balloon Pulmonary / Aortic Valvotomy | Y | MC004A | Balloon Pulmonary Valvotomy |  | 23,400 | None | IMP0002, IMP0003 | No | No | Regular Procedure | None | None |
| MC | MC004 | Balloon Pulmonary / Aortic Valvotomy | Y | MC004B | Balloon Aortic Valvotomy |  | 23,400 | None | IMP0002, IMP0003 | No | No | Regular Procedure | None | None |
| MC | MC005 | Balloon Mitral Valvotomy | N | MC005A | Balloon Mitral Valvotomy | 90,700 |  | None | IMP0056 | No | No | Regular Procedure | None | None |
| MC | MC006 | Balloon Atrial Septostomy | N | MC006A | Balloon Atrial Septostomy | 24,400 |  | None | None | No | No | Regular Procedure | None | None |
| MC | MC007 | ASD Device Closure | N | MC007A | ASD Device Closure | 98,900 |  | None | IMP0001 | No | No | Regular Procedure | None | None |
| MC | MC008 | VSD Device Closure | N | MC008A | VSD Device Closure | 109,900 |  | None | IMP0010 | No | No | Regular Procedure | None | None |
| MC | MC009 | PDA Device Closure | N | MC009A | PDA Device Closure | 55,000 |  | None | IMP0007 | No | No | Regular Procedure | None | None |
| MC | MC010 | PDA stenting | N | MC010A | PDA stenting |  | 40,260 | None | IMP0145, IMP0146 | No | No | Regular Procedure | None | None |
| MC | MC011 | PTCA, inclusive of diagnostic angiogram | N | MC011A | PTCA, inclusive of diagnostic angiogram |  | 40,600 | None | IMP0004, IMP0005 | No | No | Regular Procedure | None | None |
| MC | MC012 | Electrophysiological Study | Y | MC012A | Electrophysiological Study | 66,000 |  | None | IMP0057, IMP0058 | No | No | Regular Procedure | None | None |
| MC | MC012 | Electrophysiological Study | Y | MC012B | Electrophysiological Study  with Radio Frequency Ablation | 96,000 |  | None | IMP0057, IMP0058, IMP0059 | No | No | Regular Procedure | None | None |
| MC | MC013 | Percutaneous Transluminal Septal Myocardial Ablation | N | MC013A | Percutaneous Transluminal Septal Myocardial Ablation | 34,000 |  | None | None | No | No | Regular Procedure | None | None |
| MC | MC014 | Temporary Pacemaker implantation | N | MC014A | Temporary Pacemaker implantation | 19,200 |  | None | None | No | No | Regular Procedure | None | None |
| MC | MC015 | Single Chamber Permanent Pacemaker Implantation | N | MC015A | Permanent Pacemaker Implantation -  Single Chamber | 69,500 |  | None | IMP0009 | No | No | Regular Procedure | None | None |
| MC | MC016 | Double Chamber Permanent Pacemaker Implantation | N | MC016A | Permanent Pacemaker Implantation -  Double Chamber | 108,000 |  | None | IMP0006 | No | No | Regular Procedure | None | None |
| MC | MC017 | Peripheral Angioplasty | N | MC017A | Peripheral Angioplasty | 55,500 |  | None | IMP0008 | No | No | Regular Procedure | None | None |
| MC | MC018 | Bronchial artery Embolisation (for Haemoptysis) | N | MC018A | Bronchial artery Embolisation  (for Haemoptysis) | 32,800 |  | None | None | No | No | Regular Procedure | None | None |
| MC | MC019 | Pericardiocentesis | N | MC019A | Pericardiocentesis | 12,100 |  | None | None | No | No | Regular Procedure | None | None |
| MC | MC020 | Systemic Thrombolysis (for MI) | N | MC020A | Systemic Thrombolysis (for MI) | 17,900 |  | None | None | No | No | Regular Procedure | None | None |
| MG | MG001 | Acute febrile illness | N | MG001A | Acute febrile illness | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG002 | Severe sepsis | Y | MG002A | Severe sepsis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG002 | Severe sepsis | Y | MG002B | Septic shock | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG003 | Malaria | Y | MG003A | Malaria | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG003 | Malaria | Y | MG003B | Complicated malaria | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG004 | Dengue fever | Y | MG004A | Dengue fever | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG004 | Dengue fever | Y | MG004B | Dengue hemorrhagic fever | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG004 | Dengue fever | Y | MG004C | Dengue shock syndrome | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG005 | Chikungunya fever | N | MG005A | Chikungunya fever | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG006 | Enteric fever | N | MG006A | Enteric fever | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG007 | HIV with complications | N | MG007A | HIV with complications | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG008 | Leptospirosis | N | MG008A | Leptospirosis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG009 | Acute gastroenteritis with dehydration | Y | MG009A | Acute gastroenteritis with moderate dehydration | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG009 | Acute gastroenteritis with dehydration | Y | MG009B | Acute gastroenteritis with severe dehydration | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG010 | Diarrohea | Y | MG010A | Chronic diarrohea | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG010 | Diarrohea | Y | MG010B | Persistent diarrohea | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG011 | Dysentery | N | MG011A | Dysentery | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG012 | Acute viral hepatitis | N | MG012A | Acute viral hepatitis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG013 | Chronic Hepatitis | N | MG013A | Chronic Hepatitis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG014 | Liver abscess | N | MG014A | Liver abscess | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG015 | Visceral leishmaniasis | N | MG015A | Visceral leishmaniasis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG016 | Pneumonia | N | MG016A | Pneumonia | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG017 | Severe pneumonia | N | MG017A | Severe pneumonia | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG018 | Empyema | N | MG018A | Empyema | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG019 | Lung abscess | N | MG019A | Lung abscess | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG020 | Pericardial / Pleural tuberculosis | Y | MG020A | Pericardial tuberculosis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG020 | Pericardial / Pleural tuberculosis | Y | MG020B | Pleural tuberculosis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG021 | Urinary Tract Infection | N | MG021A | Urinary Tract Infection | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG022 | Viral encephalitis | N | MG022A | Viral encephalitis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG023 | Septic Arthritis | N | MG023A | Septic Arthritis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG024 | Skin and soft tissue infections | N | MG024A | Skin and soft tissue infections | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG025 | Recurrent vomiting with dehydration | N | MG025A | Recurrent vomiting with dehydration | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG026 | Pyrexia of unknown origin | N | MG026A | Pyrexia of unknown origin | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG027 | Bronchiectasis | N | MG027A | Bronchiectasis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG028 | Acute bronchitis | N | MG028A | Acute bronchitis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG029 | Acute excaberation of COPD | N | MG029A | Acute excaberation of COPD | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG030 | Acute excaberation of Interstitial Lung Disease | N | MG030A | Acute excaberation of Interstitial Lung Disease | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG031 | Endocarditis | Y | MG031A | Bacterial Endocarditis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG031 | Endocarditis | Y | MG031B | Fungal Endocarditis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG032 | Vasculitis | N | MG032A | Vasculitis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG033 | Pancreatitis | Y | MG033A | Acute pancreatitis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG033 | Pancreatitis | Y | MG033B | Chronic pancreatitis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG034 | Ascites | N | MG034A | Ascites | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG035 | Acute transverse myelitis | N | MG035A | Acute transverse myelitis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG036 | Atrial Fibrillation | N | MG036A | Atrial Fibrillation | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG037 | Cardiac Tamponade | N | MG037A | Cardiac Tamponade | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG038 | Congestive heart failure | N | MG038A | Congestive heart failure | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG039 | Asthma | Y | MG039A | Acute asthmatic attack | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG039 | Asthma | Y | MG039B | Status asthmaticus | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG040 | Respiratory failure | Y | MG040A | Type 1 respiratory failure | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG040 | Respiratory failure | Y | MG040B | Type 2 respiratory failure | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG040 | Respiratory failure | Y | MG040C | Due to any cause (pneumonia, asthma, COPD, ARDS, foreign body, poisoning, head injury etc.) | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG041 | Upper GI bleeding | Y | MG041A | Upper GI bleeding (conservative) | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG041 | Upper GI bleeding | Y | MG041B | Upper GI bleeding (endoscopic) | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG042 | Lower GI hemorrhage | N | MG042A | Lower GI hemorrhage | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG043 | Addison’s disease | N | MG043A | Addison’s disease | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG044 | Renal colic | N | MG044A | Renal colic | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG045 | AKI / Renal failure | N | MG045A | AKI / Renal failure | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | Dialysis payable separately as an add on package | None |
| MG | MG046 | Seizures | N | MG046A | Seizures | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG047 | Status epilepticus | N | MG047A | Status epilepticus | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG048 | Cerebrovascular accident | N | MG048A | Cerebrovascular accident | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG049 | Cerebral sino-venous thrombosis / Stroke | Y | MG049A | Cerebral sino-venous thrombosis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG049 | Cerebral sino-venous thrombosis / Stroke | Y | MG049B | Acute stroke | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG049 | Cerebral sino-venous thrombosis / Stroke | Y | MG049C | Acute ischemic stroke | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG049 | Cerebral sino-venous thrombosis / Stroke | Y | MG049D | Acute heamorrhagic stroke | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG050 | Immune mediated CNS disorders | N | MG050A | Immune mediated CNS disorders | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG051 | Hydrocephalus | N | MG051A | Hydrocephalus | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG052 | Myxedema coma | N | MG052A | Myxedema coma | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG053 | Thyrotoxic crisis | N | MG053A | Thyrotoxic crisis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG054 | Gout | N | MG054A | Gout | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG055 | Pneumothroax | N | MG055A | Pneumothroax | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG056 | Neuromuscular disorders | N | MG056A | Neuromuscular disorders | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG057 | Hypoglycemia | N | MG057A | Hypoglycemia | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG058 | Diabetic Foot | N | MG058A | Diabetic Foot | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG059 | Diabetic ketoacidosis | N | MG059A | Diabetic ketoacidosis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG060 | Electrolyte Imbalance | Y | MG060A | Hypercalcemia | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG060 | Electrolyte Imbalance | Y | MG060B | Hypocalcemia | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG060 | Electrolyte Imbalance | Y | MG060C | Hyponatremia | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG060 | Electrolyte Imbalance | Y | MG060D | Hypernatremia | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG061 | Hyperosmolar Non-Ketotic coma | N | MG061A | Hyperosmolar Non-Ketotic coma | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG062 | Accelerated hypertension | N | MG062A | Accelerated hypertension | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG063 | Hypertensive emergencies | N | MG063A | Hypertensive emergencies | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG064 | Severe anemia | N | MG064A | Severe anemia | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG065 | Sickle cell Anemia | N | MG065A | Sickle cell Anemia | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG066 | Anaphylaxis | N | MG066A | Anaphylaxis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG067 | Heat stroke | N | MG067A | Heat stroke | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG068 | Systematic lupus erythematosus | N | MG068A | Systematic lupus erythematosus | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG069 | Guillian Barre Syndrome | N | MG069A | Guillian Barre Syndrome | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG070 | Snake bite | N | MG070A | Snake bite | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG071 | Poisoning | Y | MG071A | Acute organophosphorus poisoning | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG071 | Poisoning | Y | MG071B | Other poisonings | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MG | MG072 | Haemodialysis / Peritoneal Dialysis  (only for ARF) | Y | MG072A | Haemodialysis Dialysis (only for ARF) | 1,500 |  | None | None | No | No | Add - On Procedure | Package cost of one session | None |
| MG | MG072 | Haemodialysis / Peritoneal Dialysis  (only for ARF) | Y | MG072B | Peritoneal Dialysis (only for ARF) | 1,500 |  | None | None | No | No | Add - On Procedure | Package cost of one session | None |
| MG | MG073 | Plasmapheresis | N | MG073A | Plasmapheresis | 2,000 |  | None | None | No | Yes | Add - On Procedure | None | Per Session price |
| MG | MG074 | Blood transfusion | Y | MG074A | Whole Blood transfusion | 2,000 |  | None | None | No | Yes | Regular Procedure | None | Per transfusion price |
| MG | MG074 | Blood transfusion | Y | MG074B | Blood component including platelet transfusion (RDP, PC, SDP) | 2,000 |  | None | None | No | Yes | Regular Procedure | None | Per transfusion price |
| MG | MG075 | High end radiological diagnostic  (CT, MRI, Imaging including nuclear imaging) | N | MG075A | High end radiological diagnostic  (CT, MRI, Imaging including nuclear imaging) | 5,000 |  | None | None | No | No | Add - On Procedure | Rs. 5000 is the upper limit. Can be booked at a lower rate also. Can be booked for a pt. already admitted under any medical package. | None |
| MG | MG076 | High end histopathology (Biopsies) and advanced serology investigations | N | MG076A | High end histopathology (Biopsies) and advanced serology investigations | 5,000 |  | None | None | No | No | Add - On Procedure | Rs. 5000 is the upper limit. Can be booked at a lower rate also. Can be booked for a pt. already admitted under any medical package. | None |
| MM | MM001 | Mental Retardation | N | MM001A | Mental Retardation | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MM | MM002 | Mental disorders - Organic, including symptomatic | N | MM002A | Mental disorders - Organic, including symptomatic | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MM | MM003 | Schizophrenia, schizotypal and delusional disorders | N | MM003A | Schizophrenia, schizotypal and delusional disorders | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MM | MM004 | Neurotic, stress-related and somatoform disorders | N | MM004A | Neurotic, stress-related and somatoform disorders | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MM | MM005 | Mood (affective) disorders | N | MM005A | Mood (affective) disorders | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MM | MM006 | Behavioural syndromes associated with physiological disturbances and physical factors | N | MM006A | Behavioural syndromes associated with physiological disturbances and physical factors | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MM | MM007 | Mental and Behavioural disorders due to psychoactive substance use | N | MM007A | Mental and Behavioural disorders due to psychoactive substance use | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MM | MM008 | Pre - Electro Convulsive Therapy (ECT) and Pre - Transcranial Magnetic Stimulation (TMS) Package (Cognitive Tests, Complete Haemogram, Liver Function Test, Renal Function Test, Serum Electrolytes, Electro Cardiogram (ECG), CT / MRI Brain, Electroencephalogram, Thyroid Function Test, VDRL, HIV Test, Vitamin B12 levels, Folate levels, Lipid Profile, Homocysteine levels) | N | MM008A | Pre - Electro Convulsive Therapy (ECT) and Pre - Transcranial Magnetic Stimulation (TMS) Package (Cognitive Tests, Complete Haemogram, Liver Function Test, Renal Function Test, Serum Electrolytes, Electro Cardiogram (ECG), CT / MRI Brain, Electroencephalogram, Thyroid Function Test, VDRL, HIV Test, Vitamin B12 levels, Folate levels, Lipid Profile, Homocysteine levels) | 10,000 |  | None | None | No | No | Add - On Procedure | None | None |
| MM | MM009 | Electro Convulsive Therapy (ECT) - per session | N | MM009A | Electro Convulsive Therapy (ECT) - per session | 3,000 |  | None | None | No | No | Regular Procedure | None | None |
| MM | MM010 | Transcranial Magnetic Stimulation (TMS) - per session | N | MM010A | Transcranial Magnetic Stimulation (TMS) - per session | 1,000 |  | None | None | No | No | Regular Procedure | None | None |
| MN | MN001 | Basic neonatal care package: Babies that can be managed by side of mother in postnatal ward without requiring admission in SNCU/NICU: • Any newborn needing feeding support • Babies requiring closer monitoring or short-term care for conditions like:  o Birth asphyxia (need for positive pressure ventilation; no HIE) o Moderate jaundice requiring phototherapy o Large for dates (>97 percentile) Babies  o Small for gestational age (less than 3rd centile) | N | MN001A | Basic neonatal care package: Babies that can be managed by side of mother in postnatal ward without requiring admission in SNCU/NICU: • Any newborn needing feeding support • Babies requiring closer monitoring or short-term care for conditions like:  o Birth asphyxia (need for positive pressure ventilation; no HIE) o Moderate jaundice requiring phototherapy o Large for dates (>97 percentile) Babies  o Small for gestational age (less than 3rd centile) | 500/ day |  | None | None | No | No | Regular Procedure | None | None |
| MN | MN002 | Special Neonatal Care Package: Babies that required admission to SNCU or NICU: Babies admitted for short term care for conditions like:  • Mild Respiratory Distress/tachypnea • Mild encephalopathy  • Severe jaundice requiring intensive phototherapy • Haemorrhagic disease of newborn • Unwell baby requiring monitoring • Some dehydration • Hypoglycaemia  Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate | N | MN002A | Special Neonatal Care Package: Babies that required admission to SNCU or NICU: Babies admitted for short term care for conditions like:  • Mild Respiratory Distress/tachypnea • Mild encephalopathy  • Severe jaundice requiring intensive phototherapy • Haemorrhagic disease of newborn • Unwell baby requiring monitoring • Some dehydration • Hypoglycaemia  Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate | 3000/day |  | None | None | No | No | Regular Procedure | None | None |
| MN | MN003 | Intensive Neonatal Care Package  Babies with birthweight 1500-1799 g   or  Babies of any birthweight and at least one of the following conditions:  • Need for mechanical ventilation for less than 24 hours or non-invasive respiratory support (CPAP, HFFNC)  • Sepsis / pneumonia without complications  • Hyperbilirubinemia requiring exchange transfusion • Seizures • Major congenital malformations (pre-surgical stabilization, not requiring ventilation)  • Cholestasis significant enough requiring work up and in-hospital management  • Congestive heart failure or shock  Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate | N | MN003A | Intensive Neonatal Care Package  Babies with birthweight 1500-1799 g   or  Babies of any birthweight and at least one of the following conditions:  • Need for mechanical ventilation for less than 24 hours or non-invasive respiratory support (CPAP, HFFNC)  • Sepsis / pneumonia without complications  • Hyperbilirubinemia requiring exchange transfusion • Seizures • Major congenital malformations (pre-surgical stabilization, not requiring ventilation)  • Cholestasis significant enough requiring work up and in-hospital management  • Congestive heart failure or shock  Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate | 5000/day |  | None | None | No | No | Regular Procedure | None | None |
| MN | MN004 | Advanced Neonatal Care Package: Babies with birthweight of 1200-1499 g   or  Babies of any birthweight with at least one of the following conditions:  • Any condition requiring invasive ventilation longer than 24 hours  • Hypoxic Ischemic encephalopathy requiring Therapeutic Hypothermia  • Cardiac rhythm disorders needing intervention (the cost of cardiac surgery or implant will be covered under cardiac surgery packages)  • Sepsis with complications such as meningitis or bone and joint infection, DIC or shock • Renal failure requiring dialysis  • Inborn errors of metabolism  Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate | N | MN004A | Advanced Neonatal Care Package: Babies with birthweight of 1200-1499 g   or  Babies of any birthweight with at least one of the following conditions:  • Any condition requiring invasive ventilation longer than 24 hours  • Hypoxic Ischemic encephalopathy requiring Therapeutic Hypothermia  • Cardiac rhythm disorders needing intervention (the cost of cardiac surgery or implant will be covered under cardiac surgery packages)  • Sepsis with complications such as meningitis or bone and joint infection, DIC or shock • Renal failure requiring dialysis  • Inborn errors of metabolism  Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate | 6000/day |  | None | None | No | No | Regular Procedure | None | Maximum of Rs. 75,000 |
| MN | MN005 | Critical Care Neonatal Package: Babies with birthweight of <1200 g   or  Babies of any birthweight with at least one of the following conditions:  • Severe Respiratory Failure requiring High Frequency Ventilation or inhaled Nitric Oxide (iNO) • Multisystem failure requiring multiple organ support including mechanical ventilation and multiple inotropes • Critical congenital heart disease  Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate | N | MN005A | Critical Care Neonatal Package: Babies with birthweight of <1200 g   or  Babies of any birthweight with at least one of the following conditions:  • Severe Respiratory Failure requiring High Frequency Ventilation or inhaled Nitric Oxide (iNO) • Multisystem failure requiring multiple organ support including mechanical ventilation and multiple inotropes • Critical congenital heart disease  Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate | 7000/day |  | None | None | No | No | Regular Procedure | None | Maximum of Rs. 1,20,000 |
| MN | MN006 | Chronic Care Package: If the baby requires stay beyond the upper limit of usual stay in Package no MN004A or MN005A for conditions like severe BPD requiring respiratory support, severe NEC requiring prolonged TPN support | N | MN006A | Chronic Care Package: If the baby requires stay beyond the upper limit of usual stay in Package no MN004A or MN005A for conditions like severe BPD requiring respiratory support, severe NEC requiring prolonged TPN support | 3000/day |  | None | None | No | No | Regular Procedure | This package can be booked only after "Advanced Neonatal Care Package" or "Critical Care Neonatal Package". This package will be booked in case the length of stay goes beyond the package rules for these two packages | None |
| MN | MN007 | High Risk Newborn Post Discharge Care Package (Protocol Driven) | N | MN007A | High Risk Newborn Post Discharge Care Package  (Protocol Driven) | 2,400 |  | None | None | No | No | Regular Procedure | None | None |
| MN | MN008 | Laser Therapy for Retinopathy of Prematurity (Irrespective of no. of eyes affected) - per session | N | MN008A | Laser Therapy for Retinopathy of Prematurity  (Irrespective of no. of eyes affected) - per session | 1,500 |  | None | None | No | No | Regular Procedure | None | None |
| MN | MN009 | Advanced Surgery for Retinopathy of Prematurity | N | MN009A | Advanced Surgery for Retinopathy of Prematurity | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| MN | MN010 | Ventriculoperitoneal Shunt Surgery (VP) or Omaya Reservoir or External Drainage for Hydrocephalus | N | MN010A | Ventriculoperitoneal Shunt Surgery (VP) or Omaya Reservoir or External Drainage for Hydrocephalus | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| MO | MO001 | CT for CA Breast | Y | MO001A | Cyclophosphamide + Epirubcin | 7,200 |  | MEDON001 | None | No | No | Regular Procedure | Adjuvant therapy in breast cancer, Metastatic breast cancer (should not have received the same regimen or AC earlier) | None |
| MO | MO001 | CT for CA Breast | Y | MO001B | Weekly Paclitaxel for Adjuvant Therapy | 5,800 |  | MEDON002 | None | No | No | Regular Procedure | 1. Adjuvant therapy after 4 cycles of AC or EC  2. Metstatic breast cancer | None |
| MO | MO001 | CT for CA Breast | Y | MO001C | Weekly Paclitaxel in metastatic setting | 5,800 |  | MEDON003 | None | No | No | Regular Procedure | 1. Adjuvant therapy after 4 cycles of AC or EC  2. Metstatic breast cancer | None |
| MO | MO001 | CT for CA Breast | Y | MO001D | Cyclophosphamide + Methotrexate + 5 - FU | 3,200 |  | MEDON001 | None | No | No | Regular Procedure | Adjuvant therapy in breast cancer with cardiac dysfunction or not suitable for anthracycline based therapy, Metstatic breast cancer (should not have received the same regimen earlier) | None |
| MO | MO001 | CT for CA Breast | Y | MO001E | Docetaxel + Cyclophosphamide | 19,800 |  | MEDON001 | None | No | No | Regular Procedure | Adjuvant therapy in breast cancer with cardiac dysfunction or not suitable for anthracycline based therapy and high nodal burden, Metastatic breast cancer (should not have received the same regimen earlier) | None |
| MO | MO001 | CT for CA Breast | Y | MO001F | Trastuzumab | 21,200 |  | MEDON017 | None | No | No | Regular Procedure | Adjuvant therapy in breast cancer with Her-2 neu positive patients | None |
| MO | MO001 | CT for CA Breast | Y | MO001G | Tamoxifen | 1,200 |  | MEDON004 | None | No | No | Regular Procedure | Adjuvant or neoadjuvant therapy in ER/PR psotive breast cancer , ER/PR positive metastatic breast cancer (if not receive earlier) | None |
| MO | MO001 | CT for CA Breast | Y | MO001H | Letrozole | 3,900 |  | MEDON004 | None | No | No | Regular Procedure | Adjuvant or neoadjuvant therapy in ER/PR psotive breast cancer , ER/PR positive metastatic breast cancer | None |
| MO | MO001 | CT for CA Breast | Y | MO001I | Carboplatin + Paclitaxel | 14,900 |  | MEDON001 | None | No | No | Regular Procedure | Adjuvant or neoadjuvant therapy breast cancer , metastatic breast cancer (if not received earlier) | None |
| MO | MO001 | CT for CA Breast | Y | MO001J | Capecitabine | 7,400 |  | MEDON001 | None | No | No | Regular Procedure | Adjuvant or neoadjuvant therapy breast cancer , metastatic breast cancer | None |
| MO | MO001 | CT for CA Breast | Y | MO001K | Carboplatin + Gemcitabine | 13,900 |  | MEDON001 | None | No | No | Regular Procedure | Adjuvant or neoadjuvant therapy breast cancer , metastatic breast cancer | None |
| MO | MO001 | CT for CA Breast | Y | MO001L | Cyclophosphamide + Adriamycin | 4,500 |  | MEDON001 | None | No | No | Regular Procedure | 1. Adjuvant therapy in breast cancer  2.Metstatic breast cancer  (should not have received the same regimen or EC earlier) | None |
| MO | MO001 | CT for CA Breast | Y | MO001M | Fulvestrant | 11,000 |  | MEDON005 | None | No | No | Regular Procedure | Metastatic breast cancer ER / PR positive | None |
| MO | MO001 | CT for CA Breast | Y | MO001N | Paclitaxel | 11,800 |  | MEDON006 | None | No | No | Regular Procedure | Adjuvant or neoadjuvant therapy breast cancer , metastatic breast cancer | None |
| MO | MO001 | CT for CA Breast | Y | MO001O | Exemestane | 10,400 |  | MEDON007 | None | No | No | Regular Procedure | Metastatic breast cancer ER / PR positive | None |
| MO | MO002 | CT for Metastatic bone malignancy and multiple myeloma | N | MO002A | Zoledronic Acid | 4,500 |  | MEDON008 | None | No | No | Regular Procedure | Metastatic bone malignancy and multiple myeloma | None |
| MO | MO003 | CT for CA Ovary | Y | MO003A | Cisplatin + Irinotecan | 10,200 |  | MEDON001 | None | No | No | Regular Procedure | metastatic ovarian adenocarcinoma second line | None |
| MO | MO003 | CT for CA Ovary | Y | MO003B | Lipodox + Carboplatin | 17,200 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant, adjuvant and metastatic ovarian adenocarcinoma | None |
| MO | MO003 | CT for CA Ovary | Y | MO003C | Etoposide | 3,400 |  | MEDON009 | None | No | No | Regular Procedure | Metastatic ovarian adenocarcinoma second line | None |
| MO | MO003 | CT for CA Ovary | Y | MO003D | Irinotecan | 8,400 |  | MEDON001 | None | No | No | Regular Procedure | Metastatic ovarian adenocarcinoma second line | None |
| MO | MO003 | CT for CA Ovary | Y | MO003E | Lipodox | 14,800 |  | MEDON001 | None | No | No | Regular Procedure | Metastatic ovarian adenocarcinoma second line | None |
| MO | MO003 | CT for CA Ovary | Y | MO003F | Carboplatin + Gemcitabine | 13,900 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant, adjuvant and metastatic ovarian adenocarcinoma | None |
| MO | MO003 | CT for CA Ovary | Y | MO003G | Carboplatin + Paclitaxel | 14,700 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant, adjuvant and metastatic ovarian adenocarcinoma | None |
| MO | MO004 | CT for Germ Cell Tumor | Y | MO004A | Carboplatin (AUC 7) | 5,800 |  | MEDON010 | None | No | No | Regular Procedure | Testicular Seminoma, Adjuvant | None |
| MO | MO004 | CT for Germ Cell Tumor | Y | MO004B | Bleomycin + Etoposide + Cisplatin | 11,600 |  | MEDON011 | None | No | No | Regular Procedure | Germ cell tumour of any site for Neoadjuvant, adjuvant or metastatic first line | None |
| MO | MO004 | CT for Germ Cell Tumor | Y | MO004C | Etoposide + Cisplatin | 10,000 |  | MEDON001 | None | No | No | Regular Procedure | Germ cell tumour of any site for Neoadjuvant, adjuvant or metastatic first line | None |
| MO | MO004 | CT for Germ Cell Tumor | Y | MO004D | Gemcitabine + Oxaliplatin | 17,500 |  | MEDON011 | None | No | No | Regular Procedure | Germ cell tumour second line therapy | None |
| MO | MO004 | CT for Germ Cell Tumor | Y | MO004E | Gemcitabine + Paclitaxel | 17,500 |  | MEDON011 | None | No | No | Regular Procedure | Germ cell tumour second line therapy | None |
| MO | MO004 | CT for Germ Cell Tumor | Y | MO004F | Paclitaxel + Ifosfamide + Cisplatin | 24,400 |  | MEDON011 | None | No | No | Regular Procedure | Germ cell tumour second line therapy | None |
| MO | MO004 | CT for Germ Cell Tumor | Y | MO004G | Vinblastin + Ifosfamide + Cisplatin | 12,600 |  | MEDON011 | None | No | No | Regular Procedure | Germ cell tumour second line therapy | None |
| MO | MO005 | CT for Gestational Trophoblastic Neoplasia | Y | MO005A | EMA - CO | 11,400 |  | MEDON012 | None | No | No | Regular Procedure | First line therapy for high- risk Gestational Trophoblastic Neoplasia , second line | None |
| MO | MO005 | CT for Gestational Trophoblastic Neoplasia | Y | MO005B | EMA - EP | 12,200 |  | MEDON012 | None | No | No | Regular Procedure | First line therapy for high- risk Gestational Trophoblastic Neoplasia , second line | None |
| MO | MO005 | CT for Gestational Trophoblastic Neoplasia | Y | MO005C | Methotrexate | 1,100 |  | MEDON002 | None | No | No | Regular Procedure | First line therapy for low risk Gestational Trophoblastic Neoplasia | None |
| MO | MO006 | CT for Cervical Cancer | Y | MO006A | Carboplatin + Paclitaxel | 14,900 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant and metastatic Cervical Cancer | None |
| MO | MO006 | CT for Cervical Cancer | Y | MO006B | Cisplatin | 2,200 |  | MEDON031 | None | No | No | Regular Procedure | Stage II and Stage III cervical cancer definitive therapy along with Radiation therapy | None |
| MO | MO007 | CT for Endometrial Cancer | Y | MO007A | Carboplatin + Paclitaxel | 14,900 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant, Adjuvant and Metastatic Endometrial Cancer | None |
| MO | MO007 | CT for Endometrial Cancer | Y | MO007B | Cisplatin + Doxorubicin | 4,200 |  | MEDON001 | None | No | No | Regular Procedure | Metastatic Endometrial Cancer | None |
| MO | MO008 | CT for Vulvar Cancer | Y | MO008A | Cisplatin + 5 FU | 7,600 |  | MEDON001 | None | No | No | Regular Procedure | NACT, METS | None |
| MO | MO008 | CT for Vulvar Cancer | Y | MO008B | Cisplatin | 2,200 |  | MEDON031 | None | No | No | Regular Procedure | Stage II and Stage III cervical cancer definitive therapy | None |
| MO | MO009 | CT for Ewing Sarcoma | Y | MO009A | VTC + ITMZ for Relapsed Ewing Sarcoma | 22,400 |  | MEDON014 | None | No | No | Regular Procedure | RELAPSED EWINGS SARCOMA | None |
| MO | MO009 | CT for Ewing Sarcoma | Y | MO009B | EFT 2001 | 9,700 |  | MEDON015 | None | No | No | Regular Procedure | EWINGS SARCOMA | None |
| MO | MO009 | CT for Ewing Sarcoma | Y | MO009C | VAC + IE | 12,500 |  | MEDON016 | None | No | No | Regular Procedure | EWINGS SARCOMA | None |
| MO | MO010 | CT for Osteogenic Sarcoma | Y | MO010A | Methotrexate + Doxorubicin + Cisplatin | 21,800 |  | MEDON001 | None | No | No | Regular Procedure | Osteogenic carcinoma Neoadjuvant and adjuvant therapy | None |
| MO | MO010 | CT for Osteogenic Sarcoma | Y | MO010B | Methotrexate + Doxorubicin + Cisplatin for Relapsed Osteogenic Sarcoma | 27,000 |  | MEDON018 | None | No | No | Regular Procedure | RELAPSED OSTEOGENIC SARCOMA | None |
| MO | MO010 | CT for Osteogenic Sarcoma | Y | MO010C | OGS - 12 | 29,600 |  | MEDON011 | None | No | No | Regular Procedure | Osteogenic carcinoma Neoadjuvant therapy | None |
| MO | MO010 | CT for Osteogenic Sarcoma | Y | MO010D | OGS - 12 | 36,200 |  | MEDON011 | None | No | No | Regular Procedure | Osteogenic carcinoma adjuvant therapy | None |
| MO | MO011 | CT for Soft Tissue Sarcoma | Y | MO011A | Gemcitabine + Docetaxel | 30,900 |  | MEDON001 | None | No | No | Regular Procedure | NACT, Adjuvant, mets (if cardiac dysfunction)) | None |
| MO | MO011 | CT for Soft Tissue Sarcoma | Y | MO011B | Ifosfamide+ Adriamycin | 13,700 |  | MEDON001 | None | No | No | Regular Procedure | Soft tissue sarcoma neoadjuvant, adjuvant and metastatic | None |
| MO | MO012 | CT for Metastatic Melanoma | Y | MO012A | Dacarbazine + Cisplatin | 7,100 |  | MEDON001 | None | No | No | Regular Procedure | Metastatic Melanoma | None |
| MO | MO012 | CT for Metastatic Melanoma | Y | MO012B | Temozolamide | 23,100 |  | MEDON012 | None | No | No | Regular Procedure | Metastatic Melanoma | None |
| MO | MO013 | CT for Anal Cancer | Y | MO013A | 5 FU + Mitomycin C | 10,500 |  | None | None | No | No | Regular Procedure | Stage II and III anal Cancer | None |
| MO | MO013 | CT for Anal Cancer | Y | MO013B | Capecitabine + Mitomycin C | 13,800 |  | MEDON032 | None | No | No | Regular Procedure | Stage II and III anal Cancer | None |
| MO | MO013 | CT for Anal Cancer | Y | MO013C | Cisplatin + 5 FU | 7,600 |  | MEDON001 | None | No | No | Regular Procedure | Metastatic Anal Cancer | None |
| MO | MO013 | CT for Anal Cancer | Y | MO013D | Carboplatin + Paclitaxel | 14,900 |  | MEDON001 | None | No | No | Regular Procedure | Metastatic Anal Cancer | None |
| MO | MO013 | CT for Anal Cancer | Y | MO013E | Cisplatin + Paclitaxel | 13,300 |  | MEDON001 | None | No | No | Regular Procedure | Metastatic Anal Cancer | None |
| MO | MO014 | CT for Colorectal Cancer | Y | MO014A | 5 FU + Leucovorin | 4,700 |  | MEDON014 | None | No | No | Regular Procedure | Adjuvant and Metastatic Colorectal Cancer | None |
| MO | MO014 | CT for Colorectal Cancer | Y | MO014B | Capecitabine + Irinotecan | 12,500 |  | MEDON012 | None | No | No | Regular Procedure | Metastatic Colorectal Cancer | None |
| MO | MO014 | CT for Colorectal Cancer | Y | MO014C | Folfox | 11,100 |  | MEDON014 | None | No | No | Regular Procedure | Adjuvant and Metastatic Colorectal Cancer | None |
| MO | MO014 | CT for Colorectal Cancer | Y | MO014D | Folfiri | 8,700 |  | MEDON014 | None | No | No | Regular Procedure | Metastatic Colorectal Cancer | None |
| MO | MO014 | CT for Colorectal Cancer | Y | MO014E | Capecitabine + Oxaliplatin | 16,500 |  | MEDON012 | None | No | No | Regular Procedure | Adjuvant and Metastatic Colorectal Cancer | None |
| MO | MO014 | CT for Colorectal Cancer | Y | MO014F | Capecitabine | 7,200 |  | None | None | No | No | Regular Procedure | Neoadjuvant and adjuvant rectal cancer | None |
| MO | MO014 | CT for Colorectal Cancer | Y | MO014G | Capecitabine | 7,300 |  | MEDON012 | None | No | No | Regular Procedure | Adjuvant and Metastatic Colorectal Cancer | None |
| MO | MO014 | CT for Colorectal Cancer | Y | MO014H | Folfirinox | 15,100 |  | MEDON014 | None | No | No | Regular Procedure | Neoadjuvant and adjuvant Colorectal Cancer | None |
| MO | MO015 | CT for Esophageal Cancer | Y | MO015A | Carboplatin + Paclitaxel | 14,900 |  | MEDON019 | None | No | No | Regular Procedure | Neoadjuvant and adjuvant esophageal cancer | None |
| MO | MO015 | CT for Esophageal Cancer | Y | MO015B | Cisplatin + 5 FU | 9,600 |  | None | None | No | No | Regular Procedure | Upper esophageal neoadjuvant and with RT as adjuvant | None |
| MO | MO015 | CT for Esophageal Cancer | Y | MO015C | Cisplatin + 5 FU | 9,600 |  | MEDON020 | None | No | No | Regular Procedure | Upper esophageal neoadjuvant and with RT as adjuvant | None |
| MO | MO015 | CT for Esophageal Cancer | Y | MO015D | Paclitaxel + Carboplatin for definitive Non - metastatic (With RT) | 25,100 |  | MEDON014 | None | No | No | Regular Procedure | With RT in definitive non-metastatic | None |
| MO | MO015 | CT for Esophageal Cancer | Y | MO015E | Paclitaxel + Carboplatin for metastatic (Without RT) | 25,100 |  | MEDON014 | None | No | No | Regular Procedure | Metastatic without RT | None |
| MO | MO016 | CT for Esophageal / Stomach Cancer | Y | MO016A | Cisplatin + Docetaxel | 12,100 |  | MEDON019 | None | No | No | Regular Procedure | Neoadjuvant, adjuvant and metastatic stomach and lower esophageal cancer | None |
| MO | MO016 | CT for Esophageal / Stomach Cancer | Y | MO016B | Irinotecan | 8,300 |  | MEDON012 | None | No | No | Regular Procedure | Metastatic second line esophageal and stomach cancer | None |
| MO | MO016 | CT for Esophageal / Stomach Cancer | Y | MO016C | 5 FU | 8,000 |  | MEDON020 | None | No | No | Regular Procedure | Lower esophageal and stomach Cancer with RT as adjuvant | None |
| MO | MO016 | CT for Esophageal / Stomach Cancer | Y | MO016D | Capecitabine | 7,200 |  | MEDON020 | None | No | No | Regular Procedure | Lower esophageal and stomach Cancer with RT as adjuvant | None |
| MO | MO016 | CT for Esophageal / Stomach Cancer | Y | MO016E | CAPOX | 16,500 |  | MEDON012 | None | No | No | Regular Procedure | Adjuvant and Metastatic Stomach, Lower esophageal (adenocarcinoma) cancer | None |
| MO | MO016 | CT for Esophageal / Stomach Cancer | Y | MO016F | Docetaxel + Cisplatin + 5 FU | 16,400 |  | MEDON012 | None | No | No | Regular Procedure | Neoadjuvant, adjuvant and metastatic stomach and lower esophageal (adenocarcinoma) cancer | None |
| MO | MO016 | CT for Esophageal / Stomach Cancer | Y | MO016G | Docetaxel + Cisplatin + Xeloda | 19,700 |  | MEDON012 | None | No | No | Regular Procedure | Neoadjuvant, adjuvant and metastatic stomach and lower esophageal (adenocarcinoma)cancer | None |
| MO | MO016 | CT for Esophageal / Stomach Cancer | Y | MO016H | Docetaxel + Oxaliplatin + 5 FU | 20,400 |  | MEDON012 | None | No | No | Regular Procedure | Neoadjuvant, adjuvant and metastatic stomach and lower esophageal cancer | None |
| MO | MO016 | CT for Esophageal / Stomach Cancer | Y | MO016I | Docetaxel + Oxaliplatin + Xeloda | 24,900 |  | MEDON012 | None | No | No | Regular Procedure | Neoadjuvant, adjuvant and metastatic stomach and lower esophageal cancer | None |
| MO | MO016 | CT for Esophageal / Stomach Cancer | Y | MO016J | Folfiri | 8,700 |  | MEDON014 | None | No | No | Regular Procedure | Metatstaic lower esophageal and stomach Cancer | None |
| MO | MO016 | CT for Esophageal / Stomach Cancer | Y | MO016K | Folfox | 11,100 |  | MEDON014 | None | No | No | Regular Procedure | Adjuvant for stomach and lower esophageal (adenocarcinoma)cancer | None |
| MO | MO016 | CT for Esophageal / Stomach Cancer | Y | MO016L | Paclitaxel | 5,800 |  | MEDON002 | None | No | No | Regular Procedure | Neoadjuvant ,adjuvant, along with Radiation (concurrent), metastatic esophageal cancer, | None |
| MO | MO017 | CT for Hepatocellular Carcinoma | Y | MO017A | Doxorubicin | 10,000 |  | MEDON020 | None | No | No | Regular Procedure | Liver confined hepatocellular carcinoma | None |
| MO | MO017 | CT for Hepatocellular Carcinoma | Y | MO017B | Sorafenib | 7,400 |  | MEDON021 | None | No | No | Regular Procedure | Meatastatic hepatocellular carcinoma ( except child Pugh c), Liver confined but not suitable for liver directed therapy | None |
| MO | MO018 | CT for Panceratic Cancer | Y | MO018A | Gemcitabine + Nanopaclitaxel | 23,500 |  | MEDON012 | None | No | No | Regular Procedure | Neoadjuvant, adjuvant and metastatic pancreatic cancer | None |
| MO | MO018 | CT for Panceratic Cancer | Y | MO018B | Gemcitabine | 9,000 |  | MEDON001 | None | No | No | Regular Procedure | Metastatic pancreatic cancer -first line | None |
| MO | MO018 | CT for Panceratic Cancer | Y | MO018C | Gemcitabine | 9,000 |  | MEDON031 | None | No | No | Regular Procedure | Neoadjuvant and adjuvant locally advanced pancreatic cancer | None |
| MO | MO018 | CT for Panceratic Cancer | Y | MO018D | Folfirinox | 15,500 |  | MEDON014 | None | No | No | Regular Procedure | Neoadjuvant, adjuvant and metastatic pancreatic cancer | None |
| MO | MO018 | CT for Panceratic Cancer | Y | MO018E | Capecitabine | 7,400 |  | MEDON014 | None | No | No | Regular Procedure | Neoadjuvant and adjuvant locally advanced pancreatic cancer | None |
| MO | MO018 | CT for Panceratic Cancer | Y | MO018F | Capecitabine + Gemcitabine | 31,500 |  | MEDON001 | None | No | No | Regular Procedure | Pancreatic cancer- adjuvant | None |
| MO | MO019 | CT for Gall Bladder Cancer / Cholangiocarcinoma | Y | MO019A | Capecitabine | 7,300 |  | MEDON012 | None | No | No | Regular Procedure | Adjuvant and metastatic gall bladder and cholnagicarcinoma | None |
| MO | MO019 | CT for Gall Bladder Cancer / Cholangiocarcinoma | Y | MO019B | Cisplatin + Gemcitabine | 10,900 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant, adjuvant and metastatic pancreatic cancer | None |
| MO | MO019 | CT for Gall Bladder Cancer / Cholangiocarcinoma | Y | MO019C | Folfiri | 8,900 |  | MEDON001 | None | No | No | Regular Procedure | Metastatic gall bladder and cholngiocarcinoma | None |
| MO | MO019 | CT for Gall Bladder Cancer / Cholangiocarcinoma | Y | MO019D | Gemcitabine | 9,000 |  | MEDON031 | None | No | No | Regular Procedure | Definitive and Adjuvant therapy in gall bladder cancer | None |
| MO | MO019 | CT for Gall Bladder Cancer / Cholangiocarcinoma | Y | MO019E | Gemcitabine | 8,900 |  | MEDON014 | None | No | No | Regular Procedure | Metatstatic Gall Bladder Cancer | None |
| MO | MO019 | CT for Gall Bladder Cancer / Cholangiocarcinoma | Y | MO019F | Oxaliplatin + Gemcitabine | 17,100 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant, adjuvant and metastatic pancreatic cancer | None |
| MO | MO019 | CT for Gall Bladder Cancer / Cholangiocarcinoma | Y | MO019G | CAPIRI | 12,600 |  | MEDON001 | None | No | No | Regular Procedure | Metastatic gall bladder and cholngiocarcinoma | None |
| MO | MO019 | CT for Gall Bladder Cancer / Cholangiocarcinoma | Y | MO019H | Folfox | 11,300 |  | MEDON001 | None | No | No | Regular Procedure | Metastatic gall bladder and cholngiocarcinoma | None |
| MO | MO020 | CT for Gastointestinal stromal tumor | Y | MO020A | Imatinib | 19,400 |  | MEDON007 | None | No | No | Regular Procedure | Neoadjuvant, adjuvant and metastatic GIST | None |
| MO | MO020 | CT for Gastointestinal stromal tumor | Y | MO020B | Sunitinib | 24,400 |  | MEDON013 | None | No | No | Regular Procedure | Metastatic GIST | None |
| MO | MO021 | CT for CA Brain | Y | MO021A | Temozolamide | 13,000 |  | MEDON001 | None | No | No | Regular Procedure | Adjuvant therapy | None |
| MO | MO021 | CT for CA Brain | Y | MO021B | Temozolamide | 67,600 |  | MEDON020 | None | No | No | Regular Procedure | Definitive therapy | None |
| MO | MO022 | CT for Mesothelioma | Y | MO022A | Gemcitabine + Cisplatin | 11,100 |  | MEDON006 | None | No | No | Regular Procedure | Metastatic mesothelioma | None |
| MO | MO022 | CT for Mesothelioma | Y | MO022B | Pemetrexed + Cisplatin | 9,200 |  | MEDON006 | None | No | No | Regular Procedure | Neoadjuvant,adjuvant and metastatic mesothelioma | None |
| MO | MO022 | CT for Mesothelioma | Y | MO022C | Pemetrexed + Carboplatin | 10,000 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant,adjuvant and metastatic mesothelioma | None |
| MO | MO023 | CT for Thymic Carcinoma | Y | MO023A | Cisplatin + Etoposide | 5,300 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant Chemotherapy and metastatic thymic carcinoma | None |
| MO | MO023 | CT for Thymic Carcinoma | Y | MO023B | Cisplatin + Adriamycin | 5,000 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant Chemotherapy and metastatic thymic carcinoma | None |
| MO | MO024 | CT for CA Head & Neck | Y | MO024A | Cisplatin + Docetaxel | 12,400 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant and metastatic head and neck squamou cell cancer | None |
| MO | MO024 | CT for CA Head & Neck | Y | MO024B | Cisplatin | 9,800 |  | MEDON025 | None | No | No | Regular Procedure | Definitive therapy | None |
| MO | MO024 | CT for CA Head & Neck | Y | MO024C | Carboplatin + Gemcitabine | 14,300 |  | MEDON006 | None | No | No | Regular Procedure | Metastatic squamou cell head and neck cancer, nasopharyngeal cancer, salivary gland cancers | None |
| MO | MO024 | CT for CA Head & Neck | Y | MO024D | Docetaxel + Cisplatin + 5 FU | 16,500 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant, Metastatic squamou cell head and neck cancer, nasopharyngeal cancer, salivary gland cancers | None |
| MO | MO024 | CT for CA Head & Neck | Y | MO024E | Docetaxel | 15,000 |  | MEDON002 | None | No | No | Regular Procedure | Metastatic squamou cell head and neck cancer, salivary gland cancers | None |
| MO | MO024 | CT for CA Head & Neck | Y | MO024F | Docetaxel | 14,400 |  | MEDON006 | None | No | No | Regular Procedure | Metastatic Head and neck squamous cell carcinoma | None |
| MO | MO024 | CT for CA Head & Neck | Y | MO024G | Etoposide + Carboplatin | 7,100 |  | MEDON006 | None | No | No | Regular Procedure | Neoadjuvant,adjuvant and metastatic esthesioneuroblastoma and Neuroendocrine carcinoma | None |
| MO | MO024 | CT for CA Head & Neck | Y | MO024H | Etoposide + Cisplatin | 9,200 |  | MEDON006 | None | No | No | Regular Procedure | Neoadjuvant,adjuvant and metastatic esthesioneuroblastoma and Neuroendocrine carcinoma | None |
| MO | MO024 | CT for CA Head & Neck | Y | MO024I | Gemcitabine | 9,200 |  | MEDON006 | None | No | No | Regular Procedure | Metastatic squamou cell head and neck cancer, nasopharyngeal cancer, salivary gland cancers | None |
| MO | MO024 | CT for CA Head & Neck | Y | MO024J | Gemcitabine + Cisplatin | 11,100 |  | MEDON006 | None | No | No | Regular Procedure | Metastatic squamou cell head and neck cancer, nasopharyngeal cancer, salivary gland cancers | None |
| MO | MO024 | CT for CA Head & Neck | Y | MO024K | Paclitaxel + Carboplatin | 7,700 |  | MEDON003 | None | No | No | Regular Procedure | Metastatic squamou cell head and neck cancer, nasopharyngeal cancer, salivary gland cancers | None |
| MO | MO024 | CT for CA Head & Neck | Y | MO024L | Paclitaxel + Carboplatin | 15,100 |  | MEDON006 | None | No | No | Regular Procedure | Metastatic squamous cell head and neck cancer, salivary gland cancers, nasopharyngeal carcinoma | None |
| MO | MO024 | CT for CA Head & Neck | Y | MO024M | Paclitaxel | 5,700 |  | MEDON003 | None | No | No | Regular Procedure | Metastatic squamou cell head and neck cancer, salivary gland cancers | None |
| MO | MO024 | CT for CA Head & Neck | Y | MO024N | Paclitaxel | 12,200 |  | MEDON006 | None | No | No | Regular Procedure | Metastatic squamou cell head and neck cancer, nasopharyngeal cancer, salivary gland cancers | None |
| MO | MO024 | CT for CA Head & Neck | Y | MO024O | Carboplatin | 2,400 |  | MEDON033 | None | No | No | Regular Procedure | Definitive therapy | None |
| MO | MO024 | CT for CA Head & Neck | Y | MO024P | Cisplatin | 2,200 |  | MEDON033 | None | No | No | Regular Procedure | Definitive therapy | None |
| MO | MO025 | CT for Renal Cell Cancer | N | MO025A | Sunitinib | 26,400 |  | MEDON005 | None | No | No | Regular Procedure | Metastatic renal cell carcinoma | None |
| MO | MO026 | CT for Ureter / Bladder / Urethra | Y | MO026A | Cisplatin + Methotrexate + Vinblastin | 6,000 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant, Metastatic urothelial cancer | None |
| MO | MO026 | CT for Ureter / Bladder / Urethra | Y | MO026B | Carboplatin + Gemcitabine | 14,300 |  | MEDON006 | None | No | No | Regular Procedure | Neoadjuvant, Adjuvant, Metastatic urothelial cancer | None |
| MO | MO026 | CT for Ureter / Bladder / Urethra | Y | MO026C | Cisplatin + Gemcitabine | 11,100 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant, Adjuvant, Metastatic urothelial cancer | None |
| MO | MO026 | CT for Ureter / Bladder / Urethra | Y | MO026D | Cisplatin + 5 FU | 7,800 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant, Adjuvant, Metastatic urothelial cancer | None |
| MO | MO026 | CT for Ureter / Bladder / Urethra | Y | MO026E | Cisplatin + Paclitaxel | 13,500 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant, Adjuvant, Metastatic urothelial cancer | None |
| MO | MO026 | CT for Ureter / Bladder / Urethra | Y | MO026F | Docetaxel | 14,400 |  | MEDON001 | None | No | No | Regular Procedure | Metastatic urothelial cancer | None |
| MO | MO026 | CT for Ureter / Bladder / Urethra | Y | MO026G | Gemcitabine + Paclitaxel | 17,500 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant, Metastatic urothelial cancer | None |
| MO | MO026 | CT for Ureter / Bladder / Urethra | Y | MO026H | Gemcitabine | 9,200 |  | MEDON001 | None | No | No | Regular Procedure | Metastatic urothelial cancer | None |
| MO | MO026 | CT for Ureter / Bladder / Urethra | Y | MO026I | Methotrexate + Vinblastin + Doxorubicin + Cisplatin | 6,600 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant, Adjuvant, Metastatic urothelial cancer | None |
| MO | MO026 | CT for Ureter / Bladder / Urethra | Y | MO026J | Paclitaxel + Carboplatin | 15,100 |  | MEDON006 | None | No | No | Regular Procedure | Neoadjuvant, Adjuvant, Metastatic urothelial cancer | None |
| MO | MO026 | CT for Ureter / Bladder / Urethra | Y | MO026K | Paclitaxel | 5,700 |  | MEDON003 | None | No | No | Regular Procedure | Metastatic urothelial cancer | None |
| MO | MO027 | CT for CA Penis | Y | MO027A | Cisplatin + Paclitaxel | 13,500 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant, Adjuvant, Metastatic penile cancer | None |
| MO | MO027 | CT for CA Penis | Y | MO027B | 5 FU + Cisplatin | 7,800 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant, Adjuvant, Metastatic penile cancer | None |
| MO | MO027 | CT for CA Penis | Y | MO027C | Capecitabine | 7,400 |  | MEDON001 | None | No | No | Regular Procedure | Metastatic Penile Cancer | None |
| MO | MO027 | CT for CA Penis | Y | MO027D | Paclitaxel + Carboplatin | 15,100 |  | MEDON001 | None | No | No | Regular Procedure | Neoadjuvant, Adjuvant, Metastatic penile cancer | None |
| MO | MO027 | CT for CA Penis | Y | MO027E | Paclitaxel | 5,700 |  | MEDON003 | None | No | No | Regular Procedure | Metastatic Penile Cancer | None |
| MO | MO027 | CT for CA Penis | Y | MO027F | Paclitaxel | 12,200 |  | MEDON006 | None | No | No | Regular Procedure | Metastatic Penile Cancer | None |
| MO | MO027 | CT for CA Penis | Y | MO027G | Paclitaxel + Carboplatin | 7,900 |  | MEDON003 | None | No | No | Regular Procedure | Metastatic Penile Cancer | None |
| MO | MO028 | CT for CA Prostate | Y | MO028A | Docetaxel | 11,700 |  | MEDON026 | None | No | No | Regular Procedure | Metastatic prostate cancer | None |
| MO | MO028 | CT for CA Prostate | Y | MO028B | Docetaxel | 14,100 |  | MEDON019 | None | No | No | Regular Procedure | Metastatic prostate cancer | None |
| MO | MO028 | CT for CA Prostate | Y | MO028C | Etoposide + Carboplatin | 7,100 |  | MEDON001 | None | No | No | Regular Procedure | Metastatic prostate cancer | None |
| MO | MO028 | CT for CA Prostate | Y | MO028D | LHRH Agonist | 15,300 |  | MEDON027 | None | No | No | Regular Procedure | Metastatic prostate cancer | None |
| MO | MO028 | CT for CA Prostate | Y | MO028E | Mitoxantrone + Prednisolone | 4,200 |  | MEDON021 | None | No | No | Regular Procedure | Metastatic prostate cancer | None |
| MO | MO028 | CT for CA Prostate | Y | MO028F | Paclitaxel + Carboplatin | 7,700 |  | MEDON003 | None | No | No | Regular Procedure | Metastatic prostate cancer | None |
| MO | MO028 | CT for CA Prostate | Y | MO028G | Paclitaxel + Carboplatin | 15,100 |  | MEDON006 | None | No | No | Regular Procedure | Metastatic prostate cancer | None |
| MO | MO028 | CT for CA Prostate | Y | MO028H | Docetaxel | 14,700 |  | MEDON003 | None | No | No | Regular Procedure | Metastatic prostate cancer | None |
| MO | MO029 | CT for B - Cell NHL - High Grade (Except Burkitt's & PCNSL) | Y | MO029A | R - CEOP | 26,200 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO029 | CT for B - Cell NHL - High Grade (Except Burkitt's & PCNSL) | Y | MO029B | R - CHOP | 27,000 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO030 | CT for High - Grade NHL - B Cell | N | MO030A | Rituxmab + Dexamethasone +  High Dose Cytarabine + Cisplatin | 34,900 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO031 | CT for Relapsed B - Cell NHL - High Grade (Except Burkitt's & PCNSL) | Y | MO031A | GDP - R | 35,300 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO031 | CT for Relapsed B - Cell NHL - High Grade (Except Burkitt's & PCNSL) | Y | MO031B | ICE - R | 31,900 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO032 | CT for PMBCL / Burkitt's Lymphoma / Seropositive  B - Cell NHLR | N | MO032A | EPOCH | 31,700 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO033 | CT for Burkitt's NHL | N | MO033A | Codox - M - IVAC / GMALL / BFM / Hyper CVAD | 34,500 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO034 | CT for Low Grade B - Cell NHL | Y | MO034A | Bendamustine + Rituximab | 30,700 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO034 | CT for Low Grade B - Cell NHL | Y | MO034B | Lenalidomide + Rituximab | 27,500 |  | MEDON012 | None | No | No | Regular Procedure | None | None |
| MO | MO035 | CT for Low Grade NHL | Y | MO035A | Rituximab | 24,800 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO035 | CT for Low Grade NHL | Y | MO035B | Rituximab + Cyclophosphamide + Vincristine + Prednisolone | 25,800 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO036 | CT for Chronic Lymphocytic Leukemia | Y | MO036A | Fludarabine + Cyclophosphamide | 18,100 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO036 | CT for Chronic Lymphocytic Leukemia | Y | MO036B | Rituxmab + Chlorambucil | 24,900 |  | MEDON012 | None | No | No | Regular Procedure | None | None |
| MO | MO036 | CT for Chronic Lymphocytic Leukemia | Y | MO036C | Rituximab + Fludarabine + Cyclophosphamide | 40,700 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO036 | CT for Chronic Lymphocytic Leukemia | Y | MO036D | Lenalidomide | 4,800 |  | MEDON021 | None | No | No | Regular Procedure | None | None |
| MO | MO037 | CT for Peripheral T - Cell Lymphoma | Y | MO037A | CHOEP | 5,000 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO037 | CT for Peripheral T - Cell Lymphoma | Y | MO037B | CHOP | 4,000 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO037 | CT for Peripheral T - Cell Lymphoma | Y | MO037C | SMILE | 19,300 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO038 | CT for NK - T Cell Lymphoma | Y | MO038A | GELOX | 18,900 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO038 | CT for NK - T Cell Lymphoma | Y | MO038B | LVP | 7,600 |  | MEDON012 | None | No | No | Regular Procedure | None | None |
| MO | MO039 | CT for Hodgkin's Lymphoma | Y | MO039A | COPP | 3,600 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO039 | CT for Hodgkin's Lymphoma | Y | MO039B | ABVD | 10,200 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO039 | CT for Hodgkin's Lymphoma | Y | MO039C | AEVD | 10,200 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO040 | CT for Relapsed Hodgkin Lymphoma | Y | MO040A | ICE | 9,700 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO040 | CT for Relapsed Hodgkin Lymphoma | Y | MO040B | MINE | 9,700 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO040 | CT for Relapsed Hodgkin Lymphoma | Y | MO040C | PTCL - GDP | 12,500 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO041 | CT for Relapsed NHL & HL | N | MO041A | DHAP | 11,500 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO042 | CT for MM / Amyloidosis / POEMS | Y | MO042A | LD | 6,000 |  | MEDON028 | None | No | No | Regular Procedure | None | None |
| MO | MO042 | CT for MM / Amyloidosis / POEMS | Y | MO042B | POM DEX | 6,800 |  | MEDON028 | None | No | No | Regular Procedure | None | None |
| MO | MO043 | CT for MM / Amyloidosis | Y | MO043A | CTD | 4,000 |  | MEDON028 | None | No | No | Regular Procedure | None | None |
| MO | MO043 | CT for MM / Amyloidosis | Y | MO043B | MPT | 4,100 |  | MEDON021 | None | No | No | Regular Procedure | None | None |
| MO | MO043 | CT for MM / Amyloidosis | Y | MO043C | VCD | 14,600 |  | MEDON021 | None | No | No | Regular Procedure | None | None |
| MO | MO043 | CT for MM / Amyloidosis | Y | MO043D | VD | 13,300 |  | MEDON021 | None | No | No | Regular Procedure | None | None |
| MO | MO043 | CT for MM / Amyloidosis | Y | MO043E | VMP | 12,600 |  | MEDON021 | None | No | No | Regular Procedure | None | None |
| MO | MO043 | CT for MM / Amyloidosis | Y | MO043F | VRD | 17,800 |  | MEDON021 | None | No | No | Regular Procedure | None | None |
| MO | MO043 | CT for MM / Amyloidosis | Y | MO043G | VTD | 15,000 |  | MEDON021 | None | No | No | Regular Procedure | None | None |
| MO | MO044 | CT for Chronic Myeloid Leukemia | N | MO044A | Imatinib | 19,400 |  | MEDON007 | None | No | No | Regular Procedure | None | None |
| MO | MO045 | CT for Myeloproliferative Neoplasm | N | MO045A | Hydroxurea | 2,200 |  | MEDON029 | None | No | No | Regular Procedure | None | None |
| MO | MO046 | AML- CONSOLIDATION PER CYCLE X3 | Y | MO046A | Consolidation | 60,000 |  | MEDON037 | None | No | No | Regular Procedure | None | None |
| MO | MO046 | AML- INDUCTION (3+7) | Y | MO046B | Induction | 96,000 |  | MEDON038 | None | No | No | Regular Procedure | None | None |
| MO | MO047 | ALL - CONSOLIDATION (PHASE II, CNS THERAPY, REINDUCTION) | Y | MO047A | Consolidation  (Phase II, CNS Therapy Reinduction) | 160,000 |  | None | None | No | No | Regular Procedure | None | None |
| MO | MO047 | ALL- INDUCTION | Y | MO047B | Induction | 80,000 |  | None | None | No | No | Regular Procedure | None | None |
| MO | MO047 | ALL- MAINTENANCE PER MONTH FOR 24 MONTHS | Y | MO047C | Maintenance | 4,000 |  | MEDON008 | None | No | No | Regular Procedure | None | None |
| MO | MO048 | LBL- CONSOLIDATION (PHASE II, CNS THERAPY, REINDUCTION) | Y | MO048A | Consolidation  (Phase II, CNS Therapy Reinduction) | 160,000 |  | None | None | No | No | Regular Procedure | None | None |
| MO | MO048 | LBL- INDUCTION | Y | MO048B | Induction | 80,000 |  | None | None | No | No | Regular Procedure | None | None |
| MO | MO048 | LBL- MAINTENANCE PER MONTH FOR 24 MONTHS | Y | MO048C | Maintenance | 4,000 |  | MEDON008 | None | No | No | Regular Procedure | None | None |
| MO | MO049 | APML- HIGH RISK -CONSOLIDATION X8 CYCLES | Y | MO049A | High Risk Consolidation | 32,000 |  | MEDON012 | None | No | No | Regular Procedure | None | None |
| MO | MO049 | APML- HIGH RISK INDUCTION 2 MONTHS | Y | MO049B | High Risk Induction | 96,000 |  | MEDON039 | None | No | No | Regular Procedure | None | None |
| MO | MO049 | APML- HIGH RISK- MAINTENANCE X6 CYCLES | Y | MO049C | High Risk Maintenance | 8,000 |  | MEDON001 | None | No | No | Regular Procedure | None | None |
| MO | MO050 | APML- LOW RISK- CONSOLIDATION PER CYCLE X8 CYCLES | Y | MO050A | Low Risk Consolidation | 12,000 |  | MEDON012 | None | No | No | Regular Procedure | None | None |
| MO | MO050 | APML- LOW RISK- INDUCTION 2 MONTHS | Y | MO050B | Low Risk Induction | 80,000 |  | MEDON039 | None | No | No | Regular Procedure | None | None |
| MO | MO051 | FEBRILE NEUTROPENIA - FIRST LINE ANTIBIOTICS (PER EPISODE) | Y | MO051A | First Line Antibiotics | 28,000 |  | None | None | No | No | Regular Procedure | None | None |
| MO | MO051 | FEBRILE NEUTROPENIA - SECOND LINE ANTIBIOTICS AND ANTIFUNGALS(PER EPISODE) | Y | MO051B | Second Line Antibiotics and Antifungals | 60,000 |  | None | None | No | No | Regular Procedure | None | None |
| MO | MO052 | Chemotherapy Complications - TLS | N | MO052A | Chemotherapy Complications - TLS | 24,000 |  | MEDON020 | None | No | No | Regular Procedure | None | None |
| MO | MO053 | Granulocyte Colony Stimulating Factor Use | N | MO053A | Granulocyte Colony Stimulating Factor Use | 12,800 |  | MEDON020 | None | No | No | Regular Procedure | None | None |
| MO | MO054 | LANGERHANS CELL HISTIOCYTOSIS (HISTIOCYTOSIS PROTOCOL-INDUCTION 6 MONTHS) | Y | MO054A | Langerhans Cell Histiocytosis (Histiocytosis Protocol - Induction) | 22,400 |  | MEDON040 | None | No | No | Regular Procedure | LANGERHANS CELL HISTIOCYTOSIS | None |
| MO | MO054 | LANGERHANS CELL HISTIOCYTOSIS (HISTIOCYTOSIS PROTOCOL-MAINTAINENCE 12 MONTHS) | Y | MO054B | Langerhans Cell Histiocytosis (Histiocytosis Protocol - Maintenance) | 17,000 |  | MEDON041 | None | No | No | Regular Procedure | LANGERHANS CELL HISTIOCYTOSIS | None |
| MO | MO055 | CT for Low Grade Glioma | Y | MO055A | Vincristine + Carboplatin | 5,600 |  | MEDON034 | None | No | No | Regular Procedure | LOW GRADE GLIOMA | None |
| MO | MO055 | CT for Low Grade Glioma | Y | MO055B | Vinblastin | 1,900 |  | MEDON021 | None | No | No | Regular Procedure | LOW GRADE GLIOMA | None |
| MO | MO056 | CT for Medulloblastoma / Brain PNET | Y | MO056A | PACKER | 4,900 |  | MEDON012 | None | No | No | Regular Procedure | MEDULLOBLASTOMA | None |
| MO | MO056 | CT for Medulloblastoma / CNS PNET | Y | MO056B | CET | 8,300 |  | MEDON001 | None | No | No | Regular Procedure | MEDULLOBLASTOMA | None |
| MO | MO057 | CT for Neuroblastoma | Y | MO057A | Cabroplatin + Etoposide + Cyclophosphamide + Doxorubicin | 7,900 |  | MEDON012 | None | No | No | Regular Procedure | NEUROBLASTOMA | None |
| MO | MO057 | CT for Neuroblastoma | Y | MO057B | RAPID COJEC | 6,800 |  | MEDON012 | None | No | No | Regular Procedure | NEUROBLASTOMA | None |
| MO | MO057 | CT for Neuroblastoma | Y | MO057C | RETINOID | 2,000 |  | MEDON001 | None | No | No | Regular Procedure | NEUROBLASTOMA | None |
| MO | MO058 | CT for Retinoblastoma | N | MO058A | JOE / COPE | 7,100 |  | MEDON023 | None | No | No | Regular Procedure | RETINOBLASTOMA | None |
| MO | MO059 | CT for Rhabdomyosarcoma | Y | MO059A | VCD | 4,800 |  | MEDON014 | None | No | No | Regular Procedure | RHABDOMYOSARCOMA | None |
| MO | MO059 | CT for Rhabdomyosarcoma | Y | MO059B | VIE | 16,200 |  | MEDON014 | None | No | No | Regular Procedure | RHABDOMYOSARCOMA | None |
| MO | MO060 | CT for Relapse Rhabdomyosarcoma | N | MO060A | VTC + VAC | 12,200 |  | MEDON014 | None | No | No | Regular Procedure | RELAPSED RHABDOMYOSARCOMA | None |
| MO | MO061 | CT for Wilms Tumor | Y | MO061A | VINC + ACTIN. D | 3,000 |  | MEDON030 | None | No | No | Regular Procedure | WILMS TUMOR | None |
| MO | MO061 | CT for Wilms Tumor | Y | MO061B | VINC + ACTIN. D + DOX | 4,200 |  | MEDON030 | None | No | No | Regular Procedure | WILMS TUMOR | None |
| MO | MO061 | CT for Wilms Tumor | Y | MO061C | Cyclo + Dox + Etop + Vinc + Actino . D | 12,300 |  | MEDON030 | None | No | No | Regular Procedure | WILMS TUMOR | None |
| MO | MO062 | PEDIATRIC ALL - CONSOLIDATION (PHASE II, CNS THERAPY, REINDUCTION) \* CMPLETE TREATMENT COST/24 WEEKS | Y | MO062A | Consolidation  (Phase II, CNS Therapy Reinduction) | 208,600 |  | None | None | No | No | Regular Procedure | ACUTE LYMPHOBLASTIC LEUKEMIA | None |
| MO | MO062 | PEDIATRIC ALL - INDUCTION | Y | MO062B | Induction | 72,000 |  | None | None | No | No | Regular Procedure | ACUTE LYMPHOBLASTIC LEUKEMIA | None |
| MO | MO062 | PEDIATRIC ALL- MAINTENANCE PER MONTH FOR 24 MONTHS | Y | MO062C | Maintenance | 2,500 |  | None | None | No | No | Regular Procedure | ACUTE LYMPHOBLASTIC LEUKEMIA | None |
| MO | MO063 | PEDIATRIC LBL- CONSOLIDATION (PHASE II, CNS THERAPY, REINDUCTION) \* CMPLETE TREATMENT COST/24 WEEKS | Y | MO063A | Consolidation  (Phase II, CNS Therapy Reinduction) | 208,600 |  | None | None | No | No | Regular Procedure | None | None |
| MO | MO063 | PEDIATRIC LBL- INDUCTION | Y | MO063B | Induction | 72,000 |  | None | None | No | No | Regular Procedure | None | None |
| MO | MO063 | PEDIATRIC LBL- MAINTENANCE PER MONTH FOR 24 MONTHS | Y | MO063C | Maintenance | 2,500 |  | None | None | No | No | Regular Procedure | None | None |
| MO | MO064 | PEDIATRIC AML CONSOLIDATION (high dose cytarabine) x 3 cycles | Y | MO064A | Consolidation - High Dose Cytarabine | 57,600 |  | MEDON037 | None | No | No | Regular Procedure | ACUTE MYELOID LEUKEMIA | None |
| MO | MO064 | PEDIATRIC AML INDUCTION (3+10+5, ADE) | Y | MO064B | Induction | 94,400 |  | MEDON042 | None | No | No | Regular Procedure | ACUTE MYELOID LEUKEMIA | None |
| MO | MO064 | PEDIATRIC AML INDUCTION (3+7) | Y | MO064C | Induction | 92,800 |  | MEDON038 | None | No | No | Regular Procedure | ACUTE MYELOID LEUKEMIA | None |
| MO | MO065 | PEDIATRIC APML CONSOLIDATION (2 MONTHS) | Y | MO065A | Consolidation | 36,800 |  | MEDON039 | None | No | No | Regular Procedure | ACUTE PROMYELOCYTIC MYELOID LEUKEMIA | None |
| MO | MO065 | PEDIATRIC APML INDUCTION (2 MONTHS) | Y | MO065B | Induction | 97,600 |  | MEDON039 | None | No | No | Regular Procedure | ACUTE PROMYELOCYTIC MYELOID LEUKEMIA | None |
| MO | MO065 | PEDIATRIC APML MAINATENANCE (18 MONTHS) | Y | MO065C | Maintenance | 39,300 |  | MEDON042 | None | No | No | Regular Procedure | ACUTE PROMYELOCYTIC MYELOID LEUKEMIA | None |
| MO | MO066 | CT for Pediatric Hodgkins Lymphoma | Y | MO066A | COPDAC | 7,800 |  | MEDON001 | None | No | No | Regular Procedure | RELAPSED HODGKINS LYMPHOMA | None |
| MO | MO066 | CT for Pediatric Hodgkins Lymphoma | Y | MO066B | OPEA | 13,000 |  | MEDON011 | None | No | No | Regular Procedure | HODGKINS LYMPHOMA | None |
| MO | MO067 | CT for Pediatric Hodgkins Lymphoma Relapse | Y | MO067A | ICE | 21,500 |  | MEDON001 | None | No | No | Regular Procedure | RELAPSED HODGKINS LYMPHOMA | None |
| MO | MO067 | CT for Pediatric Hodgkins Lymphoma Relapse | Y | MO067B | DECA | 17,800 |  | MEDON001 | None | No | No | Regular Procedure | RELAPSED HODGKINS LYMPHOMA | None |
| MO | MO067 | CT for Pediatric Hodgkins Lymphoma Relapse | Y | MO067C | IGVD | 34,000 |  | MEDON011 | None | No | No | Regular Procedure | RELAPSED HODGKINS LYMPHOMA | None |
| MO | MO068 | PEDIATRIC NON HODGKINS LYMPHOMA (LMB 89-96) CONSOLIDATION (8 WEEKS) 2 cycles | Y | MO068A | LMB 89 - 96 - Consolidation | 33,500 |  | MEDON043 | None | No | No | Regular Procedure | NON-HODGKINS LYMPHOMA | None |
| MO | MO068 | PEDIATRIC NON HODGKINS LYMPHOMA (LMB 89-96) INDUCTION-COPADAM (8 WEEKS, 2 CYCLES) | Y | MO068B | LMB 89 - 96 - Induction - COPADAM | 33,100 |  | MEDON043 | None | No | No | Regular Procedure | NON-HODGKINS LYMPHOMA | None |
| MO | MO068 | PEDIATRIC NON HODGKINS LYMPHOMA (LMB 89-96) MAINTAINENCE (12 WEEKS) | Y | MO068C | LMB 89 - 96 - Maintenance | 15,400 |  | None | None | No | No | Regular Procedure | NON-HODGKINS LYMPHOMA | None |
| MO | MO068 | PEDIATRIC NON HODGKINS LYMPHOMA (MCP-842) 8 cycles | Y | MO068D | MCP - 842 | 13,200 |  | MEDON012 | None | No | No | Regular Procedure | NON-HODGKINS LYMPHOMA | None |
| MO | MO069 | PEDIATRIC-GCT/JEB | N | MO069A | PEDIATRIC-GCT/JEB | 10,000 |  | MEDON001 | None | No | No | Regular Procedure | PEDIATRIC GERM CELL TUMOR | None |
| MO | MO070 | CT for Pediatric Hepatoblastoma | Y | MO070A | Carboplatin + Cisplatin + Doxorubicin | 4,900 |  | MEDON036 | None | No | No | Regular Procedure | PEDIATRIC HEPATOBLASTOMA | None |
| MO | MO070 | CT for Pediatric Hepatoblastoma | Y | MO070B | Cisplatin | 5,600 |  | MEDON001 | None | No | No | Regular Procedure | PEDIATRIC HEPATOBLASTOMA | None |
| MO | MO071 | CT for CA Lung | Y | MO071A | Docetaxel | 16,200 |  | MEDON022 | None | No | No | Regular Procedure | Metstatic non small cell lung cancer-second line | None |
| MO | MO071 | CT for CA Lung | Y | MO071B | Erlotinib | 13,000 |  | MEDON005 | None | No | No | Regular Procedure | Metastatic non small cell lung cancer | None |
| MO | MO071 | CT for CA Lung | Y | MO071C | Gefitnib | 11,000 |  | MEDON005 | None | No | No | Regular Procedure | Metastatic non small cell lung cancer | None |
| MO | MO071 | CT for CA Lung | Y | MO071D | Paclitaxel + Carboplatin | 15,100 |  | MEDON006 | None | No | No | Regular Procedure | Metastatic Non Small cell lung cancer -first line | None |
| MO | MO071 | CT for CA Lung | Y | MO071E | Pemetrexed + Carboplatin | 10,000 |  | MEDON001 | None | No | No | Regular Procedure | Metastatic non small cell lung (adenocarcinoma) cancer | None |
| MO | MO071 | CT for CA Lung | Y | MO071F | Topotecan | 24,600 |  | MEDON006 | None | No | No | Regular Procedure | metastatic small cell lung cancer -second line | None |
| MO | MO071 | CT for CA Lung | Y | MO071G | Docetaxel | 14,600 |  | MEDON002 | None | No | No | Regular Procedure | Metastatic Non Small Cell Lung Cancer - in patients unfit for combination therapy | None |
| MO | MO071 | CT for CA Lung | Y | MO071H | Etoposide + Carboplatin | 7,100 |  | MEDON006 | None | No | No | Regular Procedure | Neoadjuvant, concurrent with radiation and metastaic small cell lung cancer | None |
| MO | MO071 | CT for CA Lung | Y | MO071I | Etoposide + Cisplatin | 5,500 |  | MEDON006 | None | No | No | Regular Procedure | Neoadjuvant, concurrent with radiation and metastaic small cell lung cancer | None |
| MO | MO071 | CT for CA Lung | Y | MO071J | Gemcitabine | 8,900 |  | MEDON019 | None | No | No | Regular Procedure | Metastatic non small cell lung cancer | None |
| MO | MO071 | CT for CA Lung | Y | MO071K | Gemcitabine + Carboplatin | 14,300 |  | MEDON006 | None | No | No | Regular Procedure | Neoadjuvant and Metastatic NonSmall Cell Lung cancer | None |
| MO | MO071 | CT for CA Lung | Y | MO071L | Gemcitabine + Cisplatin | 11,100 |  | MEDON006 | None | No | No | Regular Procedure | Neoadjuvant and Metastatic NonSmall Cell Lung cancer | None |
| MO | MO071 | CT for CA Lung | Y | MO071M | Paclitaxel | 5,800 |  | MEDON002 | None | No | No | Regular Procedure | Metastatic Non Small Cell Lung Cancer - in patients unfit for combination therapy | None |
| MO | MO071 | CT for CA Lung | Y | MO071N | Paclitaxel | 12,000 |  | MEDON006 | None | No | No | Regular Procedure | Metastatic Non Small Cell Lung Cancer - in patients unfit for combination therapy | None |
| MO | MO071 | CT for CA Lung | Y | MO071O | Paclitaxel + Carboplatin | 7,900 |  | MEDON002 | None | No | No | Regular Procedure | Concurrent chemoradiation in Non Small Cell lung cancer | None |
| MO | MO071 | CT for CA Lung | Y | MO071P | Paclitaxel + Cisplatin | 13,500 |  | MEDON006 | None | No | No | Regular Procedure | Neoadjuvant , Adjuvant and Metastatic NonSmall Cell Lung Cancer | None |
| MO | MO071 | CT for CA Lung | Y | MO071Q | Pemetrexed + Cisplatin | 9,200 |  | MEDON006 | None | No | No | Regular Procedure | Neoadjuvant , Adjuvant and Metastatic NonSmall Cell Lung cancer (adnocarcinoma and adenosquamous carcinoma) | None |
| MO | MO071 | CT for CA Lung | Y | MO071R | Pemetrexed | 7,600 |  | MEDON024 | None | No | No | Regular Procedure | Metastatic non small cell lung cancer (adenocarcinoma) as maintenance after carboplatin +Pemetrexed and Cisplatin + Pemetrexed 4 -6 cycles | None |
| MO | MO071 | CT for CA Lung | Y | MO071S | Vinorelbine + Carboplatin | 22,800 |  | MEDON022 | None | No | No | Regular Procedure | Neoadjuvant and Metastatic NonSmall Cell Lung cancer | None |
| MO | MO071 | CT for CA Lung | Y | MO071T | Vinorelbine + Cisplatin | 20,600 |  | MEDON022 | None | No | No | Regular Procedure | Neoadjuvant and Metastatic NonSmall Cell Lung cancer | None |
| MP | MP001 | Febrile seizures / other seizures | Y | MP001A | Febrile seizures | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP001 | Febrile seizures / other seizures | Y | MP001B | Flury of seizures | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP001 | Febrile seizures / other seizures | Y | MP001C | Neurocysticercosis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP001 | Febrile seizures / other seizures | Y | MP001D | Epilepsy | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP002 | Epileptic encephalopathy | N | MP002A | Epileptic encephalopathy | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP003 | Acute encephalitis | Y | MP003A | Infectious - uncomplicated | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP003 | Acute encephalitis | Y | MP003B | Immune-mediated - uncomplicated | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP004 | Acute encephalitis syndrome | N | MP004A | Acute encephalitis syndrome | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP005 | Acute meningo encephalitis / aseptic meningitis / febrile encephalopathy / hypertensive encehalopathy / metabolic encephalopathy / hepatic encephalopathy / brain abcess | Y | MP005A | Acute meningo encephalitis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP005 | Acute meningo encephalitis / aseptic meningitis / febrile encephalopathy / hypertensive encehalopathy / metabolic encephalopathy / hepatic encephalopathy / brain abcess | Y | MP005B | Aseptic meningitis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP005 | Acute meningo encephalitis / aseptic meningitis / febrile encephalopathy / hypertensive encehalopathy / metabolic encephalopathy / hepatic encephalopathy / brain abcess | Y | MP005C | Febrile encephalopathy | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP005 | Acute meningo encephalitis / aseptic meningitis / febrile encephalopathy / hypertensive encehalopathy / metabolic encephalopathy / hepatic encephalopathy / brain abcess | Y | MP005D | Hypertensive encehalopathy | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP005 | Acute meningo encephalitis / aseptic meningitis / febrile encephalopathy / hypertensive encehalopathy / metabolic encephalopathy / hepatic encephalopathy / brain abcess | Y | MP005E | Metabolic encephalopathy | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP005 | Acute meningo encephalitis / aseptic meningitis / febrile encephalopathy / hypertensive encehalopathy / metabolic encephalopathy / hepatic encephalopathy / brain abcess | Y | MP005F | Hepatic encephalopathy | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP005 | Acute meningo encephalitis / aseptic meningitis / febrile encephalopathy / hypertensive encehalopathy / metabolic encephalopathy / hepatic encephalopathy / brain abcess | Y | MP005G | Brain abcess | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP006 | Meningitis | Y | MP006A | Chronic meningitis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP006 | Meningitis | Y | MP006B | Partially treated pyogenic meningitis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP006 | Meningitis | Y | MP006C | Neuro tuberculosis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP006 | Meningitis | Y | MP006D | Complicated bacterial meningitis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP006 | Meningitis | Y | MP006E | Acute meningitis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP007 | Optic neuritis | N | MP007A | Optic neuritis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP008 | Medical Management for Raised intracranial pressure | N | MP008A | After Decompressive craniotomy / After Shunt procedure / After other emergency neuro surgical procedures / For ICP monitoring | 1,800 |  | STRAT006 | None | No | No | Add - On Procedure | None | None |
| MP | MP009 | Intracranial hemorrhage | N | MP009A | Intracranial hemorrhage | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP010 | Intracranial space occupying lesion | N | MP010A | Intracranial space occupying lesion | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP011 | Intracranial ring enhancing lesion with complication (tuberculoma) | N | MP011A | Intracranial ring enhancing lesion with complication (tuberculoma) | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP012 | Cerebral herniation | N | MP012A | Cerebral herniation | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP013 | Acute neuroregression / Acute worsening in neuro metabolic and neurodegenerative conditions | N | MP013A | Acute neuroregression / Acute worsening in neuro metabolic and neurodegenerative conditions | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP014 | Acute demyelinating myelopathy | N | MP014A | Acute demyelinating myelopathy | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP015 | Juvenile myasthenia | N | MP015A | Juvenile myasthenia | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP016 | Acute ataxia | N | MP016A | Acute ataxia | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP017 | Acute ischemic stroke | N | MP017A | Acute ischemic stroke | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP018 | Wheezing | N | MP018A | Wheezing | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP019 | Chronic cough | N | MP019A | Chronic cough | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP020 | Acute urticaria / Anaphylaxis acute asthma | Y | MP020A | Acute urticaria | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP020 | Acute urticaria / Anaphylaxis acute asthma | Y | MP020B | Anaphylaxis acute asthma | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP021 | Acute abdomen | N | MP021A | Acute abdomen | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP022 | Celiac disease | N | MP022A | Celiac disease | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP023 | Unexplained hepatosplenomegaly | N | MP023A | Unexplained hepatosplenomegaly | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP024 | Infantile cholestasis | N | MP024A | Infantile cholestasis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP025 | Acute glomerulonephritis | N | MP025A | Acute glomerulonephritis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP026 | Nephrotic syndrome with peritonitis | N | MP026A | Nephrotic syndrome with peritonitis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP027 | Haemolytic uremic syndrome | N | MP027A | Haemolytic uremic syndrome | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP028 | CRRT | N | MP028A | CRRT | 8,000 |  | None | None | No | Yes | Add - On Procedure | None | Per Session price |
| MP | MP029 | Global developmental delay / Intellectual disability of unknown etiology | Y | MP029A | Global developmental delay | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP029 | Global developmental delay / Intellectual disability of unknown etiology | Y | MP029B | Intellectual disability of unknown etiology | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP030 | Rickets - requiring admission for Work Up | N | MP030A | Rickets - requiring admission for Work Up | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP031 | Acute severe malnutrition | N | MP031A | Acute severe malnutrition | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP032 | Developmental and behavioral disorders | N | MP032A | Developmental and behavioral disorders | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP033 | Short stature | N | MP033A | Short stature | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP034 | Dysmorphic children | N | MP034A | Dysmorphic children | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP035 | Floppy infant | N | MP035A | Floppy infant | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP036 | Inborn errors of metabolism | N | MP036A | Inborn errors of metabolism | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP037 | Wilson’s disease | N | MP037A | Wilson’s disease | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP038 | Rheumatoid arthritis | N | MP038A | Rheumatoid arthritis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP039 | Rheumatic fever | N | MP039A | Rheumatic fever | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP040 | Cyanotic spells | Y | MP040A | Cyanotic spells | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP040 | Cyanotic spells | Y | MP040B | Cyanotic spells with CHD | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP040 | Cyanotic spells | Y | MP040C | Cyanotic spells with Chest infection | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP040 | Cyanotic spells | Y | MP040D | Cyanotic spells with Sepsis | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP041 | Immune haemolytic anemia | N | MP041A | Immune haemolytic anemia | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP042 | Idiopathic Thrombocytopenic Purpura | N | MP042A | Idiopathic Thrombocytopenic Purpura | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP043 | Kawasaki Disease | N | MP043A | Kawasaki Disease | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP044 | Steven Johnson syndrome | N | MP044A | Steven Johnson syndrome | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP045 | Trauma | N | MP045A | Trauma | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MP | MP046 | Ketogenic diet initiation in refractory epilepsy | N | MP046A | Ketogenic diet initiation in refractory epilepsy | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| MR | MR001 | 2D External Beam Radiotherapy (6 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR001A | Radical |  | 11,000 | None | FRA0002 | No | No | Regular Procedure | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours` | None |
| MR | MR001 | 2D External Beam Radiotherapy (6 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR001B | Adjuvant |  | 11,000 | None | FRA0002 | No | No | Regular Procedure | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours` | None |
| MR | MR001 | 2D External Beam Radiotherapy (6 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR001C | Neoadjuvant |  | 11,000 | None | FRA0002 | No | No | Regular Procedure | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours` | None |
| MR | MR002 | 2D External Beam Radiotherapy - Palliative  (Upto 10 Fractions) (Inclusive of Simulation & Planning Cost) | N | MR002A | Palliative | 10,000 |  | RT001 | None | No | No | Regular Procedure | None | None |
| MR | MR003 | 2D External Beam Radiotherapy (25 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR003A | Radical |  | 20,000 | None | FRA0001 | No | No | Regular Procedure | None | None |
| MR | MR003 | 2D External Beam Radiotherapy (25 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR003B | Adjuvant |  | 20,000 | None | FRA0001 | No | No | Regular Procedure | None | None |
| MR | MR003 | 2D External Beam Radiotherapy (25 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR003C | Neoadjuvant |  | 20,000 | None | FRA0001 | No | No | Regular Procedure | None | None |
| MR | MR004 | Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR004A | Radical |  | 21,000 | None | FRA0004 | No | No | Regular Procedure | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours` | None |
| MR | MR004 | Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR004B | Adjuvant |  | 21,000 | None | FRA0004 | No | No | Regular Procedure | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours` | None |
| MR | MR004 | Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR004C | Neoadjuvant |  | 21,000 | None | FRA0004 | No | No | Regular Procedure | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours` | None |
| MR | MR005 | Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR005A | Radical |  | 40,000 | None | FRA0003 | No | No | Regular Procedure | None | None |
| MR | MR005 | Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR005B | Adjuvant |  | 40,000 | None | FRA0003 | No | No | Regular Procedure | None | None |
| MR | MR005 | Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR005C | Neoadjuvant |  | 40,000 | None | FRA0003 | No | No | Regular Procedure | None | None |
| MR | MR006 | Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy)  (20 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR006A | Radical |  | 70,000 | None | FRA0005 | No | No | Regular Procedure | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours` | None |
| MR | MR006 | Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy)  (20 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR006B | Adjuvant |  | 70,000 | None | FRA0005 | No | No | Regular Procedure | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours` | None |
| MR | MR006 | Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy)  (20 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR006C | Neoadjuvant |  | 70,000 | None | FRA0005 | No | No | Regular Procedure | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours` | None |
| MR | MR007 | Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy)  (6 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR007A | Radical |  | 42,000 | None | FRA0006 | No | No | Regular Procedure | None | None |
| MR | MR007 | Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy)  (6 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR007B | Adjuvant |  | 42,000 | None | FRA0006 | No | No | Regular Procedure | None | None |
| MR | MR007 | Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy)  (6 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR007C | Neoadjuvant |  | 42,000 | None | FRA0006 | No | No | Regular Procedure | None | None |
| MR | MR008 | Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT  (20 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR008A | Radical |  | 90,000 | None | FRA0007 | No | No | Regular Procedure | None | None |
| MR | MR008 | Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT  (20 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR008B | Adjuvant |  | 90,000 | None | FRA0007 | No | No | Regular Procedure | None | None |
| MR | MR008 | Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT  (20 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR008C | Neoadjuvant |  | 90,000 | None | FRA0007 | No | No | Regular Procedure | None | None |
| MR | MR009 | Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT  (6 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR009A | Radical |  | 55,000 | None | FRA0008 | No | No | Regular Procedure | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours` | None |
| MR | MR009 | Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT  (6 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR009B | Adjuvant |  | 55,000 | None | FRA0008 | No | No | Regular Procedure | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours` | None |
| MR | MR009 | Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT  (6 Fractions) (Inclusive of Simulation & Planning Cost) | Y | MR009C | Neoadjuvant |  | 55,000 | None | FRA0008 | No | No | Regular Procedure | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours` | None |
| MR | MR010 | SRT / SBRT with IGRT  (Stereotacatic radiotherapy)  (4 Fractions) (Inclusive of Simulation & Planning Cost) | N | MR010A | SRT / SBRT with IGRT  (Stereotacatic radiotherapy) |  | 82,000 | None | FRA0009 | No | No | Regular Procedure | None | None |
| MR | MR011 | SRS with IGRT (Stereotacatic radiotherapy) (Inclusive of Simulation & Planning Cost) | N | MR011A | SRS with IGRT (Stereotacatic radiotherapy) | 70,000 |  | None | None | No | No | Regular Procedure | None | None |
| MR | MR012 | Respiratory Gating along with Linear Accelerator planning (5 Fractions)  (Inclusive of Simulation & Planning Cost) | N | MR012A | Respiratory Gating along with Linear Accelerator planning |  | 65,000 | None | FRA0010 | No | No | Regular Procedure | None | None |
| MR | MR013 | Brachytherapy High Dose Radiation | Y | MR013A | Intracavitory | 3,500 |  | RT002 | None | No | No | Regular Procedure | None | None |
| MR | MR013 | Brachytherapy High Dose Radiation | Y | MR013B | Intraluminal | 3,500 |  | RT002 | None | No | No | Regular Procedure | None | None |
| MR | MR013 | Brachytherapy High Dose Radiation | Y | MR013C | Endobiliary | 3,500 |  | RT002 | None | No | No | Regular Procedure | None | None |
| MR | MR013 | Brachytherapy High Dose Radiation | Y | MR013D | Endobronchial | 3,500 |  | RT002 | None | No | No | Regular Procedure | None | None |
| MR | MR013 | Brachytherapy High Dose Radiation | Y | MR013E | CVS | 3,500 |  | RT002 | None | No | No | Regular Procedure | None | None |
| MR | MR014 | Brachytherapy High Dose Radiation (5 doses) (Inclusive of Simulation, Planning Cost, OT & other charges ) | Y | MR014A | Interstitial |  | 42,000 | None | FRA0011 | No | No | Regular Procedure | None | None |
| MR | MR014 | Brachytherapy High Dose Radiation (5 doses) (Inclusive of Simulation, Planning Cost, OT & other charges ) | Y | MR014B | Surface Mould |  | 42,000 | None | FRA0011 | No | No | Regular Procedure | None | None |
| SB | SB001 | Fracture - Conservative Management -  Without plaster | N | SB001A | Fracture - Conservative Management -  Without plaster | 2,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB002 | Application of Traction | Y | SB002A | Skeletal Tractions with pin | 2,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB002 | Application of Traction | Y | SB002B | Skin Traction | 700 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB003 | Application of P.O.P. casts | Y | SB003A | Upper Limbs | 3,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB003 | Application of P.O.P. casts | Y | SB003B | Lower Limbs | 3,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB004 | Application of P.O.P. Spikas & Jackets | Y | SB004A | Spikas | 3,500 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB004 | Application of P.O.P. Spikas & Jackets | Y | SB004B | Jackets | 3,500 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB005 | External fixation of Fracture | Y | SB005A | Long bone | 19,000 |  | None | IMP0062 | No | No | Regular Procedure | None | None |
| SB | SB005 | External fixation of Fracture | Y | SB005B | Small bone | 14,500 |  | None | IMP0062 | No | No | Regular Procedure | None | None |
| SB | SB005 | External fixation of Fracture | Y | SB005C | Pelvis | 19,000 |  | None | IMP0062 | No | No | Regular Procedure | None | None |
| SB | SB005 | External fixation of Fracture | Y | SB005D | Both bones - forearms | 20,000 |  | None | IMP0062 | No | No | Regular Procedure | None | None |
| SB | SB006 | Percutaneous - Fixation of Fracture | N | SB006A | Percutaneous - Fixation of Fracture | 5,000 |  | STRAT001 | IMP0109 | No | No | Regular Procedure | None | None |
| SB | SB007 | Elastic nailing for fracture fixation | Y | SB007A | Femur | 16,000 |  | None | IMP0122 | No | No | Regular Procedure | None | None |
| SB | SB007 | Elastic nailing for fracture fixation | Y | SB007B | Humerus | 16,000 |  | None | IMP0122 | No | No | Regular Procedure | None | None |
| SB | SB007 | Elastic nailing for fracture fixation | Y | SB007C | Forearm | 16,000 |  | None | IMP0122 | No | No | Regular Procedure | None | None |
| SB | SB008 | Internal Fixation of Small Bones | N | SB008A | Internal Fixation of Small Bones | 10,000 |  | None | IMP0104 | No | No | Regular Procedure | None | None |
| SB | SB009 | Fracture - Long Bones - Metaphyseal - ORIF | N | SB009A | Fracture - Long Bones - Metaphyseal - ORIF |  | 12,700 | None | IMP0099 | No | No | Regular Procedure | None | None |
| SB | SB010 | Fixation of Diaphyseal Fracture - Long Bone | Y | SB010A | Open Reduction Internal Fixation | 20,900 |  | None | IMP0094 | No | No | Regular Procedure | None | None |
| SB | SB010 | Fixation of Diaphyseal Fracture - Long Bone | Y | SB010B | Closed Reduction & Fixation | 25,000 |  | None | IMP0095 | No | No | Regular Procedure | None | None |
| SB | SB011 | Surgery for Comminuted Fracture - Olecranon of Ulna | N | SB011A | Plating | 19,800 |  | None | IMP0096 | No | No | Regular Procedure | None | None |
| SB | SB012 | Fracture Head radius | Y | SB012A | Fixation | 15,000 |  | None | IMP0101 | No | No | Regular Procedure | None | None |
| SB | SB012 | Fracture Head radius | Y | SB012B | Excision | 9,200 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB013 | Fracture - Single Bone - Forearm - ORIF - Plating / Nailing | N | SB013A | Fracture - Single Bone - Forearm - ORIF - Plating / Nailing | 12,400 |  | None | IMP0100 | No | No | Regular Procedure | None | None |
| SB | SB014 | Fracture - Both Bones - Forearm - ORIF - Plating / Nailing | N | SB014A | Fracture - Both Bones - Forearm - ORIF - Plating / Nailing | 19,700 |  | None | IMP0098 | No | No | Regular Procedure | None | None |
| SB | SB015 | Fracture Condyle - Humerus - ORIF | Y | SB015A | Lateral Condyle | 10,000 |  | None | IMP0103 | No | No | Regular Procedure | None | None |
| SB | SB015 | Fracture Condyle - Humerus - ORIF | Y | SB015B | Medial Condyle | 10,000 |  | None | IMP0103 | No | No | Regular Procedure | None | None |
| SB | SB016 | Fracture intercondylar Humerus + olecranon osteotomy | N | SB016A | Fracture intercondylar Humerus + olecranon osteotomy | 26,100 |  | None | IMP0111 | No | No | Regular Procedure | None | None |
| SB | SB017 | Displaced Clavicle Fracture | N | SB017A | Open Reduction Internal Fixation | 20,000 |  | None | IMP0129 | No | No | Regular Procedure | None | None |
| SB | SB018 | Fracture - Acetabulum | Y | SB018A | Single Approach | 38,000 |  | None | IMP0065 | No | No | Regular Procedure | None | None |
| SB | SB018 | Fracture - Acetabulum | Y | SB018B | Combined Approach | 48,500 |  | None | IMP0066 | No | No | Regular Procedure | None | None |
| SB | SB019 | Fracture - Neck Femur | Y | SB019A | Closed Reduction and Percutaneous Screw Fixation | 15,000 |  | None | IMP0060 | No | No | Regular Procedure | None | None |
| SB | SB019 | Fracture - Neck Femur | Y | SB019B | Intertrochanteric Fracture with Dynamic Hip Screw | 20,800 |  | None | IMP0061 | No | No | Regular Procedure | None | None |
| SB | SB019 | Fracture - Neck Femur | Y | SB019C | Intertrochanteric Fracture with Proximal Femoral Nail | 24,100 |  | None | IMP0063 | No | No | Regular Procedure | None | None |
| SB | SB020 | Ankle Fractures | N | SB020A | Open Reduction Internal Fixation | 19,000 |  | None | IMP0092 | No | No | Regular Procedure | None | None |
| SB | SB021 | Cervical spine fixation including odontoid | N | SB021A | Cervical spine fixation including odontoid |  | 20,000 | None | IMP0125, IMP0126, IMP0127 | Yes | No | Regular Procedure | Cost of implant not included in procedure price | None |
| SB | SB022 | Dorsal and lumber spine fixation | Y | SB022A | Anterior |  | 40,000 | None | IMP0130, IMP0131 | No | No | Regular Procedure | None | None |
| SB | SB022 | Dorsal and lumber spine fixation | Y | SB022B | Posterior |  | 30,000 | None | IMP0130, IMP0131 | No | No | Regular Procedure | None | None |
| SB | SB023 | Bone grafting for Non union | N | SB023A | Bone grafting for Non union | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB024 | Arthorotomy of any joint | N | SB024A | Arthorotomy of any joint | 14,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB025 | Arthrolysis of joint | Y | SB025A | Elbow | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB025 | Arthrolysis of joint | Y | SB025B | Knee | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB025 | Arthrolysis of joint | Y | SB025C | Ankle | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB026 | Arthrodesis | Y | SB026A | Ankle / Triple with implant | 20,000 |  | None | IMP0144 | No | No | Regular Procedure | None | None |
| SB | SB026 | Arthrodesis | Y | SB026B | Shoulder | 20,000 |  | None | IMP0089 | No | No | Regular Procedure | None | None |
| SB | SB026 | Arthrodesis | Y | SB026C | Wrist | 20,000 |  | None | IMP0090 | No | No | Regular Procedure | None | None |
| SB | SB026 | Arthrodesis | Y | SB026D | Knee | 25,000 |  | None | IMP0143 | No | No | Regular Procedure | None | None |
| SB | SB026 | Arthrodesis | Y | SB026E | Hand | 27,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB026 | Arthrodesis | Y | SB026F | Foot | 27,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB026 | Arthrodesis | Y | SB026G | Ankle / Triple without implant | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB027 | Disarticulation | Y | SB027A | Hind quarter | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB027 | Disarticulation | Y | SB027B | Fore quarter | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB028 | Closed reduction of joint dislocation | Y | SB028A | Hip | 7,400 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB028 | Closed reduction of joint dislocation | Y | SB028B | Shoulder | 5,500 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB028 | Closed reduction of joint dislocation | Y | SB028C | Elbow | 5,500 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB028 | Closed reduction of joint dislocation | Y | SB028D | Knee | 5,500 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB029 | Open Reduction of Small Joint | N | SB029A | Open Reduction of Small Joint | 10,000 |  | None | IMP0107 | No | No | Regular Procedure | None | None |
| SB | SB030 | Tension Band Wiring | N | SB030A | Tension Band Wiring | 15,000 |  | None | IMP0134 | No | No | Stand Alone Procedure | Can be used for ORIF, wherever indicated. Can not be used as an Add - on package | None |
| SB | SB031 | Hemiarthroplasty | Y | SB031A | Unipolar | 18,000 |  | None | IMP0116 | No | No | Regular Procedure | None | None |
| SB | SB031 | Hemiarthroplasty | Y | SB031B | Bipolar (Non - Modular) | 22,000 |  | None | IMP0117 | No | No | Regular Procedure | None | None |
| SB | SB031 | Hemiarthroplasty | Y | SB031C | Bipolar (Modular) | 35,000 |  | None | IMP0118 | No | No | Regular Procedure | None | None |
| SB | SB032 | AC Joint reconstruction / Stabilization | Y | SB032A | Rockwood Type - I | 30,500 |  | None | IMP0124 | No | No | Regular Procedure | Surgical Management for Type III & IV Rockwood to be decided by the surgeon on case to case basis Type V & VI to be taken up for Surgery straight away In case Type I or II is booked a Pop Up to be shown "For Rockwood Type I & II - AC Joint injury, experts recommend Medical Management, are you sure you want to do Surgical Correction in this case ?"  For Hospitals booking Surgical Correction in Type I & Type II cases, Medical Audit will be conducted. | None |
| SB | SB032 | AC Joint reconstruction / Stabilization | Y | SB032B | Rockwood Type - II | 30,500 |  | None | IMP0124 | No | No | Regular Procedure | Surgical Management for Type III & IV Rockwood to be decided by the surgeon on case to case basis Type V & VI to be taken up for Surgery straight away In case Type I or II is booked a Pop Up to be shown "For Rockwood Type I & II - AC Joint injury, experts recommend Medical Management, are you sure you want to do Surgical Correction in this case ?"  For Hospitals booking Surgical Correction in Type I & Type II cases, Medical Audit will be conducted. | None |
| SB | SB032 | AC Joint reconstruction / Stabilization | Y | SB032C | Rockwood Type - III | 30,500 |  | None | IMP0124 | No | No | Regular Procedure | Surgical Management for Type III & IV Rockwood to be decided by the surgeon on case to case basis Type V & VI to be taken up for Surgery straight away | None |
| SB | SB032 | AC Joint reconstruction / Stabilization | Y | SB032D | Rockwood Type - IV | 30,500 |  | None | IMP0124 | No | No | Regular Procedure | Surgical Management for Type III & IV Rockwood to be decided by the surgeon on case to case basis Type V & VI to be taken up for Surgery straight away | None |
| SB | SB032 | AC Joint reconstruction / Stabilization | Y | SB032E | Rockwood Type - V | 30,500 |  | None | IMP0124 | No | No | Regular Procedure | Surgical Management for Type III & IV Rockwood to be decided by the surgeon on case to case basis Type V & VI to be taken up for Surgery straight away | None |
| SB | SB032 | AC Joint reconstruction / Stabilization | Y | SB032F | Rockwood Type - VI | 30,500 |  | None | IMP0124 | No | No | Regular Procedure | Surgical Management for Type III & IV Rockwood to be decided by the surgeon on case to case basis Type V & VI to be taken up for Surgery straight away | None |
| SB | SB033 | Excision Arthoplasty of Femur head | N | SB033A | Excision Arthoplasty of Femur head | 17,500 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB034 | Open Reduction of CDH | N | SB034A | Open Reduction of CDH | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB035 | Patellectomy | N | SB035A | Patellectomy | 11,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB036 | Arthroscopic Meniscus Repair / Meniscectomy | N | SB036A | Arthroscopic Meniscus Repair / Meniscectomy | 12,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB037 | Elbow replacement | N | SB037A | Elbow replacement | 45,100 |  | None | IMP0121 | No | No | Regular Procedure | None | None |
| SB | SB038 | Total Hip Replacement | Y | SB038A | Cemented | 70,000 |  | None | IMP0112 | No | No | Regular Procedure | None | None |
| SB | SB038 | Total Hip Replacement | Y | SB038B | Cementless | 97,000 |  | None | IMP0113 | No | No | Regular Procedure | None | None |
| SB | SB038 | Total Hip Replacement | Y | SB038C | Hybrid | 77,000 |  | None | IMP0114 | No | No | Regular Procedure | None | None |
| SB | SB038 | Total Hip Replacement | Y | SB038D | Revision - Total Hip Replacement | 140,000 |  | None | IMP0115 | No | No | Regular Procedure | None | None |
| SB | SB039 | Total Knee Replacement | Y | SB039A | Primary - Total Knee Replacement | 80,000 |  | None | IMP0119 | No | No | Regular Procedure | None | None |
| SB | SB039 | Total Knee Replacement | Y | SB039B | Revision - Total Knee Replacement | 130,000 |  | None | IMP0120 | No | No | Regular Procedure | None | None |
| SB | SB040 | Bone Tumour Excision (malignant) including GCT + Joint replacement  (depending upon type of joint and implant) | N | SB040A | Bone Tumour Excision (malignant) including GCT + Joint replacement  (depending upon type of joint and implant) | 177,000 |  | None | IMP0067 | No | No | Regular Procedure | None | None |
| SB | SB041 | Bone Tumour Excision + reconstruction | N | SB041A | Bone Tumour Excision + reconstruction | 40,000 |  | None | IMP0093 | No | No | Regular Procedure | None | None |
| SB | SB042 | Bone Tumour (benign) curettage / Excision  and bone grafting | N | SB042A | Bone Tumour (benign) curettage / Excision and bone grafting | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB043 | Single Stage Amputation | Y | SB043A | Above Elbow | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB043 | Single Stage Amputation | Y | SB043B | Below Elbow | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB043 | Single Stage Amputation | Y | SB043C | Above Knee | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB043 | Single Stage Amputation | Y | SB043D | Below Knee | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB043 | Single Stage Amputation | Y | SB043E | Foot | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB043 | Single Stage Amputation | Y | SB043F | Hand | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB043 | Single Stage Amputation | Y | SB043G | Wrist | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB044 | Two Stage Amputation | Y | SB044A | Above Elbow | 23,200 |  | None | None | No | No | Regular Procedure | Rs. 10,000 to be paid after 1st Stage Rs. 13,200 to be paid after 2nd Stage Operation | None |
| SB | SB044 | Two Stage Amputation | Y | SB044B | Below Elbow | 23,200 |  | None | None | No | No | Regular Procedure | Rs. 10,000 to be paid after 1st Stage Rs. 13,200 to be paid after 2nd Stage Operation | None |
| SB | SB044 | Two Stage Amputation | Y | SB044C | Above Knee | 23,200 |  | None | None | No | No | Regular Procedure | Rs. 10,000 to be paid after 1st Stage Rs. 13,200 to be paid after 2nd Stage Operation | None |
| SB | SB044 | Two Stage Amputation | Y | SB044D | Below Knee | 23,200 |  | None | None | No | No | Regular Procedure | Rs. 10,000 to be paid after 1st Stage Rs. 13,200 to be paid after 2nd Stage Operation | None |
| SB | SB044 | Two Stage Amputation | Y | SB044E | Foot | 23,200 |  | None | None | No | No | Regular Procedure | Rs. 10,000 to be paid after 1st Stage Rs. 13,200 to be paid after 2nd Stage Operation | None |
| SB | SB044 | Two Stage Amputation | Y | SB044F | Hand | 23,200 |  | None | None | No | No | Regular Procedure | Rs. 10,000 to be paid after 1st Stage Rs. 13,200 to be paid after 2nd Stage Operation | None |
| SB | SB044 | Two Stage Amputation | Y | SB044G | Wrist | 23,200 |  | None | None | No | No | Regular Procedure | Rs. 10,000 to be paid after 1st Stage Rs. 13,200 to be paid after 2nd Stage Operation | None |
| SB | SB045 | Amputation - Fingers / Toes | Y | SB045A | Finger(s) | 10,400 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB045 | Amputation - Fingers / Toes | Y | SB045B | Toe(s) | 10,400 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB046 | Tendon Grafting / Repair | Y | SB046A | Tendon Grafting | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB046 | Tendon Grafting / Repair | Y | SB046B | Tendon Repair | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB047 | Tendon Release / Tenotomy | N | SB047A | Tendon Release / Tenotomy | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB048 | Tenolysis | N | SB048A | Tenolysis | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB049 | Reconstruction of Cruciate Ligament with implant and brace | Y | SB049A | Anterior | 42,700 |  | None | IMP0110 | No | No | Regular Procedure | None | None |
| SB | SB049 | Reconstruction of Cruciate Ligament with implant and brace | Y | SB049B | Posterior | 42,700 |  | None | IMP0110 | No | No | Regular Procedure | None | None |
| SB | SB050 | Fasciotomy | N | SB050A | Fasciotomy | 10,500 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB051 | Duputryen’s Contracture release + rehabilitation | N | SB051A | Duputryen’s Contracture release + rehabilitation | 8,500 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB052 | Debridement & Closure of injuries - contused lacerated wounds | Y | SB052A | Anti-biotic + dressing - minimum of 5 sessions | 10,900 |  | None | None | No | No | Regular Procedure | Payment will be made at the completion of treatment | None |
| SB | SB052 | Debridement & Closure of injuries - contused lacerated wounds | Y | SB052B | Anti-biotic + dressing - minimum of 2 sessions | 3,000 |  | None | None | No | No | Regular Procedure | Payment will be made at the completion of treatment | None |
| SB | SB053 | Sequestectomy / Curettage | N | SB053A | Sequestectomy / Curettage | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB054 | Spine deformity correction | N | SB054A | Spine deformity correction |  | 30,000 | None | IMP0132, IMP0133 | Yes | No | Regular Procedure | None | None |
| SB | SB055 | Osteotomy | Y | SB055A | Long Bone | 23,000 |  | None | IMP0108 | No | No | Regular Procedure | None | None |
| SB | SB055 | Osteotomy | Y | SB055B | Small Bone | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB056 | Pelvic Osteotomy and fixation | N | SB056A | Pelvic Osteotomy and fixation | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB057 | High Tibial Osteotomy | N | SB057A | High Tibial Osteotomy | 23,000 |  | None | IMP0102 | No | No | Regular Procedure | None | None |
| SB | SB058 | Ilizarov Fixation | N | SB058A | Ilizarov Fixation | 25,000 |  | None | IMP0106 | No | No | Regular Procedure | None | None |
| SB | SB059 | Limb Lengthening / Bone Transport by Ilizarov | N | SB059A | Limb Lengthening / Bone Transport by Ilizarov | 35,700 |  | None | IMP0105 | No | No | Regular Procedure | None | None |
| SB | SB060 | Growth Modulation and fixation | N | SB060A | Growth Modulation and fixation |  | 5,000 | None | IMP0123 | No | No | Regular Procedure | Cost of implant not included in procedure price | None |
| SB | SB061 | Corrective Surgery for foot deformities | Y | SB061A | Vertical Talus | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB061 | Corrective Surgery for foot deformities | Y | SB061B | Other foot deformities | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB062 | Correction of club foot per cast | N | SB062A | Correction of club foot per cast | 3,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB063 | Corrective Surgery in Club Foot / JESS Fixator | N | SB063A | Corrective Surgery in Club Foot / JESS Fixator | 20,000 |  | None | IMP0128 | No | No | Regular Procedure | None | None |
| SB | SB064 | Excision of Osteochondroma / Exostosis | Y | SB064A | Osteochondroma | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB064 | Excision of Osteochondroma / Exostosis | Y | SB064B | Exostosis | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB065 | Excision of Bursa | N | SB065A | Excision of Bursa | 3,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB066 | Nerve Transposition / Release / Neurolysis | Y | SB066A | Nerve Transposition | 13,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB066 | Nerve Transposition / Release / Neurolysis | Y | SB066B | Nerve Release | 13,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB066 | Nerve Transposition / Release / Neurolysis | Y | SB066C | Nerve Neurolysis | 13,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB067 | Nerve Repair Surgery | N | SB067A | Nerve Repair Surgery | 13,800 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB068 | Nerve root block | N | SB068A | Nerve root block | 3,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB069 | Exploration and Ulnar nerve Repair | N | SB069A | Exploration and Ulnar nerve Repair | 9,800 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB070 | Implant Removal under LA | Y | SB070A | K - Wire | 5,000 |  | None | None | No | No | Regular Procedure | LA for - K Wire & Screw GA for - Nail & Plate | None |
| SB | SB070 | Implant Removal under LA | Y | SB070B | Screw | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB071 | Implant Removal under RA / GA | Y | SB071A | Nail | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SB | SB071 | Implant Removal under RA / GA | Y | SB071B | Plate | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC001 | Glossectomy | Y | SC001A | Hemiglossectomy | 24,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC001 | Glossectomy | Y | SC001B | Total Glossectomy | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC002 | Palatectomy | Y | SC002A | Soft palate | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC002 | Palatectomy | Y | SC002B | Hard palate | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC003 | Maxillectomy | Y | SC003A | Partial | 27,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC003 | Maxillectomy | Y | SC003B | Radical | 33,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC003 | Maxillectomy | Y | SC003C | Total | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC004 | Composite resection (Oral Cavity) | N | SC004A | Composite resection (Oral Cavity) | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC005 | Oesophageal / Tracheal stenting | Y | SC005A | Oesophageal stenting | 45,000 |  | None | IMP0069 | No | No | Regular Procedure | None | None |
| SC | SC005 | Oesophageal / Tracheal stenting | Y | SC005B | Tracheal stenting | 45,000 |  | None | IMP0070 | No | No | Regular Procedure | None | None |
| SC | SC006 | Transthoracic esophagectomy: 2F / 3F | Y | SC006A | Open | 60,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC006 | Transthoracic esophagectomy: 2F / 3F | Y | SC006B | MIS | 60,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC007 | Gastric pull-up / Jejunal Graft | N | SC007A | Gastric pull-up / Jejunal Graft | 36,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC008 | Radical Small Bowel Resection | Y | SC008A | Open | 33,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC008 | Radical Small Bowel Resection | Y | SC008B | Lap. | 33,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC009 | Intersphincteric resection | Y | SC009A | Open | 40,200 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC009 | Intersphincteric resection | Y | SC009B | Lap. | 40,200 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC010 | Surgery for Abdominal wall tumour | Y | SC010A | Abdominal wall tumour resection | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC010 | Surgery for Abdominal wall tumour | Y | SC010B | Abdominal wall tumour resection with reconstruction | 39,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC011 | Exploratory laparotomy f / b diversion stoma / bypass | Y | SC011A | Exploratory laparotomy f / b diversion stoma | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC011 | Exploratory laparotomy f / b diversion stoma / bypass | Y | SC011B | Exploratory laparotomy f / b diversion bypass | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC012 | Abdominoperineal resection | Y | SC012A | Open | 39,600 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC012 | Abdominoperineal resection | Y | SC012B | Lap. | 39,600 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC013 | Omentectomy | N | SC013A | Omentectomy | 21,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC014 | Procedures Requiring Bypass Techniques | N | SC014A | Procedures Requiring Bypass Techniques | 35,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC015 | Segmentectomy - hepatobiliary system | N | SC015A | Segmentectomy - hepatobiliary system | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC016 | Radical / Revision Cholecystectomy | Y | SC016A | Radical | 39,600 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC016 | Radical / Revision Cholecystectomy | Y | SC016B | Revision | 39,600 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC017 | Enucleation of pancreatic neoplasm | N | SC017A | Enucleation of pancreatic neoplasm | 39,600 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC018 | Hepatoblastoma Excision | N | SC018A | Hepatoblastoma Excision | 52,200 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC019 | Hemipelvectomy - Internal | N | SC019A | Hemipelvectomy - Internal | 54,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC020 | Pelvic Exenteration | Y | SC020A | Anterior - Open | 58,800 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC020 | Pelvic Exenteration | Y | SC020B | Anterior - Lap. | 58,800 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC020 | Pelvic Exenteration | Y | SC020C | Total - Open | 58,800 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC020 | Pelvic Exenteration | Y | SC020D | Total - Lap. | 58,800 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC021 | Wilms tumors: surgery | N | SC021A | Wilms tumors: surgery | 33,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC022 | Ureteric end to end anastomosis | N | SC022A | Ureteric end to end anastomosis | 24,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC023 | Distal ureterectomy with reimplantation | N | SC023A | Distal ureterectomy with reimplantation | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC024 | Radical cystectomy | Y | SC024A | With continent diversion - Open | 98,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC024 | Radical cystectomy | Y | SC024B | With Ileal Conduit - Open | 88,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC024 | Radical cystectomy | Y | SC024C | With Ileal Conduit - Lap. | 88,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC024 | Radical cystectomy | Y | SC024D | With neobladder - Open | 98,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC024 | Radical cystectomy | Y | SC024E | With neobladder - Lap | 98,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC024 | Radical cystectomy | Y | SC024F | With ureterosigmoidostomy - Open | 75,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC024 | Radical cystectomy | Y | SC024G | With ureterosigmoidostomy - Lap | 75,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC024 | Radical cystectomy | Y | SC024H | With ureterostomy -Open | 70,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC024 | Radical cystectomy | Y | SC024I | With ureterostomy -Lap. | 70,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC025 | Channel TURP | N | SC025A | Channel TURP | 22,800 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC026 | Radical Urethrectomy | N | SC026A | Radical Urethrectomy | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC027 | Penile preserving surgery  (WLE, Glansectomy, Laser) | N | SC027A | Penile preserving surgery  (WLE, Glansectomy, Laser) | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC028 | Excision of undescended testicular mass | N | SC028A | Excision of undescended testicular mass | 24,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC029 | Germ Cell Tumour Excision | N | SC029A | Germ Cell Tumour Excision | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC030 | Bilateral salpingoophorectomy | Y | SC030A | Open | 21,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC030 | Bilateral salpingoophorectomy | Y | SC030B | Lap. | 21,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC031 | Leiomyoma excision | Y | SC031A | Open | 42,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC031 | Leiomyoma excision | Y | SC031B | MIS | 42,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC032 | Radical Hysterectomy | Y | SC032A | Class I radical hysterectomy + bilateral salpingoophorectomy + BPLND - Lap. | 27,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC032 | Radical Hysterectomy | Y | SC032B | Class I radical hysterectomy + bilateral salpingoophorectomy + BPLND - Open | 27,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC032 | Radical Hysterectomy | Y | SC032C | Class I radical Hysterectomy +/- bilateral salpingoophorectomy - Lap. | 27,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC032 | Radical Hysterectomy | Y | SC032D | Class I radical Hysterectomy +/- bilateral salpingoophorectomy - Open | 27,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC032 | Radical Hysterectomy | Y | SC032E | Class II radical hysterctomy + BPLND | 27,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC032 | Radical Hysterectomy | Y | SC032F | Class III radical hysterctomy + BPLND | 27,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC032 | Radical Hysterectomy | Y | SC032G | Hysterectomy + bilateral salpingoophorectomy + omentectomy + peritonectomy and organ resections | 34,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC033 | Radical vaginectomy | N | SC033A | Radical vaginectomy | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC034 | Vulvectomy + reconstruction procedures | N | SC034A | Vulvectomy + reconstruction procedures | 36,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC035 | Radical Trachelectomy | N | SC035A | Radical Trachelectomy | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC036 | Sacral Tumour Excision | Y | SC036A | Anterior + Posterior approach | 60,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC036 | Sacral Tumour Excision | Y | SC036B | Posterior approach | 54,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC037 | Resection of nasopharyngeal tumour | N | SC037A | Resection of nasopharyngeal tumour | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC038 | Total Pharyngectomy | N | SC038A | Total Pharyngectomy | 36,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC039 | Parapharyngeal Tumour Excision | N | SC039A | Parapharyngeal Tumour Excision | 31,200 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC040 | Laryngectomy | Y | SC040A | Partial laryngectomy (voice preserving) | 69,000 |  | None | IMP0068 | No | No | Regular Procedure | None | None |
| SC | SC040 | Laryngectomy | Y | SC040B | Total Laryngectomy | 36,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC041 | Tracheal resection | N | SC041A | Tracheal resection | 36,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC042 | Tracheal / Carinal resection | N | SC042A | Tracheal / Carinal resection | 58,800 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC043 | Tracheal Stenosis (End to end Anastamosis) (Throat) | N | SC043A | Tracheal Stenosis (End to end Anastamosis) (Throat) | 36,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC044 | Central airway tumour debulking | N | SC044A | Central airway tumour debulking | 22,800 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC045 | Diagnostic thoracoscopy | N | SC045A | Diagnostic thoracoscopy | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC046 | Sleeve resection of lung cancer | N | SC046A | Sleeve resection of lung cancer | 70,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC047 | Mediastinoscopy | Y | SC047A | Diagnostic | 22,200 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC047 | Mediastinoscopy | Y | SC047B | Staging | 22,200 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC048 | Removal of Chest Wall Tumour | Y | SC048A | Chest Wall Tumour Excision | 36,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC048 | Removal of Chest Wall Tumour | Y | SC048B | Removal of chest wall tumour with reconstruction | 51,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC049 | Pleurectomy Decortication | N | SC049A | Pleurectomy Decortication | 39,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC050 | Chamberlain procedure | N | SC050A | Chamberlain procedure | 22,200 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC051 | Extrapleural pneumonectomy | N | SC051A | Extrapleural pneumonectomy | 66,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC052 | Pneumonectomy | N | SC052A | Pneumonectomy | 54,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC053 | Lung metastectomy | Y | SC053A | Open | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC053 | Lung metastectomy | Y | SC053B | VATS | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC054 | Thoracostomy | N | SC054A | Thoracostomy | 19,800 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC055 | Mediastinal lymphadenectomy | Y | SC055A | Open | 36,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC055 | Mediastinal lymphadenectomy | Y | SC055B | Video - assisted | 36,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC056 | Mediastinal mass excision with lung resection | N | SC056A | Mediastinal mass excision with lung resection | 60,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC057 | Segmental resection of lung | Y | SC057A | Open | 42,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC057 | Segmental resection of lung | Y | SC057B | Thoracoscopic | 42,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC058 | Wedge resection lung | Y | SC058A | Open | 36,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC058 | Wedge resection lung | Y | SC058B | Thoracoscopic | 36,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC059 | Breast conserving surgery | Y | SC059A | Breast conserving surgery  (lumpectomy + axillary surgery) | 22,800 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC059 | Breast conserving surgery | Y | SC059B | Breast conserving surgery with Oncoplasty | 24,600 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC060 | Axillary Sampling / Sentinel Node Biopsy | N | SC060A | Axillary Sampling / Sentinel Node Biopsy | 16,200 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC061 | Axillary dissection | N | SC061A | Axillary dissection | 19,800 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC062 | Scalp tumour excision with skull bone excision | N | SC062A | Scalp tumour excision with skull bone excision | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC063 | Neuroblastoma Excision | N | SC063A | Neuroblastoma Excision | 60,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC064 | Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus | Y | SC064A | Growth - Squamous | 21,600 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC064 | Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus | Y | SC064B | Growth - Basal | 21,600 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC064 | Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus | Y | SC064C | Injury | 21,600 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC065 | Neck dissection - comprehensive | N | SC065A | Neck dissection - comprehensive | 16,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC066 | Benign Soft Tissue Tumour - Excision | N | SC066A | Benign Soft Tissue Tumour - Excision | 12,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC067 | Malignant Soft Tissue Tumour - Excision | N | SC067A | Malignant Soft Tissue Tumour - Excision | 24,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC068 | Regional flap | Y | SC068A | Myocutaneous flap | 30,600 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC068 | Regional flap | Y | SC068B | Fasciocutaneous flap | 30,600 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC069 | Rotationplasty | N | SC069A | Rotationplasty | 45,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC070 | Bone tumors / soft tissue sarcomas: surgery | N | SC070A | Bone tumors / soft tissue sarcomas: surgery | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC071 | Endoprosthesis Revision | Y | SC071A | Complete | 39,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC071 | Endoprosthesis Revision | Y | SC071B | Partial | 24,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC072 | Vertebral Tumour Excision and Reconstruction | N | SC072A | Vertebral Tumour Excision and Reconstruction | 54,000 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC073 | Microvascular reconstruction (free flaps) | N | SC073A | Microvascular reconstruction (free flaps) | 60,000 |  | None | IMP0073 | No | No | Regular Procedure | None | None |
| SC | SC074 | Vascular reconstruction | N | SC074A | Vascular reconstruction | 57,600 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC075 | Curopsy / Sclerotherapy | N | SC075A | Curopsy / Sclerotherapy | 19,200 |  | None | None | No | No | Regular Procedure | None | None |
| SC | SC076 | Chemo Port Insertion | N | SC076A | Chemo Port Insertion |  | 18,000 | None | IMP0071, IMP0072 | No | No | Regular Procedure | If the Hospital choses Pediatric Port in a pt. aged more than 14 years. Then it should be audited | None |
| SE | SE001 | Ptosis Surgery | N | SE001A | Ptosis Surgery | 8,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE002 | Entropion correction | N | SE002A | Entropion correction | 6,600 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE003 | Ectropion correction | N | SE003A | Ectropion correction | 6,500 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE004 | Lid Tear Repair | N | SE004A | Lid Tear Repair | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE005 | Lid Abscess Drainage | N | SE005A | Lid Abscess Drainage | 3,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE006 | Lid Tumor excision + Lid Reconstruction | N | SE006A | Lid Tumor excision + Lid Reconstruction | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE007 | Chalazion Removal | N | SE007A | Chalazion Removal | 2,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE008 | Squint correction | Y | SE008A | Minor - upto 2 muscles | 4,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE008 | Squint correction | Y | SE008B | Major - 3 or more muscles (complex surgery involving four muscles or oblique muscles) | 14,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE009 | Conjunctival tumour excision including Amniotic Membrane Graft | N | SE009A | Conjunctival tumour excision including Amniotic Membrane Graft | 7,000 |  | None | IMP0052 | No | No | Regular Procedure | None | None |
| SE | SE010 | Dacryocystorhinostomy | Y | SE010A | Canaliculo Dacryocystorhinostomy with Silicon Tube / Stent | 10,000 |  | None | IMP0048 | No | No | Regular Procedure | None | None |
| SE | SE010 | Dacryocystorhinostomy | Y | SE010B | Canaliculo Dacryocystorhinostomy without Silicon Tube / Stent | 8,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE010 | Dacryocystorhinostomy | Y | SE010C | Dacryocystorhinostomy with Silicon Tube / Stent | 10,000 |  | None | IMP0048 | No | No | Regular Procedure | None | None |
| SE | SE010 | Dacryocystorhinostomy | Y | SE010D | Dacryocystorhinostomy without Silicon Tube / Stent | 8,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE011 | Corneal Ulcer Management | N | SE011A | Corneal Ulcer Management | 4,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE012 | Corneal Grafting | Y | SE012A | Corneal Grafting | 8,500 |  | None | None | No | No | Regular Procedure | The package is inclusive of Eye Bank processing fee | None |
| SE | SE012 | Corneal Grafting | Y | SE012B | Corneal Graft Follow Up Package | 2,000 |  | None | None | No | No | Follow - Up Procedure | This is a special follow up package, as in Corneal graft surgery, a follow up at 1 week is required. At this time, the surgeon has to examine and then prescribe medicine for next one month. The medicine for 1 month has to be given at the time of booking this package. A signed reciept from the pt. is an essential document | None |
| SE | SE013 | Corneal Collagen Crosslinking | N | SE013A | Corneal Collagen Crosslinking | 9,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE014 | Pterygium + Conjunctival Autograft | N | SE014A | Pterygium + Conjunctival Autograft | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE015 | Corneo / Scleral / Corneo scleral tear repair | N | SE015A | Corneo / Scleral / Corneo scleral tear repair | 11,500 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE016 | Corneal / Scleral Patch Graft | N | SE016A | Corneal / Scleral Patch Graft | 3,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE017 | Scleral buckling surgery | N | SE017A | Scleral buckling surgery | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE018 | Scleral Buckle Removal | N | SE018A | Scleral Buckle Removal | 5,500 |  | None | None | No | No | Regular Procedure | To be done only after a prior scleral buckling surgery history | None |
| SE | SE019 | Limbal Dermoid Removal | N | SE019A | Limbal Dermoid Removal | 4,000 |  | None | IMP0051 | No | No | Regular Procedure | None | None |
| SE | SE020 | Cataract surgery | Y | SE020A | Phaco emulsification with foldable hydrophobic acrylic IOL | 7,500 |  | None | IMP0043 | No | No | Regular Procedure | None | None |
| SE | SE020 | Cataract surgery | Y | SE020B | SICS with non-foldable IOL | 5,000 |  | None | IMP0046 | No | No | Regular Procedure | None | None |
| SE | SE021 | Surgery for Pediatric Cataract | Y | SE021A | Paediatric lensectomy | 12,200 |  | None | IMP0043 | No | No | Stand Alone Procedure | None | None |
| SE | SE021 | Surgery for Pediatric Cataract | Y | SE021B | Pediatric lens aspiration with posterior capsulotomy & anterior vitrectomy | 12,200 |  | None | IMP0043 | No | No | Stand Alone Procedure | None | None |
| SE | SE021 | Surgery for Pediatric Cataract | Y | SE021C | Paediatric Membranectomy & anterior vitrectomy | 12,200 |  | None | IMP0043 | No | No | Stand Alone Procedure | None | None |
| SE | SE022 | Capsulotomy (YAG) | N | SE022A | Capsulotomy (YAG) | 1,500 |  | None | None | No | No | Regular Procedure | Can be booked only after 1 year of cataract surgery | None |
| SE | SE023 | SFIOL (inclusive of Vitrectomy) | N | SE023A | SFIOL (inclusive of Vitrectomy) |  | 15,000 | None | IMP0045 | No | No | Regular Procedure | None | None |
| SE | SE024 | Secondary IOL / IOL Exchange / Explant | N | SE024A | Secondary IOL / IOL Exchange / Explant |  | 2,000 | None | IMP0044 | No | No | Regular Procedure | None | None |
| SE | SE025 | IRIS Prolapse – Repair | N | SE025A | IRIS Prolapse – Repair | 4,000 |  | None | None | No | No | Regular Procedure | Can be booked as a compliication of cataract surgery atleast 15 days after discharge | None |
| SE | SE026 | Iridectomy | N | SE026A | Iridectomy | 2,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE027 | Glaucoma Surgery | Y | SE027A | Cyclocryotherapy / Cyclophotocoagulation | 3,700 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE027 | Glaucoma Surgery | Y | SE027B | Glaucoma Surgery (Trabeculectomy only) with or without Mitomycin C, including postoperative medications for 12 weeks  (and wherever surgical or laser procedures required for bleb augmentation and anterior chamber maintenance) | 11,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE027 | Glaucoma Surgery | Y | SE027C | Glaucoma Shunt Surgery | 20,000 |  | None | IMP0049, IMP0050 | No | No | Regular Procedure | None | None |
| SE | SE027 | Glaucoma Surgery | Y | SE027D | Pediatric Glaucoma Surgery | 15,000 |  | None | None | No | No | Stand Alone Procedure | None | None |
| SE | SE028 | EUA for Confirmation of Pediatric Glaucoma | N | SE028A | EUA for Confirmation of Pediatric Glaucoma | 3,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE029 | Retinal Laser Photocoagulation | Y | SE029A | For retinal tear repair Per Eye Per Sitting | 1,500 |  | None | None | No | No | Regular Procedure | The procedure is done only once per eye and not repeated | None |
| SE | SE029 | Retinal Laser Photocoagulation | Y | SE029B | Pan Retinal Photocoagulation (PRP) - Retinal Laser including 3 sittings / package of retino laser photocoagulation  (3 sittings per eye for both eyes) | 8,500 |  | None | None | No | No | Regular Procedure | 1. Claim to be raised after all 3 sittings have been done per eye. 2. The interval between subsequent sittings is atleast 1 week. | None |
| SE | SE030 | ROP Laser - Per Eye | N | SE030A | ROP Laser - Per Eye | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE031 | Retinal Cryopexy | N | SE031A | Retinal Cryopexy | 3,800 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE032 | Vitreoretinal Surgery (with Silicon Oil Insertion) | N | SE032A | Vitreoretinal Surgery (with Silicon Oil Insertion) | 23,900 |  | None | IMP0028, IMP0047 | Yes | No | Regular Procedure | None | None |
| SE | SE033 | SOR (Silicon Oil Removal) | N | SE033A | SOR (Silicon Oil Removal) | 9,300 |  | None | None | No | No | Add - On Procedure | Pre-auth to be raised only in cases which have a prior history of Vitreoretinal surgery done atleast 3 months ago | None |
| SE | SE034 | Endophthalmitis (excluding Vitrectomy) | N | SE034A | Endophthalmitis (excluding Vitrectomy) | 8,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE035 | Enucleation | Y | SE035A | Without implant | 8,400 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE035 | Enucleation | Y | SE035B | With implant | 9,000 |  | None | IMP0041, IMP0042 | Yes | No | Regular Procedure | None | None |
| SE | SE036 | Evisceration | N | SE036A | Evisceration | 4,800 |  | None | IMP0041, IMP0042 | No | No | Regular Procedure | None | None |
| SE | SE037 | Exenteration | N | SE037A | Exenteration | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE038 | Socket Reconstruction including Amniotic Membrane Graft | N | SE038A | Socket Reconstruction including Amniotic Membrane Graft | 11,200 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE039 | Orbitotomy | N | SE039A | Orbitotomy | 14,000 |  | None | None | No | No | Regular Procedure | None | None |
| SE | SE040 | GA / EUA separate add on package | N | SE040A | GA / EUA separate add on package | 3,000 |  | None | None | No | No | Add - On Procedure | None | None |
| SG | SG001 | Oesophagectomy | N | SG001A | Oesophagectomy | 28,300 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG002 | Operations for Replacement of Oesophagus by Colon | N | SG002A | Operations for Replacement of Oesophagus by Colon | 30,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG003 | Gastrectomy | Y | SG003A | Bleeding Ulcer - Partial Gastrectomy without Vagotomy | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG003 | Gastrectomy | Y | SG003B | Bleeding Ulcer - Partial Gastrectomy with Vagotomy | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG003 | Gastrectomy | Y | SG003C | Partial Gastrectomy for Carcinoma | 27,800 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG003 | Gastrectomy | Y | SG003D | Subtotal Gastrectomy for Carcinoma | 27,800 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG003 | Gastrectomy | Y | SG003E | Total Gastrectomy - Lap. | 51,600 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG003 | Gastrectomy | Y | SG003F | Total Gastrectomy - Open | 51,600 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG004 | Operative Gastrostomy | N | SG004A | Operative Gastrostomy | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG005 | Vagotomy | Y | SG005A | G J Vagotomy | 23,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG005 | Vagotomy | Y | SG005B | Vagotomy + Pyloroplasty | 23,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG006 | Operation for Bleeding Peptic Ulcer | N | SG006A | Operation for Bleeding Peptic Ulcer | 22,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG007 | Operation for Gastric / Duodenal Perforation | Y | SG007A | Gastric Perforation | 18,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG007 | Operation for Gastric / Duodenal Perforation | Y | SG007B | Duodenal Perforation | 18,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG008 | Pyloroplasty | N | SG008A | Pyloroplasty | 14,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG009 | Pyloromyotomy | N | SG009A | Pyloromyotomy | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG010 | Gastrojejunostomy | N | SG010A | Gastrojejunostomy | 18,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG011 | CystoJejunostomy / Cystogastrostomy | Y | SG011A | CystoJejunostomy - Open | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG011 | CystoJejunostomy / Cystogastrostomy | Y | SG011B | CystoJejunostomy - Lap. | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG011 | CystoJejunostomy / Cystogastrostomy | Y | SG011C | Cystogastrostomy - Open | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG011 | CystoJejunostomy / Cystogastrostomy | Y | SG011D | Cystogastrostomy - Lap. | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG012 | Feeding Jejunostomy | N | SG012A | Feeding Jejunostomy | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG013 | Ileostomy | N | SG013A | Ileostomy | 14,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG014 | Congenital Atresia & Stenosis of Small Intestine | N | SG014A | Congenital Atresia & Stenosis of Small Intestine | 23,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG015 | Operation for Duplication of Intestine | N | SG015A | Operation for Duplication of Intestine | 18,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG016 | Diverticulectomy | Y | SG016A | Excision Duodenal Diverticulum | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG016 | Diverticulectomy | Y | SG016B | Excision Meckel's Diverticulum | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG017 | Appendicectomy | Y | SG017A | Open | 11,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG017 | Appendicectomy | Y | SG017B | Lap. | 11,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG018 | Appendicular Perforation | N | SG018A | Appendicular Perforation | 17,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG019 | Operative drainage of Appendicular Abscess | N | SG019A | Operative drainage of Appendicular Abscess | 12,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG020 | Total Colectomy | Y | SG020A | Open | 23,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG020 | Total Colectomy | Y | SG020B | Lap. | 23,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG021 | Hemi colectomy | Y | SG021A | Right - Open | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG021 | Hemi colectomy | Y | SG021B | Right - Lap. | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG021 | Hemi colectomy | Y | SG021C | Left - Open | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG021 | Hemi colectomy | Y | SG021D | Left - Lap. | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG022 | Operative Management of Volvulus of Large Bowel | N | SG022A | Operative Management of Volvulus of Large Bowel | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG023 | Colostomy | N | SG023A | Colostomy | 14,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG024 | Closure of stoma | N | SG024A | Closure of stoma | 14,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG025 | Sigmoid Resection | N | SG025A | Sigmoid Resection | 21,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG026 | Perineal Procedure for Rectal Prolapse | N | SG026A | Perineal Procedure for Rectal Prolapse | 14,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG027 | Abdominal Procedure for Rectal Prolapse | Y | SG027A | Open | 19,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG027 | Abdominal Procedure for Rectal Prolapse | Y | SG027B | Lap. | 19,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG028 | Rectal Polyp Excision | N | SG028A | Rectal Polyp Excision | 9,600 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG029 | Anterior Resection of rectum | Y | SG029A | Open | 28,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG029 | Anterior Resection of rectum | Y | SG029B | Lap. | 28,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG030 | Resection Anastomosis | Y | SG030A | Open | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG030 | Resection Anastomosis | Y | SG030B | Lap. | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG031 | Procedure for Fissure in Ano | N | SG031A | Procedure for Fissure in Ano | 8,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG032 | Haemorroidectomy | N | SG032A | Haemorroidectomy | 32,000 |  | None | IMP0034 | No | No | Regular Procedure | None | None |
| SG | SG033 | Management of Pilonidal Sinus | N | SG033A | Management of Pilonidal Sinus | 5,000 |  | STRAT004 | None | No | No | Regular Procedure | None | None |
| SG | SG034 | Exicision of Sinus and Curettage | N | SG034A | Exicision of Sinus and Curettage | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG035 | Exploratory Laparotomy | N | SG035A | Exploratory Laparotomy | 10,000 |  | None | None | No | No | Stand Alone Procedure | None | None |
| SG | SG036 | Closure of Burst Abdomen | N | SG036A | Closure of Burst Abdomen | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG037 | Hepatic Resection | Y | SG037A | Open | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG037 | Hepatic Resection | Y | SG037B | Lap. | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG038 | Abdominal Hydatid Cyst (Single Organ) | N | SG038A | Abdominal Hydatid Cyst (Single Organ) | 15,800 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG039 | Cholecystectomy | Y | SG039A | Without Exploration of CBD - Open | 22,800 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG039 | Cholecystectomy | Y | SG039B | With Exploration of CBD - Open | 22,800 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG039 | Cholecystectomy | Y | SG039C | Without Exploration of CBD - Lap. | 22,800 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG039 | Cholecystectomy | Y | SG039D | With Exploration of CBD - Lap. | 22,800 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG040 | Operative Cholecystostomy | Y | SG040A | Open | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG040 | Operative Cholecystostomy | Y | SG040B | Lap. | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG041 | Operation of Choledochal Cyst | N | SG041A | Operation of Choledochal Cyst | 24,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG042 | Splenectomy | Y | SG042A | Open | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG042 | Splenectomy | Y | SG042B | Lap. | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG043 | Bypass - Inoperable Pancreas | N | SG043A | Bypass - Inoperable Pancreas | 23,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG044 | Distal Pancreatectomy with  Pancreatico Jejunostomy | N | SG044A | Distal Pancreatectomy with  Pancreatico Jejunostomy | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG045 | PancreaticoDuodenectomy (Whipple's) | N | SG045A | PancreaticoDuodenectomy (Whipple's) | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG046 | Porto Caval Anastomosis | N | SG046A | Porto Caval Anastomosis | 31,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG047 | Mesenteric Caval Anastomosis | N | SG047A | Mesenteric Caval Anastomosis | 28,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG048 | Mesenteric Cyst – Excision | N | SG048A | Mesenteric Cyst – Excision | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG049 | Retroperitoneal Tumor – Excision | N | SG049A | Retroperitoneal Tumor – Excision | 23,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG050 | Groin Hernia Repair | Y | SG050A | Inguinal - Open | 16,200 |  | None | IMP0036 | No | No | Regular Procedure | None | None |
| SG | SG050 | Groin Hernia Repair | Y | SG050B | Inguinal - Lap. | 16,200 |  | None | IMP0036 | No | No | Regular Procedure | None | None |
| SG | SG050 | Groin Hernia Repair | Y | SG050C | Femoral - Open | 16,200 |  | None | IMP0036 | No | No | Regular Procedure | None | None |
| SG | SG050 | Groin Hernia Repair | Y | SG050D | Femoral - Lap | 16,200 |  | None | IMP0036 | No | No | Regular Procedure | None | None |
| SG | SG050 | Groin Hernia Repair | Y | SG050E | Obturator - Lap. |  | 20,000 | None | IMP0037, IMP0033 | Yes | No | Regular Procedure | None | None |
| SG | SG051 | Hernia - Ventral | Y | SG051A | Epigastric | 22,400 |  | None | IMP0037 | No | No | Regular Procedure | None | None |
| SG | SG051 | Hernia - Ventral | Y | SG051B | Umbilical | 22,400 |  | None | IMP0037 | No | No | Regular Procedure | None | None |
| SG | SG051 | Hernia - Ventral | Y | SG051C | Paraumbilical | 22,400 |  | None | IMP0037 | No | No | Regular Procedure | None | None |
| SG | SG051 | Hernia - Ventral | Y | SG051D | Spigelian | 22,400 |  | None | IMP0037 | No | No | Regular Procedure | None | None |
| SG | SG052 | Repair of Incisional Hernia | N | SG052A | Repair of Incisional Hernia | 20,000 |  | None | IMP0035, IMP0037 | No | No | Regular Procedure | None | None |
| SG | SG053 | Hiatus Hernia Repair / Fundoplication | Y | SG053A | Hiatus Hernia Repair - Open | 23,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG053 | Hiatus Hernia Repair / Fundoplication | Y | SG053B | Hiatus Hernia Repair - Lap. | 23,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG053 | Hiatus Hernia Repair / Fundoplication | Y | SG053C | Fundoplication - Open | 23,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG053 | Hiatus Hernia Repair / Fundoplication | Y | SG053D | Fundoplication - Lap. | 23,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG054 | Excision of cyst / Sebaceous Cysts over scrotum | Y | SG054A | Single Cyst | 2,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG054 | Excision of cyst / Sebaceous Cysts over scrotum | Y | SG054B | Multiple Cysts | 7,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG055 | Excision Filarial Scrotum | N | SG055A | Excision Filarial Scrotum | 6,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG056 | Operation for Hydrocele (U/L) | N | SG056A | Operation for Hydrocele (U/L) | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG057 | Epididymal Cyst / Nodule Excision | Y | SG057A | Epididymal Cyst exision | 4,600 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG057 | Epididymal Cyst / Nodule Excision | Y | SG057B | Epididymal Nodule excision | 4,600 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG058 | Vasovasostomy | N | SG058A | Vasovasostomy | 12,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG059 | Orchidectomy | N | SG059A | Orchidectomy | 11,200 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG060 | Inguinal Node (dissection) - U/L | N | SG060A | Inguinal Node (dissection) - U/L | 16,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG061 | Estlander Operation (lip) | N | SG061A | Estlander Operation (lip) | 9,300 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG062 | Operation for Carcinoma Lip | Y | SG062A | Wedge Excision | 19,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG062 | Operation for Carcinoma Lip | Y | SG062B | Wedge Excision and Vermilionectomy | 23,800 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG062 | Operation for Carcinoma Lip | Y | SG062C | Cheek advancement | 26,800 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG063 | Complete Excision of Growth from Tongue only (inclusive of Histopathology) | N | SG063A | Complete Excision of Growth from Tongue only (inclusive of Histopathology) | 9,400 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG064 | Excision of Growth from Tongue with neck node dissection | N | SG064A | Excision of Growth from Tongue with neck node dissection | 23,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG065 | Microlaryngoscopic Surgery | N | SG065A | Microlaryngoscopic Surgery | 18,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG066 | Submandibular Mass Excision | N | SG066A | Submandibular Mass Excision | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG067 | Radical Neck Dissection | N | SG067A | Radical Neck Dissection | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG068 | Surgical removal of Branchial Cyst | N | SG068A | Surgical removal of Branchial Cyst | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG069 | Carotid Body tumour - Excision | N | SG069A | Carotid Body tumour - Excision | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG070 | Thyroidectomy | Y | SG070A | Hemi thyroidectomy | 17,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG070 | Thyroidectomy | Y | SG070B | Total thyroidectomy | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG070 | Thyroidectomy | Y | SG070C | Total Thyroidectomy with Block Dissection | 28,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG071 | Excision of Parathyroid Adenoma / Carcinoma | Y | SG071A | Excision of Parathyroid Adenoma | 20,400 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG071 | Excision of Parathyroid Adenoma / Carcinoma | Y | SG071B | Excision of Parathyroid Carcinoma | 20,400 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG072 | Thymectomy | N | SG072A | Thymectomy | 28,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG073 | Sympathectomy | N | SG073A | Sympathectomy | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG074 | Breast Lump Excision (Benign) | N | SG074A | Breast Lump Excision (Benign) | 6,000 |  | STRAT002 | None | No | No | Regular Procedure | None | None |
| SG | SG075 | Mastectomy | Y | SG075A | Simple Mastectomy | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG075 | Mastectomy | Y | SG075B | Radical / Modified Radical Mastectomy | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG076 | Excision Mammary Fistula | N | SG076A | Excision Mammary Fistula | 14,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG077 | Intercostal drainage Only | N | SG077A | Intercostal drainage Only | 4,800 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG078 | Rib Resection & Drainage | N | SG078A | Rib Resection & Drainage | 14,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG079 | Thoracoplasty | N | SG079A | Thoracoplasty | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG080 | Decortication (Pleurectomy) | N | SG080A | Decortication (Pleurectomy) | 28,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG081 | Lobectomy | Y | SG081A | Thoracoscopic | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG081 | Lobectomy | Y | SG081B | Open | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG082 | Thoracoscopic Segmental Resection | N | SG082A | Thoracoscopic Segmental Resection | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG083 | Lung Hydatid Cyst removal | N | SG083A | Lung Hydatid Cyst removal | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG084 | Incision & Drainage of Abscess | N | SG084A | Incision & Drainage of Abscess | 5,000 |  | STRAT001 | None | No | No | Regular Procedure | None | None |
| SG | SG085 | Lipoma / Cyst / other cutaneous swellings Excision | Y | SG085A | Lipoma Excision | 5,000 |  | STRAT001 | None | No | No | Regular Procedure | None | None |
| SG | SG085 | Lipoma / Cyst / other cutaneous swellings Excision | Y | SG085B | Cyst Excision | 5,000 |  | STRAT001 | None | No | No | Regular Procedure | None | None |
| SG | SG085 | Lipoma / Cyst / other cutaneous swellings Excision | Y | SG085C | Other cutaneous swellings Excision | 5,000 |  | STRAT001 | None | No | No | Regular Procedure | None | None |
| SG | SG086 | Debridement of Ulcer | N | SG086A | Debridement of Ulcer | 5,000 |  | STRAT001 | None | No | No | Regular Procedure | None | None |
| SG | SG087 | Flap Reconstructive Surgery | N | SG087A | Flap Reconstructive Surgery | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG088 | Free Grafts - Wolfe Grafts | N | SG088A | Free Grafts - Wolfe Grafts | 14,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG089 | Tissue Reconstruction Flap | N | SG089A | Tissue Reconstruction Flap | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG090 | Split thickness skin grafts | Y | SG090A | Small (< 4% TBSA) | 13,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG090 | Split thickness skin grafts | Y | SG090B | Medium (4 - 8% TBSA) | 13,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG090 | Split thickness skin grafts | Y | SG090C | Large (> 8% TBSA) | 13,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG091 | Skin Flaps - Rotation Flaps | N | SG091A | Skin Flaps - Rotation Flaps | 11,400 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG092 | Tendon Transfer | N | SG092A | Tendon Transfer | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG093 | Lymphatics Excision of Subcutaneous Tissues In Lymphoedema | N | SG093A | Lymphatics Excision of Subcutaneous Tissues In Lymphoedema | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG094 | AV Fistula without prosthesis | N | SG094A | AV Fistula without prosthesis | 6,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG095 | Management of Varicose Veins | N | SG095A | Management of Varicose Veins | 14,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG096 | Biopsy | Y | SG096A | Lymph Node | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG096 | Biopsy | Y | SG096B | Endometrial Aspiration | 2,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG096 | Biopsy | Y | SG096C | Cervix Cancer screening (PAP + Colposcopy) | 1,000 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG096 | Biopsy | Y | SG096D | Cervical (Neck) | 1,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG096 | Biopsy | Y | SG096E | Vulval | 1,500 |  | None | None | No | No | Regular Procedure | None | None |
| SG | SG097 | Stoma Management | Y | SG097A | Stoma Management follow up of Ileostomy | 4,500 |  | None | None | Yes | No | Regular Procedure | Can be booked only after 15 days of Ileostomy and then every 2 months thereafter till the closure of stoma. The Hospital has to upload a signed statement from pt. that s/he has received the cosnumables: Ileostomy - bags, adhesive, clips etc for 2 months | None |
| SG | SG097 | Stoma Management | Y | SG097B | Stoma Management follow up of Colostomy | 4,500 |  | None | None | Yes | No | Regular Procedure | Can be booked only after 15 days of Colostomy and then every 2 months thereafter till the closure of stoma. The Hospital has to upload a signed statement from pt. that s/he has received the cosnumables: colostomy - bags, adhesive, clips etc for 2 months | None |
| SG | SG098 | Foreign Body Removal | N | SG098A | Foreign Body Removal | 5,000 |  | STRAT005 | None | No | No | Regular Procedure | None | None |
| SL | SL001 | Pinna surgery for tumour / trauma | Y | SL001A | Pinna surgery for tumour | 8,600 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL001 | Pinna surgery for tumour / trauma | Y | SL001B | Pinna surgery for trauma | 8,600 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL002 | Tympanoplasty | N | SL002A | Tympanoplasty | 19,900 |  | None | IMP0030, IMP0031 | No | No | Regular Procedure | None | None |
| SL | SL003 | Stapedectomy / tympanotomy | Y | SL003A | Stapedectomy | 19,500 |  | None | IMP0029 | No | No | Regular Procedure | None | None |
| SL | SL003 | Stapedectomy / tympanotomy | Y | SL003B | Tympanotomy | 19,500 |  | None | IMP0029 | No | No | Regular Procedure | None | None |
| SL | SL004 | Mastoidectomy | Y | SL004A | Simple | 28,000 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL004 | Mastoidectomy | Y | SL004B | Radical | 28,000 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL005 | Myringotomy with or without Grommet | Y | SL005A | Unilateral | 5,000 |  | STRAT001 | None | No | No | Regular Procedure | None | None |
| SL | SL005 | Myringotomy with or without Grommet | Y | SL005B | Bilateral | 5,000 |  | STRAT001 | None | No | No | Regular Procedure | None | None |
| SL | SL006 | Endoscopic DCR | N | SL006A | Endoscopic DCR | 19,300 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL007 | Epistaxis treatment - packing | N | SL007A | Epistaxis treatment - packing | 1800 / day |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL008 | Functional septo rhinoplasty | N | SL008A | Functional septo rhinoplasty | 21,800 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL009 | Septoplasty | N | SL009A | Septoplasty | 12,000 |  | STRAT002 | None | No | No | Regular Procedure | None | None |
| SL | SL010 | Fracture - setting nasal bone | N | SL010A | Fracture - setting nasal bone | 8,000 |  | STRAT003 | None | No | No | Regular Procedure | None | None |
| SL | SL011 | Inferior turbinate reduction under GA | N | SL011A | Inferior turbinate reduction under GA | 5,700 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL012 | Open sinus surgery | N | SL012A | Open sinus surgery | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL013 | Functional Endoscopic Sinus (FESS) | N | SL013A | Functional Endoscopic Sinus (FESS) | 11,000 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL014 | Ant. Ethmoidal / sphenopalatine artery ligation | Y | SL014A | Ant. Ethmoidal artery ligation - Open | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL014 | Ant. Ethmoidal / sphenopalatine artery ligation | Y | SL014B | Ant. Ethmoidal artery ligation - Endoscopic | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL014 | Ant. Ethmoidal / sphenopalatine artery ligation | Y | SL014C | Sphenopalatine artery ligation - Open | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL014 | Ant. Ethmoidal / sphenopalatine artery ligation | Y | SL014D | Sphenopalatine artery ligation - Endoscopic | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL015 | Adenoidectomy | N | SL015A | Adenoidectomy | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL016 | Tonsillectomy | Y | SL016A | Tonsillectomy - U/L | 7,500 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL016 | Tonsillectomy | Y | SL016B | Tonsillectomy - B/L | 7,500 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL017 | Peritonsillar abscess drainage / intraoral calculus removal | Y | SL017A | Peritonsillar abscess drainage | 5,800 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL017 | Peritonsillar abscess drainage / intraoral calculus removal | Y | SL017B | Intraoral calculus removal | 5,800 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL018 | Thyroglossal / Branchial cyst / sinus / fistula excision | Y | SL018A | Thyroglossal cyst excision | 15,300 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL018 | Thyroglossal / Branchial cyst / sinus / fistula excision | Y | SL018B | Thyroglossal sinus excision | 15,300 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL018 | Thyroglossal / Branchial cyst / sinus / fistula excision | Y | SL018C | Thyroglossal fistula excision | 15,300 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL018 | Thyroglossal / Branchial cyst / sinus / fistula excision | Y | SL018D | Branchial sinus excision | 15,300 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL018 | Thyroglossal / Branchial cyst / sinus / fistula excision | Y | SL018E | Branchial fistula excision | 15,300 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL019 | Uvulopalatopharyngoplasty (UPPP) | N | SL019A | Uvulopalatopharyngoplasty (UPPP) | 18,600 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL020 | Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with or without reconstruction | Y | SL020A | Excision of tumour of oral cavity / paranasal sinus / laryngopharynx without reconstruction | 30,000 |  | None | IMP0142 | No | No | Regular Procedure | None | None |
| SL | SL020 | Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with or without reconstruction | Y | SL020B | Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with pedicled flap reconstruction | 36,500 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL020 | Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with or without reconstruction | Y | SL020C | Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with free flap reconstruction | 45,000 |  | None | IMP0142 | No | No | Regular Procedure | None | None |
| SL | SL021 | Parotidectomy | Y | SL021A | Total Parotidectomy | 28,200 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL021 | Parotidectomy | Y | SL021B | Superficial Parotidectomy | 23,800 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL022 | Removal of Submandibular Salivary gland | Y | SL022A | Removal of Submandibular Salivary gland | 9,000 |  | STRAT002 | None | No | No | Regular Procedure | None | None |
| SL | SL022 | Removal of Submandibular Salivary gland | Y | SL022B | Removal of Ranula | 9,000 |  | STRAT002 | None | No | No | Regular Procedure | None | None |
| SL | SL022 | Removal of Submandibular Salivary gland | Y | SL022C | Removal of Submandibular Lymph node | 9,000 |  | STRAT002 | None | No | No | Regular Procedure | None | None |
| SL | SL023 | Rigid laryngoscopy / bronchoscopy / oesophagoscopy - Diagnostic + / - biopsy | Y | SL023A | Rigid laryngoscopy - Diagnostic + / - biopsy | 7,000 |  | STRAT001 | None | No | No | Regular Procedure | None | None |
| SL | SL023 | Rigid laryngoscopy / bronchoscopy / oesophagoscopy - Diagnostic + / - biopsy | Y | SL023B | Rigid bronchoscopy - Diagnostic + / - biopsy | 7,000 |  | STRAT001 | None | No | No | Regular Procedure | None | None |
| SL | SL023 | Rigid laryngoscopy / bronchoscopy / oesophagoscopy - Diagnostic + / - biopsy | Y | SL023C | Rigid oesophagoscopy - Diagnostic + / - biopsy | 7,000 |  | STRAT001 | None | No | No | Regular Procedure | None | None |
| SL | SL024 | Microlaryngeal surgery with or without laser | N | SL024A | Microlaryngeal surgery with or without laser | 17,000 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL025 | Open laryngeal framework surgery / Thyroplasty | N | SL025A | Open laryngeal framework surgery / Thyroplasty | 20,000 |  | None | IMP0027 | No | No | Regular Procedure | None | None |
| SL | SL026 | Tracheostomy / Tracheotomy | Y | SL026A | Tracheostomy | 6,000 |  | STRAT003 | None | No | No | Add - On Procedure | None | None |
| SL | SL026 | Tracheostomy / Tracheotomy | Y | SL026B | Tracheotomy | 6,000 |  | STRAT003 | None | No | No | Add - On Procedure | None | None |
| SL | SL027 | Neck dissection | Y | SL027A | Selective Benign neck tumour excision | 18,800 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL027 | Neck dissection | Y | SL027B | Comprehensive Benign neck tumour excision | 18,800 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL027 | Neck dissection | Y | SL027C | Selective Pharyngeal diverticulum excision | 18,800 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL027 | Neck dissection | Y | SL027D | Comprehensive Pharyngeal diverticulum excision | 18,800 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL028 | Deep neck abscess drainage/ Post trauma neck exploration | Y | SL028A | Deep neck abscess drainage | 16,800 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL028 | Deep neck abscess drainage/ Post trauma neck exploration | Y | SL028B | Post trauma neck exploration | 16,800 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL029 | Anterior skull base surgery | Y | SL029A | Endoscopic CSF Rhinorrhea Repair | 35,000 |  | None | IMP0026 | No | No | Regular Procedure | None | None |
| SL | SL029 | Anterior skull base surgery | Y | SL029B | Optic nerve decompression | 34,500 |  | None | IMP0026 | No | No | Regular Procedure | None | None |
| SL | SL029 | Anterior skull base surgery | Y | SL029C | Orbital decompression | 34,500 |  | None | IMP0026 | No | No | Regular Procedure | None | None |
| SL | SL029 | Anterior skull base surgery | Y | SL029D | Craniofacial resection | 34,500 |  | None | IMP0026 | No | No | Regular Procedure | None | None |
| SL | SL029 | Anterior skull base surgery | Y | SL029E | Maxillary swing | 34,500 |  | None | IMP0026 | No | No | Regular Procedure | None | None |
| SL | SL030 | Advanced anterior skull base surgery | Y | SL030A | Endoscopic Hypophysectomy | 48,800 |  | None | IMP0026 | No | No | Regular Procedure | None | None |
| SL | SL030 | Advanced anterior skull base surgery | Y | SL030B | Clival tumour excision | 48,800 |  | None | IMP0026 | No | No | Regular Procedure | None | None |
| SL | SL031 | Lateral skull base procedures | Y | SL031A | Subtotal petrosectomy | 33,700 |  | None | IMP0026 | No | No | Regular Procedure | None | None |
| SL | SL031 | Lateral skull base procedures | Y | SL031B | Post-traumatic facial nerve decompression | 33,700 |  | None | IMP0026 | No | No | Regular Procedure | None | None |
| SL | SL031 | Lateral skull base procedures | Y | SL031C | CSF Otorrhoea repair | 33,700 |  | None | IMP0026 | No | No | Regular Procedure | None | None |
| SL | SL032 | Advanced lateral skull base surgery | Y | SL032A | Fisch approach | 48,900 |  | None | IMP0026 | No | No | Regular Procedure | None | None |
| SL | SL032 | Advanced lateral skull base surgery | Y | SL032B | Translabyrinthine approach | 48,900 |  | None | IMP0026 | No | No | Regular Procedure | None | None |
| SL | SL032 | Advanced lateral skull base surgery | Y | SL032C | Transcochlear approach | 48,900 |  | None | IMP0026 | No | No | Regular Procedure | None | None |
| SL | SL032 | Advanced lateral skull base surgery | Y | SL032D | Temporal Bone resection | 48,900 |  | None | IMP0026 | No | No | Regular Procedure | None | None |
| SL | SL033 | Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma | Y | SL033A | Closed reduction for fracture of maxilla | 9,200 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL033 | Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma | Y | SL033B | Closed reduction for fracture of mandible | 9,200 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL033 | Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma | Y | SL033C | Closed reduction for fracture of zygoma | 9,200 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL033 | Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma | Y | SL033D | Closed reduction and Intermaxillary fixation for fracture of mandible | 9,200 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL034 | Open reduction and internal fixation of maxilla / mandible / zygoma | Y | SL034A | Open reduction and internal fixation of maxilla | 18,000 |  | STRAT009 | IMP0032 | No | No | Regular Procedure | None | None |
| SL | SL034 | Open reduction and internal fixation of maxilla / mandible / zygoma | Y | SL034B | Open reduction and internal fixation of mandible | 18,000 |  | STRAT009 | IMP0032 | No | No | Regular Procedure | None | None |
| SL | SL034 | Open reduction and internal fixation of maxilla / mandible / zygoma | Y | SL034C | Open reduction and internal fixation of zygoma | 18,000 |  | STRAT009 | IMP0032 | No | No | Regular Procedure | None | None |
| SL | SL035 | Clinic based therapeutic interventions of ENT | Y | SL035A | Turbinate reduction | 1,200 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL035 | Clinic based therapeutic interventions of ENT | Y | SL035B | Biopsy | 1,200 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL035 | Clinic based therapeutic interventions of ENT | Y | SL035C | Intratympanic injections | 1,200 |  | None | None | No | No | Regular Procedure | None | None |
| SL | SL035 | Clinic based therapeutic interventions of ENT | Y | SL035D | Wide bore aspiration | 1,200 |  | None | None | No | No | Regular Procedure | None | None |
| SM | SM001 | Extraction of impacted tooth under LA | N | SM001A | Extraction of impacted tooth under LA | 500 |  | None | None | No | No | Regular Procedure | None | None |
| SM | SM002 | Sequestrectomy | N | SM002A | Sequestrectomy | 1,500 |  | None | None | No | No | Regular Procedure | None | None |
| SM | SM003 | TM joint ankylosis of both jaws - under GA | N | SM003A | TM joint ankylosis of both jaws - under GA | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SM | SM004 | Fixation of fracture of jaw | Y | SM004A | Closed reduction (1 jaw) using wires - under LA | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| SM | SM004 | Fixation of fracture of jaw | Y | SM004B | Open reduction (1 jaw) and fixing of plates / wire – under GA | 12,000 |  | None | None | No | No | Regular Procedure | None | None |
| SM | SM005 | Surgery for Cyst & tumour of Maxilla / Mandible | Y | SM005A | Enucleation / excision / marsupialization for cyst & tumour of Maxilla under LA | 2,500 |  | None | None | No | No | Regular Procedure | None | None |
| SM | SM005 | Surgery for Cyst & tumour of Maxilla / Mandible | Y | SM005B | Enucleation / excision / marsupialization for cyst & tumour of Mandible under LA | 2,500 |  | None | None | No | No | Regular Procedure | None | None |
| SM | SM006 | Mandible Tumour Resection and reconstruction / Cancer surgery | N | SM006A | Mandible Tumour Resection and reconstruction / Cancer surgery | 6,000 |  | None | None | No | No | Regular Procedure | None | None |
| SM | SM007 | Release of fibrous bands & grafting - in (OSMF) treatment under GA | N | SM007A | Release of fibrous bands & grafting - in (OSMF) treatment under GA | 3,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN001 | Depressed Fracture | N | SN001A | Depressed Fracture | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN002 | CranioPlasty | Y | SN002A | CranioPlasty with Endogenous graft | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN002 | CranioPlasty | Y | SN002B | CranioPlasty with Exogenous graft |  | 20,000 | None | IMP0074 | No | No | Regular Procedure | None | None |
| SN | SN003 | Twist Drill Craniostomy | N | SN003A | Twist Drill Craniostomy | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN004 | Craniostenosis | N | SN004A | Craniostenosis | 28,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN005 | Meningocele | Y | SN005A | Anterior | 36,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN005 | Meningocele | Y | SN005B | Lumbar | 36,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN005 | Meningocele | Y | SN005C | Occipital | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN006 | Surgery for tumour meninges | Y | SN006A | Gocussa | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN006 | Surgery for tumour meninges | Y | SN006B | Posterior | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN007 | Duroplasty | Y | SN007A | Duroplasty with Endogenous graft | 12,500 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN007 | Duroplasty | Y | SN007B | Duroplasty with Exogenous graft |  | 12,500 | None | IMP0075 | No | No | Regular Procedure | None | None |
| SN | SN008 | Burr hole surgery | Y | SN008A | Burr hole (including pre and post Op. CT) | 7,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN008 | Burr hole surgery | Y | SN008B | Burr hole surgery with chronic Sub Dural Haematoma (including pre and post Op. CT) | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN009 | Surgery for Haematoma - Intracranial (including pre and post Op. CT) | Y | SN009A | Head injuries | 55,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN009 | Surgery for Haematoma - Intracranial (including pre and post Op. CT) | Y | SN009B | Hypertensive | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN009 | Surgery for Haematoma - Intracranial (including pre and post Op. CT) | Y | SN009C | Child - subdural | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN010 | Excision of Brain Abscess | N | SN010A | Excision of Brain Abscess | 36,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN011 | Abscess Tapping | N | SN011A | Abscess Tapping | 20,000 |  | STRAT012 | None | No | No | Regular Procedure | None | None |
| SN | SN012 | Epilepsy Surgery | N | SN012A | Epilepsy Surgery | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN013 | Brain Biopsy | N | SN013A | Brain Biopsy | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN014 | Excision of Orbital Tumour | N | SN014A | Excision of Orbital Tumour | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN015 | Excision of Brain Tumor Supratentorial | Y | SN015A | Parasagital | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN015 | Excision of Brain Tumor Supratentorial | Y | SN015B | Basal | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN015 | Excision of Brain Tumor Supratentorial | Y | SN015C | Brainstem | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN015 | Excision of Brain Tumor Supratentorial | Y | SN015D | C P Angle | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN015 | Excision of Brain Tumor Supratentorial | Y | SN015E | Supratentorial & others | 55,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN016 | Stereotactic Lesioning | N | SN016A | Stereotactic Lesioning | 60,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN017 | Trans Sphenoidal Surgery (including pre and post Op. MRI) | N | SN017A | Trans Sphenoidal Surgery (including pre and post Op. MRI) | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN018 | Trans oral Surgery | N | SN018A | Trans oral Surgery | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN019 | Transoral surgery (Anterior) and CV Junction (Posterior Sterilisation) | N | SN019A | Transoral surgery (Anterior) and CV Junction (Posterior Sterilisation) |  | 55,000 | None | IMP0080 | No | No | Regular Procedure | None | None |
| SN | SN020 | External Ventricular Drainage (EVD)  including antibiotics | N | SN020A | External Ventricular Drainage (EVD)  including antibiotics | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN021 | Ventricular Puncture | N | SN021A | Ventricular Puncture | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN022 | Shunt Surgery | Y | SN022A | Ventriculo - peritoneal | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN022 | Shunt Surgery | Y | SN022B | Ventriculo - pleural | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN022 | Shunt Surgery | Y | SN022C | Ventriculo - atrial | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN022 | Shunt Surgery | Y | SN022D | Theco - peritoneal | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN023 | Aneurysm Clipping including angiogram | N | SN023A | Aneurysm Clipping including angiogram |  | 50,000 | None | IMP0076 | No | No | Regular Procedure | None | None |
| SN | SN024 | Superficial Temporal Artery (STA): middle cerebral artery (MCA) or (other EC - IC) Bypass procedure | N | SN024A | Superficial Temporal Artery (STA): middle cerebral artery (MCA) or (other EC - IC) Bypass procedure | 60,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN025 | Arterio venous malformation (AVM) excision | Y | SN025A | Intracranial | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN025 | Arterio venous malformation (AVM) excision | Y | SN025B | Intraspinal | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN025 | Arterio venous malformation (AVM) excision | Y | SN025C | Scalp | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN026 | Foramen Magnum Decompression | N | SN026A | Foramen Magnum Decompression | 45,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN027 | Skull Traction | N | SN027A | Skull Traction | 8,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN028 | Posterior Cervical Discetomy without implant | N | SN028A | Posterior Cervical Discetomy without implant | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN029 | Posterior Cervical Fusion with implant  (Lateral mass fixation) | N | SN029A | Posterior Cervical Fusion with implant  (Lateral mass fixation) | 50,000 |  | None | IMP0077 | No | No | Regular Procedure | None | None |
| SN | SN030 | Cervical Disc Multiple level without Fusion | N | SN030A | Cervical Disc Multiple level without Fusion | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN031 | Excision of Cervical Ribs | N | SN031A | Excision of Cervical Ribs | 20,000 |  | STRAT011 | None | No | No | Regular Procedure | None | None |
| SN | SN032 | Thoracic / Lumbar Corpectomy with fusion | Y | SN032A | Thoracic Corpectomy with fusion | 60,000 |  | None | IMP0078 | No | No | Regular Procedure | None | None |
| SN | SN032 | Thoracic / Lumbar Corpectomy with fusion | Y | SN032B | Lumbar Corpectomy with fusion | 60,000 |  | None | IMP0079 | No | No | Regular Procedure | None | None |
| SN | SN033 | Lumbar Discectomy  (including pre and post Op. MRI) | N | SN033A | Lumbar Discectomy  (including pre and post Op. MRI) | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN034 | Laminectomy | Y | SN034A | Laminectomy with Fusion | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN034 | Laminectomy | Y | SN034B | Laminectomy with Fusion and fixation | 50,000 |  | None | IMP0135 | No | No | Regular Procedure | None | None |
| SN | SN035 | Neurectomy | Y | SN035A | Neurectomy | 16,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN035 | Neurectomy | Y | SN035B | Neurectomy - Trigeminal | 16,500 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN036 | Micro discectomy | Y | SN036A | Cervical | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN036 | Micro discectomy | Y | SN036B | Lumbar | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN037 | Surgery for Spinal Canal Stenosis | N | SN037A | Surgery for Spinal Canal Stenosis | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN038 | Spine - Decompression & Fusion | Y | SN038A | Spine - Decompression & Fusion | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN038 | Spine - Decompression & Fusion | Y | SN038B | Spine - Decompression & Fusion with fixation | 50,000 |  | None | IMP0136 | No | No | Regular Procedure | None | None |
| SN | SN039 | Spine - Extradural Haematoma | Y | SN039A | Spine - Extradural Haematoma | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN039 | Spine - Extradural Haematoma | Y | SN039B | Spine - Extradural Haematoma with fixation | 40,000 |  | None | IMP0138 | No | No | Regular Procedure | None | None |
| SN | SN040 | Spine - Intradural Haematoma | Y | SN040A | Spine - Intradural Haematoma | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN040 | Spine - Intradural Haematoma | Y | SN040B | Spine - Intradural Haematoma with fixation | 50,000 |  | None | IMP0140 | No | No | Regular Procedure | None | None |
| SN | SN041 | Spine - Extradural Tumour | Y | SN041A | Spine - Extradural Tumour | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN041 | Spine - Extradural Tumour | Y | SN041B | Spine - Extradural Tumour with fixation | 40,000 |  | None | IMP0137 | No | No | Regular Procedure | None | None |
| SN | SN042 | Spine - Intradural Tumour | Y | SN042A | Spine - Intradural Tumour | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN042 | Spine - Intradural Tumour | Y | SN042B | Spine - Intradural Tumour with fixation | 50,000 |  | None | IMP0139 | No | No | Regular Procedure | None | None |
| SN | SN043 | Spine - Intramedullar Tumour | Y | SN043A | Spine - Intramedullar Tumour | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN043 | Spine - Intramedullar Tumour | Y | SN043B | Spine - Intramedullar Tumour with fixation | 60,000 |  | None | IMP0141 | No | No | Regular Procedure | None | None |
| SN | SN044 | R. F. Lesioning for Trigeminal Neuralgia | N | SN044A | R. F. Lesioning for Trigeminal Neuralgia | 16,500 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN045 | Brachial Plexus – Repair | N | SN045A | Brachial Plexus – Repair | 27,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN046 | Carpal Tunnel Release  (including pre and post Op. MRI) | N | SN046A | Carpal Tunnel Release  (including pre and post Op. MRI) | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN047 | Nerve Decompression | N | SN047A | Nerve Decompression | 16,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN048 | Cranial Nerve Anastomosis | N | SN048A | Cranial Nerve Anastomosis | 32,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN049 | Peripheral Nerve Surgery | Y | SN049A | Minor | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN049 | Peripheral Nerve Surgery | Y | SN049B | Major | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN050 | Nerve Biopsy excluding Hensens | N | SN050A | Nerve Biopsy excluding Hensens | 7,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN051 | Muscle Biopsy with report | N | SN051A | Muscle Biopsy with report | 7,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN052 | Anterior Encephalocele | N | SN052A | Anterior Encephalocele | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN053 | Spina Bifida Surgery | N | SN053A | Spina Bifida Surgery | 36,000 |  | None | None | No | No | Regular Procedure | None | None |
| SN | SN054 | Gamma Knife radiosurgery (GKRS) / SRS for tumours / Arteriovenous malformation (AVM) | N | SN054A | Gamma Knife radiosurgery (GKRS) / SRS for tumours / Arteriovenous malformation (AVM) | 75,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO001 | Lap. Salpingo-oophrectomy | N | SO001A | Lap. Salpingo-oophrectomy | 14,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO002 | Laparotomy and proceed for Ovarian Cancers. Omentomy with Bilateral Salpingo-oophorectomy | N | SO002A | Laparotomy and proceed for Ovarian Cancers. Omentomy with Bilateral Salpingo-oophorectomy | 38,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO003 | Laparoscopic tubal surgeries  (for any indication including ectopic pregnancy) | N | SO003A | Laparoscopic tubal surgeries  (for any indication including ectopic pregnancy) | 13,900 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO004 | Procedure on Fallopian Tube for establishing Tubal Patency | N | SO004A | Procedure on Fallopian Tube for establishing Tubal Patency | 11,600 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO005 | Laparotomy for broad ligament haematoma | N | SO005A | Laparotomy for broad ligament haematoma | 16,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO006 | Abdominal Myomectomy | N | SO006A | Abdominal Myomectomy | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO007 | Hysteroscopic myomectomies | N | SO007A | Hysteroscopic myomectomies | 9,900 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO008 | Polypectomy | N | SO008A | Polypectomy | 1,500 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO009 | Hysteroscopic polypectomy | N | SO009A | Hysteroscopic polypectomy | 7,200 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO010 | Hysterectomy | Y | SO010A | Abdominal Hysterectomy | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO010 | Hysterectomy | Y | SO010B | Abdominal Hysterectomy + Salpingo-oophorectomy | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO010 | Hysterectomy | Y | SO010C | Non descent vaginal hysterectomy | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO010 | Hysterectomy | Y | SO010D | Vaginal hysterectomy with anterior and posterior colpoperineorrhaphy | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO010 | Hysterectomy | Y | SO010E | Laparoscopic hysterectomy (TLH) | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO010 | Hysterectomy | Y | SO010F | Laparoscopically assisted vaginal hysterectomy (LAVH) | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO011 | Caesarean hysterectomy | N | SO011A | Caesarean hysterectomy | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO012 | Manchester Repair | N | SO012A | Manchester Repair | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO013 | Surgeries for Prolapse - Sling Surgeries | N | SO013A | Surgeries for Prolapse - Sling Surgeries | 33,900 |  | None | IMP0038 | No | No | Regular Procedure | None | None |
| SO | SO014 | Hysterotomy | N | SO014A | Hysterotomy | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO015 | Lap. Surgery for Endometriosis  (Other than Hysterectomy) | N | SO015A | Lap. Surgery for Endometriosis  (Other than Hysterectomy) | 11,200 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO016 | Diagnostic hysteroscopy | Y | SO016A | With biopsy | 6,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO016 | Diagnostic hysteroscopy | Y | SO016B | Without biopsy | 6,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO017 | Hysteroscopic IUCD removal | N | SO017A | Hysteroscopic IUCD removal | 4,700 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO018 | D&C (Dilatation&curretage) | N | SO018A | D&C (Dilatation&curretage) | 3,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO019 | Dilation and Evacuation (D&E) | N | SO019A | Dilation and Evacuation (D&E) | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO020 | Pyometra drainage | N | SO020A | Pyometra drainage | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO021 | Intrauterine transfusions | N | SO021A | Intrauterine transfusions | 11,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO022 | Hysteroscopic adhesiolysis | N | SO022A | Hysteroscopic adhesiolysis | 6,900 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO023 | Laparoscopic adhesiolysis | N | SO023A | Laparoscopic adhesiolysis | 6,000 |  | None | None | No | No | Stand Alone Procedure | None | None |
| SO | SO024 | Trans - vaginal tape / Trans-obturator tape | Y | SO024A | Trans-vaginal tape | 15,200 |  | None | IMP0040 | No | No | Regular Procedure | None | None |
| SO | SO024 | Trans - vaginal tape / Trans-obturator tape | Y | SO024B | Trans-obturator tape | 15,200 |  | None | IMP0039 | No | No | Regular Procedure | None | None |
| SO | SO025 | Sacrocolpopexy (Abdominal) | Y | SO025A | Open | 28,900 |  | None | IMP0037 | No | No | Regular Procedure | None | None |
| SO | SO025 | Sacrocolpopexy (Abdominal) | Y | SO025B | Lap. | 28,900 |  | None | IMP0037 | No | No | Regular Procedure | None | None |
| SO | SO026 | LLETZ (including PAP smear and colposcopy) | N | SO026A | LLETZ (including PAP smear and colposcopy) | 9,900 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO027 | Vaginal Sacrospinus fixation with repair | N | SO027A | Vaginal Sacrospinus fixation with repair | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO028 | Excision of Vaginal Septum (vaginal route) | N | SO028A | Excision of Vaginal Septum (vaginal route) | 14,500 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO029 | Hymenectomy for imperforate hymen | N | SO029A | Hymenectomy for imperforate hymen | 3,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO030 | Anterior & Posterior Colpoperineorrhapy | N | SO030A | Anterior & Posterior Colpoperineorrhapy | 8,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO031 | Vaginoplasty (McIndoe procedure) | N | SO031A | Vaginoplasty (McIndoe procedure) | 11,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO032 | Vaginal repair for vesico-vaginal fistula | N | SO032A | Vaginal repair for vesico-vaginal fistula | 34,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO033 | Rectovaginal fistula repair | N | SO033A | Rectovaginal fistula repair | 24,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO034 | Vulval Hamatoma drainage | N | SO034A | Vulval Hamatoma drainage | 3,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO035 | Vulvectomy simple | N | SO035A | Vulvectomy simple | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO036 | Radical Vulvectomy with Inguinal and Pelvic lymph node disection | N | SO036A | Radical Vulvectomy with Inguinal and Pelvic lymph node disection | 38,500 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO037 | Abdomino Perineal repair for Mullerian Anomaly | N | SO037A | Abdomino Perineal repair for Mullerian Anomaly | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO038 | Pelvic Abscess Management including Colpotomy | N | SO038A | Pelvic Abscess Management including Colpotomy | 1,200 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO039 | Diagnostic / Staging laparoscopy | N | SO039A | Diagnostic / Staging laparoscopy | 9,700 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO040 | Laparotomy for benign disorders | Y | SO040A | Ectopic | 14,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO040 | Laparotomy for benign disorders | Y | SO040B | PID | 14,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO041 | Laparoscopic cystectomy | N | SO041A | Laparoscopic cystectomy | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO042 | Cystocele - Anterior repair | N | SO042A | Cystocele - Anterior repair | 6,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO043 | Burch | Y | SO043A | Abdominal | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO043 | Burch | Y | SO043B | Laparoscopic | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO044 | Electro Cauterisation / Cryo Surgery | N | SO044A | Electro Cauterisation / Cryo Surgery | 4,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO045 | EUA for (minor girls / unmarried sexually inactive / victims of sexual abuse) | N | SO045A | EUA for (minor girls / unmarried sexually inactive / victims of sexual abuse) | 2,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO046 | Hospitalisation for Antenatal Complications | N | SO046A | Hospitalisation for Antenatal Complications | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| SO | SO047 | Amniocentesis | N | SO047A | Amniocentesis | 14,500 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO048 | Chorionic villus sampling | N | SO048A | Chorionic villus sampling | 14,500 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO049 | Cordocentesis | N | SO049A | Cordocentesis | 14,500 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO050 | McDonald's stitch | N | SO050A | McDonald's stitch | 4,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO051 | Shirodkar's stitch | N | SO051A | Shirodkar's stitch | 4,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO052 | Medical management of ectopic pregnancy | N | SO052A | Medical management of ectopic pregnancy | 1,800 |  | STRAT006 | None | No | No | Regular Procedure | None | None |
| SO | SO053 | Medical Termination of Pregnancy | Y | SO053A | MTP upto 8 weeks | 3,500 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO053 | Medical Termination of Pregnancy | Y | SO053B | MTP 8 to 12 weeks | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO053 | Medical Termination of Pregnancy | Y | SO053C | MTP > 12 weeks | 6,500 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO054 | High risk delivery | Y | SO054A | Pre-mature delivery | 11,500 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO054 | High risk delivery | Y | SO054B | Mothers with eclampsia / imminent eclampsia / severe pre-eclampsia | 11,500 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO054 | High risk delivery | Y | SO054C | Major Fetal malformation requiring intervention immediately after birth | 11,500 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO054 | High risk delivery | Y | SO054D | Mothers with severe anaemia (<7 g/dL) | 11,500 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO054 | High risk delivery | Y | SO054E | Other maternal and fetal conditions as per guidelines-eg previous caesarean section, diabetes, severe growth retardation, etc that qualify for high risk delivery. | 11,500 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO055 | Manual removal of placenta | N | SO055A | Manual removal of placenta | 8,500 |  | None | None | No | No | Regular Procedure | Date & time of delivery to be captured when this package is booked | None |
| SO | SO056 | Secondary suturing of episiotomy | N | SO056A | Secondary suturing of episiotomy | 2,500 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO057 | Caesarean Delivery | N | SO057A | Caesarean Delivery | 11,500 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO058 | Re exploration after laparotomy / Caesarean Section | Y | SO058A | Re exploration after Caesarean Section | 14,000 |  | None | None | No | No | Regular Procedure | Date of Caesarean Section should be captured while booking this procedure | None |
| SO | SO058 | Re exploration after laparotomy / Caesarean Section | Y | SO058B | Re exploration after laparotomy | 14,000 |  | None | None | No | No | Regular Procedure | Date of Laparotomy should be captured while booking this procedure | None |
| SO | SO059 | Vulvo vaginal cyst enucleation / drainage | Y | SO059A | Vulvo vaginal cyst enucleation | 4,700 |  | None | None | No | No | Regular Procedure | None | None |
| SO | SO059 | Vulvo vaginal cyst enucleation / drainage | Y | SO059B | Vulvo vaginal cyst drainage | 4,700 |  | None | None | No | No | Regular Procedure | None | None |
| SP | SP001 | Pressure Sore – Surgery | N | SP001A | Pressure Sore – Surgery | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SP | SP002 | Diabetic Foot – Surgery | N | SP002A | Diabetic Foot – Surgery | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SP | SP003 | Revascularization of limb / digit | N | SP003A | Revascularization of limb / digit | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SP | SP004 | Ear Pinna Reconstruction with costal cartilage / Prosthesis  (including the cost of prosthesis / implants) | N | SP004A | Ear Pinna Reconstruction with costal cartilage / Prosthesis  (including the cost of prosthesis / implants) | 30,000 |  | None | IMP0083 | No | Yes | Regular Procedure | None | If requiring multiple stages, each stage will cost Rs. 30,000 provided the operating surgeon demonstrates the photographic results of previous stages. |
| SP | SP005 | Scalp avulsion reconstruction | N | SP005A | Scalp avulsion reconstruction | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| SP | SP006 | Tissue Expander for disfigurement following burns / trauma / congenital deformity  (including cost of expander / implant) | Y | SP006A | Tissue Expander for disfigurement following burns | 50,000 |  | None | IMP0082 | No | No | Regular Procedure | None | None |
| SP | SP006 | Tissue Expander for disfigurement following burns / trauma / congenital deformity  (including cost of expander / implant) | Y | SP006B | Tissue Expander for disfigurement following trauma | 50,000 |  | None | IMP0082 | No | No | Regular Procedure | None | None |
| SP | SP006 | Tissue Expander for disfigurement following burns / trauma / congenital deformity  (including cost of expander / implant) | Y | SP006C | Tissue Expander for disfigurement following congenital deformity | 50,000 |  | None | IMP0082 | No | No | Regular Procedure | None | None |
| SP | SP007 | Hemangioma | Y | SP007A | Sclerotherapy under GA | 35,000 |  | None | None | No | No | Regular Procedure | None | None |
| SP | SP007 | Hemangioma | Y | SP007B | Debulking | 35,000 |  | None | None | No | No | Regular Procedure | None | None |
| SP | SP007 | Hemangioma | Y | SP007C | Excision | 35,000 |  | None | None | No | No | Regular Procedure | None | None |
| SP | SP008 | NPWT | N | SP008A | NPWT | 2,000/day |  | None | None | No | No | Add - On Procedure | None | None |
| SS | SS001 | Cleft Lip and Palate Surgery (per stage) | N | SS001A | Cleft Lip and Palate Surgery (per stage) | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS002 | Ankyloglossia | Y | SS002A | Ankyloglossia Minor | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS002 | Ankyloglossia | Y | SS002B | Ankyloglossia Major | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS003 | Anti GERD Surgery | N | SS003A | Anti GERD Surgery | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS004 | Gastrostomy + Esophagoscopy + Threading | N | SS004A | Gastrostomy + Esophagoscopy + Threading | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS005 | Ladds Procedure | N | SS005A | Ladds Procedure | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS006 | Duplication Cyst Excision | N | SS006A | Duplication Cyst Excision | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS007 | Intussusception | Y | SS007A | Non – Operative Reduction in infants | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS007 | Intussusception | Y | SS007B | Operative in infants | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS008 | Surgery for Hirschsprung’s Disease | Y | SS008A | Myectomy | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS008 | Surgery for Hirschsprung’s Disease | Y | SS008B | Pull Through | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS008 | Surgery for Hirschsprung’s Disease | Y | SS008C | Rectal Biopsy - Punch | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS008 | Surgery for Hirschsprung’s Disease | Y | SS008D | Rectal Biopsy – Open | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS008 | Surgery for Hirschsprung’s Disease | Y | SS008E | Sphinecterotomy | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS009 | Rectal Polypectomy - Sigmoiescopic Under GA | N | SS009A | Rectal Polypectomy - Sigmoiescopic Under GA | 8,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS010 | Ano Rectal Malformation | Y | SS010A | Abd - Perineal PSARP | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS010 | Ano Rectal Malformation | Y | SS010B | Anoplasty | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS010 | Ano Rectal Malformation | Y | SS010C | Cutback | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS010 | Ano Rectal Malformation | Y | SS010D | PSARP | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS010 | Ano Rectal Malformation | Y | SS010E | Redo - Pullthrough | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS010 | Ano Rectal Malformation | Y | SS010F | Transposition | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS011 | Fecal Fistula Closure | N | SS011A | Fecal Fistula Closure | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS012 | GI Tumor Excision | N | SS012A | GI Tumor Excision | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS013 | Congenital Diaphragmatic Hernia | N | SS013A | Congenital Diaphragmatic Hernia | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS014 | Exomphalos / Gastroschisis | Y | SS014A | Exomphalos | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS014 | Exomphalos / Gastroschisis | Y | SS014B | Gastroschisis | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS015 | Hernia & Hydrocele | N | SS015A | Hernia & Hydrocele | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS016 | Retro - Peritoneal Lymphangioma Excision | N | SS016A | Retro - Peritoneal Lymphangioma Excision | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS017 | Surgery for Sacrococcygeal Teratoma | N | SS017A | Surgery for Sacrococcygeal Teratoma | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS018 | Surgery for Congenital Lobar Emphysema | N | SS018A | Surgery for Congenital Lobar Emphysema | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS019 | Undescended Testis | Y | SS019A | Bilateral - Palpable + Nonpalpable | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS019 | Undescended Testis | Y | SS019B | Bilateral Palpable | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS019 | Undescended Testis | Y | SS019C | Bilateral Non - Palpable | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS019 | Undescended Testis | Y | SS019D | Unilateral - Palpable | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SS | SS019 | Undescended Testis | Y | SS019E | Reexploration / Second Stage | 20,000 |  | None | None | No | No | Regular Procedure | Discharge slip for the Hospitalization episode of first surgery is mandatory | None |
| ST | ST001 | Conservative Management of Head Injury | Y | ST001A | Severe | 1,000 |  | None | None | No | Yes | Regular Procedure | None | Per Day Rate |
| ST | ST001 | Conservative Management of Head Injury | Y | ST001B | Depressed Fracture | 5,000 |  | None | None | No | Yes | Regular Procedure | None | Per Day Rate |
| ST | ST002 | Head injury with repair of Facio-Maxillary Injury & fixations (including implants) | N | ST002A | Head injury with repair of Facio-Maxillary Injury & fixations (including implants) | 35,000 |  | None | IMP0032 | No | No | Regular Procedure | None | None |
| ST | ST003 | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone | Y | ST003A | Subdural hematoma along with fixation of fracture of single long bone | 60,000 |  | None | None | No | No | Regular Procedure | None | None |
| ST | ST003 | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone | Y | ST003B | Extradural hematoma along with fixation of fracture of single long bone | 60,000 |  | None | None | No | No | Regular Procedure | None | None |
| ST | ST003 | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone | Y | ST003C | Subdural hematoma along with fixation of fracture of 2 or more long bone. | 75,000 |  | None | None | No | No | Regular Procedure | None | None |
| ST | ST003 | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone | Y | ST003D | Extradural hematoma along with fixation of fracture of 2 or more long bone. | 75,000 |  | None | None | No | No | Regular Procedure | None | None |
| ST | ST004 | Management of Chest injury with fracture of Long bone | Y | ST004A | Management of Chest injury with fixation of Single Long bone | 35,000 |  | None | IMP0081 | No | No | Regular Procedure | None | None |
| ST | ST004 | Management of Chest injury with fracture of Long bone | Y | ST004B | Management of Chest injury with fixation of 2 or more Long bones | 45,000 |  | None | None | No | No | Regular Procedure | None | None |
| ST | ST005 | Management of Visceral injury and fracture long bone | Y | ST005A | Surgical intervention for Visceral injury and fixation of fracture of single long bone | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| ST | ST005 | Management of Visceral injury and fracture long bone | Y | ST005B | Surgical intervention for Visceral injury and fixation of fracture of 2 or more long bones | 45,000 |  | None | None | No | No | Regular Procedure | None | None |
| ST | ST006 | Internal fixation of Pelviacetabular fracture | N | ST006A | Internal fixation of Pelviacetabular fracture | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| ST | ST007 | Internal fixation with Flap cover Surgery for wound in compound fracture | N | ST007A | Internal fixation with Flap cover Surgery for wound in compound fracture | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| ST | ST008 | Emergency tendons repair ± Peripheral Nerve repair/ reconstructive surgery | N | ST008A | Emergency tendons repair ± Peripheral Nerve repair/ reconstructive surgery | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| ST | ST009 | Management of Nerve Plexus / Tendon injuries | Y | ST009A | Nerve Plexus injury repair | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| ST | ST009 | Management of Nerve Plexus / Tendon injuries | Y | ST009B | Nerve Plexus injury reconstruction | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| ST | ST009 | Management of Nerve Plexus / Tendon injuries | Y | ST009C | Tendon injury repair | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| ST | ST009 | Management of Nerve Plexus / Tendon injuries | Y | ST009D | Tendon injury reconstruction | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| ST | ST009 | Management of Nerve Plexus / Tendon injuries | Y | ST009E | Tendon Transfer | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| ST | ST010 | Plexus injury along with Vascular injury repair / graft | Y | ST010A | Plexus injury along with Vascular injury repair | 60,000 |  | None | None | No | No | Regular Procedure | None | None |
| ST | ST010 | Plexus injury along with Vascular injury repair / graft | Y | ST010B | Plexus injury along with Vascular injury graft | 60,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU001 | Adrenalectomy | Y | SU001A | Open | 27,500 |  | STRAT008 | None | No | No | Regular Procedure | None | None |
| SU | SU001 | Adrenalectomy | Y | SU001B | Lap. | 27,500 |  | STRAT008 | None | No | No | Regular Procedure | None | None |
| SU | SU002 | Renal Cyst deroofing or Marsupialization | Y | SU002A | Open | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU002 | Renal Cyst deroofing or Marsupialization | Y | SU002B | Lap. | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU003 | Nephrectomy | Y | SU003A | For Benign pathology - Open | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU003 | Nephrectomy | Y | SU003B | For Benign pathology - Lap. | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU003 | Nephrectomy | Y | SU003C | Radical (Renal tumor) - Open | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU003 | Nephrectomy | Y | SU003D | Radical (Renal tumor) - Lap. | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU004 | Nephrectomy - Partial or Hemi | Y | SU004A | Open | 42,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU004 | Nephrectomy - Partial or Hemi | Y | SU004B | Lap. | 42,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU005 | Nephrolithotomy | Y | SU005A | Open | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU005 | Nephrolithotomy | Y | SU005B | Anatrophic | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU006 | Open Nephrolithotomy - Follow Up | N | SU006A | Open Nephrolithotomy - Follow Up | 1,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU007 | PCNL (Percutaneous Nephrolithotomy) | N | SU007A | PCNL (Percutaneous Nephrolithotomy) | 35,000 |  | STRAT008 | None | No | No | Regular Procedure | None | None |
| SU | SU008 | Nephrostomy - Percutaneous ultrasound guided | N | SU008A | Nephrostomy - Percutaneous ultrasound guided | 14,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU009 | Nephrostomy (PCN) - Follow Up | N | SU009A | Nephrostomy (PCN) - Follow Up | 1,200 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU010 | Nephro ureterectomy (Benign) | Y | SU010A | Open | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU010 | Nephro ureterectomy (Benign) | Y | SU010B | Lap. | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU011 | Nephro ureterectomy with cuff of bladder | Y | SU011A | Open | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU011 | Nephro ureterectomy with cuff of bladder | Y | SU011B | Lap. | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU012 | Retrograde Intra Renal Surgery (RIRS) | N | SU012A | Retrograde Intra Renal Surgery (RIRS) | 1,200 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU013 | Perinephric Abscess drainage | Y | SU013A | Open | 14,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU013 | Perinephric Abscess drainage | Y | SU013B | Percutaneous | 14,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU014 | Ureteroscopy + Stone removal with lithotripsy | Y | SU014A | Lower Ureter | 28,000 |  | STRAT011 | None | No | No | Regular Procedure | None | None |
| SU | SU014 | Ureteroscopy + Stone removal with lithotripsy | Y | SU014B | Upper Ureter | 28,000 |  | STRAT011 | None | No | No | Regular Procedure | None | None |
| SU | SU015 | URSL / URSL - Laser - Follow Up | N | SU015A | URSL / URSL - Laser - Follow Up | 1,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU016 | Extracoporeal shock - wave Lithotripsy (ESWL) | N | SU016A | Extracoporeal shock - wave Lithotripsy (ESWL) stone, with or without stent (one side) | 18,700 |  | None | IMP0055 | No | No | Regular Procedure | None | None |
| SU | SU017 | ESWL - Follow Up | N | SU017A | ESWL - Follow Up | 1,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU018 | Ureterolithotomy | Y | SU018A | Open | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU018 | Ureterolithotomy | Y | SU018B | Lap. | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU019 | Lap Ureterolithotomy - Follow Up | N | SU019A | Lap Ureterolithotomy - Follow Up | 1,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU020 | Open Ureterolithotomy - Follow Up | N | SU020A | Open Ureterolithotomy - Follow Up | 1,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU021 | Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy | Y | SU021A | Pyeloplasty - Open | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU021 | Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy | Y | SU021B | Pyeloplasty - Laparoscopic | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU021 | Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy | Y | SU021C | Pyeloureterostomy - Open | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU021 | Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy | Y | SU021D | Pyeloureterostomy - Laparoscopic | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU021 | Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy | Y | SU021E | Pyelopyelostomy - Open | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU021 | Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy | Y | SU021F | Pyelopyelostomy - Laparoscopic | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU022 | Pyeloplasty | N | SU022A | Pyeloplasty - Follow Up | 1,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU023 | Ureterocalycostomy | Y | SU023A | Ureterocalycostomy - Open | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU023 | Ureterocalycostomy | Y | SU023B | Ureterocalycostomy - Laparoscopic | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU024 | Pyelolithotomy | Y | SU024A | Open | 28,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU024 | Pyelolithotomy | Y | SU024B | Lap. | 28,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU025 | Internal Ureterotomy including cystoscopy as an independent procedure | N | SU025A | Internal Ureterotomy including cystoscopy as an independent procedure | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU026 | Ureterolysis for retroperitoneal fibrosis (with or without omental wrapping) | Y | SU026A | Open | 28,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU026 | Ureterolysis for retroperitoneal fibrosis (with or without omental wrapping) | Y | SU026B | Lap. | 28,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU027 | Ureterostomy | N | SU027A | Ureterostomy (Cutaneous) | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU028 | Uretero-ureterostomy | Y | SU028A | Open | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU028 | Uretero-ureterostomy | Y | SU028B | Lap. | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU029 | Uretero-vaginal / Uterine fistula repair | Y | SU029A | Uretero - vaginal fistula repair - Open | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU029 | Uretero-vaginal / Uterine fistula repair | Y | SU029B | Uretero - Uterine fistula repair - Open | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU029 | Uretero-vaginal / Uterine fistula repair | Y | SU029C | Uretero - vaginal fistula repair - Laparoscopic | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU029 | Uretero-vaginal / Uterine fistula repair | Y | SU029D | Uretero - Uterine fistula repair - Laparoscopic | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU030 | Ureteric reimplantation | Y | SU030A | Open | 23,000 |  | STRAT010 | None | No | No | Regular Procedure | None | None |
| SU | SU030 | Ureteric reimplantation | Y | SU030B | Lap. | 23,000 |  | STRAT010 | None | No | No | Regular Procedure | None | None |
| SU | SU031 | Boari flap for ureteric stricture | Y | SU031A | Open | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU031 | Boari flap for ureteric stricture | Y | SU031B | Lap. | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU032 | Ileal replacement for ureteric stricture | N | SU032A | Ileal replacement for ureteric stricture | 46,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU033 | DJ stenting including cystoscopy, ureteric catheterization, retrograde pyelogram | N | SU033A | DJ stenting including cystoscopy, ureteric catheterization, retrograde pyelogram | 10,000 |  | None | IMP0055 | No | No | Regular Procedure | None | None |
| SU | SU034 | DJ Stent Removal | N | SU034A | DJ Stent Removal | 5,000 |  | None | None | No | No | Regular Procedure | Can be booked only if there is a history of a procedure involving DJ stent insertion | None |
| SU | SU035 | Ureterocele incision including cystoscopy, ureteric catheterization, retrograde pyelogram | N | SU035A | Ureterocele incision including cystoscopy, ureteric catheterization, retrograde pyelogram | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU036 | Ureteric sampling including cystoscopy, ureteric catheterization, retrograde pyelogram | N | SU036A | Ureteric sampling including cystoscopy, ureteric catheterization, retrograde pyelogram | 11,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU037 | Acute management of upper urinary tract trauma – conservative | N | SU037A | Acute management of upper urinary tract trauma – conservative | 2,000 / day |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU038 | Endopyelotomy | Y | SU038A | Retrograde with laser / bugbee | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU038 | Endopyelotomy | Y | SU038B | Antegrade with laser / bugbee | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU039 | Open Pyelolithotomy - Follow Up | N | SU039A | Open Pyelolithotomy - Follow Up | 1,200 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU040 | Cystolithotomy - Open, including cystoscopy | N | SU040A | Open - including cystoscopy | 18,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU041 | Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy | Y | SU041A | Cystolithotripsy endoscopic, including cystoscopy | 18,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU041 | Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy | Y | SU041B | Urethral Stone removal endoscopic, including cystoscopy | 18,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU042 | Diagnostic Cystoscopy | N | SU042A | Diagnostic Cystoscopy | 6,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU043 | Partial Cystectomy | Y | SU043A | Open | 23,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU043 | Partial Cystectomy | Y | SU043B | Lap. | 23,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU044 | Partial Cystectomy - Follow Up | N | SU044A | Partial Cystectomy - Follow Up | 1,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU045 | Augmentation cystoplasty | Y | SU045A | Open | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU045 | Augmentation cystoplasty | Y | SU045B | Lap. | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU046 | Deflux for VUR | N | SU046A | Deflux for VUR | 1,200 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU047 | Bladder Diverticulectomy | N | SU047A | Bladder Diverticulectomy - Follow Up | 1,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU048 | Open bladder diverticulectomy with / without ureteric re-implantation | N | SU048A | Open bladder diverticulectomy with / without ureteric re-implantation | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU049 | Bladder injury repair  (with or without urethral injury) | N | SU049A | Bladder injury repair  (with or without urethral injury) | 23,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU050 | Bladder injury repair with colostomy  (with or without urethral injury) | N | SU050A | Bladder injury repair with colostomy  (with or without urethral injury) | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU051 | Extrophy Bladder repair including osteotomy if needed + epispadias repair + ureteric reimplant | N | SU051A | Extrophy Bladder repair including osteotomy if needed + epispadias repair + ureteric reimplant | 65,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU052 | Neurogenic bladder - Package for evaluation / investigation (catheter + ultrasound + culture + RGU/ MCU) for 1 month (medicines - antibiotics) | N | SU052A | Neurogenic bladder - Package for evaluation / investigation (catheter + ultrasound + culture + RGU/ MCU) for 1 month (medicines - antibiotics) | 14,300 |  | None | None | No | No | Regular Procedure | Payment to be made after completion of one month. | None |
| SU | SU053 | Y V Plasty of Bladder Neck / Bladder Neck Reconstruction | N | SU053A | Y V Plasty of Bladder Neck / Bladder Neck Reconstruction | 23,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU054 | Bladder Neck incision - Endoscopic | N | SU054A | Bladder Neck incision - Endoscopic | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU055 | TURBT  (Transurethral Resection of the Bladder Tumor) | N | SU055A | TURBT  (Transurethral Resection of the Bladder Tumor) | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU056 | TURBT - Restage | N | SU056A | TURBT - Restage | 18,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU057 | Post TURBT - Check Cystoscopy (Per sitting) with cold-cup biopsy | N | SU057A | Post TURBT - Check Cystoscopy (Per sitting) with cold-cup biopsy | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU058 | Urachal Cyst excision | Y | SU058A | Urachal Cyst excision - Open | 18,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU058 | Urachal Cyst excision | Y | SU058B | Urachal Cyst excision - Laparoscopic | 18,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU059 | VVF Repair | N | SU059A | VVF Repair - Follow Up | 1,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU060 | Intravesical BCG / Mitomycin | Y | SU060A | Induction cycles | 15,000 |  | MEDON031 | None | No | No | Regular Procedure | Claim to be raised after 6th Cycle | None |
| SU | SU060 | Intravesical BCG / Mitomycin | Y | SU060B | Maintenance | 30,000 |  | MEDON002 | None | No | No | Regular Procedure | Claim for Rs. 15,000 can be raised after 6th Cycle. Remainaing Rs. 15,000 can be claimed after 12th Cycle | None |
| SU | SU061 | Suprapubic Drainage - Closed / Trocar | N | SU061A | Suprapubic Drainage - Closed / Trocar | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU062 | Stress incontinence surgery | N | SU062A | Stress incontinence surgery - Open |  | 23,000 | None | IMP0053 | No | No | Regular Procedure | None | None |
| SU | SU063 | Repair of stress incontinence - Follow Up | N | SU063A | Repair of stress incontinence - Follow Up | 1,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU064 | Emergency management of Acute retention of Urine | N | SU064A | Emergency management of Acute retention of Urine | 2,000 / day |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU065 | Meatotomy / Meatoplasty | Y | SU065A | Meatotomy | 3,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU065 | Meatotomy / Meatoplasty | Y | SU065B | Meatoplasty | 3,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU066 | Urethroplasty | Y | SU066A | Urethroplasty - End to end | 28,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU066 | Urethroplasty | Y | SU066B | Urethroplasty - Substitution - single stage | 28,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU066 | Urethroplasty | Y | SU066C | Urethroplasty - Substitution - two stage | 41,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU066 | Urethroplasty | Y | SU066D | Urethroplasty - Transpubic | 32,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU067 | Urethroplasty Follow Up | N | SU067A | Urethroplasty Follow Up | 1,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU068 | Urethral Dilatation | Y | SU068A | Non endocopic as an independent procedure | 2,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU068 | Urethral Dilatation | Y | SU068B | Endocopic as an independent procedure | 9,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU069 | Perineal Urethrostomy without closure | N | SU069A | Perineal Urethrostomy without closure | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU070 | Post. Urethral Valve fulguration | N | SU070A | Post. Urethral Valve fulguration | 14,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU071 | Hypospadias repair | Y | SU071A | Hypospadias repair - Single stage | 28,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU071 | Hypospadias repair | Y | SU071B | Hypospadias repair - Two or more stage  (First Stage) | 12,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU071 | Hypospadias repair | Y | SU071C | Hypospadias repair - Two or more stage (Intermediate Stage) | - |  | None | None | No | No | Regular Procedure | No payment to be done to the Hospital for this stage The package can be booked only if the first stage package has been booked prior to this | None |
| SU | SU071 | Hypospadias repair | Y | SU071D | Hypospadias repair - Two or more stage  (Final Stage) | 30,000 |  | None | None | No | No | Regular Procedure | The package can be booked only if the first stage and / or intermediate stage package has been booked prior to this | None |
| SU | SU072 | Hypospadias Repair - Follow Up | N | SU072A | Hypospadias Repair - Follow Up | 1,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU073 | Emergency management of Hematuria | N | SU073A | Emergency management of Hematuria | 2,000 / day |  | None | None | No | Yes | Regular Procedure | None | Per Day Rate |
| SU | SU074 | Excision of Urethral Caruncle | N | SU074A | Excision of Urethral Caruncle | 5,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU075 | Urethrovaginal fistula repair | N | SU075A | Urethrovaginal fistula repair | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU076 | Urethrorectal fistula repair | N | SU076A | Urethrorectal fistula repair | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU077 | Open simple prostatetctomy for BPH | N | SU077A | Open simple prostatetctomy for BPH | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU078 | Radical prostatectomy | Y | SU078A | Open | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU078 | Radical prostatectomy | Y | SU078B | Lap. | 50,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU079 | Holmium Laser Prostatectomy | N | SU079A | Holmium Laser Prostatectomy | 40,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU080 | TURP-Transurethral Resection of the Prostate, BPH | Y | SU080A | Monopolar | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU080 | TURP-Transurethral Resection of the Prostate, BPH | Y | SU080B | Bipolar | 27,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU081 | Transrectal Ultrasound guided prostate biopsy (minimum 12 core) | N | SU081A | Transrectal Ultrasound guided prostate biopsy (minimum 12 core) | 14,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU082 | Penectomy | Y | SU082A | Partial Penectomy | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU082 | Penectomy | Y | SU082B | Total Penectomy + Perineal Urethrostomy | 25,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU083 | Surgery for Priapism | Y | SU083A | Aspiration | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU083 | Surgery for Priapism | Y | SU083B | Shunt | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU084 | Surgery for Priaprism - Follow Up | N | SU084A | Surgery for Priaprism - Follow Up | 1,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU085 | Penile prosthesis insertion | N | SU085A | Penile prosthesis insertion | 35,000 |  | None | IMP0054 | No | No | Regular Procedure | None | None |
| SU | SU086 | Orchiectomy | Y | SU086A | High inguinal | 13,800 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU086 | Orchiectomy | Y | SU086B | Simple | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU087 | Bilateral Orchidectomy for hormone ablation | N | SU087A | Bilateral Orchidectomy for hormone ablation | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU088 | Orchiopexy | Y | SU088A | Orchiopexy with laparoscopy | 30,000 |  | STRAT008 | None | No | No | Regular Procedure | None | None |
| SU | SU088 | Orchiopexy | Y | SU088B | Orchiopexy without laparoscopy - U/L | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU088 | Orchiopexy | Y | SU088C | Orchiopexy without laparoscopy - B/L | 15,000 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU089 | Surgical Correction of Varicocele | Y | SU089A | Non Microsurgical | 10,000 |  | STRAT008 | None | No | No | Regular Procedure | None | None |
| SU | SU089 | Surgical Correction of Varicocele | Y | SU089B | Microsurgical | 15,000 |  | STRAT008 | None | No | No | Regular Procedure | None | None |
| SU | SU090 | Radical Retroperitoneal lymph node dissection | Y | SU090A | Open | 36,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU090 | Radical Retroperitoneal lymph node dissection | Y | SU090B | Lap. | 36,500 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU091 | Ilio-Inguinal lymphadenectomy | N | SU091A | Ilio-Inguinal lymphadenectomy | 18,500 |  | STRAT008 | None | No | No | Regular Procedure | None | None |
| SU | SU092 | Hysterectomy as part of VVF / uterovaginal fistula repair (top-up) | N | SU092A | Hysterectomy as part of VVF / uterovaginal fistula repair (top-up) | 5,000 |  | None | None | No | No | Add - On Procedure | None | None |
| SU | SU093 | PCNL - Follow Up | N | SU093A | PCNL - Follow Up | 1,200 |  | None | None | No | No | Regular Procedure | None | None |
| SU | SU094 | Emergency management of Ureteric stone - Package for evaluation / investigation (ultrasound + culture) for 3 weeks (medicines). | N | SU094A | Emergency management of Ureteric stone - Package for evaluation / investigation (ultrasound + culture) for 3 weeks (medicines). | 5,700 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV001 | Surgical Correction of Category - I Congenital Heart Disease | Y | SV001A | Unifocalization of MAPCA | 100,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV001 | Surgical Correction of Category - I Congenital Heart Disease | Y | SV001B | Isolated Secundum Atrial Septal Defect (ASD) Repair | 100,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV001 | Surgical Correction of Category - I Congenital Heart Disease | Y | SV001C | Glenn procedure | 100,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV001 | Surgical Correction of Category - I Congenital Heart Disease | Y | SV001D | Pulmonary Artery Banding | 100,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV001 | Surgical Correction of Category - I Congenital Heart Disease | Y | SV001E | Systemic - Pulmonary shunt | 130,000 |  | None | IMP0011 | No | No | Regular Procedure | None | None |
| SV | SV001 | Surgical Correction of Category - I Congenital Heart Disease | Y | SV001F | Vascular Ring division | 100,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV001 | Surgical Correction of Category - I Congenital Heart Disease | Y | SV001G | Coarctation repair | 130,000 |  | None | IMP0016 | No | No | Regular Procedure | None | None |
| SV | SV002 | Surgical Correction of Category - II Congenital Heart Disease | Y | SV002A | ASD closure + Partial Anomalous Venous Drainage Repair |  | 120,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV002 | Surgical Correction of Category - II Congenital Heart Disease | Y | SV002B | ASD Closure + Mitral procedure |  | 120,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV002 | Surgical Correction of Category - II Congenital Heart Disease | Y | SV002C | ASD Closure + Tricuspid procedure |  | 120,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV002 | Surgical Correction of Category - II Congenital Heart Disease | Y | SV002D | ASD Closure + Pulmonary procedure |  | 120,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV002 | Surgical Correction of Category - II Congenital Heart Disease | Y | SV002E | ASD Closure + Infundibular procedure |  | 120,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV002 | Surgical Correction of Category - II Congenital Heart Disease | Y | SV002F | VSD closure |  | 120,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV002 | Surgical Correction of Category - II Congenital Heart Disease | Y | SV002G | Infundibular PS repair |  | 120,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV002 | Surgical Correction of Category - II Congenital Heart Disease | Y | SV002H | Valvular PS repair |  | 120,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV002 | Surgical Correction of Category - II Congenital Heart Disease | Y | SV002I | Partial AV canal repair |  | 120,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV002 | Surgical Correction of Category - II Congenital Heart Disease | Y | SV002J | Intermediate AV canal repair |  | 120,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV002 | Surgical Correction of Category - II Congenital Heart Disease | Y | SV002K | Atrial septectomy + Glenn |  | 120,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV002 | Surgical Correction of Category - II Congenital Heart Disease | Y | SV002L | Atrial septectomy + PA Band |  | 120,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV002 | Surgical Correction of Category - II Congenital Heart Disease | Y | SV002M | Sinus of Valsalva aneurysm repair with aortic valve procedure |  | 120,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV002 | Surgical Correction of Category - II Congenital Heart Disease | Y | SV002N | Sinus of Valsalva aneurysm repair without aortic valve procedure |  | 120,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV002 | Surgical Correction of Category - II Congenital Heart Disease | Y | SV002O | Sub-aortic membrane resection |  | 120,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003A | Ebstien repair |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003B | Double switch operation |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003C | Rastelli Procedure |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003D | Fontan procedure |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003E | AP window repair |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003F | Arch interruption Repair without VSD closure |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003G | Arch interruption Repair with VSD closure |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003H | DORV Repair |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003I | Supravalvular AS repair |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003J | Konno procedure |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003K | Norwood procedure |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003L | VSD closure + RV - PA conduit |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003M | VSD + Aortic procedure |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003N | VSD + Mitral procedure |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003O | VSD + Tricuspid procedure |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003P | VSD + Pulmonary procedure |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003Q | VSD + Infundibular procedure |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003R | VSD + Coarctation repair |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003S | TAPVC Repair |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003T | Truncus arteriosus repair |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003U | Tetralogy of Fallot Repair |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003V | Complete AV canal repair |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003W | Arterial switch operation |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003X | Senning Operation |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV003 | Surgical Correction of Category - III Congenital Heart Disease | Y | SV003Y | Mustard Operation |  | 150,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025, IMP0020, IMP0011, IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV004 | Coronary artery bypass grafting (CABG) | N | SV004A | Coronary artery bypass grafting (CABG) | 118,100 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV005 | Single Valve Procedure | Y | SV005A | Aortic Valve |  | 119,000 | None | IMP0017, IMP0018, IMP0023 | No | No | Regular Procedure | None | None |
| SV | SV005 | Single Valve Procedure | Y | SV005B | Mitral Valve |  | 119,000 | None | IMP0017, IMP0018, IMP0023, IMP0024 | No | No | Regular Procedure | None | None |
| SV | SV005 | Single Valve Procedure | Y | SV005C | Tricuspid Valve |  | 119,000 | None | IMP0017, IMP0018, IMP0023, IMP0025 | No | No | Regular Procedure | None | None |
| SV | SV006 | Double Valve Procedure | N | SV006A | Aortic Valve Repair/ Aortic Valve Replacement / Mitral Valve Repair / Mitral Valve Replacement / Tricuspid Valve Repair / Tircuspid Valve Replacement |  | 142,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025 | Yes | Yes | Regular Procedure | None | Two drop down menus to be contructed. Both the drop down menus will contain: Aortic Valve Repair Aortic Valve Replacement  Mitral Valve Repair Mitral Valve Replacement Tricuspid Valve Repair Tircuspid Valve Replacement The choice selected by the hospital in the first drop down menu will determine the menu of second drop down. Both the procedures of the valve selected in the first drop down menu will not be visible in the second drop down menu. |
| SV | SV007 | Triple valve procedure on Aortic / Mitral / Tricuspid valves | N | SV007A | Aortic Valve Repair/ Aortic Valve Replacement / Mitral Valve Repair / Mitral Valve Replacement / Tricuspid Valve Repair / Tircuspid Valve Replacement |  | 170,000 | None | IMP0017, IMP0018, IMP0023, IMP0024, IMP0025 | Yes | Yes | Regular Procedure | None | Three drop down menus to be contructed. All three drop down menus will contain: Aortic Valve Repair Aortic Valve Replacement  Mitral Valve Repair Mitral Valve Replacement Tricuspid Valve Repair Tircuspid Valve Replacement The choice selected by the hospital in the first drop down menu will determine the menu of second and subsequently the third drop down. The procedures of the valve selected in the first drop down menu will not be visible in the second drop down menu and the third drop down menu will contain the options for the left out valve. |
| SV | SV008 | Closed Mitral Valvotomy including thoracotomy | N | SV008A | Closed Mitral Valvotomy including thoracotomy | 57,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV009 | Ross Procedure | N | SV009A | Ross Procedure | 270,000 |  | None | IMP0022 | No | No | Regular Procedure | None | None |
| SV | SV010 | Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM) | N | SV010A | Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM) | 111,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV011 | Pericardial window (via thoracotomy) | N | SV011A | Pericardial window (via thoracotomy) | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV012 | Pericardiectomy | N | SV012A | Pericardiectomy | 67,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV013 | Patent Ductus Arteriosus (PDA) Closure via thoracotomy | N | SV013A | Patent Ductus Arteriosus (PDA) Closure via thoracotomy | 57,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV014 | Aortic Root Replacement Surgery | Y | SV014A | Bental Procedure |  | 150,000 | None | IMP0013, IMP0017 IMP0018, IMP0023, IMP0016 | No | No | Regular Procedure | None | None |
| SV | SV014 | Aortic Root Replacement Surgery | Y | SV014B | Aortic Dissection |  | 150,000 | None | IMP0013, IMP0017 IMP0018, IMP0023, IMP0016 | No | No | Regular Procedure | None | None |
| SV | SV014 | Aortic Root Replacement Surgery | Y | SV014C | Aortic Aneurysm |  | 150,000 | None | IMP0013, IMP0017 IMP0018, IMP0023, IMP0016 | No | No | Regular Procedure | None | None |
| SV | SV014 | Aortic Root Replacement Surgery | Y | SV014D | Valve sparing root replacement |  | 150,000 | None | IMP0013, IMP0017 IMP0018, IMP0023, IMP0016 | No | No | Regular Procedure | None | None |
| SV | SV014 | Aortic Root Replacement Surgery | Y | SV014E | AVR + Root enlargement |  | 150,000 | None | IMP0013, IMP0017 IMP0018, IMP0023, IMP0016 | No | No | Regular Procedure | None | None |
| SV | SV015 | Aortic Arch Replacement / Thoracoabdominal aneurysm Repair using bypass | Y | SV015A | Aortic Arch Replacement using bypass | 235,000 |  | None | IMP0012, IMP0014, IMP0019 | No | No | Regular Procedure | None | None |
| SV | SV015 | Aortic Arch Replacement / Thoracoabdominal aneurysm Repair using bypass | Y | SV015B | Thoracoabdominal aneurysm Repair using bypass | 235,000 |  | None | IMP0012, IMP0014, IMP0019 | No | No | Regular Procedure | None | None |
| SV | SV016 | Aortic Aneurysm Repair using Cardiopulmonary bypass (CPB) / Left Heart Bypass | Y | SV016A | Aortic Aneurysm Repair using Cardiopulmonary bypass (CPB) | 150,000 |  | None | IMP0016 | No | No | Regular Procedure | None | None |
| SV | SV016 | Aortic Aneurysm Repair using Cardiopulmonary bypass (CPB) / Left Heart Bypass | Y | SV016B | Aortic Aneurysm Repair using Left Heart Bypass | 150,000 |  | None | IMP0016 | No | No | Regular Procedure | None | None |
| SV | SV016 | Aortic Aneurysm Repair without using Cardiopulmonary bypass (CPB) / Left Heart Bypass | Y | SV016C | Aortic Aneurysm Repair without using Cardiopulmonary bypass (CPB) | 95,500 |  | None | IMP0016 | No | No | Regular Procedure | None | None |
| SV | SV016 | Aortic Aneurysm Repair without using Cardiopulmonary bypass (CPB) / Left Heart Bypass | Y | SV016D | Aortic Aneurysm Repair without using Left Heart Bypass | 95,500 |  | None | IMP0016 | No | No | Regular Procedure | None | None |
| SV | SV017 | Aorto Iliac / Aorto femoral bypass (Uni and Bi) | Y | SV017A | Aorto Iliac bypass - U/L | 99,500 |  | None | IMP0015 | No | No | Regular Procedure | None | None |
| SV | SV017 | Aorto Iliac / Aorto femoral bypass (Uni and Bi) | Y | SV017B | Aorto femoral bypass - U/L | 99,500 |  | None | IMP0015 | No | No | Regular Procedure | None | None |
| SV | SV017 | Aorto Iliac / Aorto femoral bypass (Uni and Bi) | Y | SV017C | Aorto Iliac bypass - B/L | 99,500 |  | None | IMP0015 | No | No | Regular Procedure | None | None |
| SV | SV017 | Aorto Iliac / Aorto femoral bypass (Uni and Bi) | Y | SV017D | Aorto femoral bypass - B/L | 99,500 |  | None | IMP0015 | No | No | Regular Procedure | None | None |
| SV | SV018 | Pulmonary Embolectomy / Thromboendarterectomy | Y | SV018A | Pulmonary Embolectomy | 141,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV018 | Pulmonary Embolectomy / Thromboendarterectomy | Y | SV018B | Thromboendarterectomy | 141,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV019 | Peripheral Arterial Surgeries | Y | SV019A | Femoro - Femoral Bypass |  | 50,000 | None | IMP0016, IMP0021 | No | No | Regular Procedure | None | None |
| SV | SV019 | Peripheral Arterial Surgeries | Y | SV019B | Carotid - endearterectomy |  | 50,000 | None | IMP0016, IMP0021 | No | No | Regular Procedure | None | None |
| SV | SV019 | Peripheral Arterial Surgeries | Y | SV019C | Carotid Body Tumor Excision |  | 50,000 | None | IMP0016, IMP0021 | No | No | Regular Procedure | None | None |
| SV | SV019 | Peripheral Arterial Surgeries | Y | SV019D | Thoracic Outlet syndrome Repair |  | 50,000 | None | IMP0016, IMP0021 | No | No | Regular Procedure | None | None |
| SV | SV019 | Peripheral Arterial Surgeries | Y | SV019E | Carotid aneurysm repair |  | 50,000 | None | IMP0016, IMP0021 | No | No | Regular Procedure | None | None |
| SV | SV019 | Peripheral Arterial Surgeries | Y | SV019F | Subclavian aneurysm repair |  | 50,000 | None | IMP0016, IMP0021 | No | No | Regular Procedure | None | None |
| SV | SV019 | Peripheral Arterial Surgeries | Y | SV019G | Axillary aneurysm repair |  | 50,000 | None | IMP0016, IMP0021 | No | No | Regular Procedure | None | None |
| SV | SV019 | Peripheral Arterial Surgeries | Y | SV019H | Brachial aneurysm repair |  | 50,000 | None | IMP0016, IMP0021 | No | No | Regular Procedure | None | None |
| SV | SV019 | Peripheral Arterial Surgeries | Y | SV019I | Femoral aneurysm repair |  | 50,000 | None | IMP0016, IMP0021 | No | No | Regular Procedure | None | None |
| SV | SV019 | Peripheral Arterial Surgeries | Y | SV019J | Popliteal aneurysm repair |  | 50,000 | None | IMP0016, IMP0021 | No | No | Regular Procedure | None | None |
| SV | SV019 | Peripheral Arterial Surgeries | Y | SV019K | Femoral - popliteal Bypass |  | 50,000 | None | IMP0016, IMP0021 | No | No | Regular Procedure | None | None |
| SV | SV019 | Peripheral Arterial Surgeries | Y | SV019L | Axillo - Brachial Bypass |  | 50,000 | None | IMP0016, IMP0021 | No | No | Regular Procedure | None | None |
| SV | SV019 | Peripheral Arterial Surgeries | Y | SV019M | Carotio - carotid Bypass |  | 50,000 | None | IMP0016, IMP0021 | No | No | Regular Procedure | None | None |
| SV | SV019 | Peripheral Arterial Surgeries | Y | SV019N | Carotido - subclavian bypass |  | 50,000 | None | IMP0016, IMP0021 | No | No | Regular Procedure | None | None |
| SV | SV019 | Peripheral Arterial Surgeries | Y | SV019O | Carotido - axillary bypass |  | 50,000 | None | IMP0016, IMP0021 | No | No | Regular Procedure | None | None |
| SV | SV019 | Peripheral Arterial Surgeries | Y | SV019P | Axillo - femoral bypass - U/L |  | 50,000 | None | IMP0016, IMP0021 | No | No | Regular Procedure | None | None |
| SV | SV019 | Peripheral Arterial Surgeries | Y | SV019Q | Axillo - femoral bypass - B/L |  | 50,000 | None | IMP0016, IMP0021 | No | No | Regular Procedure | None | None |
| SV | SV019 | Peripheral Arterial Surgeries | Y | SV019R | Aorto - carotid bypass |  | 50,000 | None | IMP0016, IMP0021 | No | No | Regular Procedure | None | None |
| SV | SV019 | Peripheral Arterial Surgeries | Y | SV019S | Aorto - subclavian bypass |  | 50,000 | None | IMP0016, IMP0021 | No | No | Regular Procedure | None | None |
| SV | SV020 | Thromboembolectomy | N | SV020A | Thromboembolectomy | 28,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV021 | Peripheral arterial injury repair (without bypass) | N | SV021A | Peripheral arterial injury repair (without bypass) | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV022 | Thoracotomy, Thoraco Abdominal Approach | N | SV022A | Thoracotomy, Thoraco Abdominal Approach | 30,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV023 | Lung surgery including Thoracotomy | Y | SV023A | Lung cyst exision | 45,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV023 | Lung surgery including Thoracotomy | Y | SV023B | Decortication | 45,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV023 | Lung surgery including Thoracotomy | Y | SV023C | Hydatid cyst | 45,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV023 | Lung surgery including Thoracotomy | Y | SV023D | Other simple lung procedure excluding lung resection | 45,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV024 | Pulmonary Resection | N | SV024A | Pulmonary Resection | 70,000 |  | STRAT007 | None | No | No | Regular Procedure | None | None |
| SV | SV025 | Foreign Body Removal with scope | N | SV025A | Foreign Body Removal with scope | 20,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV026 | Surgical Correction of Bronchopleural Fistula | N | SV026A | Surgical Correction of Bronchopleural Fistula | 65,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV027 | Space - Occupying Lesion (SOL) mediastinum | N | SV027A | Space - Occupying Lesion (SOL) mediastinum | 65,500 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV028 | Isolated Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy | N | SV028A | Isolated Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV029 | Diaphragmatic Repair | N | SV029A | Diaphragmatic Repair | 32,000 |  | None | IMP0036 | No | No | Regular Procedure | None | None |
| SV | SV030 | Surgery for Cardiac Tumour | N | SV030A | Surgery for Cardiac Tumour | 95,000 |  | None | None | No | No | Regular Procedure | None | None |
| SV | SV031 | Immediate reoperation (within 5 days) | N | SV031A | Immediate reoperation (within 5 days) | 50% of Original Package rate |  | None | None | No | Yes | Add - On Procedure | None | It can only be booked within 5 days of the Valve Repair and TOF Repair |
| SV | SV032 | Low Cardiac Output syndrome requiring IABP insertion post - operatively | N | SV032A | Low Cardiac Output syndrome requiring IABP insertion post - operatively | 50,000 |  | None | None | No | No | Add - On Procedure | Associated with CABG Need to submit Barcode/ ID number of IABP. Intra-operative use of IABP as a part of operative strategy, not included Incidence - 5% to 7% Scrutiny of Hospitals where incidence is more than twice of prescribed limit | None |
| SV | SV033 | Re-do sternotomy | N | SV033A | Re-do sternotomy | 20,000 |  | None | None | No | No | Add - On Procedure | None | None |
| SV | SV034 | Excessive bleeding requiring re-exploration | N | SV034A | Excessive bleeding requiring re-exploration | 10,000 |  | None | None | No | No | Regular Procedure | None | None |
| US | US001 | Unspecified Surgical Package | N | US001A | Unspecified Surgical Package | Upto 1 lakh |  | None | None | No | No | Regular Procedure | None | None |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

II. Implants

\*\*Prices and multiplier for some implants are missing, NHA to advise\*\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Implant / High End Consumable Code** | **Specialty** | **Implant / High End Consumable Name** | **Package Code** | **Maximum Permissible Multiplier** | **Implant Price** |
| FRA0001 | Radiation Oncology | Additional fraction for 2D External Beam Radiotherapy | MR003CA, MR003CB, MR003CC | 10 | 500 |
| FRA0002 | Radiation Oncology | Additional fraction for 2D External Beam Radiotherapy | MR001CA, MR001CB, MR001CC | 18 | 500 |
| FRA0003 | Radiation Oncology | Additional Fraction for Linear Accelerator, External Beam Radiotherapy 3D CRT | MR005CA, MR005CB, MR005CC | 10 | 1,000 |
| FRA0004 | Radiation Oncology | Additional Fraction for Linear Accelerator, External Beam Radiotherapy 3D CRT | MR004CA, MR004CB, MR004CC | 18 | 1,000 |
| FRA0005 | Radiation Oncology | Additional Fraction for Linear Accelerator, External Beam Radiotherapy IMRT | MR006CA, MR006CB, MR006CC | 15 | 2,000 |
| FRA0006 | Radiation Oncology | Additional Fraction for Linear Accelerator, External Beam Radiotherapy IMRT | MR007CA, MR007CB, MR007CC | 18 | 2,000 |
| FRA0007 | Radiation Oncology | Additional Fraction for Linear Accelerator External Beam Radiotherapy IGRT with 3D CRT or IMRT | MR008CA, MR008CB, MR008CC | 15 | 2,500 |
| FRA0008 | Radiation Oncology | Additional Fraction for Linear Accelerator External Beam Radiotherapy IGRT with 3D CRT or IMRT | MR009CA, MR009CB, MR009CC | 18 | 2,500 |
| FRA0009 | Radiation Oncology | Additional Fraction for SRT/ SBRT with IGRT | MR010AA | 4 | 11,000 |
| FRA0010 | Radiation Oncology | Additional Fraction for Respiratory Gating along with Linear Accelerator planning | MR012AA | 10 | 3,500 |
| FRA0011 | Radiation Oncology | Additional Fraction for Brachytherapy High Dose Radiation | MR014BA, MR014BB | 15 | 1,250 |
| IMP0001 | Cardiology | ASD Device | MC007AA | 1 | 62,000 |
| IMP0002 | Cardiology | Cardiac Balloon - Adult | MC003BA, MC003BB, MC004BA, MC004BB | 1 | 14,000 |
| IMP0003 | Cardiology | Cardiac Balloon - Pediatric | MC003BA, MC003BB, MC004BA, MC004BB | 1 | 33,000 |
| IMP0004 | Cardiology | Coronary Stent for PTCA - Bare Metal | MC011AA | 3 | 8,700 |
| IMP0005 | Cardiology | Coronary Stent for PTCA - Drug Eluting | MC011AA | 3 | 31,600 |
| IMP0006 | Cardiology | Double Chamber Pacemaker - Rate Responsive | MC016AA | 1 | 75,000 |
| IMP0007 | Cardiology | PDA Device | MC009AA | 1 | 30,000 |
| IMP0008 | Cardiology | Peripheral Stent - Bare Metal | MC017AA | 1 | 21,000 |
| IMP0009 | Cardiology | Single Chamber Pacemaker - Rate Responsive | MC015AA | 1 | 45,000 |
| IMP0010 | Cardiology | VSD Device | MC008AA | 1 | 72,000 |
| IMP0011 | CTVS | PTFE Patch - Thin | SV001GE, SV002OA, SV002OB, SV002OC, SV002OD, SV002OE, SV002OF, SV002OG, SV002OH, SV002OI, SV002OJ, SV002OK, SV002OL, SV002OM, SV002ON, SV002OO, SV003YA, SV003YB, SV003YC, SV003YD, SV003YE, SV003YF, SV003YG, SV003YH, SV003YI, SV003YJ, SV003YK, SV003YL, SV003YM, SV003YN, SV003YO, SV003YP, SV003YQ, SV003YR, SV003YS, SV003YT, SV003YU, SV003YV, SV003YW, SV003YX, SV003YY | 1 | 30,000 |
| IMP0012 | CTVS | Arch Graft | SV015BA, SV015BB | 1 | 85,000 |
| IMP0013 | CTVS | Composite Aortic Valved conduit - Mechanical | SV014EA, SV014EB, SV014EC, SV014ED, SV014EE | 1 | 100,000 |
| IMP0014 | CTVS | Coselli Graft | SV015BA, SV015BB | 1 | 85,000 |
| IMP0015 | CTVS | Dacron Graft - Bifurcated | SV017DA, SV017DB, SV017DC, SV017DD | 1 | 35,000 |
| IMP0016 | CTVS | Dacron Graft - Straight | SV001GD, SV016DA, SV016DB, SV016DC, SV016DD, SV019SA, SV019SB, SV019SC, SV019SD, SV019SE, SV019SF, SV019SG, SV019SH, SV019SI, SV019SJ, SV019SK, SV019SL, SV019SM, SV019SN, SV019SO, SV019SP, SV019SQ, SV019SR, SV019SS | 1 | 30,000 |
| IMP0017 | CTVS | Mechanical Valve - Bileaflet | SV005CA, SV005CB, SV006AA, SV007AA, SV005CC, SV002OA, SV002OB, SV002OC, SV002OD, SV002OE, SV002OF, SV002OG, SV002OH, SV002OI, SV002OJ, SV002OK, SV002OL, SV002OM, SV002ON, SV002OO, SV003YA, SV003YB, SV003YC, SV003YD, SV003YE, SV003YF, SV003YG, SV003YH, SV003YI, SV003YJ, SV003YK, SV003YL, SV003YM, SV003YN, SV003YO, SV003YP, SV003YQ, SV003YR, SV003YS, SV003YT, SV003YU, SV003YV, SV003YW, SV003YX, SV003YY | 1 | 40,000 |
| IMP0018 | CTVS | Mechanical Valve - Tilting Disc | SV005CA, SV005CB, SV006AA, SV007AA, SV005CC, SV002OA, SV002OB, SV002OC, SV002OD, SV002OE, SV002OF, SV002OG, SV002OH, SV002OI, SV002OJ, SV002OK, SV002OL, SV002OM, SV002ON, SV002OO, SV003YA, SV003YB, SV003YC, SV003YD, SV003YE, SV003YF, SV003YG, SV003YH, SV003YI, SV003YJ, SV003YK, SV003YL, SV003YM, SV003YN, SV003YO, SV003YP, SV003YQ, SV003YR, SV003YS, SV003YT, SV003YU, SV003YV, SV003YW, SV003YX, SV003YY | 1 | 28,000 |
| IMP0019 | CTVS | Complex grafts other than Arch Graft & Coseli Graft | SV015BA, SV015BB | 1 | 85,000 |
| IMP0020 | CTVS | Pericardial Patch | SV019SA, SV019SB, SV019SC, SV019SD, SV019SE, SV019SF, SV019SG, SV019SH, SV019SI, SV019SJ, SV019SK, SV019SL, SV019SM, SV019SN, SV019SO, SV019SP, SV019SQ, SV019SR, SV019SS, SV002OA, SV002OB, SV002OC, SV002OD, SV002OE, SV002OF, SV002OG, SV002OH, SV002OI, SV002OJ, SV002OK, SV002OL, SV002OM, SV002ON, SV002OO, SV003YA, SV003YB, SV003YC, SV003YD, SV003YE, SV003YF, SV003YG, SV003YH, SV003YI, SV003YJ, SV003YK, SV003YL, SV003YM, SV003YN, SV003YO, SV003YP, SV003YQ, SV003YR, SV003YS, SV003YT, SV003YU, SV003YV, SV003YW, SV003YX, SV003YY | 1 | 18,000 |
| IMP0021 | CTVS | PTFE Graft - Straight | SV019SA, SV019SB, SV019SC, SV019SD, SV019SE, SV019SF, SV019SG, SV019SH, SV019SI, SV019SJ, SV019SK, SV019SL, SV019SM, SV019SN, SV019SO, SV019SP, SV019SQ, SV019SR, SV019SS | 1 | 50,000 |
| IMP0022 | CTVS | RV - PA Conduit | SV009AA | 1 | 120,000 |
| IMP0023 | CTVS | Tissue Valve | SV005CA, SV005CB, SV006AA, SV007AA, SV005CC, SV002OA, SV002OB, SV002OC, SV002OD, SV002OE, SV002OF, SV002OG, SV002OH, SV002OI, SV002OJ, SV002OK, SV002OL, SV002OM, SV002ON, SV002OO, SV003YA, SV003YB, SV003YC, SV003YD, SV003YE, SV003YF, SV003YG, SV003YH, SV003YI, SV003YJ, SV003YK, SV003YL, SV003YM, SV003YN, SV003YO, SV003YP, SV003YQ, SV003YR, SV003YS, SV003YT, SV003YU, SV003YV, SV003YW, SV003YX, SV003YY | 1 | 70,000 |
| IMP0024 | CTVS | Valve Ring - Mitral | SV005CB, SV006AA, SV007AA, SV002OA, SV002OB, SV002OC, SV002OD, SV002OE, SV002OF, SV002OG, SV002OH, SV002OI, SV002OJ, SV002OK, SV002OL, SV002OM, SV002ON, SV002OO, SV003YA, SV003YB, SV003YC, SV003YD, SV003YE, SV003YF, SV003YG, SV003YH, SV003YI, SV003YJ, SV003YK, SV003YL, SV003YM, SV003YN, SV003YO, SV003YP, SV003YQ, SV003YR, SV003YS, SV003YT, SV003YU, SV003YV, SV003YW, SV003YX, SV003YY | 1 | 35,000 |
| IMP0025 | CTVS | Valve Ring - Tricuspid | SV006AA, SV007AA, SV005CC, SV002OA, SV002OB, SV002OC, SV002OD, SV002OE, SV002OF, SV002OG, SV002OH, SV002OI, SV002OJ, SV002OK, SV002OL, SV002OM, SV002ON, SV002OO, SV003YA, SV003YB, SV003YC, SV003YD, SV003YE, SV003YF, SV003YG, SV003YH, SV003YI, SV003YJ, SV003YK, SV003YL, SV003YM, SV003YN, SV003YO, SV003YP, SV003YQ, SV003YR, SV003YS, SV003YT, SV003YU, SV003YV, SV003YW, SV003YX, SV003YY | 1 | 35,000 |
| IMP0026 | ENT | Fibrin Glue | SL029EA, SL029EB, SL029EC, SL029ED, SL029EE, SL030BA, SL030BB, SL031CA, SL031CB, SL031CC, SL032DA, SL032DB, SL032DC, SL032DD | 1 | 9,000 |
| IMP0027 | ENT | Implant for Open laryngeal framework surgery / Thyroplasty (Keel / Stent) | SL025AA | 1 | 15,000 |
| IMP0028 | Ophthalmology | IOL for Vitreoretinal Surgery | SE032AA | 1 | 3,000 |
| IMP0029 | ENT | Piston for Stapedectomy / Tympanotomy | SL003BA, SL003BB | 1 | 5,000 |
| IMP0030 | ENT | Partial Ossicular Replacement Prosthesis - Indian Titanium | SL002AA | 1 | 8,000 |
| IMP0031 | ENT | Total Ossicular Replacement Prosthesis - Indian Titanium | SL002AA | 1 | 7,000 |
| IMP0032 | ENT | Implant for Open reduction and internal fixation of maxilla / mandible / zygoma (Plates / Screws) | SL034CA, SL034CB, SL034CC, ST002AA | 1 |  |
| IMP0033 | General Surgery | Tackers | SG050EE | 1 | 15,000 |
| IMP0034 | General Surgery | Haemorroid Stapler | SG032AA | 1 | 17,000 |
| IMP0035 | General Surgery | Mesh - 30 X 30 | SG052AA | 1 | 15,000 |
| IMP0036 | General Surgery | Mesh - 6 X 3 - Polypropylene | SG050EA, SG050EB, SG050EC, SG050ED, SV029AA | 1 | 2,000 |
| IMP0037 | General Surgery | Mesh - 15 X 15 | SG052AA, SG051DA, SG051DB, SG051DC, SG051DD, SO025BA, SO025BB, SG050EE | 1 | 5,000 |
| IMP0038 | Obstetrics & Gynecology | Sling | SO013AA | 1 | 5,000 |
| IMP0039 | Obstetrics & Gynecology | Trans Obturator Tape | SO024BB | 1 |  |
| IMP0040 | Obstetrics & Gynecology | Tension free Vaginal Tape | SO024BA | 1 |  |
| IMP0041 | Ophthalmology | Conformers | SE035BB, SE036AA | 1 | 400 |
| IMP0042 | Ophthalmology | Plastic / silicon ball type implant | SE035BB, SE036AA | 1 | 600 |
| IMP0043 | Ophthalmology | Foldable Hydrophobic intraocular lens | SE020BA, SE021CA, SE021CB, SE021CC | 1 | 3,000 |
| IMP0044 | Ophthalmology | IOL | SE024AA | 1 | 3,000 |
| IMP0045 | Ophthalmology | Glue for Scleral fixated IOL | SE023AA | 1 | 3,000 |
| IMP0046 | Ophthalmology | Non foldable IOL | SE020BB | 1 | 1,000 |
| IMP0047 | Ophthalmology | PFCL - Per flouro carbon liquid | SE032AA | 1 | 3,000 |
| IMP0048 | Ophthalmology | Silicon Tube / Silicon stent | SE010DA, SE010DC | 1 | 2,000 |
| IMP0049 | Ophthalmology | Valved Glaucoma tube - shunt | SE027DC | 1 | 8,000 |
| IMP0050 | Ophthalmology | Non valved Glaucoma tube - shunt | SE027DC | 1 | 6,000 |
| IMP0051 | Ophthalmology | Tissue graft - Cornea / Sclera | SE019AA | 1 | 3,000 |
| IMP0052 | Ophthalmology | Tissue graft- amniotic membrane | SE009AA | 1 | - |
| IMP0053 | Urology | BIS standard sling for women | SU062AA | 1 | 5,000 |
| IMP0054 | Urology | Penile Prosthesis - Malleable - Indian Implant | SU085AA | 1 |  |
| IMP0055 | Urology | DJ Stent | SU016AA, SU033AA | 1 | 200 |
| IMP0056 | Cardiology | Balloon & Accessories | MC005AA | 1 | 55,000 |
| IMP0057 | Cardiology | Steerable decapolar catheter | MC012BA, MC012BB | 1 | 21,000 |
| IMP0058 | Cardiology | Quadripolar Catheter | MC012BA, MC012BB | 2.5 | 10,000 |
| IMP0059 | Cardiology | Radio Frequency Catheter | MC012BB | 1 | 30,000 |
| IMP0060 | Orthopedics | Cannulated Screws for Closed Reduction and Percutaneous Screw Fixation (neck femur) | SB019CA | 3 | 5,000 |
| IMP0061 | Orthopedics | Dynamic Hip Screw for Intertrochanteric Fracture | SB019CB | 1 | 5,000 |
| IMP0062 | Orthopedics | External Fixator | SB005DA, SB005DB, SB005DC, SB005DD | 1 | 5,000 |
| IMP0063 | Orthopedics | Proximal Femoral Nail | SB019CC | 1 | 8,000 |
| IMP0065 | Orthopedics | Recon Plate Fracture - Acetabulum - Single Approach | SB018BA | 2 | 5,000 |
| IMP0066 | Orthopedics | Recon Plate Fracture - Acetabulum - Combined Approach | SB018BB | 3 | 5,000 |
| IMP0067 | Orthopedics | Modular Custom Prosthesis for Bone Tumour Excision - malignant including GCT + Joint replacement | SB040AA | 1 | 120,000 |
| IMP0068 | Surgical Oncology | Voice prosthesis | SC040BA | 1 | 30,000 |
| IMP0069 | Surgical Oncology | Oesophageal stent | SC005BA | 1 |  |
| IMP0070 | Surgical Oncology | Tracheal stent | SC005BB | 1 |  |
| IMP0071 | Surgical Oncology | Chemo Port - Adult | SC076AA | 1 | 15,000 |
| IMP0072 | Surgical Oncology | Chemo Port - Pediatric | SC076AA | 1 | 25,000 |
| IMP0073 | Surgical Oncology | Implant for Microvascular reconstruction | SC073AA | 1 | 15,000 |
| IMP0074 | Neurosurgery | Implant for "CranioPlasty with Exogenous graft" | SN002BB | 1 |  |
| IMP0075 | Neurosurgery | Implant for "Duroplasty - Exogenous" | SN007BB | 1 |  |
| IMP0076 | Neurosurgery | Clip for Aneurysm | SN023AA |  | 15,000 |
| IMP0077 | Neurosurgery | Implant for "Posterior Cervical Fusion with implant (Lateral mass fixation)" | SN029AA | 1 |  |
| IMP0078 | Neurosurgery | Implant for "Thoracic Corpectomy with fusion" | SN032BA | 1 |  |
| IMP0079 | Neurosurgery | Implant for "Lumbar Corpectomy with fusion" | SN032BB | 1 |  |
| IMP0080 | Neurosurgery | Implant for "Transoral surgery (Anterior) and CV Junction (Posterior Sterlization)" | SN019AA | 1 |  |
| IMP0081 | Polytrauma | Implant for "One fracture of long bone (with implants)" | ST004BA | 1 |  |
| IMP0082 | Plastic Surgery | Tissue Expander / Implant for disfigurement following burns / trauma / congenital deformity | SP006CA, SP006CB, SP006CC | 1 |  |
| IMP0083 | Plastic Surgery | Prosthesis for Ear Pinna Reconstruction | SP004AA | 1 |  |
| IMP0084 | Interventional Neuroradiology | Coil for embolization of aneurysms | IN003AA, IN004BA | 17 | 24,000 |
| IMP0085 | Interventional Neuroradiology | Glue for AVMs / AVFs | IN001DA, IN001DB | 1 |  |
| IMP0086 | Interventional Neuroradiology | Onyx for AVMs / AVFs | IN001DC, IN001DD | 1 |  |
| IMP0087 | Interventional Neuroradiology | Balloon for Embolization | IN001DD | 1 | 11,000 |
| IMP0089 | Orthopedics | Implant for Arthrodesis of Shoulder (Screw / Plate) | SB026GB | 1 | 5,000 |
| IMP0090 | Orthopedics | Implant for Arthrodesis of Wrist (Plate) | SB026GC | 1 | 5,000 |
| IMP0092 | Orthopedics | Implant for Ankle Fracture ORIF (Tension Band Wire + Plate) | SB020AA | 1 | 5,000 |
| IMP0093 | Orthopedics | Implant for Bone Tumour Excision + reconstruction (Plate) | SB041AA | 1 | 10,000 |
| IMP0094 | Orthopedics | Plate for ORIF - Diaphyseal fracture - Long Bone | SB010BA | 1 | 6,000 |
| IMP0095 | Orthopedics | IM Nail for CR&F - Diaphyseal fracture - Long Bone | SB010BB | 1 | 7,000 |
| IMP0096 | Orthopedics | Plate for Comminuted Fracture - Olecranon of Ulna | SB011BA | 1 | 8,000 |
| IMP0097 | Orthopedics | Tension Band Wire for Comminuted Fracture - Olecranon of Ulna | SB011BB | 1 | 2,000 |
| IMP0098 | Orthopedics | Implants for Fracture - Both Bones - Forearm - ORIF  (Plates & / or Nails) | SB014AA | 1 | 7,000 |
| IMP0099 | Orthopedics | Locking Plate for Metaphyseal fracture - Long Bone | SB009AA | 2 | 7,000 |
| IMP0100 | Orthopedics | Implant for Fracture - Single Bones - Forearm - ORIF  (Plate / Nail) | SB013AA | 1 | 3,500 |
| IMP0101 | Orthopedics | Implant for Fracture Head radius (Plate / Screw) | SB012BA | 1 | 5,000 |
| IMP0102 | Orthopedics | Plate for High Tibial Osteotomy | SB057AA | 1 | 7,000 |
| IMP0103 | Orthopedics | Implant for Fracture Condyle - Humerus - ORIF | SB015BA, SB015BB | 1 | 1,500 |
| IMP0104 | Orthopedics | Implant for Internal Fixation of Small Bones | SB008AA | 1 | 1,500 |
| IMP0105 | Orthopedics | Implant for Limb Lengthening / Bone Transport by Ilizarov | SB059AA | 1 | 12,000 |
| IMP0106 | Orthopedics | Implant for Ilizarov fixation | SB058AA | 1 | 10,000 |
| IMP0107 | Orthopedics | Implant for Open Reduction of Small joints  (K - Wire) | SB029AA | 1 | 1,500 |
| IMP0108 | Orthopedics | Implant for Osteotomy - Long Bone (Screw) | SB055BA | 1 | 5,000 |
| IMP0109 | Orthopedics | Implant for Percutaneous - Fixation of Fracture  (K - Wire / Screw) | SB006AA | 1 | 2,000 |
| IMP0110 | Orthopedics | Implant & brace for Reconstruction of ACL / PCL  (Bio screw / Endobutton / Suture disc + Ethibond) | SB049BA, SB049BB | 1 | 17,000 |
| IMP0111 | Orthopedics | Implant for Fracture intercondylar Humerus + olecranon osteotomy (TBW + Plates) | SB016AA | 1 | 11,000 |
| IMP0112 | Orthopedics | Implant for Total Hip Replacement - Cemented | SB038DA | 1 | 35,000 |
| IMP0113 | Orthopedics | Implant for Total Hip Replacement - Cementless | SB038DB | 1 | 60,000 |
| IMP0114 | Orthopedics | Implant for Total Hip Replacement - Hybrid | SB038DC | 1 | 45,000 |
| IMP0115 | Orthopedics | Implant for Revision Total Hip Replacement | SB038DD | 1 |  |
| IMP0116 | Orthopedics | Implant for Unipolar Hemiarthroplasty | SB031CA | 1 | 3,000 |
| IMP0117 | Orthopedics | Non - Modular - Non - Cemented | SB031CB | 1 | 7,000 |
| IMP0118 | Orthopedics | Modular - Cemented | SB031CC | 1 | 20,000 |
| IMP0119 | Orthopedics | Implant for Total Knee Replacement | SB039BA | 1 |  |
| IMP0120 | Orthopedics | Implant for Revision Total Knee Replacement | SB039BB | 1 |  |
| IMP0121 | Orthopedics | Implant for Elbow Replacement | SB037AA | 1 | 31,000 |
| IMP0122 | Orthopedics | Implant for Elastic Nailing of Femur / Humerus / Forearm  (Elastic Nail) | SB007CA, SB007CB, SB007CC | 1 | 5,000 |
| IMP0123 | Orthopedics | Implant for Growth Modulation & Fixation (Plate) | SB060AA | 6 | 5,000 |
| IMP0124 | Orthopedics | Implant for AC Joint reconstruction / Stabilization  (Plate/ screw / Fibre wire / reconstruction by tendon etc) | SB032FA, SB032FB, SB032FC, SB032FD, SB032FE, SB032FF | 1 | 10,000 |
| IMP0125 | Orthopedics | Implant for Cervical spine fixation including odontoid (Screw) | SB021AA | 1 | 5,000 |
| IMP0126 | Orthopedics | Implant for Cervical spine fixation including odontoid  (Odontoid Screw) | SB021AA | 1 | 20,000 |
| IMP0127 | Orthopedics | Implant for Cervical spine fixation including odontoid (Cage) | SB021AA | 1 | 10,000 |
| IMP0128 | Orthopedics | JESS Fixator | SB063AA | 1 |  |
| IMP0129 | Orthopedics | Implant for Displaced Clavicle Fracture (Plate) | SB017AA | 1 |  |
| IMP0130 | Orthopedics | Implant for Dorsal and lumber spine fixation  (Plate including screw) | SB022BA, SB022BB | 3 | 5,000 |
| IMP0131 | Orthopedics | Implant for Dorsal and lumber spine fixation (Cage) | SB022BA, SB022BB | 1 | 10,000 |
| IMP0132 | Orthopedics | Implant for Spine deformity correction  (Plate including screw) | SB054AA | 3 | 5,000 |
| IMP0133 | Orthopedics | Implant for Spine deformity correction  (Cage) | SB054AA | 1 | 10,000 |
| IMP0134 | Orthopedics | Implant for Tension Band Wiring (Wire) | SB030AA | 1 | 2,000 |
| IMP0135 | Neurosurgery | Implant for Laminectomy with Fusion and fixation | SN034BB | 1 | 10,000 |
| IMP0136 | Neurosurgery | Implant for Spine - Decompression & Fusion with fixation | SN038BB | 1 | 10,000 |
| IMP0137 | Neurosurgery | Implant for Spine - Extradural Tumour with fixation | SN041BB | 1 | 10,000 |
| IMP0138 | Neurosurgery | Implant for Spine - Extradural Haematoma with fixation | SN039BB | 1 | 10,000 |
| IMP0139 | Neurosurgery | Implant for Spine - Intradural Tumour with fixation | SN042BB | 1 | 10,000 |
| IMP0140 | Neurosurgery | Implant for Spine - Intradural Haematoma with fixation | SN040BB | 1 | 10,000 |
| IMP0141 | Neurosurgery | Implant for Spine - Intramedullar Tumour with fixation | SN043BB | 1 | 10,000 |
| IMP0142 | ENT | Implant for Excision of tumour of oral cavity / paranasal sinus / laryngopharynx | SL020CA, SL020CC | 1 | 20,000 |
| IMP0143 | Orthopedics | Implant for Arthrodesis of Knee  (Compression Assembly / Ilizarov) | SB026GD | 1 | 10,000 |
| IMP0144 | Orthopedics | Implant for Arthrodesis of Shoulder (Screw / Plate) | SB026GA | 1 | 5,000 |
| IMP0145 | Cardiology | Coronary Stent for PDA stenting - Bare Metal | MC010AA | 1 | 8,700 |
| IMP0146 | Cardiology | Coronary Stent for PDA stenting - Drug Eluting | MC010AA | 1 | 31,600 |
| IMP0147 | Interventional Neuroradiology | Coil for embolization of aneurysms | IN004A | 5 | 24,000 |

III. Stratification

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Stratification Criteria** | **Rule** | **Stratification Code** | **Stratification Details** | **Stratification Options** | **Procedure Price  Override** | **Duration (Days)** | **Maximum Cycles** |
| RT001 | a | RT001a | Duration |  |  |  | 180 |
| RT002 | b | RT002b | Cycle |  |  | 4 |  |
| STRAT001 | a | STRAT001a | Anesthesia | Local Anesthesia | None |  |  |
| STRAT001 | b | STRAT001b | Anesthesia | General Anesthesia | "+" 5000 |  |  |
| STRAT002 | a | STRAT002a | Anesthesia | Local Anesthesia | None |  |  |
| STRAT002 | b | STRAT002b | Anesthesia | General Anesthesia | "+" 6000 |  |  |
| STRAT003 | a | STRAT003a | Anesthesia | Local Anesthesia | None |  |  |
| STRAT003 | b | STRAT003b | Anesthesia | General Anesthesia | "+" 4000 |  |  |
| STRAT004 | a | STRAT004a | Anesthesia | Local Anesthesia | None |  |  |
| STRAT004 | b | STRAT004b | Anesthesia | General Anesthesia | "+" 8500 |  |  |
| STRAT005 | a | STRAT005a | Anesthesia | Local Anesthesia | None |  |  |
| STRAT005 | b | STRAT005b | Anesthesia | General Anesthesia | "+" 3000 |  |  |
| STRAT006 | a | STRAT006a | Bed Category | Routine Ward | None |  |  |
| STRAT006 | b | STRAT006b | Bed Category | HDU | "+" 900 |  |  |
| STRAT006 | c | STRAT006c | Bed Category | ICU - Without Ventilator | "+" 1800 |  |  |
| STRAT006 | d | STRAT006d | Bed Category | ICU - With Ventilator | "+" 2700 |  |  |
| STRAT007 | a | STRAT007a | Etiology | Non - Infective | None |  |  |
| STRAT007 | b | STRAT007b | Etiology | Infective | "+" 20000 |  |  |
| STRAT008 | a | STRAT008a | Number | Unilateral | None |  |  |
| STRAT008 | b | STRAT008b | Number | Bilateral | "+" 5000 |  |  |
| STRAT009 | a | STRAT009a | Number | Single | None |  |  |
| STRAT009 | b | STRAT009b | Number | Multiple | "+" 7000 |  |  |
| STRAT010 | a | STRAT010a | Number | Unilateral | None |  |  |
| STRAT010 | b | STRAT010b | Number | Bilateral | "+" 10000 |  |  |
| STRAT011 | a | STRAT011a | Number | Unilateral | None |  |  |
| STRAT011 | b | STRAT011b | Number | Bilateral | "+" 15000 |  |  |
| STRAT012 | a | STRAT012a | Number | Single | None |  |  |
| STRAT012 | b | STRAT012b | Number | Multiple | "+" 10000 |  |  |
| MEDON001 | a | MEDON001a | Cycle |  |  |  | 6 |
| MEDON002 | a | MEDON002a | Duration + Cycle |  |  | 7 | 12 |
| MEDON003 | a | MEDON003a | Duration + Cycle |  |  | 7 | 24 |
| MEDON004 | a | MEDON004a | Duration + Cycle |  |  | 90 | 20 |
| MEDON005 | a | MEDON005a | Duration |  |  | 30 |  |
| MEDON006 | a | MEDON006a | Duration + Cycle |  |  | 21 | 6 |
| MEDON007 | a | MEDON007a | Duration |  |  | 90 |  |
| MEDON008 | a | MEDON008a | Duration + Cycle |  |  | 30 | 24 |
| MEDON009 | a | MEDON009a | Duration + Cycle |  |  | 90 | 4 |
| MEDON010 | a | MEDON010a | Cycle |  |  |  | 2 |
| MEDON011 | a | MEDON011a | Cycle |  |  |  | 4 |
| MEDON012 | a | MEDON012a | Cycle |  |  |  | 8 |
| MEDON013 | a | MEDON013a | Duration + Cycle |  |  | 30 | 36 |
| MEDON014 | a | MEDON014a | Cycle |  |  |  | 12 |
| MEDON015 | a | MEDON015a | Duration + Cycle |  |  | 14 | 14 |
| MEDON016 | a | MEDON016a | Duration + Cycle |  |  | 14 | 17 |
| MEDON017 | a | MEDON017a | Duration + Cycle |  |  | 90 | 1 |
| MEDON018 | a | MEDON018a | Duration + Cycle |  |  | 35 | 6 |
| MEDON019 | a | MEDON019a | Duration + Cycle |  |  | 21 | 8 |
| MEDON020 | a | MEDON020a | Cycle |  |  |  | 1 |
| MEDON021 | a | MEDON021a | Duration + Cycle |  |  | 30 | 12 |
| MEDON022 | a | MEDON022a | Duration + Cycle |  |  | 21 | 4 |
| MEDON023 | a | MEDON023a | Duration + Cycle |  |  | 21 | 12 |
| MEDON024 | a | MEDON024a | Duration + Cycle |  |  | 21 | 17 |
| MEDON025 | a | MEDON025a | Duration + Cycle |  |  | 21 | 3 |
| MEDON026 | a | MEDON026a | Duration + Cycle |  |  | 14 | 12 |
| MEDON027 | a | MEDON027a | Duration + Cycle |  |  | 90 | 8 |
| MEDON028 | a | MEDON028a | Duration + Cycle |  |  | 30 | 18 |
| MEDON029 | a | MEDON029a | Duration + Cycle |  |  | 90 | 12 |
| MEDON030 | a | MEDON030a | Duration + Cycle |  |  | 30 | 6 |
| MEDON031 | a | MEDON031a | Duration + Cycle |  |  | 7 | 6 |
| MEDON032 | a | MEDON032a | Duration + Cycle |  |  | 42 |  |
| MEDON033 | a | MEDON033a | Duration + Cycle |  |  | 7 | 7 |
| MEDON034 | a | MEDON034a | Duration + Cycle |  |  |  | 17 |
| MEDON035 | a | MEDON035a | Duration + Cycle |  |  | 7 | 52 |
| MEDON036 | a | MEDON036a | Duration + Cycle |  |  | 14 | 6 |
| MEDON037 | a | MEDON037a | Cycle |  |  |  | 3 |
| MEDON038 | a | MEDON038a | Cycle |  |  |  | 10 |
| MEDON039 | a | MEDON039a | Duration |  |  | 60 |  |
| MEDON040 | a | MEDON040a | Duration |  |  | 180 |  |
| MEDON041 | a | MEDON041a | Duration |  |  | 365 |  |
| MEDON042 | a | MEDON042a | Cycle |  |  |  | 18 |
| MEDON043 | a | MEDON043a | Duration + Cycle |  |  | 30 | 2 |

# Schedule 4: Guidelines for Identification of AB-PMJAY Beneficiary Family Units

* 1. **Brief Process Flow**

The core principle for finalising the operational guidelines for proposed AB-PMJAY is to construct a broad framework as guiding posts for simplifying the implementation of the Mission under the ambit of the policy and the technology while providing requisite flexibility to the States to optimally chalk out the activities related to implementation in light of the peculiarities of their own State/UT, as ownership of implementation of scheme lies with them.

1. AB-PMJAY will target about 10.74 crore poor, deprived rural families and identified occupational category of urban workers’ families as per the latest Socio-Economic Caste Census (SECC) data, both rural and urban. Additionally, all such enrolled families under RSBY that do not feature in the targeted groups as per SECC data will be included as well.
2. States covering a much larger population than the AB-PMJAY beneficiary list will need to
3. Provide a declaration that their eligibility criteria cover AB-PMJAY beneficiaries
4. Setup a process to ensure any family in AB-PMJAY list who may be missed under the State’s criteria is covered when they seek care.
5. Beneficiaries obtaining treatment should be tagged if they are AB-PMJAY beneficiaries. Reports to MoHFW/ NHA will need to be provided for these beneficiaries
6. Link all AB-PMJAY beneficiaries with the State’s Scheme ID and Aadhaar in a defined time period
7. State/UT will be responsible for carrying out Information, Education and Communication (IEC) activities amongst targeted families such that they are aware of their entitlement, benefit cover, empanelled hospitals and process to avail the services under AB-PMJAY. This will include leveraging village health and nutrition days, making available beneficiary family list at Panchayat office, visit of ASHA workers to each target family and educating them about the scheme, Mass media, etc among other activities. The following 2 IEC activities are designed to aid in Beneficiary Identification
   * 1. AB-PMJAY Additional Data Collection drive at Gram Sabha’s across India will take place on 30th April. MoHFW in collaboration with Ministry of Rural Development (MoRD) will drive collection of Ration Card, Mobile Number for each AB-PMJAY household.
     2. Government of India will send a personalised letter via mass mail to each targeted family through postal department in states launching AB-PMJAY. This letter will include details about the scheme, toll free helpline number and family details and their ID under AB-PMJAY
     3. States which are primarily covering AB-PMJAY beneficiaries are encouraged to create multiple service locations where beneficiaries can check if they are covered. These include
        + Contact points or kiosks set up at CSCs, PHCs, Gram Panchayat, etc
        + Empaneled Hospital
        + Self-check via mobile or web
        + Or any other contact point as deemed fit by States
8. Beneficiary identification will include the following broad steps:
   * 1. The operator searches through the AB-PMJAY list to determine if the person is covered.
     2. Search can be performed by Name and Location, Ration Card No or Mobile number (collected during data drive) or ID printed on the letter sent to family or RSBY URN
     3. If the beneficiary’s name is found in the AB-PMJAY list, Aadhaar (or an alternative government ID) and Ration Card (or an alternative family ID) is collected against the Name / Family.
     4. The system determines a confidence score for the link based on how close the name / location / family members between the AB-PMJAY record and documents is provided.
     5. The operator sends the linked record for approval to the Insurance company
     6. If the confidence score is high (as specified by software), the operator can immediately issue the e-Card and admit the patient for treatment. Otherwise, the patient must be advised to wait for approval from the insurance company
     7. The insurance company will setup a Beneficiary approval team that works on fixed service level agreements on turnaround time. The AB-PMJAY details and the information from the ID is presented to the verifier. The insurance company can either approve or recommend a case for rejection with reason.
     8. All cases recommended for rejection will be scrutinised by a State team that works on fixed service level agreements on turnaround time. The state team will either accept rejection or approve with reason.
     9. The e-card will be printed with the unique ID under AB-PMJAY and handed over to the beneficiary to serve as a proof for verification for future reference.
        + The beneficiary will also be provided with a booklet/ pamphlet with details about AB-PMJAY and process for availing services.
        + Presentation of this e-card will not be mandatory for availing services. However, the e-card may serve as a tool for reinforcement of entitlement to the beneficiary and faster registration process at the hospital when needed.
9. Addition of new family members will be allowed. This requires at least one other family member has been approved by the Insurance Company/Trust. Proof of being part of the same family is required in the form of
   * 1. Name of the new member is in the family ration card or State defined family card
     2. A marriage certificate relating to marriage to a family member existing in the family

A birth certificate relating to a birth to a family member existing in the family is available.

* 1. **Detailed Steps for Beneficiary Identification and Issuance of e-card**

AB-PMJAY will target about 10.74 crore poor, deprived rural families and identified occupational category of urban workers’ families as per the latest Socio-Economic Caste Census (SECC) data, both rural and urban. Additionally, all such enrolled families under RSBY that do not feature in the targeted groups as per SECC data will be included as well.

The main steps for the above exercise are as follows:

1. Preparatory Activities for State/ UT’s:

**Responsibility of –** State Government

**Timeline –** within a period of15 days, after receiving the approval from MoHFW/NHA, the State/UT may complete the preparatory activities to initiate the implementation and beneficiary identification process.

The State will need to:

1. Ensure the availability of requisite hardware, software and allied infrastructure required for beneficiary identification and AB-PMJAY e-card printing. Beneficiary Identification Software/ Application/ platform will be provided free of cost by MoHFW/NHA. Specifications for these will be provided by MoHFW/NHA.
2. Availability of printed booklets, in abundant quantities at each Contact point, which will be given to beneficiaries along with the AB-PMJAY e-cards after verification. The booklet/pamphlet shall provide the following details:
   * Details about the AB-PMJAY benefits
   * Process of taking the benefits under AB-PMJAY and policy period
   * List of the empanelled network hospitals in the district along with address and contact details (if available)
   * The names and details of the key contact person/persons in the district
   * Toll-free number of AB-PMJAY call centre (if available)
   * Details of DNO for any further contact
3. State/State Health Agency (SHA) shall identify and set-up team(s) which shall have the capacities to handle hardware and basic software support, troubleshooting etc.
4. Training of trainers for this purpose will be organised by MoHFW/NHA.

The State shall ensure availability of above, in order to carry out all the activities laid down in this guideline.

1. Preparation of AB-PMJAY target data

**Responsibility of –** MoHFW

**Timeline –** Preparation of SECC data by 15th March

MoHFW has decided to use latest Socio-Economic Caste Census (SECC) data as a source/base data for validation of beneficiary families under the AB-PMJAY. Based on SECC data, number of families in each State, that will be eligible for central subsidy under the AB-PMJAY, will be identified. The categories in rural and urban that will be covered under AB-PMJAY are given as follows:

|  |
| --- |
| For Rural  Total deprived Households targeted for AB-PMJAY who belong to one of the six deprivation criteria amongst D1, D2, D3, D4, D5 and D7:   * Only one room with kucha walls and kucha roof (D1) * No adult member between age 16 to 59 (D2) * Female headed households with no adult male member between age 16 to 59 (D3) * Disabled member and no able-bodied adult member (D4) * SC/ST households (D5) * Landless households deriving major part of their income from manual casual labour (D7)   Automatically included-  Households without shelter   * Destitute/ living on alms * Manual scavenger families * Primitive tribal groups * Legally released bonded labour |
| For Urban  Occupational Categories of Workers   * Rag picker * Beggar * Domestic worker * Street vendor/ Cobbler/hawker / Other service provider working on streets * Construction worker/ Plumber/ Mason/ Labour/ Painter/ Welder/ Security guard/ Coolie and another head-load worker * Sweeper/ Sanitation worker / Mali * Home-based worker/ Artisan/ Handicrafts worker / Tailor * Transport worker/ Driver/ Conductor/ Helper to drivers and conductors/ Cart puller/ Rickshaw puller * Shop worker/ Assistant/ Peon in small establishment/ Helper/Delivery assistant / Attendant/ Waiter * Electrician/ Mechanic/ Assembler/ Repair worker * Washer-man/ Chowkidar |

The following activities will be carried out for identifying target families for AB-PMJAY:

* + 1. AB-PMJAY data in defined format by applying inclusion and exclusion criteria shall be prepared.
    2. Preparation of Rashtriya Swasthya Bima Yojana (RSBY) beneficiary family list (based on existing RSBY enrolled families) for such families where premium has been paid by Government of India and data finalized by MoHFW with inputs of States.
    3. AHL\_HH\_ID will be considered as Family ID for AB-PMJAY targeted families.
    4. Final data will be accessible in a secure manner to only authorised users who will be allowed to access it online and use it for beneficiary verification.

1. Informing Beneficiaries on what to bring for Identification

**Responsibility of –** SHA

**Timeline –** Ongoing

The process requires that Beneficiaries bring

* Aadhaar
* Any other valid government id(s) decided by the State if they do not have an Aadhaar
* Ration Card or any other family id decided by the State.

All IEC activities as per IEC guidelines must work towards education of the above to ensure it is easy for the beneficiaries to receive care.

1. Beneficiary identification Contact Points – Infrastructure and Locations

Any resident must be able to easily find out if they are covered under the scheme. This is especially critical in States that are launching only on the basis of AB-PMJAY list (SECC + RSBY). These states are encouraged to create a large number of resident contact points where they can easily check if they are eligible and obtain a e-card.

The Beneficiary identification contact point will require

* A computer with the latest browser
* A QR code scanner
* A document scanner to scan requisite documents
* A printer to print the e-Card
* A web camera for photos
* Internet connectivity
* Aadhaar registered device for fingerprint and iris biometrics (only at Hospital Contact Points)

Only Hardware and software as prescribed by MoHFW/NHA shall only be used. Detailed specifications will be provided in a separate document. Beneficiary identification will be available as a web and mobile application. Availability as a mobile app will make it easy to be deployed at larger number of contact points. The DNO shall be responsible for choosing the locations for contact centres within each village/ward area that is easily accessible to a maximum number of beneficiary families including the following:

* CSC
* PHCs
* Gram Panchayat Office
* Empanelled Hospital
* Or any other contact point as deemed fit by States/UTs

Require hardware and software must be setup in these contact points which will be authorized to perform Beneficiary identification and issue e-cards.

SHA/ District Nodal Agency will organize training sessions for the operators so that they are trained in the Beneficiary identification, Aadhaar seeding and AB-PMJAY e-card printing process. Operators are registered entities in the system. All beneficiary verification requests are tagged to the operator that initiated the request. If the insurer (Insurance Company) rejects multiple requests from a single operator – the system will bar the operator till further training / remedial measures can be undertaken.

* 1. **Process Flow Chart for Beneficiary Identification**

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* 1. **Identity Document for a Family Member**

Aadhaar will be primary identity document for a family member that has to be produced under the AB-PMJAY scheme. When the beneficiary comes to a contact point, the QR code on the Aadhaar card is scanned (or an e-KYC is performed) to capture all the details of the Aadhaar. A demographic authentication is performed with UIDAI to ensure the information captured is authentic. A live photograph of the member is taken to be printed on the e-card.

If the AB-PMJAY family member does not have an Aadhaar card and the contact point is a location where no treatment is provided, the operator will inform the beneficiary that he is eligible and can get treatment only once without an Aadhaar or an Aadhaar enrolment slip. They may be requested to apply for an Aadhaar as quickly as possible. A list of the closest Aadhaar enrolment centres is provided to the beneficiary

The AB-PMJAY family member does not have an Aadhaar card and the contact point is a Hospital or place of treatment then

1. A signed declaration is taken from the Beneficiary that he does not possess an Aadhaar card and understands he will need to produce an Aadhaar or an Aadhaar enrolment slip prior to the next treatment
2. The beneficiary must produce an ID document from the list of approved ids by the State
3. The operator captures the type of ID and the fields as printed on the ID including the Name, Father’s Name (if available), Age, Gender and Address fields.
4. A scan of the ID produced is uploaded into the system for verification.
5. A photo of the beneficiary is taken
6. The information from this alternate ID is used instead of Aadhaar for matching against the AB-PMJAY record.
   1. **Searching the AB-PMJAY Database**

The AB-PMJAY database will be searched based on the information provided in the Member Identity document. AB-PMJAY is based on SECC and it is likely that spellings for Name, Fathers Name and even towns and villages will be different between the AB-PMJAY record and the identity document. A beneficiary will be eligible for AB-PMJAY if the Name and Location parameters in the beneficiary identity document *can be regarded as similar* to the Name and Location parameters in the AB-PMJAY record.

The Search system automatically provides a confidence score between the two.

|  |  |  |  |
| --- | --- | --- | --- |
| **AADHAAR or OTHER GOVERNMENT ID**  **Beneficiary Identity Document** | | **AB-PMJAY BENEFICARY RECORD** | |
| **Name** | Geetha Bandhopadhya | Name | Gita Banarjee |
| **Age** | 33 | Age | 40 |
| **Gender** | F | Gender | F |
| **Father’s Name** | <Not Available> | Father’s Name | Arghya Banarjee |
| **State** | West Bengal | State: | West Bengal |
| **District** | Malda | District | Malda |
| **Town / Village** | Dakshin Chandipur | Town / Village | Dakshen Chandhipur |
| **NAME MATCH CONFIDENCE SCORE: 94%** | | | |

The Search system will provide multiple ways to find the AB-PMJAY beneficiary record. If there are no results based on Name and Location, the operator should

1. Search by Ration Card and Mobile No (Information captured during the Additional Data Collection Drive)
2. Search using the ID printed on the letter sent by post to Beneficiaries (AHL\_HH\_ID)
3. Reduce some of the parameters like Age, Gender, Sub district, etc and trial with variation in the spelling of the Name if there are no matching results
4. Try adding the name of the father or family members if there are too many results.

The Search system will show the number of results matched if > 5. The operator is expected to add more information to narrow results. The actual results will be displayed when the number matched is 5 or less. The operator has to select the correct record from the list shown.

* 1. **Searching the AB-PMJAY Database for Valid RSBY Beneficiaries**

The operator is unable to find the person using AB-PMJAY search using Name and other methods described above, then he can search from the valid RSBY database. The RSBY URN printed on the beneficiary card is used to perform the search. The system fetches the record from the RSBY database. The operator is presented with the confidence score between the Beneficiary Identity document and the RSBY record.

* 1. **Linking Family Identification document with the AB-PMJAY Family**

One or more Family Identity Cards can be linked with each AB-PMJAY Family. While Ration cards will be the primary family document, States can define additional family documents that can be used. SECC survey was conducted on the basis of households and there are possibilities where the household could have multiple ration cards.

Linking a family identification document strengthens the beneficiary identification process as we can create a confidence score based on the names in family identification document and AB-PMJAY record.

|  |  |  |  |
| --- | --- | --- | --- |
| Ration Card or Other Government FAMILY ID  Beneficiary Identity Document | | AB-PMJAY BENEFICARY RECORD | |
| Names of family members | RAM, GEETHA, GOVIND, MEENAKUMARI | Names of family members | GEETHA, MEENAKUMARI, RAM |
| FAMILY MATCH CONFIDENCE SCORE: 92% | | | |

Linking the family identification document will be mandatory ONLY if the same document (Ration Card) is also the ID used by the state to cover a larger base. Operators are encouraged to upload the family document if the name match confidence score is low but they believe the 2 records are the same

Integration with an online family card database is recommended. In this scenario, the operator will enter the Family ID No (Ration Card No) and will be able to fetch the names of the family members from the online database.

If an integration is not possible, the operator will enter the names of the family members as written in the ID card and upload a scan of the ID card for verification.

* 1. **Approval by Insurance Company/Trust**

The State can appoint either the Insurance company or Trust to perform the verification of the data of identified beneficiaries. The team needs to work with a strong Service Level Agreements (SLA) on turnaround time. Approvals are expected to be provided within 30 minutes back to the operator on a 24x7 basis.

The Approver is presented the Beneficiary Identity Document and the AB-PMJAY (or RSBY) record side by side for validation along with the confidence score. The lowest confidence score records are presented first.

If the operator has uploaded the Family Identity document it is also displayed along with the Confidence Score.

The Approver has only 2 choices for each case – *Approve* or *Recommend for Rejection* with Reason

The System maintains a track of which Operator is Approving / Recommending for rejection. The Insurance Company/Trust can analyze the approval or rejection pattern of each of the operators.

* + 1. **Acceptance of Rejection Request by State (applicable only in case of Insurance Company mode of implementation)**

The State should setup a team that reviews all the cases recommended for Rejection. The team reviews the data provided and the reason it has been recommended for rejection. If the State agrees with the Insurer it can reject the case.

If the State disagrees with the Insurer it can approve the case. The person in the state making the decision is also tracked in the system. The State review role is also SLA based and a turnaround is expected in 24 hours on working hour basis.

* + 1. **Addition of Family Members**

The AB-PMJAY scheme allows addition of new family members if they became part of the family either due to marriage or by birth. In order to add a family member, at least one of the existing family members needs to be verified and the identity document used for the verification must be Aadhaar.

To add the additional member the family must produce

* The name of the additional member in a State approved family document like Ration Card OR
* A birth certificate linking the member to the family OR
* A marriage certificate linking the member to the family.

In order to add a family member, at least one of the existing family members needs to be verified and the identity document used for the verification must be Aadhaar.

* + 1. **Monitoring of Beneficiary identification and e-card printing process**

**Responsibility of –** State Government/ SHA

**Timeline –** Continuous

SG/ SHA will need to have very close monitoring of the process in order to ascertain challenges, if any, being faced and resolution of the same. Monitoring of verification process may be based on following parameters:

* Number of contact points and manpower deployed/ Number and type of manpower
* Time taken for issuance of e-card of each member
* Percentage of families with at least one member having issued e-card out of total eligible families in AB-PMJAY
* Percentage of members issued e-cards out of total eligible members in AB-PMJAY
* Percentage of families with at least one member verified out of total eligible families in RSBY data (if applicable)
* Percentage of members issued e-card out of total eligible members in RSBY data (if applicable)
* Percentage of total members where Aadhaar was available and captured and percentage of members without Aadhaar number
* Percentage of total members where mobile was available and capture

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

* 1. **Basic Principles**

For providing the benefits envisaged under the Mission, the State Health Agency (SHA) through State Empanelment Committee (SEC) will empanel or cause to empanel private and public health care service providers and facilities in their respective State/UTs as per these guidelines.

The states are free to decide the mode of verification of empanelment application, conducting the physical verification either through District Empanelment Committee (DEC) or using the selected insurance company (Insurance Model), under the broad mandate of the instructions provided in these guidelines.

* 1. **Institutional Set-Up for Empanelment**

1. State Empanelment Committee (SEC) will constitute of following members:
   * + CEO, State Health Agency – Chairperson;
     + Medical Officer not less than the level Director, preferably Director In Charge for Implementation of Clinical Establishment Regulation Act – Member;
     + Two State government officials nominated by the Department – Members;
     + In case of Insurance Model, Insurance company to nominate a representative not below Additional General Manager or equivalent;

The state government may invite other members to SEC as it may deem fit to assist the Committee in its activities. The State Government may also require the Insurance Company to mandatorily provide a medical representative to assist the SEC in its activities.

Alternatively, the State/SHA may continue with any existing institution under the respective state schemes that may be vested with the powers and responsibilities of SEC as per these guidelines**.**

The SHAs through State Empanelment Committee (SEC) shall ensure:

* + - Ensuring empanelment within the stipulated timeline for quick implementation of the programme;
    - The empanelled provider meets the minimum criteria as defined by the guidelines for general or specialty care facilities;
    - Empanelment and de-empanelment process transparency;
    - Time-bound processing of all applications; and
    - Time-bound escalation of appeals.

It is prescribed that at the district level, a similar committee, District Empanelment Committee (DEC) will be formed which will be responsible for hospital empanelment related activities at the district level and to assist the SEC in empanelment and disciplinary proceedings with regards to network providers in their districts.

1. District Empanelment Committee (DEC) will constitute of the following members
   * + Chief Medical Officer of the district
     + District Program Manager – State Health Agency
     + In case of Insurance Model, Insurance company representative

The State Government may require the Insurance Company to mandatorily provide a medical representative to assist the DEC in its activities.

The structure of SEC and DEC for the two options are recommended as below:

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Institutional Option** | **SEC Recommended Composition** | **DEC Recommended Composition** |
| **1.** | Approval of the Empanelment application by the State | * Chair: CEO/Officer in Charge of State Health Agency * At least 5 membered Committee | * Chair: CMO or equivalent * At least 3 membered committee * At least one other doctor other than CMO |
| **2.** | Verification of the Empanelment application by the Insurance Company and approval by State | * Chair: CEO/Officer in Charge of State Health Agency * SEC may have 1 representative from the insurance company | * DEC may have 1 representative from the insurance company |

The DEC will be responsible for:

* Getting the field verification done along with the submission of the verification reports to the SEC through the online empanelment portal.
* The DEC will also be responsible for recommending, if applicable, any relaxation in empanelment criteria that may be required to ensure that sufficient number of empanelled facilities are available in the district.
* Final approval of relaxation will lie with SEC
  + The SEC will consider, among other things, the reports submitted by the DEC and recommendation approve or deny or return to the hospital the empanelment request.
  1. **Process of Empanelment**

1. Empanelment requirements
2. All States/UTs will be permitted to empanel hospitals only in their own State/UT.
3. In case State/ UT wants to empanel hospitals in another State/UT, they can only do so till the time that State/ UT is not implementing AB-PMJAY. For such states where AB-PMJAY is not being implemented NHA may directly empanel CGHS empanelled hospitals.
4. All public facilities with capability of providing inpatient services (Community Health Centre level and above) are deemed empanelled under AB-PMJAY. The State Health Department shall ensure that the enabling infrastructure and guidelines are put in place to enable all public health facilities to provide services under AB-PMJAY.
5. Employee State Insurance Corporation (ESIC) hospitals will also be eligible for empanelment in AB-PMJAY, based on the approvals.
6. For private providers and not for profit hospitals, a tiered approach to empanelment will be followed. Empanelment criteria are prepared for various types of hospitals / specialties catered by the hospitals and attached in Annex 1.
7. Private hospitals will be encouraged to provide ROHINI provided by Insurance Information Bureau (IIB). Similarly public hospitals will be encouraged to have NIN provided by MoHFW.
8. *Hospitals will be encouraged to attain quality milestones by making NABH (National Accreditation Board of Health) pre entry level accreditation/ NQAS (National Quality Assurance Standards) mandatory for all the empaneled hospitals to be attained within 1 year with 2 extensions of one year each.*
9. *Hospitals with NABH/ NQAS accreditation will be given incentivised payment structures by the states within the flexibility provided by MoHFW/NHA. The hospital with NABH/ NQAS accreditation can be incentivized for higher package rates subject to Procedure and Costing Guidelines.*
10. *Hospitals in backwards/rural/naxal areas may be given incentivised payment structures by the states within the flexibility provided by MoHFW/NHA*
11. Criteria for empanelment has been divided into two broad categories as given below.

|  |  |
| --- | --- |
| **Category 1: General Criteria** | **Category 2: Specialty Criteria** |
| **All the hospitals empanelled under AB-PMJAY for providing general care have to meet the minimum criteria established under the Mission detailed in Annex 1. No exceptions will be made for any hospital at any cost.** | Hospitals would need to be empanelled separately for certain tertiary care packages authorized for one or more specialties (like Cardiology, Oncology, Neurosurgery etc.). This would only be applicable for those hospitals who meet the general criteria for the AB-PMJAY. |

Detailed empanelment criteria have been provided as [Annex](#_Annexure_1:_Empanelment) 1.

State Governments will have the flexibility to **revise/relax** the empanelment criteria based, barring minimum requirements of Quality as highlighted in Annex 1, on their local context, availability of providers, and the need to balance quality and access; with prior approval from National Health Agency. The same will have to be incorporated in the web-portal for online empanelment of hospitals.

Hospitals will undergo a renewal process for empanelment once every **3 years or till the expiry of validity of NABH/ NQAS certification whichever is earlier** to determine compliance to minimum standards.

National Health Agency may revise the empanelment criteria at any point during the programme, if required and the states will have to undertake any required re-assessments for the same.

* 1. **Awareness Generation and Facilitation**

The state government shall ensure that maximum number of eligible hospitals participate in the AB-PMJAY, and this need to be achieved through IEC campaigns, collaboration with and district, sub-district and block level workshops.

The state and district administration should strive to encourage all eligible hospitals in their respective jurisdictions to apply for empanelment under AB-PMJAY. The SHA shall organise a district workshop to discuss the details of the Mission (including empanelment criteria, packages and processes) with the hospitals and address any query that they may have about the mission.

Representatives of both public and private hospitals (both managerial and operational persons) including officials from Insurance Company will be invited to participate in this workshop.

* 1. **Online Empanelment**

1. A web-based platform is being provided for empanelment of hospitals for AB-PMJAY.
2. The hospitals can apply through this portal only, as a first step for getting empanelled in the programme.
3. This web-based platform will be the interface for application for empanelment of hospitals under AB-PMJAY.
4. Following the workshop, the hospitals will be encouraged to initiate the process of empanelment through the web portal. Every hospital willing to get empanelled will need to visit the web portal, [www.abPMJAY.gov.in](http://www.abnhpm.gov.in) and create an account for themselves.
5. Availability of PAN CARD number (not for public hospitals) and functional mobile number of the hospital will be mandatory for creation of this account / Login ID on the portal for the hospital.
6. Once the login ID is created, hospital shall apply for empanelment through an online application on the web portal - [www.abPMJAY.gov.in](http://www.abnhpm.gov.in).
7. Each hospital will have to create a primary and a secondary user ID at the time of registration. This will ensure that the application can be accessed from the secondary user ID, in case the primary user is not available for some reason.
8. All the required information and documents will need to be uploaded and submitted by the hospital through the web portal.
9. Hospital will be mandated to apply for all specialties for which requisite infrastructure and facilities are available with it. Hospitals will not be permitted to choose specific specialties it wants to apply for unless it is a single specialty hospital.
10. After registering on the web-portal, the hospital user will be able to check the status of their application. At any point, the application shall fall into one of the following categories:
11. Hospital registered but application submission pending
12. Application submitted but document verification pending
13. Application submitted with documents verified and under scrutiny by DEC/SEC
14. Application sent back to hospital for correction
15. Application sent for field inspection
16. Inspection report submitted by DEC and decision pending at SEC level
17. Application approved and contract pending
18. Hospital empanelled
19. Application rejected
20. Hospital de-empanelled
21. Hospital blacklisted (2 years)

* 1. **Role of DEC**

1. After the empanelment request by a hospital is filed, the application should be scrutinized by the DEC and processed completely within 15 days of receipt of application.
2. A login account for a nodal officer from DEC will be created by SEC. This login ID will be used to download the application of hospitals and upload the inspection report.
3. As a first step, the documents uploaded have to be correlated with physical -verification of original documents produced by the hospital. In case any documents are found wanting, the DEC may return the application to the hospital for rectifying any errors in the documents.
4. After the verification of documents, the DEC will physically inspect the premises of the hospital and verify the physical presence of the details entered in the empanelment application, including but not limited to equipment, human resources, service standards and quality and submit a report in a said format through the portal along with supporting pictures/videos/document scans.
5. DEC will ensure the visits are conducted for the physical verification of the hospital. The verification team will have at least one qualified medical doctor (minimum MBBS).
6. The team will verify the information provided by the hospitals on the web-portal and will also verify that hospitals have applied for empanelment for all specialties as available in the hospital.
7. In case during inspection, it is found that hospital has not applied for one or more specialties but the same facilities are available, then the hospital will be instructed to apply for the missing specialties within a stipulated a timeline (i.e. 7 days from the inspection date).
   * 1. In this case, the hospital will need to fill the application form again on the web portal. However, all the previously filled information by the hospital will be pre-populated and hospital will be expected to enter the new information.
     2. If the hospital does not apply for the other specialties in the stipulated time, it will be disqualified from the empanelment process.
8. In case during inspection, it is found that hospital has applied for multiple specialties, but all do not conform to minimum requirements under AB-PMJAY then the hospital will only be empanelled for specialties that conform to AB-PMJAY norms.
9. The team will recommend whether hospital should be empanelled or not based on their field-based inspection/verification report.
10. DEC team will submit its final inspection report to the state. The district nodal officer has to upload the reports through the portal login assigned to him/her.
11. The DEC will then forward the application along with its recommendation to the SEC.
    1. **Role of SEC**
12. The SEC will consider, among other things, the reports submitted by the DEC and recommendation approve or deny or return back to the hospital the empanelment request.
13. In case of refusal, the SEC will record in writing the reasons for refusal and either direct the hospital to remedy the deficiencies, or in case of egregious emissions from the empanelment request, either based on documentary or physical verification, direct the hospital to submit a fresh request for empanelment on the online portal.
14. The SEC will also consider recommendations for relaxation of criteria of empanelment received from DEC or from the SHA and approve them to ensure that sufficient number and specialties of empanelled facilities are available in the states.
15. Hospital will be intimated as soon as a decision is taken regarding its empanelment and the same will be updated on the AB-PMJAY web portal. The hospital will also be notified through SMS/email of the final decision. If the application is approved, the hospital will be assigned a unique national hospital registration number under AB-PMJAY.
16. If the application is rejected, the hospital will be intimated of the reasons on the basis of which the application was not accepted and comments supporting the decision will be provided on the AB-PMJAY web portal. Such hospitals shall have the right to file a review against the rejection with the State Health Agency within 15 days of rejection through the portal. In case the request for empanelment is rejected by the SHA in review, the hospitals can approach the Grievance Redressal Mechanism for remedy.
17. In case the hospital chooses to withdraw from AB-PMJAY, it will only be permitted to re-enter/ get re-empanelled under AB-PMJAY after a period of 6 months.
18. If a hospital is blacklisted for a defined period due to fraud/abuse, after following due process by the State Empanelment Committee, it can be permitted to re-apply after cessation of the blacklisting period or revocation of the blacklisting order, whichever is earlier.
19. There shall be no restriction on the number of hospitals that can be empanelled under AB-PMJAY in a district.
20. *Final decision on request of a Hospital for empanelment under AB-PMJAY, shall be completed within 30 days of receiving such an application***.**
    1. **Fast Track Approvals**
21. In order to fast track the empanelment process, hospitals which are NABH/ NQAS accredited shall be auto-empaneled provided they have submitted the application on web portal and meet the minimum criteria.
22. In order to fast track the empanelment process, the states may choose to auto-approve the already empanelled hospitals under an active RSBY scheme or any other state scheme; provided that they meet the minimum eligibility criteria prescribed under AB-PMJAY.
23. If already empanelled, under this route, should the state allow the auto-approval mode, the hospital should submit their RSBY government empanelment ID or State empanelment ID during the application process on the web portal to facilitate on-boarding of such service providers.
24. The SEC shall ensure that all hospitals provided empanelment under Fast Track Approval shall undergo the physical verification process within 3 months of approval. If a hospital is found to have wrongfully empanelled under AB-PMJAY under any category, such an empanelment shall be revoked to the extent necessary and disciplinary action shall be taken against such an errant medical facility.
    1. **Signing of Contract**
    2. Within 7 days of approval of empanelment request by SEC, the State Government will sign a contract with the empanelled hospitals as per the template defined in the tender document.
    3. If insurance company is involved in implementing the scheme in the State, they will also be part of this agreement, i.e. tripartite agreement will be made between the IC, SHA and the hospital.
    4. Each empanelled hospital will need to provide a name of a nodal officers who will be the focal point for the AB-PMJAY for administrative and medical purposes.
    5. Once the hospital is empanelled, a separate admin user for the hospital will be created to carry out transactions for providing treatment to the beneficiaries.
    6. **Process for Disciplinary Proceedings and De-Empanelment**
25. Institutional Mechanism
26. De-empanelment process can be initiated by Insurance Company/SHA after conducting proper disciplinary proceedings against empanelled hospitals on misrepresentation of claims, fraudulent billing, wrongful beneficiary identification, overcharging, charging money from patients unnecessarily, unnecessary procedures, false/misdiagnosis, referral misuse and other frauds that impact delivery of care to eligible beneficiaries.
27. Hospital can contest the action of de-empanelment by Insurance Company with SEC/SHA. If hospital is aggrieved with actions of SEC/SHA, the former can approach the SHA to review its decision, following which it can request for redressal through the Grievance Redressal Mechanism as per guidelines.
28. In case of implementation through the insurance mode, the SEC and DEC will mandatorily include a representative of the Insurance Company when deliberating and deciding on disciplinary proceedings under the scheme.
29. The SEC may also initiate disciplinary proceedings based on field audit reports/survey reports/feedback reports/ complaints filed with them/ complaints.
30. For disciplinary proceedings, the DEC may consider submissions made by the beneficiaries (through call centre/ mera hospital or any other application/ written submissions/Emails etc.) or directions from SEC or information from other sources to investigate a claim of fraud by a hospital.
31. On taking up such a case for fraud, after following the procedure defined, the DEC will forward its report to the SEC along with its recommendation for action to be taken based on the investigation.
32. The SEC will consider all such reports from the DECs and pass an order detailing the case and the penalty provisions levied on the hospital.
33. Any disciplinary proceeding so initiated shall have to be completed within 30 days.
34. Steps for Disciplinary Proceedings

Step 1 - Putting the provider on “Watch-list”

Based on the claims, data analysis and/or the provider visits, if there is any doubt on the performance of a Provider, the SEC on the request of the IC or the SHA or on its own findings or on the findings of the DEC, can put that hospital on the watch list. The data of such hospital shall be analysed very closely on a daily basis by the SHA/SEC for patterns, trends and anomalies and flagged events/patterns will be brought to the scrutiny of the DEC and the SEC as the case may be.

The IC shall notify such service provider that it has been put on the watch-list and the reasons for the same.

Step 2 – Issuing show-cause notice to the hospital

Based on the activities of the hospital if the insurer/ trust believes that there are clear grounds of hospital indulging in wrong practices, a showcause notice shall be issued to the hospital. Hospital will need to respond to the notice within 7 days of receiving it.

Step 3 - Suspension of the hospital

A Provider can be temporarily suspended in the following cases:

1. For the Providers which are on the “Watch-list” or have been issued showcause notice if the SEC observes continuous patterns or strong evidence of irregularity based on either claims data or field visit of the hospital or in case of unsatisfactory reply of the hospital to the showcause notice, the hospital may be suspended from providing services to beneficiaries under the scheme and a formal investigation shall be instituted.
2. If a Provider is not in the “Watch-list”, but the SEC observes at any stage that it has data/ evidence that suggests that the Provider is involved in any unethical Practice/ is not adhering to the major clauses of the contract with the Insurance Company / Involved in financial fraud related to health insurance patients, it may immediately suspend the Provider from providing services to policyholders/insured patients and a formal investigation shall be instituted.

A formal letter shall be send to the concerned hospital regarding its suspension with mentioning the time frame within which the formal investigation will be completed.

Step 4 - Detailed Investigation

The detailed investigation shall be undertaken for verification of issues raised in disciplinary proceedings and may include field visits to the providers (with qualified allopathic doctor as part of the team), examination of case papers, talking with the beneficiary/ policyholders/insured (if needed), examination of provider records etc. If the investigation reveals that the report/ complaint/ allegation against the provider is not substantiated, the Insurance Company/SHA would immediately revoke the suspension (in case of suspension) on the direction of the SEC. A letter regarding revocation of suspension shall be sent to the provider within 24 hours of that decision.

Step 5 – Presentation of Evidence to the SEC

The detailed investigation report should be presented to the SEC and the detailed investigation should be carried out in stipulated time period of not more than 7 days**.** The insurance company (Insurance mode)/SHA (Trust Mode) will present the findings of the detailed investigation.If the investigation reveals that the complaint/allegation against the provider is correct, then the following procedure shall be followed:

1. The hospital must be issued a “show-cause” notice seeking an explanation for the aberration.
2. In case the proceedings are under the SEC, after receipt of the explanation and its examination, the charges may be dropped or modified or an action can be taken as per the guidelines depending on the severity of the malafide/error. In cases of de-empanelment, a second show cause shall be issued to the hospital to make a representation against the order and after considering the reply to the second showcause, the SEC can pass a final order on de-empanelment. If the hospital is aggrieved with actions of SEC/SHA, the former can approach the SHA to review its decision, following which it can request for redressal through the Grievance Redressal Mechanism as per guidelines.
3. In case the preliminary proceedings are under the DEC, the DEC will have to forward the report to the SEC along with its findings and recommendations for a final decision. The SEC may ask for any additional material/investigation to be brought on record and to consider all the material at hand before issuing a final order for the same.

The entire process should be completed within 30 days from the date of suspension. The disciplinary proceedings shall also be undertaken through the online portal only.

Step 6 - Actions to be taken after De- empanelment

Once the hospital has been de-empanelled, following steps shall be taken:

1. A letter shall be sent to the hospital regarding this decision.
2. A decision may be taken by the SEC to ask the SHA/Insurance Company to lodge an FIR in case there is suspicion of criminal activity.
3. This information shall be sent to all the other Insurance Companies as well as other regulatory bodies and the MoHFW/ NHA.
4. The SHA may be advised to notify the same in the local media, informing all policyholders/insured about the de-empanelment ensuring that the beneficiaries are aware that the said hospital will not be providing services under AB-PMJAY.
5. A de-empanelled hospital cannot re-apply for empanelment for at least 2 years after de-empanelment. However, if the order for de-empanelment mentions a longer period, such a period shall apply for such a hospital.
6. Gradation of Offences

On the basis of the investigation report/field audits, the following charges may be found to be reasonably proved and a gradation of penalties may be levied by the SEC. However, this tabulation is intended to be as guidelines rather than mandatory rules and the SEC may take a final call on the severity and quantum of punishment on a case to case basis.

|  |  |  |  |
| --- | --- | --- | --- |
| **Penalties for Offences by the Hospital** | | | |
| **Case Issue** | **First Offence** | **Second Offence** | **Third Offence** |
| **Illegal cash payments by beneficiary** | Full Refund and compensation 3 times of illegal payment to the beneficiary | In addition to actions as mentioned for first offence, Rejection of claim for the case | De-empanelment/ black-listing |
| **Billing for services not provided** | Rejection of claim and penalty of 3 times the amount claimed for services not provided, to Insurance Company /State Health Agency | Rejection of claim and penalty of 8 times the amount claimed for services not provided, to Insurance Company /State Health Agency | De-empanelment |
| **Up coding/ Unbundling/ Unnecessary Procedures** | Rejection of claim and penalty of 8 times the excess amount claimed due to up coding /unbundling/Unnecessary Procedures, to Insurance Company /State Health Agency. For unnecessary procedure: | Rejection of claim and penalty of 16 times the excess amount claimed due to up coding/unbundling/Unnecessary Procedures, to Insurance Company /State Health Agency | De-empanelment |
| **Wrongful beneficiary Identification** | Rejection of claim and penalty of 3 times the amount claimed for wrongful beneficiary identification to Insurance Company /State Health Agency | Rejection of claim and penalty of 8 times the amount claimed for wrongful beneficiary identification to Insurance Company /State Health Agency | De-empanelment |
| **Non-adherence to AB-PMJAY quality and service standard** | In case of minor gaps, warning period of 2 weeks for rectification, for major gaps, Suspension of services until rectification of gaps and validation by SEC/ DEC | Suspension until rectification of gaps and validation by SEC/ DEC | De-empanelment |

All these penalties are recommendatory and the SEC may inflict larger or smaller penalties depending on the severity/regularity/scale/intentionality on a case to case basis with reasons mentioned clearly in a speaking order.

De-empanelment order confirmed after 2nd showcause

**State Health Agency**

In case of de-empanelment, order for confirmation forwarded

First Showcause/Final Order

**SEC**

**Insurance Company**

**Network Hospital**

**SHA**

Direction and return of Investigation Report

**Other Sources**

Investigation Report by DEC

**DEC**

**Annex 1: Detailed Empanelment Criteria**

## Category 1: Essential criteria:

A Hospital would be empanelled as a network private hospital with the approval of the respective State Health Authority[[1]](#footnote-2) if it adheres with the following minimum criteria:

1. Should have at least 10 inpatient beds with adequate spacing and supporting staff as per norms.
2. Exemption may be given for single-specialty hospitals like Eye and ENT.
3. General ward - @80sq ft per bed, or more in a Room with Basic amenities- bed, mattress, linen, water, electricity, cleanliness, patient friendly common washroom etc. Non-AC but with fan/Cooler and heater in winter.
4. It should have adequate and qualified medical and nursing staff (doctors[[2]](#footnote-3) & nurses[[3]](#footnote-4)), physically in charge round the clock; (necessary certificates to be produced during empanelment).
5. Fully equipped and engaged in providing Medical /Surgical services, commensurate to the scope of service/ available specialities and number of beds.
6. Round-the-clock availability (or on-call) of a Surgeon and Anaesthetist where surgical services/ day care treatments are offered.
7. Round-the-clock availability (or on-call) of an Obstetrician, Paediatrician and Anaesthetist where maternity services are offered.
8. Round-the-clock availability of specialists (or on-call) in the concerned specialties having sufficient experience where such services are offered (e.g. Orthopaedics, ENT, Ophthalmology, Dental, general surgery (including endoscopy) etc.)
9. Round-the-clock support systems required for the above services like Pharmacy, Blood Bank, Laboratory, Dialysis unit, Endoscopy investigation support, Post op ICU care with ventilator support, X-ray facility (mandatory) etc., either ‘In-House’ or with ‘Outsourcing arrangements’, preferably with NABL accredited laboratories, with appropriate agreements and in nearby vicinity.
10. Round-the-clock Ambulance facilities (own or tie-up).
11. 24 hours emergency services managed by technically qualified staff wherever emergency services are offered
12. Casualty should be equipped with Monitors, Defibrillator, Nebulizer with accessories, Crash Cart, Resuscitation equipment, Oxygen cylinders with flow meter/ tubing/catheter/face mask/nasal prongs, suction apparatus etc. and with attached toilet facility.
13. Mandatory for hospitals wherever surgical procedures are offered:
14. Fully equipped Operation Theatre of its own with qualified nursing staff under its employment round the clock.
15. Post-op ward with ventilator and other required facilities.
16. Wherever intensive care services are offered it is mandatory to be equipped with an Intensive Care Unit (For medical/surgical ICU/HDU/Neonatal ICU) with requisite staff
17. The unit is to be situated in close proximity of operation theatre, acute care medical, surgical ward units, labour room and maternity room as appropriate.
18. Suction, piped oxygen supply and compressed air should be provided for each ICU bed.
19. Further ICU- where such packages are mandated should have the following equipment:
20. Piped gases
21. Multi-sign Monitoring equipment
22. Infusion of ionotropic support
23. Equipment for maintenance of body temperature
24. Weighing scale
25. Manpower for 24x7 monitoring
26. Emergency cash cart
27. Defibrillator.
28. Equipment for ventilation.
29. In case there is common Paediatric ICU then Paediatric equipments, e.g.: paediatric ventilator, Paediatric probes, medicines and equipment for resuscitation to be available.
30. HDU (high dependency unit) should also be equipped with all the equipment and manpower as per HDU norms.
31. Records Maintenance: Maintain complete records as required on day-to-day basis and is able to provide necessary records of hospital / patients to the Society/Insurer or his representative as and when required.
32. Wherever automated systems are used it should comply with MoHFW/ NHA EHR guidelines (as and when they are enforced)
33. All AB-PMJAY cases must have complete records maintained
34. Share data with designated authorities for information as mandated.
35. Legal requirements as applicable by the local/state health authority.
36. Adherence to Standard treatment guidelines/ Clinical Pathways for procedures as mandated by NHA from time to time.
37. Registration with the Income Tax Department.
38. NEFT enabled bank account
39. Telephone/Fax
40. Safe drinking water facilities/Patient care waiting area
41. Uninterrupted (24 hour) supply of electricity and generator facility with required capacity suitable to the bed strength of the hospital.
42. Waste management support services (General and Bio Medical) – in compliance with the bio-medical waste management act.
43. Appropriate fire-safety measures.
44. Provide space for a separate kiosk for AB-PMJAY beneficiary management (AB-PMJAY non-medical[[4]](#footnote-5) coordinator) at the hospital reception.
45. Ensure a dedicated medical officer to work as a medical[[5]](#footnote-6) co-ordinator towards AB-PMJAY beneficiary management (including records for follow-up care as prescribed)
46. Ensure appropriate promotion of AB-PMJAY in and around the hospital (display banners, brochures etc.) towards effective publicity of the scheme in co-ordination with the SHA/ district level AB-PMJAY team.
47. IT Hardware requirements (desktop/laptop with internet, printer, webcam, scanner/ fax, bio-metric device etc.) as mandated by the NHA.

## Category 2: Advanced criteria:

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

1. These empanelled hospitals may provide specialized services such as Cardiology, Cardiothoracic surgery, Neurosurgery, Nephrology, Reconstructive surgery, Oncology, Paediatric Surgery, Neonatal intensive care etc.
2. A hospital could be empanelled for one or more specialities subject to it qualifying to the concerned speciality criteria for respective packages
3. Such hospitals should be fully equipped with ICCU/SICU/ NICU/ relevant Intensive Care Unit in addition to and in support of the OT facilities that they have.
4. Such facilities should be of adequate capacity and numbers so that they can handle all the patients operated in emergencies.
5. The Hospital should have sufficient experienced specialists in the specific identified fields for which the Hospital is empanelled as per the requirements of professional and regulatory bodies/ as specified in the clinical establishment act/ State regulations.
6. The Hospital should have sufficient diagnostic equipment and support services in the specific identified fields for which the Hospital is empanelled as per the requirements specified in the clinical establishment act/ State regulations.
7. Indicative domain specific criteria are as under:
8. **Specific criteria for Cardiology/ CTVS**
9. CTVS theatre facility (Open Heart Tray, Gas pipelines Lung Machine with TCM, defibrillator, ABG Machine, ACT Machine, Hypothermia machine, IABP, cautery etc.)
10. Post-op with ventilator support
11. ICU Facility with cardiac monitoring and ventilator support
12. Hospital should facilitate round the clock cardiologist services.
13. Availability of support speciality of General Physician & Paediatrician
14. Fully equipped Catheterization Laboratory Unit with qualified and trained Paramedics.
15. **Specific criteria for Cancer Care**
16. For empanelment of Cancer treatment, the facility should have a Tumour Board which decides a comprehensive plan towards multi-modal treatment of the patient or if not then appropriate linkage mechanisms need to be established to the nearest regional cancer centre (RCC). Tumor Board should consist of a qualified team of Surgical, Radiation and Medical /Paediatric Oncologist in order to ensure the most appropriate treatment for the patient.
17. Relapse/recurrence may sometimes occur during/ after treatment. Retreatment is often possible which may be undertaken after evaluation by a Medical/ Paediatric Oncologist/ Tumor Board with prior approval and pre-authorization of treatment.
18. For extending the treatment of chemotherapy and radiotherapy the hospital should have the requisite Pathology/ Haematology services/ infrastructure for radiotherapy treatment viz. for cobalt therapy, linear accelerator radiation treatment and brachytherapy available in-house. In case such facilities are not available in the empanelled hospital for radiotherapy treatment and even for chemotherapy, the hospital shall not perform the approved surgical procedure alone but refer the patients to other centres for follow-up treatments requiring chemotherapy and radiotherapy treatments. This should be indicated where appropriate in the treatment approval plan.
19. Further hospitals should have following infrastructure for providing certain specialized radiation treatment packages such as stereotactic radiosurgery/ therapy.
20. Treatment machines which are capable of delivering SRS/SRT
21. Associated Treatment planning system
22. Associated Dosimetry systems
23. **Specific criteria for Neurosurgery**
24. Well Equipped Theatre with qualified paramedical staff, C-Arm, Microscope, neurosurgery compatible OT table with head holding frame (horse shoe, may field / sugita or equivalent frame).
25. ICU facility
26. Post-op with ventilator support
27. Facilitation for round the clock MRI, CT and other support bio-chemical investigations.
28. **Specific criteria for Burns, Plastic & Reconstructive surgery**
29. The Hospital should have full time / on - call services of qualified plastic surgeon and support staff with requisite infrastructure for corrective surgeries for post burn contractures.
30. Isolation ward having monitor, defibrillator, central oxygen line and all OT equipment.
31. Well Equipped Theatre
32. Intensive Care Unit.
33. Post-op with ventilator support
34. Trained Paramedics
35. Post-op rehab/ Physiotherapy support/ Phycology support.
36. **Specific criteria for /Paediatric Surgery**
37. The Hospital should have full time/on call services of paediatric surgeons
38. Well-equipped theatre
39. ICU support
40. Support services of paediatrician
41. Availability of mother rooms and feeding area.
42. Availability of radiological/ fluoroscopy services (including IITV), Laboratory services and Blood bank.
43. **Specific criteria for specialized new born care.**
44. The hospital should have well developed and equipped neonatal nursey/Neonatal ICU (NICU) appropriate for the packages for which empanelled, as per norms
45. Availability of radiant warmer/ incubator/ pulse oximeter/ photo therapy/ weighing scale/ infusion pump/ ventilators/ CPAP/ monitoring systems/ oxygen supply / suction / infusion pumps/ resuscitation equipment/ breast pumps/ bilimeter/ KMC (Kangaroo Mother Care) chairs and transport incubator - in enough numbers and in functional state; access to hematological, biochemistry tests, imaging and blood gases, using minimal sampling, as required for the service packages
46. For Advanced Care and Critical Care Packages, in addition to 2. above: parenteral nutrition, laminar flow bench, invasive monitoring, in-house USG. Ophthalmologist on call.
47. Trained nurses 24x7 as per norms
48. Trained Paediatrician(s) round the clock
49. Arrangement for 24x7 stay of the Mother – to enable her to provide supervised care, breastfeeding and KMC to the baby in the nursery/NICU and upon transfer therefrom; provision of bedside KMC chairs.
50. Provision for post-discharge follow up visits for counselling for feeding, growth / development assessment and early stimulation, ROP checks, hearing tests etc.
51. **Specific criteria for Polytrauma**
52. Shall have Emergency Room Setup with round the clock dedicated duty doctors.
53. Shall have the full-time service availability of Orthopaedic Surgeon, General Surgeon, and anaesthetist services.
54. The Hospital shall provide round the clock services of Neurosurgeon, Orthopaedic Surgeon, CT Surgeon, General Surgeon, Vascular Surgeon and other support specialists as and when required based on the need.
55. Shall have dedicated round the clock Emergency theatre with C-Arm facility, Surgical ICU, Post-Op Setup with qualified staff.
56. Shall be able to provide necessary diagnostic support round the clock including specialized investigations such as CT, MRI, emergency biochemical investigations.
57. **Specific criteria for Nephrology and Urology Surgery**
58. Dialysis unit
59. Well-equipped operation theatre with C-ARM
60. Endoscopy investigation support
61. Post op ICU care with ventilator support
62. Sew lithotripsy equipment

Annex 2: Process Flow for the Empanelment



# Schedule 6: Service Agreement with Empaneled Health Care Providers

*To be provided \*As per model service agreement provided by NHA\**

# Schedule 7: List of Empanelled Health Care Providers under the Scheme

\*available at pmjay.gov.in\*

# Schedule 8: Premium Payment Guidelines

1. Release of Grant-in-Aid/Premium Payment
   1. A flat premium per family, irrespective of the number of members under AB-PMJAY in that family, will be determined through open tendering process.
   2. The State Government/Union Territories shall upfront release the grant-in-aid / premium for the implementation of AB-PMJAY into the designated escrow account, from where it shall be paid by the SHA to the Insurance companies on a per family basis.
   3. The modalities that will be adhered for release of premium for the implementation of AB-PMJAY will that the premium for the targeted beneficiary families as per the eligibility criteria of AB-PMJAY or the number of beneficiary families mapped with the SECC Database (in case a different database, other than SECC Database is used by the States/UTs), as the case may be.
2. Stage of Release of Premium**:**

State Health Agency (SHA) will, on behalf of the Beneficiary Family Units that are targeted/identified by the SHA and covered by the Insurer, pay the Premium for the Cover to the Insurer in accordance with the following schedule:

1. First instalment of Premium for all States and UTs-

The Insurer, upon the issue of policy, shall raise an invoice for the first instalment of the Premium payable for the Beneficiary Family Units that are targeted or identified by the SHA. Thereupon, the State / UT shall upfront release 45% of their respective share viz. (out of 10% / 40%), depending upon category of State/UT based on the number of eligible families that have been targeted / identified by the SHA and the data for whom has been shared with Insurance Company along with their respective administrative expense share into the designated escrow account opened by the States / UTs for the implementation of AB-PMJAY.

However, in case of Union Territories without legislation, where the Central Government shall pay 45% of its respective share of premium (viz. out of 90% / 60% as the case may be] through the designated escrow account into the designated Escrow Account of the State / UT within 21 days from the receipt of duly completed proposal.

Thereafter, within 15 days from the release of their respective share, the State/UT shall raise the proposal for release of proportionate share of Central Government’s Share of Premium along with the proposal and requisite documentary evidences and compliance of applicable financial provisions. The Central Government will release 45% of its respective share depending upon category of State/UT based on the number of eligible families that have been targeted / identified by the SHA within 21 days from the receipt of proposal from the State / UT.

Thereafter, upon the receipt of Central Government’s Share of Premium, the State /UT shall release the first instalment of premium within 7 days through the designated Escrow Account to the Insurance Company under intimation to the Central Government.

1. Second instalment for all States and UTs:

The Insurer upon the completion of 2nd quarter shall raise an invoice for the second instalment of the Premium payable for the Beneficiary Family Units that are targeted or identified by the SHA. The State /UT (with Legislature), within 15 days upon the receipt of invoice from the insurance company, shall release their 2nd instalment of premium i.e. 45% of their respective share viz. (out of 10% / 40%) into the designated escrow account. Thereafter, within 15 days from the release of their respective share, the State / UT shall raise the proposal for release of proportionate share of Central Government’s Share of Premium along with the proposal and requisite documentary evidences and compliance of applicable financial provisions. The Central Government will release 45% of its respective share depending upon category of State/UT based on the number of eligible families that have been targeted / identified by the SHA within 21 days from the receipt of proposal from the State / UT.

Thereupon, the receipt of Central Government’s Share of Premium, the State / UT shall release the second instalment of premium within 7 days through the designated Escrow Account to the Insurance Company under intimation to the Central Government.

1. Third Instalment for all States and UTs:

Upon completion of 10 Months of Policy, the Insurer shall submit the Claim Settlement Report along with the invoice for the last instalment of the Premium payable for the Beneficiary Family Units that are targeted or identified by the SHA, if applicable. The State / UT (with Legislative) Government shall, upon receipt of the Claim Settlement report from the Insurance Company / Real Time Data available with States / UTs and upon due satisfaction of permissible claim settlement ratio, release the remaining due premium of 10% or the proportionate premium based upon the claim settlement scenario, as the case may be into the escrow account. Thereupon, within 15 days of their release of premium, shall raise the proposal to the Central Government for the release of 10% of Premium or the proportionate premium based upon the claim settlement scenario, as the case may be into the escrow account as last tranche of premium to the Insurance Company.

Thereafter, upon the receipt of Central Government’s Share of Premium, the State / UT shall release the second instalment of premium within 7 days through the designated Escrow Account to the Insurance Company under intimation to the Central Government.

1. Penalty Provision on Delay of Premium

If in case, the State / UT has not deposited its due share of premium into the escrow account, then a penal interest would be levied @ 1% per week for the number of week delay and part thereof on the State / UT.

Similarly, penal interest provision shall also be applicable on the Central Government. The concerned Government viz. State or Central / UT shall have the right to own such penal interest amount for adjusting in their future payable respective share of premium.

1. Interest Earned in Escrow Account

Any interest earned by SHA on Central Government’s Share of Premium released into the Escrow account, the Central Government shall have the first right of claim on such interest earned amount and shall have to be transferred back to the Central Government / adjusted in future payment of the Central Government, as the case may be. Similarly, interest provision shall also be applicable for the State Government too.

The State Health Agency shall send the proposal to the Central Government for the release of Central Government’s Share of Premium within 15 (Fifteen) days of receipt of the Insurer’s invoice along & release of their share of premium, along with requisite documents (viz. Details of Eligible Identified Beneficiary Families, Documentary Proof for release of State Government’s Share, etc] and compliance of Applicable Financial Rules.

In case the insurance company is not paid the premium from the escrow account within the stipulated time of 7 (seven) Business Days, then for such unwarranted delay, the States / UTs shall be solely liable to pay a penal interest of 1% per month to the Insurance Company starting from after one month beyond the mutually agreed date as decided between the SHA and Insurance Company.

1. Submission and Approval of Proposal

Before the start of implementation of AB-PMJAY, the States / UTS will have will have to send their proposal to the Central Government and execute the Memorandum of Understanding with the Central Government indicating their modus operandi for the implementation of AB-PMJAY. Further, for States / UTs, who are implementing through Insurance Mode, shall also upon the completion of the tendering process, send their proposal for the approval of Central Government in order to enable them to execute the insurance contract with the selected insurance company.

1. No Separate Fees, Charges or Premium

The Insurer shall not charge any Beneficiary Family Unit or any of the Beneficiaries any separate fees, charges, commission or premium, by whatever name called, for providing the benefits. However, the aforesaid provision shall not be applicable, if in case, the beneficiary is required to take treatment above the amount of benefit cover of Rs. 5,00,000.

# Schedule 9: Claims Management Guidelines including Portability

All Empanelled Health Care Providers (EHCP) will make use of IT system of AB-PMJAY to manage the claims related transactions. IT system of AB-PMJAY has been developed for online transactions and all stakeholders are advised to maintain online transactions preferably to ensure the claim reporting in real time. However, keeping in mind the connectivity constraints faced by some districts an offline arrangement has also been included in the IT system that has to be used only when absolute. The AB-PMJAY strives to make the entire claim management paperless that is at any stage of claim registration, intimation, payment, investigation by EHCP or by the Insurer the need of submission of a physical paper shall not be required. This mean that this claim data will be sent electronically through IT system to the Central/ State server. The NHA, SHA, Insurer (if applicable), and EHCP shall be able to access this data with respect to their respective transaction data only.

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

* 1. **Claim Payments and Turn-around Time**

The Insurer shall follow the following process regarding the processing of claims received from the EHCP:

1. The Insurer or the agency (IRDAI compliant only) appointed by it shall decide on the acceptance or rejection of any claim received from an EHCP. Any rejection notice issued by the Insurer or the agency to EHCP shall clearly state that rejection is subject to the EHCP’s right to appeal against rejection of the claim.
2. If a claim is not rejected, the Insurer shall either make the payment (based on the applicable package rate) or shall conduct further investigation into the claim received from EHCP.
3. The process specified in Clause A and B above (rejection or payment including investigation) in relation to claim shall be carried out in such a manner that it is completed (Turn-around Time, TAT) shall be no longer than 15 calendar days (irrespective of the number of working days).
4. The EHCP is expected to upload all claim related documents within 24 hours of discharge of the beneficiary.
5. The counting of days for TAT shall start from the date on which all the claim documents are accessible by the Insurer or its agency.
6. The Insurer shall make claim payments to each EHCP against payable claims on a weekly basis through electronic transfer to such EHCP’s designated bank account. Insurer is then also required to provide the details of such payments against each paid claim on the online portal (IT System of AB-PMJAY).
7. All claims investigations shall be undertaken by a qualified and experienced medical staff/team, with at least one MBBS degree holder, appointed by the Insurer or its representative, to ascertain the nature of the disease, illness or accident and to verify the eligibility thereof for availing the benefits under this Agreement and relevant Cover Policy. The Insurer’s medical staff shall not impart any advice on any treatment or medical procedures or provide any guidance related to cure or other care aspects. However, the Insurance Company can ensure that the treatment was in conformity to the Standard Treatment Guidelines, if implemented.
8. The Insurer will need to update the details on online portal (IT system of AB-PMJAY) of:
   * 1. All claims that are under investigation on a fortnightly basis for review; and
     2. Every claim that is pending beyond 15 days, along with its reasons for delay in processing such Claim.
     3. The Insurer may collect at its own cost, complete Claim papers (including diagnostic reports) from the EHCP, if required for audit purposes for claims under investigation. This shall not have any bearing on the Claim Payments to the Empanelled Health Care Provider.
   1. **Penalty on Delay in Settlement of Claims**

There will be a penalty for delay in settlement of claims by the Insurance Companies beyond the turnaround time of 15 days. A penalty of 1% of claimed amount per week for delay beyond 15 days to be paid directly to the hospitals by the Insurance Companies. This penalty will become due after 30 days in case of Inter-State claims or portability of benefits

* 1. **Update of Claim Settlement**

The Insurance Company will need to update the claim settlement data on the portal on a daily basis and this data will need to be updated within 24 hours of claims payment. Any claim payment which has not been updated shall be deemed to have been unpaid and the interest, as applicable, shall be charged thereon.

* 1. **Right of Appeal and Reopening of Claims**

1. The Empanelled Health Care Provider shall have a right of appeal against a rejection of a Claim by the Insurer, if the Empaneled Health Care Provider feels that the Claim is payable. An appeal may be made within thirty (30) days of the said rejection being intimated to the hospital to the District-level Grievance Committee (DGC).
2. The Insurer and/or the DGC can re-open the Claim, if the Empaneled Health Care Provider submits the proper and relevant Claim documents that are required by the Insurer.
3. The DGC may suo moto review any claim and direct either or both the Insurer and the health care provider to produce any records or make any deposition as it deems fit.
4. The Insurer or the health care provider may refer an appeal with the State-level Grievance Committee (SGC) on the decision of the DGC within thirty days (30) failing which the decision shall be final and binding. The decision of the SGC on such appeal is final and binding.
5. The decisions of the DGC and SGC shall be a speaking order stating the reasons for the decision
6. If the DGC (if there is no appeal) or SGC directs the Insurer to pay a claim amount, the Insurer shall pay the amount within 15 days. Any failure to pay the amount shall attract an interest on the delayed payment @ 1% for every week or part thereof. If the Insurer does not pay the amount within 2 months they shall pay a fine of Rs. 25,000/- for each decision of DGC not carried out and Rs. 50,000 for each non-compliance of decision of SGC. This amount shall be remitted to the State Health Agency.
   1. **Guidelines for Portability**

An Empanelled Health Care Provider (EHCP) under AB-PMJAY in any state should provide services as per AB-PMJAY guidelines to beneficiaries from any other state also participating in AB-PMJAY. This means that a beneficiary will be able to get treatment outside the EHCP network of his/her Home State.

Any empanelled hospital under AB-PMJAY will not be allowed to deny services to any AB-PMJAY beneficiary. All interoperability cases shall be mandatorily under pre-authorisation mode and pre-authorisation guidelines of the treatment delivery state in case of AB-PMJAY implementing States / UTs or indicative pre-authorisation guidelines as issued by NHA, shall be applicable.

**Enabling Portability**

To enable portability under the scheme, the stakeholders need to be prepared with the following:

1. **States**: Each of the States participating in AB-PMJAY will sign MoU with Central Government which will allow all any the hospital empanelled hospitals by that state under AB-PMJAY to provide services to eligible beneficiaries of other States from across the country. Moreover, the state shall also be assured that its AB-PMJAY beneficiaries will be able to access services at all AB-PMJAY empanelled hospitals seamlessly in other states across India.
2. **Empanelled hospitals**: The Empanelled Hospital shall have to sign a tripartite contract with its insurance company and State Health Agency (in case of Insurance Model) or with the Trust which explicitly agrees to provide AB-PMJAY services to AB-PMJAY beneficiaries from both inside and outside the state and the Insurance Company/Trust agrees to pay to the EHCP through the inter-agency claim settlement process, the claims raised for AB-PMJAY beneficiaries that access care outside the state in AB-PMJAY empanelled healthcare provider network.
3. **Insurance companies/Trusts**: The Insurance Company (IC) signs a contract with all other IC’s and Trusts in the States / UTs under AB-PMJAY to settle down the interoperability related claims within 30 days settlement so that the final payment is made for a beneficiary by the Insurance Company or Trust of his/her home state.
4. **IT systems:** The IT System will provide a central clearinghouse module where all inter-insurance, inter trust and trust-insurance claims shall be settled on a monthly/bi-monthly basis. The IT System will also maintain a Balance Check Module that will have data pushed on it in real time from all participating entities. The central database shall also be able to raise alerts/triggers based on suspicious activity with respect to the beneficiary medical claim history based on which the treatment state shall take necessary action without delay.
5. **Grievance Redressal:**  The Grievance Redressal Mechanism will operate as in normal cases except for disputes between Beneficiary of Home State and EHCP or IC of Treatment State and between Insurance Companies/Trusts of the Home State and Treatment State. In case of dispute between Beneficiary and EHCP or IC, the matter shall be placed before the SHA of the treatment state. In cases of disputes between IC/Trust of the two states, the mattershould be taken up by bilateral discussions between the SHAs and in case of non-resolution, brought to the NHA for mediation. The IC/Trusts of Home State should be able to raise real time flags for suspect activities with the Beneficiary State and the Beneficiary State shall be obligated to conduct a basic set of checks as requested by t‑he Home State IC/Trust. These clauses have to be built in into the agreement between the ICs and the Trusts. The NHA shall hold monthly mediation meetings for sorting out intra-agency issues as well as sharing portability related data analytics.
6. **Fraud Detection:** Portability related cases will be scrutinized separately by the NHA for suspicious transactions, fraud and misuse. Data for the same shall be shared with the respective agencies for necessary action. The SHAs, on their part, must have a dedicated team for conducting real time checks and audits on such flagged cases with due diligence. The IC working in the State where benefits are delivered shall also be responsible for fraud prevention and investigation.

**Implementation Arrangements of Portability**

1. **Packages and Package Rates**: The Package list for portability will be the list of mandatory AB-PMJAY packages released by the NHA and package rates as applicable and modified by the Treatment State will be applicable. The Clause for honouring these rates by all ICs and Trusts shall have to be built into the agreement.
   * Clauses for preauthorization requirements and transaction management system shall be as per the treatment state guidelines.
   * The beneficiary balance, reservation of procedures for public hospitals as well as segmentation (into secondary/tertiary care or low cost/high cost procedures) shall be as per the home state guidelines.
   * Therefore, for a patient from Rajasthan, taking treatment in Tamil Nadu for CTVS in an EHCP – balance check and reservation of procedure check will be as per Rajasthan rules, but TMS and preauthorization requirements shall be as per TN rules. The hospital claim shall be made as per TN rates for CTVS by the TN SHA (through IC or trust) and the same rate shall be settled at the end of every month by the Rajasthan SHA (through IC or trust).
2. **Empanelment of Hospitals:** The SHA of every state in alliance with AB-PMJAY shall be responsible for empanelling hospitals in their territories. This responsibility shall include physical verification of facilities, specialty related empanelment, medical audits, post procedure audits etc.
   * For empanelment of medical facilities that are in a non AB-PMJAY state, any AB-PMJAY state can separately empanel such facilities. Such EHCP shall become a member of provider network for all AB-PMJAY implementing States. NHA can also empanel a CGHS empanelled provider for AB-PMJAY in non AB-PMJAY state.
   * Each SHA which empanels such a hospital shall be separately and individually responsible for ensuring adherence of all scheme requirements at such a hospital.
3. **Beneficiary Identification:** In case of beneficiaries that have been verified by the home state, the treatment state EHCP shall only conduct an identity verification and admit the patient as per the case.
   * In case of beneficiaries that have not been so verified, the treatment EHCP shall conduct the Beneficiary Identification Search Process and the documentation for family verification (ration card/family card of home state) to the Home State Agency for validation.
   * The Home State Agency shall validate and send back a response in priority with a service turnaround time of 30 minutes. In case the home agency does not send a final response (IC/Trust check), deemed verification of the beneficiary shall be undertaken and the record shall be included in the registry. The home state software will create a balance for such a family entry.
   * Theempanelled hospital will determine beneficiary eligibility and send the linked beneficiary recordsfor approvalto the Insurance company/trust of Treatment State which in turn will send the records to the Insurance company/trust in the home State of beneficiary. The beneficiary approval team of the Insurance company/trust in the home State of beneficiary will accept/reject the case and convey the same to the Insurance company/trust in the State of hospital which will then inform the same to the hospital. In case the beneficiary has an E-Card (that is, he/she has already undergone identification earlier), after a KYC check, the beneficiary shall be accepted by the EHCP.
   * If the NHA and the SHA agree to provide interoperability benefits to the entire Home State Beneficiary List, the identification module shall also include the Home State Beneficiary Database for validation and identification of eligible beneficiaries.
4. **Balance Check:** After identification and validation of the beneficiary, the balance check for the beneficiary will be done from the home state. The balance in the home state shall be blocked through the necessary API and updated once the claim is processed. The NHA may provide a centralised balance check facility.
5. **Claim Settlement**: A claim raised by the empanelled hospital will first be received by the Trust/Insurer of the Treatment State which shall decide based on its own internal processes. The approval of the claim shall be shared with the Home State Insurance Company/Trust which can raise an objection on any ground within 3 days. In case the Home State raises no objection, the Treatment State IC/Trust shall settle the claim with the hospital. In case the Home State raises an objection, the Treatment State shall settle the claim as it deems fit. However, the objection of the Home State shall only be recommendatory in nature and the Home State shall have to honour the decision of the Treatment State during the time of interagency settlement.
6. **Fraud Management**: In case the Trust/Insurer of the home State of beneficiary has identified fraudulent practices by the empanelled hospital, the Trust/Insurer should inform the SHA of the Treatment State of EHCP along with the supporting documents/information. The SHA of the Treatment State shall undertake the necessary action on such issues and resolution of such issues shall be mediated by the NHA during the monthly meetings.
7. **Expansion of Beneficiary Set:** In case, there is an alliance between AB-PMJAY and any State Scheme or AB-PMJAY has been expanded in the Home State, the above process for portability may be followed for all beneficiaries of the Home State.
8. **IT Platform:** The states using their own platform shall have to provide interoperability with the central transaction and beneficiary identification system to operationalize guidelines for portability for AB-PMJAY.
9. **Modifications:** The above guidelines may be modified from time to time by the National Health Agency and shall apply on all the states participating in the Pradhan Mantri Jan Arogya Yojna.

# Schedule 10: Template for Medical Audit

**Template for Medical Audit**

|  |  |  |  |
| --- | --- | --- | --- |
| AB-PMJAY ID |  | Hospital ID |  |
| Patient Name |  | Hospital Name |  |
| Case No. |  | Hospital Contact No. |  |
| Date of Admission |  | Date of Discharge |  |
| Date of Audit |  | Time of Audit |  |
| Name of the Auditor |  | Contact No. (Auditor) |  |

**Audit Observations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Criteria** | **Yes** | **No** | **Comments** |
| **1.** | **Does each medical record file contain:** |  |  |  |
| a. | Is discharge summary included? |  |  |  |
| b. | Are significant findings recorded? |  |  |  |
| c. | Are details of procedures performed recorded? |  |  |  |
| d. | Is treatment given mentioned? |  |  |  |
| e. | Is patient’s condition on discharge mentioned? |  |  |  |
| f. | Is final diagnosis recorded with main and other conditions? |  |  |  |
| g. | Are instructions for follow up provided? |  |  |  |
| **2.** | **Patient history and evidence of physical examination is evident.** |  |  |  |
| a. | Is the chief complaint recorded? |  |  |  |
| b. | Are details of present illness mentioned? |  |  |  |
| c. | Are relevant medical history of family members present? |  |  |  |
| d. | Body system review? |  |  |  |
| e. | Is a report on physical examination available? |  |  |  |
| f. | Are details of provisional diagnosis mentioned? |  |  |  |
| **3.** | **Is an operation report available? (only if surgical procedure done)** |  |  |  |
| a. | Does the report include pre-operative diagnosis? |  |  |  |
| b. | Does the report include post-operative diagnosis? |  |  |  |
| c. | Are the findings of the diagnosis specified? |  |  |  |
| d. | Is the surgeon’s signature available on records? |  |  |  |
| e. | Is the date of procedure mentioned? |  |  |  |
| **4.** | **Progress notes from admission to discharge** |  |  |  |
| a. | Are progress reports recorded daily? |  |  |  |
| b. | Are progress reports signed and dated? |  |  |  |
| c. | Are progress reports reflective of patient’s admission status? |  |  |  |
| d. | Are reports of patient’s progress filed chronologically? |  |  |  |
| e. | Is a final discharge note available? |  |  |  |
| 5 | Are pathology, laboratory, radiology reports available (if ordered)? |  |  |  |
| 6 | Do all entries in medical records contain signatures? |  |  |  |
| a. | Are all entries dated? |  |  |  |
| b. | Are times of treatment noted? |  |  |  |
| c. | Are signed consents for treatment available? |  |  |  |
| 7 | Is patient identification recorded on all pages? |  |  |  |
| 8 | Are all nursing notes signed and dated? |  |  |  |

**Overall observations of the Auditor**:

**Significant findings**:

**Recommendations**:

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

Signature of the Auditor

Date:

# Schedule 11: Template for Hospital Audit

**Template for Hospital Audit**

|  |  |  |  |
| --- | --- | --- | --- |
| Hospital Name |  | Hospital ID |  |
| Hospital Address |  | | |
| Hospital Contact No. |  | | |
| Date of Audit |  | Time of Audit |  |
| Name of the Auditor |  | Contact No. (Auditor) |  |

**Audit Observations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Criteria** | **Yes** | **No** | **Comments** |
| 1. | Was there power cut during the audit? |  |  |  |
| 2. | If yes, what was the time taken for the power back to resume electric supply? |  |  |  |
| 3. | Was a AB-PMJAY kiosk present in the reception area? |  |  |  |
| 4. | Was any staff present at the kiosk? |  |  |  |
| 5. | Did you see the AB-PMJAY Empanelled Hospital Board displayed near the kiosk in the reception area? |  |  |  |
| 6. | Was the kiosk prominently visible? |  |  |  |
| 7. | Was the kiosk operational in local language? |  |  |  |
| 8. | Were AB-PMJAY brochures available at the kiosk? |  |  |  |
| 9. | Were the toilets in the OPD area clean? |  |  |  |
| 10. | Was drinking water available in the OPD area for patients? |  |  |  |

**Overall observations of the Auditor**:

**Significant findings**:

**Recommendations**:

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

Signature of the Auditor

Date:

# Schedule 12: Key Performance Indicators

|  |  |  |  |
| --- | --- | --- | --- |
|  | **KPIs** | **Time Frame** | **Penalty** |
| 1 | Setting up of a State Project Office and Appointment of Project Head and other Staff (to be specified by SHA) for co-ordination and Scheme implementation | 15 days after signing of Insurance Contract. | Rs. 25,000 per week and part thereof. |
| 2 | Establishment of District Offices | 15 days after signing of Insurance Contract. | Rs. 5,000 per week (per district office) and part thereof. |
| 3 | Claims-related Activities: |  |  |
|  | 1. Pre-authorisation | 6 hours for emergency cases and 18 hours for all other cases | Automatic approval post 6 and 18 hours for emergency and non-emergency cases respectively. |
|  | 1. Scrutiny and Claim approval from EHCP | Within 15 days of claim submission for the first time excluding the days when the claim is pending with the network hospital. | If the Insurer fails to make the Claim Payment within a Turn-around Time of 15 days for a reason other than a delay by the SHA in making payment of the Premium that is due and payable, then the Insurer shall be liable to pay a penal interest to the EHCP at the rate of 1% of the Claim amount for every 15 days of delay beyond the 30-day period. |
| 4 | Delays in compliance to orders of the Grievance Redressal Committee (GRC) | Beyond 30 days. | Rs. 25,000 for the first month of delay in implementing GRC order, Rs. 50,000 per month for every subsequent month thereafter. |
| 5 | Completing minimum audit targets - both claims and medical audits (at least 5% of total claims for medical and claims audits) | Specified number of medical and claims audit reports to be submitted in the reporting quarter. | Rs. 10,000 for each audit report not submitted as per plan. |
| 6 | Timely submission of a specified minimum audit reports on a quarterly basis – both claims and medical audits  *(To be implemented only when the IT Platform has developed the capability of allowing online filing of these reports)* | Specified number of medical & claims audit reports to be submitted within -7 days of completing the audit. | Rs. 10,000 for each audit report not submitted in time. |

# Schedule 13: Indicative Fraud Triggers

*Claim History Triggers*

1. Impersonation.
2. Mismatch of in house document with submitted documents.
3. Claims without signature of the AB-PMJAY Beneficiary on pre-authorisation form.
4. Second claim in the same year for an acute medical illness/surgical.
5. Claims from multiple hospitals with same owner.
6. Claims from a hospital located far away from AB-PMJAY Beneficiary’s residence, pharmacy bills away from hospital/residence.
7. Claims for hospitalization at a hospital already identified on a "watch" list or black listed hospital.
8. Claims from members with no claim free years, i.e. regular claim history.
9. Same AB-PMJAY Beneficiary claimed in multiple places at the same time.
10. Excessive utilization by a specific member belonging to the AB-PMJAY Beneficiary Family Unit.
11. Deliberate blocking of higher-priced Package Rates to claim higher amounts.
12. Claims with incomplete/ poor medical history: complaints/ presenting symptoms not mentioned, only line of treatment given, supporting documentation vague or insufficient.
13. Claims with missing information like post-operative histopathology reports, surgical / anaesthetist notes missing in surgical cases.
14. Multiple claims with repeated hospitalization (under a specific policy at different hospitals or at one hospital of one member of the AB-PMJAY Beneficiary Family Unit and different hospitals for other members of the AB-PMJAY Beneficiary Family Unit), multiple claims towards the end of Policy Cover Period, close proximity of claims.

*Admissions Specific Triggers*

1. Members of the same AB-PMJAY Beneficiary Family Unit getting admitted and discharged together.
2. High number of admissions.
3. Repeated admissions.
4. Repeated admissions of members of the AB-PMJAY Beneficiary Family Unit.
5. High number of admission in odd hours.
6. High number of admission in weekends/ holidays.
7. Admission beyond capacity of hospital.
8. Average admission is beyond bed capacity of the EHCP in a month.
9. Excessive ICU admission.
10. High number of admission at the end of the Policy Cover Period.
11. Claims for medical management admission for exactly 24 hours to cover OPD treatment, expensive investigations.
12. Claims with Length of Stay (LoS) which is in significant variance with the average LoS for a particular ailment.

*Diagnosis Specific Triggers*

1. Diagnosis and treatment contradict each other.
2. Diagnostic and treatment in different geographic locations.
3. Claims for acute medical Illness which are uncommon e.g. encephalitis, cerebral malaria, monkey bite, snake bite etc.
4. Ailment and gender mismatch.
5. Ailment and age mismatch.
6. Multiple procedures for same AB-PMJAY Beneficiary – blocking of multiple packages even though not required.
7. One-time procedure reported many times.
8. Treatment of diseases, illnesses or accidents for which an Empanelled Health Care Provider is not equipped or empanelled for.
9. Substitution of packages, for example, Hernia as Appendicitis, Conservative treatment as Surgical.
10. Part of the expenses collected from AB-PMJAY Beneficiary for medicines and screening in addition to amounts received by the Insurer.
11. ICU/ Medical Treatment blocking done for more than 5 days of stay, other than in the case of Critical Illness.
12. Overall medical management exceeds more than 5 days, other than in the case of Critical Illness.
13. High number of cases treated on an OOP basis at a given provider, post consumption of financial limit.

*Billing and Tariff based Triggers*

1. Claims without supporting pre/ post hospitalisation papers/ bills.
2. Multiple specialty consultations in a single bill.
3. Claims where the cost of treatment is much higher than expected for underlying etiology.
4. High value claim from a small hospital/nursing home, particularly in class B or C cities not consistent with ailment and/or provider profile.
5. Irregular or inordinately delayed synchronization of transactions to avoid concurrent investigations.
6. Claims submitted that cause suspicion due to format or content that looks "too perfect" in order. Pharmacy bills in chronological/running serial number or claim documents with colour photocopies. Perfect claim file with all criteria fulfilled with no deficiencies.
7. Claims with visible tempering of documents, overwriting in diagnosis/ treatment papers, discharge summary, bills etc. Same handwriting and flow in all documents from first prescription to admission to discharge. X-ray plates without date and side printed. Bills generated on a "Word" document or documents without proper signature, name and stamp.

*General*

1. Qualification of practitioner doesn't match treatment.
2. Specialty not available in hospital.
3. Delayed information of claim details to the Insurer.
4. Conversion of OP to IP cases (compare with historical data).
5. Non-payment of transportation allowance.
6. Not dispensing post-hospitalization medication to AB-PMJAY Beneficiaries.

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

1. Monitoring the number of grievances per 1,00,000 AB-PMJAY Beneficiaries.
2. Proportion of Emergency pre-authorisation requests.
3. Percent of conviction of detected fraud.
4. Share of pre-authorisation and claims audited.
5. Claim repudiation/ denial/ disallowance ratio.
6. Number of dis-empanelment/ number of investigations.
7. Share of AB-PMJAY Beneficiary Family Units physically visited by Scheme functionaries.
8. Share of pre-authorisation rejected.
9. Reduction in utilization of high-end procedures.
10. AB-PMJAY Beneficiary satisfaction.
11. Share of combined/ multiple-procedures investigated.
12. Share of combined/ multiple-procedures per 1,00,000 procedures.
13. Pre-authorisation pendency rate and Claim pendency rate per 100 cases decided OR percent of pre-authorisation decided after additional observation being attended + correlated with frauds detected as a consequence of this effort.
14. Instances of single disease dominating a geographical area/Service area are reduced.
15. Disease utilization rates correlate more with the community incidence.
16. Number of FIRs filed.
17. Number of enquiry reports against hospitals.
18. Number of enquiry reports against Insurer or SHA staff.
19. Number of charge sheets filed.
20. Number of judgments received.
21. Number of cases discussed in Empanelment and Disciplinary Committee.
22. Reduction in number of enhancements requested per 100 claims.
23. Impact on utilization.
24. Percent of pre-audit done for pre-authorisation and claims.
25. Percent of post-audit done for pre-authorisation and claims.
26. Number of staff removed or replaced due to confirmed fraud.
27. Number of actions taken against hospitals in a given time period.
28. Number of adverse press reports in a given time period.
29. Frequency of hospital inspection in a given time period in a defined geographical area.
30. Reduction in share of red flag cases per 100 claims.

# Schedule 15 Guidelines for Hospital Transaction Process including pre-authorisation

AB-PMJAY would be cashless & paperless at any of the empanelled hospitals. The beneficiaries shall not be required to pay any charge for the hospitalization expenses. The benefit also includes pre- and post-hospitalisation expenses. The scheme is an entitlement based and entitlement of the beneficiary is decided on the basis of family being figured in SECC database.

The core principle for finalising the Balance Check and providing treatment at empanelled hospital guidelines for AB-PMJAY is to construct a broad framework as guiding posts for simplifying the service delivery under the ambit of the policy and the technology.

* 1. **Decision on IT platform to be used for AB-PMJAY:**

**Responsibility of –** State Government

IT platform for identification of beneficiaries and transactions at the Empanelled Health Care Provider (EHCP) will be provided by MoHFW/NHA.

For ease of convergence and on boarding, States which have their own IT systems under their own health insurance/ assurance scheme may be allowed to continue to use their own IT platform. However, these States will need to map their scheme ID with AB-PMJAY ID (AHL TIN) at the point of care and will need to share real time defined transaction data through API with the Central server with respect to AB-PMJAY beneficiaries. States will need to also ensure that no family eligible as per SECC criteria of AB-PMJAY is denied services under the scheme and will need to provide undertaking that eligibility under their schemes covers AB-PMJAY targeted families as per SECC.

* 1. **Preparatory Activities for State/ UT’s:**

**Responsibility of – State Government**

**Timeline –** within a period of30 days, after approval of empanelment of health care provider

The State will need to:

1. Ensure the availability of requisite hardware, software and allied infrastructure required for beneficiary identification, AB-PMJAY e-card printing and transactions for delivery of service at the EHCP. Beneficiary Identification and Transaction Software/ Application/ platform will be provided free of cost by MoHFW/NHA. Specifications for these will be provided by MoHFW/NHA.
2. Ensure that a Medical Officer as Nodal Officer at EHCP for AB-PMJAY has been nominated.
3. Ensure appointment of Ayushman Mitra for the EHCP
4. Ensure that a dedicated helpdesk for AB-PMJAY at a prominent place at the EHCP
5. Availability of printed booklets, in abundant quantities at the helpdesk, which will be given to beneficiaries along with the AB-PMJAY e-cards, if beneficiary has not been issued the AB-PMJAY e-card earlier.
6. State/ State Health Agency (SHA) shall identify and set-up team(s) which shall have the capacities to handle hardware and basic software support, troubleshooting etc.
7. Training of EHCP staff and Ayushman Mitras by the SHA/ Insurer.

The State shall ensure availability of above, in order to carry out all the activities laid down in this guideline.

* 1. **Proc****ess for Beneficiary identification, issuance of AB-PMJAY e-card and transaction for service delivery**

**Responsibility of –** Ayushman Mitra or another authorised person at EHCP

**Timeline –** Ongoing

* + 1. Beneficiary Verification & Authentication
    2. Member may bring the following to the AB-PMJAY helpdesk:
* Letter from MoHFW/NHA
* RSBY Card
* Any other defined document as prescribed by the State Government
  + 1. Ayushman Mitra/Operator will check if AB-PMJAY e-Card/ AB-PMJAY ID/ Aadhaar Number is available with the beneficiary
    2. *In case Internet connectivity is available at hospital*
* Operator/Ayushman Mitra identifies the beneficiary’s eligibility and verification status from AB-PMJAY Central Server
* If beneficiary is eligible and verified under AB-PMJAY, server will show the details of the members of the family with photo of each verified member
* If found OK then beneficiary can be registered for getting the cashless treatment.
* If patient is eligible but not verified then patient will be asked to produce Aadhaar Card/Number/ Ration Card for verification (in absence of Aadhaar)
* Beneficiary mobile number will be captured.
* If Aadhaar Card/Number is available and authenticated online then patient will be verified under scheme (as per the parameters defined in the software) and will be issued a AB-PMJAY e-Card for getting the cashless treatment.
* Beneficiary gender and year of birth will be captured with Aadhaar eKYC or Ration Card
* If Aadhaar Card/Number is not available then beneficiary will advised to get the Aadhaar Card/number within stipulated time.
  + 1. *In case Internet connectivity is not available at hospital*
* AB-PMJAY Registration Desk at Hospital will call Central Helpline and using IVRS enters AB-PMJAY ID or Aadhaar number of the patient. IVRS will speak out the details of all beneficiaries in the family and hospital will choose the beneficiary who has come for treatment. It will also inform the verification status of the beneficiary
* If eligible and verified then beneficiary will be registered for getting treatment by sending an OTP on the mobile number of the beneficiary
* In case beneficiary is eligible but not verified then she/he can be verified using Aadhaar OTP authentication and can get registered for getting cashless treatment
  + 1. *In* case of emergency or in case person does not show AB-PMJAY e-Card/ID or Aadhaar Card/Number and claims to be AB-PMJAY beneficiary and show some photo ID proof issued by Government, then beneficiary may get the treatment after getting TPIN (Telephonic Patient Identification Number) from the call centre and same will be recorded. Government Photo ID proof need not be insisted in case of emergency. In all such cases, relevant AB-PMJAY beneficiary proof will be supplied within specified time before discharge otherwise beneficiary will pay for the treatment to the Hospital.
    2. If eligibility, verification and authentication are successful, beneficiary should be allowed for treatment

These details captured will be available at SHA/ Insurance Company level for their approval. Once approved, the beneficiary will be considered as successfully identified and verified under AB-PMJAY.

* 1. **Package Selection**

The operator will check for the specialty for which the hospital is empanelled. Hospitals will only be allowed to view and apply treatment package for the specialty for which they are empanelled.

Based on diagnosis sheet provided by doctor, operator should be able to block Surgical or Non-Surgical benefit package(s) using AB-PMJAY IT system.

Both surgical and non-surgical packages cannot be blocked together, either of the type can only be blocked.

As per the package list, the mandatory diagnostics/documents will need to be uploaded along with blocking of packages.

Some packages will be reserved for blocking only in public hospitals.

The operator can block more than one package for the beneficiary. A logic will be built in for multiple package selection, such that reduced payment is made in case of multiple packages being blocked in the same hospitalization event.

If a registered mobile number of beneficiary family is available, an SMS alert will be sent to the beneficiary notifying him of the packages blocked for him.

At the same time, a printable registration slip needs to be generated and handed over to the patient or patient’s attendant.

If for any reason treatment is not availed for any package, the operator can unblock the package before discharge from hospital.

* 1. **Pre-authorisation**

1. There would be defined packages which will require pre-authorization from the insurance company. In case any inpatient treatment is not available in the packages defined, then hospital will be able to provide that treatment upto Rs. 50,000 to the beneficiary only after the same gets approved by the Insurance company and will be reflected as unspecified package. Under both scenarios, the operator should be able to initiate a request to the insurance company/trust for pre-authorization using the web application.
2. The hospital operator will send all documents required for pre-authorization to the insurance company/trust using the Centralized AB-PMJAY/ States transaction management application.
3. The documents exchanged will not be stored on the AB-PMJAY server permanently. Only the information about pre-authorization request and response received will be stored on the central server. It is the responsibility of the insurance company to maintain the documents at their end.
4. The documents needed may vary from package to package and hence a master list of all documents required for all packages will be available on the server.
5. The request as well as approval of the form will be done using the AB-PMJAY IT system or using API exposed by AB-PMJAY (Only one option can be adopted by the insurance Co.), or using State’s own IT system (if adopted by the State).
6. In case of no or limited connectivity, the filled form can also be sent to the insurance company either through fax/ email. However, once internet connectivity is established, the form should also be submitted using online system as described above.
7. The insurance company will have to approve or reject the request latest by 6 hours. If the insurance company fails to do so, the request will be considered deemed to be approved after 6 hours by default.
8. In case of an emergency or delay in getting the response for pre-authorization request due to technical issues, provision will be there to get the pre-authorization code over the phone from Insurance Company or the call centre setup by Insurance Company. The documents required for the processing, may be sent using the transaction system within stipulated time.
9. In case of emergency, insurance company will provide the pre-authorization code generated through the algorithm/ utility provided by MoHFW/NHA-NIC.
10. Pre-authorization code provided by the Insurer will be entered by the operator and will be verified by the system.
11. If pre-authorization request is rejected, Insurance Company will provide the reasons for rejection. Rejection details will be captured and stored in the transaction database.
12. If the beneficiary or the hospital are not satisfied by the rejection reason, they can appeal through grievance system.
    1. **Balance Check, Treatment, Discharge and Claim Request**
13. Based on selection of package(s), the operator will check from the Central AB-PMJAY Server if sufficient balance is available with the beneficiary to avail services.
14. States using their own IT system for hospital transaction will be able to check and update balance from Central AB-PMJAY server using API
15. If balance amount under available covers is not enough for treatment, then remaining amount (treatment cost - available balance), will be paid by beneficiary (OOP expense will also be captured and stored)
16. The hospital will only know if there is sufficient balance to provide the selected treatment in a yes or no response. The exact amount will not be visible to the hospital.
17. SMS will be sent to the beneficiary registered mobile about the transaction and available balance
18. List of diagnostic reports recommended for the blocked package will be made available and upload of all such reports will be mandatory before discharge of beneficiary.
19. Transaction System would have provision of implementation of Standard Treatment Guidelines for providing the treatment
20. After the treatment, details will be saved and beneficiary will be discharged with a summary sheet.
21. Treatment cost will be deducted from available amount and will be updated on the Central AB-PMJAY Server.
22. The operator fills the online discharge summary form and the patient will be discharged. In case of mortality, a flag will be raised against the deceased member declaring him as dead or inactive.
23. At the same time, a printable receipt needs to be generated and handed over to the patient or patient’s attendant.
24. After discharge, beneficiary gets a confirmation and feedback call from the AB-PMJAY call centre; response from beneficiary will be stored in the database
25. Data (Transaction details) should be updated to Central Server and accessible to Insurance Company for Claim settlement. Claim will be presumed to be raised once the discharge information is available on the Central server and is accessible to the Insurance Company
26. SMS will be sent to beneficiary registered mobile about the transaction and available balance
27. After every discharge, claims would be deemed to be raised to the insurance company. An automated email alert will be sent to the insurance company/trust specifying patient name, AB-PMJAY ID, registration number & date and discharge date. Details like Registration ID, AB-PMJAY ID, date and amount of claim raised will be accessible to the insurance company/trust on AB-PMJAY System/ State IT system. Also details like Registration-ID, AB-PMJAY-ID, Date and amount of claim raised, date and amount of claim disbursement, reasons for different in claims raised and claims settled (if any), reasons for rejection of claims (if any) will be retrieved from the insurance company/trust through APIs.
28. Once the claim is processed and the hospital gets the payment, the above-mentioned information along with payment transaction ID will be updated on central AB-PMJAY system by the insurance company/trust for each claim separately.
29. Hospital Transaction Management Module would be able to generate a basic MIS report of beneficiary admitted, treated and claim settled and in process and any other report needed by Hospitals on a regular basis
30. Upon discharge, beneficiary will receive a feedback call from the Call centre where he can share his feedback about his/her hospitalisation experience.
    1. **Monitoring of Transaction Process at EHCP**

**Responsibility of –** SHA and Insurance Company

**Timeline –** Continuous

SHA and Insurance Company will need to have very close monitoring of the process in order to ascertain challenges, if any, being faced and resolution of the same. Some examples of the parameters on which monitoring may be based are as follows:

1. Number of EHCP and Ayushman Mitras
2. Time taken for verification and issuance of e-card of each member
3. Time taken for approval of verification of beneficiaries
4. Percentage of families with at least one member having issued e-card out of total eligible families in SECC
5. Number of admissions per family
6. Grievances received against Ayushman Mitras or EHCP
7. Proportion of Emergency pre-authorisation requests
8. Percent of conviction of detected fraud.
9. Share of pre-authorisation and claims audited
10. Claim repudiation/ denial/ disallowance ratio
11. AB-PMJAY Beneficiary satisfaction

# Schedule 16: Guideline for Greivance Redressal

Grievance Department has to be manned by dedicated resources to address the grievances from time to time as per the instructions of the NHA. The District authorities shall act as a frontline for the redressal of Beneficiaries’/ Providers/ other Stakeholder’s grievances. The District authorities shall also attempt to solve the grievance at their end. The grievances so recorded shall be numbered consecutively and the Beneficiaries / Providers shall be provided with the number assigned to the grievance. The District authorities shall provide the Beneficiaries / Provider with details of the follow-up action taken as regards the grievance as and when the Beneficiaries require it to do so. The District authorities shall also record the information in pre-agreed format of any complaint / grievance received by oral, written or any other form of communication.

Under the Grievance Redressal Mechanism of AB-PMJAY, following set of three tier Grievance Redressal Committees have been set up to attend to the grievances of various stakeholders at different levels:

**District Grievance Redressal Committee (DGRC)**

The District Grievance Redressal Committee (DGRC) will be constituted by the State Health Agency (SHA) in each district within 15 days of signing of MoU with the Insurance Company.

* The District Magistrate or an officer of the rank of Addl. District Magistrate, who shall be the Chairperson of the DGRC.
* The CMO/ CMOH/ DM&HO/ DHO or equivalent rank officer shall be the Convenor of the DGRC.
* Representatives from the district level offices of the Departments of Rural Development.
* The District Coordinator of the Insurer.
* The District Grievance Nodal Officer (DGNO)
* The DGRC may invite other experts for their inputs for specific cases.

Note: DGNO shall try to resolve the complaint by forwarding the same to Action Taking Authority (ATA). If the complaint is not resolved or comments are not received over the same within 15 days of the complaint, then the matter may be referred to DGRC.

**State Grievance Redressal Committee (SGRC)**

The State Grievance Redressal Committee (SGRC) will be constituted by the State Health Agency within 15 days of signing of MoU with the Central Government.

* CEO of State Health Authority / State Nodal Agency shall be the Chairperson of the SGRC.
* Representatives of the Departments of Rural Development, Women & Child Development, Labour, Tribal Welfare.
* Director Health Services.
* Medical Superintendent of the leading state level government hospital.
* The State Grievance Nodal Officer (SGNO) of the SHA shall be the Convenor of SGRC.
* The SGRC may invite other experts for their inputs on specific cases.

Note: In case of any grievance between SHA and Insurance Company, SGRC will be chaired by the Secretary of Department of Health & Family Welfare of the State. If any party is not agreed with the decision of DGRC, then they may approach the SGRC against the decision of DGRC.

**National Grievance Redressal Committee (NGRC)**

The NGRC shall be formed by the MoHFW, GoI at the National level. The constitution of the NGRC shall be determined by the MoHFW in accordance with the Scheme Guidelines from time to time. Proposed members for NGRC are:

* 1. CEO of National Health Agency (NHA) - **Chairperson**
  2. JS , Ministry of Health & Family Welfare- Member
  3. Additional CEO of National Health Agency (NHA)- Member Convenor
  4. Executive Director, IEC, Capacity Building and Grievance Redressal
  5. NGRC can also invite other experts/ officers for their inputs in specific cases.

*CEO (NHA) may designate Addl. CEO (NHA) to chair the NGRC****.***

***Investigation authority for investigation of the grievance may be assigned to Regional Director- CGHS/Director Health Services/ Mission director NHM of the State/UT concerned.***

NGRC will consider:

1. Appeal by the stakeholders against the decisions of the State Grievance Redressal Committees (SGRCs)
2. Also, the petition of any stakeholder aggrieved with the action or the decision of the State Health Agency / State Government
3. Review of State-wise performance based monthly report for monitoring, evaluation and make suggestions for improvement in the Scheme as well as evaluation methodology
4. Any other reference on which report of NGRC is specifically sought by the Competent Authority.

The Meetings of the NGRC will be convened as per the cases received with it for consideration or as per the convenience of the Chairman, NGRC.

* 1. **Grievance Settlement of Stakeholders**

If any stakeholder has a grievance against another one during the subsistence of the policy period or thereafter, in connection with the validity, interpretation, implementation or alleged breach of any provision of the scheme, it will be settled in the following way by the Grievance Committee:

1. **Grievance of a Beneficiary**
2. **Grievance against insurance company, hospital, their representatives or any functionary**

If a beneficiary has a grievance on issues relating to entitlement, or any other AB-PMJAY related issue against Insurance Company, hospital, their representatives or any functionary, the beneficiary can call the toll free call centre number 14555 (or any other defined number by the State) and register the complaint. Beneficiary can also approach DGRC. The complaint of the beneficiary will be forwarded to the relevant person by the call centre as per defined matrix. The DGRC shall take a decision within 30 days of receiving the complaint.

If either of the parties is not satisfied with the decision, they can appeal to the SGRC within 30 days of the decision of the DGRC. The SGRC shall take a decision on the appeal within 30 days of receiving the appeal. The decision of the SGRC on such issues will be final.

***Note: In case of any grievance from beneficiary related to hospitalisation of beneficiary (service related issue of the beneficiary) the timelines for DGRC to take decision is within 24 hours from the receiving of the grievance***.

1. **Grievance against district authorities**

If the beneficiary has a grievance against the District Authorities or an agency of the State Government, it can approach the SGRC for resolution. The SGRC shall take a decision on the matter within 30 days of the receipt of the grievance. The decision of SGRC shall be final.

1. **Grievance of a Health Care Provider**
2. Grievance against beneficiary, insurance company, their representatives or any other functionary

If a Health Care Provider has any grievance with respect to beneficiary, Insurance Company, their representatives or any other functionary, the Health Care Provider will approach the DGRC. The DGRC should be able to reach a decision within 30 days of receiving the complaint.

**Step I**- If either of the parties is not satisfied with the decision, they can go to the SGRC within 30 days of the decision of the DGRC, which shall take a decision within 30 days of receipt of appeal.

**Step II**- If either of the parties is not satisfied with the decision, they can go to the NGRC within 30 days of the decision of the SGRC, which shall take a decision within 30 days of receipt of appeal. The decision of NGRC shall be final.

1. **Grievance of insurance company**
2. Grievance against district authorities/ health care provider

If Insurance Company has a grievance against District Authority / Health Care Provider or an agency of the State Government, it can approach the SGRC for resolution. The SGRC shall decide the matter within 30 days of the receipt of the grievance.

In case of dissatisfaction with the decision of the SGRC, the affected party can file an appeal before NGRC within 30 days of the decision of the SGRC and NGRC shall take a decision within 30 days of the receipt of appeal after seeking a report from the other party. The decision of NGRC shall be final.

* 1. **Functions of Grievance Redressal Committees**

1. **Functions of the DGRC:**

The DGRC shall perform all functions related to handling and resolution of grievances within their respective Districts. The specific functions will include:

1. Review grievance records.
2. Call for additional information as required either directly from the Complainant or from the concerned agencies which could be the Insurer or an EHCP or the SHA or any other agency/ individual directly or indirectly associated with the Scheme.
3. Conduct grievance redressal proceedings as required.
4. If required, call for hearings and representations from the parties concerned while determining the merits and demerits of a case.
5. Adjudicate and issue final orders on grievances.
6. In case of grievances that need urgent redressal, develop internal mechanisms for redressing the grievances within the shortest possible time, which could include but not be limited to convening special meetings of the Committee.
7. Monitor the grievance database to ensure that all grievances are resolved within 30 days.
8. **Functions of the SGRC:**

The SGRC shall perform all functions related to handling and resolution of all grievances received either directly or escalated through the DGRC. The specific functions will include:

1. Oversee grievance redressal functions of the DGRC including but not limited to monitoring the turnaround time for grievance redressal.
2. Act as an Appellate Authority for appealing against the orders of the DGRC.
3. Perform all tasks necessary to decide on all such appeals within 30 days of receiving such appeal.
4. Adjudicate and issue final orders on grievances.
5. Nominate District Grievance Officer (DGO) at each District.
6. Direct the concerned Insurance Company to appoint District Nodal Officer of each district.
7. **Functions of the NGRC:**

The NGRC shall act as the final Appellate Authority at the National level.

1. The NGRC shall only accept appeals against the orders of the SGRC of a State.
2. The decision of NGRC will be final.
   1. **Lodging of Grievances/ Complaints**
3. If any stakeholder has a complaint (complainant) against any other stakeholder during the subsistence of the Policy Cover Period or thereafter, in connection with the validity, interpretation, implementation or alleged breach of the Insurance Contract between the Insurer and the SHA or a Policy or of the terms of their agreement (for example, the Services Agreement between the Insurer and an Empanelled Health Care Provider), then such complainant may lodge a complaint by online grievance redressal portal or letter or e-mail.
4. For this purpose, a stakeholder includes: any AB-PMJAY Beneficiary; an empanelled health care provider (EHCP); a De-empanelled Health Care Provider; the Insurer or its employees; the SHA or its employees or nominated functionaries for implementation of the Scheme (DNOs, State Nodal Officer, etc.); and any other person having an interest or participating in the implementation of the Scheme or entitled to benefits under the AB-PMJAY Cover.
5. A complainant may lodge a complaint in the following manner:
6. directly with the DGNO of the district where such stakeholder is located or where such complaint has arisen and if the stakeholder is located outside the Service Area, then with any DGNO located in the Service Area; or
7. with the SHA: If a complaint has been lodged with the SHA, they shall forward such complaint to the concerned DGNO.
8. Upon a complaint being received by the DGNO, the DGNO shall decide whether the substance of the complaint is a matter that can be addressed by the stakeholder against whom the complaint is lodged or whether such matter requires to be dealt with under the grievance redressal mechanism.
9. If the DGNO decides that the complaint must be dealt with under the grievance redressal mechanism, the DGNO shall refer such complaint to the Convener of the relevant Grievance Redressal Committee.
10. If the DGNO decides that the complaint need not be dealt with under the grievance redressal mechanism, then the procedures set out in various process/guidelines shall apply.
    1. **Redressal of Complaints**
11. The DGNO shall enter the particulars of the complaint on the Web-based Central Complaints and Grievance Management System (CCGMS) established by the MoHFW.
12. The CCGMS will automatically: (i) generate a Unique Complaint Number (UCN); (ii) categorize the nature of the complaint; and (iii) an e-mail or letter to be sent to the appropriate stakeholder to which such category of complaint is to be referred (including updating on phone).
13. Once the UCN is generated, the DGNO shall send or cause to be sent an acknowledgement email/phone call to the complainant and provide the complainant with the UCN. Upon receipt of the UCN, the complainant will have the ability to track the progress of complaint resolution online through CCGMS and use the same at the time of calling the helpline for allowing easy retrieval of the specific complaint data.
14. The stakeholder against whom a complaint has been lodged must send its comments/ response to the complainant and copy to the DGNO within 15 days. If the complaint is not addressed within such 15-day period, the DGNO shall send a reminder to such stakeholder for redressal within a time period specified by the DGNO.
15. If the DGNO is satisfied that the comments/ response received from the stakeholder will addresses the complaint, then the DGNO shall communicate this to the complainant by e-mail and update the CCGMS.
16. If the DGNO is not satisfied with the comments/ response received or if no comments/ response are received from the stakeholder despite a reminder, then the DGNO shall refer such complaint to the Convener of the relevant Grievance Redressal Committee depending on the nature of the complaint after which the procedures set out shall apply.

* 1. **Grievance Redressal Mechanism**

Upon escalation of a complaint for grievance redressal the following procedures shall apply:

1. The DGNO/SGRC shall update the CCGMS to change the status of the complaint to a grievance, after which the CCGMS shall categorize the grievance and automatically refer it to the Convenor of the relevant Grievance Redressal Committee by way of e-mail.
2. The Convenor of the relevant Grievance Redressal Committee shall place the grievance before the Grievance Redressal Committee for its decision at its next meeting.
3. Each grievance shall be addressed by the relevant Grievance Redressal Committee within a period of 30 days of receipt of the grievance. For this purpose, each Grievance Redressal Committee shall be convened at least once every 30 days to ensure that all grievances are addressed within this time frame. Depending on the urgency of the case, the Grievance Redressal Committee may decide to meet earlier for a speedier resolution of the grievance.
4. The relevant Grievance Redressal Committee shall arrive at a reasoned decision within 30 days of receipt of the grievance. The decision of the relevant Grievance Redressal Committee shall be taken by majority vote of its members present. Such decision shall be given after following the principles of natural justice, including giving the parties a reasonable opportunity to be heard.
5. If any party to a grievance is not satisfied with the decision of the relevant Grievance Redressal Committee, it may appeal against the decision within 30 days to the relevant Grievance Redressal Committee or other authority having powers of appeal.
6. If an appeal is not filed within such 30-day period, the decision of the original Grievance Redressal Committee shall be final and binding.
7. A Grievance Redressal Committee or other authority having powers of appeal shall dispose of an appeal within 30 days of receipt of the appeal. The decision of the Grievance Redressal Committee or other authority with powers of appeal shall be taken by majority vote of its members. Such decision shall be given after following the principles of natural justice, including giving the parties a reasonable opportunity to be heard. The decision of the Grievance Redressal Committee or other authority having powers of appeal shall be final and binding.
   1. **Proceedings Initiated by the State Health Authority, State Grievance Redressal Committee, the National Health Authority**

The SHA, SGRC and/ or the National Health Authority (NHA) shall have the standing to initiate *suo moto* proceedings and to file a complaint on behalf of itself and AB-PMJAY Beneficiaries under the Scheme.

1. **Compliance with the Orders of the Grievance Redressal Committees**
2. The Insurer shall ensure that all orders of the Grievance Redressal Committees by which it is bound are complied with within 30 days of the issuance of the order, unless such order has been stayed on appeal.
3. If the Insurer fails to comply with the order of any Grievance Redressal Committee within such 30-day period, the Insurer shall be liable to pay a penalty of Rs. 25,000 per month for the first month of such non-compliance and Rs. 50,000 per month thereafter until the order of such Grievance Redressal Committee is complied with. The Insurer shall be liable to pay such penalty to the SHA within 15 days of receiving a written notice.
4. On failure to pay such penalty, the Insurer shall incur an additional interest at the rate of one percent of the total outstanding penalty amount for every 15 days for which such penalty amount remains unpaid.
5. **Complaints/ Suggestions received through Social Media/Call centre**

As Social Media channels will be handled by NHA, hence, the complaints/ suggestions raised through Social Media channels like, Facebook, twitter handles, etc. will be routed to the respective SGNO by NGNO (National Grievance Nodal Officer). SGNO needs to register the same on the Grievance portal and publish a monthly report on the action taken to the NGNO.

Complaint may also be lodged through Call center by beneficiary. Call center need to register the details like complaint details in the defined format and forward the same to State Grievance Nodal Officer of the State concerned. SGNO needs to upload the details of the complaint on the grievance portal and allocate the same to the concerned District. The Complaint / grievance will be redressed as per guidelines.

**Note: Matrix for grievance referral under the Scheme is presented in the table below:**

| **Aggrieved Party** | **Indicative Nature of Grievance** | **Grievance Against** | **Referred To** |
| --- | --- | --- | --- |
| AB-PMJAY Beneficiary | * Denied treatment * Money sought for treatment, despite Sum Insured under AB-PMJAY Cover being available * Demanding more than Package Rate/ Pre-Authorized Amount, if Sum Insured under AB-PMJAY Cover is insufficient or exhausted * AB-PMJAY Card retained by Empanelled Health Care Provider * Medicines not provided against OPD Benefits or follow-up care | Hospital | DGNO |
| Empanelled Health Care Provider | * Claims rejected by Insurer or full Claim amount not paid * Suspension or de-empanelment of Empanelled Health Care Provider * Hospital IT Infrastructure not functioning Insurer not assisting in solving issue or not accepting manual transaction | Insurer/ SHA | DGNO |
| Insurer | * No space provided for District Office | DNO | SGNO |
| * AB-PMJAY Beneficiary Database not updated for renewal Policy Cover Period * Premium not received within time prescribed. | SHA | SGRC |
| **Inter State/UT (Portability issues)** | | | |
| AB-PMJAY Beneficiary | * Denied treatment * Money sought for treatment, despite Sum Insured under AB-PMJAY Cover being available * Demanding more than Package Rate/ Pre-Authorized Amount, if Sum Insured under AB-PMJAY Cover is insufficient or exhausted * Medicines not provided against OPD Benefits or follow-up care | Hospital | DGNO of the State/UT where Beneficiary is applying/availing benefits of AB-PMJAY (other than parent State/UT) |
| Empanelled Health Care Provider | * Claims rejected by Insurer or full Claim amount not paid | Insurer/ SHA | SGRC of both parent State/UT and State/UT where the claim is raised State/UT |

# Schedule 17: Format of Actuarial Certificate for Determining Refund of Premium

[***On the letterhead of the Insurer/Insurer’s Appointed Actuary***]

From:

[*Name of Appointed Actuary*]

[*Designation of Appointed Actuary*]

[*Address of Insurer/Appointed Actuary*]

Date: [●]

To:

Mr. [●]

CEO, State Health Agency

AB-PMJAY (AB-PMJAY)

[***Insert Address***]

Dear Sir,

**Sub:** **Actuarial Certificate in respect of Pure Claim Ratio of [*insert name of Insurer*] for Policy Cover Period [⚫] to [⚫]**

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

[*Insert name of Insurer*] (the **Insurer**) is an insurance company engaged in the business of providing general insurance (including health insurance) services in India for the last [●] years. I/We have been appointed by the Insurer as its Appointed Actuary in accordance with the IRDA (Appointed Actuary) Regulations, 2000.

The Insurer has executed a contract dated [⚫] with the State Health Agency for the implementation of the AB-PMJAY (AB-PMJAY) (the **Insurance Contract**). The Premium payable by the State Health Agency under the Insurance Contract for the Policy Cover Period from [⚫] to [⚫] (**Previous Policy Cover Period**) is rupee-symbol [⚫] (Rupees [*insert sum in words*] only).

In accordance with the Insurance Contract, we are required to certify the Pure Claim Ratio for the full 12 months of the Previous Policy Cover Period for all the districts within the Service Area.

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

(a) We have read the Insurance Contract and the terms and conditions contained therein.

(b) In our fair and reasonable view and based on the information available to us, the Pure Claim Ratio for the full 12 months of the Previous Policy Cover Period has been determined by us in accordance with the formula below:

**Pure Claim Ratio = C x 100**

**PT**

= [*insert calculation*]

= [*insert result*]%

For the purposes of the formula above:

**PT** is the total Premium collected by the Insurer in the Previous Policy Cover Period for all the Beneficiary Family Units covered by it. It is calculated as the product of the Premium per Beneficiary Family Unit in the Current Policy Cover Period and the total number of Beneficiary Family Units covered by the Insurer in the Current Policy Cover Period, i.e., Rs. [●] (Rupees [*insert sum in words*] only).

**C** is the total Claims paid by the Insurer to the Empanelled Health Care Providers in the full 12 months of the Previous Policy Cover Period, i.e., Rs. [●] (Rupees [*insert sum in words*] only);

(c) In our fair and reasonable view and based on the information available to us, the Pure Claim Ratio of the Insurer in respect of all the districts within the Service Area in the full 12 months of the Previous Policy Cover Period is [⚫]% ([*insert sum in words*] percentage).

At [*insert place*]

Date: [*insert* *date*]

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

**On behalf of [*insert name of Appointed Actuary*]**

[*Name*]

[*title*]

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

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

**On behalf of [*insert name of Appointed Actuary*]**

[*Name*]

[*title*]

[*Note. This counter signature is only required if the Appointed Actuary is an external actuarial firm.*]

1. In order to facilitate the effective implementation of AB-PMJAY, State Governments shall set up the State Health Authority (SHA) or designate this function under any existing agency/ trust designated for this purpose, such as the state nodal agency or a trust set up for the state insurance program. [↑](#footnote-ref-2)
2. Qualified doctor is a MBBS approved as per the Clinical Establishment Act/ State government rules & regulations as applicable from time to time. [↑](#footnote-ref-3)
3. Qualified nurse per unit per shift shall be available as per requirement laid down by the Nursing Council/ Clinical Establishment Act/ State government rules & regulations as applicable from time to time. Norms vis a vis bed ratio may be spelt out. [↑](#footnote-ref-4)
4. The non-medical coordinator will do a concierge and helpdesk role for the patients visiting the hospital, acting as a facilitator for beneficiaries and are the face of interaction for the beneficiaries. Their role will include helping in preauthorization, claim settlement, follow-up and Kiosk-management (including proper communication of the scheme). [↑](#footnote-ref-5)
5. The medical coordinator will be an identified doctor in the hospital who will facilitate submission of online pre-authorization and claims requests, follow up for meeting any deficiencies and coordinating necessary and appropriate treatment in the hospital. [↑](#footnote-ref-6)