
PREFACE

Recognizing the importance of increasing access by all to critical health services for achieving universal health coverage, the honourable Prime Minister of India announced the Pradhan Mantri Rashtriya Swasthya Suraksha Mission (PMRSSM). This is a key pillar of the comprehensive health care vision of the Government of India.

This ambitious initiative covers the health care costs of up to five lakh rupees for 10 crore households, thereby protecting them from impoverishment due to health-related expenses, and allows them to choose between public and private providers for any hospitalisation.

The PMRSSM aims to provide the poorest households with equitable access to a comprehensive package of patient-centred quality services. The evidence-informed development of comprehensive service packages is an important step towards this goal.

At the same time, to build an effective and accountable network of providers, a set of minimum criteria has been developed, based on which hospitals will be empanelled. In addition, performance-linked payment system has been designed to incentivize them 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%. In addition, States have the flexibility to increase rates up to 10 % or reduce them as much as needed to suit local market conditions. Further States could retain their existing package rates, even if they are higher than the prescribed 10 % flexibility slab.

I am grateful to all the stakeholders who engaged in the consultation process and provided valuable suggestions in finalising the benefit packages and empanelment criteria. We intend to continuously refine the design of the scheme based on experience in implementation.

Dr. Indu Bhushan
Chief Executive Officer,
Pradhan Mantri Rashtriya Swasthya Suraksha Mission (PMRSSM)
Government of India
05 June 2018

PROVIDER NETWORK UNDER PM-RSSM

Empanelment & Allied Process

I. Background

At the heart of the Pradhan Mantri Rashtriya Swasthya Suraksha Mission (PMRSSM) it is envisaged that the health services delivered to its beneficiaries are safe and of appropriate quality for realizing patient centric care. All activities working towards this should strengthen and reinforce the primacy of an effective provider network, and its accountability towards the beneficiaries of the scheme. Empanelment is one such key aspect which while balancing adequate access would also ensure appropriate patient safety and quality.

Managing performance and strengthening accountability in the delivery of quality health care in Rashtriya Swasthya Bima Yojana (RSBY) through empanelled hospitals was one of the key themes that emerged for attention during RSBY's implementation. Currently under RSBY, hospitals can be empanelled if they fulfil a minimum set of criteria related to infrastructure¹, and in districts with lesser availability of hospitals; some further relaxation in the criteria is also practised. Existing structural criteria are inadequate to ensure patient safety, and since there is no applicable quality improvement process, these are areas where PMRSSM needs to build beyond what could be achieved in RSBY and other state programs.

With PMRSSM expanding to cover tertiary care benefits, strengthening the empanelment criteria will be of paramount importance to address issues related to quality. Patient safety and appropriateness of care should be the core principles around which the PMRSSM empanelment process is created in order to drive genuine improvements in care delivery and eventually for improved health outcomes for PMRSSM beneficiaries.

II. Approach

1. As part of the wider committee to decide the health entitlements for PMRSSM, it was also decided to finalize the qualification criteria and the allied process involved viz. process for empanelment & de-empanelment, quality improvement efforts etc. towards establishing a comprehensive service delivery network for the scheme.
2. As a first step existing practices of government run health insurance programmes across Central ministries and States were studied including the empanelment process involved (a comparative analysis is annexed on the same).
3. The criteria established under the Clinical establishment Act², was used as a guiding example to establish structural & human resource requirements for specialities based on the intensity of care required.
4. State consultations were held with practitioners of similar programmes, inviting views based on experience and sharing evidence.

¹ Structural and HR requirements

² The Clinical Establishments Act was passed by the Gol, to provide for registration and regulation of all clinical establishments in the country with a view to prescribing the minimum standards of facilities and services which may be provided by them so that mandate of article 47 of the constitution for improvement in public health may be achieved.

5. Speciality-wise sub-groups assigned to design packages reviewed the corresponding minimum qualification criteria for such specialities.

III. Mandate

- i. To establish detailed empanelment criteria & accompanying mechanics for providers to be empanelled into the PMRSSM provider network.
- ii. To define functional requirement specification for provider empanelment process along with a detailed process flow on the same.
- iii. To provide detailed pro forma for capturing details of providers on the online web-interface envisaged for PMRSSM.

IV. Mechanics envisaged for PMRSSM

Similar to its predecessor (RSBY), the health care services under PMRSSM would be provided to its beneficiaries through a network of public and private healthcare providers. In view of the above, the following broad guidelines have been suggested towards empanelment of hospitals under the program, with a view to improving quality processes and health care services in PMRSSM network hospitals.

1. All establishments with **indoor admission facility are eligible** to be empanelled under PMRSSM, provided they can meet the requirements highlighted below.
2. Both Public and Private healthcare providers which provide hospitalization and/or day care services would be eligible for empanelment under PMRSSM, subject to their meeting of certain requirements in the areas of infrastructure, manpower, equipment (IT, help desk etc.) and services (for e.g. liaison officers to facilitate beneficiary management) offered.
 - i. It is **suggested to empanel all public facilities (including ESI)** with capability of providing inpatient services (Community Health Centre level and above) to contribute actively under PMRSSM.
 - ii. **For private providers a tiered approach** to empanelment will be followed. Empanelment criteria are proposed to be prepared for various types of services.

Category 1: Essential criteria

- For all PMRSSM network Hospitals
- Hospitals would need to meet these essential criteria to provide services under PMRSSM.

Category 2: Advanced criteria

- Hospitals would need to be empanelled separately for certain service packages (bundled) authorized for one or more specialties (for e.g. Cardiology, Polytrauma, Oncology, Neurosurgery etc.) over and above the essential criteria to be able to provide services belonging to such specialty procedures.

These requirements would largely be consistent with the criteria as laid down in the Clinical Establishment Act and the experience of state government health protection programs, adapted to the service delivery model envisaged for PMRSSM. Indicative empanelment criteria have been annexed.

3. The **ownership of the hospital network would shift to the PMRSSM** rather than any intermediaries, so that key decisions on empanelment and dis-empanelment are taken by NHA/ SHA³, and the network would continue independent of any change in intermediary.
 - i. A web based application process for empanelment will be developed, backed by an institutional mechanism to review eligibility for empanelment and to undertake any required process for disciplinary action or dis-empanelment - an online, nation-wide interface for hospitals with PMRSSM.
 - ii. An indicative process for empanelment and de-empanelment of hospitals under PMRSSM is provided in the next section.
4. **State Governments will have the flexibility⁴ to revise the empanelment criteria** based on their local context, availability of providers, and the need to balance quality and access. NHA would closely monitor and follow-up the experience of states as means to guide them and revise the empanelment guidelines from time to time.
5. **Continuous Quality Improvement (CQI) efforts** are planned to be undertaken in PMRSSM network hospitals, so as to ensure that appropriate and consistent quality services are delivered to the beneficiary, to improve the permanency, safety and well-being of beneficiary in care; to reduce the possibility of adverse occurrences and to maintain a system for continuous quality improvement with regard to patient centred outcomes.
 - i. The continuous quality improvement will be implemented as a nationwide quality assurance and improvement programme and will support opportunities for continuous learning. Networked hospitals will also be expected to submit reports on defined quality indicators, as part of the CQI program.
 - ii. **Hospitals will be encouraged to attain quality milestones through incentivised payment structures.** In line with similar incentives available in programs run by Tamil Nadu, Gujarat, Karnataka, Maharashtra etc. and also in CGHS, it is suggested that providers could be incentivized for higher package rates in a staged approach as means to promote quality and patient safety (for e.g. similar to the approach available under NABH).
 - iii. Further as means to improve access and ensure equity in provider coverage, hospitals in aspirational districts may be incentivized an additional 10 %.
 - iv. Indicative incentive mechanisms are as below (this would be a voluntary exercise at the state's discretion, with prior intimation to NHA).

³ National Health Authority' (NHA), will be the implementing body to oversee, coordinate and steer PMRSSM. State Health Authority (SHA) would be the state level equivalent body towards the scheme's implementation.

⁴ States to intimate such special considerations to NHA.

Criteria	Incentive (over and above base package rate)
Entry level certification	10%
Full Accreditation	15%
Aspirational/ Backward districts	10%
Running PG/DNB course in the empanelled Specialty	10 %

- v. A detailed mechanism for CQI in PMRSSM will be separately developed and notified by the NHA to the States in due course.
- vi. The objective here is to create same conditions for all and the hospitals with lower categories of accreditation will be incentivised to ascend to higher category. Beyond increasing motivation through better-aligned incentives, a well-designed and carefully implemented CQI program has the potential to catalyse changes that has an impact on the general health system.

V. Process for CQI, empanelment and de-empanelment of Hospitals

- a) It is **prescribed to form an Empanelment Advisory and Disciplinary Committee (EADC) by the State Nodal Agency** to empanel and regulate the functioning of the network hospitals under PMRSSM for their respective States (suggestive composition of EADC shall be communicated in detail in the guidelines)
- b) The EADC would need to oversee the review process on each potential network provider to determine if the provider meets the minimum criteria.
- c) The selection and empanelment of network hospitals would be based on an online application. Based on the material information/ disclosures provided by the Hospital in their application, subsequent verification/ audit (an extensive review comprising of a back-end screening process of documentation at the State level (EADC) and an on-site inspection at the respective district-level) would be conducted by the SHA/ Trust state representative or implementation support agency authorized by it.
- d) The ascertainment of the empanelment criteria may be carried out by committee comprising of District CMO, Senior officer nominated by the District Magistrate/Collector, representative from Insurance Company and a nominee of SHA. The District team and Insurance team can carry out parallel and independent visits and
 - i. Verify whether the hospital exist or not
 - ii. Whether the hospital is really run by allopathic doctors and validate speciality based/ services for which the hospital has applied. Both these reports can be filled electronically, and in case of any discrepancies in these reports, the committee can take a call.
 - iii. Whether the hospital applying, meets the requirements to provide such services. Mere existence of specialist services does not mean that all level of procedures and all level of complexities can be undertaken. Therefore the empanelment concurrence should specify specific bundle of packages for which facility is eligible to provide e.g.: all small hospitals providing new borne care may not be able to treat newborn below 1000 gms – require high

level of skills, high level of ventilation and life support , advanced training of paediatrics/ neonatologists and much higher ratio of competent nursing staff.

- iv. Effective physical audits will bring in more transparency and accountability and prevent potential abuse and gaming afterwards.
- e) It is also prescribed to have mechanisms in place to determine compliance to minimum empanelment criteria and the objectives of PMRSSM. It is prescribed that the empanelment of an Empanelled Health Care Provider would continue for a period of 3 years from the date of empanelment after which the provider would need to undergo a re-empanelment process. It is further suggested that the State nodal agency/ EADC would need to conduct a **full re-credentialing review of health care providers after a 3 year period** to ensure all providers meet the credentialing requirements (hospitals with continuous NABH certification may be exempted).
- f) **Providers would not be allowed to choose the specialities for which they could cater to. Rather based on the degree of qualification credentials full-filled by a provider, specialties to which they could cater to would be assigned by the EADC.**
- g) Generating automated reports and reviewing them on a monthly/ quarterly basis by the SHA for every catchment area covered based on utilization data, health quality indicators etc. for **assessment of the provider performance is prescribed.**
 - i. Random Hospital and Beneficiary Visits combined with Medical audits linked to triggers (patterns based on claims data, grievances registered (for e.g. medical malpractice or informal payments), frequency and gaps in uploading data etc.) need to be undertaken on random sample basis to ensure compliance to guidelines and medical appropriateness of care (to be decided by PMRSSM from time to time).
 - ii. A list of potential triggers for identifying provider related fraud will be developed by the NHA and communicated to States in due course.
 - iii. Mechanisms for strong and immediate action against errant stakeholders (suspension/ de-empanelment) with widespread visibility to these efforts would be established for deterrence against fraudulent behaviour.
 1. De-empanelment/ Blocking of Hospitals for fraudulent behaviour to have stringent penalizations – adopting a scoring system approach with blacklisting for 2/3 years (as a final step)
 2. EADC to also have the provision of levying monetary penalties on a case to case basis as means to balance geographical coverage (an indicative matrix would be shared with states in due course). There would also be a provision of appeals up to a time limit of 15 days.
 3. Temporary withdrawal by providers from PMRSSM can only re-enter/ re-empanel into the programme after a period of 6 months. Provision to handle on a case-case basis to determine the re-entry period would vest with the EADC as means to balance geographical coverage.
 4. An undertaking from the providers may be contemplated, stating that in case of proven abuse and fraudulent practices they stand to lose

empanelment from other government insurance/ assurance programmes and insurance company policies.

- iv. Further it is also suggested that hospitals mandatorily submit quality related data every quarter viz. ALOS, nosocomial infection rates (UTI, surgical site infection, respiratory infection etc.), readmission rates etc. as prescribed by certified accreditation bodies (for e.g. NABH). This would be adopted suitably for the PMRSSM by the NHA.
 - v. It is important that PMRSSM network providers keep demographic information up to date to ensure that the PMRSSM web portal provides accurate information to program beneficiaries and other providers (referral purposes).
- h) Detailed Guidelines laying down the criteria/ monitoring dashboards for the CQI program and process of empanelment/ de-empanelment will be developed by the NHA and communicated to the States in due course.

Annexes

Detailed (indicative) Empanelment Criteria

CATEGORY I: ESSENTIAL CRITERIA:

A Hospital would be empanelled as a network private hospital with the approval of the respective State Health Authority⁵ 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.
 - i. Exemption may be given for single-specialty hospitals like Eye and ENT.
 - ii. 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
2. It should have adequate and qualified medical and nursing staff (doctors⁶ & nurses⁷), physically in charge round the clock; (necessary certificates to be produced during empanelment).
3. Fully equipped and engaged in providing Medical /Surgical services, commensurate to the scope of service/ available specialities and number of beds.
 - i. Round-the-clock availability (or on-call) of a Surgeon and Anaesthetist where surgical services/ day care treatments are offered.
 - ii. Round-the-clock availability (or on-call) of an Obstetrician, Paediatrician and Anaesthetist where maternity services are offered.
 - iii. 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.)
4. 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.
5. Round-the-clock Ambulance facilities (own or tie-up).
6. 24 hours emergency services managed by technically qualified staff wherever emergency services are offered
 - i. Casualty should be equipped with Monitors, Defibrillator, Nebulizer with accessories, Crash Cart, Resuscitation equipment, Oxygen cylinders with flow meter/ tubing/catheter/face mask/nasal prongs, suction apparatus etc. and with attached toilet facility.

⁵ In order to facilitate the effective implementation of PMRSSM, 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.

⁶ Qualified doctor is a MBBS approved as per the Clinical Establishment Act/ State government rules & regulations as applicable from time to time.

⁷ 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.

7. Mandatory for hospitals wherever surgical procedures are offered:
 - i. Fully equipped Operation Theatre of its own with qualified nursing staff under its employment round the clock.
 - ii. Post-op ward with ventilator and other required facilities.
8. 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
 - i. 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.
 - ii. Suction, piped oxygen supply and compressed air should be provided for each ICU bed.
 - iii. Further ICU - where such packages are mandated should have the following equipment:
 - 1) Piped gases
 - 2) Multi-sign Monitoring equipment
 - 3) Infusion of inotropic support
 - 4) Equipment for maintenance of body temperature
 - 5) Weighing scale
 - 6) Manpower for 24x7 monitoring
 - 7) Emergency cash cart
 - 8) Defibrillator.
 - 9) Equipment for ventilation.
 - 10) In case there is common Paediatric ICU then Paediatric equipments, e.g.: paediatric ventilator, Paediatric probes, medicines and equipment for resuscitation to be available.
 - iv. HDU (high dependency unit) should also be equipped with all the equipment and manpower as per HDU norms.
9. 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.
 - i. Wherever automated systems are used it should comply with MoHFW/ NHA EHR guidelines (as and when they are enforced)
 - ii. All PMRSSM cases must have complete records maintained
 - iii. Share data with designated authorities for information as mandated.
10. Legal requirements as applicable by the local/state health authority.
11. Adherence to Standard treatment guidelines/ Clinical Pathways for procedures as mandated by NHA from time to time.
12. Registration with the Income Tax Department.
13. NEFT enabled bank account
14. Telephone/Fax
15. Safe drinking water facilities/Patient care waiting area
16. Uninterrupted (24 hour) supply of electricity and generator facility with required capacity suitable to the bed strength of the hospital.
17. Waste management support services (General and Bio Medical) – in compliance with the bio-medical waste management act.
18. Appropriate fire-safety measures.

19. Provide space for a separate kiosk for PMRSSM beneficiary management (PMRSSM non-medical⁸ coordinator) at the hospital reception.
20. Ensure a dedicated medical officer to work as a medical⁹ co-ordinator towards PMRSSM beneficiary management (including records for follow-up care as prescribed)
21. Ensure appropriate promotion of PMRSSM in and around the hospital (display banners, brochures etc.) towards effective publicity of the scheme in co-ordination with the SHA/ district level PMRSSM team.
22. 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 PMRSSM (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:

- I. These empanelled hospitals may provide specialized services such as Cardiology, Cardiothoracic surgery, Neurosurgery, Nephrology, Reconstructive surgery, Oncology, Paediatric Surgery, Neonatal intensive care etc.
- II. A hospital could be empanelled for one or more specialities subject to it qualifying to the concerned speciality criteria for respective packages
- III. 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.
- IV. Such facilities should be of adequate capacity and numbers so that they can handle all the patients operated in emergencies.
 - a) 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.
 - b) 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.
- V. Indicative domain specific criteria are as under:
 - A. Specific criteria for Cardiology/ CTVS**
 1. CTVS theatre facility (Open Heart Tray, Gas pipelines Lung Machine with TCM, defibrillator, ABG Machine, ACT Machine, Hypothermia machine, IABP, cautery etc.)
 2. Post-op with ventilator support

⁸ 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).

⁹ 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.

3. ICU Facility with cardiac monitoring and ventilator support
4. Hospital should facilitate round the clock cardiologist services.
5. Availability of support speciality of General Physician & Paediatrician
6. Fully equipped Catheterization Laboratory Unit with qualified and trained Paramedics.

B. Specific criteria for Cancer Care

1. For empanelment of Cancer treatment, the facility should have a Tumour Board which decides a comprehensive plan towards multi-modal treatment of the patient or if not then appropriate linkage mechanisms need to be established to the nearest regional cancer centre (RCC). Tumor Board should consist of a qualified team of Surgical, Radiation and Medical /Paediatric Oncologist in order to ensure the most appropriate treatment for the patient.
2. Relapse/recurrence may sometimes occur during/ after treatment. Retreatment is often possible which may be undertaken after evaluation by a Medical/ Paediatric Oncologist/ Tumor Board with prior approval and pre authorization of treatment .
3. For extending the treatment of chemotherapy and radiotherapy the hospital should have the requisite Pathology/ Haematology services/ infrastructure for radiotherapy treatment viz. for cobalt therapy, linear accelerator radiation treatment and brachytherapy available in-house. In case such facilities are not available in the empanelled hospital for radiotherapy treatment and even for chemotherapy, the hospital shall not perform the approved surgical procedure alone, but refer the patients to other centres for follow-up treatments requiring chemotherapy and radiotherapy treatments. This should be indicated where appropriate in the treatment approval plan.
4. Further hospitals should have following infrastructure for providing certain specialized radiation treatment packages such as stereotactic radiosurgery/ therapy.
 - i. Treatment machines which are capable of delivering SRS/SRT
 - ii. Associated Treatment planning system
 - iii. Associated Dosimetry systems

C. Specific criteria for Neurosurgery

1. Well Equipped Theatre with qualified paramedical staff, C-Arm, Microscope, neurosurgery compatible OT table with head holding frame (horse shoe, may field / sugita or equivalent frame).
2. ICU facility
3. Post-op with ventilator support
4. Facilitation for round the clock MRI, CT and other support bio-chemical investigations.

D. Specific criteria for Burns, Plastic & Reconstructive surgery

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

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

E. Specific criteria for /Paediatric Surgery

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

F. Specific criteria for specialized new born care.

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

G. Specific criteria for Polytrauma

1. Shall have Emergency Room Setup with round the clock dedicated duty doctors.
2. Shall have the full-time service availability of Orthopaedic Surgeon, General Surgeon, and anaesthetist services.
3. The Hospital shall provide round the clock services of Neurosurgeon, Orthopaedic Surgeon, CT Surgeon, General Surgeon, Vascular Surgeon and other support specialists as and when required based on the need.
4. Shall have dedicated round the clock Emergency theatre with C-Arm facility, Surgical ICU, Post-Op Setup with qualified staff.
5. Shall be able to provide necessary diagnostic support round the clock including specialized investigations such as CT, MRI, emergency biochemical investigations.

H. Specific criteria for Nephrology and Urology Surgery

1. Dialysis unit
2. Well-equipped operation theatre with C-ARM
3. Endoscopy investigation support

4. Post op ICU care with ventilator support
5. Sew lithotripsy equipment

Packages and Rates - Hospital Packages under PMRSSM

Index

S.No	Specialty	No. of packages	No. of packages mandated for pre-authorization
1	Cardiology	38	38
2	Cardio-vascular surgery	71	71
3	Cardio-thoracic surgery	21	20
4	Ophthalmology	42	42
5	ENT	94	5
6	Orthopaedics	101	26
7	Polytrauma	12	0 (only for extended ICU stay)
8	Urology	161	10
9	Obstetrics & Gynaecology	73	41
10	General Surgery	253	0
11	Neurosurgery	82	29
12	Interventional Neuroradiology	12	12
13	Plastic & reconstructive	9	9
14	Burns management	12	2
15	Oral and Maxillofacial Surgery	9	9
16	Paediatric medical management	100	100 (only for extensions)
17	Neo-natal	10	10
18	Paediatric cancer	12	12
19	Paediatric surgery	34	1
20	Medical packages	70	70 (only for extensions)
21	Oncology	112	112
22	Emergency Room Packages (Care requiring less than 12 hrs stay)	4	0
23	Mental Disorders Packages	17	17 (extensions only)
	Total	1350	636 (47 %)

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

I. CARDIOLOGY

Total no: of packages: 38

No: of packages mandated for pre-authorization: 38

Empanelment classification: Advanced criteria

Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: Mandatory for all packages

Pre-authorization remarks: Specific Pre and Post-op Investigations such as ECHO, ECG, pre/ post-op X-ray, label/ carton of stents used, pre and post-op blood tests (USG, clotting time, prothrombin time, international normalized ratio, Hb, Serum Creatinine), angioplasty stills showing stents & post stent flow, CAG report showing blocks (pre) and balloon and stills showing flow (post) etc. will need to be submitted/ uploaded for pre-authorization/ claims settlement purposes. The costs for such investigations will form part of the approved package cost.

- It is prescribed as standard practice to use medicated stents (approved by FDA/DCGI) where necessary. Further the carton/ sticker detailing the stent particulars needs to be submitted as part of claims filing by providers.
- It is also advised to perform cardiac catheterization as part of the treatment package for congenital heart defects.

S. No	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
1	Balloon Atrial Septostomy	18,000	2D ECHO report	2D ECHO report	
2	Balloon Aortic Valvotomy	25,000	2D ECHO report	2D ECHO report	
3	Balloon Mitral Valvotomy	27,500	2D ECHO report	2D ECHO report	
4	Balloon Pulmonary Valvotomy	25,000	2D ECHO report	2D ECHO report	
5	Vertebral Angioplasty with single stent (medicated)	50,000	2D ECHO + Angiogram report	Post op. Angiogram report + carton of the stent used approved by FDA/DCGI only	2
6	Vertebral Angioplasty with double stent(medicated)	65,000	2D ECHO + Angiogram report	Post op. Angiogram report+ cartons of the stents used	2

				approved by FDA/DCGI only	
7	Carotid angioplasty with stent (medicated)	130,000	Angiogram report & film showing the lesion	Post lesion + XRAY + Doppler+ carton of the stent used approved by FDA/DCGI only	2
8	Renal Angioplasty with single stent (medicated)	50,000	ECG, 2D ECHO, CAG stills showing blocks & Reports	Post op. Angiogram report, showing stent & post Stent flow + carton of the stents used approved by FDA/DCGI only	2
9	Renal Angioplasty with double stent (medicated)	65,000	ECG, 2D ECHO, CAG stills showing blocks & Reports	Post op. Angiogram report, showing stents & post Stent flow + cartons of the stents used approved by FDA/DCGI only	2
10	Peripheral Angioplasty with balloon	25,000	2D ECHO, CAG stills showing blocks & Reports	Post procedure Angio stills	2
11	Peripheral Angioplasty with stent (medicated)	50,000	2D ECHO , ANGIOGRAM report & stills	Post procedure Angio stills + carton of the stents used approved by FDA/DCGI only	2
12	Coarctation dilatation	25,000	2D ECHO report	2D ECHO report + stills of ECHO	
13	Medical treatment of Acute MI with Thrombolysis /Stuck Valve Thrombolysis	10,000	2D ECHO, CPK-MB,CAG, ECG with report, TROPONINE-T report	2D ECHO, ECG, Lab Investigation (Troponine - T report)	
14	ASD Device Closure	80,000	2D ECHO report - TRPG	2D ECHO stills showing the device + Report	
15	VSD Device Closure	80,000	2D ECHO report - TRPG	2D ECHO stills showing the device + Report	
16	PDA Device Closure	40,000	2D ECHO report	2D ECHO stills showing the device + Report	
17	PDA multiple Coil insertion	20,000	2D ECHO report	2D ECHO stills showing the coil	

				+ Report	
18	PDA Coil (one) insertion	15,000	2D ECHO report	2D ECHO stills showing the coil + Report	
19	PDA stenting	40,000	2D ECHO, Angiogram report & stills	Post procedure Angio stills	
20	Pericardiocentesis	4,000	2D ECHO report	2D ECHO report	
21	Temporary Pacemaker implantation	5,000	ECG + Report by cardiologist	X Ray showing the pacemaker in situ	
22	Permanent pacemaker implantation (only VVI) including Pacemaker valve/pulse generator replacement (DOUBLE CHAMBER)	60,000	ECG + Report by cardiologist + Aniogram report if done	X Ray showing the pacemaker in situ	7 (2-day ICU stay)
23	Permanent pacemaker implantation (only VVI) including Pacemaker valve/pulse generator replacement (SINGLE CHAMBER)	50,000	ECG + Report by cardiologist + Aniogram report if done	X Ray showing the pacemaker in situ	7 (2-day ICU stay)
24	PTCA - single stent (medicated, inclusive of diagnostic angiogram)	65,000	ECG, 2D ECHO, CAG stills showing blocks & Reports	Post op. Angiogram report, showing stent & post Stent flow + carton of the stents used approved by FDA/DCGI only	3
25	PTCA - double stent (medicated, inclusive of diagnostic angiogram)	90,000 (Rs. 27,890 for every additional stent – as per NPPA capping)	ECG, 2D ECHO, CAG stills showing blocks & Reports	Post op. Angiogram report, showing stent & post Stent flow + carton of the stents used approved by FDA/DCGI only	3
26	PTSMA	25,000	ECG, 2D ECHO, CAG stills showing blocks & reports	Post op. Angiogram report, showing stent & post Stent flow + carton of the stents used approved by FDA/DCGI only	3

27	Pulmonary artery stenting	40,000	2D ECHO, Angiogram report & stills	Post procedure Angio stills	
28	Pulmonary artery stenting (double)	65,000	2D ECHO, Angiogram report & stills	Post procedure Angio stills	
29	Right ventricular outflow tract (RVOT) stenting	40,000	2D ECHO, Angiogram report & stills	Post procedure Angio stills	
30	Rotablation+ Balloon Angioplasty	65,000	CAG Report with stills showing blocks	CAG stills with balloon and stills with post flow	
31	Rotablation+ Balloon Angioplasty + 1 stent (medicated)	100,000	ECG, 2D ECHO, CAG stills showing blocks & Reports	Post op. Angiogram report, showing stent & post Stent flow + carton of the stents used approved by FDA/DCGI only	
32	Rotablation+ Balloon Angioplasty + 2 stent (medicated)	125,000	ECG, 2D ECHO, CAG stills showing blocks & Reports	Post op. Angiogram report, showing stent & post Stent flow + carton of the stents used approved by FDA/DCGI only	
33	Thrombolysis for peripheral ischemia	10,000	Peripheral Angiogram /Doppler Report with Stills	Post procedure Angio stills	
34	Bronchial artery Embolisation (for Haemoptysis)	25,000	Chest x-Ray/CT Scan, Hb, Serum Creatinine	Chest x-Ray/CT Scan, Hb, Serum Creatinine	2
35	Percutaneous Transluminal Tricuspid Commissurotomy (PTTC)	25,000	2D ECHO	2D ECHO	2
36	Coiling - Pseudoaneurysms of Abdomen	55,000	Prothrombin Time (PT), International normalized ratio (INR) Hb, Serum Creatinine	CT, Prothrombin Time (PT), International normalized ratio (INR) Hb, Serum Creatinine	2
37	Embolization - Arteriovenous Malformation (AVM) in the Limbs	40,000	Ultrasound, CT PT, INR, Hb, Serum Creatinine	Ultrasound, CT PT, INR, Hb, Serum Creatinine	2

38	Catheter directed Thrombolysis for: Deep vein thrombosis (DVT), Mesenteric Thrombosis & Peripheral vessels	50,000	CT/MRI, Prothrombin Time (PT), International normalized ratio (INR) Hb, Serum Creatinine	CT/MRI, Prothrombin Time (PT), International normalized ratio (INR) Hb, Serum Creatinine	2
-----------	--	--------	--	--	---

II. CARDIO THORACIC SURGERY

Total no: of packages: 71

No: of packages mandated for pre-authorization: 71

Empanelment classification: Advanced criteria

Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: Mandatory for all packages

Pre-authorization remarks: Specific Pre and Post-op Investigations such as ECHO, ECG, pre/ post-op X-ray, post-op scar photo, CAG/ CT/ MRI reports etc. will need to be submitted/ uploaded for pre-authorization/ claims settlement purposes. The costs for such investigations will form part of the approved package cost.

- It is also advised to perform cardiac catheterization as part of the treatment package for congenital heart defects.

S. No	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
1	Coronary artery bypass grafting (CABG)	90,000	2D ECHO + CAG report	ECHO, Post op X Ray ,scar photo	5 to 7
2	Coronary artery bypass grafting (CABG) with Intra-aortic balloon pump (IABP)	110,000	2D ECHO + CAG report	ECHO, Post op X Ray ,scar photo	5 to 7

3	Coronary artery bypass grafting (CABG) + one mechanical Valve Replacement + Intra-aortic balloon pump (IABP)	150,000	2D ECHO + CAG report	ECHO, Post op X Ray ,scar photo	5 to 7
4	Coronary artery bypass grafting (CABG) with LV Aneurysmal repair	100,000	2D ECHO + CAG report	ECHO, Post op X Ray ,scar photo	5 to 7
5	Coronary artery bypass grafting (CABG) with Mitral Valve repair without ring	100,000	2D ECHO + CAG report	ECHO, Post op X Ray ,scar photo	5 to 7
6	Coronary artery bypass grafting (CABG) with Mitral Valve repair with ring	125,000	2D ECHO + CAG report	ECHO, Post op X Ray ,scar photo	5 to 7
7	Coronary artery bypass grafting (CABG) with post MI Ventricular Septal Defect (Ventricular Septal Defect) repair	100,000	2D ECHO + CAG report	ECHO, Post op X Ray ,scar photo	5 to 7
8	Open Mitral Valvotomy	75,000	2D ECHO	ECHO, Post op X Ray ,scar photo	7
9	Closed Mitral Valvotomy	30,000	2D ECHO	ECHO, Post op X Ray ,scar photo	7
10	Open Pulmonary Valvotomy	75,000	2D ECHO	ECHO, Post op X Ray ,scar photo	7
11	Mitral Valve Repair	80,000	2D ECHO	ECHO, Post op X Ray ,scar photo	7
12	Tricuspid Valve Repair	80,000	2D ECHO	ECHO, Post op X Ray ,scar photo	7
13	Aortic Valve Repair	80,000	2D ECHO	ECHO, Post op X Ray ,scar photo	7
14	Ring for any Valve Repair	30,000	2D ECHO	ECHO, Post op X Ray ,scar photo	7
15	Mitral Valve Replacement (mechanical (pyrolite carbon) valve)	120,000	2D ECHO	ECHO, Post op X Ray ,scar photo	10
16	Mitral Valve Replacement (biological valve)	125,000	2D ECHO	ECHO, Post op X Ray ,scar photo	10
17	Aortic Valve Replacement (mechanical (pyrolite carbon) valve)	120,000	2D ECHO	ECHO, Post op X Ray ,scar photo	10

18	Aortic Valve Replacement (biological valve)	125,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
19	Tricuspid Valve Replacement (mechanical (pyrolite carbon) valve)	120,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
20	Tricuspid Valve Replacement (biological valve)	125,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
21	Double Valve Replacement (mechanical (pyrolite carbon) valve)	150,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
22	Double Valve Replacement (biological valve)	155,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
23	Ross Procedure	105,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
24	Atrial Septal Defect (ASD)	75,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
25	Ventricular Septal Defect (VSD)	75,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
26	Atrioventricular septal defect/ Atrioventricular (AV) Canal Defect	100,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
27	Intracardiac repair (ICR) for Tetralogy of Fallot (TOF)	100,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
28	Pulmonary Valvotomy + Right Ventricular Outflow Tract (RVOT) Resection	90,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
29	Aortopulmonary Window (AP Window)	90,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
30	Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM)	90,000	2D ECHO/TEE + Chest Xray AP view /Cardiac MRI	ECHO,Post op X Ray ,scar photo	10
31	Ebsteins	90,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
32	Fontan	90,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
33	Total Anomalous Pulmonary Venous Connection (TAPVC)	105,000	2D ECHO	ECHO,Post op X Ray ,scar	10

				photo	
34	Any RV to PA conduit (Valved)	115,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
35	Arterial Switch Operation	120,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
36	Double Switch Operation	120,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
37	Sennings	105,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
38	Mustards	105,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
39	Truncus Arteriosus Surgery	115,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
40	Root Replacement (Aortic Aneurysm/ Aortic Dissection) / Bentall Procedure	145,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
41	Aortic Arch Replacement	160,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
42	Aortic Aneurysm Repair using Cardiopulmonary bypass (CPB)	150,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
43	Aortic Aneurysm Repair without using Cardiopulmonary bypass (CPB)	75,000	2D ECHO	ECHO,Post op X Ray ,scar photo	10
44	Pulmonary Embolectomy	90,000	2D ECHO + ABG report + CT Chest report	ECHO,Post op X Ray ,scar photo	5
45	Surgery for Cardiac Tumour/ Left Atrial (LA) Myxoma/ Right Atrial (RA) Myxoma	95,000	2D ECHO + CT Chest report	ECHO,Post op X Ray ,scar photo	
46	Patent Ductus Arteriosus (PDA) Closure	30,000	2D ECHO	ECHO,Post op X Ray ,scar photo	
47	Coarctation Repair	30,000	2D ECHO + CAG report	Doppler report with stills	
48	Coarctation Repair with interposition graft	38,000	2D ECHO + CAG report	Doppler report with stills	

49	Blalock–Thomas–Taussig (BT) Shunt (inclusives of grafts)	30,000	2D ECHO	ECHO, Post op X Ray ,scar photo	
50	Glenn Shunt (without cardiopulmonary bypass)	35,000	2D ECHO	ECHO, Post op X Ray ,scar photo	
51	Central Shunt	50,000	2D ECHO	ECHO, Post op X Ray ,scar photo	
52	Pericardiectomy	30,000	2D ECHO	ECHO, Post op X Ray ,scar photo	
53	Pulmonary AV Fistula surgery	45,000	CT Chest	ECHO, Post op X Ray ,scar photo	
54	Lung Cyst	45,000	CT Chest	ECHO, Post op X Ray ,scar photo	7
55	Space-Occupying Lesion (SOL) mediastinum	45,000	CT Chest	ECHO, Post op X Ray ,scar photo	
56	Surgical Correction of Bronchopleural Fistula	50,000	CT Chest	ECHO, Post op X Ray ,scar photo	10
57	Diaphragmatic Eventeration	40,000	CT Chest	ECHO, Post op X Ray, scar photo	10
58	Oesophageal Diverticula /Achalasia Cardia	35,000	Barium Study + CT Chest	ECHO, Post op X Ray, scar photo	10
59	Diaphragmatic Injuries/Repair	35,000	CT Chest	ECHO, Post op X Ray, scar photo	10
60	Thoracotomy, Thoraco Abdominal Approach	30,000	CT Chest	Post op X Ray, scar photo	10
61	Foreign Body Removal with scope	20,000	CT Chest + Bronchoscopy report	Endoscopy Picture	2
62	Bronchial Repair Surgery for Injuries due to FB	35,000	CT Chest + Bronchoscopy report	Endoscopy Picture	7
63	Lung Injury repair	35,000	CT Chest	Post op X Ray, scar photo	7
64	Thyomectomy	35,000	CT Chest	Post op X Ray, scar photo	
65	Pulmonary Valve Replacement	120,000	2D ECHO	ECHO, Post op X Ray, scar photo	10
66	Intercostal Drainage and Management of ICD, Intercostal	10,000	Pre-Op X-ray / CT	Post Op X-ray / CT Scan	7

	Block, Antibiotics & Physiotherapy		Scan		
67	Encysted Empyema/Pleural Effusion - Tubercular	10,000	Pre-Op X-ray / CT Scan	Post Op X-ray / CT Scan	
68	First rib Excision by transaxillary approach, Excision of cervical rib / fibrous band / muscle by cervical approach	30,000	Pre-Op X-ray / CT Scan	Post Op X-ray / CT Scan, scar photo	7
69	Congenital Cystic Lesions	30,000	Pre-Op X-ray / CT Scan	Post Op X-ray / CT Scan, scar photo	7
70	Pulmonary Sequestration Resection	40,000	Pre-Op X-ray / CT Scan	Post Op X-ray / CT Scan, scar photo	7
71	Pulmonary artero venous malformation	40,000	Pre-Op X-ray / CT Scan	Post Op X-ray / CT Scan, scar photo	7

III. CARDIO VASCULAR SURGERY

Total no: of packages: 21

No: of packages mandated for pre-authorization: 20

Empanelment classification: Advanced criteria

Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: Mandatory for all packages

Pre-authorization remarks: Specific Pre and Post-op Investigations such as ECHO, ECG, post-op scar photo, clinical photos of graft/ filter/ balloon & post flow, Angiography/ CT/ MRI/ Doppler/ CT angiogram reports etc. will need to be submitted/ uploaded for pre-authorization/ claims settlement purposes. The costs for such investigations will form part of the approved package cost.

S. No	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
1	Thromboembolectomy (pre-auth not required, usually	20,000	Duplex	Scar photo + Post op CT	3

	done as emergency)		ultrasound/Angio report	angio	
2	Surgery for Arterial Aneurysm -Upper/Distal Abdominal Aorta	90,000	CT Angio Report	Scar photo + Post op CT angio	10
3	Intrathoracic Aneurysm-Aneurysm not Requiring Bypass Techniques	90,000	CT Angio Report	Scar photo + Post op CT angio	10
4	Intrathoracic Aneurysm-Requiring Bypass Techniques	125,000	CT Angio Report	Scar photo + Post op CT angio	10
5	Surgery for Arterial Aneurysm Renal Artery	40,000	Renal arterial Doppler, Angiogram	Doppler Report + scar photo	
6	Operations for Congenital Arteriovenous Fistula	15,000	Regional Angiogram & Stills	Scar photo	
7	Operations for Stenosis of Renal Arteries	40,000	Renal arterial Doppler, angiogram & Stills	Doppler Report + scar photo	
8	Aorto Bi Iliac / Bi femoral /Axillo bi femoral bypass with Synthetic Graft	90,000	Angiogram/spiral CT Angiogram reports	Stills showing the procedure with graft + scar photo	7
9	Femoro Distal / Femoral - Femoral / Femoral infra popliteal Bypass with Vein Graft	50,000	Angiogram/spiral CT Angiogram reports	Stills showing the procedure with graft + Duplex ultrasound, scar photo	7
10	Femoro Distal / Femoral - Femoral / Femoral infra popliteal Bypass with Synthetic Graft	70,000	Angiogram/spiral CT Angiogram reports	Stills showing the procedure with graft + Duplex ultrasound, scar photo	7
11	Axillo Brachial Bypass using with Synthetic Graft	65,000	Angiogram/spiral CT Angiogram reports	Stills showing the procedure with graft + Duplex ultrasound, scar photo	7
12	Brachio - Radial Bypass with Synthetic Graft	30,000	Angiogram/spiral CT Angiogram reports	Stills showing the procedure with graft + Duplex ultrasound, scar photo	5

13	Excision of body Tumor with vascular repair	35,000	Angiogram/spiral CT Angiogram reports	Stills showing the procedure with graft + Duplex ultrasound, scar photo	7
14	Carotid artery bypass with Synthetic Graft	60,000	Angiogram/spiral CT Angiogram reports	Stills showing the procedure with graft + Duplex ultrasound, scar photo	7
15	Excision of Arterio Venous malformation - Large	50,000	Angiogram/spiral CT Angiogram reports	Stills showing the procedure with graft + scar photo	7
16	Excision of Arterio Venous malformation - Small	30,000	Angiogram/spiral CT Angiogram reports	Stills showing the procedure with graft + scar photo	7
17	Deep Vein Thrombosis (DVT) - Inferior Vena Cava (IVC) filter	80,000	Color doppler	X-ray abdomen showing the filter + scar photo	7
18	Carotid endarterectomy	32,000	Angiogram	Stills showing the procedure with graft + scar photo	7
19	Aortic Angioplasty with two stents / Iliac angioplasty with stent Bilateral	90,000	ECG, 2D ECHO, CAG stills showing blocks	Angioplasty stills showing Balloon & post flow + scar photo	7
20	Bilateral thrombo embolectomy	30,000	Duplex ultrasound/Angiogram - pre or intra operative	Duplex ultrasound + scar photo	7
21	Aorto-uni-iliac/uni-femoral bypass with synthetic graft	70,000	Angiogram/ Computed Tomography Angiography (3D-CTA)/Magnetic Resonance Angiography	Duplex ultrasound + scar photo	7

IV. OPHTHALMOLOGY

Total no: of packages: 42

No: of packages mandated for pre-authorization: 42

Empanelment classification: Essential/ Minimum criteria

In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: Mandatory for all packages

Pre-authorization remarks: Following might be considered during claims submission & processing:

- Following cataract surgery that implants an IOL, it is prescribed to mention/ attach the barcode no. on the lens used during claims submission by the provider as means to provide information on expiration dates and details from manufacturers for increased quality and safety.

S. No	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
1	Buckle Removal	5,000			D
2	Canaliculo Dacryocysto Rhinostomy	10,000			1
3	Capsulotomy (YAG)	1,500			D
4	Corneal Grafting	8,500			D
5	Prophylactic Cryoretinopexy- Closed	2,500			1
6	Cyclocryotherapy/Cyclophotocoagulation	3,000			D
7	Pterygium + ConjunctivalAutograft	9,000			D
8	Dacryocystectomy with implants	10,000			D
9	Enucleation	6,000			1
10	Enucleation with Implant	11,000			1
11	Exenteration	15,000			D
12	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	10,000			D

	maintenance)			
13	Intraocular Foreign Body Removal from Anterior Segment	4,000		D
14	Intraocular Foreign Body Removal from Posterior Segment	20,000		D
15	Lensectomy /pediatric lens aspiration	9,000		D
16	LimbalDermoid Removal	4,000		D
17	Surgical Membranectomy	8,000		D
18	Perforating Corneo - Scleral Injury	10,000		2
19	Ptosis Surgery	10,000		D
20	IRIS Prolapse – Repair	4,000		D
21	Retinal Detachment Surgery	15,000		2
22	Small Tumour of Lid – Excision + Lid Reconstruction	10,000		D
23	Socket Reconstruction with amniotic membrane	8,000		1
24	Iridectomy – Laser	2,000		D
25	Iridectomy – Surgical	3,000		D
26	Iris cyst removal	2,500		D
27	Vitreotomy	7,500		1
28	Vitreotomy + Retinal Detachment surgery (pre-auth required)	17,500		1
29	Cataract with foldable hydrophobic acrylic IOL by Phaco emulsification tech	7,500		D
30	Cataract with non-foldable IOL using SICS technique	5,000		D
31	Cataract with foldable hydrophobic acrylic IOL by Phaco emulsification tech + Glaucoma	10,500		
32	Cataract with non-foldable IOL using SICS technique + Glaucoma	6,500		
33	Conjunctival tumour excision + AMG	5,000		D
34	Entropion correction	4,000		D
35	Ectropion correction	5,000		D
36	Evisceration	3,500		D
37	Laser for retinopathy (per sitting)	1,500		D
38	Lid tear	5,000		D
39	Orbitotomy	10,000		D
40	Squint correction (per muscle)	4,000		D
41	Anterior Chamber Reconstruction +Perforating corneo - Scleral Injury + IOL	11,500		2
42	PRP - Retinal Laser including 3 sittings	5,000		D

V. OTORHINOLARYNGOLOGY

Total no: of packages: 94

No: of packages mandated for pre-authorization: 5

Empanelment classification: Essential/ Minimum criteria

In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: Not required (select packages)

S. No	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
Ear					
1	Aural polypectomy	4,000			1
2	Labyrinthectomy	20,000			2
3	Mastoidectomy	12,500			2
4	Mastoidectomy cortical modified/ radical	11,500			2
5	Mastoidectomy with tympanoplasty	16,000			2
6	Myringoplasty	7,500			2
7	Myringoplasty with Ossiculoplasty	13,500			2
8	Myringotomy – Bilateral	6,000			2
9	Myringotomy – Unilateral	3,500			2
10	Myringotomy with Grommet - One ear	6,500			2
11	Myringotomy with Grommet - Both ear	8,500			2
12	Ossiculoplasty	9,500			2
13	Partial amputation – Pinna	4,000			1
14	Excision of Pinna for Growths (Squamous/Basal) Injuries - Total Amputation & Excision of External Auditory Meatus	8,000			3

15	Excision of Pinna for Growths (Squamous/Basal) Injuries Total Amputation	6,500				3
16	Stapedectomy	10,000				3
17	Tympanoplasty	9,000				3
18	Vidian neurectomy – Micro	9,000				3
19	Ear lobe repair - single (daycare)	1,500				D
20	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin and Cartilage	4,000				D
21	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin Only	2,500				D
22	Pharyngectomy and reconstruction	15,000				2
23	Skull base surgery (pre-auth required)*	37,000	Yes	Yes		3
24	Total Amputation & Excision of External Auditory Meatus	7,500				3
25	Tympanotomy	4,000				2
26	Removal of foreign body from ear	3,000				D
27	Aural polypectomy +Tympanoplasty	10,000				3
Nose						
28	Ant. Ethmoidal artery ligation - open/ endoscopic	11,000				3
29	Antrostomy – Bilateral	8,500				3
30	Antrostomy – Unilateral	6,000				3
31	Cryosurgery	3,000				1
32	CSF Rhinorrhoea – Repair	14,000				3
33	Septoplasty + FESS	11,500				2
34	Ethmoidectomy – External	11,500				2
35	Fracture reduction nose with septal correction	8,000				1
36	Fracture - setting maxilla	8,000				2
37	Fracture - setting nasal bone	5,000				1
38	Functional Endoscopic Sinus (FESS)	11,000				1
39	Intra Nasal Ethmoidectomy	5,000				1
40	Rhinotomy – Lateral	7,500				2
41	Nasal polypectomy – Bilateral	9,000				1
42	Nasal polypectomy – Unilateral	6,000				1
43	Turbinectomy Partial – Bilateral	3,000				1
44	Turbinectomy Partial – Unilateral	2,000				1
45	Radical fronto ethmo sphenodectomy	18,000				5

46	Rhinoplasty	15,000			3
47	Septoplasty	5,000			1
48	Youngs operation	3,000			1
49	Angiofibrom Excision	18,000			3
50	Cranio-facial resection	22,500			2
51	Endoscopic DCR	7,000			1
52	Endoscopic Hypophysectomy	21,000			2
53	Intranasal Diathermy	3,000			1
54	Rhinosporidiosis	5,000			2
55	Septo-rhinoplasty	12,500			2
Throat					
56	Adeno Tonsillectomy	8,000			1
57	Adenoidectomy	5,000			1
58	Arytenoidectomy	10,000			2
59	Choanal atresia	12,500			2
60	Tonsillectomy + Myrinogotomy	10,000			3
61	Pharyngeal diverticulum's – Excision	10,000			2
62	Laryngectomy with block dissection	25,000			3
63	Laryngofissure	5,000			2
64	Laryngopharyngectomy	20,000			2
65	Maxilla – Excision	12,500			2
66	Oro Antral fistula	7,500			2
67	Parapharyngeal – Exploration	12,500			2
68	Parapharyngeal Abscess – Drainage	12,500			2
69	Peritonsillar abscess under LA	2,500			D
70	Pharyngoplasty	10,000			2
71	Retro pharyngeal abscess – Drainage	5,000			D
72	Tonsillectomy + Styloidectomy	10,000			2
73	Thyroglossal Fistula/ cyst – Excision	7,000			2
74	Tonsillectomy – (Uni/ Bilateral)	7,500			1
75	Total Parotidectomy	18,000			2
76	Superficial Parotidectomy	12,000			4

77	Uvulopharyngo Plasty	14,000				2
78	Commodo Operation (glossectomy)	17,500				4
79	Excision of Branchial Cyst	7,000				3
80	Excision of Branchial Sinus	7,000				3
81	Excision of Cystic Hygroma Major/ Extensive	10,000				3
82	Excision of Cystic Hygroma Minor	5,000				2
83	Excision of the Mandible Segmental	7,500				3
84	Hemi-mandibulectomy with graft	15,000				3
85	Hemiglossectomy	6,000				3
86	Palatopharyngoplasty	10,000				2
87	Partial Glossectomy	5,000				3
88	Ranula excision	5,000				3
89	Removal of Submandibular Salivary gland	5,000				3
90	Total Glossectomy	15,000				3
91	Total Laryngectomy + Neck dissection (pre-auth)*	25,000	Yes	Yes		4
92	Laryngopharyngectomy with Gastric pull-up/ jejunal graft (pre-auth)*	30,000	Yes	Yes		4
93	Excision of CA cheek/ oral cavity + radial forearm flap (pre-auth)*	30,000	Yes	Yes		4
94	Excision of growth Jaw + free fibular flap reconstruction (pre-auth)*	30,000	Yes	Yes		4

*Procedures can be done only in specialty centres

VI. ORTHOPAEDICS

Total no: of packages: 101

No: of packages mandated for pre-authorization: 26

Empanelment classification: Essential/ Minimum criteria

In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: Selective packages

Pre-authorization remarks: Prior approval must be taken for all replacement surgeries and others as indicated.

S. No	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/	Minimum Number of Days Admission
-------	----------------	-------------	------------------------------------	-------------------------	----------------------------------

				Evidence for approval of claim	(Including Days in intensive care units)
1	AC joint reconstruction/ Stabilization/ Acromionplasty Nonoperative management is recommended for Rockwood type I and II injuries, whereas surgical reconstruction is recommended for type IV and VI separations. The management for type III and V injuries is more controversial and is determined on a case-by-case basis (pre-auth)	25,000	X rays of affected limb, MRI of shoulder	X rays of affected limb	4
2	Accessory bone – Excision (limbs) – congenital Accessory digits sometime can be removed (pre-auth)	6,000	X rays of affected limb	X rays of affected limb	3
3	Amputation - Below Elbow	15000			5
4	Amputation - Above Elbow	15000			5
5	Amputation – one or more fingers	6,000			1
6	Amputation – Wrist	15,000			4
7	Amputation - one or more toes/ digits	6,000			1
8	Amputation – Below Knee	15000			5
9	Amputation – Above Knee	18000			5
10	Foot & Hand Amputation (whole/ partial)	15000			5
11	Disarticulation (hind & for quarter)	25,000	Clinical and radiological investigations	Clinical and radiological investigations	10-15 days of hospital stay
12	Anterior Spine Fixation	35,000	Clinical and radiological investigations	Clinical and radiological investigations	6
13	Posterior Spine Fixation	20,000	Clinical and radiological investigations	Clinical and radiological investigations	5
14	Osteochondroma excision/ Excision of Exostosis	10,000	Clinical and radiological investigations	Clinical and radiological investigations	4

15	Excision Arthroplasty	15,000	Clinical and radiological investigations	Clinical and radiological investigations	4
16	Arthorotomy of any joint	15,000			7-10 days hospital stay for iv antibiotics
17	Arthrodesis Ankle Triple	15,000	Clinical and radiological investigations	Clinical and radiological investigations	6
18	Excision Arthroplasty of Femur head	22,500			6
19	Bimalleolar Fracture Fixation	15,000			6
20	Bone Tumour Excision + reconstruction using implant (malignant/ benign)	50,000	Clinical and radiological investigations	Clinical and radiological investigations	4
21	Bone Tumour (malignant/ benign) curettage and bone grafting	20,000	Clinical and radiological investigations	Clinical and radiological investigations	
22	Bone Tumour Excision (malignant/ benign) + Joint replacement (depending upon type of joint and implant)	1,50,000	Clinical and radiological investigations	Clinical and radiological investigations	
23	Clavicle fracture management - conservative (daycare)	3,000			D
24	Close Fixation - Hand Bones	4,000			3
25	Close Fixation - Foot Bones	4,000			2
26	Close Reduction - Small Joints	4,000			1
27	Closed Interlock Nailing + Bone Grafting – femur	19,000			5
28	Closed Interlocking Intermedullary	17,500			5
29	Closed Interlocking Tibia + Orif of Fracture Fixation	25,000			5
30	Closed Reduction and Internal Fixation with K wire	6,000			5
31	Closed Reduction and Percutaneous Screw Fixation (neck femur)	15,000			5
32	Closed Reduction and Percutaneous Pinning	15,000			2
33	Closed Reduction and Percutaneous Nailing	20,000			5

34	Closed Reduction of the Hip (including hip Spika)	7,000			2
35	Debridement & Closure of Major injuries - contused lacerated wounds (anti-biotic + dressing) - minimum of 3 sessions	7,000			2
36	Debridement & Closure of Minor injuries	3000			2
37	Closed reduction of dislocation (Knee/ Hip)	6,000			D
38	Closed reduction of dislocation (Shoulder/ Elbow)	5,000			D
39	Duputryen's Contracture release + rehabilitation	10,000			5
40	Exploration and Ulnar nerve Repair	10,000			4
41	External fixation - Long bone	15,000			4
42	External fixation - Small bone	10,000			2
43	External fixation - Pelvis	15,000			5
44	Fasciotomy	7,000			2
45	Fixator with Joint Arthrolysis	20,000			7
46	Fracture - Acetabulum	30,000			7
47	Fracture - Fibula Internal Fixation	10,000			4
48	Fracture - Hip Internal Fixation (Intertrochanteric Fracture with implant) + rehabilitation	17,000			7
49	Fracture - Humerus Internal Fixation	17,000			7
50	Fracture - Olecranon of Ulna	10,000			2
51	Fracture - Radius Internal Fixation	10,000			2
52	Fracture - TIBIA Internal Fixation plating	17,000			4
53	Fracture - Ulna Internal Fixation	10,000			4
54	Head Radius – Excision	8,000			3
55	High Tibial Osteotomy	17,000			5
56	Closed reduction + Hip Spica	7,000			D
57	Internal Fixation Lateral Epicondyle	10,000			4
58	Internal Fixation of other Small Bones (metatarsals)	10,000			3
59	Limb Lengthening	25,000			10
60	Llizarov Fixation	10,000			6
61	Multiple Tendon Repair	20,000	Clinical + electro-diagnostic studies	Clinical Photographs Showing scar	5
62	Nerve Repair Surgery	15,000	Clinical + electro-	Clinical Photographs	6

			diagnostic studies	Showing scar electro-diagnostic studies	
63	Nerve Transposition/Release/ Neurolysis	8,000			6
64	Open Reduction Internal Fixation (2 Small Bones)	10,000			3
65	Open Reduction Internal Fixation (Large Bone)	20,000			6
66	Open Reduction of CDH	30,000			7
67	Open Reduction of Small Joint	15,000			1
68	Open Reduction with bone grafting of nonunion	20,000			3
69	Osteotomy -Small Bone	17,000			5
70	Osteotomy -Long Bone	30,000			7
71	Patellectomy	8,000			7
72	Pelvic Osteotomy with fixation with plaster	30,000			10
73	Percutaneous - Fixation of Fracture	7,000			6
74	Excision of Bursa	3,000			2
75	Reconstruction of ACL/PCL with implant and brace	30,000	Clinical and radiological investigations	Clinical and radiological investigations	3
76	Sequestrectomy of Long Bones + anti-biotics + dressing	25,000			7
77	Tendo Achilles Tenotomy	5,000			2
78	Tendon Grafting	15,000			2
79	Tendon Release/ Tenotomy	5,000			2
80	Tenolysis	5,000			2
81	Tension Band Wiring Patella	15,000			3
82	Application of P.O.P. casts for Upper & Lower Limbs	3,000			D
83	Application of P.O.P. Spikas& Jackets	3,500			D
84	Application of Skeletal Traction with pin	3,000			D
85	Application of Skin Traction	1,000			D
86	Head radius - Excision + Fracture - Ulna Internal Fixation	20,000			3
87	External fixation - both bones of forearms	25,000			5
88	Fracture intercondylarHumerus + olecranon osteotomy	20,000			5
89	Correction of club foot per cast	15,000			D

90	Arthroscopic Meniscus Repair/ Meniscectomy	20,000	Clinical and radiological investigations	Clinical and radiological investigations	3
91	Total Hip Replacement (cemented)	75,000	Clinical and radiological investigations	Clinical and radiological investigations	7
92	Total Hip Replacement (cementless)	90,000	Clinical and radiological investigations	Clinical and radiological investigations	7
93	Total Hip Replacement (hybrid)	75,000	Clinical and radiological investigations	Clinical and radiological investigations	7
94	Bipolar Hemiarthroplasty (hip & shoulder)	40,000	Clinical and radiological investigations	Clinical and radiological investigations	7
95	Unipolar Hemiarthroplasty	30,000	Clinical and radiological investigations	Clinical and radiological investigations	7
96	Total Knee Replacement	80,000	Clinical and radiological investigations	Clinical and radiological investigations	7
97	Elbow replacement	40,000	Clinical and radiological investigations	Clinical and radiological investigations	7
98	Arthrodesis of shoulder	40,000	Clinical and radiological investigations	Clinical and radiological investigations	7
99	Arthrodesis of Knee (with implant)	40,000	Clinical and radiological investigations	Clinical and radiological investigations	7
100	Arthrodesis of Wrist (with implant)	30,000	Clinical and radiological investigations	Clinical and radiological investigations	7

101	Arthrodesis of Ankle (with implant)	30,000	Clinical and radiological investigations	Clinical and radiological investigations	7
------------	-------------------------------------	--------	--	--	---

VII. POLYTRAUMA

Total no: of packages: 13

No: of packages mandated for pre-authorization: 0

Empanelment classification: Advanced criteria

Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: Mandatory for all packages

Pre-authorization remarks: Specific Pre and Post-op Investigations such as pre/ post-op X-ray, CT report, post-op scar photo, electro-diagnostic studies etc. will need to be submitted/ uploaded for pre-authorization/ claims settlement purposes. The costs for such investigations will form part of the approved package cost.

- The minimum length of hospital stay admissible for polytrauma cases would be on a case-by-case depending on the nature, type and vitals (for e.g. coagulation parameters). However weekly submission of clinco-radiological vitals is desired.
- ICU requirement will be Rs.5000 per day (surgical) (beyond 24 hours mandatory pre-authorisation)
- Procedures are available in Specialty Centres.

S. No	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
1	Nerve Plexus injuries, Tendon injury repair/reconstruction/ Transfer	50,000	Nerve conduction velocity (NCV) + CT	Clinical Photographs with Graft site + Showing scar POST OP ELECTRO DISGNOSTIC STUDY	5-10 Days
2	Plexus injury along with Vascular injury repair/ graft	60,000	Pre-op. Doppler study, Nerve	Post-op. Doppler study, Clinical photo	5-10 Days

			Conduction study, + CT	showing scar	
3	Internal fixation with Flap cover Surgery for wound in compound fracture	40,000	PRE OP CLINICAL PICSTURE X-RAY/CT	Post- op. X-ray, Clinical Photograph showing flap cover	5-10 Days
4	Head injury requiring Facio-Maxillary Injury repairs & fixations (including implants)	35,000	X-RAY/CT	Clinical Photograph showing scar + post op. XRAY	5-10 Days
5	Internal fixation of Pelviacetabular fracture	40,000	X-RAY/CT	Clinical Photograph showing scar + post op. XRAY	5-10 Days
6	Craniotomy and evacuation of Haematoma – subdural/Extra dural along with fixation of fracture of single long bone	60,000	Pre-op. X-ray + CT	Post-Op. X-ray/CT + scar photo	5-10 Days
7	Craniotomy and evacuation of Haematoma – subdural/Extra dural along with fixation of fracture of 2 or more long bone.	75,000	Pre-op. X-ray + CT	Post-Op. X-ray/CT + scar photo	5-10 Days
8	Visceral injury requiring surgical intervention along with fixation of fracture of single long bone.	30,000	Pre-op. X-ray, CT scan + Ultra sound/ X-ray	Post-Op. X-ray + scar photo	5-10 Days
9	Visceral injury requiring surgical intervention along with fixation of fracture of 2 or more long bones.	45,000	Pre-op. X-ray, CT scan + Ultra sound/ X-ray	Post-Op. X-ray + scar photo	5-10 Days
10	Chest injury with one fracture of long bone (with implants)	35,000	Pre-op. X-ray of fracture CHEST XRAY	Post-Op. X-ray + scar photo	5-10 Days
11	Chest injury with fracture of 2 or more long bones	45,000	Pre-op. X-ray of fracture	Post-Op. X-ray + scar photo	5-10 Days
12	Emergency tendons repair ± Peripheral Nerve repair/ reconstructive surgery	30,000	Clinical + electro/ diagnostic reports	Clinical Photographs with Graft site + Showing scar MRI	5-10 Days

VIII. UROLOGY

Total no: of packages: 161

No: of packages mandated for pre-authorization: 10

Empanelment classification: Essential/ Minimum criteria

In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: Selective packages

Pre-authorization remarks: Prior approval must be taken for surgeries requiring use of Deflux injection, Botox Injection, inflatable penile prosthesis, urinary sphincter and metallic stents.

- Further it is also mandated to get approval for all non-surgical conditions (involving evaluation/ investigation/ therapeutic management / follow-up visits) as indicated.
 - For any procedure whose charges are Rs. 15,000 or higher, extra costs (in the sense other packages) cannot be clubbed/ claimed from the following: cystoscopy, ureteric catheterization, retrograde pyelogram, DJ stenting, nephrostomy – as they would form part of such packages costing Rs. 15,000 or higher as per the need.

S. No	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
1	Adrenalectomy-unilateral, open	25,000			7
2	Adrenalectomy-unilateral, Laparoscopic	30,000			3
3	Adrenalectomy-bilateral, open	32,000			7
4	Adrenalectomy-bilateral, Laparoscopic	40,000			5
5	Paraganglioma excision with liver mobilization	50,000			
6	Nephrectomy (Benign) Open	25,000			5
7	Nephrectomy (Benign) Laparoscopic	30,000			3
8	Nephrectomy-Radical (Renal tumor) Open	25,000			5
9	Nephrectomy-Radical (Renal tumor) Laparoscopic	30,000			3
10	Nephrectomy-Partial or Hemi, Open	30,000			5
11	Nephrectomy-Partial or Hemi, Laparoscopic	35,000			5

12	Nephro ureterectomy (Benign) Open	25,000			5
13	Nephro ureterectomy (Benign) Laparoscopic	30,000			3
14	Nephro ureterectomy with cuff of bladder Open	30,000			5
15	Nephro ureterectomy with cuff of bladder Laparoscopic	35,000			3
16	Pyeloplasty/pyeloureterostomy/pyelopyelostomy Open	25,000			3
17	Pyeloplasty/pyeloureterostomy/pyelopyelostomy Laparoscopic	30,000			2
18	Endopyelotomy (retrograde with laser/bugbee)	25,000			1
19	Endopyelotomy (antegrade with laser/bugbee)	28,000			2
20	Ureterocalycostomy Open	25,000			5
21	Ureterocalycostomy Laparoscopic	30,000			3
22	Uretero-ureterostomy Open	25,000			3
23	Uretero-ureterostomy Laparoscopic	35,000			3
24	PCNL (Percutaneous Nephrolithotomy) - Bilateral	40,000			3
25	PCNL (Percutaneous Nephrolithotomy) - Unilateral	25,000			3
26	Extracorporeal shock-wave Lithotripsy (SWL) stone, with or without stent (one side)	13,000			D (up to 3 sittings)
27	Extracorporeal shock-wave Lithotripsy (SWL) stone, with or without stent (both sides)	26,000			D (up to 3 sittings)
28	Pyelolithotomy-Open	20,000			3
29	Pyelolithotomy-Laparoscopic	30,000			2
30	Nephrolithotomy-Open	20,000			3
31	Anatrophic nephrolithotomy	30,000			5
32	Perinephric Abscess drainage (percutaneous)	10,000			2
33	Perinephric Abscess drainage (Open)	20,000			3
34	Renal Cyst deroofing or marsupialization-Open	20,000			3
35	Renal Cyst deroofing or marsupialization-Laparoscopic	30,000			3
36	Nephrostomy-percutaneous ultrasound guided	10,000			D
37	Ureterolithotomy-Open	20,000			3
38	Ureterolithotomy-Laparoscopic	30,000			3

39	Ureteroscopy+stone removal with lithotripsy, lower ureter, unilateral	20,000			1
40	Ureteroscopy+stone removal with lithotripsy, upper ureter, unilateral	25,000			1
41	Ureteroscopy+stone removal with lithotripsy, bilateral	30,000			1
42	Ureterotomy (Cutaneous)	20,000			2
43	Endoureterotomy (laser/bugbee)	20,000			1
44	Ureteric reimplantation-unilateral-open	20,000			3
45	Ureteric reimplantation-bilateral-open	25,000			3
46	Ureteric reimplantation-unilateral-Laparoscopic	30,000			3
47	Ureteric reimplantation-bilateral-Laparoscopic	35,000			3
48	Uretero-vaginal/uterine fistula repair open	27,000			3
49	Uretero-vaginal/uterine fistula repair Laparoscopic	37,000			3
50	Ureterolysis-open, for retroperitoneal fibrosis (with or without omental wrapping)	20,000			3
51	Ureterolysis-Laparoscopic, for retroperitoneal fibrosis (with or without omental wrapping)	30,000			3
52	Boari flap for ureteric stricture, open	30,000			3
53	Boari flap for ureteric stricture, Laparoscopic	40,000			3
54	Ileal replacement for ureteric stricture	40,000			5
55	DJ stent unilateral including cystoscopy, ureteric catheterization, retrograde pyelogram	10,000			D
56	DJ stent bilateral including cystoscopy, ureteric catheterization, retrograde pyelogram	10,000			D
57	Ureteric sampling including cystoscopy, ureteric catheterization, retrograde pyelogram	10,000			D
58	Ureterocele incision including cystoscopy, ureteric catheterization, retrograde pyelogram	15,000			1
59	Urachal Cyst excision -open	15,000			2
60	Cystolithotomy-open, including cystoscopy	15,000			2
61	Cystolithotripsy/Urethral Stone endoscopic, including cystoscopy	15,000			1
62	TURBT (Transurethral Resection of the Bladder Tumor)	25,000			2

63	TUR-fulgration (Transurethral fulgration of the Bladder Tumor)	18,000			2
64	Intravesical BCG/Mitomycin 6 induction cycles (weekly for 6 weeks-total cost of 6 cycles)	12,000			D
65	Intravesical BCG/Mitomycin maintenance for 12 doses (total cost of 12 doses)	24,000			D
66	Post TURBT - Check Cystoscopy (Per sitting) with or without cold-cup biopsy	10,000			D
67	Diagnostic Cystoscopy	5,000			D
68	Bladder Neck incision-endoscopic	15,000			1
69	Extrophy Bladder repair including osteotomy if needed + epispadias repair + ureteric reimplant	50,000			5
70	Bladder injury repair (as an independent procedure with or without urethral injury)	20,000			3
71	Bladder injury repair (only to be used if done as a part of ongoing laparotomy/other surgery)	10,000			2
72	Bladder injury repair with colostomy (as an independent procedure with or without urethral injury)	25,000			5
73	Partial Cystectomy-open	20,000			3
74	Partial Cystectomy-Laparoscopic	30,000			3
75	Radical cystectomy with neobladder-open	50,000			7
76	Radical cystectomy with continent diversion-open	50,000			7
77	Radical Cystectomy with Ileal Conduit-open	50,000			7
78	Radical Cystectomy with ureterostomy-open	35,000			7
79	Radical Cystectomy with ureterosigmoidostomy-open	35,000			7
80	Other Cystectomies	30,000			2
81	Suprapubic Cystostomy - Open, as an independent procedure	10,000			D
82	Suprapubic Drainage - Closed/Trocar	5,000			D
83	VVF/Uterovaginal Repair - Transvaginal approach	25,000			5
84	VVF/Uterovaginal Repair - Abdominal,Open	25,000			5
85	VVF/Uterovaginal Repair - Abdominal, Laparoscopic	30,000			5

86	Hysterectomy as part of VVF/uterovaginal fistula repair (top-up)	5,000			
87	Urethrovaginal fistula repair	30,000			3
88	Y V Plasty of Bladder Neck/Bladder Neck Reconstruction	20,000			5
89	Augmentation cystoplasty-open	30,000			5
90	Augmentation cystoplasty-Laparoscopic	40,000			5
91	Open bladder diverticulectomy with/without ureteric re-implantation	25,000			3
92	Open simple prostatetctomy for BPH	25,000			3
93	TURP-Transurethral Resection of the Prostate, BPH, Monopolar/Bipolar/Laser	25,000			2
94	Holmium Laser Prostatectomy	40,000			2
95	TURP/Laser + Circumcision	30,000			2
96	TURP/Laser + Cystolithotripsy	30,000			2
97	TURP/Laser + Cystolithotomy-open	35,000			2
98	TURP/Laser + Orchidectomy	30,000			2
99	TURP/Laser + TURBT	30,000			2
100	TURP/Laser + URS with stone removal	40,000			2
101	TURP/Laser + VIU (visual internal Ureterotomy)	40,000			2
102	TURP/Laser + Hydrocele surgery	40,000			2
103	TURP/Laser + Hernioplasty	40,000			2
104	TURP/Laser + Urethral dilatation-non endoscopic	40,000			2
105	TURP/Laser + Urethral dilatation-endoscopic	40,000			2
106	Radical prostatectomy - open	50,000			5
107	Radical prostatectomy - laparoscopic	70,000			5
108	Transrectal Ultrasound guided prostate biopsy (minimum 12 core)	10,000			
109	Reduction of Paraphimosis	2,000			D
110	Excision of Urethral Caruncle	6,000			1
111	Meatoplasty	3,500			1
112	Meatotomy	3,500			1
113	Post Urethral Valve fulguration	10,000			1

114	Urethroplasty-End to end	20,000				3
115	Urethroplasty-Substitution-single stage	30,000				5
116	Urethroplasty-Substitution-two stage	35,000				5
117	Urethroplasty-Transpubic	30,000				5
118	Urethroplasty-two stage without substitution	30,000				5
119	Perineal Urethrostomy without closure	20,000				2
120	Urethrorectal fistula repair	40,000				6
121	Urethral Dilatation-non endoscopic as an independent procedure	2,000				D
122	Urethral Dilatation-endoscopic as an independent procedure	5,000				D
123	Internal Ureterotomy including cystoscopy as an independent procedure	10,000				1
124	Hypospadias repair-single stage	20,000				3
125	Hypospadias repair-two or more stage	30,000				3
126	Orchiopexy-without laparoscopy, unilateral	15,000				2
127	Orchiopexy-without laparoscopy, bilateral	15,000				2
128	Orchiopexy-with laparoscopy, unilateral	30,000				2
129	Orchiopexy-with laparoscopy, bilateral	30,000				2
130	Stress incontinence surgery, open	20,000				4
131	Stress incontinence surgery, laparoscopic	30,000				4
132	Stress incontinence surgery with slings	35,000				3
133	Partial Penectomy	15,000				2
134	Total Penectomy + Perineal Urethrostomy	20,000				2
135	Ilio-Inguinal lymphadenectomy-unilateral	15,000				3
136	Ilio-Inguinal lymphadenectomy-bilateral	25,000				3
137	Pelvic lymphadenectomy open, after prior cancer surgery	25,000				3
138	Pelvic lymphadenectomy laparoscopic, after prior cancer surgery	30,000				3
139	Orchiectomy-High inguinal	12,000				1
140	Orchiectomy-simple	10,000				D
141	Bilateral Orchidectomy for hormone ablation	10,000				D
142	Retroperitoneal lymph node dissection-open	25,000				3

143	Retroperitoneal lymph node dissection-Laparoscopic	35,000			3
144	Infertility-Scrotal exploration unilateral	10,000			D
145	Infertility-Scrotal exploration bilateral	12,000			D
146	Infertility-Vasopididymostomy, microsurgical, unilateral	15,000			D
147	Infertility-Vasopididymostomy, microsurgical, bilateral	20,000			D
148	Varicocele-unilateral-non microsurgical	10,000			1
149	Varicocele-unilateral-microsurgical	12,000			1
150	Varicocele-bilateral-non microsurgical	15,000			1
151	Varicocele-bilateral-microsurgical	20,000			1
152	Penile prosthesis insertion, Malleable (Indian implant)	30,000			3
153	Priapism-aspiration/shunt	15,000			2
154	Neurogenic bladder-Package for evaluation/investigation (catheter + ultrasound + culture + RGU/ MCU) for 1 month (medicines - antibiotics). Follow up visit once in 3 months	7,500			
155	Chronic prostatitis-Package for evaluation/investigation (ultrasound + culture + prostate massage) for 1 month (medicines). Follow up visit once in 3 months	2,500			
156	Emergency management of Ureteric stone - Package for evaluation/investigation (ultrasound + culture) for 3 weeks (medicines).	3,500			
157	Emergency management of Hematuria	2,000/ DAY			7
158	Emergency management of Acute retention of Urine	2,000/ DAY			3
159	Acute management of upper urinary tract trauma – conservative	2,000/ DAY			
160	Urinary tract trauma – open surgery (exploratory)	20,000			5
161	Urinary tract trauma – Laparoscopy surgery	30,000			5

IX. OBSTETRICS & GYNAECOLOGY

Total no: of packages: 73

No: of packages mandated for pre-authorization: 41

Empanelment classification: Essential/ Minimum criteria

In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: Selective packages

Pre-authorization remarks: Prior approval must be taken for all elective Surgeries/Procedures. Although the following packages, namely C-Section, High Risk Delivery, Hysterectomy are primarily for government facilities, they are open to the private hospitals upon referral by government hospitals/Doctors.

- Packages will include drugs, diagnostics, consultations, procedures, stay and food for patient. Medical conditions during pregnancy such as Hypertension, Diabetes etc are to be treated as per medical packages

S. No	Treatment/Procedure/Investigation	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
A. Abdominal Surgeries					
Benign Conditions					
1	Hysterectomy ± Salpingo-oophorectomy	20,000			5
2	Abdominal Myomectomy	16,000			5
3	Surgeries for Prolapse - Sling Surgeries	16,000			5
4	Surgeries for Stress Incontinence 'Burch'	35,000			5
5	Hysterotomes - 2nd Trimester abortions	5,000			D
6	Incisional Hernia Repair	15,000			3
7	Radical Hysterectomy (Wertheims)	20,000			5
8	Laparotomy and proceed for Ovarian Cancers. Omentomy with Bilateral Salpingo-oophorectomy	20,000			5

B. Vaginal Surgeries					
9	Non descent vaginal hysterectomy	14,000			4
10	Vaginal hysterectomy with anterior and posterior colpoperineorrhaphy	16,000			5
11	Vaginal surgical repair for vesico-vaginal fistula	10,000			5
12	Sacrocolpopexy	16,000			7
13	Repair for rectovaginal fitulas	10,000			3
14	Vaginoplasty	10,000			3
15	LLETZ	15,000			3
16	Colpotomy	1,200			D
17	Dilation and Evacuation (D&E)	5,000			D
18	Cervical biopsy and Polypectomy	3,000			D
19	Bartholins Cyst Enucleation/ Incision drainage	3,000			D
20	Vulvectomy simple	15,000			3
21	Radical Vulvectomy	15,000			3
C. Laparoscopic Procedures					
22	Diagnostic laparoscopy	11,000			3
23	Laparoscopic hysterectomy (TLH)	20,000			5
24	Laparoscopic myomectomy	15,000			3
25	Laparoscopic cystectomy	15,000			5
26	Laparoscopic ovariectomy	10,000			3
27	Laparoscopic adhesiolysis	6,000			1
28	Laparoscopic tubal surgeries - salpingectomy, salpingotomy	11,000			3
D. Hysteroscopic Surgeries					
29	Drag hysteroscopy	6,000			1
30	Hysteroscopic myomectomies	6,000			1
31	Hysteroscopic adhesiolysis	6,000			1
32	Hysteroscopic polypectomy	3,000			2
33	Hysteroscopic IUCD removal	3,000			1

E. Pregnancy					
34	Caesarian Delivery	9,000			5
35	Caesarian hysterectomy	16,000			5
36	High risk deliveries <ul style="list-style-type: none"> • Premature delivery • Expected Gestation at delivery less than 35 weeks • Mothers with eclampsia or imminent eclampsia • Obstructed labour, • Major Fetal malformation requiring intervention immediately after birth • Mothers with severe anaemia (<7 g/dL) • Other maternal and fetal conditions as per guidelines-Such as Rh haemolytic disease, uncontrolled diabetes, severe growth retardation etc that qualify for high risk delivery etc. 	9,000			3
37	Manual removal of placenta	5,000			2
38	Laparotomy for ruptured ectopic	10,000			5
39	MTP > 12 weeks	6,500			1
40	MTP upto 12 weeks	5,000			1
41	MTP upto 8 weeks	3,500			1
42	McDonald's stitch	4,000			D
43	Shirodkar's stitch	4,000			D
44	Tuboplasty	10,000			5
45	Laparotomy for broad ligament haematoma	16,000			3
46	Trans-vaginal tape/ Trans-obturator tape	5,000			D
F. Other procedures					

47	Abdominal Perineal neo construction Cx + Uteria + Vagina	20,000			
48	Ablation of Endometriotic Spot + Adhenolysis	10,000			
49	Ablation of Endometriotic Spot +Salpingostomy	10,000			
50	Adhenolysis + Hernia - Ventral - Lipectomy/Incision	16,000			
51	Adhenolysis+ Ovarian Cystectomy	10,000			
52	Adhenolysis+ Salpingostomy	10,000			
53	Broad Ligment Haematoma drainage	10,000			
54	Brust abdomen repair	14,000			
55	Cone Biopsy Cervix	1,000			
56	Conventional Tubectomy	4,000			
57	Cyst -Vaginal Enuclation	3,000			
58	Cyst-Labial	3,000			
59	Cystocele - Anterior repair	12,000			
60	Cystocele - Anterior Repair + Perineal Tear Repair	13,000			
61	D&C (Dilatation &curretage) + Electro Cauterisation Cryo Surgery	4,000			
62	D&C (Dilatation&curretage)	3,000			
63	Diagnostic laparoscopy & hysteroscopy for infertility	5,000			
64	Electro Cauterisation Cryo Surgery	4,000			
65	Exploration of abdominal haematoma (after laparotomy + LSCS)	14,000			
66	Fractional Curretage	4,000			
67	Gaping Perineal wound secondary suturing/ episiotomy	2,500			
68	HaematoColpo/Excision - Vaginal Septum	5,000			
69	Hymenectomy& Repair of Hymen	7,000			
G. Procedures for Fetal Medicines (pre-auth)					
70	Amniocentesis	5,000			D
71	Chorionic villus sampling	5,000			D
72	Cordocentesis	5,000			D

73	Intrauterine transfusions	10,000			D
-----------	---------------------------	--------	--	--	---

X. GENERAL SURGERY

Total no: of packages: 253

No: of packages mandated for pre-authorization: 0

Empanelment classification: Essential/ Minimum criteria

In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: only for Mesh Rs.5000 for one level

S. No	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
1	Adventitious Burse – Excision	10,000			3
2	Anterior Resection for CA	15,000			4
3	Appendicectomy	10,000			2
4	Appendicular Abscess – Drainage	12,000			2
5	Arteriovenous (AV) Malformation of Soft Tissue Tumour - Excision	15,000			3
6	Bakers Cyst – Excision	6,000			3
7	Bilateral Inguinal block dissection	25,000			3
8	Bleeding Ulcer - Gastrectomy & vagotomy	25,000			5
9	Bleeding Ulcer - Partial Gastrectomy	25,000			5
10	Block dissection Cervical Nodes	10,000			3
11	Branchial Fistula	14,000			3
12	Breast Lump - Left – Excision	5,000			2
13	Breast Lump - Right – Excision	6,500			2
14	Branchial Cyst	10,000			2
15	Bursa – Excision	4,000			2

16	Bypass - Inoperable Pancreas	15,000			4
17	Cervial Lymphnodes – Excision	2000			1
18	Colostomy	10,000			4
19	Cyst over Scrotum – Excision	2,000			1
20	Cystic Mass – Excision	2,000			1
21	Dermoid Cyst - Large – Excision	4,000			D
22	Dermoid Cyst - Small – Excision	2,000			D
23	Drainage of Ischio Rectal Abscess	4,000			1
24	Incision and Drainage of large Abscess	4,000			D
25	Drainage of Psoas Abscess	7,500			2
26	Drainage of Subdiaphragmatic Abscess	10,000			3
27	Drainage Pericardial Effusion	13,750			5
28	Duodenal Diverticulum	20,000			5
29	Duodenal Jejunostomy	20,000			5
30	Duplication of Intestine	18,000			5
31	Hydrocele + Orchiectomy	8,000			2
32	Epididectomy	8,000			3
33	Epididymal Swelling –Excision	6,000			2
34	Epidymal Cyst	4,000			D
35	Evacuation of Scrotal Hematoma	5,000			2
36	Excision Benign Tumor -Small intestine	15,000			5
37	Excision Bronchial Sinus	8,000			D
38	Drainage of liver Abscess	8,000			3
39	Excision Filarial Scrotum	5,000			3
40	Excision Mammary Fistula	5,000			2
41	Excision Meckel's Diverticulum	15,000			3
42	Excision Pilonidal Sinus	8,000			2
43	Excision Small Intestinal Fistula	15,000			5
44	Excision of Growth from Tongue only	6,000			1
45	Excision of Growth from Tongue with neck node dissection	15,000			4
46	Excision of Swelling in Right Cervical Region	5,000			1

47	Excision of Large Swelling in Hand	3,000			D
48	Excision of Small Swelling in Hand	1,500			D
49	Excision of Neurofibroma	3,000			2
50	Excision of Sinus and Curettage	5,000			2
51	Fibroadenoma – Bilateral	8,000			2
52	Fibroadenoma – Unilateral	7,000			2
53	Fissurectomy	8,000			2
54	Fissurectomy and Haemorrhoidectomy	12,000			2
55	Eversion of Hydrocele Sac – Bilateral	10,000			2
56	Eversion of Hydrocele Sac – Unilateral	5,000			2
57	Fissurectomy with Sphincterotomy	15,000			2
58	Foreign Body Removal in Deep Region requiring GA	5,000			2
59	Fundoplication	20,000			3
60	G J Vagotomy/ Vagotomy + Pyloroplasty	15,000			5
61	Ganglion - large – Excision	3,000			1
62	Ganglion - Small – Excision	2,000			D
63	Gastrojejunostomy	15,000			4
64	Gastrostomy	15,000			4
65	Graham's Operation for duodenal perforation	15,000			5
66	Granuloma – Excision	2,000			1
67	Haemangioma – Excision (large)	10,000			3
68	Haemangioma – Excision (small)	5,000			2
69	Haemorrhage of Small Intestine	15,000			3
70	Hepatic Resection (lobectomy)	20,000			7
71	Hernia – Epigastric	11,000			2
72	Hernia – Incisional	15,000			3
73	Hernia - Repair & release of obstruction	15,000			3
74	Hernia – Umbilical	11,000			3
75	Hernia – Femoral	10,000			2
76	Hernioplasty – Inguinal	10,000			3
77	Herniorraphy	9,000			2

78	Hiatus Hernia – abdominal	15,000			5
79	Hydatid Cyst of Liver	12,500			3
80	Hydrocele - Excision – Unilateral	5,000			2
81	Hydrocele - Excision – Bilateral	10,000			2
82	IlieoSigmoidostomy	17,000			5
83	Infected Bunion Foot – Excision	4,000			1
84	Inguinal Node (dissection) - Unilateral	10,000			2
85	Intestinal perforation	12,500			5
86	Intestinal Obstruction	12,500			5
87	Intussusception	15,000			6
88	Jejunostomy	10,000			5
89	Gastric Perforation	15,000			5
90	Intestinal Perforation (Resection Anastomosis)	20,000			5
91	Appendicular Perforation	15,000			5
92	Burst Abdomen Obstruction	15,000			6
93	Closure of Hollow Viscus Perforation	15,000			5
94	Laryngectomy & Pharyngeal Diverticulum (Throat)	15,000			3
95	Ileostomy	10,000			4
96	Lipoma excision	2,500			D
97	Loop Colostomy Sigmoid	12,000			4
98	Mastectomy	12,000			2
99	Mesenteric Cyst – Excision	16,000			3
100	Mesenteric Caval Anastomosis	15,000			5
101	Microlaryngoscopic Surgery	15,000			3
102	Oeshophagoscopy for foreign body removal	7,500			D
103	Oesophagectomy	17,500			5
104	Portal Hypertension shunt surgery t	18,000			5
105	Pelvic Abscess - Open Drainage	10,000			4
106	PancreaticoDuodenectomy	25,000			6
107	Distal Pancreatectomy with PancreaticoJejunostomy t	25,000			7

108	Papilloma Rectum – Excision	4,000			2
109	Haemorroidectomy+ Fistulectomy	10,000			2
110	Growth in the Scalp – Excision	4,000			1
111	Porto Caval Anastomosis	15,000			5
112	Pyeloroplasty	10,000			4
113	Radical Mastectomy	10,000			2
114	Radical Neck Dissection – Excision	15,000			6
115	Hernia – Spigelian	5,000			3
116	Rectal Dilation	2,000			1
117	Prolapse of Rectal Mass – Excision	10,000			2
118	Rectopexy	10,000			3
119	Repair of Common Bile Duct	15,000			3
120	Resection Anastomosis (Large Intestine)	15,000			7
121	Resection Anastomosis (Small Intestine)	15,000			7
122	Retroperitoneal Tumor – Excision	20,000			5
123	Haemorroidectomy	5,000			2
124	Salivary Gland – Excision	10,000			3
125	Segmental Resection of Breast	10,000			3
126	Scrotal Swelling (Multiple) – Excision	5,000			2
127	Sigmoid Diverticulum	15,000			6
128	Simple closure - Peptic perforation	15,000			5
129	Sinus – Excision	5,000			2
130	Soft Tissue Tumor (small) – Excision	5,000			2
131	Soft Tissue Tumor (large) – Excision	10,000			3
132	Splenectomy	25,000			6
133	Submandibular Lymph node – Excision	5,000			2
134	Submandibular Mass Excision + Reconstruction	20,000			5
135	Swelling in foot (small) – Excision	1,500			D
136	Swelling in foot (large) – Excision	3,500			1
137	Coloectomy – Total	20,000			6
138	Pharyngectomy& Reconstruction – Total	20,000			6

139	Tracheal Stenosis (End to end Anastamosis) (Throat)	15,000			6
140	Tracheoplasty (Throat)	15,000			6
141	Umbilical Sinus – Excision	5,000			2
142	Varicose Veins - Excision and Ligation	10,000			3
143	Vasovasostomy	12,000			3
144	Volvlous of Large Bowel	25,000			4
145	Cleft lip operation	12,000			2
146	Cleft palate repair	12,000 (for each stage)			2
147	Cleft lip & palate operation	15,000 (for each stage)			5
148	Aneurysm not Requiring Bypass Techniques t	36,000			
149	Aneurysm Resection & Grafting	36,000			
150	Arterial Embolectomy	10,000			
151	Carotid artery aneurysm repair	20,000			
152	Carotid Body tumour - Excision	20,000			
153	Cholecystectomy & Exploration of CBD	22,000			6
154	Cholecystostomy	10,000			6
155	Congenital Arteriovenus Fistula (large)	20,000			
156	Congenital Arteriovenus Fistula (small)	10,000			
157	Decortication (Pleurectomy)	20,000			
158	Dissecting Aneurysms	36,000			
159	Distal Abdominal Aorta repair	36,000			
160	Estlander Operation (lip)	7,000			1
161	Excision and Skin Graft of Venous Ulcer	15,000			
162	Excision of Parathyroid Adenoma/Carcinoma	22,000			
163	Flap Reconstructive Surgery	20,000			
164	Split thickness skin grafts – Small (< 4% TBSA)	5,000			D
165	Split thickness skin grafts – Medium (4 - 8% TBSA)	10,000			D
166	Split thickness skin grafts – Large (> 8% TBSA)	15,000			D

167	Free Grafts - Wolfe Grafts	10,000			
168	Hemi thyroidectomy	10,000			
169	Total thyroidectomy	20,000			
170	Laparoscopic Hernia Repair	18,000			3
171	Lap. Assisted left Hemi colectomy t	25,000			5
172	Lap. Assisted Right Hemi colectomy t	25,000			5
173	Lap. Assisted small bowel resection	15,000			3
174	Lap. Assisted Total Colectomy	25,000			5
175	Lap. Cholecystectomy & CBD exploration	20,000			3
176	Lap. For intestinal obstruction	15,000			5
177	Lap. Hepatic resection	25,000			5
178	Lap. Hydatid of liver surgery	20,000			5
179	Laparoscopic Adhesiolysis	15,000			5
180	Laparoscopic Appendicectomy	18,000			3
181	Laparoscopic Cholecystectomy	15,000			5
182	Laparoscopic cystogastrostomy	20,000			5
183	Laparoscopic Gastrostomy	12,000			5
184	Laparoscopic Hiatus Hernia Repair	22,000			5
185	Laparoscopic Pyloromyotomy	20,000			5
186	Laparoscopic Rectopexy	15,000			5
187	Laparoscopic Splenectomy	16,500			5
188	Laparoscopic umbilical hernia repair	15,000			5
189	Laparoscopic ventral hernia repair	20,000			5
190	Laparotomy-peritonitis lavage and drainage	10,000			5
191	Ligation of Ankle Perforators	5,000			3
192	Lymphatics Excision of Subcutaneous Tissues In Lymphoedema	10,000			3
193	Repair of Main Arteries of the Limbs	25,000			5
194	Mediastinal Tumour	20,000			
195	Oesophagectomy for Carcinoma Oesophagus	25,000			7
196	Operation for Bleeding Peptic Ulcer	15,000			5
197	Operation for Carcinoma Lip –	10,000			6

	Vermilionectomy				
198	Operation for Carcinoma Lip - Wedge Excision and Vermilionectomy	12,000			6
199	Operation for Carcinoma Lip - Wedge-Excision	10,000			6
200	Appendicectomy - Appendicular Abscess – Drainage	12,000			5
201	Caecostomy	10,000			
202	Closure of Colostomy	5,000			
203	Coccygeal Teratoma Excision	15,000			
204	Congenital Atresia & Stenosis of Small Intestine	20,000			
205	CystoJejunostomy/or Cystogastrostomy	20,000			
206	Drainage of perivertebral abscess	10,000			
207	Hernia -hiatus-Transthoracic	25,000			5
208	Intercostal drainage	2,000			
209	Operation for carcinoma lip- cheek advancement	12,000			5
210	Thymectomy	20,000			
211	Operation of Choledochal Cyst	15,000			5
212	Operations for Acquired Arteriovenous Fistula	15,000			
213	Operations for Replacement of Oesophagus by Colon	25,000			7
214	Hemodialysis per sitting	2,000			D
215	Parapharyngeal Tumour Excision	20,000			
216	Partial/Subtotal Gastrectomy for Carcinoma	22,000			
217	Patch Graft Angioplasty	20,000			
218	Pericardiostomy	30,000			
219	Pneumonectomy	25,000			
220	Removal of Foreign Body from Trachea or Oesophagus	5,000			
221	Removal Tumours of Chest Wall	20,000			
222	Procedures Requiring Bypass Techniques	35,000			

223	Resection Enucleation of Adenoma (lung)	10,000			
224	Rib Resection & Drainage	10,000			
225	Skin Flaps - Rotation Flaps	6,200			
226	Splenectomy - For Trauma	20,000			
227	Surgery for Arterial Aneurism Spleen Artery	20,000			
228	Surgery for Arterial Aneurism –Vertebral	25,000			
229	Sympathetectomy – Cervical	5,000			
230	Temporal Bone resection	15,000			
231	Thorachostomy	10,000			
232	Thoracocentesis	1,500			
233	Thoracoplasty	20,000			
234	Thoracoscopic Decortication	25,000			
235	Thoracoscopic Hydatid Cyst excision	20,000			
236	Thoracoscopic Lobectomy	25,000			
237	Thoracoscopic Pneumonectomy	30,000			
238	Thoracoscopic Segmental Resection	25,000			
239	Thoracoscopic Sympathetomy	15,000			
240	Thrombendarterectomy	15,000			
241	Thorax (penetrating wounds)	12,500			
242	Total Thyroidectomy and Block Dissection	20,000			
243	Trendelenburg Operation	10,000			
244	Debridement of Ulcer-Leprosy	5,000			
245	Tissue Reconstruction Flap Leprosy	25,000			
246	Tendon Transfer-Leprosy	25,000			
247	Adhenolysis + Appendicectomy	20,000			
248	Hernia - Repair & release of obstruction+ Hernioplasty	20,000			
249	Aspiration of cold Abscess of Lymphnode	3,000			
250	Aspiration of Empyema	2,000			
251	AV Shunt for dialysis	6,000			
252	Peritoneal dialysis per sitting	2,000			

253	Vasectomy	2500			
-----	-----------	------	--	--	--

XI. NEUROSURGERY

Total no: of packages: 82

No: of packages mandated for pre-authorization: 29

Empanelment classification: Advanced criteria

Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: Selective packages

Pre-authorization remarks: Specific Pre and Post-op Investigations such as pre/ post-op X-ray, neuro-diagnostic studies, post-operative clinical photographs showing scars etc. will need to be submitted/ uploaded for pre-authorization/ claims settlement purposes. The costs for such investigations will form part of the approved package cost.

S. No	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
1	Anterior Encephalocele	50,000			8
2	Burr hole	7,000			2
3	Burr hole with chronic Sub Dural Haematoma (including pre and post Op. CT)	20,000			
4	Carpal Tunnel Release including pre and post Op. MRI	10,000			3
5	Cervical Ribs – Bilateral	35,000			7
6	Cervical Ribs – Unilateral	20,000			5
7	CranioPlasty - Endogenous graft	20,000	CT Brain	CT + Clinical photograph showing scar	7

8	CranioPlasty - Exogenous graft	20,000+ cost of implant	CT Brain	CT + Clinical photograph showing scar	7
9	Craniostenosis	28,000			7
10	Duroplasty - Endogenous	12,500			5
11	Duroplasty - Exogenous	12,500+ implant cost			5
12	Haematoma - Brain (head injuries) (including pre and post Op. CT)	55,000			8
13	Haematoma - Brain (hypertensive)	50,000			8
14	Haematoma (Child subdural) inclusive of General anaesthesia, pre and post Op. CT	50,000			10
15	Laminectomy with Fusion and fixation	50,000			
16	Laminectomy with Fusion	40,000			6
17	Local Neurectomy	16,000			5
18	Lumbar Disc including pre and post Op. MRI	30,000			5
19	Meningocele – Anterior	36,000	Brain and spinal cord MRI	X-Ray/ Post.op scar	10 (2 day ICU stay)
20	Meningocele – Lumbar	36000	Brain and spinal cord MRI	X-Ray/ Post.op scar	10 (2 day ICU stay)
21	Meningococcal – Occipital	50,000			10
22	Micro discectomy – Cervical	40,000			10
23	Micro discectomy – Lumbar	40,000			10
24	Brachial Plexus – Repair	27,000			7
25	Shunt (peritoneal, ventriculo-atrial/ peritoneal, theco peritoneal)	30,000			7
26	Skull Traction	8,000			4
27	Spine - Canal Stenosis	40,000			6
28	Spine - Decompression & Fusion	40,000			6
29	Spine - Decompression & Fusion with fixation	50,000			
30	Spine - Extradural Tumour	30,000			7

31	Spine - Extradural Tumour with fixation	40,000			
32	Spine - Extradural Haematoma	30,000			7
33	Spine - Extradural Haematoma with fixation	40,000			
34	Spine - Intradural Tumour	40,000			7
35	Spine - Intradural Tumour with fixation	50,000			
36	Spine - Intradural Haematoma	40,000			7
37	Spine - Intradural Haematoma with fixation	50,000			
38	Spine - Intramedullar Tumour	50,000			7
39	Spine - Intramedullar Tumour - fixation	60,000			
40	Trans Sphenoidal including pre and post Op. MRI	50,000			6
41	Tumours – Supratentorial	50,000	CT	CT + Histopathological report	7
42	Tumours Meninges – Gocussa	50,000	CT	CT + Histopathological report	7
43	Tumours Meninges – Posterior	50,000	CT	CT + Histopathological report	7
44	Ventricular Puncture	15,000			3
45	Brain Biopsy	15,000			3
46	Cranial Nerve Anastomosis	32,000			5
47	Depressed Fracture	40,000			7
48	Nerve Biopsy excluding Hensens	7,000			2
49	Peripheral Neurectomy (Trigeminal)	16,500			5
50	R.F. Lesion for Trigeminal Neuralgia	16,500			3
51	Twist Drill Craniostomy	15,000			2
52	Excision of Brain TumorSupratentorial-Parasagittal	50,000	CT	CT + Histopathological report	10
53	Excision of Brain TumorSupratentorial-Basal	50,000	CT	CT + Histopathological report	10
54	Excision of Brain TumorSupratentorial-Brainstem	50,000	CT	CT + Histopathological report	10
55	Excision of Brain TumorSupratentorial-C P Angle	50,000	CT	CT + Histopathological report	10

56	Excision of Brain TumorSupratentorial& others	55,000	CT	CT + Histopathological report	10
57	Abscess Tapping single	20,000			7
58	Abscess Tapping multiple	30,000			7
59	Excision of Brain Abscess	36,000	CT Brain	CT + Clinical photograph showing scar	
60	Aneurysm Clipping including angiogram	65,000 + 15,000 each additional clip	MRA/ DSA report	CT/ X-RAY + clinical photograph showing scar	12
61	External Ventricular Drainage (EVD) including antibiotics	30,000	CT Brain	Post.op CT + Clinical photograph showing scar	
62	Spinal Fusion Procedure with implant	40,000	MRI	Post.op X-RAY	
63	Spina Bifida Surgery	36,000			10
64	Stereotactic Lesioning	60,000	CT/ MRI brain	CT/ MRI brain + Clinical photograph showing scar	
65	Posterior Cervical Discectomy without implant	30,000			
66	Posterior Cervical Fusion with implant (Lateral mass fixation)	50,000	MRI spine	X-RAY cervical spine + clinical photograph showing scar	
67	Cervical Disc Multiple level without Fusion	40,000	MRI spine	X-RAY cervical spine + clinical photograph showing scar	
68	Thoracic/Lumbar Corpectomy with fusion inclusive of implant	60,000	CT/ MRI	Clinical photograph showing scar + X-RAY	
69	Transoral surgery (Anterior) and CV Junction (Posterior Sterilization)	55,000+ cost of implant	MRI spine + X-RAY	Post.op MRI + X-RAY	12 (2 day ICU stay)
70	Trans oral Surgery	40,000			

71	Foramen Magnum Decompression	45,000			
72	Endoscopic CSF Rhinorrhea Repair	30,000+ cost of glue			
73	Muscle Biopsy with report	7,000			
74	Nerve Decompression	16,000			
75	Peripheral Nerve Surgery Major	30,000	Neuro-diagnostic studies (NCV/ EMG)	Clinical photograph showing scar	5
76	Peripheral Nerve Surgery Minor	15,000	Neuro-diagnostic studies (NCV/ EMG)	Clinical photograph showing scar	3
77	Epilepsy Surgery	50,000	CT/ MRI + Neuro- diagnostic studies (EEG)	CT + Clinical photograph showing scar	
78	Arterio venous malformation (AVM) excision (whatever size and location)	50000	MRA/ DSA report	X-RAY + Clinical photograph showing scar	
79	Scalp Arterio venous malformation (AVM)	25,000	CT/ MRI	Histopathological report + Clinical photograph showing scar	
80	Superficial Temporal Artery (STA): middle cerebral artery (MCA) or (other EC - IC) Bypass procedure	60,000	MRA/ DSA report	X-RAY + Clinical photograph showing scar	
81	Excision of Orbital Tumour	40,000	CT/ MRI	CT + Histopathological report + Clinical photograph showing scar	
82	Gamma Knife radiosurgery (GKRS)/ SRS for tumours/ Arteriovenous malformation (AVM)	75,000	CT/ MRI	Clinical photographs	

XII. INTERVENTIONAL NEURORADIOLOGY

Total no: of packages: 12

No: of packages mandated for pre-authorization: 12

Empanelment classification: Advanced criteria

Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: Mandatory for all packages

Pre-authorization remarks: Specific Pre and Post-op Investigations such as pre/ post-op X-ray, CT/ ultrasound report, pre and post-op blood tests, post op clinical photographs with scar etc. will need to be submitted/ uploaded for pre-authorization/ claims settlement purposes. The costs for such investigations will form part of the approved package cost.

S. No	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
1	Coil embolization for aneurysms (includes cost of first 3 coils + balloon and/ or stent if used) 1 to 20 coils may be required as per need.	1,00,000			
		Additional coil – 24,000 per coil			
2	Dural AVMs/AVFs (per sitting) with glue	70,000			
3	Dural AVMs/AVFs (per sitting) with onyx	1,50,000			
4	Carotico-cavernous Fistula (CCF) embolization with coils. [includes 5 coils, guide catheter, micro-catheter, micro-guidewire, general items]	1,50,000			
5	Carotid-cavernous Fistula (CCF) embolization with balloon (includes one balloon, guide catheter, micro-catheter, micro-guidewire, general items)	75,000			
6	Cerebral & Spinal AVM embolization (per sitting). Using Histoacryl	1,00,000			
7	Parent vessel occlusion	Basic – 30,000			
		Additional coil (cost per coil) –			

		24,000			
		Additional balloon (cost per balloon) – 11,000			
8	Balloon test occlusion	70,000			
9	Intracranial balloon angioplasty with stenting	1,60,000			
10	Intracranial thrombolysis / clot retrieval	1,60,000			
11	Pre-operative tumour embolization (per session)	40,000			
12	Vertebroplasty	40,000			

XIII. PLASTIC & RECONSTRUCTIVE SURGERY

Total no: of packages: 9

No: of packages mandated for pre-authorization: 9

Empanelment classification: Advanced criteria

Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: Mandatory for all packages

Pre-authorization remarks: Specific Pre and Post-op Investigations such as clinical and/or relevant imaging photographs of the patient are essential.

- In case of emergency/life-saving/ limb saving operative procedures, preauthorization may not be required. However, formal intimation should be done within 24 hours of admission.
- Procedures are predominantly available only in Specialty care centres across India

S. No	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
1	Ear Pinna Reconstruction with costal cartilage/ Prosthesis	30,000			5

	(including the cost of prosthesis/implants). *If requiring multiple stages, each stage will cost Rs. 30,000 provided the operating surgeon demonstrates the photographic results of previous stages.				
2	Revascularization of limb/digit	25,000			5
3	Hemangioma – Sclerotherapy (under GA)	35,000			3
4	Hemangioma – Debulking/ Excision	35,000			4
5	Tissue Expander for disfigurement following burns/ trauma/ congenital deformity (including cost of expander / implant)	50,000			5
6	Scalp avulsion reconstruction	50,000			5
7	NPWT (Inpatient only)	2,000/day			3
8	Pressure Sore – Surgery	30,000			3
9	Diabetic Foot – Surgery	30,000			3

XIV. BURNS MANAGEMENT

Total no: of packages: 12

No: of packages mandated for pre-authorization: 12 (no. 11 & 12 needs pre-auth to initiate treatment, for the rest documentation could be retrospectively sent)

Empanelment classification: Advanced criteria

Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: Mandatory for all packages

Pre-authorization remarks: Specific Pre and Post-op Investigations such as clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns at the time of admission and follow up clinical photographs on days 5, 10, 15, 20 as per requirements on the basis of pre-authorization would need to be submitted during claims.

- Admission Criteria to be followed for selecting packages for burn injured patients:

1. Second- and third-degree burns greater than 10% of the total body surface area in patients under 10 or over 60 years of age

2. Second- and third-degree burns greater than 20% of the total body surface area in other age groups
3. Significant burns of face, hands, feet, genitalia, or perineum and those that involve skin overlying major joints
4. Third-degree burns greater than 5% of the total body surface area in any age group
5. Inhalation injury
6. Significant electric injury including lightning injury
7. Significant chemical injury
8. Burns with significant pre-existing medical disorders that could complicate management, prolong recovery, or affect mortality (e.g. diabetes mellitus, cardiopulmonary disease)
9. Burns with significant concomitant trauma
10. Burn injury in patients who will require special social and emotional or long-term rehabilitative support, including cases of suspected child abuse and neglect.

S. No	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
1	% Total Body Surface Area Burns (TBSA) (thermal/ scald/ flame burns) - any % (not requiring admission). Needs at least 5-6 dressing	7,000	Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph	D
2	% Total Body Surface Area Burns (TBSA) (thermal/ scald/ flame burns): 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	Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph	Moderate to severe burns need initial ICU stay ranging from 2 – 5 days and then 10 - 14 days of ward stay with alternate day dressings
3	% Total Body Surface Area Burns (TBSA) (thermal/ scald/ flame burns): 40 % - 60 % ; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical	50,000	Clinical photograph and diagram with Rule of 9/ L & B	Clinical photograph	Moderate to severe burns need initial ICU stay ranging from 2 –

	procedures are required for deep burns that are not amenable to heal with dressings alone.		Chart for extent of burns		5 days and then 10 - 14 days of ward stay with alternate day dressings
4	% Total Body Surface Area Burns (TBSA) (thermal/ scald/ flame burns): > 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	Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph	Moderate to severe burns need initial ICU stay ranging from 2 – 5 days and then 10 - 14 days of ward stay with alternate day dressings
5	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	Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph	Moderate to severe burns need initial ICU stay ranging from 2 – 5 days and then 10 - 14 days of ward stay with alternate day dressings
6	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	Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph	Moderate to severe burns need initial ICU stay ranging from 2 – 5 days and then 10 - 14 days of ward stay with alternate day dressings
7	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	Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph	Moderate to severe burns need initial ICU stay ranging from 2 – 5 days and then 10 - 14 days of ward stay with alternate day dressings
8	Electrical contact burns: High voltage- with part of limb/limb	60,000	Clinical photograph	Clinical photograph	Moderate to severe

	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.		and diagram with Rule of 9/ L & B Chart for extent of burns		burns need initial ICU stay ranging from 2 – 5 days and then 10 - 14 days of ward stay with alternate day dressings
9	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	Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph	Moderate to severe burns need initial ICU stay ranging from 2 – 5 days and then 10 - 14 days of ward stay with alternate day dressings
10	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	Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph	Moderate to severe burns need initial ICU stay ranging from 2 – 5 days and then 10 - 14 days of ward stay with alternate day dressings
11	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	Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph	
12	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 /	50,000	Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph	

Flap cover.				
-------------	--	--	--	--

XV. ORAL AND MAXILLOFACIAL SURGERY

Total no: of packages: 9

No: of packages mandated for pre-authorization: 9

Empanelment classification: Essential/ Minimum criteria

In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: Required

- For Paediatric patients if general anaesthesia is required then Rs.400 extra

S. No	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
1	Fixation of fracture of jaw with closed reduction (1 jaw) using wires - under LA	5,000			D
2	Fixation of fracture of jaw with open reduction (1 jaw) and fixing of plates/ wire – under GA	12,000			1
3	Sequestrectomy	1,500			D
4	TM joint ankylosis of both jaws - under GA	15,000			5
5	Release of fibrous bands & grafting -in (OSMF) treatment under GA	3,000			2
6	Extraction of impacted tooth under LA	500			D
7	Cyst & tumour of Maxilla/mandible by enucleation/excision/marsupialization under LA	2,500			D
8	Mandible Tumour Resection and reconstruction/Cancer surgery	6,000			3
9	Cleft lip and palate surgery	15,000 for each stage			3

XVI. PEDIATRICS MEDICAL CARE PACKAGES

Total no: of packages: 100

No: of packages mandated for pre-authorization: 100 (extensions only)

- Separate package for high end radiological diagnostic (CT, MRI, Imaging including nuclear imaging,) relevant to the illness only (no standalone diagnostics allowed) - subject to pre-authorization with a cap of Rs 5000 per family per annum within overall sum insured.
- Separate package for high end histopathology (Biopsies) and advanced serology investigations relevant to the illness only after pre-authorization with a cap of Rs 5000 per family per annum within overall sum insured.
- Blood or Blood components transfusion if required, payable separately subject to pre-authorization. Blood can be procured only through licensed blood banks as per National Blood Transfusion Council Guidelines.
- If a medical condition requiring hospitalization has not been envisaged under this list then a pre-authorization can be sought as "Unspecified Medical"

Empanelment classification: Essential/ Minimum criteria

In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for PMRSSM provider network. Minimum criteria to elaborate on the specification of beds under various categories of admission (namely Routine ward, HDU and ICU).

Pre-authorization: Mandatory for all packages for progressive extension of treatment/ hospital stay

Pre-authorization remarks: Prior approval must be taken for all medical conditions/ packages under this domain for progressive extension of therapeutic treatments (i.e. for extending stay at 1,5,10 days stay and beyond)

- All clinical test reports, diagnosis, TPR charting, case sheet/ clinical notes and discharge summary need to be submitted for extension of packages and during claims submission.
- Legend of bed day charges:

Admission Type	Per day rate (NABH)	Per day rate (non-NABH)
Routine ward	Rs 2,000/ day	Rs 1,800/ day
HDU	Rs 3,000/ day	Rs 2,700/ day
ICU (no ventilation)	Rs 4,000/ day	Rs 3,600/ day
ICU (ventilation support)	Rs 5,000/ day	Rs 4,500/ day

S.No	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
Common illnesses with or without underlying disease					
1	Diarrhoea	Rs 2000 per day (up to a limit of 1 day after which pre-authorization needs to be sought up to a limit of 5 days)			
2	Acute dysentery				
3	Pneumonia				5
4	Urinary tract infection				
5	Acute Exacerbation of asthma				
6	Acute glomerulonephritis				5
7	Acute urticaria/ Anaphylaxis acute asthma				
8	Poisonings with normal vital signs				
9	Febrile seizures/other seizures				
10	Epileptic encephalopathy				
11	Optic neuritis				5
12	Aseptic meningitis				
13	Trauma			Severity to be checked	
Common illnesses with or without underlying disease					
14	Pyrexia of unexplained origin	Rs 2,000 per day (pre-authorization needs to be sought to continue package beyond 2 and 5 day intervals - up to a limit of 10 days).			
15	Chronic cough				D
16	Wheezing				
17	Unexplained seizures				D
18	Global developmental delay/ Intellectual disability of unknown etiology				D
19	Dysmorphic children				D
20	Rickets				D
21	Unexplained severe anemia				
22	Short stature				D
23	Musculoskeletal problems				D

24	Developmental and behavioral disorders				D
Conditions that might require extended stay					
25	Diabetic ketoacidosis	<p>Rs 2,000 per day (pre-authorization needs to be sought to continue package beyond 5 and 10 day intervals)</p> <p>Note: If shifted to HDU/ICU, suitable rates would need to be applied and pre-authorization be sought.</p>			
26	Nephrotic syndrome with peritonitis				
27	Pyogenic meningitis				
28	Persistent/ Chronic diarrhea				
29	Acute severe malnutrition				
30	Dengue				
31	Enteric fever				
32	Chikungunya				
33	Acute hepatitis				
34	Kala azar				
35	Tuberculosis				
36	HIV with complications				
37	Infantile cholestasis				
38	Haemolytic uremic syndrome				
39	ITP				
40	Juvenile myasthenia				
41	Kawasaki Disease				
42	Persistent pneumonia				
43	Empyema				
44	Immune haemolytic anemia				
45	Cyanotic spells				
46	Rheumatic fever				
47	Rheumatoid arthritis				
48	Encephalitis				10-15 DAYS
49	Chronic meningitis				10-15 DAYS
50	Intracranial ring enhancing lesion with complication (neurocysticercosis, tuberculoma)				
51	Refractory seizures				
52	Floppy infant				
53	Acute neuroregression				

54	Neuromuscular disorders				
55	Opsoclonus myoclonus syndrome				
56	Acute ataxia				
57	Steven Johnson syndrome				
58	Metabolic encephalopathy				
59	Ketogenic diet initiation in refractory epilepsy				
60	Inborn errors of metabolism				
61	Wilson's disease				
62	Celiac disease				
63	Unexplained jaundice				
64	Unexplained hepatosplenomegaly				
Serious conditions that might require admission in High Dependency Unit (HDU) - Patients sick with unstable vitals, faced with life threatening conditions, but not requiring ventilator support					
65	Severe pneumonia	Rs 4,000 per day (advised to take pre-authorization beyond 1 day - up to a limit of 5 days) Note: If shifted to routine ward/ ICU, suitable rates would need to be applied and pre-authorization be sought.			
66	Severe exacerbation of asthma				
67	Acute kidney injury				
68	Poisonings				
69	Serious trauma with unstable vitals				
70	Upper GI hemorrhage				
71	Lower GI hemorrhage				
72	Acute abdomen				
73	Liver abscess				
74	Complicated malaria				
75	Severe dengue with shock	Extend stay beyond 5 and 10 days as required with pre-authorization			
76	Congestive cardiac failure				
77	Brain abscess				
78	Acute encephalitic syndrome				
79	Acute demyelinating myelopathy,				
80	Immune mediated CNS disorders such as autoimmune encephalitis				
81	Acute transverse myelitis				
82	Guillain Barre Syndrome				

83	Hydrocephalus				
84	Intracranial space occupying lesion				
85	Cerebral malaria				
86	Acute ischemic stroke				
87	Cerebral sino-venous thrombosis				
Critical conditions that might require admission in Intensive Care Unit (ICU) - Patients sick with unstable vitals, faced with life threatening conditions, requiring ventilator support					
88	Respiratory failure due to any causes (pneumonia, asthma, foreign body, poisoning, head injury etc.)	<p>Rs 4,000 per day in the case of no ventilation support and Rs 5,000 per day in the case of ventilation support required (advised to take pre-authorization beyond 1 day - up to a limit of 5 days)</p> <p>Note: If shifted to routine ward/ HDU, suitable rates would need to be applied and pre-authorization be sought.</p> <p>Extend stay beyond 5 and 10 days as required with pre-authorization.</p>			
89	Acute transverse myelitis				
90	Acute encephalitis –infectious/immune-mediated				
91	Convulsive & non convulsive status epilepticus				
92	Cerebral herniation				
93	Intracranial hemorrhage				
94	Hepatic encephalopathy				
95	Complicated bacterial meningitis				
96	Raised intracranial pressure				
97	Hypertensive encephalopathy				
98	CRRT (pre-auth)	8,000 per session			
99	Blood and blood component transfusion (admission	Rs 1,500 per day (up			

	for a diagnostic procedure leading to treatment requiring admission, e.g. bone marrow and bone biopsy, endoscopy, liver biopsy, bronchoscopy, CT/MRI under GA, broncho-alveolar lavage, lumbar puncture, muscle biopsy, FNAC, pleural aspiration, ascitic tapping, neostigmine challenge test etc.)	to a limit of 2 days) - needs mandatory pre-authorization			
100	Blood and blood component transfusion for indications like Thalassemia/Hemoglobinopathies-	Rs 1,500 per day (up to a limit of 2 days) - needs mandatory pre-authorization			

XVII. NEO-NATAL PACKAGES

Total no: of packages: 10

No: of packages mandated for pre-authorization: 10

- Packages would include neonates up to age of 28 days after birth. However, for infants born preterm (<37 weeks), the age limit extends to postmenstrual age (period after the first day of last menstrual period) of 44 weeks OR body weight up to 3 kg
- All the packages are inclusive of everything including drugs, diagnostics, consultations, procedures, treatment modalities that the baby would require for its management
- In case a baby in a lower cost package develops a complication requiring higher level of care, the baby should be moved for higher cost package
- For packages 2, 3, 4 and 5, mother's stay and food in the hospital [postnatal ward/special ward for such mothers] for breastfeeding, family centred care and KMC (Kangaroo Mother Care) is mandatory. In packages 2, 3, 4 and 5 mothers should be allotted KMC bed when the newborn is eligible for Kangaroo mother care. The cost of bare bed and food to the mother is included. If the mother requires treatment for her own illnesses, it would be covered under the mother's packages.
- It is MANDATORY to ensure that the neonate receives vaccination as per NATIONAL IMMUNIZATION SCHEDULE before discharge

Empanelment classification: Advanced criteria

Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: Mandatory for Special, Advanced (and needing surfactant therapy) and Critical Neonatal packages and for progressive extension of treatment/ hospital stay/ shifting across packages.

Pre-authorization remarks: Prior approval must be taken for progressive extension of therapeutic treatments (i.e. for extending stay beyond the prescribed limit/ in cases which might need shifting of packages based on clinical vitals and need - then the previously blocked package needs to be unblocked and the total amount of new package needs to be considered to be debited).

- All clinical test reports, diagnosis, TPR charting, case sheet/ clinical notes and discharge summary need to be submitted for extension of packages and during claims submission.

S.No	Procedure Name	Package Criteria	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
1	Basic neonatal care package (Co-bedded with mother) (The mother must be kept in the hospital until the baby is discharged. She is provided a bed and food)	<p>Babies that can be managed by side of mother in postnatal ward without requiring admission in SNCU/NICU:</p> <ul style="list-style-type: none"> • Any newborn needing feeding support • Babies requiring closer monitoring or short-term care for conditions like: <ul style="list-style-type: none"> ○ Birth asphyxia (need for positive pressure ventilation; no HIE) ○ Moderate jaundice requiring phototherapy ○ Large for dates (>97 percentile) Babies ○ Small for gestational age (less than 3rd centile) 	Rs.500 per day (maximum Rs.1500)			Less than 5 days

2	Special Neonatal Care Package (Babies that required admission to SNCU or NICU)	<p>Babies admitted for short term care for conditions like:</p> <ul style="list-style-type: none"> • Mild Respiratory Distress/tachypnea • Mild encephalopathy • Severe jaundice requiring intensive phototherapy • Haemorrhagic disease of newborn • Unwell baby requiring monitoring • Some dehydration • Hypoglycaemia <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	Rs. 3000/day (maximum of Rs18,000) (Pre-authorization is needed after 4 days)			Less than 7 days
3	Intensive Neonatal Care Package	<p>Babies with birthweight 1500-1799 g or Babies of any birthweight and at least one of the following conditions:</p> <ul style="list-style-type: none"> • 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 	Rs. 5,000/day (Maximum of Rs. 50,000) Pre-authorization is needed after 5 days			7 to 14 days

		<ul style="list-style-type: none"> • Major congenital malformations (pre-surgical stabilization, not requiring ventilation) • Cholestasis significant enough requiring work up and in-hospital management • Congestive heart failure or shock <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>				
4	Advanced Neonatal Care Package	<p>Babies with birthweight of 1200-1499 g or</p> <p>Babies of any birthweight with at least one of the following conditions:</p> <ul style="list-style-type: none"> • 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 	<p>Rs. 6,000/day (Maximum of Rs 75,000)</p> <p>Pre-authorization is needed after 7 days</p>			14 to 21 days

		<ul style="list-style-type: none"> Inborn errors of metabolism <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>				
5	Critical Care Neonatal Package	<p>Babies with birthweight of <1200 g or Babies of any birthweight with at least one of the following conditions:</p> <ul style="list-style-type: none"> 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 <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	Rs. 7,000/day with (Maximum of Rs 1,20,000) Pre-authorization after 10 days			21 to 42 days
<p>Add-on Packages (Preauthorization is required unless there is a genuine emergency such as need for laparotomy for advanced NEC)</p>						
Medical Packages						
6	Chronic Care Package-	<ul style="list-style-type: none"> If the baby requires stay beyond the upper limit of usual stay in Package 	Rs 3000 per day beyond the			

		no 4 or 5 for conditions like severe BPD requiring respiratory support, severe NEC requiring prolonged TPN support	usual stay (Maximum of Rs 30,000)			
7	High Risk Newborn Post Discharge Care Package (Pre-authorized, Protocol Driven)	<ul style="list-style-type: none"> • ROP screening • Developmental assessment • Thyroid Screening • Hearing screening • Early intervention • Nutritional counselling Note-Blood transfusion can be given as an add on package if indicated	Rs.2400			(for 4 sessions)
Neonatal Surgical						
8		Laser Therapy for Retinopathy of Prematurity	Rs.1500 per session (Irrespective of no. of eyes affected)			
9		Advanced Surgery for Retinopathy of Prematurity	Rs. 15,000			
10		Ventriculoperitoneal Shunt Surgery (VP) or Omayo Reservoir or External Drainage for Hydrocephalus	Rs.5,000			
	Other Neonatal Surgeries (The surgical packages are add-on to the neonatal packages)		Add on as specified in paediatric surgical packages and Cardiothoracic			

		Packages			
--	--	----------	--	--	--

Package Related Management Guidelines

Note: The investigations and treatment guidelines are to be done only if clinical condition warrants them

S.No	Package Category	Package Criteria	Investigations	Treatment
1	Basic neonatal care package (Co-bedded with mother)	Babies that can be managed by side of mother in postnatal ward without requiring admission in SNCU/NICU: <ul style="list-style-type: none"> Any newborn needing feeding support Babies requiring closer monitoring or short-term care for conditions like: <ul style="list-style-type: none"> Birth asphyxia (need for positive pressure ventilation; no HIE) Moderate jaundice requiring phototherapy Large for dates (>97 percentile) Babies Small for gestational age (less than 3rd centile) 	Blood sugar Complete Blood Counts Blood group Bilirubin Coombs Test Others as required	Monitoring Breastfeeding Support Spoon Feeds Phototherapy
2	Special Neonatal Care Package (Babies that required admission to SNCU or NICU)	Babies admitted for short term care for conditions like: <ul style="list-style-type: none"> Mild Respiratory Distress/tachypnea Mild encephalopathy Severe jaundice requiring intensive phototherapy Haemorrhagic disease of newborn Unwell baby requiring monitoring Some dehydration Hypoglycaemia 	Blood sugar Complete Blood Picture Blood group Bilirubin Coombs Test Chest X ray CRP Micro ESR Blood Culture Electrolytes	Monitoring Breastfeeding Support Spoon Feeds Gavage Feeds Intensive Phototherapy <i>Oxygen</i> <i>Intravenous Fluids</i> <i>Antibiotics</i>

		Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory	Renal function tests Coagulation profile Others as required	<i>Blood Products</i>
3	Intensive Neonatal Care Package	<p>Babies with birthweight 1500-1799 g or Babies of any birthweight and at least one of the following conditions:</p> <ul style="list-style-type: none"> • 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 <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory</p>	<p>Blood sugar Complete Blood Counts Blood group Bilirubin Coombs Test Chest X ray Blood Gas CRP Micro ESR Blood Culture CSF Studies Electrolytes Renal function tests Liver Function tests Serum Calcium Serum Magnesium USG abdomen USG Cranium Echocardiogram</p>	<p>Monitoring Breastfeeding Support Spoon Feeds Gavage Feeds Phototherapy Oxygen Intravenous Fluids Antibiotics Blood Products <i>Mechanical Ventilation</i> <i>CPAP</i> <i>NIMV</i> <i>HHFNC</i> <i>Surfactant Exchange</i> <i>Transfusion</i> <i>Inotropes</i> <i>Anti-congestives</i> <i>Anti-convulsants</i></p>

			EEG MRI Brain Coagulation profile Others as required Screening	
4	Advanced Neonatal Care Package	<p>Babies with birthweight of 1200-1499 g or Babies of any birthweight with at least one of the following conditions:</p> <ul style="list-style-type: none"> • 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) • Necrotising enterocolitis 2 A and above • Sepsis with complications such as meningitis or bone and joint infection, DIC or shock • Renal failure requiring dialysis • Inborn errors of metabolism <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory</p>	Blood sugar Complete Blood Counts Blood group Bilirubin Coombs Test Chest X ray Other X-rays Blood Gas CRP Micro ESR Blood Culture CSF studies Other Body Fluid Cultures Electrolytes Renal function tests Liver Function tests Serum Calcium Serum Magnesium	Monitoring Breastfeeding Support Spoon Feeds Gavage feeds Phototherapy Oxygen Intravenous Fluids Antibiotics Blood Products <i>Mechanical Ventilation</i> <i>CPAP</i> <i>NIMV</i> <i>HHFNC</i> <i>Surfactant Exchange</i> <i>Transfusion</i> <i>Inotropes</i> <i>Anti-Congestives</i> <i>Anti-convulsants</i> <i>Therapeutic</i>

			USG abdomen USG Cranium Echocardiogram EEG ECG MRI Brain Coagulation profile Metabolic Screen Others as required Screening	<i>Hypothermia</i> <i>Peritoneal</i> <i>Dialysis</i> <i>Glove Drain</i> <i>TPN</i>
5	Critical Care Neonatal Package	Babies with birthweight of <1200 g or Babies of any birthweight with at least one of the following conditions: <ul style="list-style-type: none"> • 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	Blood sugar Complete Blood Counts Blood group Bilirubin Coombs Test Chest X ray Other X-rays Blood Gas CRP Micro ESR Blood Culture CSF studies Other Body Fluid Cultures Electrolytes Renal function tests	Invasive Monitoring Breastfeeding Support Spoon Feeds Gavage Feeds Phototherapy Oxygen Intravenous Fluids Antibiotics Blood Products <i>Mechanical Ventilation</i> <i>CPAP</i> <i>NIMV</i> <i>HHFNC</i> <i>Surfactant</i>

			Liver Function tests Serum Calcium Serum Magnesium USG abdomen USG Cranium Echocardiogram EEG ECG MRI Brain Coagulation profile Metabolic Screen Others as required Screening	<i>Exchange Transfusion</i> <i>Inotropes</i> <i>Anti-congestives</i> <i>Anti-convulsants</i> <i>Therapeutic Hypothermia</i> <i>Peritoneal Dialysis</i> <i>Glove Drain</i> <i>TPN</i> <i>PGE1</i> <i>Inhaled Nitric Oxide</i> <i>HFO</i>
	Add-on Packages (Preauthorization is required unless there is a genuine emergency such as need for laparotomy for advanced NEC)			
	Medical Packages			
6	Chronic Care Package	<ul style="list-style-type: none"> If the baby requires stay beyond the upper limit of usual stay in Package no 4 or 5 for conditions like severe BPD requiring respiratory support, severe NEC requiring prolonged TPN support 		
7	High Risk Newborn Post Discharge Care Package (Pre-authorized, Protocol	<ul style="list-style-type: none"> ROP screening Developmental assessment Thyroid Screening Hearing screening 		

	Driven)	<ul style="list-style-type: none"> • Early intervention • Nutritional counselling 		
	Neonatal Surgical			
8		Laser Therapy for Retinopathy of Prematurity		
9		Advanced Surgery for Retinopathy of Prematurity		
10		Ventriculoperitoneal Shunt Surgery (VP) or Omayya Reservoir or External Drainage for Hydrocephalus		

XVIII. PEDIATRIC CANCER

Total no: of packages: 12

No: of packages mandated for pre-authorization: 12

Empanelment classification: Advanced criteria

Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: Mandatory for all packages

Pre-authorization remarks: Prior approval must be taken for all treatments/ malignancies.

- The type and duration of treatment is different for all cancers. It is very important to complete the entire treatment which may in some cases last for up to 3 years. For certain cancers like Chronic Myeloid Leukemia (CML) the treatment is lifelong.
- Cancer care treatments are advised to go through a clinical treatment approval process before initiating the best suitable treatment. A clinical treatment approval process is mandated for cancer care, since it involves a multi-modal approach covering surgical, chemotherapy and radiation treatments and appropriate supportive care that could assess to determine the best course of patient management for such conditions.
- There should be pre-authorization at each step for cancer care treatments. It is prescribed that decision regarding appropriate patient care for cancer care treatments should be taken by a multidisciplinary tumor board for tumors requiring multimodal treatment (if available within the treating hospital or if not then it could be sent to the nearest regional cancer centre (RCC) for approval) that should include a highly trained team of Surgical, Radiation and Medical/ Pediatric Oncologist in order to ensure the most appropriate

treatment for the patient. A detailed Oncology Treatment Plan Approval form is annexed. This could prove to be very vital for the target group in focus based on factors other than age alone, such as implications on the financial cover and to avoid unnecessary treatments. Further the design of the package and its step-wise approach also reflects the same.

- Relapse/recurrence may sometimes occur during/ after treatment. Retreatment is often possible which may be undertaken after evaluation by a Medical/ Pediatric Oncologist/ tumor board with prior approval and pre authorization of treatment.
- Chemotherapy is given per weight (body surface area). Clinical treatment approval/ pre authorization and communication is necessary to ensure each child receives the recommended dose of medicines. Under or over dosing is dangerous. So, dosing will differ in young children and older children.
- Only in Specialty care hospitals.

S.No	Name of Cancer	Chemotherapy (including Diagnostics)			Radiation	Surgery	Supportive care/ rehabilitation	Total permissible treatment scenario rates (INR)
		Induction	Consolidation	Maintenance				
1	Acute lymphoblastic leukemia	55,000	35,000	15,000	5,000	N/A	20,000	1,30,000
2	Acute Myeloid leukemia	55,000	35,000	N/A	N/A	N/A	30,000	1,20,000
3	Hodgkin Lymphoma (Favorable group)	45,000	N/A	N/A	±10,000	N/A	15,000	70,000
4	Hodgkin Lymphoma (Unfavorable Group)	70,000			15,000	N/A	25,000	1,10,000
5	Non Hodgkin Lymphoma	1,00,000			N/A	N/A	50,000	1,50,000
6	Retinoblastoma (Intraocular)	45,000			± 10,000	10,000	20,000	85,000
7	Retinoblastoma (Extraocular)	65,000			10,000	N/A	35,000	110,000
8	Brain Tumors	40,000			30,000	40,000	25,000	1,35,000
9	Wilms tumor	20,000			± 5000	20,000	N/A	45,000

10	Histiocytosis	45,000	N/A	N/A	5,000	50,000
11	Bone tumors/soft tissue sarcomas	80,000	25,000	80,000 including prosthesis	50,000	2,35 ,000
12	Chronic Myeloid Leukemia	80,000	N/A	N/A	20,000	1,00,000

XIX. PEDIATRIC SURGERY

Total no: of packages: 35

No: of packages mandated for pre-authorization: 1

Empanelment classification: Advanced criteria

Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: Required for 1 package

S. No	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
1	Ankyloglossia Major	15,000			
2	Ankyloglossia Minor	5,000			
3	Hernia & Hydrocele	20,000			
4	Sacroccygeal Teratoma	20,000			
5	Undescended Testis - Bilateral-Palp + Nonpalp	15,000			
6	Undescended Testis - Bilateral Palpable	15,000			
7	Undescended Testis - Bilateral Non-Palpable	20,000			

8	Undescended Testis - Reexploration/ Second Stage	20,000			
9	Undescended Testis - Unilateral-Palpable	15,000			
10	Ano Rectal Malformation - Abd-Perineal PSARP	20,000			
11	Ano Rectal Malformation – Anoplasty	20,000			
12	Ano Rectal Malformation – Cutback	20,000			
13	Ano Rectal Malformation - PSARP	20,000			
14	Ano Rectal Malformation - Redo Pullthrough	15,000			
15	Ano Rectal Malformation - Transposition	15,000			
16	Anti GERD Surgery	10,000			
17	Duplication Cyst Excision	20,000			
18	Fecal Fistula Closure	25,000			
19	Gastrostomy + Esophagoscopy+ Threading	20,000			
20	GI Tumor Excision	30,000			
21	Hirschsprung’s Disease - Myectomy	25,000			
22	Hirschsprung’s Disease - Pull Through	20,000			
23	Hirschsprung’s Disease - Retal Biopsy-Punch	10,000			
24	Hirschsprung’s Disease - Retal Biopsy –Open	10,000			
25	Hirschsprung’s Disease - Sphincterotomy	15,000			
26	Intussusception - Non –Operative Reduction in infants	20,000			
27	Intussusception – Operative in infants	25,000			
28	Ladds Procedure	30,000			
29	Rectal Polypectomy - Sigmoidoscopic (Ga)	8,000			
30	Retro-Peritoneal Lymphangioma Excision	25,000			
31	Congenital Diaphragmatic Hernia	25,000			
32	Congenital Lobar Emphysema	25,000			
33	Exomphalos/gastroschisis	25,000			
34	Cleft Lip and Palate Surgery	15,000	Yes	Yes	3

		per stage			
--	--	-----------	--	--	--

XX. MEDICAL PACKAGES

Total no: of packages: 70

No: of packages mandated for pre-authorization: 70 (extensions only)

- Separate package for high end radiologic diagnostic (CT, MRI, Imaging including nuclear imaging,) relevant to the illness only (no standalone diagnostics allowed) - subject to pre-authorization with a cap of Rs 5000 per family per annum within overall sum insured.
- Separate package for high end histopathology (Biopsies) and advanced serology investigations relevant to the illness only (no standalone diagnostics allowed) - after pre-authorization with a cap of Rs 5000 per family per annum within overall sum insured.
- Blood or Blood components transfusion if required, payable separately subject to pre-authorization. Blood can be procured only through licensed blood banks as per National Blood Transfusion Council Guidelines.
- Endoscopy for therapeutic purpose subject to pre-authorization with a cap of Rs.5000 per family per annum
- If a medical condition requiring hospitalization has not been envisaged under this list then a pre-authorization can be sought as "Unspecified Medical"

Empanelment classification: Essential/ Minimum criteria

In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for PMRSSM provider network. Minimum criteria to elaborate on the specification of beds under various categories of admission (namely Routine ward, HDU and ICU)

Pre-authorization: Mandatory for all packages for progressive extension of treatment/ hospital stay

Pre-authorization remarks: Prior approval must be taken for all medical conditions/ packages under this domain for progressive extension of therapeutic treatments (i.e. for extending stay at 1,5,10 days stay and beyond)

- All clinical test reports, diagnosis, TPR charting, case sheet/ clinical notes and discharge summary need to be submitted for extension of packages and during claims submission.
- Legend of bed day charges:

Admission Type	Per day rate (NABH)	Per day rate (non-NABH)
Routine ward	Rs 2,000/ day	Rs 1,800/ day
HDU	Rs 3,000/ day	Rs 2,700/ day
ICU (no ventilation)	Rs 4,000/ day	Rs 3,600/ day
ICU (ventilation support)	Rs 5,000/ day	Rs 4,500/ day

S.No	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
Common illnesses with or without underlying disease					
1	Acute gastroenteritis with moderate dehydration	Rs 2000 per day (Admission beyond 1 day requires pre-authorization)			
2	Recurrent vomiting with dehydration				
3	Dysentery				
4	Renal colic				
5	Acute bronchitis				
6	Pneumothroax				
7	Accelerated hypertension				
8	Congestive heart failure				
9	Severe anemia				

10	Diabetic ketoacidosis			
11	Acute febrile illness			
12	Acute exacerbation of COPD			
13	UTI			
14	Malaria			
15	Dengue fever			
16	Chikungunya fever			
17	Leptospirosis			
18	Enteric fever			
19	Pneumonia			
20	Acute exacerbation of ILD			
21	Liver abscess			
22	Acute viral hepatitis			
23	Snake bite			
24	Acute organophosphorus poisoning			
25	Other poisoning			
26	Pyrexia of unknown origin			
27	Pericardial/ Pleural tuberculosis			
28	Systemic lupus erythematosus			
29	Vasculitis			
30	Seizures			
31	Bacterial/ fungal endocarditis	Rs 2,000 per day (pre-authorization needs to be sought to continue package beyond 5 and 10 day intervals)		
32	Acute inflammatory demyelinating polyneuropathy			
33	Lung abscess/ Empyema			
34	Acute and chronic meningitis			
35	Viral encephalitis			

36	Persistent/ Chronic diarrhoea	Note: If shifted to HDU/ ICU, suitable rates would need to be applied and pre-authorization be sought.			
37	Acute and chronic pancreatitis				
38	Visceral leishmaniasis				
39	HIV with complications				
40	Neuromuscular disorders				
41	Metabolic encephalopathy				
42	Sickle cell Anemia				
Serious conditions that might require admission in High Dependency Unit (HDU) - Patients sick with unstable vitals, faced with life threatening conditions, but not requiring ventilator support					
43	Poisonings with unstable vitals	Rs 3,000 per day (advised to take pre-authorization beyond 5 day - up to a limit of 10 days and also beyond to continue package) Note: If shifted to routine ward/ ICU, suitable rates would need to be applied and pre-authorization be sought If only in general ward then Rs.2000			
44	Type 1/2 respiratory failure				
45	Acute asthmatic attack				
46	Acute exacerbation of COPD				
47	Severe pneumonia				
48	Acute gastroenteritis with severe dehydration				
49	Hypertensive emergencies				
50	Dengue hemorrhagic fever/Dengue shock syndrome				
51	Complicated malaria				
52	Heat stroke				
53	Hyperosmolar Non-Ketotic coma				
54	Cerebrovascular accident				
55	Severe sepsis/Septic shock				
56	Upper GI bleeding (conservative)				
57	Upper GI bleeding (endoscopic)				
58	Lower GI hemorrhage				
59	Immune mediated CNS disorders such as autoimmune encephalitis				

60	Acute transverse myelitis				
61	Guillian Barre Syndrome				
62	Hydrocephalus				
63	Cerebral sino-venous thrombosis				
64	AKI/ renal failure(dialysis payable separately as an add on package for)				
Critical conditions that might require admission in Intensive Care Unit (ICU) - Patients sick with unstable vitals, faced with life threatening conditions, requiring ventilator support					
65	Status epilepticus	Rs 4,000 per day in the case no ventilation support and Rs 5,000 per day in the case of ventilation support required (advised to take pre-authorization beyond 5 days for admission up to a limit of 10 days and mandated to again take pre-authorization beyond 10 days) Note: If shifted to routine ward/ ICU, suitable rates would need to be applied and pre-authorization be sought			
66	Status asthmaticus				
67	Respiratory failure due to any cause (pneumonia, asthma, COPD, ARDS, foreign body, poisoning, head injury etc.)				
68	Blood and blood component transfusion (admission for a diagnostic procedure leading to treatment requiring admission, e.g. bone marrow and bone biopsy, endoscopy, liver biopsy, bronchoscopy, CT/MRI under GA, broncho-alveolar lavage, lumbar puncture, muscle biopsy, pleural aspiration, ascitic tapping etc.)	Rs 2,000 per day (up to a limit of 2 days) - needs mandatory pre-authorization			

69	Plasmapheresis (pre-auth)	2,000 per session			
70	Haemodialysis/Peritoneal Dialysis (only for ARF)	2,000 per session			

XXI. ONCOLOGY

Total no: of packages: 112

No: of packages mandated for pre-authorization: 112

Empanelment classification: Advanced criteria

Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: Mandatory for all packages

Pre-authorization remarks: Prior approval must be taken for all treatments/ malignancies.

- The type and duration of treatment is different for all cancers. It is very important to complete the entire treatment which may in some cases last longer than a year. Relapse/recurrence may sometimes occur.
- Cancer care treatments are advised to go through a clinical treatment approval process before initiating the best suitable treatment. A clinical treatment approval process is mandated for cancer care, since it involves a multi-modal approach covering surgical, chemotherapy and radiation treatments and appropriate supportive care that could assess to determine the best course of patient management for such conditions.
- There should be pre-authorization at each step for cancer care.
- However it is advised that decision regarding appropriate patient care for cancer care treatments would need to be taken by a multidisciplinary tumor board (if available within the treating hospital or if not then it could be sent to the nearest regional cancer centre (RCC) for approval) that should include a highly trained team of Surgical, Radiation and Medical Oncologist in order to ensure the most appropriate treatment for the patient. A detailed Oncology Treatment Plan Approval form is annexed. This could prove to be very vital, such as implications on the financial cover and to avoid unnecessary treatments.
- For Radiotherapy, generic packages have been listed irrespective of primary tumor site. However cost of packages may differ depending upon the technique of radiotherapy used like 3DCRT/IMRT/IGRT etc.

- Packages under surgical oncology might not be exhaustive, since there are significant overlaps with packages under other specialty domains. Such packages may be used as deemed necessary.

Radiotherapy:

S. No	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
1	Cobalt 60 External Beam Radiotherapy (Radical/Adjuvant / Neoadjuvant)	20,000	Blood test + CT + Biopsy	Data of RT treatment plan & dose	
2	Cobalt 60 External Beam Radiotherapy (Palliative)	10,000	Blood test + CT + Biopsy	Data of RT treatment plan & dose	
3	Linear Accelerator External Beam Radiotherapy (Palliative)	20,000	Blood test + CT + Biopsy	Data of RT treatment plan & dose	
4	Linear Accelerator, External Beam Radiotherapy 3D CRT/2D Planning (Radical/Adjuvant/ Neoadjuvant)	50,000	Blood test + CT + Biopsy	Data of RT treatment plan & dose	
5	Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (Radical/Adjuvant/Neoadjuvant)	75,000	Blood test + CT + Biopsy	Data of RT treatment plan & dose	
6	Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) (Radical/Adjuvant/Neoadjuvant)	120,000	Blood test + CT + Biopsy	Data of RT treatment plan & dose	
7	SRT(Stereotactic radiotherapy)	70,000	Blood test + CT + Biopsy	Data of RT treatment plan & dose	
8	SRS (Streotactic radiosurgery)	70,000	Blood test + CT + Biopsy	Data of RT treatment plan & dose	
9	Respiratory Gating along with Linear Accelerator	70,000	Blood test + CT + Biopsy	Data of RT	

	planning			treatment plan & dose	
10	Electron beam with Linear accelerator (Radical)	50,000	Blood test + CT + Biopsy	Data of RT treatment plan & dose	
11	Tomotherapy(Radical/Adjuvant/Neoadjuvant)	75,000	Blood test + CT + Biopsy	Data of RT treatment plan & dose	
12	Brachytherapy High Dose Radiation (Intracavitary)	4,500 per fraction (maximum 4 sessions)	Blood test + CT + Biopsy	Data of RT treatment plan & dose	
13	Brachytherapy High Dose Radiation (Interstitial)	30,000 (one application, multiple dose)	Blood test + CT + Biopsy	Data of RT treatment plan & dose	
14	Brachytherapy High Dose Radiation (Intraluminal)	4,500 per fraction (maximum 4 sessions)	Blood test + CT + Biopsy	Data of RT treatment plan & dose	

Surgical Oncology:

S. No	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in intensive care units)
1	Tracheal resection	25,000	CECT, Biopsy	Clinical photograph showing scar, HPE report	
2	Sternotomy with superior mediastinal dissection	40,000	CECT, Biopsy	Clinical photograph showing scar, HPE report	
3	Substernal bypass	30,000	Biopsy	Clinical photograph showing scar, HPE	
4	Resection of nasopharyngeal tumour	40,000	Biopsy, CECT/MRI	Clinical photograph showing scar, HPE report	
5	Myocutaneous flap	20,000	Biopsy	Clinical photograph showing scar	
6	Fasciocutaneous flap	15,000	Biopsy	Clinical photograph showing scar	
7	Palatotomy- Soft palate	20,000	Biopsy, CECT/MRI	Clinical photograph showing scar, HPE report	
8	Palatotomy- Hard palate	20,000	Biopsy, CECT/MRI	Clinical photograph showing scar, HPE report	

9	Microvascular reconstruction	45,000	Biopsy	Clinical photograph showing scar	
10	Composite resection	40,000	Biopsy, CECT/MRI	Clinical photograph showing scar, HPE report	
11	Composite resection with reconstruction(excluding microvascular)	60,000	Biopsy, CECT/MRI	Clinical photograph showing scar, HPE report	
12	Neck dissection-selective	12,000	Biopsy/FNAC	Clinical photograph showing scar, HPE report	
13	Neck dissection-comprehensive	16,000	Biopsy/FNAC	Clinical photograph showing scar, HPE report	
14	Total Maxillectomy	18,000	Biopsy, CECT/MRI	Clinical photograph showing scar, HPE report	
15	Radical Maxillectomy	25,000	Biopsy, CECT/MRI	Clinical photograph showing scar, HPE report	
16	Radical parotidectomy	25,000	FNAC, CECT/MRI	Clinical photograph showing scar, HPE report	
17	Partial laryngectomy (voice preserving)	20,000	Biopsy, CECT	Clinical photograph showing scar, HPE report	
18	Voice prosthesis	30,000	Biopsy, CECT	Invoice of prosthesis, scar photo	
19	Total Thyroidectomy with central compartment LN dissection	20,000	FNAC, CECT	Clinical photograph showing scar, HPE report	
20	Total Thyroidectomy with central compartment LN dissection with Lateral LN dissection	25,000	FNAC, CECT	Clinical photograph showing scar, HPE report	
21	Tracheostomy	5,000		Clinical photograph showing scar, HPE report	
22	Axillary dissection	15,000	FNAC/ BIOPSY, CECT	Clinical photograph showing scar, HPE report	
23	Breast conserving surgery (lumpectomy + axillary surgery)	12,000	FNAC/ BIOPSY, CECT	Clinical photograph showing scar, HPE report	
24	Lung metastectomy- solitary	30,000	FNAC/ BIOPSY, CECT	Clinical photograph showing scar, HPE report, xray chest	
25	Lung metastectomy- multiple (< four)	50,000	FNAC/ BIOPSY, CECT	Clinical photograph showing scar, HPE report, xray chest	
26	Lung metastectomy- multiple (> four)	60,000	FNAC/ BIOPSY, CECT	Clinical photograph showing scar, HPE report, xray chest	
27	Sleeve resection of lung cancer	70,000	FNAC/ BIOPSY, CECT	Clinical photograph showing scar, HPE report, xray chest	
28	Oesophagectomy with two field lymphadenectomy	60,000	UGI endoscopy, Biopsy, CECT	Clinical photograph showing scar, HPE report	
29	Oesophagectomy with three field lymphadenectomy	60,000	UGI endoscopy, Biopsy, CECT	Clinical photograph showing scar, HPE report	

30	Enucleation of pancreatic neoplasm	25,000	CECT	Clinical photograph showing scar, HPE report
31	Radical Cholecystectomy	25,000	CECT/MRI	Clinical photograph showing scar, HPE report
32	Abdominal wall tumour resection	25,000	CECT	Clinical photograph showing scar, HPE report
33	Abdominal wall tumour resection with reconstruction	35,000	CECT	Clinical photograph showing scar, HPE report
34	Oesophageal stenting including stent cost	40,000	CECT	Stent invoice
35	Triple bypass GI tract	30,000	Biopsy, CECT, endoscopy	Clinical photograph showing scar, HPE report
36	Segmentectomy- hepatobiliary system	50,000	CECT/MRI	Clinical photograph showing scar, HPE report
37	Radical Hysterectomy + Bilateral pelvic lymph node dissection + bilateral salpingo ophorectomy (BSO)/ ovarian transposition	50,000	CECT, biopsy	Clinical photograph showing scar, HPE report
38	Skin Tumours Wide Excision + Reconstruction	25,000		
39	Skin Tumours Amputation	8,000		
40	Radical Vaginectomy	30,000	CECT, biopsy	HPE report
41	Radical Vaginectomy + Reconstruction	35,000	CECT, biopsy	HPE report
42	Bilateral Pelvic Lymph Node Dissection (BPLND)	20,000	CECT, biopsy	Clinical photograph showing scar, HPE report
43	Radical Trachelectomy	40,000	CECT, biopsy	Clinical photograph showing scar, HPE report
44	Vulvectomy with bilateral groin dissection	45,000	Biopsy	HPE report
45	Limb salvage surgery for bone tumor with prosthesis	70,000	Biopsy, CECT/ MRI – local, CT – thorax , bone scan	Clinical photograph, XRAY showing prosthesis, HPE report
46	Hemipelvectomy	45,000	Biopsy, CECT/ MRI – local	Clinical photograph showing scar, HPE report
47	Sacral resection	40,000	Biopsy, CECT/ MRI - pelvis	Clinical photograph showing scar, HPE report
48	Chest wall resection with reconstruction	40,000	Biopsy, CT/ XRAY -	Clinical photograph showing scar, HPE report

	for soft tissue / bone tumors		thorax	
--	-------------------------------	--	--------	--

Medical Oncology:

S. No	Site	Procedure Name	Rates (INR)	Pre-op Investigations for approval	Post-op Investigations/ Evidence for approval of claim
1	Lymphoma, Non-Hodgkin's	Cyclophosphamide - Doxorubicin Vincristine - Prednisone (CHOP)- max 8 cycles (Per cycle)	R CHOP Regimen-25000 per cycle x6 CHOP	Biopsy, CT	Chemotherapy drug with batch number and bar code
2	Multiple Myeloma	Vincristine, Adriamycin, Dexamethasone (VAD) - cycle max 6 cycles	Bortezomib+ lenalidomide+ dexamethasone 20,000/ per cycle x6 Bortezomib+ cyclophosphamide+ dexamethasone 10000/per cycle x6 MPT melphalan, thalidomide and prednisolone 6000/per cycle x9	Bone Marrow Aspiration Report	Chemotherapy drug with batch number and bar code

			Bortezomib + dexamethasone 6000/per cycle x9		
3	Multiple Myeloma	Thalidomide+Dexamethasone(Oral)/ month - max 12 months	3,000	Bone Marrow Aspiration Report	Chemotherapy drug batch number with bar code
4	Colon Rectum	5-Fluorouracil-Oxaliplatin - Leucovorin (FOLFOX) - Max. 6 cycles (Per cycle)	10,000	Biopsy, CT	Chemotherapy drug batch number with bar code
5	Bone Tumors/Osteosarcoma/ Hepatoblastoma - Operable	Cisplatin/carboplatin - Adriamycin- max 6 cycles (Per cycle)	3,000	Biopsy, CT	Chemotherapy drug batch number with bar code

6	Lymphoma, Hodgkin'S	Adriamycin Bleomycin VinblastinDacarbazine (ABVD) - max 8 cycles (Per cycle) (Day 1 & Day 15)	ABVD (day 1 and 15) 5000x2=10,000 per cycle x 6	Biopsy, CT	Chemotherapy drug batch number with bar code
7	Cervix	Cisplatin/Carboplatin (AUC2) along with RT- max 6 cycles (Per cycle)	chemo radiation 5000/per week x 6	Biopsy, CT	Chemotherapy drug batch number with bar code
8	Childhood B-Cell Lymphomas	Remove	Remove	Hematology report + Biopsy	Chemotherapy drug batch number with bar code

9	Neuroblastoma Stage I –III	Variable Regimen – Neuroblastoma - max 1 year (Per cycle)	9,000	Biopsy, CT	Chemotherapy drug batch number with bar code
10	Multiple Myeloma	Melphalan -Prednisone (oral) – per month (max 12 months) - Ovarian CA, Bone CA	1,500	Bone Marrow Aspiration Report	Chemotherapy drug batch number with bar code
11	Wilm'sTumor	SIOP/National Wilms Tumour Study Group (NWTS) regimen(Stages I - V)- max 6 months (Per month) - Wilm's tumour	7,000	Biopsy, CT	Chemotherapy drug
12	Colon Rectum	Monthly 5-FU	4,000	Biopsy, CT	Chemotherapy drug batch number with bar code

13	Breast	Paclitaxel weekly x 12 weeks	4,000	Biopsy, CT	Chemotherapy drug batch number with bar code
14	Breast	Cyclophosphamide/Methotrexate/5Fluorouracil (CMF) (Per cycle)	1,500	Biopsy, CT	Chemotherapy drug batch number with bar code
15	Breast	Tamoxifen tabs - maximum 12 cycles (Per month)	100	Biopsy, CT	Chemotherapy drug batch number with bar code
16	Breast	Adriamycin/Cyclophosphamide (AC) – per cycle (Maximum 4 cycles)	3,000	Biopsy, CT	Chemotherapy drug batch number with bar code
17	Breast	5- Fluorouracil A-C (FAC) – per cycle (Maximum 6 cycles)	3,100	Biopsy, CT	Chemotherapy drug batch number with bar code

18	Breast	AC (AC Then Taxol)	3,000	Biopsy, CT	Chemotherapy drug batch number with bar code
19	Small Cell Lung Cancer	Cisplatin/Etoposide (IIIB) – per cycle (Max. 6 cycles only)	4,000	Biopsy, CT	Chemotherapy drug batch number with bar code
20	Oncology oesophagus	Cisplatin + 5 FU(Neoadjuvant Chemotherapy)/Adjuvant (ADJ)- per cycle (Max. of 6 cycles only)	3,000	Biopsy, CT	Chemotherapy drug batch number with bar code
21	Stomach	Docetaxel +Oxaliplatin+5FU 20,000 per cycle for 4 cycles CapOX- 10,000 per cycle for 8 cycles	4,000	Biopsy, CT	Chemotherapy drug batch number with bar code

22	Breast	Aromatase Inhibitors (Anastazole/Letrozole/Exemestane) - maximum 12 cycles (Per month)	900	Biopsy, CT	Chemotherapy drug batch number with bar code
23	Urinary Bladder	Weekly Cisplatin/Carboplatin- max 6 cycles with RT (Per week)	2,000	Biopsy, CT	Chemotherapy drug batch number with bar code
24	Urinary Bladder	MethotraxateVinblastin Adriamycin Cyclophosphamide (MVAC)	5,000	Biopsy, CT	Chemotherapy drug batch number with bar code
25	Retinoblastoma	Carbo/Etoposide/Vincristine-max 6 cycles (Per cycle)	4,000	Biopsy, CT	Chemotherapy drug batch number with bar code

26	Febrile Neutropenia	IV antibiotics and other supportive therapy (Per episode)	30,000	Haemogram, Blood Culture	Chemotherapy drug batch number with bar code
27	Vaginal/ Vulval Cancer	Cisplastin/5-FU	3,000	Biopsy, CT	Chemotherapy drug batch number with bar code
28	Ovary	Carboplatin/Paclitaxel-max 6 cycles (Per cycle)	Taxol+carboplatin 15000/percyclex6 BEP regimen for germ cell tumor 10000/per cyclex4	Biopsy, CT	Chemotherapy drug batch number with bar code
29	Rectal Cancer Stage 2 And 3	Gemcitabine +capecitabine-15,000 per cycle for 6 cycles	4,000	Biopsy, CT	Chemotherapy drug batch number with bar code
30	Multiple Myeloma	Zoledronic acid - Max 12 cycles (Per month)	2,000	Biopsy, CT	Chemotherapy drug batch number with bar code

31	Gestational Trophoblast Ds. High Risk	Etoposide-Methotrexate-Actinomycin / Cyclophosphamide -Vincristine (EMA-CO)-max 6 cycles (Per cycle)	10,000	Beta - HCG report + CT	Chemotherapy drug batch number with bar code
32	Gestational Trophoblast Ds. Low Risk	Actinomycin- max 10 cycles (Per cycle)	1,000	Beta - HCG report + CT	Chemotherapy drug batch number with bar code
33	Gestational Trophoblast Ds. Low Risk	Weekly Methotrexate (Per week) max. 10 cycles	1,000	Beta - HCG report + CT	Chemotherapy drug batch number with bar code
34	Ovary Germ Cell Tumour	Bleomycin-Etoposide-Cisplatin (BEP) - max cycles 4 (Per cycle)	6,000	Biopsy, CT	Chemotherapy drug batch number with bar code

35	Prostate	Hormonal Therapy - Per month	3,000	Biopsy, CT	Chemotherapy drug batch number with bar code
36	Testis	Bleomycin-Etoposide-Cisplatin (BEP)- max cycles 4 (Per cycle)	BEP regimen for germ cell tumour 10000/per cyclex4	Biopsy, CT	Chemotherapy drug batch number with bar code
37	Acute Myeloid Leukemia	Induction Phase, up to	Daunomycin and cytosine arabinoside (3:7) 100,000	Hematology + Bone Marrow Aspiration Report	Chemotherapy drug batch number with bar code
38	Acute Myeloid Leukemia	Consolidation Phase, up to	High dose cytosine arabinoside 75000 x 3-4 cycles	Hematology + Bone Marrow Aspiration Report	Chemotherapy drug batch number with bar code
39	Histocytosis	Variable Regimen-Histocytosis-max 1 year (Per month)	8,000	Biopsy, CT	Chemotherapy drug batch number with bar code

40	Rhabdomyosarcoma	Vincristine-Actinomycin-Cyclophosphamide (VACTC) based chemo - max 1 year (Per month) - Rhabdomyosarcoma	6,000	Biopsy, CT	Chemotherapy drug batch number with bar code
41	Ewing's Sarcoma	Variable Regimen Inv - Hematology, Biopsy – Payable	6,000	Biopsy, CT	Chemotherapy drug batch number with bar code
42	Unlisted Regimen	Palliative CT- Max 6 cycles (Per cycle)	5,000	Biopsy, CT	Chemotherapy drug batch number with bar code
43	Terminally Ill	Palliative And Supportive Therapy - Per month	3,000		
44	Acute Lymphatic Leukemia	Maintenance Phase - Per month	5000 per month x 24	Hematology + Bone Marrow Aspiration Report	Chemotherapy drug batch number with bar code

45	Acute Lymphatic Leukemia	Induction	50,000	Hematology + Bone Marrow Aspiration Report	Chemotherapy drug batch number with bar code
46	Acute Lymphatic Leukemia	Consolidation	50,000	Hematology + Bone Marrow Aspiration Report	Chemotherapy drug batch number with bar code
47	Head and Neck	Tab Gefitinib/Erlotinib-Max 1 Year (Per month)	3,000	Biopsy, CT	Chemotherapy drug batch number with bar code
48	Renal cell carcinoma	Sunitinib/ Pazopanib (per day)	2,500	Biopsy, CT	Chemotherapy drug batch number with bar code
49	chronic myeloid leukemia	Imatinib	6000/per month x 5 years		Chemotherapy drug batch number with bar code
50	Gall Bladder Cancer	Gemcitabine + cisplatin	10,000 per cycle for 6 cycle		Chemotherapy drug batch number with bar code

XXII. Emergency Room Packages (Care requiring less than 12 hrs stay)

Total no: of packages: 4

No: of packages mandated for pre-authorization: 0

Empanelment classification: Essential/ Minimum criteria

In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for PMRSSM provider network.

Pre-authorization: Nil.

Comments: Patient trail to be maintained by the hospital treating the patient. To be clubbed with the payments made to the referred hospital. In case of hospitalization requiring more than 12 hrs, then patient to be admitted and treated accordingly.

S. No	Procedure Name	Rates (INR)	Pre-op Investigations for approval
1	Emergency with stable cardiopulmonary status	1000	Evaluated, stabilized, arranged referral resuscitated, provided life support
2	Emergency consultation: acute colic, high fever, cut, stitches, soft tissue injury, FB removal		Only in Public sector facilities.
3	Single bone fracture plaster, nebulization for asthmatic attack, moderate dehydration, hypoglycaemia in a diabetic, Dengue without complication, Syncope, Food poisoning etc		Only in Public sector facilities.
4	Animal bites	(500+ 300x4)	Payment after completion of 5th dose.

XXIII. MENTAL DISORDERS PACKAGES

No: of packages mandated for pre-authorization: 17(extensions only)

Empanelment classification: Essential/ Minimum criteria

In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for NHPS provider network.

Pre-authorization: Mandatory for all packages for progressive extension of treatment/ hospital stay

Pre-authorization remarks: Prior approval must be taken for all mental health conditions/ packages under this domain for progressive extension of therapeutic treatments.

- Procedures can be done only in public sector hospital with Specialty available
- All clinical test reports, diagnosis, Mental Status Examination (MSE), case sheet/ clinical notes and discharge summary need to be submitted for extension of packages and during claims submission.
- No: 15 included: 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
- Legend of bed day charges:

Routine ward	Rs 1,500/ day
HDU	Rs 2,500/ day

S.No.	Procedure Name	Rates (INR)	Pre-admission / Investigations for approval	During admission Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in High Dependency Units)
1	F00-F09 Organic, including symptomatic, mental disorders	Rs. 1500 per day (up to a limit of 2 weeks after which pre-authorization needs to be sought up to a limit of 2 weeks)	Clinical assessment and investigations	Clinical assessment & Report	Four weeks
2	F10-F19 Mental and Behavioural disorders due				

	to psychoactive substance use				
3	F20-F29 Schizophrenia, schizotypal and delusional disorders				
4	F30-F39 Mood (affective) disorders				
5	F40-F48 Neurotic, stress-related and somatoform disorders		Clinical assessment and investigations	Clinical assessment & Report	Four weeks
6	F50-F59 Behavioural syndromes associated with physiological disturbances and physical factors				
7	F70-F79 Mental retardation				

Serious conditions that might require admission in High Dependency Unit (HDU) - Patients sick with unstable vitals, faced with life threatening conditions, but not requiring ventilator support

S.No	Procedure Name	Rates (INR)	Pre-admission / Investigations for approval	During admission Investigations/ Evidence for approval of claim	Minimum Number of Days Admission (Including Days in High Dependency Units)
8	F00-F09 Organic, including symptomatic, mental disorders		Clinical assessment report / Risk Assessment + Investigation	Clinical assessment & Report	10 Days
9	F10-F19 Mental and Behavioural disorders due to psychoactive	Rs. 2500 per day (up to a limit of 10 days after			

	substance use	which pre-authorization needs to be sought up to a limit of 10 days)			
10	F20-F29 Schizophrenia, schizotypal and delusional disorders				
11	F30-F39 Mood (affective) disorders				
12	F40-F48 Neurotic, stress-related and somatoform disorders				
13	F50-F59 Behavioural syndromes associated with physiological disturbances and physical factors				
14	F 70 – 79 Mental Retardation				
15	Pre- Electro Convulsive Therapy (ECT) and Pre- rTranscranial Magnetic Stimulation (TMS)Package *	Rs. 10,000 /-	Clinical assessment	Clinical assessment	
16	Electro Convulsive Therapy (ECT)	Rs. 3000/- per session			
17	Transcranial Magnetic Stimulation (TMS)	Rs. 1000/- per session			

Complete Hemogram, Liver Function Test, Renal Function Test, Serum Electrolytes, Electro Cardiogram (ECG), CT/MRI Brain, Electroencephalogram, Dental Examination, Cognitive Tests

**** 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,**