



Packages Tariff

**Updated as on
01-04-23**

**Max Super Speciality Hospital, Dehradun
Khasra No. 165, Mussoorie Diversion
Road, Near Indian Oil Petrol pump
Malsi, Dehradun - 248 001**

- 1 Packages have been designed for the convenience of patient billing at a discounted rate and hence certain limits have been defined for the consumption included in each package.
- 1.a Pharmacy Consumption and Investigation beyond the limits, shall be charged extra on actual.
- 2 The Max Hospital Management has the right to discontinue a package and to change terms and conditions, without giving any prior information or notice.
- 3 A fixed length of stay is defined for each package, including exact no. of days in ICU bed.
- 3.a If a Patient stays longer in ICU bed than defined in package, room differential shall be charged wrt opted ward category.
- 3.b If a Patient stays longer than total length of package stay, then full room rent occupied will be charged for each advance stay.
- 4 Doctor Consultation, other than Primary Admitting Doctor or other than defined in package will be charged extra.
- 5 Implants will be charged extra on actual MRP unless specified in package definition.
- 6 All services shall be charged extra on actual basis if stay of patient exceeds total length of stay defined in package.
- 7 Any additional Procedure or Surgery, if not defined in package definition, will be charged extra on actual.
- 8 The management reserve right to change terms and conditions depending on the availability of services.

PACKAGE TARIFF & BILLING

Adult Cardiac Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
31615	CABG - Ministernotomy	3+5	-	2,66,950	3,20,350	3,73,750	4,27,100	5,33,900	1,00,000	55,160	59,100	61,940
19522	CABG - REDO	4+6	-	3,91,000	4,69,250	5,47,450	6,25,650	7,82,000	95,000	55,160	59,100	61,940
31618	CABG + AVR	4+5	-	3,91,000	4,69,250	5,47,450	6,25,650	7,82,000	1,00,000	55,160	59,100	61,940
20847	CABG + Carotid Endarterectomy	4+6	-	4,09,250	4,91,100	5,72,950	6,54,800	8,18,500	1,00,000	55,160	59,100	61,940
31617	CABG + LV Aneurysm Repair	3+5	-	3,96,850	4,76,250	5,55,600	6,35,000	7,93,700	1,00,000	55,160	59,100	61,940
31634	CABG + MVR + TV Repair / Aneurysm Repair	4+4	-	4,01,550	4,81,900	5,62,200	6,42,500	8,03,100	1,00,000	55,160	59,100	61,940
31619	CABG + Ring Annuloplasty	3+5	-	3,52,050	4,22,450	4,92,850	5,63,250	7,04,050	1,00,000	55,160	59,100	61,940
31630	CABG + VSD Closure	4+5	-	3,68,000	4,41,550	5,15,150	5,88,750	7,35,950	1,00,000	55,160	59,100	61,940
23025	CABG with any Valve Repair/Replacement	4+5	-	4,32,300	5,18,750	6,05,200	6,91,650	8,64,550	1,00,000	55,160	59,100	61,940
27813	CABG With DVR	4+5	-	4,48,800	5,38,550	6,28,300	7,18,100	8,97,600	1,00,000	55,160	59,100	61,940
25697	CABG-Off pump (By pass surgery)	3+4	-	2,95,200	3,13,000	3,48,000	3,55,000	4,14,000	1,00,000	44,350	47,550	49,810
28739	CABG-Off pump (By pass surgery)-High Risk	4+5	-	3,71,550	4,45,850	5,20,150	6,21,950	7,43,050	1,00,000	55,160	59,100	61,940
50982	CABG-On pump (By pass surgery)	3+4	-	2,95,200	3,13,000	3,48,000	3,55,000	4,14,000	1,50,000	44,350	47,550	49,810
30499	Cabrol Bentall/Aortic Dissections - High Risk	4+5	-	4,24,600	5,09,550	5,94,450	6,79,400	8,49,200	70,000	55,160	59,100	61,940

Inclusions

- Investigations and pharmacy upto above defined limit.
- Psychological counseling.
- Physiotherapy upto 18 quantity.
- Blood Bank - Cross Matching, Whole Blood, Fresh Frozen Plasma, Random Donor Platelet Concentrate processing charges upto 4 units.
- Ventilator equipment charges during defined ICU days.
- Alpha bed upto 9 quantity.
- Nebulisation upto 5 quantity.
- CTVS OT charges, procedure changes, surgeon fee and consult charges.
- Intensivisit consult during defined ICU days.

Exclusions

- All Prosthetics & Implants (Patch, Valve, Graft , Conduit) will be charges extra on actual.
- Aphaeresis Kit will be charged extra at applicable rates.
- Aortic Balloon, Cell Saver Kit, Swan Ganz and Femoral CPB Kit will be charged extra on actual.
- Reopening / Re-Exploration during the package stay will be charges extra on actual.
- Antibiotics, if used, will be charged extra to at applicable rates.

Valve Cardiac Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
25289	Aortic Valve Replacement	3+4	-	3,72,100	4,46,550	5,20,950	5,95,350	7,44,200	1,50,000	42,230	45,240	47,390
31654	AVR/MVR + TVR - Redo	3+4	-	4,13,400	4,96,050	5,78,750	6,61,400	8,26,750	1,50,000	44,350	47,550	49,810
19530	Double Valve Replacement	3+4	-	3,89,750	4,67,700	5,45,650	6,23,600	7,79,500	1,50,000	44,350	47,550	49,810
31651	DVR + TV Repair	3+5	-	3,65,000	4,38,000	5,11,000	5,84,000	7,29,950	90,000	55,160	59,100	61,940
31645	Mitral Valve Replacement + TV Repair	3+5	-	3,89,750	4,67,700	5,45,650	6,23,600	7,79,500	90,000	55,160	59,100	61,940
25161	Mitral Valve Replacement/ Repair	3+4	-	3,72,100	4,46,550	5,20,950	5,95,350	7,44,200	1,50,000	44,350	47,550	49,810
30486	Mitral/Aortic Valve Repair/Replacement - Redo	3+4	-	3,05,950	3,67,150	4,28,350	4,89,550	6,11,900	1,50,000	44,350	47,550	49,810
31653	MVR/AVR - Redo	3+4	-	4,13,400	4,96,050	5,78,750	6,61,400	8,26,750	1,50,000	44,350	47,550	49,810
31640	Tricuspid V Repair	3+5	-	3,04,250	3,65,100	4,25,900	4,86,750	6,08,450	90,000	55,160	59,100	61,940

Inclusions

- Investigations and pharmacy upto above defined limit.
- Psychological counseling.
- Physiotherapy upto 18 quantity.
- Blood Bank - Cross Matching, Whole Blood, Fresh Frozen Plasma, Random Donor Platelet Concentrate processing charges upto 4 units.
- Ventilator equipment charges during defined ICU days.
- Alpha bed upto 9 quantity.
- Nebulisation upto 5 quantity.
- CTVS OT charges, procedure changes, surgeon fee and consult charges.
- Intensivisit consult during defined ICU days.

Exclusions

- All Prosthetics & Implants (Patch, Valve, Graft , Conduit) will be charges extra on actual.
- Aphaeresis Kit will be charged extra at applicable rates.
- Aortic Balloon, Cell Saver Kit, Swan Ganz and Femoral CPB Kit will be charged extra on actual.
- Reopening / Re-Exploration during the package stay will be charges extra on actual.
- Antibiotics, if used, will be charged extra to at applicable rates.

Minimally Invasive Cardiac Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
34149	Aortic Valve Replacement (Minimally Invasive)	3+4	-	4,13,400	4,96,050	5,78,750	6,61,400	8,26,750	1,50,000	44,350	47,550	49,810
34158	ASD CLOSURE / REPAIR (Minimally Invasive)	3+4	-	3,77,950	4,53,550	5,29,150	6,04,700	7,55,900	1,05,000	44,350	47,550	49,810
34143	CABG (Minimally Invasive)	3+4	-	4,57,200	5,48,600	6,40,050	7,31,500	9,14,350	1,00,000	44,350	47,550	49,810
34147	MITRAL VALVE REPLACEMENT (Minimally Invasive)	3+4	-	4,13,400	4,96,050	5,78,750	6,61,400	8,26,750	1,50,000	44,350	47,550	49,810

Inclusions

- Investigations and pharmacy upto above defined limit.
- Psychological counseling.
- Physiotherapy upto 14 quantity.
- Blood Bank - Cross Matching, Whole Blood, Fresh Frozen Plasma, Random Donor Platelet Concentrate processing charges upto 4 units.
- Ventilator equipment charges during defined ICU days.
- Alpha bed upto 7 quantity.
- Nebulisation upto 5 quantity.
- CTVS OT charges, procedure changes, surgeon fee and consult charges.
- Intensivisit consult during defined ICU days.

Exclusions

- All Prosthetics & Implants (Patch, Valve, Graft , Conduit) will be charges extra on actual.
- Aphaeresis Kit will be charged extra at applicable rates.
- Aortic Balloon, Cell Saver Kit, Swan Ganz and Femoral CPB Kit will be charged extra on actual.
- Reopening / Re-Exploration during the package stay will be charges extra on actual.
- Antibiotics, if used, will be charged extra to at applicable rates.

Other Cardiac Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
25288	Aneurysmectomy	3+4	-	3,01,800	3,62,200	4,22,550	4,82,900	6,03,600	70,000	52,530	56,270	58,950
23140	Aortic Aneurysm repair (Aneurysmopathy)	3+5	-	3,42,500	4,11,050	4,79,550	5,48,050	6,85,000	70,000	52,530	56,270	58,950
31663	Ascending Aorta Replacement	4+6	-	3,83,900	4,60,700	5,37,500	6,14,250	7,67,800	70,000	52,530	56,270	58,950
25160	ASD Repair/Closure	3+4	-	3,07,100	3,68,500	4,29,900	4,91,350	6,14,150	1,00,000	44,350	47,550	49,810

31661	Bentall Procedure	4+6	-	4,13,400	4,96,050	5,78,750	6,61,400	8,26,750	70,000	55,160	59,100	61,940
37732	Carotid Endarterectomy	3+4	-	1,77,200	2,12,600	2,48,050	2,83,500	3,54,350	35,000	48,670	52,170	54,640
27758	Maximal Thymectomy	3+4	-	1,54,800	1,85,800	2,16,750	2,47,700	3,09,600	35,000	48,670	52,170	54,640
25532	Myxoma LA/RA	3+5	-	3,24,850	3,89,850	4,54,800	5,19,750	6,49,700	50,000	55,160	59,100	61,940
27760	Pericardiectomy	3+4	-	2,24,400	2,69,300	3,14,200	3,59,050	4,48,800	35,000	48,670	52,170	54,640
27761	Pleurectomy/Decortication	1+6	-	2,52,000	3,02,400	3,52,800	4,03,100	5,03,900	61,800	23,450	25,150	26,350
38107	Pulmonary Endarterectomy	3+4	-	3,83,900	4,60,700	5,37,500	6,14,250	7,67,800	70,000	55,160	59,100	61,940
31669	Repair Ruptured Aneurysm Sinus of Valsava on CPB	3+5	-	4,15,200	4,98,250	5,81,300	6,64,350	8,30,400	70,000	55,160	59,100	61,940
47105	RF Ablation B/L (varicose vein)	1+1	-	1,50,200	1,80,200	2,10,250	2,41,050	3,00,350	45,000	14,060	15,090	15,830
47104	RF Ablation U/L (varicose vein)	1+1	-	1,15,900	1,39,050	1,85,400	2,42,050	3,19,300	20,000	5,410	5,840	6,100
28752	Thorac Abdominal Aneurysm Repair	3+4	-	3,17,750	3,81,300	4,44,850	5,08,400	6,35,500	70,000	55,160	59,100	61,940
27764	Thoracotomy and Pericardial window construction	3+4	-	1,84,400	2,21,300	2,58,200	2,95,000	3,68,800	36,050	50,150	53,750	56,300
31665	VSD Closure/Repair	3+4	-	3,07,100	3,68,500	4,29,900	4,91,350	6,14,150	1,00,000	44,350	47,550	49,810

Inclusions

- Investigations and pharmacy upto above defined limit.
- Psychological counseling.
- Physiotherapy upto 14 quantity.
- Blood Bank - Cross Matching, Whole Blood and Random Donor Platelet Concentrate processing charges upto 4 units.
- Blood Bank - Fresh Frozen Plasma and Donor Screening for Plateletpheresis processing charges upto 2 units.
- Ventilator equipment charges during defined ICU days.
- Alpha bed upto 7 quantity.
- CTVS OT charges, procedure changes, surgeon fee and consult charges.
- Intensivisit consult during defined ICU days.

Exclusions

- All Prosthetics & Implants (Patch, Valve, Graft , Conduit) will be charges extra on actual.
- Aphaeresis Kit will be charged extra at applicable rates.
- Aortic Balloon, Cell Saver Kit, Swan Ganz and Femoral CPB Kit will be charged extra on actual.
- Reopening / Re-Exploration during the package stay will be charges extra on actual.
- Antibiotics, if used, will be charged extra to at applicable rates.

Pediatric Cardiac Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
20043	BT Shunt	3+6	-	92,850	1,11,400	1,64,800	2,21,450	2,98,700	40,000	36,780	39,410	41,290
42618	DSO (Complex)	0+9	-	1,62,550	1,95,050	2,27,550	2,60,100	3,25,100	50,000	55,160	59,100	61,940
42617	DSO (Non Complex)	0+9	-	1,59,200	1,91,050	2,22,850	2,54,700	3,18,350	50,000	55,160	59,100	61,940
42619	Ebstein/Truncus Repair+Cost of Conduit(Extra)	0+9	-	1,53,000	1,83,600	2,14,200	2,44,800	3,06,000	50,000	55,160	59,100	61,940
42621	PA Plasty on Pump	0+9	-	1,39,500	1,67,400	2,06,000	2,62,650	3,39,900	40,000	55,160	59,100	61,940
20042	PDA Ligation Off Pump	3+6	-	74,250	89,100	1,03,950	1,18,800	1,48,500	10,000	22,720	24,380	25,540
29620	PDA Ligation On Pump	3+6	-	1,04,650	1,25,550	1,46,500	1,67,400	2,09,250	20,000	22,720	24,380	25,540
19523	Pediatric ASD Repair	3+6	-	1,62,550	1,95,050	2,27,550	2,60,100	3,25,100	50,000	55,160	59,100	61,940
25298	Pediatric ASO	3+6	-	1,83,350	2,20,050	2,56,700	2,93,350	3,66,700	50,000	55,160	59,100	61,940
25299	Pediatric AV Canal Repair (Non Complex)	3+6	-	1,83,350	2,20,050	2,56,700	2,93,350	3,66,700	50,000	55,160	59,100	61,940
38872	Pediatric AV Repair (Complex)	0+9	-	1,60,300	1,92,400	2,24,450	2,56,500	3,20,600	50,000	55,160	59,100	61,940
25296	Pediatric Bidirectional Glenn On Pump	3+6	-	1,62,550	1,95,050	2,27,550	2,60,100	3,25,100	50,000	55,160	59,100	61,940
23137	Pediatric Coarctation Repair	3+6	-	92,850	1,11,400	1,64,800	2,21,450	2,98,700	40,000	55,160	59,100	61,940
20650	Pediatric Conduit Repair	3+6	-	1,83,350	2,20,050	2,56,700	2,93,350	3,66,700	50,000	55,160	59,100	61,940
38873	Pediatric DORV	0+9	-	1,59,200	1,91,050	2,22,850	2,54,700	3,18,350	50,000	55,160	59,100	61,940
25301	Pediatric Fontan (Non Complex)	3+6	-	1,83,350	2,20,050	2,56,700	2,93,350	3,66,700	50,000	55,160	59,100	61,940
42623	Pediatric Fontan(Complex)	0+9	-	1,62,550	1,95,050	2,27,550	2,60,100	3,25,100	50,000	55,160	59,100	61,940
25293	Pediatric MV Repair (Non Complex)	3+6	-	1,62,550	1,95,050	2,27,550	2,60,100	3,25,100	50,000	55,160	59,100	61,940
42625	Pediatric MV Repair(Complex)	0+9	-	1,54,100	1,84,950	2,15,750	2,46,600	3,08,200	50,000	55,160	59,100	61,940
25302	Pediatric PA Banding	3+6	-	92,850	1,11,400	1,64,800	2,21,450	2,98,700	40,000	36,780	39,410	41,290
38874	Pediatric Senning	0+9	-	1,64,800	1,97,750	2,30,750	2,63,700	3,29,600	50,000	55,160	59,100	61,940
38875	Pediatric TAPVC (Complex)	0+9	-	1,59,200	1,91,050	2,22,850	2,54,700	3,18,350	50,000	55,160	59,100	61,940
25294	Pediatric TAPVC (Non Complex)	3+6	-	1,62,550	1,95,050	2,27,550	2,60,100	3,25,100	50,000	55,160	59,100	61,940
25291	Pediatric TOF (Non Complex)	3+6	-	1,62,550	1,95,050	2,27,550	2,60,100	3,25,100	50,000	55,160	59,100	61,940
42626	Pediatric TOF/Total Correction(Complex)	0+9	-	1,62,550	1,95,050	2,27,550	2,83,250	3,60,500	50,000	55,160	59,100	61,940
38886	Pediatric Valve Repair (Complex)	0+9	-	1,62,550	1,95,050	2,27,550	2,60,100	3,25,100	50,000	55,160	59,100	61,940
25290	Pediatric VSD Repair	3+6	-	1,62,550	1,95,050	2,27,550	2,60,100	3,25,100	50,000	55,160	59,100	61,940
42630	Subaortic Membrane Resection(Complex)	0+9	-	1,50,750	1,80,900	2,11,050	2,41,200	3,01,450	50,000	55,160	59,100	61,940
42629	Subaortic Membrane Resection(Non Complex)	0+9	-	1,41,750	1,70,100	1,98,450	2,26,800	2,83,500	50,000	55,160	59,100	61,940
39426	TOF Repair	0+9	-	1,62,550	1,95,050	2,27,550	2,83,250	3,60,500	50,000	55,160	59,100	61,940

Inclusions

- Investigations and pharmacy upto above defined limit.
- Psychological counseling.
- Physiotherapy upto 18 quantity.
- Blood Bank - Cross Matching, Whole Blood, Fresh Frozen Plasma, Random Donor Platelet Concentrate processing charges upto 4 units.
- Ventilator equipment charges during defined ICU days.
- Alpha bed upto 9 quantity.
- Nebulisation upto 5 quantity.
- CTVS OT charges, procedure changes, surgeon fee and consult charges.
- Intensivisit consult during defined ICU days.

Exclusions

- All Prosthetics & Implants (Patch, Valve, Graft , Conduit) will be charges extra on actual.
- Aphaeresis Kit will be charged extra at applicable rates.
- Aortic Balloon, Cell Saver Kit, Swan Ganz and Femoral CPB Kit will be charged extra on actual.
- Reopening / Re-Exploration during the package stay will be charges extra on actual.
- Antibiotics, if used, will be charged extra to at applicable rates.

Angiography									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
19456	Carotid Angiography	0+1	17,000	18,800	22,600	26,300	30,000	37,500	7,250	10,050	10,800	11,300
37790	Cath Study	0+1	21,800	23,600	28,300	34,700	45,800	48,900	7,250	10,050	10,800	11,300
19520	Check Angiography	0+1	14,600	15,800	18,900	22,000	25,200	31,400	6,200	10,050	10,800	11,300
19453	Coronary Angiography	0+1	12,200	15,800	18,900	22,000	25,300	31,400	7,250	10,050	10,800	11,300
20555	Coronary plus Carotid Angiography	0+1	22,500	24,900	29,900	34,800	39,800	49,700	8,250	10,050	10,800	11,300
25280	Coronary plus Peripheral Angiography	0+1	22,500	24,900	29,900	34,800	39,800	49,700	8,250	10,050	10,800	11,300
25281	Coronary plus Renal Angiography	0+1	22,500	24,900	29,900	34,800	39,800	49,700	8,250	10,050	10,800	11,300
25279	Peripheral Angiography	0+1	17,000	18,800	22,600	26,300	30,000	37,500	7,250	10,050	10,800	11,300
20935	Renal Angiography	0+1	17,000	18,800	22,600	26,300	30,000	37,500	7,250	10,050	10,800	11,300

Inclusions

- Investigations and pharmacy upto above defined limit.
- Cath Lab charges, procedure charges, cardiologist consult charges.

Exclusions

- 1 VISIPAQUE dye & Antibiotics will be charged extra on actual.
 2 Integrilin, Reopro, Eptiflo, Streptokinase, Coromaxe, Aggramed, Urokinase or any other Blood Thinner will be charged extra on actual.
 Note
 ** Check CAG will be charged to the following patients
 1.1 Who had PTCA or CABG within one year in MAX network.
 1.2 Who, as a part of a Study / Trial and following PTCA or CABG in the same hospitalization due to some clinical indication to restudy.

Angioplasty									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
45228	Angioplasty (Complex and Primary)	2+1	-	1,83,900	2,20,700	2,57,400	2,94,200	3,67,800	79,350	18,050	19,350	20,250
45227	Angioplasty (Complex)	2+1	-	1,72,000	2,06,400	2,40,800	2,75,100	3,43,900	79,350	18,050	19,350	20,250
45226	Angioplasty (Non Complex)	2+1	-	1,47,400	1,76,900	2,06,400	2,35,800	2,94,800	79,350	18,050	19,350	20,250
45706	Angioplasty (Non Complex) with Angiography	2+1	-	1,54,600	1,85,500	2,16,400	2,47,400	3,09,200	82,400	21,250	22,750	23,850
25282	Carotid Angioplasty	2+1	-	1,54,600	1,85,500	2,16,400	2,47,400	3,09,200	71,100	18,950	20,350	21,300
20553	Peripheral Angioplasty(PTA)	2+1	-	1,50,400	1,80,500	2,10,600	2,40,700	3,00,800	71,100	18,950	20,350	21,300
20808	Renal Angioplasty	1+2	-	1,35,500	1,62,600	1,89,700	2,16,700	2,70,900	71,100	18,950	20,350	21,300

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
 2 Cath Lab charges, procedure charges, cardiologist consult charges.
 3 Intervisit consult during defined ICU stay.

Exclusions

- 1 Stents will be charged extra at applicable rates. as per actuals.
 2 If more than one stent is used during same sitting then PTCA Cath Lab charges will be charged extra on actual.
 3 Integrilin, Reopro, Eptiflo, Streptokinase, Coromaxe, Aggramed, Urokinase or any other Blood Thinner will be charged extra on actual.
 4 Antibiotics will be charged extra on actual.
 5 If patient request for CD then CD charges will be charged extra on actual.
 6 For high risk, complex or primary/emergency cases, appropriate package shall be charged.
 7 If patient undergoes repeat PTCA during same hospitalisation then PTCA 2 Stage/Redo Charges will be charged extra on actual.

EPS									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
20052	EPS Basic	0+1	16,900	18,600	22,300	26,100	29,800	37,200	8,250	10,050	10,800	11,300
20053	EPS Complete	0+1	23,400	25,800	30,900	36,100	41,200	51,500	12,400	10,050	10,800	11,300

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
 2 Cath Lab charges, procedure charges, cardiologist consult charges.

Exclusions

- 1 Antibiotics will be charged extra on actual.
 2 Integrilin, Reopro, Eptiflo, Streptokinase, Coromaxe, Aggramed, Urokinase or any other Blood Thinner will be charged extra on actual.

EPS/ R F Ablation									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
29715	3D R F Ablation with EPS	1+1	-	94,800	1,13,300	1,32,700	1,51,700	1,89,600	On actual/Outside package	18,050	19,350	20,250
27463	R F Ablation with 3D Mapping	0+2	-	50,300	60,300	78,100	1,01,900	1,25,700	On actual/Outside package	18,950	20,350	21,300
32748	RF Ablation w/out EP	1+1	-	22,800	27,300	35,900	47,400	59,100	On actual/Outside package	18,950	20,350	21,300
20051	RF Ablation with EP	1+1	-	52,700	63,200	73,700	84,300	1,05,300	On actual/Outside package	18,950	20,350	21,300

Inclusions

- 1 Investigations upto above defined limit.
 2 Cath Lab charges, procedure charges, cardiologist consult charges.
 3 Intervisit consult during defined ICU stay.

Exclusions

- 1 Pharmacy including Antibiotics and Blood thinner will be charged extra on actual.
 2 Device(s) if used, will be charged extra at applicable rates.

Congenital Heart Disease Intervention									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
22965	ASD Device closure	1+2	-	1,03,300	1,24,000	1,44,600	1,65,300	2,06,600	41,200	18,950	20,350	21,300
19461	Balloon Mitral Valvuloplasty	1+1	-	90,700	1,08,900	1,27,000	1,45,200	1,81,400	38,150	18,950	20,350	21,300
23172	Infant Valvuloplasty / Others (Off Pump)	1+2	-	1,21,800	1,46,200	1,70,500	1,94,900	2,43,500	45,350	18,950	20,350	21,300
21249	PDA Device Closure	1+2	-	1,03,900	1,24,600	1,45,400	1,66,100	2,07,600	38,150	18,950	20,350	21,300
23171	Valvuloplasty / Others	1+2	-	1,02,700	1,23,200	1,43,800	1,64,300	2,05,300	39,150	18,950	20,350	21,300
33452	VSD Device Closure	1+2	-	1,03,900	1,24,600	1,45,400	1,66,100	2,07,600	38,150	14,500	15,550	16,350

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
 2 Cath Lab charges, procedure charges, cardiologist consult charges.
 3 Intervisit consult during defined ICU stay.

Exclusions

- 1 Device, if used, will be charged extra at applicable rates.
 2 Integrilin, Reopro, Eptiflo, Streptokinase, Coromaxe, Aggramed, Urokinase or any other Blood Thinner will be charged extra on actual.
 3 Antibiotics will be charged extra on actual.

Other Cardiology									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
21392	Aortic Stent Graft Insertion	2+4	-	1,70,100	2,04,100	2,38,100	2,72,200	3,40,200	57,700	18,050	19,350	20,250
19459	Bi-Ventricular Pacemaker Implantation	1+2	-	95,500	1,14,600	1,33,700	1,52,900	1,91,000	41,200	18,950	20,350	21,300
33215	Directional Artherectomy/Rotablator Atherectomy	1+1	-	1,66,500	1,99,800	2,33,100	2,66,400	3,33,000	70,050	18,950	20,350	21,300
29259	Peripheral Arterial Embolization/Thrombolysis	1+1	-	1,00,900	1,21,100	1,41,300	1,61,500	2,01,800	30,900	18,950	20,350	21,300
30385	Pulse Generator Replacement	1+1	-	83,000	99,600	1,16,200	1,32,800	1,66,000	31,950	18,950	20,350	21,300
40952	TAVI (Trans Catheter Aortic Valve Implantation)	1+2	-	2,22,600	2,67,100	3,11,600	3,56,100	4,45,100	84,500	42,350	45,400	47,550

Inclusions

- 1 Investigations and pharmacy upto above defined limit.

- 2 Cath Lab charges, procedure charges, cardiologist consult charges.
- 3 Intensive consult during defined ICU stay.

Exclusions

- 1 Cost of device, Swan GANZ and IABP (Intra Aortic Balloon Pump) will be charged extra on actual.
- 2 Integrelin, Reopro, Eptiflo, Streptokinase, Coromaxe, Aggramed, Urokinase or any other Blood Thinner will be charged extra on actual.
- 3 Antibiotics will be charged extra on actual.
- 4 Rotaburr, Advancer, Rota wire, Directional Artherectomy equipment if used, will be charged extra at applicable rates.

AICD/ ICD Procedure									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
32791	AICD	2+2	-	91,400	1,09,600	1,27,900	1,46,200	1,82,700	42,250	18,050	19,350	20,250
42480	Combo device	2+2	-	96,800	1,16,200	1,35,500	1,54,900	1,93,600	45,350	18,950	20,350	21,300
20844	ICD Procedure charges	2+2	-	1,12,900	1,35,500	1,58,100	1,80,700	2,25,800	42,250	18,950	20,350	21,300

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
- 2 Cath Lab charges, procedure charges, cardiologist consult charges.
- 3 Intensive consult during defined ICU stay.

Exclusions

- 1 Cost of device, Swan GANZ and IABP (Intra Aortic Balloon Pump) will be charged extra on actual.
- 2 Integrelin, Reopro, Eptiflo, Streptokinase, Coromaxe, Aggramed, Urokinase or any other Blood Thinner will be charged extra on actual.
- 3 Antibiotics will be charged extra on actual.
- 4 Rotaburr, Advancer, Rota wire, Directional Artherectomy equipment if used, will be charged extra at applicable rates.

Pacemaker									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
19458	Double Chamber Pacemaker	1+2	-	90,200	1,08,300	1,26,300	1,44,300	1,80,400	35,050	18,950	20,350	21,300
19457	Single Chamber Pacemaker	1+2	-	69,900	83,900	97,900	1,11,900	1,39,800	30,900	18,950	20,350	21,300

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
- 2 Cath Lab charges, procedure charges, cardiologist consult charges.
- 3 Intensive consult during defined ICU stay.

Exclusions

- 1 Cost of device, Pacemaker, Swan GANZ and IABP (Intra Aortic Balloon Pump) will be charged extra on actual.
- 2 Integrelin, Reopro, Eptiflo, Streptokinase, Coromaxe, Aggramed, Urokinase or any other Blood Thinner will be charged extra on actual.
- 3 Antibiotics will be charged extra on actual.
- 4 Rotaburr, Advancer, Rota wire, Directional Artherectomy equipment if used, will be charged extra at applicable rates.

Arthroscopy/ ACL/ PCL									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
44872	ACL/PCL/MCL/Benkart/Rotator Cuff Repair	0+3	-	1,11,300	1,33,500	1,55,800	1,78,300	2,22,500	21,650	18,050	19,350	20,250
39108	ACL/PCL/MPFL Reconstruction	0+3	-	1,25,800	1,50,900	1,76,100	2,01,600	2,51,500	21,650	18,050	19,350	20,250
44874	Arthroscopy/Meniscus/Biopsy	0+2	-	60,300	72,400	84,400	96,600	1,20,600	13,400	13,800	14,800	15,500
39110	Arthroscopy- Knee/Elbow/Ankle/Wrist	0+2	-	69,600	83,500	97,400	1,11,400	1,39,100	13,400	13,800	14,800	15,500

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
- 2 Procedures like strapping and dressing.
- 3 Physiotherapy upto 6 quantity.
- 4 OT charges, procedure change,surgeon fee and consult charges.

Exclusions

- 1 Implant will be charged extra at applicable rates.
- 2 Accessories like walker, belts etc will be charged extra at applicable rates.

ORIF Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
46152	ORIF Bimalleolar Fracture Ankle	0+3	-	99,100	1,19,000	1,38,800	1,58,800	1,98,200	21,650	18,950	20,350	21,300
46150	ORIF Fracture Both Bones Forearm	0+4	-	1,05,500	1,26,600	1,47,700	1,69,100	2,10,900	21,650	18,950	20,350	21,300
46153	ORIF Fracture Distal Radius	0+3	-	99,100	1,19,000	1,38,800	1,58,800	1,98,200	21,650	18,950	20,350	21,300
46156	ORIF Fracture Olecranon	0+3	-	99,100	1,19,000	1,38,800	1,58,800	1,98,200	21,650	18,950	20,350	21,300
46154	ORIF Fracture Patella/Patellectomy	0+3	-	99,100	1,19,000	1,38,800	1,58,800	1,98,200	21,650	18,950	20,350	21,300
46151	ORIF Fracture Proximal/Distal -Humerus/Femur	0+3	-	1,15,900	1,39,100	1,62,300	1,85,700	2,31,800	21,650	18,950	20,350	21,300
46155	ORIF Single Bone Forearm	0+3	-	99,100	1,19,000	1,38,800	1,58,800	1,98,200	21,650	18,950	20,350	21,300

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
- 2 Procedures like strapping and dressing.
- 3 Physiotherapy upto 6 quantity.
- 4 OT charges, procedure change,surgeon fee and consult charges.

Exclusions

- 1 Implant will be charged extra at applicable rates.
- 2 Accessories like walker, belts etc will be charged extra at applicable rates.

Other Ortho Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
46149	Bipolar Hemiarthroplasty	0+4	-	1,43,600	1,72,400	2,01,100	2,30,100	2,87,200	21,650	18,950	20,350	21,300
45201	Dynamic Hip Screw	0+5	-	1,12,100	1,34,500	1,56,900	1,79,600	2,24,200	21,650	18,950	20,350	21,300
46148	Interlock Nailing Tibia	0+4	-	1,29,300	1,55,100	1,80,900	2,07,100	2,58,400	21,650	18,950	20,350	21,300
46147	Interlocking Nailing Femur	0+4	-	1,29,300	1,55,100	1,80,900	2,07,500	2,58,400	21,650	18,950	20,350	21,300

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
- 2 Procedures like strapping and dressing.
- 3 Physiotherapy upto 6 quantity.
- 4 OT charges, procedure change,surgeon fee and consult charges.

Exclusions

- 1 Implant will be charged extra at applicable rates.
- 2 Accessories like walker, belts etc will be charged extra at applicable rates.

Knee Replacement									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
20163	Ortho Unilateral Total Knee Replacement	1+5	-	1,48,100	1,76,300	2,06,300	2,34,400	2,94,400	39,150	37,900	40,600	42,550
20164	Ortho Bilateral TKR (Single Sitting)	1+6	-	2,98,700	3,55,400	4,18,200	4,78,000	5,97,400	48,450	37,900	40,600	42,550
29293	Ortho Complex TKR -U/L	1+6	-	1,69,800	2,03,700	2,37,700	2,71,700	3,39,500	39,150	37,900	40,600	42,550
22929	Ortho Unilateral Total Knee Replacement Revision	1+5	-	2,28,300	2,74,000	3,19,600	3,65,200	4,56,500	39,150	37,900	40,600	42,550

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
- 2 Physiotherapy upto 14 quantity.
- 3 Orthopedics & Internal medicine consult charges.
- 4 Procedures like strapping and dressing.
- 5 Alpha Bed and DVT Pump upto 7 quantity each.
- 6 Blood Bank - Cross Maching charges and Red Blood Cells processing charges upto 2 units.
- 7 OT charges, procedure change and surgeon fee charges.

Exclusions

- 1 If Computer assisted surgery is done then Computer assisted charges will be charged on actual.
- 2 Implant will be charged extra at applicable rates.
- 3 Accessories like walker, belts etc will be charged extra at applicable rates.

Hip Replacement									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
21156	Ortho Unilateral Total Hip Replacement/ASR	1+5	-	1,87,500	2,26,600	2,62,500	3,00,000	3,75,000	39,150	37,900	40,600	42,550
20171	Ortho Bilateral THR (Single Sitting)	1+6	-	2,74,900	3,13,700	3,73,400	4,33,200	4,92,900	48,450	37,900	40,600	42,550
20669	Ortho Unilateral Total Hip Replacement Revision	1+5	-	2,28,300	2,74,000	3,19,600	3,65,200	4,56,500	39,150	37,900	40,600	42,550
36469	Ortho Unilateral THR Revision 1st Stage	1+5	-	1,73,300	2,07,900	2,42,600	2,77,200	3,46,500	39,150	37,900	40,600	42,550

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
- 2 Physiotherapy upto 14 quantity.
- 3 Orthopedics & Internal medicine consult charges.
- 4 Procedures like strapping and dressing.
- 5 Alpha Bed and DVT Pump upto 7 quantity each.
- 6 Blood Bank - Cross Maching charges and Red Blood Cells processing charges upto 2 units.
- 7 OT charges, procedure change and surgeon fee charges.

Exclusions

- 1 If Computer assisted surgery is done then Computer assisted charges will be charged on actual.
- 2 Implant will be charged extra at applicable rates.
- 3 Accessories like walker, belts etc will be charged extra at applicable rates.

Shoulder/ Elbow Replacement									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
38078	Ortho Unilateral Total Elbow Replacement	1+6	-	1,73,300	2,07,900	2,42,600	2,77,200	3,46,500	39,150	37,900	40,600	42,550
38080	Ortho Unilateral Total Shoulder Replacement	1+6	-	1,73,300	2,07,900	2,42,600	2,77,200	3,46,500	39,150	37,900	40,600	42,550

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
- 2 Physiotherapy upto 14 quantity.
- 3 Orthopedics & Internal medicine consult charges.
- 4 Procedures like strapping and dressing.
- 5 Alpha Bed upto 7 quantity.
- 6 Blood Bank - Cross Maching charges and Red Blood Cells processing charges upto 2 units.
- 7 OT charges, procedure change and surgeon fee charges.

Exclusions

- 1 Implant will be charged extra at applicable rates.
- 2 Accessories like walker, belts etc will be charged extra at applicable rates.

Anaesthesia									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
33503	Caudal Epidural Block (Pain Clinic)	0+1	9,700	10,200	12,300	14,400	16,400	20,400	1,050	Nil	Nil	Nil
33513	Injection Facet Joint-Multiple (Pain Clinic)	0+1	13,300	13,900	16,600	19,400	22,100	27,700	1,050	Nil	Nil	Nil
33512	Injection Facet Joint-Single (Pain Clinic)	0+1	10,900	11,400	13,700	16,000	18,300	22,800	1,050	Nil	Nil	Nil
33506	Injection Transforaminal (Pain Clinic)	0+1	13,300	13,900	16,600	19,400	22,100	27,700	1,050	Nil	Nil	Nil
33517	Ozone Discolysis (Pain Clinic)	0+1	23,200	24,450	29,350	34,200	39,100	48,850	1,000	Nil	Nil	Nil
38431	S I Joint Block (Pain Clinic)	0+1	12,000	12,700	15,200	17,800	20,300	25,300	1,050	Nil	Nil	Nil

Inclusions

- 1 Pharmacy upto above defined limit.
- 1 Procedure and consult charges

Exclusions

- 1 Investigations will be charged extra on actual.
- 2 Any other diagnostic procedure will be charged extra on actual.

Hernia Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
28665	Lap Inguinal Hernia Repair - B/L	0+2	-	1,45,100	1,74,100	2,03,900	2,44,400	3,89,600	17,550	11,150	12,000	12,550
43486	Lap Inguinal Hernia Repair U/L	0+2	-	1,33,800	1,60,500	1,87,600	2,24,700	3,58,500	17,550	11,150	12,000	12,550
43851	Lap Umbilical/Para Umbilical Hernia	0+2	-	85,500	1,02,500	1,19,600	1,42,100	2,02,300	17,550	11,150	12,000	12,550
43849	Lap Ventral/Incisional Hernia Repair	0+2	-	98,600	1,18,200	1,37,900	1,62,900	2,32,800	17,550	11,150	12,000	12,550
43850	Umbilical Herniorrhaphy	0+2	-	66,900	80,300	93,700	1,07,100	1,33,800	13,400	10,050	10,800	11,300

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
- 2 OT charges, procedure charges,surgeon fee and consult charges.

Exclusions

- 1 Ace harmonic scalpel and Cartridge for linear cutter gun, if used, will be charged extra at applicable rates.
- 2 Laser equipment, if used, will be charged extra at applicable rates.

General Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
35608	Circumcision	0+1	27,600	30,000	35,900	41,900	48,800	68,400	3,650	3,950	4,250	4,400
30081	Diagnostic Laparoscopy-MAS	0+1	43,600	47,800	57,400	66,900	76,500	95,500	3,650	3,950	4,250	4,400
30062	Drainage of Ischioirectal Abscess	0+1	57,400	62,800	75,300	87,900	1,05,000	1,50,400	3,650	3,950	4,250	4,400
44880	Excision of Pilonoidal Sinus	0+1	65,800	71,100	85,300	1,00,100	1,19,700	1,72,300	9,300	10,050	10,800	11,300
30050	Excision- Sebaceous Cyst	0+1	27,600	30,000	35,900	41,900	48,800	68,400	3,100	3,350	3,650	3,850
30049	Excision- Superficial Tumors	0+1	33,000	35,300	42,300	49,400	58,700	82,600	3,100	3,350	3,650	3,850
43497	Exploratory Laparotomy	0+3	-	77,700	93,200	1,08,800	1,26,800	1,77,700	13,400	10,050	10,800	11,300
43858	Fistula in Ano - High End	0+2	-	76,500	91,800	1,07,100	1,26,800	1,80,400	9,300	10,050	10,800	11,300
43859	Fistula in Ano - Low End	0+1	57,400	62,800	75,300	87,900	1,05,000	1,50,400	9,300	10,050	10,800	11,300
43853	Haemorrhoidectomy	0+2	-	76,500	91,800	1,07,100	1,26,800	1,80,400	9,300	10,050	10,800	11,300
43856	Haemorrhoidectomy with Fissurectomy	0+2	-	95,500	1,14,600	1,33,700	1,58,600	2,25,200	13,400	10,050	10,800	11,300
30047	Incision and Drainage of Abscess	0+1	23,400	25,200	30,300	35,300	40,300	50,400	3,650	3,950	4,250	4,400
51156	Ingrowing Toe Nail Excision	0+1	31,700	33,600	40,300	47,000	53,700	67,100	8,800	3,950	4,250	4,400
51150	Inguinal Hernia Repair Reinforcement U/L with Mar	0+2	-	82,400	98,900	1,15,400	1,32,400	1,64,800	12,400	8,950	9,600	10,050
45009	Lap Appendectomy	0+2	-	98,600	1,18,200	1,37,900	1,62,900	2,32,800	17,550	14,500	15,550	16,350

28658	Lap Cholecystectomy	0+2	-	85,500	1,02,500	1,19,600	1,42,100	2,02,300	19,600	10,100	10,850	11,350
28727	Lap Hemicolectomy	2+4	-	1,51,700	1,82,100	2,12,400	2,48,700	3,47,600	17,550	11,150	12,000	12,550
51155	Lap Hydatid/Liver Cyst Excision	0+3	-	1,14,700	1,37,600	1,60,500	1,83,700	2,29,300	15,450	11,150	12,000	12,550
51154	Lap Splenectomy	0+3	-	1,24,300	1,49,100	1,74,000	1,99,000	2,48,500	17,550	14,500	15,550	16,350
30043	Lymphnode Biopsy - Axillary	0+1	46,700	50,800	61,000	71,200	84,800	1,20,900	3,650	3,950	4,250	4,400
30079	MIPH	0+1	59,700	65,200	78,200	91,300	1,04,300	1,30,300	3,650	3,950	4,250	4,400
30073	Perianal Abscess Drainage	0+1	38,300	41,300	49,600	58,000	68,900	97,900	3,650	3,950	4,250	4,400
35971	Pilonidal sinus Exc + flap	0+1	59,700	65,200	78,200	91,300	1,04,300	1,30,300	13,400	10,050	10,800	11,300
35967	Sphincterotomy / Fissurectomy	0+2	-	52,700	63,200	73,700	84,300	1,05,300	13,400	10,050	10,800	11,300
30063	Sphincterotomy for Anal Fissure	0+1	48,500	52,700	63,200	73,700	84,300	1,05,300	9,300	10,050	10,800	11,300
45742	Thyroidectomy (Total/SubTotal)	0+2	-	1,18,500	1,42,200	1,65,900	1,89,600	2,36,900	13,400	10,050	10,800	11,300
28730	Thyroidectomy-Total/Completion thyroidectomy	1+1	-	1,15,900	1,39,100	1,62,400	1,94,100	2,78,800	13,400	10,050	10,800	11,300
35613	Trus Guided Prostate Biopsy	0+1	29,400	31,700	38,100	44,400	50,700	63,300	3,650	5,600	6,050	6,300
51152	Umbilical Hernia repair	0+2	-	80,100	96,100	1,12,200	1,29,100	1,60,200	11,350	7,850	8,400	8,800
51153	Ventral Hernia repair	0+2	-	83,600	1,00,300	1,17,000	1,33,900	1,67,200	12,400	8,950	9,600	10,050
30068	Wound Debridement	0+1	34,100	36,600	43,900	51,200	58,500	73,100	3,650	3,950	4,250	4,400

Inclusions

- Investigations and pharmacy upto above defined limit.
- OT charges, procedure charges, surgeon fee and consult charges.

Exclusions

- Ace harmonic scalpel and Cartridge for linear cutter gun, if used, will be charged extra at applicable rates.
- Laser equipment, if used, will be charged extra at applicable rates.

Minimal Access Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
28690	Lap Sleeve Gastrectomy	1+4	-	2,73,400	3,28,100	3,82,700	4,37,300	5,46,700	82,400	20,100	21,500	22,550
28686	Lap Gastric Bypass	1+4	-	4,24,400	5,09,300	5,83,500	6,63,100	6,90,100	2,57,500	20,100	21,100	22,100

Inclusions

- Investigations and pharmacy upto above defined limit.
- Physiotherapy upto 8 quantity.
- Equipments like Trocar, Endo shear scissor, Skin staplers, Lega clips and Linear cutter gun.
- Blood Bank - Cross Maching charges upto 2 units.
- OT charges, procedure charges, surgeon fee and consult charges.

Exclusions

- Any other diagnostic procedure will be charged extra on actual.
- Oximetry Recording under Pulmonology will be charged extra on actual.

ENT Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
50974	Adeno Tonsillectomy with Bilateral Gromet Insertio	0+2	-	77,700	93,200	1,08,800	1,24,300	1,58,700	5,700	4,800	5,150	5,400
50953	Adenoitctomy	0+1	34,800	37,700	45,300	52,800	60,400	75,400	2,600	2,700	2,900	3,000
42897	Adenotonsillectomy	0+1	54,000	58,600	69,600	81,200	97,700	1,17,800	9,500	8,000	8,600	8,950
37756	Adeno-Tonsillectomy Coblation	0+1	68,400	71,900	86,300	1,03,000	1,27,400	1,52,900	9,500	8,000	8,600	8,950
50983	Adenotonsillectomy-RFA	0+2	-	89,300	1,07,100	1,25,000	1,43,300	1,81,000	7,750	4,800	5,150	5,400
51023	Anterior Nasal Packing (Bilateral)	0+1	26,200	28,500	34,100	39,800	45,500	57,400	2,600	1,600	1,750	1,800
51018	Anterior Nasal Packing (Unilateral) (ENT)	0+1	23,200	25,000	30,000	35,000	40,000	50,000	1,550	1,600	1,750	1,800
50947	Anterior Nasal Packing with Cauterization	0+1	28,500	30,800	36,900	43,100	49,200	62,700	2,600	1,600	1,750	1,800
50968	Atticotomy	0+1	54,000	58,600	70,300	82,000	93,700	1,17,100	5,700	3,950	4,250	4,400
50945	Bilateral Intra Nasal Antrostomy	0+1	26,200	28,500	34,100	39,800	45,500	57,400	2,600	1,700	1,900	1,950
50950	Bilateral Myringotomy with Grommet	0+1	30,800	33,100	39,700	46,300	52,900	66,900	2,600	1,700	1,900	1,950
50959	Bilateral Nasal Polypectomy/Ethmoidectomy	0+1	49,900	54,000	64,700	75,500	86,300	1,07,800	4,650	3,950	4,250	4,400
50975	Bilateral Styloidectomy	0+2	-	77,700	93,200	1,08,800	1,24,300	1,58,700	5,700	5,050	5,450	5,700
50957	Block Dissection of Cervical Nodes (ENT)	0+1	45,800	49,300	59,200	69,000	78,900	98,600	4,650	2,800	3,050	3,150
50954	Bronchoscopy Under LA (Diagnostic/Biopsy) (ENT)	0+1	34,800	37,700	45,300	52,800	60,400	75,400	2,600	2,800	3,050	3,150
50969	Bronchoscopy with FB Removal (ENT)	0+2	-	77,700	93,200	1,08,800	1,24,300	1,58,700	5,700	5,050	5,450	5,700
51019	Cautery Patching (ENT)	0+1	20,900	22,700	27,200	31,700	36,300	46,800	1,550	1,700	1,900	1,950
50960	Closed reduction nasal bone	0+1	49,900	54,000	64,700	75,500	86,300	1,07,800	4,650	3,950	4,250	4,400
38528	Cochlear Implant Surgery	0+2	-	84,800	1,01,800	1,18,700	1,35,600	1,69,600	17,550	8,400	9,000	9,450
50984	Cortical Mastoidectomy	0+2	-	89,300	1,07,100	1,25,000	1,43,300	1,81,000	7,750	5,050	5,450	5,700
50956	Cyst & Benign Tumour of palate (ENT)	0+1	38,900	42,400	50,800	59,300	67,800	84,900	3,650	2,800	3,050	3,150
51012	Decanulation of Tracheostomy tube	0+1	19,200	20,300	24,400	28,500	32,500	41,500	1,550	1,150	1,300	1,350
51015	Direct Laryngoscopy	0+1	19,800	21,500	25,800	30,100	34,400	43,600	1,550	1,150	1,300	1,350
39605	DL Assessment + Biopsy	0+1	41,800	44,100	52,900	62,700	77,500	93,400	9,500	8,400	9,000	9,450
51024	Ear Lobule Repair - Bilateral	0+1	23,200	25,000	30,000	35,000	40,000	50,000	1,550	1,700	1,900	1,950
51016	Ear Lobule Repair - Unilateral	0+1	19,800	21,500	25,800	30,100	34,400	43,600	1,550	1,150	1,300	1,350
50961	Endoscopic cauterisation (ENT)	0+1	49,900	54,000	64,700	75,500	86,300	1,07,800	4,650	3,950	4,250	4,400
51006	Endoscopic CSF Fistula Repair	2+4	-	1,68,700	2,02,400	2,36,100	2,69,800	3,37,200	13,400	10,050	10,800	11,300
50976	Endoscopic DCR	0+2	-	97,400	1,16,900	1,36,300	1,56,000	1,95,800	7,750	6,150	6,650	6,950
51008	Endoscopic fronto Spheno Ethmoidectomy-Bilatera	0+2	-	1,48,400	1,78,000	2,07,700	2,40,900	2,96,600	12,900	9,500	10,200	10,700
50991	Endoscopic Spheno Ethmoidectomy-Bilateral	0+2	-	1,13,600	1,36,300	1,59,000	1,82,600	2,27,200	9,800	7,300	7,800	8,200
50985	Endoscopic Spheno Ethmoidectomy-Unilateral	0+2	-	89,300	1,07,100	1,25,000	1,43,300	1,81,000	7,750	5,050	5,450	5,700
50971	Endoscopic Adenoidectomy	0+1	49,900	54,000	64,700	75,500	86,300	1,07,800	4,650	3,950	4,250	4,400
51013	EUM Suction - Bilateral (ENT)	0+1	19,200	20,300	24,400	28,500	32,500	41,500	1,550	1,150	1,300	1,350
51014	EUM Suction - Unilateral (ENT)	0+1	19,200	20,300	24,400	28,500	32,500	41,500	1,550	1,150	1,300	1,350
50962	Excision of brachial cyst and sinus (ENT)	0+2	-	77,700	93,200	1,08,800	1,24,300	1,58,700	5,700	5,050	5,450	5,700
50963	Excision of Thyroglossal Cyst or Sinus (ENT)	0+3	-	82,900	99,500	1,16,100	1,32,600	1,66,700	6,200	5,600	6,050	6,300
50988	Exploratory Tympanotomy	0+2	-	97,400	1,16,900	1,36,300	1,56,000	1,95,800	7,750	6,150	6,650	6,950
50951	Facial wound Repair (Major)	0+1	38,900	42,400	50,800	59,300	67,800	84,900	3,650	2,800	3,050	3,150
44883	FESS	0+2	-	66,100	79,300	92,500	1,05,700	1,32,100	9,500	8,400	9,000	9,450
50992	FESS - Complicated	0+3	-	1,42,000	1,70,400	1,98,800	2,27,600	2,83,900	12,400	8,950	9,600	10,050
37766	FESS+Septoplasty+Turbinat Reduction B/L	0+2	-	91,600	1,09,900	1,28,200	1,46,500	1,83,100	9,500	8,400	9,000	9,450
50993	FESS-Bilateral/Extensive/Major/Complicated(endosc	0+3	-	1,02,600	1,23,100	1,43,600	1,64,100	2,05,100	8,250	6,700	7,200	7,550
50972	FESS-Minor (Endogenous Procedure Bilateral)	0+3	-	82,900	99,500	1,16,100	1,32,600	1,66,700	6,200	5,600	6,050	6,300
50973	FESS-Minor Non-complicated (Bilateral)	0+3	-	82,900	99,500	1,16,100	1,32,600	1,66,700	6,200	5,600	6,050	6,300
50964	FESS-Small/Unilateral/minor(endoscopic procedure	0+3	-	69,000	82,800	96,600	1,10,400	1,38,000	6,200	4,500	4,850	5,050
51025	FOL - ENT	0+1	23,200	25,000	30,000	35,000	40,000	50,000	1,550	1,700	1,900	1,950
51020	Foreign Body Removal - Ear	0+1	23,200	25,000	30,000	35,000	40,000	50,000	1,550	1,700	1,900	1,950
50941	Foreign Body Removal - Nose	0+1	26,200	28,500	34,100	39,800	45,500	57,400	2,600	1,700	1,900	1,950
51000	Hemi Glossectomy	0+2	-	1,25,200	1,50,200	1,75,300	2,01,600	2,50,300	10,850	8,400	9,000	9,450
50994	Hemi Thyroidectomy	0+3	-	1,02,600	1,23,100	1,43,600	1,64,100	2,05,100	8,250	6,700	7,200	7,550
50948	Hypopharyngoscopy (ENT)	0+1	34,800	37,700	45,300	52,800	60,400	75,400	2,600	2,800	3,050	3,150
51021	Incision & Drianage (ENT)	0+1	23,200	25,000	30,000	35,000	40,000	50,000	1,550	1,700	1,900	1,950
50942	Intraoral removal of Submandibular ductcalculus	0+1	26,200	28,500	34,100	39,800	45,500	57,400	2,600	1,700	1,900	1,950
50995	Laryngofissure	0+2	-	1,13,600	1,36,300	1,59,000	1,82,600	2,27,200	9,800	7,300	7,800	8,200
50977	Laser Tonsillectomy	0+2	-	97,400	1,16,900	1,36,300	1,56,000	1,95,800	7,750	6,150	6,650	6,950
50949	Lymph Node biopsy (ENT)	0+1	34,800	37,700	45,300	52,800	60,400	75,400	2,600	2,800	3,050	3,150
37965	M.L.S.	0+1	49,900	52,200	62,600	74,300	86,400	1,10,400	9,500	8,400	9,000	9,450
46415	Mastoidectomy	0+1	93,900	98,600	1,18,200	1,37,900	1,57,600	1,97,000	9,500	8,400	9,000	9,450
51001	Mastoidectomy Cavity Obliteration	0+2	-	1,25,200	1,50,200	1,75,300	2,01,600	2,50,300	10,850	8,400	9,000	9,450

50978	Micro Laryngoscopic Decortication (ENT)	0+2	-	97,400	1,16,900	1,36,300	1,56,000	1,95,800	7,750	6,150	6,650	6,950
46417	Minimal Invasive Cochlear Implantation	0+2	-	2,05,100	2,46,200	2,95,000	3,66,100	4,39,300	17,550	10,050	10,800	11,300
50989	MLS with RFA	0+2	-	1,25,200	1,50,200	1,75,300	2,01,600	2,50,300	10,850	8,400	9,000	9,450
51002	Modified Radical Mastoidectomy	0+2	-	1,13,600	1,36,300	1,59,000	1,82,600	2,27,200	9,800	7,300	7,800	8,200
37628	Myringoplasty	0+1	68,400	71,900	86,300	1,03,000	1,27,400	1,52,900	9,500	8,400	9,000	9,450
50943	Myringotomy (bilateral)	0+1	26,200	28,500	34,100	39,800	45,500	57,400	2,600	1,700	1,900	1,950
51022	Nasal Endoscopy	0+1	20,900	22,700	27,200	31,700	36,300	46,800	1,550	1,700	1,900	1,950
51017	Nasal Endoscopy (Diagnostic)	0+1	19,800	21,500	25,800	30,100	34,400	43,600	1,550	1,150	1,300	1,350
51026	Nasal Endoscopy with Biopsy	0+1	23,200	25,000	30,000	35,000	40,000	50,000	1,550	1,700	1,900	1,950
50944	Nasopharyngoscopy with Biopsy	0+1	24,400	26,200	31,400	36,600	41,800	53,100	1,550	1,700	1,900	1,950
50986	Open reduction fracture nasal bone	0+3	-	94,500	1,13,400	1,32,300	1,51,200	1,89,000	8,250	5,600	6,050	6,300
51027	Oral Biopsy	0+1	26,200	28,500	34,100	39,800	45,500	57,400	2,600	1,700	1,900	1,950
50996	Ossiculoplasty	0+2	-	1,13,600	1,36,300	1,59,000	1,82,600	2,27,200	9,800	7,300	7,800	8,200
51007	Partial Glossectomy with Supraomohyoid Dissection	0+2	-	1,36,800	1,64,100	1,91,500	2,20,700	2,73,500	11,850	8,400	9,000	9,450
51009	Partial Maxillectomy	0+2	-	1,48,400	1,78,000	2,07,700	2,40,900	2,96,600	12,900	9,500	10,200	10,700
50952	Pre Auricular Sinus Excision	0+1	30,800	33,100	39,700	46,300	52,900	66,900	2,600	1,700	1,900	1,950
51003	Radical Mastoidectomy	0+2	-	1,13,600	1,36,300	1,59,000	1,82,600	2,27,200	9,800	7,300	7,800	8,200
50946	Reduction of Fracture Nose (ENT)	0+3	-	38,900	46,700	54,400	62,200	77,700	3,100	2,250	2,450	2,600
51010	Rhinoplasty - Open	0+2	-	1,61,100	1,93,300	2,25,500	2,61,100	3,22,100	13,950	10,600	11,400	11,950
50965	Septal Hematoma Incision & Drainage (ENT)	0+1	49,900	54,000	64,700	75,500	86,300	1,07,800	4,650	3,950	4,250	4,400
50987	Septal Perforation Repair (ENT)	0+2	-	89,300	1,07,100	1,25,000	1,43,300	1,81,000	7,750	5,050	5,450	5,700
42893	Septoplasty	0+1	49,900	52,200	62,600	74,300	92,400	1,10,400	9,500	8,400	9,000	9,450
50966	Septoplasty + SMD	0+3	-	64,400	77,200	90,100	1,03,000	1,28,700	5,150	4,500	4,850	5,050
46413	Septoplasty+Fess	0+1	75,400	78,800	94,600	1,10,400	1,26,100	1,57,600	9,500	8,400	9,000	9,450
37762	Septoplasty+Turbinate Reduction	0+1	62,600	66,100	79,300	92,500	1,05,700	1,32,100	9,500	8,400	9,000	9,450
50979	Snoring Surgery-Pillar Reduction	0+2	-	77,700	93,200	1,08,800	1,24,300	1,58,700	5,700	5,050	5,450	5,700
50997	Stapedotomy	0+2	-	1,13,600	1,36,300	1,59,000	1,82,600	2,27,200	9,800	7,300	7,800	8,200
50998	Sub total Thyroidectomy	0+3	-	1,18,800	1,42,600	1,66,300	1,90,100	2,37,600	10,300	7,850	8,400	8,800
50981	Submandibular Gland Excision	0+2	-	84,700	1,01,600	1,18,500	1,35,400	1,71,400	6,700	5,050	5,450	5,700
50990	Superficial Paraidectomy (ENT)	0+2	-	97,400	1,16,900	1,36,300	1,56,000	1,95,800	7,750	6,150	6,650	6,950
37625	Tonsillectomy	0+1	46,400	48,700	58,500	70,100	86,000	1,03,000	9,500	8,400	9,000	9,450
51011	Total Laryngectomy	0+2	-	1,73,900	2,08,600	2,43,300	2,81,200	3,47,600	16,000	11,750	12,600	13,200
46416	Total Thyroidectomy	3+3	-	1,31,000	1,57,200	1,85,700	2,29,200	2,74,900	9,500	8,400	9,000	9,450
51004	Tracheal Reconstruction	0+2	-	1,25,200	1,50,200	1,75,300	2,01,600	2,50,300	10,850	8,400	9,000	9,450
50958	Tracheostomy (ENT)	0+1	45,800	49,300	59,200	69,000	78,900	98,600	4,650	2,800	3,050	3,150
50955	Turbinate reduction	0+1	34,800	37,700	45,300	52,800	60,400	75,400	2,600	2,800	3,050	3,150
51005	Tympanomastoidectomy	0+2	-	1,25,200	1,50,200	1,75,300	2,01,600	2,50,300	10,850	8,400	9,000	9,450
42895	Tympanoplasty	0+1	1,03,200	1,07,800	1,29,400	1,56,000	1,93,200	2,32,400	20,600	11,150	12,000	12,550
37773	Tympanoplasty+Cortical Mastoidectomy	0+1	1,13,300	1,13,300	1,36,000	1,58,700	1,81,300	2,26,600	9,500	8,400	9,000	9,450
50980	Tympanotomy (Ent)	0+2	-	77,700	93,200	1,08,800	1,24,300	1,58,700	5,700	5,050	5,450	5,700
51028	Unilateral Myringotomy with Gromme	0+1	23,200	25,000	30,000	35,000	40,000	50,000	1,550	1,700	1,900	1,950
50967	Unilateral Styloidectomy (ENT)	0+1	49,900	54,000	64,700	75,500	86,300	1,07,800	4,650	3,950	4,250	4,400
50999	Uvulo-Palato Pharyngoplasty	0+2	-	1,13,600	1,36,300	1,59,000	1,82,600	2,27,200	9,800	7,300	7,800	8,200

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
- 2 OT charges, procedure charges,surgeon fee and consult charges.

Exclusions

- 1 Laser Equipment, if used, will be charged extra at applicable rates.
- 2 Cochlear impant will be charged extra at applicable rates.

Endoscopy									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
33740	Capsule Endoscopy	0+1	43,500	48,200	57,800	67,400	77,000	96,300	Capsule	3,350	3,650	3,850
51671	Colonoscopy Full (Cecum) Diagnostic (Non OT)	0+1	22,100	23,200	27,900	32,500	37,200	46,400	4,150	5,600	6,050	6,300
51672	Colonoscopy Long with Biopsy (Non OT)	0+1	24,300	25,600	30,700	35,800	40,900	51,100	3,650	6,700	7,200	7,550
50898	EBUS-Diagnostic & Staging	0+1	51,000	51,000	61,200	68,800	81,600	1,01,900	6,700	12,350	13,350	13,850
51689	Endoscopic mucosal resection (EMR) 2.5 to 5 cm	0+2	-	1,25,200	1,50,200	1,75,300	2,00,600	2,50,300	20,600	11,150	12,000	12,550
51684	Endoscopic mucosal resection (EMR) 1 to 2.5 cm	0+2	-	92,700	1,11,300	1,29,800	1,48,600	1,85,400	16,500	8,950	9,600	10,050
51685	Endoscopic Oesophageal/Pharyngeal Diverticulectom	0+2	-	98,600	1,18,200	1,37,900	1,58,200	1,97,000	18,550	8,950	9,600	10,050
51688	Endoscopic submucosal dissection (ESD) 1 to 2.5cm	0+2	-	1,10,200	1,32,100	1,54,100	1,76,700	2,20,200	18,550	8,950	9,600	10,050
51690	Endos submucosal dissection(ESD) more than 2.5cm	0+2	-	1,86,600	2,23,900	2,61,200	2,99,300	3,73,100	24,750	13,400	14,350	15,050
37166	ERCP Biliary Stent Placement	0+1	30,800	33,700	40,400	47,100	53,900	67,300	3,100	3,350	3,650	3,850
37163	ERCP Diagnostic	0+1	22,100	24,400	29,300	34,100	39,000	48,800	3,100	3,350	3,650	3,850
37168	ERCP Mechanical Lithotripsy	0+1	44,700	49,300	59,200	69,000	78,900	98,600	3,100	3,350	3,650	3,850
51675	ERCP Papillotomy	0+1	57,400	60,300	72,400	84,400	96,600	1,20,600	15,450	8,950	9,600	10,050
51692	ERCP Stent Place.+Stone Extract(Metal/Plas)HighRi	1+3	-	1,25,200	1,50,200	1,75,300	2,00,600	2,50,300	35,050	13,400	14,350	15,050
51673	ERCP Stent Removal (Non OT)	0+1	19,800	20,900	25,100	29,300	33,500	41,800	3,650	2,800	3,050	3,150
51693	ERCP-EPT+Lithotripsy+Stent Placement	0+1	82,900	87,000	1,04,300	1,21,700	1,39,600	1,73,900	19,600	8,950	9,600	10,050
51676	ERCP-EPT+Stone extraction+Stent placement	0+1	62,600	66,100	79,300	92,500	1,06,100	1,32,100	19,600	6,700	7,200	7,550
51694	ERCP-EPT+Stone extraction+Stent placement+CBD dil	0+1	68,400	71,900	86,300	1,23,400	2,16,000	4,31,900	18,550	6,700	7,200	7,550
51682	ERCP-Metal stent placement	0+1	90,400	95,100	1,14,100	1,33,100	1,52,300	1,90,100	28,850	8,950	9,600	10,050
51677	ERCP-Pancreatic Stent Placement	0+1	66,100	69,600	83,500	97,400	1,11,400	1,39,100	19,600	8,950	9,600	10,050
51678	ERCP-Pancreatic Stone extraction	0+1	66,100	69,600	83,500	97,400	1,11,400	1,39,100	19,600	8,950	9,600	10,050
51695	ERCP-Pancreatic Stone Extraction+Stent Placement	0+1	77,100	81,200	97,400	1,13,600	1,30,000	1,62,300	20,600	6,700	7,200	7,550
51679	ERCP-Papillotomy+stone extraction	0+1	60,900	63,800	76,500	89,300	1,02,400	1,27,500	15,450	11,150	12,000	12,550
51691	Peroral Endoscopic Myotomy (POEM)	1+2	-	1,73,900	2,08,600	2,43,300	2,78,600	3,47,600	28,850	16,750	17,950	18,800

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
- 2 Cost of Capsule upto Rs 32,000/- in Capsule Endoscopy package.
- 3 Procedure and consult charges

Exclusions

- 1 Any other diagnostic procedure will be charged extra on actual.

Nephrology									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
35607	A-V Fistula	0+1	32,400	35,900	43,100	50,200	57,400	71,700	3,100	2,250	2,450	2,600
30550	A-V Fistula for Dialysis	0+1	27,000	30,000	35,900	41,900	47,900	59,900	3,100	2,250	2,450	2,600

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
- 2 Procedure and consult charges

Exclusions

- 1 Any other diagnostic procedure will be charged extra on actual.

Urology Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
51674	AV Fistula (Uro)	0+1	49,100	51,400	61,700	71,900	82,600	1,02,700	8,250	6,700	7,200	7,550

35633	Bladder neck incision with Holmium Laser	0+2	-	71,100	85,300	99,500	1,14,300	1,42,100	17,550	14,500	15,550	16,350
35622	CAPD Insertion	0+1	66,900	66,900	80,300	93,700	1,07,200	1,33,800	4,650	10,050	10,800	11,300
51666	Circumcision (Uro)	0+1	28,800	30,000	35,900	41,900	48,300	59,900	4,650	4,500	4,850	5,050
35623	Cystoscopy + Bladder Biopsy	0+1	41,300	41,300	49,600	57,800	66,300	82,600	4,650	5,050	5,450	5,700
43083	Cystoscopy Clot Evacuation	0+1	27,600	28,800	34,600	40,300	46,100	57,600	4,650	4,500	4,850	5,050
35609	Cystoscopy Diagnostic	0+1	23,400	23,400	28,100	32,700	37,900	46,700	4,650	5,050	5,450	5,700
51663	Cystoscopy Stent Removal	0+1	20,400	21,600	26,000	30,300	34,600	43,200	3,100	2,800	3,050	3,150
51669	Cystoscopy with Bladder Biopsy	0+2	-	45,500	54,600	63,700	72,800	90,900	8,250	6,700	7,200	7,550
51670	Cystoscopy with Retrograde Catheterization-B/L	0+1	31,700	33,600	40,300	47,000	53,700	67,100	4,650	4,500	4,850	5,050
51667	Cystoscopy with Retrograde Catheterization-U/L	0+1	28,800	30,000	35,900	41,900	48,300	59,900	4,650	4,500	4,850	5,050
30546	D/J Stent Removal - B/L	0+1	41,300	41,300	49,600	57,800	66,300	82,600	4,650	5,050	5,450	5,700
35663	D/J Stent Removal - U/L	0+1	30,000	30,000	35,900	41,900	48,300	59,900	4,650	5,050	5,450	5,700
37090	DJ Stenting - B/L	0+1	56,300	56,300	67,500	78,700	90,200	1,12,500	5,150	5,600	6,050	6,300
37089	DJ Stenting - U/L	0+1	35,300	35,300	42,300	49,400	57,000	70,500	4,650	5,050	5,450	5,700
35614	ESWI stone <1 cm	0+1	71,100	71,100	85,300	99,500	1,14,300	1,42,100	4,650	5,050	5,450	5,700
35615	ESWI stone >1 cm	0+1	66,900	66,900	80,300	93,700	1,07,200	1,33,800	5,150	5,600	6,050	6,300
51662	Frenuloplasty (URO)	0+1	19,200	20,400	24,600	28,600	32,900	40,800	3,100	2,800	3,050	3,150
30543	Hydrocoele Surgery-UL	0+1	22,200	22,200	26,700	31,100	35,600	44,300	4,650	5,050	5,450	5,700
37244	Kidney Biopsy	0+1	33,000	33,000	39,600	46,100	53,100	65,900	5,150	5,600	6,050	6,300
46402	Lap Nephrectomy	1+4	-	1,70,200	2,04,200	2,38,200	2,72,700	3,40,200	35,050	22,300	23,900	25,050
35643	Lap Pyeloplasty	0+4	-	1,55,200	1,86,200	2,17,300	2,48,700	3,10,300	35,050	22,300	23,900	25,050
35641	Lap Radical Nephrectomy	1+4	-	2,14,900	2,57,800	3,00,800	3,44,300	4,29,700	35,050	22,300	23,900	25,050
46404	Lap Radical Prostatectomy	1+6	-	2,14,900	2,57,800	3,00,800	3,44,300	4,29,700	35,050	22,300	23,900	25,050
35632	Lap Renal Cyst Deroofing	0+2	-	1,70,200	2,04,200	2,38,200	2,72,700	3,40,200	25,750	20,100	21,500	22,550
35639	Laser TURP (Holep)	0+3	-	1,70,200	2,04,200	2,38,200	2,72,700	3,40,200	35,050	14,500	15,550	16,350
46951	Lithotripsy stone Size < 1cm	0+1	50,800	50,800	61,000	71,100	81,600	1,01,600	5,150	5,600	6,050	6,300
35635	Microscopic Vaicocelectomy	0+1	86,600	86,600	1,03,900	1,21,200	1,38,900	1,73,200	17,550	14,500	15,550	16,350
28728	Nephrectomy	1+4	-	1,10,500	1,32,600	1,54,700	1,77,200	2,20,900	25,750	20,100	21,500	22,550
35662	OIU	0+2	-	63,300	76,000	88,600	1,01,300	1,26,600	17,550	14,500	15,550	16,350
46405	Open Nephrectomy	1+4	-	1,10,500	1,32,600	1,54,700	1,77,200	2,20,900	17,550	14,500	15,550	16,350
37092	Open partial Nephrectomy	1+4	-	1,39,800	1,67,700	1,95,700	2,24,100	2,79,500	35,050	14,500	15,550	16,350
37093	Open Pyeloplasty	1+4	-	1,25,500	1,50,500	1,75,600	2,01,200	2,50,800	35,050	14,500	15,550	16,350
51686	Open Renal Cyst Deroofing	1+3	-	1,58,750	1,90,500	2,22,250	2,64,650	3,17,450	30,900	22,300	23,900	25,050
35611	Orchidectomy - B/L	0+1	71,100	71,100	85,300	99,500	1,14,300	1,42,100	5,150	5,600	6,050	6,300
35621	PCN Percutaneous Nephrostomy	0+1	71,100	71,100	85,300	99,500	1,14,300	1,42,100	17,550	14,500	15,550	16,350
43069	PCNL - B/L	0+3	-	2,14,900	2,57,800	3,00,800	3,44,300	4,29,700	20,600	16,750	17,950	18,800
35626	PCNL - U/L	0+3	-	1,25,500	1,50,500	1,75,600	2,01,200	2,50,800	20,600	16,750	17,950	18,800
51681	PCNL Stone less than 1cm (mini PCNL)	0+2	-	75,300	90,300	1,05,400	1,20,900	1,50,500	18,550	8,950	9,600	10,050
35619	RIRS - U/L	0+2	-	1,39,800	1,67,700	1,95,700	2,24,100	2,79,500	20,600	16,750	17,950	18,800
51668	RPG Unilateral	0+1	28,800	30,000	35,900	41,900	48,300	59,900	2,600	2,800	3,050	3,150
35629	TURBT	0+3	-	1,10,500	1,32,600	1,54,700	1,77,200	2,20,900	20,600	16,750	17,950	18,800
35625	TURP	1+3	-	1,10,500	1,32,600	1,54,700	1,77,200	2,20,900	20,600	16,750	17,950	18,800
51687	TURP + Cystolithotripsy	0+3	-	1,15,900	1,39,100	1,62,300	1,85,900	2,31,800	15,450	7,850	8,400	8,800
35783	Urethral Dilatation	0+1	22,200	22,200	26,700	31,100	35,600	44,300	5,150	5,600	6,050	6,300
51683	Urethrolithotomy	0+2	-	88,500	1,06,100	1,23,900	1,41,600	1,76,900	15,450	7,850	8,400	8,800
43084	URS with Stent - B/L	0+3	-	1,16,500	1,39,800	1,63,100	1,87,000	2,33,000	20,600	16,750	17,950	18,800
43085	URS with Stent - U/L	0+2	-	93,200	1,11,900	1,30,500	1,49,200	1,86,400	20,600	16,750	17,950	18,800
43070	URS without Stent - B/L	0+2	-	86,600	1,03,900	1,21,200	1,38,900	1,73,200	20,600	16,750	17,950	18,800
43071	URS without Stent - U/L	0+2	-	80,100	96,100	1,12,200	1,28,500	1,60,200	20,600	16,750	17,950	18,800
51664	Vasectomy B/L	0+1	22,800	23,900	28,700	33,500	38,400	47,800	4,650	4,500	4,850	5,050

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
- 2 OT charges, procedure charges, surgeon fee and consult charges.

Exclusions

- 1 Any other diagnostic procedure will be charged extra on actual.

UROLOGY OTHERS									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
66514	UROLIFT Package (with 2 implants)	0+1	3,60,500	3,60,500	3,60,500	3,60,500	3,60,500	3,60,500	5,150	-	-	-
66515	UROLIFT Package (with 4 implants)	0+1	5,66,500	5,66,500	5,66,500	5,66,500	5,66,500	5,66,500	5,150	-	-	-

Inclusions

- 1 Pharmacy upto above defined limit.
- 2 Implant upto Item ID 66514- INR 210000 and Item ID 66515- INR 420000
- 3 Administrative charges like Admission Charges, Infection control charges, Medical History Assessment, Nursing charges etc
- 4 Upto 8 Hrs stay in day care ward

Exclusions

- 1 Investigations will be charged extra on actual.
- 2 Any other diagnostic/ procedure will be charged extra on actual.
- 3 Blood Bank products and cross referrals extra on actual

Maternity									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
31391	Baby Care Caesarean (LSCS)	0+3	-	14,000	16,750	19,550	22,350	27,950	Nil	2,170	2,370	2,480
31390	Baby Care Caesarean (LSCS) - High Risk	0+3	-	15,600	18,700	21,800	24,900	31,200	Nil	2,250	2,450	2,600
35555	Baby Care Caesarean (LSCS) - LDR Room	0+3	-	17,500	20,900	24,400	27,900	34,800	Nil	2,250	2,450	2,600
34620	Baby Care Caesarean (LSCS) - Special Package	0+3	-	16,900	20,250	23,650	27,000	33,750	Nil	2,170	2,370	2,480
31389	Baby Care Normal (NVD)	0+2	-	14,000	16,750	19,550	22,350	27,950	Nil	2,170	2,370	2,480
35553	Baby Care Normal (NVD) - High Risk	0+3	-	15,600	18,700	21,800	24,900	31,200	Nil	2,250	2,450	2,600
35554	Baby Care Normal (NVD) - LDR Room	0+3	-	17,500	20,900	24,400	27,900	34,800	Nil	2,250	2,450	2,600
31597	C Section Maternity - LDR Room	0+3	-	77,700	93,200	1,08,800	1,25,800	1,55,300	9,300	Nil	Nil	Nil
34636	Caesarean Delivery - Special Package	0+3	-	75,400	90,450	1,05,550	1,22,100	1,50,750	9,000	Nil	Nil	Nil
31328	Caesarean Section Delivery - High Risk	0+3	-	71,700	86,000	1,00,300	1,20,300	1,43,300	9,300	Nil	Nil	Nil
22870	Caesarean Section Delivery (LSCS)	0+3	-	59,700	71,700	83,600	1,09,300	1,25,800	9,300	Nil	Nil	Nil
47473	Caesarean Section Delivery-High Risk-LDR	0+3	-	89,700	1,07,500	1,25,500	1,43,400	1,79,200	9,300	Nil	Nil	Nil
22702	Normal Delivery (NVD)	0+2	-	59,700	71,700	83,600	1,09,300	1,25,800	9,300	Nil	Nil	Nil
35552	Normal Delivery (NVD) - High Risk	0+3	-	71,700	86,000	1,00,300	1,20,300	1,43,300	9,300	Nil	Nil	Nil
31598	Normal Delivery (NVD) - LDR Room	0+3	-	77,700	93,200	1,08,800	1,25,800	1,55,300	9,300	Nil	Nil	Nil
47472	Normal Delivery (NVD)-High Risk-LDR	0+3	-	89,700	1,07,500	1,25,500	1,43,400	1,79,200	9,300	Nil	Nil	Nil
37227	Triplet Delivery Caesarean Section	0+3	-	1,21,800	1,46,200	1,70,600	1,94,900	2,43,600	9,300	Nil	Nil	Nil
34826	Twin Delivery Caesarean (LSCS)	0+3	-	1,08,800	1,30,500	1,52,200	1,74,000	2,17,400	9,300	Nil	Nil	Nil
34827	Twin Delivery Caesarean (LSCS) - High Risk	0+3	-	1,30,800	1,56,900	1,83,000	2,09,200	2,61,500	9,300	Nil	Nil	Nil
34825	Twin Delivery Normal (NVD)	0+2	-	1,08,800	1,30,500	1,52,200	1,74,000	2,17,400	9,300	Nil	Nil	Nil

Inclusions

- 1 OPV , Hep B and BCG Immunization for Baby.
- 2 Pharmacy upto above defined limit.
- 3 Baby observation care immediately after delivery in nursery upto 9 hours.
- 4 If Baby stay exceeds 9 hours due to complication then all services including bed charge will be charged on actual depending on the NICU level.

- 5 OAE screening and TSH Cord charges for Baby.
- 6 Blood Bank - Cross Matching charges upto 1 unit.
- 7 Physiotherapy upto 4 quantity.
- 8 Fetal monitoring charges upto 9 hours.
- 9 OT/ Labour room charges, procedure changes, surgeon fee charges.
- 10 Obs & Gyne and Pediatric consult charges.

Exclusions

- 1 Investigations will be charged extra on actual.
- 2 Pre-anesthesia consult will be charged extra on actual.
- 3 Charges for Epidural (if used) will be extra.
- 4 In case of Normal delivery, epidural will be charged 100%.
- 5 In case Caesarean delivery, epidural will be charged 50% and 100% SA/RA/GA anesthesia.
- 6 In case epidural fails it shall be written by the Gynecologist on OT/activity sheet and will not be charged to the patient.

Note

- 1 In case of twin/triple delivery, Baby Care package will be charged to individual Baby and applicable maternity package will be charged.
- 2 In case of high risk, high risk package will be applicable.

Obs & Gyne									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
51138	Abdominal Myomectomy (1 to 4)<250gm	0+3	-	95,500	1,14,600	1,33,700	1,53,100	1,91,000	13,400	9,550	10,250	10,750
51140	Abdominal Myomectomy (5 or more)>250gm	0+3	-	1,13,500	1,36,200	1,58,900	1,82,000	2,27,000	15,450	10,650	11,400	11,950
38703	Cervical Dilatation	0+1	18,000	19,200	23,000	26,900	31,800	43,800	3,100	3,350	3,650	3,850
30007	Cervical Polypectomy/Fractional Curettage	0+1	18,000	19,200	23,000	26,900	31,800	43,800	3,100	3,350	3,650	3,850
51148	Coloscopy+Hysteroscopy+EB+Polypectomy	0+1	41,300	43,600	52,400	61,100	70,100	87,200	8,800	3,950	4,250	4,400
29687	Coloscopy+Hysteroscopy+LEEP+EB	0+1	65,800	70,500	84,600	99,600	1,19,200	1,71,800	3,950	4,250	4,600	4,800
30008	Colposcopy with Biopsy	0+1	27,600	30,000	35,900	41,900	48,800	68,400	3,650	3,950	4,250	4,400
30023	Colposcopy with Biopsy+Cryotherapy	0+1	57,400	62,200	74,600	87,500	1,05,000	1,49,900	3,950	4,250	4,600	4,800
30009	Colposcopy with LEEP Biopsy	0+1	38,300	40,700	48,900	58,000	68,900	97,400	3,950	4,250	4,600	4,800
29683	Cryocautery	0+1	18,000	19,200	23,000	26,900	31,800	43,800	3,100	3,350	3,650	3,850
33815	Diagnostic Hysteroscopy	0+1	30,000	32,400	38,900	45,400	53,700	75,500	3,650	3,950	4,250	4,400
29557	Diagnostic Lap Hysteroscopy	0+1	39,400	41,900	50,300	59,200	70,100	98,400	3,950	4,250	4,600	4,800
29558	Diagnostic lap+Hystero+EB+Chromotubation	0+1	78,800	86,100	1,03,300	1,21,400	1,45,400	2,09,900	3,950	4,250	4,600	4,800
29555	Diagnostic Laparoscopy-Gyne	0+1	46,700	50,300	60,300	71,200	84,300	1,20,300	3,950	4,250	4,600	4,800
30022	Dilatation & Curettage	0+1	30,000	32,400	38,900	45,400	51,800	64,700	3,650	3,950	4,250	4,400
29697	Hysteroscopic Myoma Resection-Small	0+1	39,400	41,900	50,300	59,200	70,100	98,400	3,650	3,950	4,250	4,400
29554	Hysteroscopic Polypectomy/D&C	0+1	38,300	40,700	48,900	58,000	68,900	97,400	3,650	3,950	4,250	4,400
29693	Hysteroscopic Septum Resection-Partial	0+1	37,100	40,700	48,900	57,000	66,800	95,200	3,650	3,950	4,250	4,400
29691	Hysteroscopic Synechilolysis -Simple	0+1	30,000	32,400	38,900	45,400	51,800	64,700	3,650	3,950	4,250	4,400
29690	Hysteroscopy + D&C	0+1	38,300	40,700	48,900	58,000	68,900	97,400	3,950	4,250	4,600	4,800
30010	Hysteroscopy + D&C + Mirena Insertion	0+1	39,400	41,900	50,300	59,200	70,100	98,400	10,100	4,250	4,600	4,800
44881	Lap Hysterectomy (abdominal/vaginal)	0+3	-	1,50,500	1,80,600	2,10,600	2,51,400	3,97,900	18,050	15,050	16,150	16,900
29702	Lap Ovarian Drilling/Cyst Aspiration/Lost IUD	0+1	51,400	56,300	67,500	78,800	94,100	1,34,500	3,950	4,250	4,600	4,800
29559	Laparoscopic Ovarian Cystectomy	0+2	-	86,100	1,03,300	1,21,400	1,45,400	2,09,900	18,050	15,050	16,150	16,900
30005	Mirena Insertion	0+1	30,000	32,400	38,900	45,400	51,800	64,700	8,250	3,950	4,250	4,400
30015	Missed / Incomplete Abortion S&E	0+1	16,900	19,200	23,000	26,900	30,700	41,700	3,100	3,350	3,650	3,850
30016	MTP (USG Guided)	0+1	30,000	32,400	38,900	45,400	51,800	64,700	3,650	3,950	4,250	4,400
30011	MTP + Lap ligation	0+1	38,300	40,700	48,900	58,000	68,900	97,400	3,650	3,950	4,250	4,400
30021	MTP 1st Trimester	0+1	16,900	19,200	23,000	26,900	30,700	41,700	3,100	3,350	3,650	3,850
51137	Ovarian Cystectomy (U/L and B/L)	0+2	-	72,400	86,800	1,01,300	1,15,900	1,44,700	12,400	8,950	9,600	10,050
51136	Suction And Evacuation (High Risk)	0+1	36,600	38,300	45,900	53,600	61,300	76,500	8,800	3,950	4,250	4,400
51146	Total Abdominal Hysterectomy > 500 gms	0+3	-	1,08,800	1,30,500	1,52,200	1,74,400	2,17,400	17,550	11,150	12,000	12,550
51147	Total Abdominal Hysterectomy > 500 gms+BSO	0+3	-	1,25,500	1,50,500	1,75,600	2,01,200	2,50,800	17,550	11,150	12,000	12,550
51142	Total Abdominal Hysterectomy 250-500 gm	0+3	-	1,04,600	1,25,500	1,46,400	1,67,900	2,09,100	15,450	11,150	12,000	12,550
51143	Total Abdominal Hysterectomy 250-500 gm+BSO	0+3	-	1,19,400	1,43,300	1,67,200	1,91,400	2,38,800	15,450	11,150	12,000	12,550
51134	Total Laproscopy Hysterectomy+BSO	0+3	-	1,29,000	1,54,800	1,80,600	2,06,600	2,58,000	17,550	14,500	15,550	16,350

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
- 2 Blood Bank - Cross Matching charges upto 1 unit.
- 3 OT charges, procedure changes, surgeon fee and consult charges.

Exclusions

- 1 Any other diagnostic procedure will be charged extra on actual.
- 2 Special equipment, if used, will be charged extra on actual.

Pediatrics									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
31573	Circumcision (Pead)	0+1	27,600	30,000	35,900	41,900	48,800	68,400	3,650	3,950	4,250	4,400
31572	Inguinal Herniotomy - U/L (Pead)	0+1	46,700	50,800	61,000	71,200	84,800	1,20,900	3,650	3,950	4,250	4,400
31574	Orchidopexy (Pead) - U/L	0+1	34,700	38,300	45,900	53,600	61,300	76,500	3,100	3,350	3,650	3,850

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
- 2 OT charges, procedure changes, surgeon fee and consult charges.

Exclusions

- 1 Any other diagnostic procedure will be charged extra on actual.
- 2 Special equipment, if used, will be charged extra on actual.

Pulmonology									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
32997	Sleep Study - Diagnostic	0+1	-	-	-	11,600	-	-	Nil	Nil	Nil	Nil
32999	Sleep Study - Split Night	0+1	-	-	-	13,700	-	-	Nil	Nil	Nil	Nil

Inclusions

- 1 Procedure and consult charges

Exclusions

- 1 Investigations and pharmacy will be charged extra on actual.
- 2 Any other diagnostic procedure will be charged extra on actual.

Ophthalmology									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
31558	Cataract Micro Incision Phacoemulsification	0+1	25,600	-	-	-	-	-	3,100	600	700	700
36005	Cataract Refractive Phacoemulsification	0+1	34,800	-	-	-	-	-	3,100	600	700	700
47374	Cataract Surgery with Ciomnis Ring	0+1	6,700	-	-	-	-	-	1,050	Nil	Nil	Nil
47377	Cataract Surgery with Malyugins Ring	0+1	9,700	-	-	-	-	-	1,050	Nil	Nil	Nil
29997	Cataract Surgery-Phacoemulsification	0+1	21,800	-	-	-	-	-	3,100	600	700	700
46310	Cataract with Aspheric foldable	0+1	37,700	-	-	-	-	-	1,050	Nil	Nil	Nil
46311	Cataract with Hydrophobic foldable	0+1	37,700	-	-	-	-	-	1,050	Nil	Nil	Nil
38981	Cataract-MICS & Multifocal Lens	0+1	40,600	-	-	-	-	-	3,100	600	700	700
34691	Chalazion Surgery	0+1	15,700	-	-	-	-	-	3,100	600	700	700

40730	Complicated Ocular Trauma Surgery	0+1	41,800	-	-	-	-	-	3,100	600	700	700
40758	Core Vitrectomy	0+1	11,100	-	-	-	-	-	3,100	600	700	700
40708	Cornea Transplan-DSAEK	0+1	62,100	-	-	-	-	-	3,100	600	700	700
40704	Cornea Transplant - Penetrating Keratoplasty	0+1	52,200	-	-	-	-	-	3,100	600	700	700
34724	Corneal Grafting	0+1	48,700	-	-	-	-	-	3,100	600	700	700
47563	Customised Lasik (Both Eyes)	0+1	38,300	-	-	-	-	-	3,100	600	700	700
34708	Dacryocystorhinostomy with Intubation	0+1	44,700	-	-	-	-	-	3,100	600	700	700
46271	Entropion Surgery	0+1	10,900	-	-	-	-	-	1,050	Nil	Nil	Nil
34694	Examination under Anesthesia	0+1	10,500	-	-	-	-	-	3,100	600	700	700
40718	Femtosecond Laser Assisted CRI-One Eye	0+1	62,100	-	-	-	-	-	3,100	600	700	700
40721	Glaucoma Implant Surgery	0+1	36,000	-	-	-	-	-	3,100	600	700	700
31560	Glaucoma Surgery/Trabeculectomy with Mitomycin	0+1	23,800	-	-	-	-	-	3,100	600	700	700
47565	I Lasik (Both Eye)	0+1	88,100	-	-	-	-	-	3,100	600	700	700
47564	I Lasik (Single Eye)	0+1	44,700	-	-	-	-	-	3,100	600	700	700
38982	ICL Implantation Surgery	0+1	40,600	-	-	-	-	-	3,100	600	700	700
39999	Imported Foldable Aberation Free IOL (Cataract)	0+1	44,100	-	-	-	-	-	3,100	600	700	700
34695	Intravitreal Injection - Antibiotics	0+1	7,100	-	-	-	-	-	3,100	600	700	700
30001	Intravitreal Injection of Avastin	0+1	15,700	-	-	-	-	-	3,100	600	700	700
36504	Intravitreal Lucentis Injection	0+1	15,700	-	-	-	-	-	3,100	600	700	700
34806	Lid Lesion Excision	0+1	20,900	-	-	-	-	-	3,100	600	700	700
34805	Lid lesion Small - Wart, Cyst etc	0+1	12,300	-	-	-	-	-	3,100	600	700	700
34808	Limbal Mass Excision with Cryo Amniotic membrane	0+1	24,400	-	-	-	-	-	3,100	600	700	700
40698	MICS & Premium IOL	0+1	36,000	-	-	-	-	-	3,100	600	700	700
34726	Perforating Globe Injury Major	0+1	40,600	-	-	-	-	-	3,100	600	700	700
40702	Post Cataract Surgery Secondary Intervention	0+1	11,100	-	-	-	-	-	3,100	600	700	700
34689	Probing & Syringing - Both Eye	0+1	14,600	-	-	-	-	-	3,100	600	700	700
34690	Probing & Syringing - One Eye	0+1	8,800	-	-	-	-	-	3,100	600	700	700
30000	Pterygium	0+1	13,400	-	-	-	-	-	3,100	600	700	700
34699	Pterygium with Conjunctival Grafting	0+1	13,400	-	-	-	-	-	3,100	600	700	700
34715	Ptosis - LPS Correction	0+1	40,600	-	-	-	-	-	3,100	600	700	700
40743	Ptosis Surgery - Fasenella Servat	0+1	11,100	-	-	-	-	-	3,100	600	700	700
34696	Punctal Snip	0+1	14,600	-	-	-	-	-	3,100	600	700	700
40762	Retina Endolaser	0+1	14,000	-	-	-	-	-	3,100	600	700	700
34717	Retinal Detachment	0+1	43,500	-	-	-	-	-	3,100	600	700	700
40699	Secondary IOL Implantation	0+1	16,300	-	-	-	-	-	3,100	600	700	700
34698	Silicon Oil Removal	0+1	14,000	-	-	-	-	-	3,100	600	700	700
29546	Small Incision or Extra Capsular Cataract surgery	0+1	19,800	-	-	-	-	-	3,100	600	700	700
39196	Socket Surgery Secondary Orbital Implant	0+1	28,500	-	-	-	-	-	3,100	600	700	700
40771	Squint Surgery - Horizontal Muscles Both Eyes	0+1	40,600	-	-	-	-	-	3,100	600	700	700
40766	Squint Surgery - Horizontal Muscles One Eye	0+1	28,500	-	-	-	-	-	3,100	600	700	700
40768	Squint Surgery - Vertical Muscles Both Eyes	0+1	44,700	-	-	-	-	-	3,100	600	700	700
40767	Squint Surgery - Vertical Muscles One Eye	0+1	34,800	-	-	-	-	-	3,100	600	700	700
47561	Standard Lasik (Both Eyes)	0+1	24,400	-	-	-	-	-	3,100	600	700	700
34816	Tarsorrhaphy	0+1	16,300	-	-	-	-	-	3,100	600	700	700
40722	Trabeculectomy & Trabeculectomy Combined	0+1	36,000	-	-	-	-	-	3,100	600	700	700
34721	Vitrectomy	0+1	37,100	-	-	-	-	-	3,100	600	700	700
34723	Vitreo Retinal Surgery	0+1	40,600	-	-	-	-	-	3,100	600	700	700
40759	Vitreo Retinal Surgery - Advanced	0+1	52,200	-	-	-	-	-	3,100	600	700	700

Inclusions

- Investigations and pharmacy upto above defined limit.
- Investigation limit includes Blood Sugar Glucometer upto 1 quantity.
- OT charges, procedure changes, surgeon fee and consult charges.

Exclusion

- Any other diagnostic procedure will be charged extra on actual.

Oncology									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
29272	Breast Conservation Surgery	0+2	-	83,000	99,600	1,16,200	1,32,800	1,66,000	17,550	23,450	25,150	26,350
30028	Excision- Superficial Benign Tumors	0+1	12,700	13,900	16,600	19,400	22,100	27,700	3,100	3,350	3,650	3,850
27756	Lobectomy	1+6	-	2,03,000	2,43,500	2,84,100	3,30,600	4,20,800	61,800	23,450	25,150	26,350
46549	Mastectomy (Simple)	0+2	-	97,900	1,18,500	1,37,000	1,56,600	1,95,700	17,550	23,450	25,150	26,350
28725	Modified Radical Mastectomy	0+2	-	1,04,600	1,25,500	1,46,400	1,67,300	2,09,100	17,550	23,450	25,150	26,350
30613	Modified Radical Mastectomy (MRM)/BCS With IHC	0+2	-	1,02,200	1,22,600	1,43,000	1,63,400	2,04,200	17,550	23,450	25,150	26,350
30612	Modified Radical Mastectomy (MRM)/BCS Without IHC	0+2	-	92,600	1,11,200	1,29,700	1,48,200	1,85,200	17,550	23,450	25,150	26,350
30615	Modified Radical Mastectomy/BCS with IHC B/L	0+2	-	1,41,500	1,69,800	1,98,100	2,26,400	2,83,000	17,550	23,450	25,150	26,350

Inclusions

- Investigations and pharmacy upto above defined limit.
- Physiotherapy upto 4 quantity.
- OT charges, procedure changes, surgeon fee and consult charges.

Exclusion

- Any other diagnostic procedure will be charged extra on actual.

Vascular									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
37846	Varicose Veins Laser Treatment	0+2	-	1,23,000	1,47,600	1,72,200	1,96,800	2,45,900	35,050	14,500	15,550	16,350

Inclusions

- Investigations and pharmacy upto above defined limit.
- Laser fiber & M/C charges.
- OT charges, procedure changes, surgeon fee and consult charges.

Exclusions

- Any other diagnostic procedure will be charged extra on actual.

Renal Transplantation									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
35378	Renal Transplantation - Recipient	3+5	-	5,70,900	6,85,100	7,70,750	9,13,450	11,41,800	1,60,000	1,18,970	1,27,440	1,33,490

Inclusions

- Investigations and pharmacy upto above defined limit.
- 1 Dialysis - pre operative.
- Urologist & Nephrologist consult charges including post discharge 7 consults.
- Blood Bank component for Recipient and Donor upto 4 quantity each.
- Bair Hugger, DVT Pump, Fixomull and Sonosite upto 1 quantity each.
- Ventilator equipment charges during defined ICU days.
- Intensivist consult during defined ICU days.
- OT charges, procedure changes, surgeon fee and consult charges.
- Donor stay for 5 days.

Exclusions

- 1 Pre Operative Donor work-up and Recipient preparation.
- 2 Medication like Simulect Inj, ATG Mycophenolate ,Gancyclovir, Hbigr, OKT3 , FK506 ,and other imported medication will be charged extra at applicable rates.
- 3 Corrective surgery, if any, after transplant for complications or biopsy after 10 days.
- 4 Any invasive Cardiac Imaging or Intervention for heart disease that is required post operative.
- 5 Medications & management of any pre existing illness like Diabetes, Mellitus, Hypertension, TB etc.
- 6 Any special equipment, if used, will be charged extra on actual.

Oncology Package									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
50521	Chemotherapy charges(I and M) per day single dose	0+1	10,500	11,050	13,250	15,450	17,700	27,650	Nil	Nil	Nil	Nil
50519	Multiple Drugs Chemotherapy	0+1	14,000	14,550	17,450	20,350	23,250	29,050	Nil	Nil	Nil	Nil
50520	Single Drug Chemotherapy	0+1	12,850	13,400	16,100	18,750	21,450	27,100	Nil	Nil	Nil	Nil

Inclusions

- 1 Procedure and consult charges.
- 2 Package included Administrative charges, Drug Admixing and Cytotoxic handing

Exclusions

- 1 Investigations and pharmacy will be charged extra on actual.
- 2 Any other diagnostic procedure will be charged extra on actual.

Neuro Surgery Package									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
42745	Burr holes multiple	1+3	-	1,07,500	1,29,000	1,50,400	1,71,900	2,14,900	26,800	5,350	5,700	6,000
43057	Craniotomy for tumor	2+3	-	1,99,500	2,39,300	2,79,200	3,19,100	3,98,900	51,500	5,350	5,700	6,000
42753	Laminectomy-Cervical/Lumbar	0+4	-	1,33,200	1,59,800	1,86,500	2,13,100	2,66,300	40,200	5,350	5,700	6,000
42900	Microdiscectomy	0+3	-	99,900	1,19,800	1,39,700	1,59,700	1,99,600	15,450	5,350	5,700	6,000
43056	Single Burrhole	0+3	-	66,900	80,300	93,700	1,07,100	1,33,800	12,400	5,350	5,700	6,000
42901	Spinal Instrumentation	1 HDU + 4	-	1,99,500	2,39,300	2,79,200	3,19,100	3,98,900	51,500	5,350	5,700	6,000
42758	VP Shunt	0+3	-	99,900	1,19,800	1,39,700	1,59,700	1,99,600	11,350	5,350	5,700	6,000

Inclusions

- 1 Consultation of admitting doctor will be charged inside the package as per policy.
- 2 Surgery Charges & OT Charges
- 3 Pharmacy and investigations up to above defined limit.

Exclusions

- 1 All other services and diagnostic procedure not mentioned above.

Internal Medicine									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
59129	Monoclonal antibody therapy-Daycare	0+1	75,000	-	-	-	-	-	Nil	Nil	Nil	Nil

Inclusions

- 1 One single dose of Casirivimab & Imdevimab and its related consumables
- 2 Room rent for Day care, Consultations and Patient diet charges
- 3 RMO, Nursing charges for day care, Infection control charges
- 4 Medical History Assessment & Admission charges

Exclusions

- 1 Any diagnostic investigations
- 2 Drugs and consumables other than mentioned in inclusion
- 3 Any other service not mentioned in inclusion.

Robot Equipment charges									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
68441	Robotic Equipment Charges (Gen/ Non-Onco/Urology)	-	-	1,20,000	1,20,000	1,20,000	1,20,000	1,20,000	Nil	Nil	Nil	Nil
68442	Robotic Equipment Charges (Gynaecology)	-	-	1,20,000	1,20,000	1,20,000	1,20,000	1,20,000	Nil	Nil	Nil	Nil
68443	Robotic Equipment Charges (Onco/Bariat/Thorac/HPB)	-	-	1,40,000	1,40,000	1,40,000	1,40,000	1,40,000	Nil	Nil	Nil	Nil

Inclusions

- 1 Robotic consumables only

Exclusions

- 1 Rest all services will be charged on actual basis

Liver Transplantation									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
45082	Liver Transplantation (Adult)	21 days	-	-	17,10,000	19,00,000	-	-	5,00,000	All Inclusive	All Inclusive	All Inclusive

Inclusions

- 1 Pharmacy upto defined limit.
- 2 Investigations are all inclusive.
- 3 Post discharge medicines for 5 days.
- 4 ERCP and Endoscopy procedures.
- 5 Nephrologist consult charges.
- 6 Re-exploration during package stay.
- 7 In case of stay beyond package days upto 15 additional days, only pharmacy and doctor visit fee will be charged.
- 8 Donor stay for 10 days.
- 9 OT charges, procedure charges,surgeon fee and consult charges.

Exclusions

- 1 OPD pre work-up package for Recipient Rs 90,000/- and for Donor Rs 75,000/-
- 2 Immunosuppressant, Nova 7, DNA Profiling and DSA Lab procedure.
- 3 In case of high risk, high risk charges for Liver Transplantation will be charged extra on actual.

Cardiology									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
56,936	IVUS Package	0+1	60,000	60,000	72,000	84,000	96,000	1,16,000	10,827	Nil	Nil	Nil

Inclusions

- 1 Pharmacy upto defined limit.
- 2 Only chather charges is POP of package, no other pharmacy & investigation is included
- 3 Investigations are all inclusive.
- 4 Re-exploration during package stay.
- 5 OT charges, procedure charges,surgeon fee and consult charges.

Exclusions

- 1 Any other service not mentioned in inclusion.

Cardiology									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
48,643	Optical Coherence Tomography (OCT)	0+1	80,000	80,000	93,100	97,700	1,09,800	1,32,000	36,400	NILL	NILL	NILL

Inclusions

- 1 Investigations and pharmacy up to above defined limit.
- 2 Cath Lab charges, procedure charges, cardiologist consult charges.
- 3 Only **36400/-** included for Cather used in OCT

Exclusions

- 1 Integrilin, Reopro, Eptiflo, Streptokinase, Coromaxe, Aggramed, Urokinase or any other Blood Thinner will be charged extra on actual.
- 2 Antibiotics will be charged extra on actual.
- 3 If patient request for CD then CD charges will be charged extra on actual.
- 4 For high risk, complex or primary/emergency cases, appropriate package shall be charged.