



SCHEDULE OF CHARGES

W.E.F - 12 Aug-2025

Medanta -The Medicity

(A Unit of Global Health Limited)

Sector 38, Gurugram - 122001

(Haryana)

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INDEX

S.No	Department/Speciality
1	General Info & Billing Policy
2	Ambulance
3	Room Tariff
4	IP Visit & Consultation
5	ICUs Visit Charges
6	Critical Care & Pain Clinic
7	Breast Surgeries
8	Cardiac Surgery Service - Adult
9	Pain Clinic
10	Cath Lab Procedures
11	Chest Surgery
12	Thoracic Surgery
13	Vascular Surgery
14	Dental
15	Dermatology
16	Ear, Nose & Throat (ENT) Surgery
17	ENT Procedure
18	Gastroenterology
19	GI Surgeries
20	Medical Procedures
21	Head & Neck Surgery
22	Nephrology
23	Neurology
24	Digital subtraction angiography (DSA)
25	Neurosurgery

INDEX

S.No	Department/Speciality
26	Nuclear Medicine
27	Obs & Gyne
28	Medical Oncology
29	Ophthalmology
30	Orthopaedics Surgeries
31	Orthopaedic Procedures
32	Radiation Oncology
33	Physiotherapy
34	Plastic Surgery
35	Pediatric Surgeries
36	Paediatric & Neonatal
37	Respiratory Medicine/Sleep Lab
38	Speech Therapy
39	Urology
40	Interventional Radiology
41	Rheumatology & Endocrinology
42	Heart Station
43	Blood Bank
44	Fluoroscopy
45	Mammography & Dexa
46	CT Scan
47	MRI
48	Ultrasound
49	X-Ray
50	Laboratory

INDEX

S.No	Department/Speciality
51	Others

GENERAL INFORMATIONS		
		Charges (Amt. in Rs.)
1	Registration charges	Rs. 200
2	Admission Charges	Rs. 350
3	Patient History Assessment	Rs. 1,200
4	TPA Patient Consultation	Rs. 600
5	MLC Charges	Rs. 1,500
6	Ward Nursing Charges (Per Day)	Rs. 600
7	Isolation / ICU Nursing Charges (Per Day)	Rs. 1,200
8	Patient Diet Charges (Per Day)	Rs. 750
9	RMO Charges (Per Day)	Rs. 750
OP Consultation Charges		Charges (Amt. in Rs.)
1	OP Consultation Charges	Rs. 800 to Rs. 4000
2	One Follow-up visit in the same specialty within 3 days shall be free	
3	One Follow-up visit Post-Discharge for Surgery cases shall be free, within 8 days	
BED TRANSFER		
1	In the event of a bed transfer on the request of the patient to higher bed category during the course of treatment, there will be retrospective increase in the surgical/ procedure charges as per the upgraded room category from the day of admission, all the other charges from the date of transfer shall be as per revised bed category.	
2	Surgery/ procedure charges (OT, anaesthesia and surgeons fee) shall be charged as per downgraded category only when the request for transfer to lower bed category is given one day (24hrs) prior to the surgery, subject to availability of bed; all the other charges from the date of transfer shall be as per the revised bed category.	
3	For medical management case, all the charges shall be as per the opted bed category.	
4	For packages, transfer of patient to a higher bed category on the request of the patient , shall result in upgraded package charges.	

GENERAL INFORMATION	
SURGERY CHARGES	
1	Surgery Charges are as defined in the Surgery tariff section. However any surgery done between 10 pm to 6 am or on Sunday or public holiday, as emergency surgery, shall be charged 1.5 times of normal surgeon fee.
ANESTHESIA CHARGES	
1	Anaesthesia Charges shall be @35% of the surgeon fees.
2	Standby Anaesthesia shall be charged @20% Of the surgeon fee.
OT CHARGES	
1	OT Charges are 100% of Surgeon fees.
2	If any procedure done on IR / Cath Lab, DSA Lab / Cath Lab charges will be 50% of Surgeon / Procedure fees
3	If any Surgery is done on OPD basis, OT charges will be 75% of Surgeon fees.
4	If any Surgery is done on day care basis and under LA, OT Charges will be charged 75% of Surgeon fee.
RE-EXPLORATION	
1	Package cases : In case of re- exploration within the package days, no additional charges shall be applicable.
2	Non- package cases : No charges if re-exploration is done within 48hrs of surgery. But beyond 48 hrs. of surgery, 25% of Surgeon fee shall be charged.
CONSUMABLES, MEDICINES & BED CHARGES	
1	Consumables , Drugs, Medicines and Implants etc. during the course of the treatment will be charged on the basis of actual usage
COMPUTATION OF IPD BED CHARGES	
1	Bed Charges will be charged on the basis of room category.
2	Check out time is 11.00 am.

GENERAL INFORMATIONS	
3	Up to 8 hours of extended stay after check out time half day room rent shall be charged, beyond 8 hours full day rent shall be charged, subject to the availability of the room.
4	In case patient gets discharged within 24 hours of admission, room/ bed shall be charged for one day only.
5	If patient gets admitted in day care, however requires hospitalization then bed charges for the opted room category shall be charged for the entire stay in hospital.
6	Patient stay up to 8 hours in room shall be charged as half day and stay beyond 8 hours shall be charged as full day.
7	If because of any reason the patient's treatment is discontinued within 3 hours of admission on the recommendation of the consultant; room rent and IP doctor visit shall not be charged.
8	If patient retains the room in case of ICU/ OT transfer then room charges shall be charged in addition to ICU charges, subject to the availability and approval.
DIRECT ADMISSION TO ICU/HDU/CCU/CTVS OR EMERGENCY	
1	Where patient gets admitted in ICU/HDU/CCU/CTVS and emergency directly, procedure/ surgery rates defined for twin sharing shall be applicable, however if patient opts for single room and above for transfer after ICU or ER stay, charges for procedure/ surgery shall be as per opted bed category.
IPD VISITS	
1	Treating consultant can charge maximum of 2 visits per day, irrespective of the no. of visits in ward.
2	In case of ICU stay, treating consultant and intensivist can charge maximum 2 visits each.
3	Referral consultant can charge maximum 1 visit per day per specialty.
4	Visits between 10pm – 6 am, all public holidays and Sunday shall be charged as emergency visits, Emergency visits shall be one and a half of the normal visits.
5	Operating surgeon/ unit visits shall not be charged one day pre-op and on the day of surgery. No visit charges applicable in case of a day care procedure/ surgery by the primary consultant/ unit.
OPERATION CHARGES (NON-PACKAGE)	

GENERAL INFORMATIONS		
1	Single surgeon performs more than one surgery in same sitting at the same site 100% surgeon's fee for major surgery and 50% surgeon's fee for rest of the surgeries costing less.	
2	Single surgeon performs more than one surgery in same sitting on different sites both the surgeries shall be charged in full	
3	Multiple surgeons perform more than one surgery in same sitting both shall charge 100% for major surgery and 50% for rest for the surgeries costing less (for each specialty)	
4	Single/multiple surgeons perform more than one surgery in multiple sittings both the surgeries shall be charged in full.	
5	Any emergency (10pm – 6 am), all public holidays and Sunday) procedure/ surgery shall be one and a half times the normal charges	
DAY CARE		
1	In case of day care surgery/ procedure charges shall be as per twin sharing, however if patient requires hospitalization the charges of opted bed category shall be applicable.	
DEPOSIT AT THE TIME OF ADMISSION		
	Room type	Deposit amount
1	Suite	Rs 70,000
2	Super deluxe	Rs 50,000
3	Single & single deluxe	Rs 30,000
4	Twin sharing	Rs 20,000
5	ICU	Rs 50,000
6	Surgical Cases: In case of surgery 100% of the estimate/ package amount shall be deposited before the Surgery. OT clearance shall be given only on full payment of total cost estimate.	
DISCOUNTS		
	There shall be no contractual discount, whatsoever on below mentioned service and items	
1	Implant rates capped by Govt.	

GENERAL INFORMATIONS	
2	Drugs, Consumables or Implants, Pharmacy whose rates have been capped or controlled by DPCO or NPPA and NLEM Drugs.
3	Blood Bank rates under NACO.
4	Rates of Investigations or Tests notified by Govt. during Epidemic or Dengue or Swine Flu.
5	Outsourced test or procedures.
6	CGHS, TMH or any Govt notified rates.
Others Information	
1	Outsourced Lab and other services shall be billed as per rates of Service provider and not Medanta tariff

Ambulance Charges

S.No	Billing Code	Service Name	Charges in INR
1	ADAM000001	Ambulance Base Charges	1,000
2	ADAM000002	Ambulance Charges (per km)	55
3	ADAM000004	Ambulance Physician (Outstation) Charges Per Hour	1,000
4	ADAM000005	Ambulance Waiting Charges	1,000
5	ADAM000006	Neonatal Incubator Charges(Ambulance)	5,000
6	ADAM000007	Ambulance Perfusionist (Outstation) Charges Per Hour	450
7	ADAM000008	Ambulance Perfusionist Charges (Local)	1,000
8	ADAM000012	Ambulance IABP Charges	10,000
9	ADAM000013	Ambulance Physician Charges (Gurgaon)	2,000
10	ADAM000014	Ambulance Physician Charges (NCR)	4,000
11	ADAM000015	Ambulance Specialist Charges (Gurgaon)	3,000
12	ADAM000016	Ambulance Specialist Charges (NCR)	4,000
13	ADAM000017	Ambulance Specialist (Outstation) Charges Per Hour	1,500
14	ADAM000018	Ambulance Pace Maker Charges	2,000
15	ADAM000023	Transfer of patient from or to tarmac to/from outside (gate/Medanta Medical Escort (Scheduled Flight	1,100
16	ADAM000025	Transfer of patient from or to tarmac to/from outside (gate/Medanta Centre) with Doctor (ALS)	1,650
17	ADAM000026	Transfer of patient from or to tarmac to/from outside (gate/Medanta Centre) with Doctor (BLS)	1,375
18	ADAM000027	Transfer of patient from Airport to Medanta with ER physician escort (ALS)	3,000
19	ADAM000028	Transfer of patient from Airport to Medanta with ER physician escort (BLS)	2,500
20	ADAM000029	Transfer of patient from Airport to Medanta with ER physician escort+ ventilator (ALS)	4,000
21	ADAM000032	Transfer of patient from or to tarmac to/from outside (gate/Medanta Medical Escort) with Doctor (Non	5,000

Room Rent Tariff

S.No	Billing Code	Room Category	Charges in INR
1	ADRC000001	Twin Sharing Room - Deluxe	8,000
2	ADRC000005	Single Bedded Room	13,000
3	ADRC000002	Single Bedded - Deluxe	15,500
4	ADRC000008	Single Bedded - Super Deluxe	18,000
5	ADRC000003	Suite	25,000
6	ADRC000004	ICU/CCU/EMR/HCC/ Rec	15,000
7	ADRC000006	Recovery Room	14,500
8	ADRC000007	Heart Command	14,500
9	ADRC000018	High Dependency Unit (HDU)	12,500
10	ADRC000025	Day Care Bed charges up to 2 Hrs	1,200
11	ADRC000023	Day Care Bed charges more than 2 hrs up to 4 Hrs	2,200
12	ADRC000009	Day Care Bed charges more than 4 hrs up to 8 Hrs	4,200
13	ADRC000026	Day Care Bed Charges more than 8 hours, upto 24 hours	4,950
14	ADRC000081	Isolation Bed (HDU)	13,000
15	ADRC000063	Isolation Bed (ICU)	15,000
16	ADRC000064	Isolation Bed (SD)	15,500
17	ADRC000065	Isolation Bed (SN)	13,500
18	ADRC000066	Isolation Bed (TS)	8,500
19	ADRC000067	Isolation Bed (SU)	25,000
20	ADRC000068	Isolation Bed (Triple Sharing)	5,000
21	ADRC000078	Family Isolation Single Plus	13,500
22	ADRC000079	Family Isolation Single	10,000
23	ADRC000080	Family Isolation Sharing	4,000
24	ADRC000083	Semi-Pvt Room	6,000
25	ADRC000027	Multi Bedded Room	4,950
26	ADRC000010	Chemotherapy Day Care Bed charges upto 2 hours	2,500
27	ADRC000011	Chemotherapy Day Care Bed charges upto 4 Hrs	3,000
28	ADRC000012	Chemotherapy Day Care Bed charges upto 8 hours	4,000
29	ADRC000061	Chemotherapy Sharing Room	3,250
30	ADRC000062	Chemotherapy Single Room	4,250
31	ADRC000084	Chemotherapy Day Care Premium Single Room Bed Charges Up To 2 Hours	3,500
32	ADRC000085	Chemotherapy Day Care Premium Twin Room Bed Charges Up To 2 Hours	3,000

Room Rent Tariff

S.No	Billing Code	Room Category	Charges in INR
33	ADRC000086	Chemotherapy Day Care Premium Multiple Room Bed Charges Up To 2 Hours	2,500
34	ADRC000087	Chemotherapy Day Care Premium Single Room Bed Charges Up To 4 Hours	4,500
35	ADRC000088	Chemotherapy Day Care Premium Twin Room Bed Charges Up To 4 Hours	4,000
36	ADRC000089	Chemotherapy Day Care Premium Multiple Room Bed Charges Up To 4 Hours	3,000
37	ADRC000090	Chemotherapy Day Care Premium Single Room Bed Charges Up To 8 Hours	6,500
38	ADRC000091	Chemotherapy Day Care Premium Twin Room Bed Charges Up To 8 Hours	5,500
39	ADRC000092	Chemotherapy Day Care Premium Multiple Room Bed Charges Up To 8 Hours	4,500
48	ADRC000123	Chemotherapy Day Care Premium Suite Room Bed Charges Up To 2 Hours	5,000
49	ADRC000124	Chemotherapy Day Care Premium Suite Room Bed Charges Up To 4 Hours	8,000
50	ADRC000125	Chemotherapy Day Care Premium Suite Room Bed Charges Up To 8 Hours	10,000
40	ADRC000093	Room Billing-Twin Dlx (Attendant)	7,500
41	ADRC000094	Room Billing-Single(Attendant)	12,500
42	ADRC000095	Room Billing-Single Deluxe(Attendant)	15,500
43	ADRC000096	Room Billing-Super Deluxe(Attendant)	18,000
44	ADRC000097	Room Billing-Suite(Attendant)	25,000
45	ADRC000115	Neonatal ICU	6,000
46	ADRC000116	Neonatal ICU - Isolation	8,500
47	ADRC000117	PICU	8,500
51	EMCH000001	Emergency Bed charges upto 2 hrs	500
52	EMCH000002	Emergency Bed charges 2 to 4 hrs	1,000
53	EMCH000003	Emergency Bed charges 4 to 6 hrs	1,500
54	EMCH000004	Emergency Bed charges upto 24 hrs	4,000

IP VISIT Charges

S.No	Billing Code	Doctor Visit	Charges in INR						
			Day Care/Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite	HDU
1	CVCV000002	IP Visit Psychologist	1,000	1,200	1,500	1,700	1,900	2,400	1,400
2	CVCV000003	IP Visit Cardiology	1,000	1,200	1,500	1,700	1,900	2,400	1,400
3	CVCV000004	IP Visit CTVS	1,000	1,200	1,500	1,700	1,900	2,400	1,400
4	CVCV000005	IP Visit Orthopaedics	1,000	1,200	1,500	1,700	1,900	2,400	1,400
5	CVCV000007	IP Visit Endocrinology	1,000	1,200	1,500	1,700	1,900	2,400	1,400
6	CVCV000009	IP Visit Ortho Anaesthesia	1,000	1,200	1,500	1,700	1,900	2,400	1,400
7	CVCV000010	Dietician Consultation	700	700	700	700	700	700	700
8	CVCV000018	IP Visit ENT	1,000	1,200	1,500	1,700	1,900	2,400	1,400
9	CVCV000019	IP Visit Plastic Surgery	1,000	1,200	1,500	1,700	1,900	2,400	1,400
10	CVCV000020	IP Visit Ophthalmology	1,000	1,200	1,500	1,700	1,900	2,400	1,400
11	CVCV000021	IP Visit Neurosurgery	1,000	1,200	1,500	1,700	1,900	2,400	1,400
12	CVCV000022	IP Visit Neurology	1,000	1,200	1,500	1,700	1,900	2,400	1,400
13	CVCV000023	IP Visit Nephrology	1,000	1,200	1,500	1,700	1,900	2,400	1,400
14	CVCV000024	IP Visit Urology	1,000	1,200	1,500	1,700	1,900	2,400	1,400
15	CVCV000025	IP Visit GI Surgery	1,000	1,200	1,500	1,700	1,900	2,400	1,400
16	CVCV000026	IP Visit Gastroenterology	1,000	1,200	1,500	1,700	1,900	2,400	1,400
17	CVCV000027	IP Visit Vascular Surgery	1,000	1,200	1,500	1,700	1,900	2,400	1,400
18	CVCV000028	IP Visit Thoracic Surgery	1,000	1,200	1,500	1,700	1,900	2,400	1,400
19	CVCV000029	IP Visit Respiratory	1,000	1,200	1,500	1,700	1,900	2,400	1,400
20	CVCV000030	IP Visit Rheumatology	1,000	1,200	1,500	1,700	1,900	2,400	1,400
21	CVCV000031	IP Visit Radiation Oncology	1,000	1,200	1,500	1,700	1,900	2,400	1,400
22	CVCV000032	IP Visit Medical Oncology	1,000	1,200	1,500	1,700	1,900	2,400	1,400
23	CVCV000033	IP Visit Head & Neck Surgery	1,000	1,200	1,500	1,700	1,900	2,400	1,400
24	CVCV000034	IP Visit Gynec Surgery	1,000	1,200	1,500	1,700	1,900	2,400	1,400
25	CVCV000035	IP Visit Dermatology	1,000	1,200	1,500	1,700	1,900	2,400	1,400
26	CVCV000036	IP Visit Dental	1,000	1,200	1,500	1,700	1,900	2,400	1,400
27	CVCV000037	IP Visit Pediatric	1,000	1,200	1,500	1,700	1,900	2,400	1,400
28	CVCV000038	IP Visit BMT	1,000	1,200	1,500	1,700	1,900	2,400	1,400
29	CVCV000039	IP Visit Breast Surgery	1,000	1,200	1,500	1,700	1,900	2,400	1,400
30	CVCV000040	IP Visit Internal Medicine	1,000	1,200	1,500	1,700	1,900	2,400	1,400
31	CVCV000041	IP Visit Hepatology	1,000	1,200	1,500	1,700	1,900	2,400	1,400
32	CVCV000042	IP Visit Ayurveda	1,000	1,200	1,500	1,700	1,900	2,400	1,400
33	CVCV000077	IP Visit Neurorehabilitation	1,000	1,200	1,500	1,700	1,900	2,400	1,400

IP VISIT Charges

S.No	Billing Code	Doctor Visit	Charges in INR						
			Day Care/Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite	HDU
34	CVCV000081	IP Visit Neuro Anaesthesia	1,000	1,200	1,500	1,700	1,900	2,400	1,400
35	CVCV000082	IP Visit Liver Transplant	1,000	1,200	1,500	1,700	1,900	2,400	1,400
36	CVCV000087	IP Visit Interventional Radiology	1,000	1,200	1,500	1,700	1,900	2,400	1,400
37	CVCV000088	IP Visit Interventional Neurology	1,000	1,200	1,500	1,700	1,900	2,400	1,400
38	CVCV000090	IP Visit Anaesthesia	1,000	1,200	1,500	1,700	1,900	2,400	1,400
39	CVCV000094	IP Visit Critical Care	1,000	1,200	1,500	1,700	1,900	2,400	1,400
40	CVCV000095	IP Visit Chest Surgery	1,000	1,200	1,500	1,700	1,900	2,400	1,400
41	CVCV000097	IP Visit Diabetes Educator	500	500	500	500	500	500	
42	CVCV000075	Isolation Doctor Visit	1,400	1,400	1,400	1,400	1,400	1,400	
43	CVCV000089	Isolation Critical Care Visit	1,400	1,400	1,400	1,400	1,400	1,400	
44	CVCV000107	Lactation Consultation	1,000	1,000	1,000	1,000	1,000	1,000	
45	ADVC000021	ER Visit Charges (Day)	800	800	-	-	-	-	
46	ADVC000148	ER Visit Charges (Night/Holiday)	1,200	1,200	-	-	-	-	
47	ADVC000172	Specialist ER Visit Charges (Day)	1,200	1,200	-	-	-	-	
48	ADVC000173	Specialist ER Visit Charges (Night/Holiday Day)	1,800	1,800	-	-	-	-	

Note: Doctor visit between 10 pm to 6 am, on Sunday and all public holiday will be charged as 1.5 times of the normal charges only for patient's who are admitted between 10 pm to 6 am, on Sunday or Holiday.

ICU Visit Charges

S.No	Billing Code	Doctor Visit	Charges in INR						
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite	ICU/CCU
1	CVCV000044	ICU Visit Anaesthesia	-	1,500	-	-	-	-	-
2	CVCV000045	ICU Visit Psychologist	-	1,500	-	-	-	-	-
3	CVCV000046	ICU Visit Cardiology	-	1,500	-	-	-	-	-
4	CVCV000047	ICU Visit CTVS	-	1,500	-	-	-	-	-
5	CVCV000048	ICU Visit Orthopaedics	-	1,500	-	-	-	-	-
6	CVCV000049	ICU Visit Endocrinology	-	1,500	-	-	-	-	-
7	CVCV000050	ICU Visit Ortho Anesthesia	-	1,500	-	-	-	-	-
8	CVCV000051	ICU Visit ENT	-	1,500	-	-	-	-	-
9	CVCV000052	ICU Visit Plastic Surgery	-	1,500	-	-	-	-	-
10	CVCV000053	ICU Visit Ophthalmology	-	1,500	-	-	-	-	-
11	CVCV000054	ICU Visit Neurosurgery	-	1,500	-	-	-	-	-
12	CVCV000055	ICU Visit Neurology	-	1,500	-	-	-	-	-
13	CVCV000056	ICU Visit Nephrology	-	1,500	-	-	-	-	-
14	CVCV000057	ICU Visit Urology	-	1,500	-	-	-	-	-
15	CVCV000058	ICU Visit GI Surgery	-	1,500	-	-	-	-	-
16	CVCV000059	ICU Visit Gastroenterology	-	1,500	-	-	-	-	-
17	CVCV000060	ICU Visit Vascular Surgery	-	1,500	-	-	-	-	-
18	CVCV000061	ICU Visit Thoracic Surgery	-	1,500	-	-	-	-	-
19	CVCV000062	ICU Visit Respiratory	-	1,500	-	-	-	-	-
20	CVCV000063	ICU Visit Rheumatology	-	1,500	-	-	-	-	-
21	CVCV000064	ICU Visit Radiation Oncology	-	1,500	-	-	-	-	-
22	CVCV000065	ICU Visit Medical Oncology	-	1,500	-	-	-	-	-
23	CVCV000066	ICU Visit Head & Neck Surgery	-	1,500	-	-	-	-	-
24	CVCV000067	ICU Visit Gynec Surgery	-	1,500	-	-	-	-	-
25	CVCV000068	ICU Visit Dermatology	-	1,500	-	-	-	-	-
26	CVCV000069	ICU Visit Dental	-	1,500	-	-	-	-	-
27	CVCV000070	ICU Visit Pediatric	-	1,500	-	-	-	-	-
28	CVCV000071	ICU Visit BMT	-	1,500	-	-	-	-	-
29	CVCV000072	ICU Visit Breast Surgery	-	1,500	-	-	-	-	-
30	CVCV000073	ICU Visit Internal Medicine	-	1,500	-	-	-	-	-
31	CVCV000074	ICU Visit Hepatology	-	1,500	-	-	-	-	-

ICU Visit Charges

S.No	Billing Code	Doctor Visit	Charges in INR						
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite	ICU/CCU
32	CVCV000078	ICU Visit Neurorehabilitation	-	1,500	-	-	-	-	-
33	CVCV000083	ICU Visit NeuroAnaesthesia & Critical Care	-	1,500	-	-	-	-	-
34	CVCV000084	ICU Visit Liver Transplant	-	1,500	-	-	-	-	-
35	CVCV000085	ICU Visit Interventional Radiology	-	1,500	-	-	-	-	-
36	CVCV000086	ICU Visit Interventional Neurology	-	1,500	-	-	-	-	-
37	CVCV000093	ICU Visit Critical Care	-	1,500	-	-	-	-	-
38	CVCV000096	ICU Visit Chest Surgery	-	1,500	-	-	-	-	-

Note: Doctor visit between 10 pm to 6 am, on Sunday and all public holiday will be charged as 1.5 times of the normal charges only for patient's who are admitted between 10 pm to 6 am, on Sunday or Holiday.

Critical Care & Anaesthesia

S. no	Billing code	Service Name	Charges in INR
			Price /**
1	ANCC000001	Pacing Transvenous	5,100
2	ANCC000002	ADP (Abdominal Diagnostic Paracentesis)	2,900
3	ANCC000003	AL (Arterial Line)	3,000
4	ANCC000004	ATP (Abdominal Therapeutic Paracentesis)	4,000
5	ANCC000006	Bedside Bronchoscopy	12,600
6	ANCC000009	Bronchoscopic Intubation	6,200
7	ANCC000010	Arterial puncture and blood gas analysis with Electrolytes (ABL-9)	1,000
8	ANCC000013	Ventilator Charges 24 hrs	6,000
9	ANCC000014	Continuous SCO2 monitoring	2,900
10	ANCC000015	CVL (Central venous line) insertion	3,200
11	ANCC000016	Dialysis catheterization	3,700
12	ANCC000019	Epidural blood patch/Steroid injection	5,300
13	ANCC000020	Epidural Catheter insertion	5,000
14	ANCC000021	Foleys Catheter Insertion	1,200
15	ANCC000023	Hypothermia Induction initiation	4,600
16	ANCC000024	IABP care	1,200
17	ANCC000025	Initial Vent. + Intubation	6,200
18	ANCC000026	Intercostal Tube Drainage	7,400
19	ANCC000028	Lumbar Puncture	4,500
20	ANCC000029	Minitracheostomy	5,700
21	ANCC000032	PA Catheter insertion	4,800
22	ANCC000033	Pacing Transcutaneous	2,300
23	ANCC000034	PCA (Patient Control Analgesia) per day monitoring charges	3,500
24	ANCC000035	Percutaneous Tracheostomy	16,000
25	ANCC000036	PICC	4,000
26	ANCC000040	Ryles tube insertion	1,600
27	ANCC000042	Ventilator Charges/Hour	350
28	ANCC000046	Anaesthetist Cover & Cannulation Fee	1,800
29	ANCC000047	Sedation Charges Other than OT	1,800
30	ANCC000048	GA charges other than Major OT	3,500

Critical Care & Anaesthesia

S. no	Billing code	Service Name	Charges in INR
			Price /**
31	ANCC000056	IABP Insertion charges	11,500
32	ANCC000057	NAVA INITIAL VENT+INTUBATION	6,200
33	ANCC000058	NAVA VENTILATOR CHARGE 24hrs	5,100
34	ANCC000059	ACT (Activated clotting time)	500
35	ANCC000060	MOLECULAR ABSORBENT RECIRCULATING SYSTEM (MARS) PROC CHARGES	11,300
36	ANCC000061	NOXBOX NITRIC OXIDE CHARGE AT UPTO 5 PPM (PER DAY)	6,800
37	ANCC000062	NOXBOX NITRIC OXIDE CHARGE AT 5 TO 10 PPM (PER DAY)	13,500
38	ANCC000063	NOXBOX NITRIC OXIDE CHARGE AT 10 TO 15 PPM (PER DAY)	20,300
39	ANCC000064	NOXBOX NITRIC OXIDE CHARGE AT 15 TO 20 PPM (PER DAY)	27,000
40	ANCC000065	NOXBOX NITRIC OXIDE CHARGE AT 20 TO 25 PPM (PER DAY)	33,800
41	ANCC000066	NOXBOX NITRIC OXIDE CHARGE ABOVE 25 PPM (PER DAY)	39,400
42	ANCC000067	Oxygen Charges with nurse in terminals/ambulance /aircraft/tarmac	-
43	ANCC000068	Oxygen with Doctor in terminals/aircraft/tarmac	-
44	ANCC000069	Cardio Pulmonary resuscitation Charges (Including consumables)	1,800
45	ANCC000071	Inter Operative TEE	4,100
46	ANCC000072	Universal Jet Ventilator Charges	6,200
47	ANCC000073	Masimo Monitoring-Per Day	1,200
48	ANCC000074	USG HD Catheterization	4,200
49	ANCC000075	USG Pigtail / Malicot Drainage	12,500
50	ANCC000076	USG Acitic Tapping	4,800
51	ANCC000077	USG AL (Arterial Line)	3,500
52	ANCC000078	USG CVP Line	3,500
53	ANCC000079	Abdominal Paracentesis	4,000
54	ANCC000080	USG Pleural (aspiration)Tapping	4,800
55	ANCC000081	Advance Hemodynamics Monitoring	1,100
56	ANCC000082	Therapeutic Plasma Exchange	7,500
57	ANCC000083	Spirodynamics	600
58	ANCC000084	Ultrasound Assessment (Critical Care)	500
59	ANCC000085	Bedside Bronchoscopy Disposable	11,300
60	ANCC000086	ECMO Care charges / Per Day	6,000

Critical Care & Anaesthesia

S. no	Billing code	Service Name	Charges in INR
			Price /**
61	ANCC000091	HD Filter Insertion	13,500
62	ANCC000092	Cerebral Oximetry Monitoring	4,600
63	ANCC000094	NIV (BiPAP/CPAP) Initiation/ day	3,000
64	ANCC000095	HFNC Initiation / day	3,000
65	ANCC000099	Non-Bronchoscopic BAL (mini-BAL)	2,000
66	ANCC000105	FMS- Rectal Tube Insertion	2,000
67	ANCC000109	ECMO Initiation Charges (Doctor Fee)	85,000
68	ANCC000112	High Risk Anesthesia	5,700
69	ANCC000113	Anesthetist Cannulation Fee	1,200
70	ANCC000114	Lumbar Drainage	4,500
71	ANCC000115	Tracheostomy Tube Change	2,000
72	ANCC000116	Pre-Anaesthesia Check-up (PAC)	1,400
73	ANCC000117	ICP Monitoring / Insertion	11,300
74	ANCC000118	Trans Cranial Doppler Monitoring	2,500
75	ANCC000119	CRRT monitoring charges per day (CC)	5,500
76	ANCC000120	CRRT INITIATION CHARGES - ONE DAY MONITORING (CC)	20,300
77	ANCC000121	SB TUBE PLACEMENT (CC)	7,800
78	ANCC000122	Ventilator Charges up to 4 hrs	1,200
79	ANCC000123	Ventilator Charges up to 8 hrs	2,300
80	ANCC000129	Labour Analgesia / Painless Labour	11,600
81	ANCC000130	Nerve Block - Major	3,200
82	ANCC000133	USG Guided Tumor Resection	4,000
83	ANCC000134	USG Guided Intraoperative block	3,000
84	ANCC000135	Pulmo Vista - Advanced respiratory monitoring initiation	4,000
85	ANCC000136	Pulmo Vista - Advanced respiratory monitoring per day	2,500
86	ANCC000137	SARA Plus - Mobilization system	300
87	ANCC000138	Maxi-move auxiliary mount	300
88	ANCC000139	Hi Frequency Vest Airway Clearance	1,000
89	ANCC000140	Pupillometry	-
90	ANCC000174	Intra Hospital Transfer	2,000

Critical Care & Anaesthesia

S. no	Billing code	Service Name	Charges in INR
			Price /**
91	ANCC000175	ECCO2R Initiation	13,000
92	ANCC000176	Prone Ventilation	4,000
93	ANCC000177	ECCO2R Maintenance / day	2,000

Breast Surgery

S. No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
1	BSSU000001	Excision of breast lump	15,500	18,200	22,800	31,900	41,000	45,500
2	BSSU000002	Major duct excision	15,500	18,200	22,800	31,900	41,000	45,500
3	BSSU000003	Microdochectomy	15,500	18,200	22,800	31,900	41,000	45,500
4	BSSU000004	Incision and drainage of breast abscess	6,300	7,300	9,200	12,800	16,500	18,300
5	BSSU000005	Bilateral breast reduction	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
6	BSSU000007	Marker guided diagnostic WLE	28,100	33,000	41,300	57,800	74,300	82,500
7	BSSU000008	Sentinel node biopsy	28,100	33,000	41,300	57,800	74,300	82,500
8	BSSU000009	Axillary clearance	29,400	34,500	43,200	60,400	77,700	86,300
9	BSSU000010	Wide local excision	28,100	33,000	41,300	57,800	74,300	82,500
10	BSSU000016	Re-excision of breast	15,500	18,200	22,800	31,900	41,000	45,500
11	BSSU000017	Simple mastectomy	29,400	34,500	43,200	60,400	77,700	86,300
12	BSSU000025	Breast reconstruction using implant	38,600	45,400	56,800	79,500	1,02,200	1,13,500
13	BSSU000026	Breast reconstruction using LD flap	46,300	54,400	68,000	95,200	1,22,400	1,36,000
14	BSSU000034	Modified Radical Mastectomy	43,200	50,800	63,500	88,900	1,14,300	1,27,000
15	BSSU000040	Axillary Lymph Node Excision	11,400	13,300	16,700	23,300	30,000	33,300
16	BSSU000041	Excision of accessory axillary breast tissue	19,800	23,200	29,000	40,600	52,200	58,000
17	BSSU000042	Aspiration of breast abscess	3,000	3,500	4,400	6,200	7,900	8,800
18	BSSU000043	Clinical core biopsy of breast lump	4,400	5,100	6,400	9,000	11,500	12,800
19	BSSU000044	I@D of breast abscess under local anaesthetic	4,400	5,100	6,400	9,000	11,500	12,800
20	BSSU000045	Excision of breast skin lump under local anaesthetic	4,400	5,100	6,400	9,000	11,500	12,800
21	BSSU000046	LUMP/FIBROADENOMA BREAST EXCISION/SECTOR MASTECTOMY	10,300	12,100	15,200	21,200	27,300	30,300
22	BSSU000047	Skin sparing mastectomy	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
23	BSSU000052	Oncoplastic Wide Local Excision with Local Flap Reconstruction Major	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
24	BSSU000053	Oncoplastic Wide Local Excision with Local Flap Reconstruction Minor	43,200	50,800	63,500	88,900	1,14,300	1,27,000
25	BSSU000054	Reduction mammoplasty (unilateral) Oncoplastic	43,200	50,800	63,500	88,900	1,14,300	1,27,000
26	BSSU000055	Reduction mammoplasty (bilateral) Oncoplastic	68,700	80,800	1,01,000	1,41,400	1,81,800	2,02,000
27	BSSU000056	Small - soft tissue tumor	15,300	18,000	22,500	31,500	40,500	45,000

Breast Surgery								
S. No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
28	BSSU000057	Medium - soft tissue tumor	25,000	29,300	36,700	51,300	66,000	73,300
29	BSSU000058	Large - soft tissue tumor	31,700	37,200	46,500	65,100	83,700	93,000
30	BSSU000059	Large complex - Soft tissue tumor	47,800	56,200	70,300	98,400	1,26,500	1,40,500
31	BSSU000060	Inguinal block dissection - unilateral	28,800	33,800	42,300	59,200	76,100	84,500
32	BSSU000061	Biopsy soft tissue	8,300	9,700	12,200	17,000	21,900	24,300
33	BSSU000062	Excision of sebaceous cyst	8,700	10,200	12,800	17,900	23,000	25,500
34	BSSU000070	Unilateral Breast Reduction	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
35	BSSU000071	Excision of small superficial lipoma	8,700	10,200	12,800	17,900	23,000	25,500
Breast Procedures								
1	BSPR000001	Aspiration of breast abscess	3,000	3,500	4,400	6,200	7,900	8,800
2	BSPR000002	Clinical core biopsy of breast lump	4,400	5,100	6,400	9,000	11,500	12,800
3	BSPR000003	I&D of breast abscess under local anaesthetic	4,400	5,100	6,400	9,000	11,500	12,800
4	BSPR000004	Excision of breast skin lump under local anaesthesia	4,400	5,100	6,400	9,000	11,500	12,800
5	BSPR000005	Breast Cancer - Counselling & Examination	700	800	1,000	1,400	1,800	2,000
Breast Aesthetic Services								
1	BSTX000001	Bilateral breast reduction (Aesthetic)	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
2	BSTX000002	Breast reconstruction using implant (Aesthetic)	38,600	45,400	56,800	79,500	1,02,200	1,13,500
3	BSTX000003	Unilateral Breast Reduction (Aesthetic)	37,500	44,100	55,200	77,200	99,300	1,10,300
4	BSTX000004	Excision of accessory axillary breast tissue (Aesthetic)	19,800	23,200	29,000	40,600	52,200	58,000

Billing Policy for Open / Non - Package

- a) OT Charges, Anaesthesia Charges and Doctor Professional fee shall be charged separately
- b) Investigations, Blood Bank, Pharmacy and Consumables shall be charged separately
- c) Physiotherapy and any additional procedure shall be charged separately
- d) Cost of Implants will be charged extra
- e) Room Rent, Nursing, Dietician and Patient Diet charges shall be charged as applicable and Separately

Cardiac Surgery - ADULT

S No.	Billing Code	Service Name	Charges in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
1	CTAS000001	Cardiac Temponade Evacuation	9,500	11,000	14,000	19,500	25,000	27,500
2	CTAS000002	Pacing wire removal	10,450	12,100	15,400	21,450	27,500	30,250
3	CTAS000003	Haematoma Aspiration	5,000	5,500	7,000	10,000	12,500	14,000
4	CTAS000004	Sternal Wire Removal	10,450	12,100	15,400	21,450	27,500	30,250
Cardiac Surgery (Paed)								
1	CTPD000042	Diaphragmatic Plication (Paed)	15,000	17,600	24,500	29,000	34,500	40,000

Billing Policy for Open / Non - Package

- a) OT Charges, Anaesthesia Charges and Doctor Professional fee shall be charged separately
- b) Investigations, Blood Bank, Pharmacy and Consumables shall be charged separately
- c) Physiotherapy and any additional procedure shall be charged separately
- d) Cost of Implants will be charged extra
- e) Room Rent, Nursing, Dietician and Patient Diet charges shall be charged as applicable and Separately

Pain Clinic			
S.No	Billing Code	Service Name (Pain Clinic)	Charges in INR
1	ANPC000025	GANGLION IMPAR (DIAGNOSTIC)	7,700
2	ANPC000026	Epidural block (Dorsal) - image guided	11,770
3	ANPC000027	Epidural block (lumbar) - image guided	11,770
4	ANPC000029	Sacroiliac joint injection- image guided	5,500

Billing Policy for Open / Non - Package

- a) OT Charges, Anaesthesia Charges and Doctor Professional fee shall be charged separately
- b) Investigations, Blood Bank, Pharmacy and Consumables shall be charged separately
- c) Physiotherapy and any additional procedure shall be charged separately
- d) Cost of Implants will be charged extra
- e) Room Rent, Nursing, Dietician and Patient Diet charges shall be charged as applicable and Separately

Interventional Cardiology

S. No	Billing Code	Service Name	Charges in INR					
			Gen Ward	Sharing /**	Single	Single Dlx	Super Dlx	Suite
CathLab Procedures								
1	CAAG000016	Fractional Flow Reserve (FFR)	32,725	38,500	48,125	67,375	86,625	96,250
2	CAAP000066	Rotablation	56,100	66,000	70,400	74,800	1,04,500	1,27,600
3	CAAP000071	ILR Implantation	28,050	33,000	41,250	47,850	57,750	66,000
4	CAAP000073	Percutaneous Axillary IABP	28,050	33,000	41,250	47,850	57,750	66,000
5	CAAP000074	IMPELLA	46,750	55,000	68,750	79,750	96,250	1,10,000
6	CAAP000075	LAAO	93,500	1,10,000	1,37,500	1,59,500	1,92,500	2,20,000
7	CAAP000076	PVL Closure	93,500	1,10,000	1,37,500	1,59,500	1,92,500	2,20,000
Others Procedures								
1	CAOT000002	FLUROSCOPY	935	1,100	1,375	1,925	2,475	2,750
2	CAOT000003	PERICARDIAL TAPPING	4,675	5,500	11,000	13,200	17,600	22,000
3	CAOT000006	CARDIOVERSION	2,805	3,300	5,500	8,250	9,900	11,000
4	CAOT000009	EECP One sitting	3,850	3,850	3,850	3,850	3,850	3,850
5	CAOT000010	EECP (15 sittings)	57,750	57,750	57,750	57,750	57,750	57,750
6	CAOT000011	EECP (21 sittings)	80,850	80,850	80,850	80,850	80,850	80,850
7	CAOT000012	EECP Package (35 sittings)	1,26,500	1,26,500	1,26,500	1,26,500	1,26,500	1,26,500
8	CAOT000018	Wound exploration	1,870	2,200	2,750	3,850	4,950	5,500

Interventional Cardiology								
S. No	Billing Code	Service Name	Charges in INR					
			Gen Ward	Sharing /**	Single	Single Dlx	Super Dlx	Suite
Pacemaker Procedure								
1	CAPM000018	Temporary Pacing (New)	9,350	11,000	13,750	15,950	19,250	22,000
2	CAPM000019	Lead Replacement (New)	28,050	33,000	41,250	47,850	57,750	66,000
3	CAPM000025	Device Pocket Revision	9,350	11,000	13,750	19,250	24,750	27,500
Others								
1	CACD000001	Angiography Report on CD	1,000	1,000	1,000	1,000	1,000	1,000

Billing Policy for Open / Non - Package

- a) Cath Lab / OT Charges, Anaesthesia Charges and Doctor Professional fee shall be charged separately
- b) Investigations, Blood Bank, Pharmacy and Consumables shall be charged separately
- c) Physiotherapy and any additional procedure shall be charged separately
- d) Cost of Implants/Device/Stent will be charged extra
- e) Room Rent, Nursing, Dietician and Patient Diet charges shall be charged as applicable and Separately

Chest Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
1	CHSR000001	Soft Tissue Chest Tumour Resection Without Rib Resection	30,900	36,300	45,400	63,600	81,700	90,800
2	CHSR000002	Chest Wall Tumour Resection With Rib Resection	46,400	54,500	68,200	95,400	1,22,700	1,36,300
3	CHSR000003	Chest Wall Tumour Resection-Mesh+Small Muscle Flap Recon	51,500	60,500	75,700	1,05,900	1,36,200	1,51,300
4	CHSR000004	Chest Wall Tumour+Rib Resection-Mesh+Medium Musc. Flap Recon	61,800	72,600	90,800	1,27,100	1,63,400	1,81,500
5	CHSR000005	Chest Wall Tumour+Rib Resection-Mesh+Large Muscle Flap Recon	72,000	84,700	1,05,900	1,48,300	1,90,600	2,11,800
6	CHSR000006	Chest Wall Single Rib Resection And Drainage	30,900	36,300	45,400	63,600	81,700	90,800
7	CHSR000007	Chest Wall Window Minor	37,400	44,000	55,000	77,000	99,000	1,10,000
8	CHSR000008	Chest Wall Window Major	51,500	60,500	75,700	1,05,900	1,36,200	1,51,300
9	CHSR000009	Sinus Excision Chest - Chest	26,800	31,500	39,400	55,200	70,900	78,800
10	CHSR000010	Sternal Resection Partial+Methyl Methacrylate Plate Recon	73,100	86,000	1,07,500	1,50,500	1,93,500	2,15,000
11	CHSR000011	Sternal Resection Partial With Prolene Mesh Reconstruction	66,900	78,700	98,400	1,37,800	1,77,100	1,96,800
12	CHSR000012	Sternal Resection Partial+Prolene Mesh±PMMA Plate+Musc. Flap	96,800	1,13,800	1,42,300	1,99,200	2,56,100	2,84,500
13	CHSR000013	Sternal Resection Total with Methyl Methacrylate Plate Recon	94,700	1,11,400	1,39,300	1,95,000	2,50,700	2,78,500
14	CHSR000014	Sternal Resection Total With Prolene Mesh Reconstruction	85,500	1,00,500	1,25,700	1,75,900	2,26,200	2,51,300
15	CHSR000015	Sternal Resection Total+Mesh±PMMA Plate+Muscle Flap Recon	1,16,300	1,36,800	1,71,000	2,39,400	3,07,800	3,42,000
16	CHSR000016	Thoracoplasty	43,100	50,600	63,300	88,600	1,13,900	1,26,500
17	CHSR000017	Diaphragmatic Eventration Without Mesh Placement	30,900	36,300	45,400	63,600	81,700	90,800
18	CHSR000018	Diaphragmatic Eventration With Mesh Placement	41,200	48,400	60,500	84,700	1,08,900	1,21,000
19	CHSR000019	Vats Diaphragmatic Eventration Without Mesh Placement	46,400	54,500	68,200	95,400	1,22,700	1,36,300
20	CHSR000020	Vats Diaphragmatic Eventration With Mesh Placement	51,500	60,500	75,700	1,05,900	1,36,200	1,51,300
21	CHSR000021	Diaphragmatic Hernia Repair (Simple)	29,750	35,000	43,750	61,250	78,750	87,500
22	CHSR000022	Diaphragmatic Hernia Repair (Complex)	46,400	54,500	68,200	95,400	1,22,700	1,36,300
23	CHSR000023	Vats Diaphragmatic Hernia Repair (Simple)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
24	CHSR000024	Vats Diaphragmatic Hernia Repair (Complex)	61,800	72,600	90,800	1,27,100	1,63,400	1,81,500
25	CHSR000025	Robotic Plication Of Diaphragm Without Mesh Placement (Simple)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
26	CHSR000026	Robotic Plication Of Diaphragm Without Mesh Placement (Complex)	77,200	90,800	1,13,500	1,58,900	2,04,300	2,27,000
27	CHSR000027	Robotic Diaphragmatic Hernia Repair (Simple)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
28	CHSR000028	Robotic Diaphragmatic Hernia Repair (Complex)	72,000	84,700	1,05,900	1,48,300	1,90,600	2,11,800
29	CHSR000029	Diaphragmatic Repair (Simple)	21,250	25,000	31,250	43,750	56,250	62,500
30	CHSR000030	Excision Of Mediastinal Mass (Simple)	25,500	30,000	37,500	52,500	67,500	75,000

Chest Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
31	CHSR000031	Open Excision Of Anterior Mediastinal Mass (Simple)	34,000	40,000	50,000	70,000	90,000	1,00,000
32	CHSR000032	Open Excision Of Anterior Mediastinal Mass (Complex)	51,500	60,500	75,700	1,05,900	1,36,200	1,51,300
33	CHSR000033	Open Excision-Invasive AMM (Incl-Thymoma)+Lung Resection	72,000	84,700	1,05,900	1,48,300	1,90,600	2,11,800
34	CHSR000034	Open Excision-Invasive AMM (Incl-Thymoma) +Pericardiectomy	77,200	90,800	1,13,500	1,58,900	2,04,300	2,27,000
35	CHSR000035	Open Excision-Invasive AMM (Incl-Thymoma)+Vascular Repair	82,300	96,800	1,21,000	1,69,400	2,17,800	2,42,000
36	CHSR000036	Open Excision -invasive AMM+lung resectio+vascular rapair	92,600	1,08,900	1,36,200	1,90,600	2,45,100	2,72,300
37	CHSR000037	Open Mediastinal Lymph Node Dissection (Simple)	17,850	21,000	26,250	36,750	47,250	52,500
38	CHSR000038	Open Mediastinal Mass Dissection (Complex)	32,000	37,600	47,000	65,800	84,600	94,000
39	CHSR000039	Radical Thymectomy (Standard)	87,500	1,02,900	1,28,700	1,80,100	2,31,600	2,57,300
40	CHSR000040	Excision Of Posterior Mediastinal Tumor (Small)	28,100	33,000	41,300	57,800	74,300	82,500
41	CHSR000041	Excision Of Posterior Mediastinal Tumor (Medium)	46,400	54,500	68,200	95,400	1,22,700	1,36,300
42	CHSR000042	Excision Of Posterior Mediastinal Tumor (Large)	61,800	72,600	90,800	1,27,100	1,63,400	1,81,500
43	CHSR000043	Vats Posterior Mediastinal Tumor Excision (Simple)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
44	CHSR000044	Vats Posterior Mediastinal Tumor (Complex)	82,300	96,800	1,21,000	1,69,400	2,17,800	2,42,000
45	CHSR000045	Robotic Posterior Mediastinal Tumor Excision (Simple)	55,250	65,000	81,250	1,13,750	1,46,250	1,62,500
46	CHSR000046	Robotic Posterior Mediastinal Tumor Excision (Complex)	97,800	1,15,000	1,43,800	2,01,300	2,58,800	2,87,500
47	CHSR000047	Robotic Excision Of Anterior Mediastinal Tumour (Simple)	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
48	CHSR000048	Robotic Excision Of Anterior Mediastinal Tumour (Complex)	1,02,900	1,21,000	1,51,300	2,11,800	2,72,300	3,02,500
49	CHSR000049	Robotic Excision Of Invasive Anterior Mediastinal Mass	82,300	96,800	1,21,000	1,69,400	2,17,800	2,42,000
50	CHSR000050	Robotic Excision - Invasive AMM-Lung- Pericardium	1,23,500	1,45,200	1,81,500	2,54,100	3,26,700	3,63,000
51	CHSR000051	Robotic Excision-Invasive AMM With Lung Resection	1,13,200	1,33,100	1,66,400	2,33,000	2,99,500	3,32,800
52	CHSR000052	Robotic Excision-Invasive AMM-Pericardium-Lung-Vascular	1,33,800	1,57,300	1,96,700	2,75,300	3,54,000	3,93,300
53	CHSR000053	Robotic Excision-Invasive AMM With Pericardial Resection	1,02,900	1,21,000	1,51,300	2,11,800	2,72,300	3,02,500
54	CHSR000054	Robotic Mediastinal Ln Sampling - Chest	44,300	52,100	65,200	91,200	1,17,300	1,30,300
55	CHSR000055	Robotic Radical Thymectomy For Mg/Non-Invasive Thymoma	92,600	1,08,900	1,36,200	1,90,600	2,45,100	2,72,300
56	CHSR000056	Robotic Thymectomy For Small Thymoma	56,100	66,000	82,500	1,15,500	1,48,500	1,65,000
57	CHSR000057	Thoracoscopic Mediastinal Lymph Node Biopsy Minor	25,800	30,300	37,900	53,100	68,200	75,800
58	CHSR000058	Thoracoscopic Mediastinal Lymph Node Biopsy Major	36,100	42,400	53,000	74,200	95,400	1,06,000
59	CHSR000059	Mediastinal Mass Biopsy (Simple)	17,850	21,000	26,250	36,750	47,250	52,500
60	CHSR000060	Mediastinal Mass Biopsy (Complex)	28,900	33,900	42,400	59,400	76,300	84,800
61	CHSR000061	Esophageal Exclusion-Esophageal Injury / Perforation Minor	36,100	42,400	53,000	74,200	95,400	1,06,000
62	CHSR000062	Esophageal Exclusion-Esophageal Injury / Perforation Major	46,400	54,500	68,200	95,400	1,22,700	1,36,300
63	CHSR000063	Enucleation Of Esophageal Leiomyoma (Simple)	25,500	30,000	37,500	52,500	67,500	75,000
64	CHSR000064	Enucleation Of Esophageal Leiomyoma (Complex)	82,300	96,800	1,21,000	1,69,400	2,17,800	2,42,000

Chest Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
65	CHSR000065	Thoracoscopic Enucleation Of Esophageal Leiomyoma (Simple)	34,000	40,000	50,000	70,000	90,000	1,00,000
66	CHSR000066	Thoracoscopic Enucleation Of Esophageal Leiomyoma (Complex)	92,600	1,08,900	1,36,200	1,90,600	2,45,100	2,72,300
67	CHSR000067	Robotic Enucleation Of Esophageal Leiomyoma (Simple)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
68	CHSR000068	Robotic Enucleation Of Esophageal Leiomyoma (Complex)	1,02,900	1,21,000	1,51,300	2,11,800	2,72,300	3,02,500
69	CHSR000069	Robotic Esophagectomy With Neck Anastomosis (Simple)	85,000	1,00,000	1,25,000	1,75,000	2,25,000	2,50,000
70	CHSR000070	Vats Esophagectomy With Neck Anastomosis (Complex)	61,800	72,600	90,800	1,27,100	1,63,400	1,81,500
71	CHSR000071	Esophagectomy With Gastric Pull Up And Neck Anastomosis	41,200	48,400	60,500	84,700	1,08,900	1,21,000
72	CHSR000072	Vats Bronchial Oesophageal Fistula Repair (Simple)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
73	CHSR000073	Vats Bronchial Oesophageal Fistula Repair (Complex)	72,000	84,700	1,05,900	1,48,300	1,90,600	2,11,800
74	CHSR000074	Tracheal Reconstruction (Simple)	29,750	35,000	43,750	61,250	78,750	87,500
75	CHSR000075	Tracheal Reconstruction (Complex)	51,500	60,500	75,700	1,05,900	1,36,200	1,51,300
76	CHSR000076	Resection Of Tracheal Stenosis And Eea (Simple)	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
77	CHSR000077	Resection Of Tracheal Stenosis And Eea (Complex)	72,000	84,700	1,05,900	1,48,300	1,90,600	2,11,800
78	CHSR000078	Tracheal Tumour Resection + Eea (Simple)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
79	CHSR000079	Tracheal Tumour Resection + Eea (Complex)	82,300	96,800	1,21,000	1,69,400	2,17,800	2,42,000
80	CHSR000080	Tracheoesophageal Fistula Repair Without Muscle Flap	41,200	48,400	60,500	84,700	1,08,900	1,21,000
81	CHSR000081	Tracheoesophageal Fistula Repair Muscle Flap	66,900	78,700	98,400	1,37,800	1,77,100	1,96,800
82	CHSR000082	Allied Assistance Major	30,900	36,300	45,400	63,600	81,700	90,800
83	CHSR000083	Allied Assistance Minor	15,500	18,200	22,800	31,900	41,000	45,500
84	CHSR000084	Retrieval Of Bullet Without Lung Resection	51,500	60,500	75,700	1,05,900	1,36,200	1,51,300
85	CHSR000085	Retrieval Of Bullet With Lung Resection	66,900	78,700	98,400	1,37,800	1,77,100	1,96,800
86	CHSR000086	Cervical Mediastinoscopy (Diagnostic)	21,700	25,500	31,900	44,700	57,400	63,800
87	CHSR000087	Cervical Mediastinoscopy (Therapeutic)	27,800	32,700	40,900	57,300	73,600	81,800
88	CHSR000089	Cervical Rib Excision (Complex)	41,200	48,400	60,500	84,700	1,08,900	1,21,000
89	CHSR000090	Chest Tube Insertion (Simple)	4,250	5,000	6,250	8,750	11,250	12,500
90	CHSR000091	Chest Tube Insertion (Complex)	10,300	12,100	15,200	21,200	27,300	30,300
91	CHSR000092	Clamshell Thoracotomy	34,000	40,000	50,000	70,000	90,000	1,00,000
92	CHSR000093	Thoracotomy	18,700	22,000	27,500	38,500	49,500	55,000
93	CHSR000094	Anterolateral Thoracotomy	25,800	30,300	37,900	53,100	68,200	75,800
94	CHSR000095	Foreign Body Removal By Rigid Bronchoscope	15,500	18,200	22,800	31,900	41,000	45,500
95	CHSR000096	Ivc Tumour Resection	80,300	94,400	1,18,000	1,65,200	2,12,400	2,36,000
96	CHSR000097	Partial Sternotomy / Sternal Split	36,100	42,400	53,000	74,200	95,400	1,06,000
97	CHSR000098	Median Sternotomy	46,400	54,500	68,200	95,400	1,22,700	1,36,300
98	CHSR000099	Sternotomy And Closure	30,900	36,300	45,400	63,600	81,700	90,800

Chest Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
99	CHSR000100	Thoracoscopic Pericardial Window For Pericardial Effusion	50,500	59,300	74,200	1,03,800	1,33,500	1,48,300
100	CHSR000101	Thoracotomy & Pericardial Window Construction	23,800	27,900	34,900	48,900	62,800	69,800
101	CHSR000102	Trans-Axillary First Rib Resection-Thoracic Outlet Syndrome	61,800	72,600	90,800	1,27,100	1,63,400	1,81,500
102	CHSR000103	Vats Resection Of Cervical Rib For Thoracic Outlet Syndrome	72,000	84,700	1,05,900	1,48,300	1,90,600	2,11,800
103	CHSR000104	Vats Sympathectomy (Simple)	17,000	20,000	25,000	35,000	45,000	50,000
104	CHSR000105	Vats Sympathectomy (Complex)	30,900	36,300	45,400	63,600	81,700	90,800
105	CHSR000106	Diagnostic Thoracoscopy And Drainage - Chest	14,100	16,500	20,700	28,900	37,200	41,300
106	CHSR000107	Diagnostic Thoracoscopy	10,300	12,100	15,200	21,200	27,300	30,300
107	CHSR000108	Diagnostic-Thoracoscopy-Drainage- Loculated Collection	20,600	24,200	30,300	42,400	54,500	60,500
108	CHSR000109	Thoracoscopic Debridement	30,900	36,300	45,400	63,600	81,700	90,800
109	CHSR000110	Diagnostic Thoracoscopy With Biopsy	15,500	18,200	22,800	31,900	41,000	45,500
110	CHSR000111	Open Excision Of Large Hemithorax Mass Simple	42,500	50,000	62,500	87,500	1,12,500	1,25,000
111	CHSR000112	Open Excision Of Large Hemithorax Mass Complex	82,300	96,800	1,21,000	1,69,400	2,17,800	2,42,000
112	CHSR000113	Pleural Biopsy - Chest	14,500	17,000	21,300	29,800	38,300	42,500
113	CHSR000114	Vats Pleural Biopsy	27,800	32,700	40,900	57,300	73,600	81,800
114	CHSR000115	Vats Pleural Biopsy (Under Ga)	18,600	21,800	27,300	38,200	49,100	54,500
115	CHSR000116	Vats Pleural Biopsy (Under La)	16,500	19,400	24,300	34,000	43,700	48,500
116	CHSR000117	Thoracoscopic Decortication	30,900	36,300	45,400	63,600	81,700	90,800
117	CHSR000118	Vats Decortication (Simple)	38,250	45,000	56,250	78,750	1,01,250	1,12,500
118	CHSR000119	Vats Decortication (Complex)	1,02,900	1,21,000	1,51,300	2,11,800	2,72,300	3,02,500
119	CHSR000120	Vats Decortication For Stage Ii Empyema Thoracis	51,500	60,500	75,700	1,05,900	1,36,200	1,51,300
120	CHSR000121	Vats Decortication Stage Iii (Simple)	63,750	75,000	93,750	1,31,250	1,68,750	1,87,500
121	CHSR000122	Vats Decortication Stage Iii (Complex)	92,600	1,08,900	1,36,200	1,90,600	2,45,100	2,72,300
122	CHSR000123	Decortication (Simple)	21,250	25,000	31,250	43,750	56,250	62,500
123	CHSR000124	Decortication (Complex)	51,500	60,500	75,700	1,05,900	1,36,200	1,51,300
124	CHSR000125	Thoracotomy & Decortication Of Lung	85,500	1,00,500	1,25,700	1,75,900	2,26,200	2,51,300
125	CHSR000126	Thoracotomy & Evacuation Of Hematoma	20,600	24,200	30,300	42,400	54,500	60,500
126	CHSR000127	Vats Pleurectomy	33,000	38,800	48,500	67,900	87,300	97,000
127	CHSR000128	Open Adhesiolysis	20,600	24,200	30,300	42,400	54,500	60,500
128	CHSR000129	Vats Adhesiolysis	25,800	30,300	37,900	53,100	68,200	75,800
129	CHSR000130	Vats Pleurodesis (Simple)	17,000	20,000	25,000	35,000	45,000	50,000
130	CHSR000131	Vats Pleurodesis (Complex)	30,900	36,300	45,400	63,600	81,700	90,800
131	CHSR000132	Bronchial Sleeve Resection (Simple)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
132	CHSR000133	Bronchial Sleeve Resection (Complex)	72,000	84,700	1,05,900	1,48,300	1,90,600	2,11,800

Chest Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
133	CHSR000134	Bronchopleural Fistula Closure Without Flap	51,500	60,500	75,700	1,05,900	1,36,200	1,51,300
134	CHSR000135	Bronchopleural Fistula Closure With Flap	72,000	84,700	1,05,900	1,48,300	1,90,600	2,11,800
135	CHSR000136	Lung Volume Reduction Surgery (Simple)	34,000	40,000	50,000	70,000	90,000	1,00,000
136	CHSR000137	Lung Volume Reduction Surgery (Complex)	51,500	60,500	75,700	1,05,900	1,36,200	1,51,300
137	CHSR000138	Open Extra-Pleural Pneumonectomy	51,500	60,500	75,700	1,05,900	1,36,200	1,51,300
138	CHSR000139	Open Extra-Pleural Pneumonectomy With Minor Reconstruction	77,200	90,800	1,13,500	1,58,900	2,04,300	2,27,000
139	CHSR000140	Open Extra-Pleural Pneumonectomy With Major Reconstruction	92,600	1,08,900	1,36,200	1,90,600	2,45,100	2,72,300
140	CHSR000141	Lobectomy (Simple)	29,750	35,000	43,750	61,250	78,750	87,500
141	CHSR000142	Thoracotomy And Lobectomy	61,800	72,600	90,800	1,27,100	1,63,400	1,81,500
142	CHSR000143	Lobectomy And Mediastinal Lymph Node Dissection	72,000	84,700	1,05,900	1,48,300	1,90,600	2,11,800
143	CHSR000144	Lobectomy With Bronchotomy And Hand-Sewn Closure	82,300	96,800	1,21,000	1,69,400	2,17,800	2,42,000
144	CHSR000145	Sleeve Lobectomy	51,500	60,500	75,700	1,05,900	1,36,200	1,51,300
145	CHSR000146	Sleeve Lobectomy And Mediastinal Lymph Node Dissection	77,200	90,800	1,13,500	1,58,900	2,04,300	2,27,000
146	CHSR000147	Sleeve Lobectomy With Bronchial Re-Implantation	92,600	1,08,900	1,36,200	1,90,600	2,45,100	2,72,300
147	CHSR000148	Lung Biopsy	20,600	24,200	30,300	42,400	54,500	60,500
148	CHSR000149	Simple Lung Resection	25,500	30,000	37,500	52,500	67,500	75,000
149	CHSR000150	Complex Lung Resection	46,400	54,500	68,200	95,400	1,22,700	1,36,300
150	CHSR000151	Pneumonectomy Simple	25,500	30,000	37,500	52,500	67,500	75,000
151	CHSR000152	Pneumonectomy Complex	72,000	84,700	1,05,900	1,48,300	1,90,600	2,11,800
152	CHSR000153	Pneumonectomy With Mediastinal Lymph Node Dissection	82,300	96,800	1,21,000	1,69,400	2,17,800	2,42,000
153	CHSR000154	Pneumonectomy With Reconstruction	92,600	1,08,900	1,36,200	1,90,600	2,45,100	2,72,300
154	CHSR000155	Simple Bronchial Sleeve Resection	42,500	50,000	62,500	87,500	1,12,500	1,25,000
155	CHSR000156	Complex Bronchial Sleeve Resection	92,600	1,08,900	1,36,200	1,90,600	2,45,100	2,72,300
156	CHSR000157	Robotic Lobectomy (Simple)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
157	CHSR000158	Robotic Lobectomy (Complex)	1,02,900	1,21,000	1,51,300	2,11,800	2,72,300	3,02,500
158	CHSR000160	Robotic Pneumonectomy	1,13,200	1,33,100	1,66,400	2,33,000	2,99,500	3,32,800
159	CHSR000161	Bi-Lobectomy	87,500	1,02,900	1,28,700	1,80,100	2,31,600	2,57,300
160	CHSR000162	Thoracoscopic Excision Of Cystic Lesion Of Lung Simple	42,500	50,000	62,500	87,500	1,12,500	1,25,000
161	CHSR000163	Thoracoscopic Excision Of Cystic Lesion Of Lung Complex	72,000	84,700	1,05,900	1,48,300	1,90,600	2,11,800
162	CHSR000164	Vats Lobectomy (Simple)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
163	CHSR000165	Vats Lobectomy (Complex)	77,200	90,800	1,13,500	1,58,900	2,04,300	2,27,000
164	CHSR000166	Vats Lobectomy With Mediastinal Lymph Node Dissection	97,800	1,15,000	1,43,800	2,01,300	2,58,800	2,87,500
165	CHSR000167	Thoracoscopic Lung Nodule Excision	25,800	30,300	37,900	53,100	68,200	75,800
166	CHSR000168	Vats Wedge Resection (Simple)	29,750	35,000	43,750	61,250	78,750	87,500

Chest Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
167	CHSR000169	Vats Wedge Resection (Complex)	46,400	54,500	68,200	95,400	1,22,700	1,36,300
168	CHSR000170	Thoracoscopic Pneumonectomy	10,300	12,100	15,200	21,200	27,300	30,300
169	CHSR000171	Thoracoscopic Segmental Resection Of Lung	46,400	54,500	68,200	95,400	1,22,700	1,36,300
170	CHSR000172	Vats Lung Resection (Simple)	25,500	30,000	37,500	52,500	67,500	75,000
171	CHSR000173	Vats Lung Resection (Complex)	82,300	96,800	1,21,000	1,69,400	2,17,800	2,42,000
172	CHSR000174	Thoracotomy, Pleurectomy & Excision Of Emphysematous Bullae	51,500	60,500	75,700	1,05,900	1,36,200	1,51,300
173	CHSR000175	Thoracotomy And Re-Exploration For Bleeding	25,800	30,300	37,900	53,100	68,200	75,800
174	CHSR000176	Thoracotomy & Segmental Resection Of Lung	36,100	42,400	53,000	74,200	95,400	1,06,000
175	CHSR000177	Vats Blebectomy Simple	21,250	25,000	31,250	43,750	56,250	62,500
176	CHSR000178	Vats Blebectomy Complex	36,100	42,400	53,000	74,200	95,400	1,06,000
177	CHSR000179	Vats Lung Bullectomy Simple	42,500	50,000	62,500	87,500	1,12,500	1,25,000
178	CHSR000180	Vats Bullectomy Complex	66,900	78,700	98,400	1,37,800	1,77,100	1,96,800
179	CHSR000181	Vats Removal Of Foreign Body Chest Simple	34,000	40,000	50,000	70,000	90,000	1,00,000
180	CHSR000182	Vats Removal Of Foreign Body Chest Complex	61,800	72,600	90,800	1,27,100	1,63,400	1,81,500
181	CHSR000183	Primary Repair Of Tracheobronchial Injury (Simple)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
182	CHSR000184	Primary Repair Of Tracheobronchial Injury (Complex)	72,000	84,700	1,05,900	1,48,300	1,90,600	2,11,800
Chest Procedure								
1	CHPR000001	Dressing Minor - Chest Surgery	1,700	1,900	2,400	3,400	4,300	4,800
2	CHPR000002	ICD Removal - Chest Surgery	2,700	3,100	3,900	5,500	7,000	7,800
3	CHPR000003	Dressing Major - Chest Surgery	3,200	3,700	4,700	6,500	8,400	9,300
4	CHPR000004	Bedside Pleurodesis - Chest Surgery	7,300	8,500	10,700	14,900	19,200	21,300
5	CHPR000005	Bedside ICD Insertion - Chest Surgery	8,300	9,700	12,200	17,000	21,900	24,300
6	CHPR000006	Digital Suction Application - Chest Surgery	5,200	6,100	7,700	10,700	13,800	15,300
7	CHPR000007	Minor Suturing - Chest Surgery	2,100	2,400	3,000	4,200	5,400	6,000
8	CHPR000008	Major Suturing - Chest Surgery	3,700	4,300	5,400	7,600	9,700	10,800
9	CHPR000009	Suture Removal - Chest Surgery	1,100	1,200	1,500	2,100	2,700	3,000

Billing Policy for Open / Non - Package

- a) OT Charges, Anaesthesia Charges and Doctor Professional fee shall be charged separately
- b) Investigations, Blood Bank, Pharmacy and Consumables shall be charged separately
- c) Physiotherapy and any additional procedure shall be charged separately
- d) Cost of Implants will be charged extra
- e) Room Rent, Nursing, Dietician and Patient Diet charges shall be charged as applicable and Separately

Thoracic Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
1	CTTS000005	CHEST WALL RECONSTRUCTION	32,730	38,500	48,125	67,375	86,625	96,250
2	CTTS000009	EMERGENCY THORACOTOMY IN TRAUMA CHEST	39,950	47,000	58,750	82,250	1,05,750	1,17,500
3	CTTS000010	EXTRAPLEURAL PNEUMONECTOMY IN MESOTHELIOMA	47,600	56,000	70,000	98,000	1,26,000	1,40,000
4	CTTS000012	HELLER'S OPERATION CARDIO MYOTOMY	18,020	21,200	26,500	37,100	47,700	53,000
5	CTTS000013	HEMICLAMSHHELL INCISION	11,990	14,100	17,625	24,675	31,725	35,250
6	CTTS000015	LOBECTOMY, LUNG	38,080	44,800	56,000	78,400	1,00,800	1,12,000
7	CTTS000017	MAXIMAL THYMECTOMY, COMBINED CERVICAL & TRANS-STERNAL	35,960	42,300	52,875	74,025	95,175	1,05,750
8	CTTS000018	MEDIAN STERNOTOMY	29,840	35,100	43,875	61,425	78,975	87,750
9	CTTS000020	OESOPHAGEAL EXCLUSION IN CHEST TRAUMA	20,910	24,600	30,750	43,050	55,350	61,500
10	CTTS000021	OESOPHAGEAL PERFORATION REPAIR	38,250	45,000	56,250	78,750	1,01,250	1,12,500
11	CTTS000022	OESOPHAGEAL REPLACEMENT SURGERY	26,860	31,600	39,500	55,300	71,100	79,000
12	CTTS000024	VATS PERICARDIECTOMY	38,080	44,800	56,000	78,400	1,00,800	1,12,000
13	CTTS000025	PLEURECTOMY	38,080	44,800	56,000	78,400	1,00,800	1,12,000
14	CTTS000027	PNEUMONECTOMY	38,080	44,800	56,000	78,400	1,00,800	1,12,000
15	CTTS000028	PNEUMONECTOMY WITH MEDIASTINAL LYMPH NODE DISSECTION	44,800	52,700	65,875	92,225	1,18,575	1,31,750
16	CTTS000029	PULMONARY ARTERIO VENOUS MALFORMATION/SEQUESTRATION SURGERY	32,980	38,800	48,500	67,900	87,300	97,000
17	CTTS000030	PULMONARY ARTERY/VEIN REPAIR	35,960	42,300	52,875	74,025	95,175	1,05,750
18	CTTS000031	RIB FIXATIONS IN TRAUMATIC FLAIL CHEST	24,140	28,400	35,500	49,700	63,900	71,000
19	CTTS000033	SINUS EXCISION CHEST	11,990	14,100	17,625	24,675	31,725	35,250
20	CTTS000034	SLEEVE RESECTION AND BRONCHOPLASTY	39,950	47,000	58,750	82,250	1,05,750	1,17,500
21	CTTS000035	STERNECTOMY IN STERNAL WOUND DEHISCENSE	22,530	26,500	33,125	46,375	59,625	66,250
22	CTTS000043	THORACOSTOMY AND PLEURODESIS	21,000	24,700	30,875	43,225	55,575	61,750
23	CTTS000044	THORACOTOMY (POSTEROLATERAL)	9,010	10,600	13,250	18,550	23,850	26,500
24	CTTS000045	THORACOTOMY AND PERICARDIAL WINDOW CONSTRUCTION	22,950	27,000	33,750	47,250	60,750	67,500
25	CTTS000046	TRACHEAL RESECTION AND RECONSTRUCTION	39,100	46,000	57,500	80,500	1,03,500	1,15,000
26	CTTS000047	TRACHEOESOPHAGEAL FISTULA REPAIR	29,840	35,100	43,875	61,425	78,975	87,750
27	CTTS000048	TRANSAXILLARY 1ST RIB RESECTION IN THORACIC OUTLET SYNDROME	26,950	31,700	39,625	55,475	71,325	79,250
28	CTTS000052	PLEURAL BIOPSY	11,990	14,100	17,625	24,675	31,725	35,250
29	CTTS000053	Lung Cyst Excision	37,490	44,100	55,125	77,175	99,225	1,10,250
30	CTTS000054	ASPIRATION PERICARDIAL CAVITY/PERICARDIAL TAPPING	10,030	11,800	14,750	20,650	26,550	29,500
31	CTTS000055	DRAINAGE PERICARDIAL CAVITY	29,840	35,100	43,875	61,425	78,975	87,750
32	CTTS000057	MEDIASTINAL BIOPSY	21,000	24,700	30,875	43,225	55,575	61,750

Thoracic Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
33	CTTS000058	CERVICAL/ LUMBAR SYNPATHECTOMY - Open	24,140	28,400	35,500	49,700	63,900	71,000
34	CTTS000063	SYMPATHECTOMY TRANSTHORACIC	26,860	31,600	39,500	55,300	71,100	79,000
35	CTTS000067	THORACOCTOMY & FOREIGN BODY REMOVAL	38,250	45,000	56,250	78,750	1,01,250	1,12,500
36	CTTS000068	Diagnostic Bronchoscopy (with biopsy)	8,160	9,600	12,000	16,800	21,600	24,000
37	CTTS000069	Foreign Body removal by flexible bronchoscope	7,740	9,100	11,375	15,925	20,475	22,750
38	CTTS000070	Foreign Body removal by Rigid bronchoscope	14,030	16,500	20,625	28,875	37,125	41,250
39	CTTS000071	Endobronchial Laser Therapy	11,310	13,300	16,625	23,275	29,925	33,250
40	CTTS000073	Endobronchial carcinoid resection	11,220	13,200	16,500	23,100	29,700	33,000
41	CTTS000074	Endobronchial Lasering for Hemoptysis	11,220	13,200	16,500	23,100	29,700	33,000
42	CTTS000075	Rigid bronchoscopy and Bronchopleural fistula closure	10,800	12,700	15,875	22,225	28,575	31,750
43	CTTS000076	Dilatation of congenital webs	11,220	13,200	16,500	23,100	29,700	33,000
44	CTTS000079	Tracheal / Bronchial Stenting	16,920	19,900	24,875	34,825	44,775	49,750
45	CTTS000085	Diagnostic Thoracoscopy and Drainage	5,100	6,000	7,500	10,500	13,500	15,000
46	CTTS000086	Diagnostic Thoracoscopy and Biopsy	7,820	9,200	11,500	16,100	20,700	23,000
47	CTTS000087	Excision of Chest Wall Tumour (Excluding ribs)	22,950	27,000	33,750	47,250	60,750	67,500
48	CTTS000088	Excision of Chest Wall Tumour (including ribs)	38,250	45,000	56,250	78,750	1,01,250	1,12,500
49	CTTS000090	Rib Resection & Drainage of Pus	11,310	13,300	16,625	23,275	29,925	33,250
50	CTTS000091	Evacuation of Clotted Hemothorax	38,250	45,000	56,250	78,750	1,01,250	1,12,500
51	CTTS000092	Thoracotomy and re exploration for Bleeding	18,020	21,200	26,500	37,100	47,700	53,000
52	CTTS000093	Thoracotomy for anterolateral decompression	18,020	21,200	26,500	37,100	47,700	53,000
53	CTTS000095	Lobectomy in Life Threatening hemoptysis	44,880	52,800	66,000	92,400	1,18,800	1,32,000
54	CTTS000098	Open Lung Biopsy	16,920	19,900	24,875	34,825	44,775	49,750
55	CTTS000101	Segmental Resection of Lung	38,250	45,000	56,250	78,750	1,01,250	1,12,500
56	CTTS000106	Bullectomy	38,250	45,000	56,250	78,750	1,01,250	1,12,500
57	CTTS000107	Bronchoplasty	39,950	47,000	58,750	82,250	1,05,750	1,17,500
58	CTTS000108	Bronchopleural Fistula Closure	39,950	47,000	58,750	82,250	1,05,750	1,17,500
59	CTTS000109	Harvesting of muscle pedicle graft and reinforcement of Bronchial stump	29,840	35,100	43,875	61,425	78,975	87,750
60	CTTS000110	VATS/ Thoracoscopic Lobectomy	43,270	50,900	63,625	89,075	1,14,525	1,27,250
61	CTTS000111	VATS / Thoracoscopic Pneumonectomy	42,420	49,900	62,375	87,325	1,12,275	1,24,750

Thoracic Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
62	CTTS000112	VATS/ Thoracoscopic Segmentectomy	42,420	49,900	62,375	87,325	1,12,275	1,24,750
63	CTTS000113	VATS/ Thoracoscopic Lung Biopsy	17,000	20,000	25,000	35,000	45,000	50,000
64	CTTS000114	VATS/ Thoracoscopic Lung Metastatectomy	16,920	19,900	24,875	34,825	44,775	49,750
65	CTTS000115	VATS/ Thoracoscopic Enucleation of Hamartoma	16,920	19,900	24,875	34,825	44,775	49,750
66	CTTS000116	VATS/ Thoracoscopic Thymectomy	42,080	49,500	61,875	86,625	1,11,375	1,23,750
67	CTTS000117	VATS/ Thoracoscopic Parathyroid excision	29,920	35,200	44,000	61,600	79,200	88,000
68	CTTS000118	VATS/ Thoracoscopic Excision of mediastinal tumours	42,080	49,500	61,875	86,625	1,11,375	1,23,750
69	CTTS000119	VATS/ Thoracoscopic Excision of mediastinal cysts	42,080	49,500	61,875	86,625	1,11,375	1,23,750
70	CTTS000120	VATS/ Thoracoscopic Cervical Symphatectomy	29,840	35,100	43,875	61,425	78,975	87,750
71	CTTS000122	VATS/ Thoracoscopic Pericardial window for Pericardial Effusion	27,290	32,100	40,125	56,175	72,225	80,250
72	CTTS000123	VATS/ Thoracoscopic Pleural biopsy	11,220	13,200	16,500	23,100	29,700	33,000
73	CTTS000125	VATS/ Thoracoscopic Pleurodesis	11,220	13,200	16,500	23,100	29,700	33,000
74	CTTS000126	VATS/ Thoracoscopic Bullectomy / Pleurectomy for Pneumothorax	29,840	35,100	43,875	61,425	78,975	87,750
75	CTTS000128	Diagnostic VATS/ Thoracoscopy in Trauma	29,840	35,100	43,875	61,425	78,975	87,750
76	CTTS000130	VATS/ Thoracoscopic Treatment and sealing of Chylothorax	35,530	41,800	52,250	73,150	94,050	1,04,500
77	CTTS000131	VATS/ Thoracoscopic Drainage of Empyema	29,840	35,100	43,875	61,425	78,975	87,750
78	CTTS000132	VATS/ Thoracoscopic Decortication	34,600	40,700	50,875	71,225	91,575	1,01,750
79	CTTS000133	VATS/ Thoracoscopic placement of extrapleural eters for analgesia	7,990	9,400	11,750	16,450	21,150	23,500
80	CTTS000134	VATS/ Thoracoscopic Systematic nodal dissection of mediastinal and intrathoracic nodes	23,380	27,500	34,375	48,125	61,875	68,750
81	CTTS000135	VATS/ Thoracoscopic Harvesting of phrenic nerve	23,380	27,500	34,375	48,125	61,875	68,750
82	CTTS000136	Excision of Medistinal Tumours	38,250	45,000	56,250	78,750	1,01,250	1,12,500
83	CTTS000137	VATS Thoracoscopic Mediastinal Lymph node biopsy	23,720	27,900	34,875	48,825	62,775	69,750
84	CTTS000141	Thymectomy	34,000	40,000	50,000	70,000	90,000	1,00,000
85	CTTS000142	VATS / Thoracoscopic Ligation of Thoracic duct	37,400	44,000	55,000	77,000	99,000	1,10,000
86	CTTS000143	Video Mediastinoscopy	16,830	19,800	24,750	34,650	44,550	49,500
87	CTTS000144	Anterior mediastinotomy	13,430	15,800	19,750	27,650	35,550	39,500
88	CTTS000145	Excision of retrosternal goiter	21,250	25,000	31,250	43,750	56,250	62,500
89	CTTS000146	Diaphragmatic Rupture	33,240	39,100	48,875	68,425	87,975	97,750
90	CTTS000147	Local anesthesia thoracoscopy	10,290	12,100	15,125	21,175	27,225	30,250

Thoracic Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
91	CTTS000151	Suturing of chest wall laceration (small)	3,150	3,700	4,625	6,475	8,325	9,250
92	CTTS000152	Suturing of chest wall laceration (large)	5,190	6,100	7,625	10,675	13,725	15,250
93	CTTS000153	Robotic Lobectomy	55,680	65,500	81,875	1,14,625	1,47,375	1,63,750
94	CTTS000155	Robotic Segmentectomy	55,680	65,500	81,875	1,14,625	1,47,375	1,63,750
95	CTTS000158	Robotic Thymectomy	49,810	58,600	73,250	1,02,550	1,31,850	1,46,500
96	CTTS000159	Robotic Parathyroid excision	55,680	65,500	81,875	1,14,625	1,47,375	1,63,750
97	CTTS000160	Robotic Excision of mediastinal tumours	55,680	65,500	81,875	1,14,625	1,47,375	1,63,750
98	CTTS000161	Robotic Excision of mediastinal cysts	55,680	65,500	81,875	1,14,625	1,47,375	1,63,750
99	CTTS000165	Robotic Plication of Diaphragm	43,950	51,700	64,625	90,475	1,16,325	1,29,250
100	CTTS000166	Robotic Ligation of Thoracic Duct for Chylothorax	43,950	51,700	64,625	90,475	1,16,325	1,29,250
101	CTTS000167	Intercostal drain insertion	11,220	13,200	16,500	23,100	29,700	33,000
102	CTTS000168	Rigid bronchoscopy	13,600	16,000	20,000	28,000	36,000	40,000
103	CTTS000169	Thoracoscopic sleeve lobectomy	51,430	60,500	75,625	1,05,875	1,36,125	1,51,250
104	CTTS000170	Lung Metastatectomy	32,300	38,000	47,500	59,500	74,500	93,000
105	CTTS000171	Exploratory Thoracotomy	29,750	35,000	43,750	54,500	68,000	85,000
106	CTTS000172	Decortication	38,080	44,800	56,000	78,400	1,00,800	1,12,000
Thoracic Procedure								
1	CTPR000001	THORACENTESIS	2,980	3,500	4,375	6,125	7,875	8,750
2	CTPR000002	Intercostal Block	3,400	4,000	5,000	7,000	9,000	10,000
3	CTPR000003	Intrapleural antibiotic washout	5,190	6,100	7,625	10,675	13,725	15,250
4	CTPR000004	Digital suction device	3,660	4,300	5,375	7,525	9,675	10,750
5	CTPR000005	Talc pleurodesis	8,250	9,700	12,125	16,975	21,825	24,250
6	CTPR000006	Intrapleural Fibrinolysis	5,950	7,000	8,750	10,900	13,500	17,000

Billing Policy for Open / Non - Package

- a) OT Charges, Anaesthesia Charges and Doctor Professional fee shall be charged separately
- b) Investigations, Blood Bank, Pharmacy and Consumables shall be charged separately
- c) Physiotherapy and any additional procedure shall be charged separately
- d) Cost of Implants will be charged extra
- e) Room Rent, Nursing, Dietician and Patient Diet charges shall be charged as applicable and Separately

Vascular Surgery

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
1	CTVS000001	ABDOMINAL AROTIC ANEURYSM REPAIR - EVAR	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
2	CTVS000002	AORTO BIFEMORAL BYPASS without endarterectomy	35,400	41,600	52,000	72,800	93,600	1,04,000
3	CTVS000003	AORTO ILIAC BYPASS	38,300	45,000	56,300	78,800	1,01,300	1,12,500
4	CTVS000004	AXILLO FEMORAL BYPASS	28,300	33,200	41,500	58,100	74,700	83,000
5	CTVS000005	CAROTICO BRACHIAL BYPASS GRAFT,SYTHETETIC	19,300	22,600	28,300	39,600	50,900	56,500
6	CTVS000006	CAROTID BYPASS GRAFT	32,200	37,800	47,300	66,200	85,100	94,500
7	CTVS000007	CAROTID ENDARTRECTOMY	59,500	70,000	87,500	1,22,500	1,57,500	1,75,000
8	CTVS000008	CERVICAL SYMPATHECTOMY	19,300	22,600	28,300	39,600	50,900	56,500
9	CTVS000009	CONGENITAL A.V. FISTULA REPAIR	29,800	35,000	43,800	61,300	78,800	87,500
10	CTVS000010	ENDARTERACTOMY OF ANY PERIPHERAL VESSEL	29,800	35,000	43,800	61,300	78,800	87,500
11	CTVS000011	EXCISION OF CAROTID BODY TUMOUR WITH USE OF SHUNT	32,200	37,800	47,300	66,200	85,100	94,500
12	CTVS000012	EXCISION OF CAROTID BODY TUMOR	38,300	45,000	56,300	78,800	1,01,300	1,12,500
13	CTVS000013	EXCISION OF CERVICAL RIB	32,200	37,800	47,300	66,200	85,100	94,500
14	CTVS000016	FEMORAL CROSSED -LEG GRAFT	38,300	45,000	56,300	78,800	1,01,300	1,12,500
15	CTVS000017	FEMORAL EMBOLECTOMY -BILATERAL	32,300	38,000	47,500	66,500	85,500	95,000
16	CTVS000018	FEMORAL EMBOLECTOMY -UNILATERAL	34,000	40,000	50,000	70,000	90,000	1,00,000
17	CTVS000019	FEMORO POPLITEAL BYPASS USING SYNTHETIC GRAFT	38,300	45,000	56,300	78,800	1,01,300	1,12,500
18	CTVS000021	LIENO RENAL, PROTO CAVAL OR MESOCAVAL SHUNT	32,200	37,800	47,300	66,200	85,100	94,500
19	CTVS000023	LUMBAR SYMPATHECTOMY	19,300	22,600	28,300	39,600	50,900	56,500
20	CTVS000024	MANAGEMENT OF POPLITEAL ARTERY ENTRAPMENT	19,300	22,600	28,300	39,600	50,900	56,500
21	CTVS000025	PERIPHERAL ARTERIAL ANEURYSM REPAIR	25,700	30,200	37,800	52,900	68,000	75,500
22	CTVS000026	PERIPHERAL VASCULAR INJURY REPAIR	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
23	CTVS000027	PROFUNDAPLASTY USING PATCH	38,300	45,000	56,300	78,800	1,01,300	1,12,500
24	CTVS000028	RESECTION AND GRAFTING OF THORACIC ANEURYSMS	38,400	45,100	56,400	79,000	1,01,500	1,12,800
25	CTVS000029	SUBCLAVIAN ARTERY BYPASS	19,300	22,600	28,300	39,600	50,900	56,500
26	CTVS000030	Arterial thromboendarterectomy	25,700	30,200	37,800	52,900	68,000	75,500
27	CTVS000035	SHUNT & FISTULAS FOR HEMODIALYSIS	10,800	12,700	15,900	22,300	28,600	31,800
28	CTVS000036	VARICOSE VEIN SURGERY FOR BOTH LEGS	36,200	42,500	53,200	74,400	95,700	1,06,300
29	CTVS000037	VARICOSE VEIN SURGERY FOR SINGLE LEG	25,500	30,000	37,500	52,500	67,500	75,000
30	CTVS000038	FEMORO DISTAL BYPASS	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
31	CTVS000039	SURGERY FOR THORACIC OUTLET SYNDROME	40,900	48,100	60,200	84,200	1,08,300	1,20,300
32	CTVS000040	FEMORAL ARTERIOGRAM ON TABLE	5,900	6,900	8,700	12,100	15,600	17,300
33	CTVS000041	OTHER ARTERIAL BYPASS SURGERY USING VEIN	29,600	34,800	43,500	60,900	78,300	87,000

Vascular Surgery

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
34	CTVS000042	OTHER ARTERIAL BYPASS SURGERY USING SYNTHETIC GRAFT	29,800	35,000	43,800	61,300	78,800	87,500
35	CTVS000046	ILIAC VEIN BYPASS	29,600	34,800	43,500	60,900	78,300	87,000
36	CTVS000048	AXILLARY VEIN TRANSFER	32,900	38,600	48,300	67,600	86,900	96,500
37	CTVS000049	DIABETIC FOOT DEBRIDEMENT	12,800	15,000	18,800	26,300	33,800	37,500
38	CTVS000051	VENOUS THROMBECTOMY	25,300	29,700	37,200	52,000	66,900	74,300
39	CTVS000054	Open surgery for varicose veins Bilateral	29,800	35,000	43,800	61,300	78,800	87,500
40	CTVS000055	Open surgery for varicose veins unilateral	19,400	22,800	28,500	39,900	51,300	57,000
41	CTVS000064	Chemoport Insertion	12,800	15,000	18,800	26,300	33,800	37,500
42	CTVS000065	Chemoport Removal	8,100	9,500	11,900	16,700	21,400	23,800
43	CTVS000066	Hickman Line Insertion/ Removal	10,700	12,500	15,700	21,900	28,200	31,300
44	CTVS000067	Perma Placement/Insertion/ removal	12,800	15,000	18,800	26,300	33,800	37,500
45	CTVS000068	AORTO BIFEMORAL BYPASS with endarterectomy	39,100	45,900	57,400	80,400	1,03,300	1,14,800
46	CTVS000070	Laparoscopic Assisted Aorta - Distal vascular Anastomosis	26,500	31,100	38,900	54,500	70,000	77,800
47	CTVS000071	Axillary - brachial bypass using synthetic graft	39,100	45,900	57,400	80,400	1,03,300	1,14,800
48	CTVS000072	Extra - Anatomical Bypass	39,100	45,900	57,400	80,400	1,03,300	1,14,800
49	CTVS000074	Extra - Anatomical Bilateral axillo - Bifemoral bypass using synthetic Grafting	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
50	CTVS000075	Carotid - axillary bypass using synthetic grafting	41,700	49,000	61,300	85,800	1,10,300	1,22,500
51	CTVS000077	Femoro - Popliteal bypass using Reversed LSV	39,100	45,900	57,400	80,400	1,03,300	1,14,800
52	CTVS000082	BRACHIAL ENDARTERECTOMY WITH PTFE PATCH PLASTY	33,500	39,300	49,200	68,800	88,500	98,300
53	CTVS000086	Eversion carotid Endarterectomy	55,300	65,000	81,300	1,13,800	1,46,300	1,62,500
54	CTVS000096	Exploration & Repair of Axillary Arterial Injury - Primary Repair	23,800	27,900	34,900	48,900	62,800	69,800
55	CTVS000097	Exploration & Repair of Axillary Arterial Injury Using vein Graft	42,500	50,000	62,500	87,500	1,12,500	1,25,000
56	CTVS000113	Exploration & Ligation for Bleeding due to Traumatic Arterial Injury	10,600	12,400	15,500	21,700	27,900	31,000
57	CTVS000123	Open aortic aneurysm repair	59,500	70,000	87,500	1,22,500	1,57,500	1,75,000
58	CTVS000127	Ruptured Infra Renal Abdominal Aortic Aneurysm Repair - Aorto Bi-Iliac Bypass graft	59,500	70,000	87,500	1,22,500	1,57,500	1,75,000
59	CTVS000143	Recanalisation of chronic total occlusion (CTO)- Single segment	34,000	40,000	50,000	70,000	90,000	1,00,000
60	CTVS000144	Recanalisation of Chronic total occlusion with patch plasty	34,800	40,900	51,200	71,600	92,100	1,02,300
61	CTVS000145	Endovascular aneurysm repair	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
62	CTVS000146	Angio embolisation (minor)	25,500	30,000	37,500	52,500	67,500	75,000
63	CTVS000147	Peripheral angioplasty (Vascular)	29,800	35,000	43,800	61,300	78,800	87,500
64	CTVS000148	Endoluminal bypass	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
65	CTVS000151	Angio embolisation (major)	46,800	55,000	68,800	96,300	1,23,800	1,37,500

Vascular Surgery

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
66	CTVS000152	A.V.Fistula salvage	8,500	10,000	12,500	17,500	22,500	25,000
67	CTVS000153	Recanalisation of CTO - Multi level	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
68	CTVS000159	Subinitmal recanalisation of CTO - Focal	34,000	40,000	50,000	70,000	90,000	1,00,000
69	CTVS000161	Excision of Vascular malformation-Minor	8,500	10,000	12,500	17,500	22,500	25,000
70	CTVS000162	Excision of vascular malformation Intermediate	18,700	22,000	27,500	38,500	49,500	55,000
71	CTVS000163	Excision of vascular malformation Major	34,200	40,200	50,300	70,400	90,500	1,00,500
72	CTVS000167	IVC filter insertion	29,800	35,000	43,800	61,300	78,800	87,500
73	CTVS000169	Foreign body tumour removal	8,500	10,000	12,500	17,500	22,500	25,000
74	CTVS000171	Hickman line removal	6,400	7,500	9,400	13,200	16,900	18,800
75	CTVS000172	Thrombolysis intra arterial	25,500	30,000	37,500	52,500	67,500	75,000
76	CTVS000173	Peripheral Angiography (Vascular)	12,800	15,000	18,800	26,300	33,800	37,500
77	CTVS000174	Minor Vascular repair with graft	29,800	35,000	43,800	61,300	78,800	87,500
78	CTVS000175	Major vascular repair with interposition graft	38,300	45,000	56,300	78,800	1,01,300	1,12,500
79	CTVS000176	Decompression Fasciotomy	6,300	7,400	9,300	13,000	16,700	18,500
80	CTVS000177	Vein Exploration	8,500	10,000	12,500	17,500	22,500	25,000
81	CTVS000178	Revision of A V Fistula	10,200	12,000	15,000	21,000	27,000	30,000
82	CTVS000179	Diabetic foot debridement (Small)	2,300	2,600	3,300	4,600	5,900	6,500
83	CTVS000180	Diabetic foot debridement (Medium)	3,400	3,900	4,900	6,900	8,800	9,800
84	CTVS000181	Diabetic foot debridement (Large)	6,800	8,000	10,000	14,000	18,000	20,000
85	CTVS000184	Toe Amputation	8,500	10,000	12,500	17,500	22,500	25,000
86	CTVS000185	Foot amputation	17,000	20,000	25,000	35,000	45,000	50,000
87	CTVS000186	Above knee amputation	42,500	50,000	62,500	87,500	1,12,500	1,25,000
88	CTVS000187	Below knee amputation	29,800	35,000	43,800	61,300	78,800	87,500
89	CTVS000189	Small artery aneurysm repair	18,700	22,000	27,500	38,500	49,500	55,000
90	CTVS000190	IVC Filter Removal	10,700	12,500	15,700	21,900	28,200	31,300
91	CTVS000195	Minor vascular repair without graft	25,900	30,400	38,000	53,200	68,400	76,000
92	CTVS000197	AV Fistula with assisted maturation	18,700	22,000	27,500	38,500	49,500	55,000
93	CTVS000198	Secondary Assisted Central Venous access for Hemodialysis	17,000	20,000	25,000	35,000	45,000	50,000
94	CTVS000199	Central venous access with tunnelled eter	18,200	21,300	26,700	37,300	48,000	53,300
95	CTVS000201	Venoplasty for failing AV fistula	18,200	21,300	26,700	37,300	48,000	53,300
96	CTVS000202	Embolisation for vascular malformations - Large	16,200	19,000	23,800	33,300	42,800	47,500
97	CTVS000203	Mono nuclear cell therapy for chronic limb ischemia-S	38,300	45,000	56,300	78,800	1,01,300	1,12,500
98	CTVS000204	Carotid Stent	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500

Vascular Surgery

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
99	CTVS000205	BVT Stage-II	37,200	43,700	54,700	76,500	98,400	1,09,300
100	CTVS000206	Recanalisation of CTO with Multiple access and Flossing	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
101	CTVS000207	IVC Filter Removal (Flossing Technique)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
102	CTVS000208	Major Vascular Exploration	19,600	23,000	28,800	40,300	51,800	57,500
103	CTVS000209	Tunneled eter Placement	25,500	30,000	37,500	52,500	67,500	75,000
104	CTVS000212	Non Thermal Ablation for Truncal Vein Reflux - Unilateral	29,800	35,000	43,800	61,300	78,800	87,500
105	CTVS000213	Non Thermal Ablation for Truncal Vein Reflux - Bilateral	38,300	45,000	56,300	78,800	1,01,300	1,12,500
106	CTVS000214	Microwave Thermal Ablation for Truncal Vein Reflux - Unilateral	58,700	69,000	86,300	1,20,800	1,55,300	1,72,500
107	CTVS000215	Microwave Thermal Ablation for Truncal Vein Reflux - Bilateral	73,400	86,300	1,07,900	1,51,100	1,94,200	2,15,800
108	CTVS000220	Aorta and IVC Exploration with Control of Major Vessels	28,100	33,000	41,300	57,800	74,300	82,500
109	CTVS000221	Fenestrated Endovascular Aortic Aneurysm Repair	1,06,300	1,25,000	1,56,300	2,18,800	2,81,300	3,12,500
110	CTVS000222	Trans-Catheter USG guided Angioembolisation (Multi-Modality / Multi-Access)	85,000	1,00,000	1,25,000	1,75,000	2,25,000	2,50,000
111	CTVS000223	Multi Access Pharmaco Mechanical Catheter Based Thrombectomy	76,500	90,000	1,12,500	1,57,500	2,02,500	2,25,000
112	CTVS000224	Transvenous Superselective Embolotherapy For Pampiniform Venous Reflux Bilateral	73,400	86,300	1,07,900	1,51,100	1,94,200	2,15,800
113	CTVS000225	Transvenous Superselective Embolotherapy For Pampiniform Venous Reflux Unilateral	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
114	CTVS000226	RECANALISATION OF COMPLEX CTO- MULTI ACCESS, INCLUDING OPEN ACCESS	85,000	1,00,000	1,25,000	1,75,000	2,25,000	2,50,000
115	CTVS000227	AV FISTULA CREATION WITH VEIN MOBILISATION AND BALLOON DILATATION	25,500	30,000	37,500	52,500	67,500	75,000
116	CTVS000228	COMPLEX ENDOVASCULAR AORTIC ANEURYSM REPAIR- MULTI ACCESS, INCLUDING OPEN ACCESS AND MULTIPLE ANEURY	1,02,000	1,20,000	1,50,000	2,10,000	2,70,000	3,00,000
117	CTVS000233	Multi Access IVC filter placement with Image guidance	42,500	50,000	62,500	87,500	1,12,500	1,25,000
118	CTVS000234	Chemoport/PICC line removal with image guidance along with secondary suturing of cavity	12,800	15,000	18,800	26,300	33,800	37,500
119	CTVS000235	Fibrin Sealant injection for Pseudoaneurysm Exclusion under image guidance	21,300	25,000	31,300	43,800	56,300	62,500
120	CTVS000236	Guided Vascular Access for Endovascular aortic valve/stent graft implantation	21,300	25,000	31,300	43,800	56,300	62,500
121	CTVS000237	Hybrid Multi-Access Revascularisation with Multi modality imaging	1,10,500	1,30,000	1,62,500	2,27,500	2,92,500	3,25,000
122	CTVS000238	Thoracic Outlet Syndrome Surgery	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
123	CTVS000239	Percutaneous Ablation/Closure of Varicose Veins - Unilateral	68,000	80,000	1,00,000	1,40,000	1,80,000	2,00,000
124	CTVS000240	Percutaneous Ablation/Closure of Varicose Veins - Bilateral	85,000	1,00,000	1,25,000	1,75,000	2,25,000	2,50,000

Vascular Surgery

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
125	CTVS000253	Explantation of TEVAR Stent with Aortic Repair	153,000	180,000	225,000	315,000	360,000	450,000
126	CTVS000254	Fallopian Tube Cannulation with Contrast	3,400	4,000	5,000	7,000	9,000	10,000
Procedures								
1	CTVP000001	Vein Mapping	1,100	1,200	1,500	2,100	2,700	3,000
2	CTVP000002	Bifurcation Scan (carotid/ Aorta/ femoral)	1,700	2,000	2,500	3,500	4,500	5,000
3	CTVP000003	Insole With Bipedal Correction (1st Pair)	5,100	5,900	7,400	10,400	13,300	14,800
4	CTVP000004	Insole With Bipedal Correction (2nd Pair)	3,900	4,500	5,700	7,900	10,200	11,300
5	CTVP000005	Insole With Single Correction (1st Pair)	3,900	4,500	5,700	7,900	10,200	11,300
6	CTVP000006	Insole With Single Correction (2nd Pair)	3,200	3,700	4,700	6,500	8,400	9,300
7	CTVP000007	Foot Scan (Mat / F Scan)	1,500	1,700	2,200	3,000	3,900	4,300
8	CTVP000008	TCPO2	1,100	1,200	1,500	2,100	2,700	3,000
9	CTVP000009	Cutaneous Angiography "spy"	3,200	3,700	4,700	6,500	8,400	9,300
10	CTVP000010	Wound Healing Therapy Charges Per Hour	2,600	3,000	3,800	5,300	6,800	7,500
11	CTVP000011	Diabetic foot debridement (Small)	2,300	2,600	3,300	4,600	5,900	6,500
12	CTVP000012	Diabetic foot debridement (Medium)	3,400	3,900	4,900	6,900	8,800	9,800
13	CTVP000013	Diabetic foot debridement (Large)	6,800	8,000	10,000	14,000	18,000	20,000
14	CTVP000014	Diabetic foot vascular assessment procedure	600	600	800	1,100	1,400	1,500
15	CTVP000015	Insole for balance correction	2,600	3,000	3,800	5,300	6,800	7,500
16	CTVP000016	INJECTION SCLROTHERAPY (PER SITTING)	3,000	3,500	4,400	6,200	7,900	8,800
17	CTVP000017	Ultrasonic Assisted Wound Debridement	2,000	2,300	2,900	4,100	5,200	5,800
18	CTVP000018	Amputation Minor (vascular)	2,800	3,200	4,000	5,600	7,200	8,000
19	CTVP000021	Debridement Minor (Vascular)	700	800	1,000	1,400	1,800	2,000
20	CTVP000022	Thrombin injection for Peripheral Aneurysm	21,300	25,000	31,300	43,800	56,300	62,500
21	CTVP000023	Embolisation for vascular malformations - Small	5,500	6,400	8,000	11,200	14,400	16,000
22	CTVP000024	Embolisation for vascular malformations - Medium	10,800	12,700	15,900	22,300	28,600	31,800
23	CTVP000025	Follow-up for difficult AV access	2,900	3,300	4,200	5,800	7,500	8,300
24	CTVP000026	Foot Insole	2,200	2,500	3,200	4,400	5,700	6,300
25	CTVP000027	Single correction	2,800	3,200	4,000	5,600	7,200	8,000
26	CTVP000028	Double correction	2,900	3,300	4,200	5,800	7,500	8,300
27	CTVP000030	Insole Upgrade	800	900	1,200	1,600	2,100	2,300
28	CTVP000031	Mono nuclear cell therapy for chronic limb ischemia-P	32,300	38,000	47,500	66,500	85,500	95,000
29	CTVP000032	USG DOPPLER EXTREMITY (SINGLE) ARTERIAL	3,900	4,500	5,700	7,900	10,200	11,300
30	CTVP000033	USG DOPPLER EXTREMITY (SINGLE) VENOUS	3,900	4,500	5,700	7,900	10,200	11,300
31	CTVP000034	USG DOPPLER EXTREMITY (BOTH) ARTERIAL	5,800	6,800	8,500	11,900	15,300	17,000
32	CTVP000035	USG DOPPLER EXTREMITY (BOTH) VENOUS	5,800	6,800	8,500	11,900	15,300	17,000
33	CTVP000036	MOBILE USG DOPPLER EXTREMITY (SINGLE) ARTERIAL	5,800	6,750	8,500	11,900	15,200	16,900
34	CTVP000037	MOBILE USG DOPPLER EXTREMITY (SINGLE) VENOUS	5,800	6,750	8,500	11,900	15,200	16,900

Vascular Surgery

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
35	CTVP000038	MOBILE USG DOPPLER EXTREM (BOTH) ARTERIAL	8,700	10,200	12,800	17,900	23,000	25,500
36	CTVP000039	MOBILE USG DOPPLER EXTREM (BOTH) VENOUS	8,700	10,200	12,800	17,900	23,000	25,500
37	CTVP000040	Image Guided Thrombin Injection	12,800	15,000	18,800	26,300	33,800	37,500
38	CTVP000041	Central Line Insertion	2,900	3,400	4,300	6,000	7,700	8,500
39	CTVP000042	Implantable Chest Port Placement for Chemotherapy	21,300	25,000	31,300	43,800	56,300	62,500
40	CTVP000043	Debridement with application of Dermal Template and VAC therapy	6,400	7,500	9,400	13,200	16,900	18,800
41	CTVP000044	Image guided Injection Sclerotherapy with foaming technique	8,500	10,000	12,500	17,500	22,500	25,000

Billing Policy for Open / Non - Package

- a) OT Charges, Anaesthesia Charges and Doctor Professional fee shall be charged separately
- b) Investigations, Blood Bank, Pharmacy and Consumables shall be charged separately
- c) Physiotherapy and any additional procedure shall be charged separately
- d) Cost of Implants will be charged extra
- e) Room Rent, Nursing, Dietician and Patient Diet charges shall be charged as applicable and Separately

Dental Procedures

S.No	Billing Code	Service Name	Charges in INR				
			Sharing/**	Single	Single Dlx	Super Dlx	Suite
1	DNPR000001	DECIDUOUS RCT (POSTERIOR)	5,500	-	-	-	-
2	DNPR000002	DECIDUOUS RCT (ANTERIOR)	4,500	-	-	-	-
3	DNPR000003	SCALING PER SITTING	1,000	-	-	-	-
4	DNPR000004	X RAY (RVG)	500	-	-	-	-
5	DNPR000005	PREVENTIVE RESIN RESTORATION (PRR)	1,200	-	-	-	-
6	DNPR000015	Orthognathic surgery per jaw grade 1	66,000	82,500	1,15,500	1,48,500	1,65,000
7	DNPR000016	Orthognathic surgery per jaw grade 2	1,10,000	1,37,500	1,92,500	2,47,500	2,75,000
8	DNPR000017	Orthognathic surgery per jaw grade 3	1,65,000	2,06,300	2,88,800	3,71,300	4,12,500
9	DNPR000019	IMF grade 2	25,500	-	-	-	-
10	DNPR000020	ALL CERAMIC CROWN GRADE IV	30,000	-	-	-	-
11	DNPR000023	APICOECTOMY - GRADE 1	12,000	-	-	-	-
12	DNPR000025	CHAIR SIDE BLEACHING (PARTIAL)	8,000	-	-	-	-
13	DNPR000027	Implant bone grafting (GBR) grade 1	6,500	-	-	-	-
14	DNPR000028	Implant bone grafting (GBR) grade 2	12,500	-	-	-	-
15	DNPR000029	Implant bone grafting (GBR) grade 3	18,500	-	-	-	-
16	DNPR000030	Implant bone grafting (GBR) grade 4	24,500	-	-	-	-
17	DNPR000032	CAST PARTIAL DENTURE (METAL FRAME)	20,000	-	-	-	-
18	DNPR000033	CAST PARTIAL DENTURE (PER TOOTH)	2,500	-	-	-	-
19	DNPR000034	COMPOSITE CROWN	3,500	-	-	-	-
20	DNPR000035	COMPOSITE FILLINGS ONE SURFACE	2,000	-	-	-	-
21	DNPR000036	COMPOSITE FILLINGS CLASS II	3,500	-	-	-	-
22	DNPR000037	COMPOSITE FILLINGS CLASS III / CLASS IV / COMPLEX FILLING	5,000	-	-	-	-
23	DNPR000038	COMPOSITE LAMINATES	5,500	-	-	-	-
24	DNPR000042	CROWN CEMENTATION (PER UNIT)	1,500	-	-	-	-
25	DNPR000050	DENTURE ADJUSTMENT (MINOR)	1,500	-	-	-	-
26	DNPR000051	DENTURE REPAIR GRADE I	2,000	-	-	-	-
27	DNPR000054	OPG WITH CD	900	-	-	-	-
28	DNPR000060	FIXED ORTHO PORCELAIN BRACES STAGE I	35,000	-	-	-	-
29	DNPR000061	FIXED ORTHO TRANSPARENT BRACES STAGE I	30,000	-	-	-	-
30	DNPR000062	PERIODONTAL FLAP SURGERY (PER SEGMENT)	8,000	-	-	-	-
31	DNPR000063	TOPICAL FLUORIDE TREATMENT GRADE I	2,500	-	-	-	-

Dental Procedures

S.No	Billing Code	Service Name	Charges in INR				
			Sharing/**	Single	Single Dlx	Super Dlx	Suite
32	DNPR000069	FULL DENTURE ACRYLIC (PER JAW)	25,000	-	-	-	-
33	DNPR000071	GIC CLASS V	1,000	-	-	-	-
34	DNPR000072	GIC CLASS I	1,500	-	-	-	-
35	DNPR000073	GIC LINER	800	-	-	-	-
36	DNPR000080	Extraction wisdom tooth	7,500	9,400	13,150	16,900	18,750
37	DNPR000081	Extraction impacted tooth grade 1	8,500	10,700	14,900	19,200	21,300
38	DNPR000082	Extraction impacted tooth grade 2	11,000	13,800	19,300	24,800	27,500
39	DNPR000083	Extraction impacted tooth grade 3	15,000	18,800	26,300	33,800	37,500
40	DNPR000085	INLAY /ONLAY GRADE I	12,000	-	-	-	-
41	DNPR000091	CERAMIC VENEER GRADE I	12,000	-	-	-	-
42	DNPR000092	CERAMIC VENEER GRADE II	14,000	-	-	-	-
43	DNPR000095	ALL CERAMIC CROWN GRADE III	20,000	-	-	-	-
44	DNPR000097	Minor surgical procedure grade 1	4,000	-	-	-	-
45	DNPR000098	Minor surgical procedure grade 2	7,000	-	-	-	-
46	DNPR000099	Minor surgical procedure grade 3	9,500	-	-	-	-
47	DNPR000100	Minor surgical procedure grade 4	13,500	-	-	-	-
48	DNPR000101	MODELS	1,500	-	-	-	-
49	DNPR000103	NIGHT GUARD SOFT	5,000	-	-	-	-
50	DNPR000105	STUDY / DIAGNOSTIC CAST & TREATMENT PLAN	2,500	-	-	-	-
51	DNPR000107	ORTHO TREATMENT (INST.) Type 1	5,000	-	-	-	-
52	DNPR000108	ORTHO TREATMENT (INST.) Type 2	10,000	-	-	-	-
53	DNPR000109	ORTHO TREATMENT (INST.) Type 3	20,000	-	-	-	-
54	DNPR000110	ORTHO TREATMENT (INST.) Type 4	50,000	-	-	-	-
55	DNPR000114	OPERCULECTOMY	4,000	-	-	-	-
56	DNPR000119	PORCELAIN TO METAL CROWN Grade I	11,000	-	-	-	-
57	DNPR000122	METAL CERAMIC CROWN	10,500	-	-	-	-
58	DNPR000123	Maxillary fracture ORIF grade 1	27,500	34,400	48,200	61,900	68,800

Dental Procedures

S.No	Billing Code	Service Name	Charges in INR				
			Sharing/**	Single	Single Dlx	Super Dlx	Suite
59	DNPR000124	Maxillary fracture ORIF grade 2	38,500	48,200	67,400	86,700	96,300
60	DNPR000125	Maxillary fracture ORIF grade 3	49,500	61,900	86,700	1,11,400	1,23,800
61	DNPR000127	REMOVABLE ORTHO RETAINER (EACH)	8,000	-	-	-	-
62	DNPR000128	RPD (1 ST THREE TEETH)	8,000	-	-	-	-
63	DNPR000129	RPD FLEXIBLE (EVERY ADDITIONAL TOOTH)	2,000	-	-	-	-
64	DNPR000130	RPD FLEXIBLE PLATE	10,000	-	-	-	-
65	DNPR000131	ROOT CANAL TREATMENT (ANTERIOR)	7,000	-	-	-	-
66	DNPR000132	ROOT CANAL TREATMENT (POSTERIOR)	9,500	-	-	-	-
67	DNPR000135	ROOT PLANING (PER QUADRANT)	5,000	-	-	-	-
68	DNPR000137	RPD (EVERY ADDITIONAL TOOTH)	1,500	-	-	-	-
69	DNPR000139	SCALING GRADE II	3,500	-	-	-	-
70	DNPR000140	SCALING GRADE III	5,000	-	-	-	-
71	DNPR000141	SCALING GRADE I	2,000	-	-	-	-
72	DNPR000142	SEALANTS (PER TOOTH)	1,000	-	-	-	-
73	DNPR000143	SELECTIVE GRINDING (PER ARCH)	800	-	-	-	-
74	DNPR000150	Extraction (surgical)	5,000	-	-	-	-
75	DNPR000151	TEMPORARY CROWN	1,500	-	-	-	-
76	DNPR000152	TEMPORARY FILLING	900	-	-	-	-
77	DNPR000153	Extraction grade 2	2,500	-	-	-	-
78	DNPR000154	Extraction grade 1	1,500	-	-	-	-
79	DNPR000158	ALL CERAMIC CROWN GRADE I	13,500	-	-	-	-
80	DNPR000163	Implant grade 1	30,000	-	-	-	-
81	DNPR000166	ALL CERAMIC CROWN GRADE II	18,000	-	-	-	-
82	DNPR000169	TMJ arthrocentesis per side	15,000	18,800	26,300	33,800	37,500
83	DNPR000170	PRECISION ATTACHMENT (SINGLE)	13,000	-	-	-	-
84	DNPR000171	PRECISION ATTACHMENT (DOUBLE)	19,000	-	-	-	-
85	DNPR000172	ALIGNER STAGE I	80,000	-	-	-	-
86	DNPR000173	ALIGNER STAGE II	50,000	-	-	-	-
87	DNPR000174	ALIGNER STAGE III	50,000	-	-	-	-

Dental Procedures

S.No	Billing Code	Service Name	Charges in INR				
			Sharing/**	Single	Single Dlx	Super Dlx	Suite
88	DNPR000175	Additional aligner	10,000	-	-	-	-
89	DNPR000176	PREVENTIVE TREATMENT GRADE II	3,500	-	-	-	-
90	DNPR000177	PREVENTIVE TREATMENT GRADE III	7,500	-	-	-	-
91	DNPR000179	STAINLESS STEEL CROWN	5,000	-	-	-	-
92	DNPR000182	OBTURATOR SIMPLE	35,000	-	-	-	-
93	DNPR000183	OBTURATOR COMPLEX	45,000	-	-	-	-
94	DNPR000184	APICOECTOMY - GRADE II	17,000	-	-	-	-
95	DNPR000186	FIXED ORTHO METAL BRACES STAGE I	27,500	-	-	-	-
96	DNPR000190	INLAY /ONLAY GRADE II	14,000	-	-	-	-
97	DNPR000192	NIGHT GUARD HARD	15,000	-	-	-	-
98	DNPR000193	RE ROOT CANAL TREATMENT (ANTERIOR)	10,000	-	-	-	-
99	DNPR000194	RE ROOT CANAL TREATMENT (POSTERIOR)	12,000	-	-	-	-
100	DNPR000195	Implant grade 3	55,000	-	-	-	-
101	DNPR000196	CROWN LENGTHENING Grade I	1,800	-	-	-	-
102	DNPR000197	PREVENTIVE TREATMENT GRADE I	1,200	-	-	-	-
103	DNPR000198	FIBER SPLINTING GRADE I (UPTO 4 TEETH)	7,000	-	-	-	-
104	DNPR000199	FIBER SPLINTING GRADE II	9,000	-	-	-	-
105	DNPR000200	VESTIBULOPLASTY	6,000	-	-	-	-
106	DNPR000201	GINGIVOPLASTY GRADE I	3,300	-	-	-	-
107	DNPR000202	FRENOTOMY	5,000	-	-	-	-
108	DNPR000203	GINGIVECTOMY (PER TOOTH)	1,800	-	-	-	-
109	DNPR000207	DENTIN DESENSITISATION (PER TOOTH)	800	-	-	-	-
110	DNPR000208	FUNCTIONAL APPLIANCE GRADE I	25,000	-	-	-	-
111	DNPR000209	FUNCTIONAL APPLIANCE GRADE II	35,000	-	-	-	-
112	DNPR000210	HEADGEAR	25,000	-	-	-	-
113	DNPR000211	FIXED MAXILLARY EXPANDER	25,000	-	-	-	-
114	DNPR000212	FIXED HABIT BREAKING APPLIANCE GRADE I	15,000	-	-	-	-
115	DNPR000213	FIXED HABIT BREAKING APPLIANCE GRADE II	20,000	-	-	-	-
116	DNPR000214	BONDED LINGUAL RETAINER PER ARCH GRADE I	7,000	-	-	-	-

Dental Procedures

S.No	Billing Code	Service Name	Charges in INR				
			Sharing/**	Single	Single Dlx	Super Dlx	Suite
117	DNPR000215	BONDED LINGUAL RETAINER PER ARCH GRADE II	9,000	-	-	-	-
118	DNPR000220	REMOVABLE APPLIANCE GRADE I	11,000	-	-	-	-
119	DNPR000221	REMOVABLE APPLIANCE GRADE II	16,500	-	-	-	-
120	DNPR000222	REMOVABLE APPLIANCE GRADE III	22,000	-	-	-	-
121	DNPR000228	INVISALIGN ALIGNERS AMERICAN STAGE I	2,00,000	-	-	-	-
122	DNPR000229	INVISALIGN ALIGNERS AMERICAN STAGE II	50,000	-	-	-	-
123	DNPR000230	INVISALIGN ALIGNERS AMERICAN STAGE III	50,000	-	-	-	-
124	DNPR000231	INVISALIGN ALIGNERS AMERICAN STAGE IV	55,000	-	-	-	-
125	DNPR000232	TMJ surgery per side grade 1	50,000	-	-	-	-
126	DNPR000233	TMJ surgery per side grade 2	70,000	87,500	1,22,500	1,57,500	1,75,000
127	DNPR000234	Cyst and tumour removal grade 1	16,500	-	-	-	-
128	DNPR000235	Cyst and tumour removal grade 2	25,000	-	-	-	-
129	DNPR000237	SCALING (CHILD)	1,500	-	-	-	-
130	DNPR000240	ROOT PLANING (PER TOOTH)	1,500	-	-	-	-
131	DNPR000241	ROOT CANAL DRESSING	1,200	-	-	-	-
132	DNPR000242	FIBER SPLINTING GRADE III	12,000	-	-	-	-
133	DNPR000243	FIBER POST	4,000	-	-	-	-
134	DNPR000244	GINGIVOPLASTY GRADE II	5,000	-	-	-	-
135	DNPR000245	PERIODONTAL FLAP SURGERY (PER QUADRANT)	10,500	-	-	-	-
136	DNPR000251	GIC CLASS II	2,800	-	-	-	-
137	DNPR000252	CORE BUILD UP	3,000	-	-	-	-
138	DNPR000253	NANO HYBRID RESTORATION GRADE I	1,500	-	-	-	-
139	DNPR000254	NANO HYBRID RESTORATION GRADE II	2,500	-	-	-	-
140	DNPR000255	MTA GRADE I	1,700	-	-	-	-
141	DNPR000257	PULPOTOMY	4,500	-	-	-	-
142	DNPR000258	TOPICAL FLUORIDE TREATMENT GRADE II	3,500	-	-	-	-
143	DNPR000259	Extraction grade 3	3,500	4,400	6,150	7,900	8,750
144	DNPR000260	Extraction socket preservation	5,500	-	-	-	-
145	DNPR000261	DECIDUOUS TOOTH EXTRACTION GRADE I	1,500	-	-	-	-

Dental Procedures

S.No	Billing Code	Service Name	Charges in INR				
			Sharing/**	Single	Single Dlx	Super Dlx	Suite
146	DNPR000262	DECIDUOUS TOOTH EXTRACTION GRADE II	3,000	-	-	-	-
147	DNPR000263	CHAIR SIDE BLEACHING (SINGLE TOOTH)	2,500	-	-	-	-
148	DNPR000264	SPACE MAINTAINER GRADE I	6,000	-	-	-	-
149	DNPR000266	INVISALIGN ALIGNERS LITE GRADE I	1,10,000	-	-	-	-
150	DNPR000267	INVISALIGN ALIGNERS LITE GRADE II	1,25,000	-	-	-	-
151	DNPR000268	Implant All on Four per jaw grade 1	1,60,000	-	-	-	-
152	DNPR000269	Implant All on Four per jaw grade 2	2,20,000	-	-	-	-
153	DNPR000270	Implant prosthesis grade 1	10,500	-	-	-	-
154	DNPR000271	Implant prosthesis grade 2	14,000	-	-	-	-
155	DNPR000272	Implant prosthesis grade 3	18,500	-	-	-	-
156	DNPR000273	Implant prosthesis grade 4	25,500	-	-	-	-
157	DNPR000274	Implant prosthesis All On four per jaw grade 1	80,500	-	-	-	-
158	DNPR000275	Implant prosthesis All On four per jaw grade 2	1,26,500	-	-	-	-
159	DNPR000276	Implant prosthesis All On four per jaw grade 3	1,72,500	-	-	-	-
160	DNPR000278	Maxillary sinus lift (with out bone graft) grade 2	26,500	-	-	-	-
161	DNPR000283	Mandibular fracture ORIF grade 1	25,000	-	-	-	-
162	DNPR000284	Mandibular fracture ORIF grade 2	35,000	-	-	-	-
163	DNPR000285	Mandibular fracture ORIF grade 3	49,500	-	-	-	-
164	DNPR000286	Cyst and tumour removal grade 3	35,000	-	-	-	-
165	DNPR000287	Cyst and tumour removal grade 4	50,000	-	-	-	-
166	DNPR000289	TMJ anterior repositioning appliance	25,000	-	-	-	-
167	DNPR000292	Snoring appliance	25,000	-	-	-	-
168	DNPR000293	Intra muscular injection Grade I	2,200	-	-	-	-
169	DNPR000296	Trauma teeth splinting per tooth grade 1	8,800	-	-	-	-
170	DNPR000298	Calcium hydroxide dressing	1,500	-	-	-	-
171	DNPR000301	Crown Lengthening Grade II	3,200	-	-	-	-
172	DNPR000330	Implant Grade 2	45,000	-	-	-	-
173	DNPR000331	Flexible CD/ arch	20,000	-	-	-	-
174	DNPR000332	GTR WITH COLLAGEN MEMBRANE Grade II	8,800	-	-	-	-

Dental Procedures

S.No	Billing Code	Service Name	Charges in INR				
			Sharing/**	Single	Single Dlx	Super Dlx	Suite
175	DNPR000333	Denture Lucitrone /arch	20,000	-	-	-	-
176	DNPR000334	IMPLANT (M)GRADE IV	40,000	-	-	-	-
177	DNPR000335	Implant Temporisation Grade 1	2,000	-	-	-	-
178	DNPR000336	Implant Temporisation Grade 2	3,500	-	-	-	-
179	DNPR000337	Implant Temporisation Grade 3	5,500	-	-	-	-
180	DNPR000338	ZYGOMA IMPLANT + MULTI UNIT ABUTMENT	65,000	-	-	-	-
181	DNPR000339	TEMPORARY IMPLANT PROSTHESIS GRADE 1	16,500	-	-	-	-
182	DNPR000340	MULTI UNIT ABUTMENT GRADE 1	11,000	-	-	-	-
183	DNPR000341	Resin Infiltration treatment	16,500	20,700	28,900	37,200	41,300
184	DNPR000342	Root Planning (With Periodontal Fiber)	2,500	-	-	-	-
185	DNPR000343	ALVEOGEL DRESSING	1,200	-	-	-	-
186	DNPR000344	BIOFUNCTIONAL DENTURE / PER JAW	35,000	-	-	-	-
187	DNPR000345	BONE SCREWS (IZC,BUCCAL)SHELF SCREW PER SCREW	15,000	-	-	-	-
188	DNPR000346	COMPLEX FILLING GRADE II	5,000	-	-	-	-
189	DNPR000347	COMPOSITE CROWN GRADE 2 /VENEER/INLAY/ONLAY	6,000	-	-	-	-
190	DNPR000348	CROWN REMOVAL PER UNIT	500	-	-	-	-
191	DNPR000349	DEPIGMENTATION PER QUADRANT GRADE 1	5,000	-	-	-	-
192	DNPR000350	DEPIGMENTATION PER QUADRANT GRADE 2	8,000	-	-	-	-
193	DNPR000351	DIAGNOSTIC BLOCK	1,500	-	-	-	-
194	DNPR000352	DIGITAL GUIDE GRADE 1	17,500	-	-	-	-
195	DNPR000353	DIGITAL GUIDE GRADE 2	25,000	-	-	-	-
196	DNPR000354	DIGITAL PLANNING	10,000	-	-	-	-
197	DNPR000355	EXTRAORAL PROSTHESIS GRADE I	15,000	-	-	-	-
198	DNPR000356	EXTRAORAL PROSTHESIS GRADE II	25,000	-	-	-	-
199	DNPR000357	EXTRAORAL PROSTHESIS GRADE III	30,000	-	-	-	-
200	DNPR000358	FRENOTOMY GRADE I	5,000	-	-	-	-
201	DNPR000359	IMPLANT ALL ON 6 (PROSTHESIS) GRADE 1	1,15,000	-	-	-	-
202	DNPR000360	IMPLANT ALL ON 6 (PROSTHESIS) GRADE 2	1,72,500	-	-	-	-
203	DNPR000361	IMPLANT ALL ON 6 GRADE 1	2,40,000	-	-	-	-

Dental Procedures

S.No	Billing Code	Service Name	Charges in INR				
			Sharing/**	Single	Single Dlx	Super Dlx	Suite
204	DNPR000362	IMPLANT ALL ON 6 GRADE 2(N)	3,30,000	-	-	-	-
205	DNPR000363	INTRA ORAL SCAN GRADE 1	3,500	-	-	-	-
206	DNPR000364	INTRA ORAL SCAN GRADE II	5,000	-	-	-	-
207	DNPR000365	INVISALIGN VIVERA RETAINER GRADE 1	15,000	-	-	-	-
208	DNPR000366	INVISALIGN VIVERA RETAINER GRADE II	35,000	-	-	-	-
209	DNPR000367	MARYLAND BRIDGE	15,000	-	-	-	-
210	DNPR000368	MICROIMPLANT (PER SCREW)	8,000	-	-	-	-
211	DNPR000369	MOCK UP GRADE 1	3,000	-	-	-	-
212	DNPR000370	MOCK UP GRADE 2	4,000	-	-	-	-
213	DNPR000371	MSE GRADE I	65,000	-	-	-	-
214	DNPR000372	MSE GRADE II	75,000	-	-	-	-
215	DNPR000373	MYOFUNCTIONAL THERAPY GRADE 1	18,000	-	-	-	-
216	DNPR000374	MYOFUNCTIONAL THERAPY GRADE II	25,000	-	-	-	-
217	DNPR000375	MYOFUNCTIONAL THERAPY GRADE III	35,000	-	-	-	-
218	DNPR000376	MYOTHERAPY EXERCISES	2,500	-	-	-	-
219	DNPR000377	OCCLUSAL GUARD	3,500	-	-	-	-
220	DNPR000378	ORO FACIAL PAIN EVALUATION /CONSULT	2,500	-	-	-	-
221	DNPR000379	PERIODONTAL BONE GRAFT VERTICAL DEFECT WITH FLAP GRADE I	9,000	-	-	-	-
222	DNPR000380	PERIODONTAL BONE GRAFT VERTICAL DEFECT WITH FLAP GRADE II	11,000	-	-	-	-
223	DNPR000381	PERIODONTAL BONE GRAFT VERTICAL DEFICIT/PER TOOTH 1*1	6,000	-	-	-	-
224	DNPR000382	PERIODONTAL FIBRE PER QUADRANT 1*1	5,500	-	-	-	-
225	DNPR000383	PERIODONTAL FIBRE PER TOOTH 1*1	1,200	-	-	-	-
226	DNPR000384	POLISHING PER TOOTH	500	-	-	-	-
227	DNPR000385	REMOVABLE PLATE	5,000	-	-	-	-
228	DNPR000386	ROOT CANAL COMPLEX	12,000	-	-	-	-
229	DNPR000387	TEMPORARY CROWN (PMMA) GRADE 1	2,000	-	-	-	-
230	DNPR000388	TEMPORARY IMPLANT PROSTHESIS GRADE 2	27,500	-	-	-	-
231	DNPR000389	TRIGGER POINT INJECTION GRADE I	2,500	-	-	-	-
232	DNPR000390	TRIGGER POINT INJECTION GRADE II	4,000	-	-	-	-

Dental Procedures

S.No	Billing Code	Service Name	Charges in INR				
			Sharing/**	Single	Single Dlx	Super Dlx	Suite
233	DNPR000395	Relining of Denture	5,000	-	-	-	-
234	DNPR000396	Rebasing of Denture	7,000	-	-	-	-
235	DNPR000397	Paediatric Anterior Zirconia Crown Per Tooth	7,500	-	-	-	-
236	DNPR000398	Paediatric Posterior Zirconia Crown Per Tooth	9,500	-	-	-	-
237	DNPR000399	CBCT- Sectional (Endo-Perio (Upto 2 teeth) small FOV)	3,500	-	-	-	-
238	DNPR000400	CBCT- Sectional (small FOV - 5x5)	4,000	-	-	-	-
239	DNPR000401	CBCT- One jaw	5,000	-	-	-	-
240	DNPR000402	CBCT-Two Jaw	6,500	-	-	-	-
241	DNPR000403	Xray- Cephalometric	1,500	-	-	-	-
242	DNPR000404	CBCT for Airway Analysis	7,000	-	-	-	-
243	DNPR000405	CBCT- Dicom	2,000	-	-	-	-
244	DNPR000406	CBCT full face	7,500	-	-	-	-
245	DNPR000407	OPG with report	1,200	-	-	-	-
246	DNPR000408	Outside review	2,500	-	-	-	-
247	DNPR000409	CBCT- Unilateral TMJ	5,000	-	-	-	-
248	DNPR000410	CBCT- Bilateral TMJ	6,500	-	-	-	-
Dental Surgeries							
1	DNOT000001	DENTAL CYST, EXCISION AND JAW RECONSTRUCTION	32,000	40,000	56,000	72,000	80,000
2	DNOT000002	DENTAL CYST AND TUMOR EXCISION	18,000	22,500	31,500	40,500	45,000
3	DNOT000004	Oral Sub-Mucous Fibrosis-Grade 1 (Unilateral)	13,000	16,250	22,750	29,250	32,500
4	DNOT000005	Oral Sub-Mucous Fibrosis-Grade 2 (Unilateral)	25,500	31,900	44,650	57,400	63,750
5	DNOT000006	Oral Sub-Mucous Fibrosis-Grade 1 (Bilateral)	25,500	31,900	44,650	57,400	63,750
6	DNOT000007	Oral Sub-Mucous Fibrosis-Grade 2 (Bilateral)	51,000	63,750	89,250	1,14,750	1,27,500
7	DNOT000008	Pedicled Flap Reconstruction - Grade 1	13,500	16,900	23,650	30,400	33,750
8	DNOT000009	Pedicled Flap Reconstruction - Grade 2	26,500	33,150	46,400	59,650	66,250
9	DNOT000010	Pedicled Flap Reconstruction - Grade 3	38,000	47,500	66,500	85,500	95,000

Dental Procedures

S.No	Billing Code	Service Name	Charges in INR				
			Sharing/**	Single	Single Dlx	Super Dlx	Suite
Dental Aesthetic Services							
1	DNTX000001	BLEACHING (BY TRAY METHOD) GRADE I - AESTHETIC	9,500	-	-	-	-
2	DNTX000002	DIASTEMA CLOSURE BY COMPOSITE GRADE I - AESTHETIC	6,000	-	-	-	-
3	DNTX000003	DIASTEMA CLOSURE BY COMPOSITE GRADE II- AESTHETIC	9,500	-	-	-	-
4	DNTX000004	CHAIR SIDE BLEACHING GRADE I - AESTHETIC	12,000	-	-	-	-
5	DNTX000005	CHAIR SIDE BLEACHING GRADE II- AESTHETIC	15,000	-	-	-	-
6	DNTX000006	CHAIR SIDE BLEACHING GRADE III - AESTHETIC	18,000	-	-	-	-
7	DNTX000007	TOOTH JEWELLERY - AESTHETIC	4,000	-	-	-	-
8	DNTX000008	CERAMIC VENEER GRADE III - AESTHETIC	16,000	-	-	-	-
9	DNTX000009	FIXED ORTHO SELF LIGATING (CERAMIC) STAGE I- AESTHETIC	60,500	-	-	-	-
10	DNTX000010	BLEACHING (BY TRAY METHOD) GRADE II- AESTHETIC	12,500	-	-	-	-
11	DNTX000011	COMPOSITE LAMINATES - AESTHETIC	5,500	-	-	-	-
12	DNTX000012	CERAMIC VENEER GRADE I - AESTHETIC	12,000	-	-	-	-
13	DNTX000013	CERAMIC VENEER GRADE II- AESTHETIC	14,000	-	-	-	-
14	DNTX000014	CHAIR SIDE BLEACHING (SINGLE TOOTH)- AESTHETIC	2,500	-	-	-	-
15	DNTX000015	Resin Infiltration treatment- AESTHETIC	16,500	-	-	-	-
16	DNTX000016	FIXED ORTHO SELF LIGATING (METAL) STAGE I - AESTHETIC	49,500	-	-	-	-
17	DNTX000017	Fixed Ortho Porcelain Braces Stage I - Aesthetic	35,000	-	-	-	-
18	DNTX000018	Fixed Ortho Transparent Braces Stage I - Aesthetic	30,000	-	-	-	-
19	DNTX000019	Ortho Treatment (Inst.) Type 1 - Aesthetic	5,000	-	-	-	-
20	DNTX000020	Ortho Treatment (Inst.) Type 2 - Aesthetic	10,000	-	-	-	-
21	DNTX000021	Ortho Treatment (Inst.) Type 3 - Aesthetic	20,000	-	-	-	-
22	DNTX000022	Ortho Treatment (Inst.) Type 4 - Aesthetic	50,000	-	-	-	-
23	DNTX000023	Aligner Stage I - Aesthetic	80,000	-	-	-	-
24	DNTX000024	Aligner Stage II - Aesthetic	50,000	-	-	-	-
25	DNTX000025	Aligner Stage III - Aesthetic	50,000	-	-	-	-
26	DNTX000026	Additional Aligner - Aesthetic	10,000	-	-	-	-
27	DNTX000027	Invisalign Aligners American Stage I - Aesthetic	2,00,000	-	-	-	-
28	DNTX000028	Invisalign Aligners American Stage II - Aesthetic	50,000	-	-	-	-
29	DNTX000029	Invisalign Aligners American Stage III - Aesthetic	50,000	-	-	-	-

Dental Procedures

S.No	Billing Code	Service Name	Charges in INR				
			Sharing/**	Single	Single Dlx	Super Dlx	Suite
30	DNTX000030	Invisalign Aligners American Stage IV - Aesthetic	55,000	-	-	-	-
31	DNTX000031	Invisalign Aligners Lite Grade I - Aesthetic	1,10,000	-	-	-	-
32	DNTX000032	Invisalign Aligners Lite Grade II - Aesthetic	1,25,000	-	-	-	-

Billing Policy for Open / Non - Package

- a) OT Charges, Anaesthesia Charges and Doctor Professional fee shall be charged separately
- b) Investigations, Blood Bank, Pharmacy and Consumables shall be charged separately
- c) Physiotherapy and any additional procedure shall be charged separately
- d) Cost of Implants will be charged extra
- e) Room Rent, Nursing, Dietician and Patient Diet charges shall be charged as applicable and Separately

Dermatology

S. No	Billing Code	Service Name	Charges in INR
1	DMDM000004	Skin Biopsy	3,900
2	DMDM000005	BOTOX Procedure Charges	6,600
3	DMDM000015	Chemical peel Glycolic and others	3,900
4	DMDM000017	Ingrowing nail removal (per nail)	3,300
5	DMDM000022	Injection Intradermal (upto 5 lesions)	700
6	DMDM000023	Pulse Therapy	2,700
7	DMDM000026	Radiofrequency T/T (Warts,DPNS,Acros, Skintags) upto 5 lesions	2,700
8	DMDM000027	Radiofrequency T/T (Warts,DPNS,Acros, Skintags) per additional lesion	700
9	DMDM000030	Suture Removal (Dermatology)	150
10	DMDM000035	Removal of epidermal/ other cyst	6,700
11	DMDM000037	Mole Multiple	6,200
12	DMDM000038	Mole Single	3,200
13	DMDM000048	PRP Therapy Level 1	6,700
14	DMDM000050	Soft Tissue Filler Procedure - Stage I	5,400
15	DMDM000052	PRP Therapy Level 2	11,000
16	DMDM000053	Punch Biopsy	3,900
17	DMDM000054	Intralesional Inj (Level 1)	2,200
18	DMDM000055	Intralesional Inj (Level 2)	3,300
19	DMDM000056	Intralesional Inj (Level 3)	4,400
20	DMDM000057	Intralesional Inj (Level 4)	5,500

Dermatology			
S. No	Billing Code	Service Name	Charges in INR
21	DMDM000058	Sebaceous Cyst	5,500
22	DMDM000059	Radio frequency - (Level 1)	3,300
23	DMDM000060	Radio frequency - (Level 2)	5,500
24	DMDM000061	Radio frequency - (Level 3)	7,700
25	DMDM000062	Radio frequency - (Level 4)	9,400
26	DMDM000063	Radiofrequency – (Level 5)	11,000
27	DMDM000064	Radiofrequency – (Level 6)	13,200
28	DMDM000067	Chemical Cautery	1,350
29	DMDM000068	Nail avulsion(Single)- One side Lateral Nail Plate excision with Phenolization	3,300
30	DMDM000069	Nail avulsion(Single)-Both sides lateral Nail Plate excision with Phenolization	5,500
31	DMDM000070	Bilateral Nail avulsion	9,900
32	DMDM000071	Scrapping for fungus	800
33	DMDM000072	Slit Skin Smear for AFB (Derma)	550
Dermatology Aesthetic Services			
1	DMTX000001	Microdermabrasion (aesthetic)	2,750
2	DMTX000002	Ear Lobe Repair-Single (aesthetic)	3,300
3	DMTX000003	Ear Lobe Repair-Both (aesthetic)	5,500
4	DMTX000004	BOTOX Procedure Charges (aesthetic)	6,600
5	DMTX000005	Chemical peel Glycolic and others (aesthetic)	3,900
6	DMTX000006	Injection Intradermal-upto 5 lesions (aesthetic)	700
7	DMTX000007	Radiofrequency T/T (Warts,DPNS,Acros, Skintags) upto 5 lesions (aesthetic)	2,700
8	DMTX000008	Radiofrequency T/T (Warts,DPNS,Acros, Skintags) per additional lesion (aesthetic)	700
9	DMTX000009	PRP Therapy Level 1 (aesthetic)	6,700
10	DMTX000010	PRP Therapy Level 2 (aesthetic)	11,000
11	DMTX000011	Radio frequency -Level 1 (aesthetic)	3,300
12	DMTX000012	Radio frequency -Level 2 (aesthetic)	5,500
13	DMTX000013	Radio frequency -Level 3 (aesthetic)	7,700
14	DMTX000014	Radio frequency -Level 4 (aesthetic)	9,400
15	DMTX000015	Radio frequency -Level 5 (aesthetic)	11,000
16	DMTX000016	Radio frequency -Level 6 (aesthetic)	13,200

Dermatology			
S. No	Billing Code	Service Name	Charges in INR
17	DMTX000017	Chemical Cautery (aesthetic)	1,350

Billing Policy for Open / Non - Package

- a) OT Charges, Anaesthesia Charges and Doctor Professional fee shall be charged separately
- b) Investigations, Blood Bank, Pharmacy and Consumables shall be charged separately
- c) Physiotherapy and any additional procedure shall be charged separately
- d) Cost of Implants will be charged extra
- e) Room Rent, Nursing, Dietician and Patient Diet charges shall be charged as applicable and Separately

ENT Surgery

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
1	ENOT000001	PhonoMicrosurgery	19,600	23,000	28,800	40,300	51,800	57,500
2	ENOT000002	Laser application	9,400	11,000	13,800	19,300	24,800	27,500
3	ENOT000003	Cord Lateralisation	27,200	32,000	40,000	56,000	72,000	80,000
4	ENOT000004	Drooling surgery	25,500	30,000	37,500	52,500	67,500	75,000
5	ENOT000005	Resection end to end anasthomosis trochea	42,500	50,000	62,500	87,500	1,12,500	1,25,000
6	ENOT000006	Cancer buccal mucosa excision	29,800	35,000	43,800	61,300	78,800	87,500
7	ENOT000008	Cancer buccal mucosa excision +supra Omohyoid neck dissection+Mandibulectomy	55,300	65,000	81,300	1,13,800	1,46,300	1,62,500
8	ENOT000010	Laser assisted uvuloplasty	17,000	20,000	25,000	35,000	45,000	50,000
9	ENOT000011	Cochlea Implantation	40,000	47,000	58,800	82,300	1,05,800	1,17,500
10	ENOT000012	BAHA	38,300	45,000	56,300	78,800	1,01,300	1,12,500
11	ENOT000013	Nasal Fracture Reduction	15,300	18,000	22,500	31,500	40,500	45,000
12	ENOT000014	Wax Removal Under GA	4,700	5,500	6,900	9,700	12,400	13,800
13	ENOT000015	Myringotomy Unilateral	4,600	5,300	6,700	9,300	12,000	13,300
14	ENOT000016	Myringotomy Bilateral	9,400	11,000	13,800	19,300	24,800	27,500
15	ENOT000017	Aural Polypectomy	9,400	11,000	13,800	19,300	24,800	27,500
16	ENOT000019	Myringoplasty	18,700	22,000	27,500	38,500	49,500	55,000
17	ENOT000020	Mastoidectomy(MRM)	28,900	34,000	42,500	59,500	76,500	85,000
18	ENOT000021	Tympanomastoidectomy	38,300	45,000	56,300	78,800	1,01,300	1,12,500
19	ENOT000022	Mastoidectomy(cortical)	23,800	28,000	35,000	49,000	63,000	70,000
20	ENOT000023	Tympanoplasty	29,800	35,000	43,800	61,300	78,800	87,500
21	ENOT000024	Pre Auricular sinus	17,000	20,000	25,000	35,000	45,000	50,000
22	ENOT000025	Labyrinthectomy-	38,300	45,000	56,300	78,800	1,01,300	1,12,500
23	ENOT000026	Endolymphatic sac decompression	38,300	45,000	56,300	78,800	1,01,300	1,12,500
24	ENOT000028	Cautery and patch ear	3,900	4,500	5,700	7,900	10,200	11,300
25	ENOT000031	I and D Mastoid Abscess	10,700	12,500	15,700	21,900	28,200	31,300
26	ENOT000032	Nasal septal closure	18,700	22,000	27,500	38,500	49,500	55,000
27	ENOT000033	Endoscopic Excision Of Angiofibroma	43,400	51,000	63,800	89,300	1,14,800	1,27,500
28	ENOT000034	Angiofibroma Excision	55,300	65,000	81,300	1,13,800	1,46,300	1,62,500
29	ENOT000035	Tonsillectomy	19,600	23,000	28,800	40,300	51,800	57,500
30	ENOT000036	Tonsillectomy and adenoidectomy	29,800	35,000	43,800	61,300	78,800	87,500
31	ENOT000037	Adenoidectomy	19,600	23,000	28,800	40,300	51,800	57,500

ENT Surgery

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
32	ENOT000038	Styloidectomy	23,800	28,000	35,000	49,000	63,000	70,000
33	ENOT000039	Choanal atresia	23,800	28,000	35,000	49,000	63,000	70,000
34	ENOT000040	Oroantral Fistula Repair	21,300	25,000	31,300	43,800	56,300	62,500
35	ENOT000042	Retropharyngeal Abscess Drainage	19,600	23,000	28,800	40,300	51,800	57,500
36	ENOT000043	Parapharyngeal Abscess Drainage	25,500	30,000	37,500	52,500	67,500	75,000
37	ENOT000044	Parapharyngeal Tumour Excision	46,800	55,000	68,800	96,300	1,23,800	1,37,500
38	ENOT000045	Release Of Tongue tie	10,200	12,000	15,000	21,000	27,000	30,000
39	ENOT000046	Uvulopharyngoplasty	34,000	40,000	50,000	70,000	90,000	1,00,000
40	ENOT000047	Superficial Parotidectomy	37,400	44,000	55,000	77,000	99,000	1,10,000
41	ENOT000048	Total Parotidectomy	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
42	ENOT000049	Quincy I or D	11,900	14,000	17,500	24,500	31,500	35,000
43	ENOT000050	Palatal tumor / Cyst remover	12,800	15,000	18,800	26,300	33,800	37,500
44	ENOT000051	Ranula marsupialisation	14,500	17,000	21,300	29,800	38,300	42,500
45	ENOT000052	Intratympanic injection	4,700	5,500	6,900	9,700	12,400	13,800
46	ENOT000053	Suturing of lacerated wound ENT	4,700	5,500	6,900	9,700	12,400	13,800
47	ENOT000054	Caldwel Luc.unilateral	12,800	15,000	18,800	26,300	33,800	37,500
48	ENOT000055	Caldwel Luc. Bilateral	17,900	21,000	26,300	36,800	47,300	52,500
49	ENOT000056	External Ethmoidectomy	32,300	38,000	47,500	66,500	85,500	95,000
50	ENOT000058	Antral wash	6,400	7,500	9,400	13,200	16,900	18,800
51	ENOT000059	Cautery turbinater	8,100	9,500	11,900	16,700	21,400	23,800
52	ENOT000060	Turbinectomy	10,200	12,000	15,000	21,000	27,000	30,000
53	ENOT000061	Lateral rhinotomy	31,500	37,000	46,300	64,800	83,300	92,500
54	ENOT000062	FESS limited	17,000	20,000	25,000	35,000	45,000	50,000
55	ENOT000063	FESS	25,500	30,000	37,500	52,500	67,500	75,000
56	ENOT000065	Nasal endoscopy	4,700	5,500	6,900	9,700	12,400	13,800
57	ENOT000066	Septoplasty	19,600	23,000	28,800	40,300	51,800	57,500

ENT Surgery

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
58	ENOT000067	Extended septoplasty	26,400	31,000	38,800	54,300	69,800	77,500
59	ENOT000068	Maxillectomy	43,400	51,000	63,800	89,300	1,14,800	1,27,500
60	ENOT000069	Rhinoplasty	42,500	50,000	62,500	87,500	1,12,500	1,25,000
61	ENOT000070	Anterior nasal packing	5,600	6,500	8,200	11,400	14,700	16,300
62	ENOT000071	Posterior nasal packing	6,800	8,000	10,000	14,000	18,000	20,000
63	ENOT000072	CSF Rhinorrhea repair	55,300	65,000	81,300	1,13,800	1,46,300	1,62,500
64	ENOT000073	Endoscopic DCR	32,300	38,000	47,500	66,500	85,500	95,000
65	ENOT000074	Endoscopic Optic nerve decompression - ENT	38,300	45,000	56,300	78,800	1,01,300	1,12,500
66	ENOT000075	Endoscopic nasal biopsy/cautery	10,200	12,000	15,000	21,000	27,000	30,000
67	ENOT000076	Nasal septal I and D	7,700	9,000	11,300	15,800	20,300	22,500
68	ENOT000077	Synechiae release	4,700	5,500	6,900	9,700	12,400	13,800
69	ENOT000078	Microlaryngeal Surgery large lesion	31,500	37,000	46,300	64,800	83,300	92,500
70	ENOT000079	Oropharyngeal stricture dilatation	11,100	13,000	16,300	22,800	29,300	32,500
71	ENOT000080	Ext Carotid artery ligation	15,300	18,000	22,500	31,500	40,500	45,000
72	ENOT000082	Laryngofissure	27,200	32,000	40,000	56,000	72,000	80,000
73	ENOT000083	Submandibular gland excision	25,500	30,000	37,500	52,500	67,500	75,000
74	ENOT000084	Excision of Thyroglossal Cyst/Fistula	23,800	28,000	35,000	49,000	63,000	70,000
75	ENOT000085	Lymph gland Biopsy	7,700	9,000	11,300	15,800	20,300	22,500
76	ENOT000086	Tracheoplasty	40,000	47,000	58,800	82,300	1,05,800	1,17,500
77	ENOT000087	Arytenoidectomy	31,500	37,000	46,300	64,800	83,300	92,500
78	ENOT000088	Cyst Aspiration	2,600	3,000	3,800	5,300	6,800	7,500
79	ENOT000090	Hemithyroidectomy	29,800	35,000	43,800	61,300	78,800	87,500
80	ENOT000091	Subtotal thyroidectomy	35,700	42,000	52,500	73,500	94,500	1,05,000
81	ENOT000092	Total thyroidectomy	42,500	50,000	62,500	87,500	1,12,500	1,25,000
82	ENOT000093	Thyroplasty Type 1	24,700	29,000	36,300	50,800	65,300	72,500

ENT Surgery

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			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
83	ENOT000094	Thyroplasty Type 1 Arytenoid adduction	34,000	40,000	50,000	70,000	90,000	1,00,000
84	ENOT000095	Thyroplasty Type 2	32,300	38,000	47,500	66,500	85,500	95,000
85	ENOT000096	Thyroplasty Type 3	26,400	31,000	38,800	54,300	69,800	77,500
86	ENOT000097	Thyroplasty Type 4	25,500	30,000	37,500	52,500	67,500	75,000
87	ENOT000098	Ludwigs Angina drainage	17,900	21,000	26,300	36,800	47,300	52,500
88	ENOT000099	Stapedectomy	38,300	45,000	56,300	78,800	1,01,300	1,12,500
89	ENOT000100	Carotid body tumour	49,300	58,000	72,500	1,01,500	1,30,500	1,45,000
90	ENOT000101	Glomus Tympanicum excision	40,000	47,000	58,800	82,300	1,05,800	1,17,500
91	ENOT000102	Glomus jugulare excision	43,400	51,000	63,800	89,300	1,14,800	1,27,500
92	ENOT000103	LASER cordectomy	34,000	40,000	50,000	70,000	90,000	1,00,000
93	ENOT000104	Partial Laryngectomy	34,000	40,000	50,000	70,000	90,000	1,00,000
94	ENOT000105	Partial Maxillectomy	35,700	42,000	52,500	73,500	94,500	1,05,000
95	ENOT000106	Cyst/Fistula excision	4,700	5,500	6,900	9,700	12,400	13,800
96	ENOT000109	Direct Laryngoscopy	7,300	8,500	10,700	14,900	19,200	21,300
97	ENOT000110	Hypopharyngoscopy	8,500	10,000	12,500	17,500	22,500	25,000
98	ENOT000111	Oesophagoscopy	10,200	12,000	15,000	21,000	27,000	30,000
99	ENOT000112	Bronchoscopy	12,800	15,000	18,800	26,300	33,800	37,500
100	ENOT000114	Tracheostomy	18,700	22,000	27,500	38,500	49,500	55,000
101	ENOT000115	Microlaryngeal Surgery small lesion	15,300	18,000	22,500	31,500	40,500	45,000
102	ENOT000116	Frontal trephination	16,200	19,000	23,800	33,300	42,800	47,500
103	ENOT000117	Sphenoidotomy	21,300	25,000	31,300	43,800	56,300	62,500
104	ENOT000119	Craniofacial resection	51,900	61,000	76,300	1,06,800	1,37,300	1,52,500
105	ENOT000120	Extensive craniofacial resection	64,600	76,000	95,000	1,33,000	1,71,000	1,90,000
106	ENOT000121	Adenotonsillectomy	37,400	44,000	55,000	77,000	99,000	1,10,000
107	ENOT000122	Nasal Polyps/Sinusitis(FESS)-U/I	31,500	37,000	46,300	64,800	83,300	92,500
108	ENOT000123	Nasal Polyps/Sinusitis(FESS)-B/I	31,500	37,000	46,300	64,800	83,300	92,500
109	ENOT000124	Nasal Polyps/Sinusitis(FESS)-Extended-U/I	31,500	37,000	46,300	64,800	83,300	92,500
110	ENOT000125	Nasal Polyps/Sinusitis(FESS)-Extended-B/I	44,200	52,000	65,000	91,000	1,17,000	1,30,000
111	ENOT000129	Mastoidectomy (ENT)	15,300	18,000	22,500	31,500	40,500	45,000

ENT Surgery

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			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
112	ENOT000130	Laser Tonsillectomy	24,700	29,000	36,300	50,800	65,300	72,500
113	ENOT000134	Grommet single	4,600	5,400	6,800	9,500	12,200	13,500
114	ENOT000135	Grommet bilateral	9,400	11,000	13,800	19,300	24,800	27,500
115	ENOT000136	Through Myringoplasty	12,800	15,000	18,800	26,300	33,800	37,500
116	ENOT000137	Radical mastoidectomy for Malignancy	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
117	ENOT000138	Facial nerve decompression	42,500	50,000	62,500	87,500	1,12,500	1,25,000
118	ENOT000139	Facial Nerve Repair with nerve graft	45,100	53,000	66,300	92,800	1,19,300	1,32,500
119	ENOT000140	Aural atresia recanalization	25,500	30,000	37,500	52,500	67,500	75,000
120	ENOT000141	collo aural fistula repair	15,300	18,000	22,500	31,500	40,500	45,000
121	ENOT000143	Tympanic neurectomy	16,200	19,000	23,800	33,300	42,800	47,500
122	ENOT000144	Debridement for malignant otitis externa	42,500	50,000	62,500	87,500	1,12,500	1,25,000
123	ENOT000146	External auditory canal osteoma excision	13,600	16,000	20,000	28,000	36,000	40,000
124	ENOT000148	Meatoplasty - ENT	13,600	16,000	20,000	28,000	36,000	40,000
125	ENOT000150	Pseudocyst pinna excision steroid injection	10,200	12,000	15,000	21,000	27,000	30,000
126	ENOT000152	Keloid excision (Multiple)	13,600	16,000	20,000	28,000	36,000	40,000
127	ENOT000153	Tympanotomy	28,100	33,000	41,300	57,800	74,300	82,500
128	ENOT000154	Partial adenoidectomy / debrider/ cautery/laser	17,000	20,000	25,000	35,000	45,000	50,000
129	ENOT000156	Tonsillar biopsy for unknown Primary	11,100	13,000	16,300	22,800	29,300	32,500
130	ENOT000157	Oral cavity lesion excisional biopsy Minor	6,800	8,000	10,000	14,000	18,000	20,000
131	ENOT000158	Oral cavity lesion excisional biopsy Major	12,800	15,000	18,800	26,300	33,800	37,500
132	ENOT000159	laser excision of submucous fibrosis	12,800	15,000	18,800	26,300	33,800	37,500
133	ENOT000160	Esophageal foreign body removal	17,000	20,000	25,000	35,000	45,000	50,000
134	ENOT000161	Airway foreign body removal	24,700	29,000	36,300	50,800	65,300	72,500
135	ENOT000162	Bronchoscopic laser Mass excision	28,900	34,000	42,500	59,500	76,500	85,000
136	ENOT000163	Foreign Body removal - major	25,500	30,000	37,500	52,500	67,500	75,000
137	ENOT000164	Styloidectomy (Bilateral)	34,000	40,000	50,000	70,000	90,000	1,00,000
138	ENOT000166	Excision of Branchial sinus	19,600	23,000	28,800	40,300	51,800	57,500
139	ENOT000167	Excision of Sinus in Neck	13,600	16,000	20,000	28,000	36,000	40,000
140	ENOT000168	Parotid Abscess drainage	19,600	23,000	28,800	40,300	51,800	57,500

ENT Surgery

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
141	ENOT000169	Minor ENT abscess drainage	8,100	9,500	11,900	16,700	21,400	23,800
142	ENOT000170	Major ENT abscess drainage	19,600	23,000	28,800	40,300	51,800	57,500
143	ENOT000172	Medialisation Thyroplasty	28,900	34,000	42,500	59,500	76,500	85,000
144	ENOT000173	Posterior cordectomy and Arytenoidectomy	23,000	27,000	33,800	47,300	60,800	67,500
145	ENOT000174	Tracheal stoma Revision	19,600	23,000	28,800	40,300	51,800	57,500
146	ENOT000175	Tracheal stoma closure	11,900	14,000	17,500	24,500	31,500	35,000
147	ENOT000176	Tracheostomy granulation Cautery / Laser excision	9,400	11,000	13,800	19,300	24,800	27,500
148	ENOT000177	Laser charges	9,000	10,500	13,200	18,400	23,700	26,300
149	ENOT000178	Mucocele excision	17,900	21,000	26,300	36,800	47,300	52,500
150	ENOT000180	Plunging ranula excision	25,500	30,000	37,500	52,500	67,500	75,000
151	ENOT000182	Parapharyngeal abscess Transcervical approach	24,700	29,000	36,300	50,800	65,300	72,500
152	ENOT000184	Cricopharyngeal Myotomy	11,900	14,000	17,500	24,500	31,500	35,000
153	ENOT000185	Endoscopic diverticulotomy with cautery, laser, or stapler	17,000	20,000	25,000	35,000	45,000	50,000
154	ENOT000186	Tracheoesophageal fistula repair	38,300	45,000	56,300	78,800	1,01,300	1,12,500
155	ENOT000187	Submandibular gland stone removal	14,500	17,000	21,300	29,800	38,300	42,500
156	ENOT000188	Sublingual gland excision	10,200	12,000	15,000	21,000	27,000	30,000
157	ENOT000189	Supraglottoplasty	19,600	23,000	28,800	40,300	51,800	57,500
158	ENOT000191	Vallecular cyst excision	13,600	16,000	20,000	28,000	36,000	40,000
159	ENOT000192	Microlaryngobronchoscopy	9,400	11,000	13,800	19,300	24,800	27,500
160	ENOT000193	Flexible bronchoscopy	5,600	6,500	8,200	11,400	14,700	16,300
161	ENOT000194	Laryngotracheal reconstruction pediatric (ACCG)	33,200	39,000	48,800	68,300	87,800	97,500
162	ENOT000195	Laryngotracheal reconstruction pediatric (ACCG+PCCG)	48,500	57,000	71,300	99,800	1,28,300	1,42,500
163	ENOT000196	Laryngotracheal reconstruction Adult	46,800	55,000	68,800	96,300	1,23,800	1,37,500
164	ENOT000197	Cricotracheal reconstruction pediatric	38,300	45,000	56,300	78,800	1,01,300	1,12,500
165	ENOT000198	Posterior Pharyngoplasty for VPI	27,200	32,000	40,000	56,000	72,000	80,000
166	ENOT000199	Cleft palate repair	16,200	19,000	23,800	33,300	42,800	47,500
167	ENOT000201	Recurrent respiratory papilloma excision Primary (Major)	33,200	39,000	48,800	68,300	87,800	97,500

ENT Surgery

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			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
168	ENOT000202	Recurrent respiratory papilloma excision Revision (Minor)	24,700	29,000	36,300	50,800	65,300	72,500
169	ENOT000204	Endoscopic Debrider Assisted Adenoidectomy	23,000	27,000	33,800	47,300	60,800	67,500
170	ENOT000205	Snoroplasty	17,900	21,000	26,300	36,800	47,300	52,500
171	ENOT000206	Difficult Intubulation	4,500	5,200	6,500	9,100	11,700	13,000
172	ENOT000207	Nasal septal Perforation repair	16,200	19,000	23,800	33,300	42,800	47,500
173	ENOT000208	Monopolar cautery turbinate reduction	6,800	8,000	10,000	14,000	18,000	20,000
174	ENOT000209	Modified Young's Operation	11,900	14,000	17,500	24,500	31,500	35,000
175	ENOT000210	Transnasal Spurectomy	12,800	15,000	18,800	26,300	33,800	37,500
176	ENOT000211	Transnasal RF vidian Neurectomy	16,200	19,000	23,800	33,300	42,800	47,500
177	ENOT000212	Alar reconstruction	16,200	19,000	23,800	33,300	42,800	47,500
178	ENOT000213	Nasal valve repair	12,800	15,000	18,800	26,300	33,800	37,500
179	ENOT000214	Bleeding polypus septum removal	11,100	13,000	16,300	22,800	29,300	32,500
180	ENOT000215	Rhinolith Removal	16,200	19,000	23,800	33,300	42,800	47,500
181	ENOT000216	Rhinosporidiosis excision	19,600	23,000	28,800	40,300	51,800	57,500
182	ENOT000220	Nasofacial skin malignancy excision with primary closure	16,200	19,000	23,800	33,300	42,800	47,500
183	ENOT000221	Nasofacial skin malignancy excision with Local Flap	21,300	25,000	31,300	43,800	56,300	62,500
184	ENOT000222	Nasopharyngeal cyst excision	12,800	15,000	18,800	26,300	33,800	37,500
185	ENOT000224	Nasal Polypectomy unilateral	11,100	13,000	16,300	22,800	29,300	32,500
186	ENOT000225	Nasal polypectomy bilateral	16,200	19,000	23,800	33,300	42,800	47,500
187	ENOT000226	Nasopharyngeal stenosis adhesionolysis with stenting	15,300	18,000	22,500	31,500	40,500	45,000
188	ENOT000227	Diff. Septoplasty	37,400	44,000	55,000	77,000	99,000	1,10,000
189	ENOT000228	Sub Mucosal Resection	16,200	19,000	23,800	33,300	42,800	47,500
190	ENOT000229	Tip- plasty	27,200	32,000	40,000	56,000	72,000	80,000
191	ENOT000230	Hump Reduction	23,000	27,000	33,800	47,300	60,800	67,500
192	ENOT000233	Middle Meatal antrostomy	14,500	17,000	21,300	29,800	38,300	42,500
193	ENOT000234	FESS- extended	45,900	54,000	67,500	94,500	1,21,500	1,35,000
194	ENOT000235	tonsillotomy	14,500	17,000	21,300	29,800	38,300	42,500

ENT Surgery

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			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
195	ENOT000236	nasal septal closure (local flap)	25,500	30,000	37,500	52,500	67,500	75,000
196	ENOT000237	angiofibroma excision going upto skull base	59,500	70,000	87,500	1,22,500	1,57,500	1,75,000
197	ENOT000238	Microlaryngeal Surgery medium lesion	23,800	28,000	35,000	49,000	63,000	70,000
198	ENOT000240	Multiple facial fracture reduction	27,200	32,000	40,000	56,000	72,000	80,000
199	ENOT000241	Septorhinoplasty	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
200	ENOT000242	Laryngeal framework surgery	34,900	41,000	51,300	71,800	92,300	1,02,500
201	ENOT000243	tracheoscopy	12,800	15,000	18,800	26,300	33,800	37,500
202	ENOT000244	FESS Bilateral	30,600	36,000	45,000	63,000	81,000	90,000
203	ENOT000245	neck mass excision large	29,800	35,000	43,800	61,300	78,800	87,500
204	ENOT000246	Extended radical parotidectomy	48,500	57,000	71,300	99,800	1,28,300	1,42,500
205	ENOT000248	PARTIAL glossectomy	27,200	32,000	40,000	56,000	72,000	80,000
206	ENOT000249	Maxillectomy radical	43,800	51,500	64,400	90,200	1,15,900	1,28,800
207	ENOT000250	total thyroidectomy with neck clearance	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
208	ENOT000251	sialoendoscopy therapeutic	23,000	27,000	33,800	47,300	60,800	67,500
209	ENOT000253	DEBRIDEMENT - Large - ENT	18,700	22,000	27,500	38,500	49,500	55,000
210	ENOT000254	DEBRIDEMENT ENT small	6,800	8,000	10,000	14,000	18,000	20,000
211	ENOT000255	Transoral Laser surgery	28,900	34,000	42,500	59,500	76,500	85,000
212	ENOT000256	skull base surgery simple - ENT	35,700	42,000	52,500	73,500	94,500	1,05,000
213	ENOT000257	skull base surgery complex - ENT	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
214	ENOT000258	submandibular gland excision (malignant)/ difficult	29,800	35,000	43,800	61,300	78,800	87,500
215	ENOT000259	parathyroid gland excision single	38,300	45,000	56,300	78,800	1,01,300	1,12,500
216	ENOT000260	lymph Node Biopsy difficult	11,100	13,000	16,300	22,800	29,300	32,500
217	ENOT000261	parathyroid gland excision large /multiple glands	39,100	46,000	57,500	80,500	1,03,500	1,15,000
218	ENOT000262	TEMPORAL BONE resection/debridement	59,500	70,000	87,500	1,22,500	1,57,500	1,75,000
219	ENOT000263	temporal BONE simple	23,000	27,000	33,800	47,300	60,800	67,500
220	ENOT000264	Tracheostomy complex	25,500	30,000	37,500	52,500	67,500	75,000
221	ENOT000265	Tracheo-ESOPHAGEAL PROSTHESIS Puncture	18,700	22,000	27,500	38,500	49,500	55,000
222	ENOT000266	Tracheo-ESOPHAGEAL PROSTHESIS INSERTION/ change	6,000	7,000	8,800	12,300	15,800	17,500
223	ENOT000267	Panendoscopy with Blind Biopsies	15,300	18,000	22,500	31,500	40,500	45,000

ENT Surgery

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
224	ENOT000268	Sclerotherapy	6,800	8,000	10,000	14,000	18,000	20,000
225	ENOT000269	Difficult Direct laryngoscopy	12,800	15,000	18,800	26,300	33,800	37,500
226	ENOT000270	Neck dissection + Skin Grafting	34,900	41,000	51,300	71,800	92,300	1,02,500
227	ENOT000271	Rt. Para pharyngeal Tumor Excision	43,400	51,000	63,800	89,300	1,14,800	1,27,500
228	ENOT000272	Extensive Neck lymphangioma excision	49,300	58,000	72,500	1,01,500	1,30,500	1,45,000
229	ENOT000273	Supra Omohyoid Neck Dissection	17,000	20,000	25,000	35,000	45,000	50,000
230	ENOT000275	Laser MLS	25,500	30,000	37,500	52,500	67,500	75,000
231	ENOT000276	Commando Operation	59,500	70,000	87,500	1,22,500	1,57,500	1,75,000
232	ENOT000277	Cochlear Implants Complex	55,300	65,000	81,300	1,13,800	1,46,300	1,62,500
233	ENOT000278	Tracheostomy Stand By	5,600	6,500	8,200	11,400	14,700	16,300
234	ENOT000282	Laser Fulguration	11,900	14,000	17,500	24,500	31,500	35,000
235	ENOT000283	Endoscopic Skull Base Surgery	46,800	55,000	68,800	96,300	1,23,800	1,37,500
236	ENOT000284	Resuturing of Wound	3,400	3,900	4,900	6,900	8,800	9,800
237	ENOT000286	Wound Reexploration	6,000	7,000	8,800	12,300	15,800	17,500
238	ENOT000287	Ossiculoplasty	22,100	26,000	32,500	45,500	58,500	65,000
239	ENOT000290	Cricotracheal Reconstruction	45,100	53,000	66,300	92,800	1,19,300	1,32,500
240	ENOT000291	Biopsy	6,800	8,000	10,000	14,000	18,000	20,000
241	ENOT000292	Stent Removal - ENT	3,400	3,900	4,900	6,900	8,800	9,800
242	ENOT000294	Mod Neck Dissection	34,000	40,000	50,000	70,000	90,000	1,00,000
243	ENOT000295	Functional Neck Dissection	27,200	32,000	40,000	56,000	72,000	80,000
244	ENOT000296	Selective Neck Dissection	34,000	40,000	50,000	70,000	90,000	1,00,000
245	ENOT000297	Radical Neck Dissection	43,400	51,000	63,800	89,300	1,14,800	1,27,500
246	ENOT000298	Bilateral Neck Dissection	48,500	57,000	71,300	99,800	1,28,300	1,42,500
247	ENOT000300	OSA Surgery Complex	48,500	57,000	71,300	99,800	1,28,300	1,42,500
248	ENOT000301	OSA Surgery Simple	27,200	32,000	40,000	56,000	72,000	80,000
249	ENOT000303	Sialoendoscopy	17,000	20,000	25,000	35,000	45,000	50,000
250	ENOT000304	Sublabial Approach Nasal Mass	25,500	30,000	37,500	52,500	67,500	75,000
251	ENOT000305	Turbinoplasty	19,600	23,000	28,800	40,300	51,800	57,500
252	ENOT000306	SMD	9,400	11,000	13,800	19,300	24,800	27,500

ENT Surgery

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
253	ENOT000307	Foreign Body removal minor	5,600	6,500	8,200	11,400	14,700	16,300
254	ENOT000310	Fracture Maxilla Reduction	17,900	21,000	26,300	36,800	47,300	52,500
255	ENOT000312	Nasal abscess drainage	11,900	14,000	17,500	24,500	31,500	35,000
256	ENOT000313	Mastoidectomy for complicated COM	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
257	ENOT000316	rib harvest	11,900	14,000	17,500	24,500	31,500	35,000
258	ENOT000318	parotidectomy	46,800	55,000	68,800	96,300	1,23,800	1,37,500
259	ENOT000319	parapharyngeal mass excision	48,500	57,000	71,300	99,800	1,28,300	1,42,500
260	ENOT000320	laryngectomy	55,300	65,000	81,300	1,13,800	1,46,300	1,62,500
261	ENOT000322	extended thyroidectomy	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
262	ENOT000325	cochlear implant rehabilitation package	69,700	82,000	1,02,500	1,43,500	1,84,500	2,05,000
263	ENOT000327	Trans oral robotic surgery	27,200	32,000	40,000	56,000	72,000	80,000
264	ENOT000328	Distant flap	27,200	32,000	40,000	56,000	72,000	80,000
265	ENOT000330	Lingual Thyroid	11,900	14,000	17,500	24,500	31,500	35,000
266	ENOT000331	Scalene node biopsy	3,100	3,600	4,500	6,300	8,100	9,000
267	ENOT000333	Submucous cyst excision	7,700	9,000	11,300	15,800	20,300	22,500
268	ENOT000334	Submucous Resection	13,600	16,000	20,000	28,000	36,000	40,000
269	ENOT000335	Pectoralis Major Flap	33,200	39,000	48,800	68,300	87,800	97,500
270	ENOT000336	Skin grafting	15,300	18,000	22,500	31,500	40,500	45,000
271	ENOT000337	Head and Neck Major	68,000	80,000	1,00,000	1,40,000	1,80,000	2,00,000
272	ENOT000338	Head and Neck Medium	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
273	ENOT000339	Local Flap	21,300	25,000	31,300	43,800	56,300	62,500

ENT Surgery

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
274	ENOT000340	Debridement Major	29,800	35,000	43,800	61,300	78,800	87,500
275	ENOT000341	Debridement Minor	17,000	20,000	25,000	35,000	45,000	50,000
276	ENOT000342	Orbital exenteration	29,800	35,000	43,800	61,300	78,800	87,500
277	ENOT000343	Orbit Decompression	28,100	33,000	41,300	57,800	74,300	82,500
278	ENOT000348	Major Endoscopic Debridement	28,100	33,000	41,300	57,800	74,300	82,500
279	ENOT000368	Eustachian Tuboplasty	12,800	15,000	18,800	26,300	33,800	37,500

Billing Policy for Open / Non - Package

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ENT Procedures

S.No	Billing code	Service Name	Charges in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
1	ENPR000001	FB removal nose	6,400	7,500	9,400	13,200	16,900	18,800
2	ENPR000002	FB removal ear	4,100	4,800	6,000	8,400	10,800	12,000
3	ENPR000003	FB removal oropharynx	3,400	3,900	4,900	6,900	8,800	9,800
4	ENPR000006	Intra oral injection	2,200	2,500	3,200	4,400	5,700	6,300
5	ENPR000007	Intra nasal injection	1,900	2,200	2,800	3,900	5,000	5,500
6	ENPR000009	Chemical cauterisation	1,700	2,000	2,500	3,500	4,500	5,000
7	ENPR000010	Injection oral cavity, nose, palate	2,200	2,500	3,200	4,400	5,700	6,300
8	ENPR000011	Epley maneuver	2,300	2,700	3,400	4,800	6,100	6,800
9	ENPR000012	Nasal endoscopy	1,700	2,000	2,500	3,500	4,500	5,000
10	ENPR000014	Stroboscopy	2,600	3,000	3,800	5,300	6,800	7,500
11	ENPR000015	90 degree telescope	1,300	1,500	1,900	2,700	3,400	3,800
12	ENPR000017	Tympanometry	1,100	1,200	1,500	2,100	2,700	3,000
13	ENPR000020	Caloric test	1,200	1,400	1,800	2,500	3,200	3,500
14	ENPR000021	Positional test	1,200	1,400	1,800	2,500	3,200	3,500
15	ENPR000022	Otoacoustic emission	2,600	3,000	3,800	5,300	6,800	7,500
16	ENPR000023	BERA	5,600	6,500	8,200	11,400	14,700	16,300
17	ENPR000024	ASSR	6,700	7,800	9,800	13,700	17,600	19,500
18	ENPR000025	Quinsy Incision and Drainage	9,000	10,500	13,200	18,400	23,700	26,300
19	ENPR000026	Stone removal submandibular duct	4,500	5,200	6,500	9,100	11,700	13,000
20	ENPR000027	Biopsy ENT	3,000	3,500	4,400	6,200	7,900	8,800
21	ENPR000028	Release of tongue tie	4,500	5,200	6,500	9,100	11,700	13,000
22	ENPR000029	Fibreoptic laryngoscopy	3,000	3,500	4,400	6,200	7,900	8,800
23	ENPR000030	Nasal pack removal	1,500	1,700	2,200	3,000	3,900	4,300
24	ENPR000031	I&D Abcess - ENT	3,000	3,500	4,400	6,200	7,900	8,800
25	ENPR000032	Diathermy	1,200	1,300	1,700	2,300	3,000	3,300
26	ENPR000033	Rhinoscopy	1,200	1,300	1,700	2,300	3,000	3,300
27	ENPR000034	Synechia release	2,600	3,000	3,800	5,300	6,800	7,500
28	ENPR000035	Reduction of nasal bone fracture	6,800	7,900	9,900	13,900	17,800	19,800
29	ENPR000036	Nasal packing merocoele	1,500	1,700	2,200	3,000	3,900	4,300
30	ENPR000037	Wax removal	1,200	1,300	1,700	2,300	3,000	3,300
31	ENPR000039	Examination under microscope	2,300	2,600	3,300	4,600	5,900	6,500

ENT Procedures

S.No	Billing code	Service Name	Charges in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
32	ENPR000040	Ear lobule repair unilateral	3,400	4,000	5,000	7,000	9,000	10,000
33	ENPR000041	Ear lobule repair bilateral	2,300	2,700	3,400	4,800	6,100	6,800
34	ENPR000042	Aural polypectomy	6,800	8,000	10,000	14,000	18,000	20,000
35	ENPR000043	Small keloid/ cyst/wart	2,300	2,700	3,400	4,800	6,100	6,800
36	ENPR000045	Suction clearance	900	1,000	1,300	1,800	2,300	2,500
37	ENPR000046	Tracheostomy Procedure	15,300	18,000	22,500	31,500	40,500	45,000
38	ENPR000047	Dressing small ENT	1,100	1,200	1,500	2,100	2,700	3,000
39	ENPR000048	Dressing medium ENT	1,300	1,500	1,900	2,700	3,400	3,800
40	ENPR000049	Dressing large ENT	2,200	2,500	3,200	4,400	5,700	6,300
41	ENPR000050	Pure tone audiometry	1,100	1,200	1,500	2,100	2,700	3,000
42	ENPR000052	Voice Therapy	1,000	1,100	1,400	2,000	2,500	2,800
43	ENPR000054	Special tests of hearing	1,300	1,500	1,900	2,700	3,400	3,800
44	ENPR000057	Swallow Therapy (Long Session)	900	1,000	1,300	1,800	2,300	2,500
45	ENPR000058	small wound repair (ENT)	1,600	1,800	2,300	3,200	4,100	4,500
46	ENPR000059	suturing (ENT)	1,500	1,700	2,200	3,000	3,900	4,300
47	ENPR000060	local wound debridement (ENT)	900	1,000	1,300	1,800	2,300	2,500
48	ENPR000062	Ear Laceration Repair (Small)	4,300	5,000	6,300	8,800	11,300	12,500
49	ENPR000063	Ear Laceration Repair (Largel)	7,300	8,500	10,700	14,900	19,200	21,300
50	ENPR000064	Facial Laceration Repair (Small)	4,500	5,200	6,500	9,100	11,700	13,000
51	ENPR000065	Facial Laceration Repair (Large)	11,900	14,000	17,500	24,500	31,500	35,000
52	ENPR000066	Nasal Packing Merocoele Bilateral	2,300	2,700	3,400	4,800	6,100	6,800
53	ENPR000067	Medium Wound Suturing	3,600	4,200	5,300	7,400	9,500	10,500

ENT Procedures

S.No	Billing code	Service Name	Charges in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
54	ENPR000068	Small Wound Suturing	2,300	2,600	3,300	4,600	5,900	6,500
55	ENPR000069	Large Wound Suturing	4,800	5,600	7,000	9,800	12,600	14,000
56	ENPR000070	Deep Excision Biopsy	3,500	4,100	5,200	7,200	9,300	10,300
57	ENPR000071	BERA Screening	1,400	1,600	2,000	2,800	3,600	4,000
58	ENPR000072	FEES	2,900	3,300	4,200	5,800	7,500	8,300
59	ENPR000073	Tracheostomy Beside (Complex)	23,800	28,000	35,000	49,000	63,000	70,000
60	ENPR000074	Tracheostomy Tube Charge	1,500	1,700	2,200	3,000	3,900	4,300
61	ENPR000075	Hearing Aid Trial	1,000	1,100	1,400	2,000	2,500	2,800
62	ENPR000077	Swallow Therapy (Short Session)	600	700	900	1,300	1,600	1,800
63	ENPR000079	WAB Evaluation	900	1,000	1,300	1,800	2,300	2,500
64	ENPR000080	Intratympanic injection	2,600	3,000	3,800	5,300	6,800	7,500
65	ENPR000081	Intracordal Botulinium injection	3,400	4,000	5,000	7,000	9,000	10,000
66	ENPR000082	Nasal Cavity endoscopic cleaning	1,900	2,200	2,800	3,900	5,000	5,500
67	ENPR000084	Cochlear implant programming	2,300	2,700	3,400	4,800	6,100	6,800
68	ENPR000085	AVT	900	1,000	1,300	1,800	2,300	2,500
69	ENPR000086	Cochlear implant processor fitting charge	11,100	13,000	16,300	22,800	29,300	32,500
70	ENPR000087	Pre Op Onco Radiation-ENT	1,200	1,300	1,700	2,300	3,000	3,300
71	ENPR000090	Otoacoustic Emission Screening	1,300	1,500	1,900	2,700	3,400	3,800

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Gastroenterology

S.No	Billing code	Service Name	Charges in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
1	GNGN000022	SB TUBE PLACEMENT	6,400	7,500	9,400	13,200	16,900	18,800
2	GNGN000034	UGI ENDOSCOPY	6,500	7,600	9,500	13,300	17,100	19,000
3	GNGN000035	EST / GLUE INJECTION	14,900	17,500	21,900	30,700	39,400	43,800
4	GNGN000037	HAEMOCLIP APPLICATION	12,800	15,000	18,800	26,300	33,800	37,500
5	GNGN000038	CRE BALLOON DILATION	13,200	15,500	19,400	27,200	34,900	38,800
6	GNGN000039	Dilatation Savary Gilliard	13,200	15,500	19,400	27,200	34,900	38,800
7	GNGN000040	SUBSEQUENT DILATION	13,200	15,500	19,400	27,200	34,900	38,800
8	GNGN000041	ACHALASIA CARDIA DILATION	21,300	25,000	31,300	43,800	56,300	62,500
9	GNGN000042	FOREIGN BODY REMOVAL	15,300	18,000	22,500	31,500	40,500	45,000
10	GNGN000043	BANDING (EVL)	12,800	15,000	18,800	26,300	33,800	37,500
11	GNGN000044	COLONOSCOPY	11,500	13,500	16,900	23,700	30,400	33,800
12	GNGN000045	COLONOSCOPY LEFT SIDED	8,500	10,000	12,500	17,500	22,500	25,000
13	GNGN000046	SIGMOIDOSCOPY	5,100	6,000	7,500	10,500	13,500	15,000
14	GNGN000047	Polypectomy simple	22,600	26,500	33,200	46,400	59,700	66,300
15	GNGN000048	EMR / ESD < 2cm	38,300	45,000	56,300	78,800	1,01,300	1,12,500
16	GNGN000049	PEG	17,000	20,000	25,000	35,000	45,000	50,000
17	GNGN000050	MANOMETRY ESOPHAGEAL / RECTAL	7,300	8,500	10,700	14,900	19,200	21,300
18	GNGN000051	PH MONITORING + MANOMETRY	12,800	15,000	18,800	26,300	33,800	37,500
19	GNGN000052	PH MONITORING	7,700	9,000	11,300	15,800	20,300	22,500
20	GNGN000054	ENTEROSCOPY - PUSH	10,700	12,500	15,700	21,900	28,200	31,300
21	GNGN000056	Single side ballon enteroscopy	20,000	23,500	29,400	41,200	52,900	58,800
22	GNGN000058	EUS - DIAGNOSTIC	10,200	12,000	15,000	21,000	27,000	30,000
23	GNGN000059	EUS + FNA	15,300	18,000	22,500	31,500	40,500	45,000
24	GNGN000060	EUS CYSTOGASTROSTOMY	38,300	45,000	56,300	78,800	1,01,300	1,12,500
25	GNGN000061	EUS GUIDED CELIAC BLOCK	21,300	25,000	31,300	43,800	56,300	62,500
26	GNGN000062	ERCP - SIDE VIEWING	6,500	7,600	9,500	13,300	17,100	19,000
27	GNGN000063	ERCP - DIAGNOSTIC	13,600	16,000	20,000	28,000	36,000	40,000
28	GNGN000064	ERCP - Therapeutic	29,800	35,000	43,800	61,300	78,800	87,500
29	GNGN000067	ERCP - MECHANICAL LITHOTRIPSY	29,800	35,000	43,800	61,300	78,800	87,500
30	GNGN000068	BILIARY CRE BALOON DILATION	27,200	32,000	40,000	56,000	72,000	80,000
31	GNGN000071	ERCP + CYSTOGASTROSTOMY	38,300	45,000	56,300	78,800	1,01,300	1,12,500
32	GNGN000072	SEMS - ESOPHAGEAL	27,200	32,000	40,000	56,000	72,000	80,000
33	GNGN000073	SEMS - DUODENAL	27,700	32,500	40,700	56,900	73,200	81,300
34	GNGN000074	SEMS - COLONIC	29,800	35,000	43,800	61,300	78,800	87,500
35	GNGN000076	NJ TUBE PLACEMENT	5,100	6,000	7,500	10,500	13,500	15,000

Gastroenterology

S.No	Billing code	Service Name	Charges in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
36	GNGN000077	NASOGASTRIC TUBE PLACEMENT	3,400	4,000	5,000	7,000	9,000	10,000
37	GNGN000078	LIVER BIOPSY	6,400	7,500	9,400	13,200	16,900	18,800
38	GNGN000080	ASCITIC TAPING - DIAGNOSTIC	3,900	4,500	5,700	7,900	10,200	11,300
39	GNGN000081	ASCITIC TAPING - THERAPEUTIC	5,100	6,000	7,500	10,500	13,500	15,000
40	GNGN000093	CAPSULE ENDOSCOPY	14,500	17,000	21,300	29,800	38,300	42,500
41	GNGN000160	Endoloop	12,800	15,000	18,800	26,300	33,800	37,500
42	GNGN000161	Single ballon enteroscopy both side	31,500	37,000	46,300	64,800	83,300	92,500
43	GNGN000165	Fluoroscopy Therapeutic	2,800	3,200	4,000	5,600	7,200	8,000
44	GNGN000166	Fluoroscopy Diagnostic	2,200	2,500	3,200	4,400	5,700	6,300
45	GNGN000167	Biliary Stent Placement Single	29,800	35,000	43,800	61,300	78,800	87,500
46	GNGN000169	SPY GLASS / CHOLEDOCHOSCOPY (DIAG)	38,300	45,000	56,300	78,800	1,01,300	1,12,500
47	GNGN000170	SPY GLASS + BIOPSY	42,500	50,000	62,500	87,500	1,12,500	1,25,000
48	GNGN000171	LASER LITHOTRIPSY	59,500	70,000	87,500	1,22,500	1,57,500	1,75,000
49	GNGN000172	BIB PLACEMENT	21,300	25,000	31,300	43,800	56,300	62,500
50	GNGN000173	BIB REMOVAL	10,200	12,000	15,000	21,000	27,000	30,000
51	GNGN000174	PEG REPLACEMENT/ REMOVAL	4,000	4,700	5,900	8,300	10,600	11,800
52	GNGN000175	ZENKER'S DIVERTICULUM(Septotomy)	29,800	35,000	43,800	61,300	78,800	87,500
53	GNGN000176	Balloon replacement tube	4,000	4,700	5,900	8,300	10,600	11,800
54	GNGN000177	Fibroscan	5,600	6,500	8,200	11,400	14,700	16,300
55	GNGN000178	Review of external capsule endoscopy CD	5,100	6,000	7,500	10,500	13,500	15,000
56	GNGN000179	Biliary Stent Placement Bilateral	38,300	45,000	56,300	78,800	1,01,300	1,12,500
57	GNGN000182	Hydrogen Breath Test	3,400	4,000	5,000	7,000	9,000	10,000
58	GNGN000184	Polypectomy complex	34,000	40,000	50,000	70,000	90,000	1,00,000
59	GNGN000185	Argon Plasma Coagulation - UGI Endoscopy	16,200	19,000	23,800	33,300	42,800	47,500
60	GNGN000186	Argon Plasma Coagulation - Lower GI	18,300	21,500	26,900	37,700	48,400	53,800
61	GNGN000187	HAEMOCLIP APPLICATION Upper GI	17,000	20,000	25,000	35,000	45,000	50,000
62	GNGN000188	HAEMOCLIP APPLICATION Lower GI	18,700	22,000	27,500	38,500	49,500	55,000

Gastroenterology

S.No	Billing code	Service Name	Charges in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
63	GNGN000189	HAEMOCLIP APPLICATION ENTEROSCOPY - PUSH	18,700	22,000	27,500	38,500	49,500	55,000
64	GNGN000190	HAEMOCLIP APPLICATION Single Sside Ballon enteroscopy	27,700	32,500	40,700	56,900	73,200	81,300
65	GNGN000191	Ampullectomy	59,500	70,000	87,500	1,22,500	1,57,500	1,75,000
66	GNGN000192	Hepatico Gastrostomy	38,300	45,000	56,300	78,800	1,01,300	1,12,500
67	GNGN000193	Choledochoduodenostomy	38,300	45,000	56,300	78,800	1,01,300	1,12,500
68	GNGN000194	GERD - X	42,500	50,000	62,500	87,500	1,12,500	1,25,000
69	GNGN000195	ARMS	42,500	50,000	62,500	87,500	1,12,500	1,25,000
70	GNGN000196	RFA	42,500	50,000	62,500	87,500	1,12,500	1,25,000
71	GNGN000197	EMR / ESD 2-4cm	46,800	55,000	68,800	96,300	1,23,800	1,37,500
72	GNGN000198	EMR / ESD > 4cm	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
73	GNGN000199	Oveso Clip	22,600	26,500	33,200	46,400	59,700	66,300
74	GNGN000200	EFTRD	42,500	50,000	62,500	87,500	1,12,500	1,25,000
75	GNGN000201	Necrosectomy 1st Session	23,400	27,500	34,400	48,200	61,900	68,800
76	GNGN000202	Necrosectomy Subsequent Session	13,600	16,000	20,000	28,000	36,000	40,000
77	GNGN000203	HEMO SPRAY APPLICATION- SHAILI	17,000	20,000	25,000	35,000	45,000	50,000
78	GNGN000204	Biofeedback Therapy (Single Session)	2,600	3,000	3,800	5,300	6,800	7,500
79	GNGN000210	ZENKER'S DIVERTICULUM (Myotomy)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
80	GNGN000211	Spiral Enteroscopy Single side	25,500	30,000	37,500	52,500	67,500	75,000
81	GNGN000212	Spiral Enteroscopy Total	38,250	45,000	56,250	78,750	1,01,250	1,12,500
82	GNGN000213	Endoscopic Gastrojejunostomy	38,300	45,000	56,300	78,800	1,01,300	1,12,500
83	GNGN000214	Peroral Endoscopic Myotomy (POEM)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
84	GNGN000215	Hybrid Argon Plasma Coagulation	25,500	30,000	37,500	52,500	67,500	75,000

Billing Policy for Open / Non - Package

- a) OT Charges, Anaesthesia Charges and Doctor Professional fee shall be charged separately
- b) Investigations, Blood Bank, Pharmacy and Consumables shall be charged separately
- c) Physiotherapy and any additional procedure shall be charged separately
- d) Cost of Implants will be charged extra
- e) Room Rent, Nursing, Dietician and Patient Diet charges shall be charged as applicable and Separately

GI Surgery

S. No	Billing code	Service Name	Surgeon Fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
1	GNGS000002	Anoplasty	11,700	13,800	17,300	24,200	31,100	34,500
2	GNGS000007	Trans anal rectal biopsy	8,500	10,000	12,500	17,500	22,500	25,000
3	GNGS000008	Laying opn of fistula in ano(HighLevel)+/- seton	25,500	30,000	37,500	52,500	67,500	75,000
4	GNGS000009	Laying opn of fistula in ano(Low Level)+/- seton	17,000	20,000	25,000	35,000	45,000	50,000
5	GNGS000010	SETON REMOVALorlaying open of residual fistula-in-ano	10,200	12,000	15,000	21,000	27,000	30,000
6	GNGS000011	Haemorrhoidectomy	25,500	30,000	37,500	52,500	67,500	75,000
7	GNGS000012	Stapled Haemorrhoidectomy	29,800	35,000	43,800	61,300	78,800	87,500
8	GNGS000013	Anal sphincter Repair	21,300	25,000	31,300	43,800	56,300	62,500
9	GNGS000014	Rectal polyp Exc	5,100	6,000	7,500	10,500	13,500	15,000
10	GNGS000015	Lateral sphincterotomy or fissurectomy	21,300	25,000	31,300	43,800	56,300	62,500
11	GNGS000016	Delormes procedure	19,600	23,100	28,900	40,400	52,000	57,800
12	GNGS000018	Appendicectomy	25,500	30,000	37,500	52,500	67,500	75,000
13	GNGS000019	Appendicular abscess drainage	13,100	15,400	19,300	27,000	34,700	38,500
14	GNGS000020	Lap appendectomy	29,800	35,000	43,800	61,300	78,800	87,500
15	GNGS000021	Lap gastrectomy	46,800	55,000	68,800	96,300	1,23,800	1,37,500
16	GNGS000022	Partial or Subtotal Gastrectomy	46,800	55,000	68,800	96,300	1,23,800	1,37,500
17	GNGS000023	Radical gastrectomy	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
18	GNGS000024	Total gasterctomy	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
19	GNGS000025	Gastrostomy	12,800	15,000	18,800	26,300	33,800	37,500
20	GNGS000026	Lap gastrostomy	17,000	20,000	25,000	35,000	45,000	50,000
21	GNGS000027	Pyloromotomy for pyloric stenosis/ pyloroplasty	11,700	13,750	17,200	24,100	30,900	34,400
22	GNGS000028	Closure of perforated peptic ulcer	23,800	28,000	35,000	49,000	63,000	70,000
23	GNGS000030	Gastro-jejunostomy(without vagotomy)	29,800	35,000	43,800	61,300	78,800	87,500
24	GNGS000032	Lap closure of perforation peptic ulcer	25,500	30,000	37,500	52,500	67,500	75,000
25	GNGS000034	Lap gastro - jejunostomy(GJ)	29,800	35,000	43,800	61,300	78,800	87,500
26	GNGS000035	Lap truncal vegotomy & gastro jejunostomy	25,500	30,000	37,500	52,500	67,500	75,000
27	GNGS000036	Truncal vegotomy & gestro - jejunostomy	21,300	25,000	31,300	43,800	56,300	62,500
28	GNGS000037	Truncal vegotomy & pyloroplasty	23,000	27,000	33,800	47,300	60,800	67,500
29	GNGS000038	Drainage of abdominal wall haematoma	8,500	10,000	12,500	17,500	22,500	25,000
30	GNGS000040	Drainage of psoas abscess	8,500	10,000	12,500	17,500	22,500	25,000
31	GNGS000041	Inci and drainage of large/deep abscess	12,800	15,000	18,800	26,300	33,800	37,500
32	GNGS000042	Inci and drainage of small/superficial abscess	5,100	6,000	7,500	10,500	13,500	15,000

GI Surgery

S. No	Billing code	Service Name	Surgeon Fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
33	GNGS000043	Ischorectal abscess drainage	17,000	20,000	25,000	35,000	45,000	50,000
34	GNGS000044	Perianal abscess drainage	12,800	15,000	18,800	26,300	33,800	37,500
35	GNGS000045	Retroperitoneal drainage of abscess	12,800	15,000	18,800	26,300	33,800	37,500
36	GNGS000055	Diagnostic Laproscopy	17,000	20,000	25,000	35,000	45,000	50,000
37	GNGS000056	Exploratory Laparotomy (including small biopsy)	21,300	25,000	31,300	43,800	56,300	62,500
38	GNGS000057	open / lap adhesiolysis	21,300	25,000	31,300	43,800	56,300	62,500
39	GNGS000058	Lap drainage of intra abdominal collection	21,300	25,000	31,300	43,800	56,300	62,500
40	GNGS000060	Mesentric cyst Exc	25,500	30,000	37,500	52,500	67,500	75,000
41	GNGS000061	Omentectomy	25,500	30,000	37,500	52,500	67,500	75,000
42	GNGS000063	Retroperitoneal tumour Exc	34,000	40,000	50,000	70,000	90,000	1,00,000
43	GNGS000069	Aspiration of ganglion + local steroid injection	1,100	1,320	1,700	2,300	3,000	3,300
44	GNGS000070	Aspiration of haematoma	1,700	2,000	2,500	3,500	4,500	5,000
45	GNGS000072	Exc of sinus(soft tissue)	8,500	10,000	12,500	17,500	22,500	25,000
46	GNGS000073	Lap removal of infected mesh	21,300	25,000	31,300	43,800	56,300	62,500
47	GNGS000074	Muscle biopsy	3,300	3,850	4,800	6,700	8,700	9,600
48	GNGS000076	Exc of pilonidal sinus + primary closure	21,300	25,000	31,300	43,800	56,300	62,500
49	GNGS000077	Exc of pilonidal sinus- local excision	25,500	30,000	37,500	52,500	67,500	75,000
50	GNGS000080	Lap splenectomy	42,500	50,000	62,500	87,500	1,12,500	1,25,000
51	GNGS000081	splenectomy(open)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
52	GNGS000086	Exc of Mltpl cysts	7,000	8,250	10,300	14,400	18,600	20,600
53	GNGS000087	Exc of S superf sft tissue mass	8,500	10,000	12,500	17,500	22,500	25,000
54	GNGS000090	Suturing of large lacerated wound	5,200	6,160	7,700	10,800	13,900	15,400
55	GNGS000091	Suturing of small lacerated wound	3,600	4,180	5,200	7,300	9,400	10,500
56	GNGS000092	Secondary wound closure(suturing)	13,100	15,400	19,300	27,000	34,700	38,500
57	GNGS000093	Exc of cholangiocarcinoma - Local	42,500	50,000	62,500	87,500	1,12,500	1,25,000
58	GNGS000094	Exc of choledochal cyst and hepatico-jejunostomy	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000

GI Surgery

S. No	Billing code	Service Name	Surgeon Fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
59	GNGS000095	Hepatico-jejunostomy(open)	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
60	GNGS000096	Hepatico porto-enterostomy(Kasais operation)	28,100	33,000	41,300	57,800	74,300	82,500
61	GNGS000097	Lap exc of choledochal cyst and hepatico-jejunostomy	46,800	55,000	68,800	96,300	1,23,800	1,37,500
62	GNGS000098	Lap hepatico- jejunostomy	42,500	50,000	62,500	87,500	1,12,500	1,25,000
63	GNGS000099	Primary Rep of common hepatic orbile duct	17,000	20,000	25,000	35,000	45,000	50,000
64	GNGS000100	Open cholecystectomy	25,500	30,000	37,500	52,500	67,500	75,000
65	GNGS000101	cholecystom and choledocholithotomy(open)	34,000	40,000	50,000	70,000	90,000	1,00,000
66	GNGS000102	Lap cholecystectomy	32,300	38,000	47,500	66,500	85,500	95,000
67	GNGS000103	Lap cholecystom&choledocholithotomy(CBD exploration)	34,000	40,000	50,000	70,000	90,000	1,00,000
68	GNGS000104	cholecystom + choledochoduodenostomy	38,300	45,000	56,300	78,800	1,01,300	1,12,500
69	GNGS000106	Radical cholecystomy (without bile duct excision)	55,300	65,000	81,300	1,13,800	1,46,300	1,62,500
70	GNGS000107	Radical cholecystomy (+bile duct excision)	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
71	GNGS000109	Left hepatectomy	76,500	90,000	1,12,500	1,57,500	2,02,500	2,25,000
72	GNGS000111	Exc of cholangiocarcinoma WITH HEPATECTOMY	80,800	95,000	1,18,800	1,66,300	2,13,800	2,37,500
73	GNGS000112	Partial liv resc(lateral segmentectomy)	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
74	GNGS000113	Right hepatectomy	80,800	95,000	1,18,800	1,66,300	2,13,800	2,37,500
75	GNGS000114	Right hepatic trisegmentectomy	85,000	1,00,000	1,25,000	1,75,000	2,25,000	2,50,000
76	GNGS000115	Lap deroofing of non- hydatid liv cyst	29,800	35,000	43,800	61,300	78,800	87,500
77	GNGS000116	Lap drainage of liv abscess drainage	25,500	30,000	37,500	52,500	67,500	75,000
78	GNGS000117	liv abscess drainage(open)	21,300	25,000	31,300	43,800	56,300	62,500
79	GNGS000118	Open deroofingorExc on non- hydatid liv cyst	21,300	25,000	31,300	43,800	56,300	62,500
80	GNGS000119	Distal pancreatectomy & pancreatico- jejunostomy	55,300	65,000	81,300	1,13,800	1,46,300	1,62,500
81	GNGS000120	Freys procedure	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
82	GNGS000121	Enucleation of pancreatic tumour	42,500	50,000	62,500	87,500	1,12,500	1,25,000
83	GNGS000122	Lap cysto - gastrostomy	34,000	40,000	50,000	70,000	90,000	1,00,000
84	GNGS000123	Lap cysto - jejunostomy	34,000	40,000	50,000	70,000	90,000	1,00,000
85	GNGS000124	Lap distal pancreatectomy	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
86	GNGS000125	Lap drainage of pseudopancreatic cyst	29,800	35,000	43,800	61,300	78,800	87,500
87	GNGS000126	Peustows operation	42,500	50,000	62,500	87,500	1,12,500	1,25,000

GI Surgery

S. No	Billing code	Service Name	Surgeon Fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
88	GNGS000127	Lap Whipples operation	80,800	95,000	1,18,800	1,66,300	2,13,800	2,37,500
89	GNGS000128	Laptomy and drainage of pseudopancreatic cyst	21,300	25,000	31,300	43,800	56,300	62,500
90	GNGS000129	Lateral pancreatico -jejunostomy	59,500	70,000	87,500	1,22,500	1,57,500	1,75,000
91	GNGS000130	Necrosectomy and drainage of pancreatic abscess	42,500	50,000	62,500	87,500	1,12,500	1,25,000
92	GNGS000131	Roux-en -Y cystojejunostomy(open)	29,800	35,000	43,800	61,300	78,800	87,500
93	GNGS000132	Whipples procedure	85,000	1,00,000	1,25,000	1,75,000	2,25,000	2,50,000
94	GNGS000133	Lap Rep of diaphragmatic hernia	35,700	42,000	52,500	73,500	94,500	1,05,000
95	GNGS000134	open repair of diphrag hernia	32,300	38,000	47,500	66,500	85,500	95,000
96	GNGS000136	Lap repair epig hernia	25,500	30,000	37,500	52,500	67,500	75,000
97	GNGS000137	Open Rep of epigastric hernia	25,500	30,000	37,500	52,500	67,500	75,000
98	GNGS000139	Lap femoral hernia reapir b/l	29,800	35,000	43,800	61,300	78,800	87,500
99	GNGS000140	Lap femoral hernia reapir u/l	23,800	28,000	35,000	49,000	63,000	70,000
100	GNGS000141	Open Rep of femoral hernia	21,300	25,000	31,300	43,800	56,300	62,500
101	GNGS000143	Lap IPOM	29,800	35,000	43,800	61,300	78,800	87,500
102	GNGS000144	Open Rep of Incial hernia	28,100	33,000	41,300	57,800	74,300	82,500
103	GNGS000146	Open Rep of Recurrent Incial hernia + mesh	38,300	45,000	56,300	78,800	1,01,300	1,12,500
104	GNGS000156	Lap Rep of INGUINAL hernia BL	46,800	55,000	68,800	96,300	1,23,800	1,37,500
105	GNGS000157	Lap Rep of INGUINAL hernia UL	32,300	38,000	47,500	66,500	85,500	95,000
106	GNGS000160	Open Rep of INGUINAL hernia BL	36,600	43,000	53,800	75,300	96,800	1,07,500
107	GNGS000161	Open Rep of INGUINAL hernia UL	28,100	33,000	41,300	57,800	74,300	82,500
108	GNGS000164	Removal of infected mesh	17,000	20,000	25,000	35,000	45,000	50,000
109	GNGS000167	Lap lumbar hernia Rep	23,800	28,000	35,000	49,000	63,000	70,000
110	GNGS000168	Open Rep of lumbar hernia	25,500	30,000	37,500	52,500	67,500	75,000
111	GNGS000170	Lap Rep of obturatorhernia	16,900	19,910	24,900	34,800	44,800	49,800
112	GNGS000171	Open Rep of obturatorhernia	20,600	24,200	30,300	42,400	54,500	60,500
113	GNGS000172	Lap spigelian hernia Rep	29,800	35,000	43,800	61,300	78,800	87,500
114	GNGS000173	Open Spigelian hernia Rep	25,500	30,000	37,500	52,500	67,500	75,000
115	GNGS000174	Lap Rep of umb hernia	29,800	35,000	43,800	61,300	78,800	87,500
116	GNGS000175	Open Rep of umb hernia	25,500	30,000	37,500	52,500	67,500	75,000

GI Surgery

S. No	Billing code	Service Name	Surgeon Fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
117	GNGS000178	Lap ventral hernia	29,800	35,000	43,800	61,300	78,800	87,500
118	GNGS000179	Open ventral hernia	21,300	25,000	31,300	43,800	56,300	62,500
119	GNGS000182	Ventral hernia Rep + abdominoplasty	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
120	GNGS000183	Hydatid cyst - drainage	25,500	30,000	37,500	52,500	67,500	75,000
121	GNGS000184	Hydatid cyst - pericystectomy	34,000	40,000	50,000	70,000	90,000	1,00,000
122	GNGS000189	Anteriorresc + total mesorectal Exc(TME) -open	46,800	55,000	68,800	96,300	1,23,800	1,37,500
123	GNGS000190	Colonic interposition	59,500	70,000	87,500	1,22,500	1,57,500	1,75,000
124	GNGS000191	Lap anterior resc+total mesorectal Exc(TME)	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
125	GNGS000192	Lap assisted abdominoperineal resc(APR)	76,500	90,000	1,12,500	1,57,500	2,02,500	2,25,000
126	GNGS000194	Lap assisted Segmental colectomy	42,500	50,000	62,500	87,500	1,12,500	1,25,000
127	GNGS000195	Lap proctocolectomy	76,500	90,000	1,12,500	1,57,500	2,02,500	2,25,000
128	GNGS000197	Total Colectomy	68,000	80,000	1,00,000	1,40,000	1,80,000	2,00,000
129	GNGS000199	Proctocolectomy(open)	68,000	80,000	1,00,000	1,40,000	1,80,000	2,00,000
130	GNGS000202	Restorative proctocolectomy	68,000	80,000	1,00,000	1,40,000	1,80,000	2,00,000
131	GNGS000203	Segmental colectomy(open)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
132	GNGS000204	Sigmoidordescending colectomy(open)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
133	GNGS000207	Subtotal colectomy(open)	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
134	GNGS000208	Transabdominal rectopexy(open/ lap)	34,000	40,000	50,000	70,000	90,000	1,00,000
135	GNGS000211	Lap pull through forHirschsprungs disease	20,600	24,200	30,300	42,400	54,500	60,500
136	GNGS000216	Trans-anal pull through forHirschsprungs disease	20,600	24,200	30,300	42,400	54,500	60,500
137	GNGS000218	Feeding jejunostomy	21,300	25,000	31,300	43,800	56,300	62,500
138	GNGS000219	Lap closure of intestinal perforation	21,300	25,000	31,300	43,800	56,300	62,500
139	GNGS000220	Lap Meckels diverticulectomy	21,300	25,000	31,300	43,800	56,300	62,500
140	GNGS000221	Lap small bowel resc	25,500	30,000	37,500	52,500	67,500	75,000
141	GNGS000223	Laptomy & closure of intestinal perforation	25,500	30,000	37,500	52,500	67,500	75,000
142	GNGS000225	Mltpl intestinal resc and anastomosis	42,500	50,000	62,500	87,500	1,12,500	1,25,000
143	GNGS000228	Single intestinal resc and anastomosis	25,500	30,000	37,500	52,500	67,500	75,000
144	GNGS000231	Closure of colostomy	29,800	35,000	43,800	61,300	78,800	87,500
145	GNGS000232	Closure of ileostomy	29,800	35,000	43,800	61,300	78,800	87,500

GI Surgery

S. No	Billing code	Service Name	Surgeon Fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
146	GNGS000238	Ileostomy	21,300	25,000	31,300	43,800	56,300	62,500
147	GNGS000241	Sigmoid/ transverse colostomy	25,500	30,000	37,500	52,500	67,500	75,000
148	GNGS000244	Tube caecostomy	12,800	15,000	18,800	26,300	33,800	37,500
149	GNGS000245	Lap bilio -pancreatic diversion	73,100	86,000	1,07,500	1,50,500	1,93,500	2,15,000
150	GNGS000246	Lap adjustable gastric banding	46,800	55,000	68,800	96,300	1,23,800	1,37,500
151	GNGS000247	Lap gastric band removal	36,600	43,000	53,800	75,300	96,800	1,07,500
152	GNGS000248	Lap Roux-en-Y gastric bypass	80,800	95,000	1,18,800	1,66,300	2,13,800	2,37,500
153	GNGS000249	Lap sleeve gastrectomy	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
154	GNGS000250	Lap / open oesophageal cardiomyotomy	29,800	35,000	43,800	61,300	78,800	87,500
155	GNGS000253	Open Enucleation of leiomyoma of oesophageal(transthoracic)	34,000	40,000	50,000	70,000	90,000	1,00,000
156	GNGS000255	Oesophagostomy	17,000	20,000	25,000	35,000	45,000	50,000
157	GNGS000256	Transaction of oesophagus and EEA stapling	17,300	20,350	25,400	35,600	45,800	50,900
158	GNGS000261	Oesophageal stricturoplasty	42,500	50,000	62,500	87,500	1,12,500	1,25,000
159	GNGS000262	IvorLewis oesophagectomy	80,800	95,000	1,18,800	1,66,300	2,13,800	2,37,500
160	GNGS000263	Mc- Keown oesophagectomy	80,800	95,000	1,18,800	1,66,300	2,13,800	2,37,500
161	GNGS000264	Transhiatal oesophagectomy	76,500	90,000	1,12,500	1,57,500	2,02,500	2,25,000
162	GNGS000266	Lap fundoplication(Nissen)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
163	GNGS000267	Lap fundoplication-partial	42,500	50,000	62,500	87,500	1,12,500	1,25,000
164	GNGS000269	open fundoplication	34,000	40,000	50,000	70,000	90,000	1,00,000
165	GNGS000270	Re Exploration-Pkg	10,000	10,000	12,500	17,500	22,500	25,000
166	GNGS000271	Re-Exploration	5,000	5,000	6,250	8,750	11,250	12,500
167	GNGS000272	Laparoscopic Omentectomy	38,300	45,000	56,300	78,800	1,01,300	1,12,500
168	GNGS000273	Pancrease presening duodenal resec+DJ+FJ	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
169	GNGS000275	EXC LAPAROTMY+LIG OF MLTPL HEMANGIOMA IN SML BOWEL+ILEOSTOMY	34,000	40,000	50,000	70,000	90,000	1,00,000
170	GNGS000276	Spleeno Renal Shunt	80,800	95,000	1,18,800	1,66,300	2,13,800	2,37,500
171	GNGS000277	EXPLORATORY LAPOROTOMY + IO ENDEROSCOPY ILEOSTOMY	42,500	50,000	62,500	87,500	1,12,500	1,25,000
172	GNGS000280	Haemorrhoid Banding- per band	1,300	1,500	1,900	2,700	3,400	3,800
173	GNGS000282	Ilio-inguinal approach (2 windows)	7,000	8,250	10,300	14,400	18,600	20,600

GI Surgery

S. No	Billing code	Service Name	Surgeon Fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
174	GNGS000283	Ilio-inguinal approach (3 windows)	9,400	11,000	13,800	19,300	24,800	27,500
175	GNGS000284	B/L-inguinal approach (2 windows)	14,000	16,500	20,600	28,900	37,100	41,300
176	GNGS000285	B/L-inguinal approach (3 windows)	18,700	22,000	27,500	38,500	49,500	55,000
177	GNGS000286	Open Metastatectomy/ Lap Metastatectomy	25,500	30,000	37,500	52,500	67,500	75,000
178	GNGS000287	EXAMINATION UNDER ANESTHESIA	10,200	12,000	15,000	21,000	27,000	30,000
179	GNGS000288	Inguinal Lymph Node Resection	17,000	20,000	25,000	35,000	45,000	50,000
180	GNGS000289	redo fundoplication	29,800	35,000	43,800	61,300	78,800	87,500
181	GNGS000290	Reversal Of Fundoplication	25,500	30,000	37,500	52,500	67,500	75,000
182	GNGS000291	TRANSABDOMINAL RESECTION RECTOPEXY LAP/OPEN	42,500	50,000	62,500	87,500	1,12,500	1,25,000
183	GNGS000292	Open abdominoperineal resc(APR)	68,000	80,000	1,00,000	1,40,000	1,80,000	2,00,000
184	GNGS000293	VATS esophagectomy	80,800	95,000	1,18,800	1,66,300	2,13,800	2,37,500
185	GNGS000294	JEJUNAL INTERPOSITION	20,400	24,000	30,000	42,000	54,000	60,000
186	GNGS000295	Revision Bariatric Surgery	85,000	1,00,000	1,25,000	1,75,000	2,25,000	2,50,000
187	GNGS000296	UMBILECTOMY	6,800	8,000	10,000	14,000	18,000	20,000
188	GNGS000297	Complex hepatectomy	85,000	1,00,000	1,25,000	1,75,000	2,25,000	2,50,000
189	GNGS000298	Partial hepatectomy	59,500	70,000	87,500	1,22,500	1,57,500	1,75,000
190	GNGS000299	Endostem Implantation	21,300	25,000	31,300	43,800	56,300	62,500
191	GNGS000300	exc of pilondial sinus with flap repair	34,000	40,000	50,000	70,000	90,000	1,00,000
192	GNGS000301	Haemorrhoid Banding - multiple	4,300	5,000	6,300	8,800	11,300	12,500
193	GNGS000302	Incision and drainage of medium abscess	8,500	10,000	12,500	17,500	22,500	25,000
194	GNGS000303	Incision and drainage of large abscess	12,800	15,000	18,800	26,300	33,800	37,500
195	GNGS000304	Laparoscopic enucleation of leiomyoma of oesophageal	25,500	30,000	37,500	52,500	67,500	75,000
196	GNGS000305	Mini Gastric bypass	76,500	90,000	1,12,500	1,57,500	2,02,500	2,25,000
197	GNGS000306	Seton change	4,300	5,000	6,300	8,800	11,300	12,500
198	GNGS000307	LAP. ULTRA LOW ANTERIOR RESECTION	68,000	80,000	1,00,000	1,40,000	1,80,000	2,00,000
199	GNGS000308	Video Assisted Anal Fistula Treatment	21,300	25,000	31,300	43,800	56,300	62,500
200	GNGS000309	Stapled Transanal Rectal Resection	29,800	35,000	43,800	61,300	78,800	87,500
201	GNGS000310	Cytoreductive surgery with HIPEC	1,70,000	2,00,000	2,50,000	3,50,000	4,50,000	5,00,000
202	GNGS000311	Open Distal Pancreatectomy	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000

GI Surgery

S. No	Billing code	Service Name	Surgeon Fee in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
203	GNGS000312	Pack Removal / Change	8,500	10,000	12,500	17,500	22,500	25,000
204	GNGS000314	Liver Embolization	21,300	25,000	31,300	43,800	56,300	62,500
205	GNGS000320	Stitch Sinus / Granulation	4,300	5,000	6,300	8,800	11,300	12,500
206	GNGS000321	Staging Thoracoscopy	19,600	23,000	28,800	40,300	51,800	57,500
207	GNGS000322	Lap Sigmoidectomy	42,500	50,000	62,500	87,500	1,12,500	1,25,000
208	GNGS000330	Esophagocoloplasty	59,500	70,000	87,500	1,22,500	1,57,500	1,75,000
209	GNGS000337	Cytoreductive surgery with HIPEC (1 Quadrant)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
210	GNGS000338	Cytoreductive surgery with HIPEC (4 Quadrant)	85,000	1,00,000	1,25,000	1,75,000	2,25,000	2,50,000
211	GNGS000339	Diagnostic Laproscopy (Level 2)	21,300	25,000	31,300	43,800	56,300	62,500
212	GNGS000340	Diagnostic Laproscopy (Level 3)	25,500	30,000	37,500	52,500	67,500	75,000
213	GNGS000341	Retroperitoneal tumour Exc (Large)	55,300	65,000	81,300	1,13,800	1,46,300	1,62,500
214	GNGS000342	open / lap adhesiolysis (Level 3)	34,000	40,000	50,000	70,000	90,000	1,00,000
215	GNGS000343	open / lap adhesiolysis(Level 2)	25,500	30,000	37,500	52,500	67,500	75,000

Billing Policy for Open / Non - Package

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- b) Investigations, Blood Bank, Pharmacy and Consumables shall be charged separately
- c) Physiotherapy and any additional procedure shall be charged separately
- d) Cost of Implants will be charged extra
- e) Room Rent, Nursing, Dietician and Patient Diet charges shall be charged as applicable and Separately

Medical Procedures

S.No	Billing Code	Service Name	Charges in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
1	GSPR000007	LYMPH NODE BIOPSY	5,420	6,380	7,975	11,165	14,355	15,950
2	GSPR000111	Blood glucose by glucometer	100	100	100	100	100	100
3	GSPR000118	Syringe Pump / Infusion	360	420	525	735	945	1,050
4	GSPR000119	Dressing Small (<5cm)	430	500	620	870	1,120	1,250
5	GSPR000120	Dressing Medium(5-10cm)	680	800	1,000	1,400	1,800	2,000
6	GSPR000121	Dressing Large (10-15cm)	1,020	1,200	1,500	2,100	2,700	3,000
7	GSPR000122	Dressing Extra large (>15cm)	1,960	2,300	2,870	4,020	5,170	5,750
8	GSPR000123	Chest tube Insertion	3,930	4,620	5,775	8,085	10,395	11,550
9	GSPR000124	Chest tube Removal	2,340	2,750	3,438	4,813	6,188	6,875
10	GSPR000125	Catheter insertion	820	970	1,213	1,698	2,183	2,425
11	GSPR000126	Catheter removal	470	550	688	963	1,238	1,375
12	GSPR000127	Nebulization	140	160	200	280	360	400
13	GSPR000128	IV Cannulation Adult by Cannulation Team	820	970	1,213	1,698	2,183	2,425
14	GSPR000129	IV Cannulation Peads by Cannulation Team	820	970	1,213	1,698	2,183	2,425
15	GSPR000131	Radial/ Arterial canulation	2,150	2,530	3,163	4,428	5,693	6,325
16	GSPR000133	Injection administration charges (Excluding Consumables & drugs)	100	100	100	100	100	100
17	GSPR000136	Triage Cardiac Panel	2,340	2,750	3,438	4,813	6,188	6,875
18	GSPR000137	Tube/catheter/suture removal	470	550	688	963	1,238	1,375
19	GSPR000138	POCT - Sodium potassium Hb	560	660	825	1,155	1,485	1,650
20	GSPR000139	POCT - NGAL	2,430	2,860	3,575	5,005	6,435	7,150
21	GSPR000140	POCT - BNP	3,090	3,630	4,538	6,353	8,168	9,075
22	GSPR000141	POCT - TOX Urine	2,340	2,750	3,438	4,813	6,188	6,875
23	GSPR000142	POCT - Ionized Calcium	390	460	575	805	1,035	1,150
24	GSPR000145	Suturing	430	500	620	870	1,120	1,250

Medical Procedures

S.No	Billing Code	Service Name	Charges in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
25	GSPR000147	IV Cannulation Charges by Nursing	260	300	380	530	680	750
26	GSPR000148	Condom catheter insertion	170	200	250	350	450	500
27	GSPR000149	Suction Charges	170	200	250	350	450	500
28	GSPR000150	POCT-NT Pro BNP	1,360	1,600	2,000	2,800	3,600	4,000
29	GSPR000151	POCT - PCT	2,210	2,600	3,250	4,550	5,850	6,500
30	GSPR000152	POCT - HsCRP	850	1,000	1,250	1,750	2,250	2,500
31	GSPR000153	POCT - D-Dimer	1,020	1,200	1,500	2,100	2,700	3,000
32	GSPR000154	POCT - DOA	2,210	2,600	3,250	4,550	5,850	6,500
33	GSPR000155	POCT - Nicotine	640	750	940	1,320	1,690	1,875
34	GSPR000156	Suturing small	340	400	500	700	900	1,000
35	GSPR000157	Suturing large	600	700	875	1,225	1,575	1,750
36	GSPR000158	IV Infusion (Excluding Consumables & drugs)	170	200	250	350	450	500
37	GSPR000159	Vital Check/BP Measurements	90	100	125	175	225	250
38	GSPR000160	Splinting-2" inches	340	400	500	700	900	1,000
39	GSPR000161	Splinting-3" inches	380	450	565	790	1,015	1,125
40	GSPR000163	Splinting-5" inches	430	500	625	875	1,125	1,250
41	GSPR000165	Alco sensor	1,280	1,500	1,875	2,625	3,375	3,750
42	GSPR000166	POCT-Glycosylated Haemoglobin (Hba1c)	470	550	690	965	1,240	1,375
43	GSPR000167	POCT-Urinary Microalbumin to Creatinine Ratio	550	650	815	1,140	1,465	1,625
44	GSPR000168	POCT-Lipid Profile	510	600	750	1,050	1,350	1,500
45	GSPR000169	POCT-Renal Function Test	765	900	1,125	1,575	2,025	2,250
46	GSPR000170	Per Flight	1,500	1,500	-	-	-	-
47	GSPR000171	Enema Charges	260	300	375	525	675	750
48	GSPR000172	Nasal Pack Insertion	100	120	150	210	270	300
49	GSPR000174	Eye Irrigation	90	100	125	175	225	250

Medical Procedures

S.No	Billing Code	Service Name	Charges in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
50	GSPR000175	Ear Irrigation	90	100	125	175	225	250
51	GSPR000176	Steam Inhalation	130	150	188	263	338	375
52	GSPR000177	Stoma Care	210	250	313	438	563	625
53	GSPR000185	Miscellaneous Medical Procedures	50	50	-	-	-	-
54	GSPR000186	Medical Health Check-up/Service	250	250	-	-	-	-
55	GSPR000187	ECG	-	390	-	-	-	-
56	GSPR000204	POC- USG Assessment	-	500	-	-	-	-
57	LBPO000003	POCT - Hs Troponin	2,550	3,000	3,750	5,250	6,750	7,500
58	LBPO000005	POCT - ABG	-	690	-	-	-	-

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Head & Neck Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
1	HNHN000001	CERVICO - FACIAL RESECTION OF VASCULAR MASS, COMPLEX	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
2	HNHN000002	CERVICO - FACIAL RESECTION OF VASCULAR MASS, SIMPLE	23,400	27,500	34,400	48,200	61,900	68,800
3	HNHN000003	CERVICO - FACIAL RESECTION, LARGE	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
4	HNHN000004	CERVICO-FACIAL Resc. MEDIUM	28,100	33,000	41,300	57,800	74,300	82,500
5	HNHN000006	LIP EXCISION, COMPLEX EXCLUDING REPAIR	28,100	33,000	41,300	57,800	74,300	82,500
6	HNHN000007	LIP EXCISION, SIMPLE	8,500	9,900	12,400	17,400	22,300	24,800
7	HNHN000008	PREAURICULAR SINUS / CYST EXCISION, COMPLEX	32,800	38,500	48,200	67,400	86,700	96,300
8	HNHN000010	DEBRIDEMENT (Head & Neck)	18,700	22,000	27,500	38,500	49,500	55,000
9	HNHN000011	DRAINAGE OF CERVICOFACIAL ABSCESS - LARGE	9,400	11,000	13,800	19,300	24,800	27,500
10	HNHN000013	DRAINAGE OF DEEP NECK SPACE ABSCESS	28,100	33,000	41,300	57,800	74,300	82,500
11	HNHN000031	DIVERTICULECTOMY CERVICAL, ENDOSCOPIC,	23,400	27,500	34,400	48,200	61,900	68,800
12	HNHN000032	DIVERTICULECTOMY CERVICAL, OPEN	28,100	33,000	41,300	57,800	74,300	82,500
13	HNHN000033	ESOPHAGEAL RESECTION, CERVICAL, COMPLEX	28,100	33,000	41,300	57,800	74,300	82,500
14	HNHN000034	ESOPHAGEAL RESECTION, CERVICAL, SIMPLE	18,700	22,000	27,500	38,500	49,500	55,000
15	HNHN000035	PHARYNGOTOMY	28,100	33,000	41,300	57,800	74,300	82,500
16	HNHN000036	LARYNGECTOMY - TOTAL	42,500	50,000	62,500	87,500	1,12,500	1,25,000
17	HNHN000037	LARYNGECTOMY PARTIAL	42,500	50,000	62,500	87,500	1,12,500	1,25,000
18	HNHN000038	LARYNGECTOMY WITH PARTIAL PHARYNGECTOMY	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
19	HNHN000039	LARYNGOFISSURE	23,400	27,500	34,400	48,200	61,900	68,800
20	HNHN000040	LARYNGOPHARYNGECTOMY, EXTENDED	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
21	HNHN000041	LASER RESECTION LARYNX, MORE THAN ONE SUBSITE	37,400	44,000	55,000	77,000	99,000	1,10,000
22	HNHN000042	LASER RESECTION LARYNX, ONE SUBSITE	28,100	33,000	41,300	57,800	74,300	82,500
23	HNHN000044	MEDIAL CANTHOPEXY	7,500	8,800	11,000	15,400	19,800	22,000
24	HNHN000045	MICROLARYNGOSCOPY - DIAGNOSTIC / BIOPSY	9,400	11,000	13,800	19,300	24,800	27,500
25	HNHN000046	MICROLARYNGOSCOPY - EXCISION OF MASS, COMPLEX	23,400	27,500	34,400	48,200	61,900	68,800
26	HNHN000047	MICROLARYNGOSCOPY - EXCISION OF MASS, SIMPLE	17,000	20,000	25,000	35,000	45,000	50,000
27	HNHN000048	CONTROL OF HEMORRHAGE COMPLEX	28,100	33,000	41,300	57,800	74,300	82,500
28	HNHN000049	CONTROL OF HEMORRHAGE SIMPLE	5,700	6,600	8,300	11,600	14,900	16,500
29	HNHN000051	MAXILLECTOMY - EXTENDED	59,500	70,000	87,500	1,22,500	1,57,500	1,75,000
30	HNHN000052	MAXILLECTOMY - PARTIAL	34,000	40,000	50,000	70,000	90,000	1,00,000

Head & Neck Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
31	HNHN000053	MAXILLECTOMY - TOTAL	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
32	HNHN000054	OSTEOPLASTIC FLAP APPROACH	28,100	33,000	41,300	57,800	74,300	82,500
33	HNHN000056	NECK DISSECTION - EXTENDED	59,500	70,000	87,500	1,22,500	1,57,500	1,75,000
34	HNHN000057	NECK DISSECTION - MODIFIED / RADICAL	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
35	HNHN000058	NECK DISSECTION - PARATRACHEAL/CCND	29,800	35,000	43,800	61,300	78,800	87,500
36	HNHN000059	NECK DISSECTION - SELECTIVE	46,800	55,000	68,800	96,300	1,23,800	1,37,500
37	HNHN000060	NECK DISSECTION - SUPERIOR MEDIASTINAL VIA NECK	25,500	30,000	37,500	52,500	67,500	75,000
38	HNHN000061	NECK EXPLORATION, COMPLEX	34,000	40,000	50,000	70,000	90,000	1,00,000
39	HNHN000062	NECK EXPLORATION, SIMPLE	17,000	20,000	25,000	35,000	45,000	50,000
40	HNHN000064	NECK MASS EXCISION, COMPLEX	34,000	40,000	50,000	70,000	90,000	1,00,000
41	HNHN000066	SUBMANDIBULAR GLAND REMOVAL	23,400	27,500	34,400	48,200	61,900	68,800
42	HNHN000067	THYROGLOSSAL CYST SURGERY	28,100	33,000	41,300	57,800	74,300	82,500
43	HNHN000068	GLOSSECTOMY, EXTENDING BEYOND ANTERIOR TONGUE	42,100	49,500	61,900	86,700	1,11,400	1,23,800
44	HNHN000069	GLOSSECTOMY, PARTIAL	34,000	40,000	50,000	70,000	90,000	1,00,000
45	HNHN000070	GLOSSECTOMY, SUBTOTAL OR TOTAL	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
46	HNHN000071	LASER RESECTION, ORAL CAVITY, LARGE	28,100	33,000	41,300	57,800	74,300	82,500
47	HNHN000072	LASER RESECTION, ORAL CAVITY, SMALL	8,500	9,900	12,400	17,400	22,300	24,800
48	HNHN000073	MANDIBULAR LESION REMOVAL - LARGE	32,800	38,500	48,200	67,400	86,700	96,300
49	HNHN000075	MANDIBULECTOMY (MARGINAL)	23,400	27,500	34,400	48,200	61,900	68,800
50	HNHN000076	MANDIBULECTOMY (SEGMENTAL)	28,100	33,000	41,300	57,800	74,300	82,500
51	HNHN000077	MANDIBULOTOMY APPROACH	28,100	33,000	41,300	57,800	74,300	82,500
52	HNHN000078	ORAL COMPOSITE RESECTION (LARGE)	51,500	60,500	75,700	1,05,900	1,36,200	1,51,300
53	HNHN000079	ORAL COMPOSITE RESECTION (SMALL)	32,800	38,500	48,200	67,400	86,700	96,300
54	HNHN000080	ORAL MUCOSAL EXCISION, COMPLEX	34,000	40,000	50,000	70,000	90,000	1,00,000
55	HNHN000082	ORAL RESECTION Others (LARGE)	32,800	38,500	48,200	67,400	86,700	96,300
56	HNHN000083	ORAL RESECTION Others (SMALL)	14,100	16,500	20,700	28,900	37,200	41,300
57	HNHN000084	SALIVARY DUCT DIVERSION / REPAIR	11,300	13,200	16,500	23,100	29,700	33,000
58	HNHN000086	OROPHARYGEAL RESECTION WITH LASER, SMALL	14,100	16,500	20,700	28,900	37,200	41,300
59	HNHN000087	OROPHARYNGEAL RESECTION WITH LASER LARGE	32,800	38,500	48,200	67,400	86,700	96,300
60	HNHN000088	OROPHARYNGEAL RESECTION, EXTENSIVE	46,800	55,000	68,800	96,300	1,23,800	1,37,500

Head & Neck Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
61	HNHN000089	OROPHARYNGEAL RESECTION, LIMITED	14,100	16,500	20,700	28,900	37,200	41,300
62	HNHN000091	PAROTIDECTOMY, LATERAL LOBE	42,500	50,000	62,500	87,500	1,12,500	1,25,000
63	HNHN000092	PAROTIDECTOMY, RADICAL	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
64	HNHN000093	PAROTIDECTOMY, TOTAL / DEEP LOBE	55,300	65,000	81,300	1,13,800	1,46,300	1,62,500
65	HNHN000094	PHOTODYNAMIC THERAPY TO HEAD & NECK, COMPLEX	26,200	30,800	38,500	53,900	69,300	77,000
66	HNHN000097	BONE GRAFT TO FACIAL BONES	16,900	19,800	24,800	34,700	44,600	49,500
67	HNHN000100	COMPLEX FACIAL REPAIR - LARGE	23,400	27,500	34,400	48,200	61,900	68,800
68	HNHN000101	COMPLEX FACIAL REPAIR - SMALL	14,100	16,500	20,700	28,900	37,200	41,300
69	HNHN000102	FACIAL NERVE PARALYSIS - NERVE REPAIR	28,100	33,000	41,300	57,800	74,300	82,500
70	HNHN000104	FLAP DELAY	8,500	9,900	12,400	17,400	22,300	24,800
71	HNHN000105	FLAP INSET TO H&N	16,900	19,800	24,800	34,700	44,600	49,500
72	HNHN000108	FLAP, LOCAL TO HEAD & NECK REGION, LARGE	15,500	18,200	22,800	31,900	41,000	45,500
73	HNHN000109	FLAP, NOT SPECIFIED, TO HEAD AND NECK SITE, LARGE	34,000	40,000	50,000	70,000	90,000	1,00,000
74	HNHN000110	FLAP, NOT SPECIFIED, TO HEAD AND NECK SITE, SMALL	17,000	20,000	25,000	35,000	45,000	50,000
75	HNHN000111	FLAP, PEDICLED TO HEAD & NECK REGION, LARGE	42,500	50,000	62,500	87,500	1,12,500	1,25,000
76	HNHN000112	FLAP, PEDICLED TO HEAD & NECK REGION, SMALL	23,400	27,500	34,400	48,200	61,900	68,800
77	HNHN000113	ORO-ANTRAL FISTULA REPAIR, COMPLEX	23,400	27,500	34,400	48,200	61,900	68,800
78	HNHN000115	PHARYNGOESOPHAGEAL REPAIR	23,400	27,500	34,400	48,200	61,900	68,800
79	HNHN000116	REPAIR, HEAD & NECK, COMPLEX, Others	29,800	35,000	43,800	61,300	78,800	87,500
80	HNHN000122	SKIN GRAFT TO HEAD & NECK, LARGE	28,100	33,000	41,300	57,800	74,300	82,500
81	HNHN000123	SKIN GRAFT TO HEAD & NECK, MEDIUM	18,700	22,000	27,500	38,500	49,500	55,000
82	HNHN000124	SKIN GRAFT TO HEAD & NECK, SMALL	9,400	11,000	13,800	19,300	24,800	27,500
83	HNHN000125	PARAPHARYNGEAL SPACE RESECTION	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
84	HNHN000126	SKULL BASE SURGERY, APPROACH NOT OTHERS	46,800	55,000	68,800	96,300	1,23,800	1,37,500
85	HNHN000127	SKULL BASE SURGERY, CRANIOFACIAL APPROACH, ANTERIOR	46,800	55,000	68,800	96,300	1,23,800	1,37,500
86	HNHN000128	SKULL BASE SURGERY, CRANIOFACIAL APPROACH, LATERAL	51,500	60,500	75,700	1,05,900	1,36,200	1,51,300
87	HNHN000129	SKULL BASE SURGERY, RESECTION OF LESION	28,100	33,000	41,300	57,800	74,300	82,500
88	HNHN000130	TRANSMAXILLARY APPROACH TO INFRATEMPORAL FOSSA	29,000	34,100	42,700	59,700	76,800	85,300
89	HNHN000133	EXTERNAL AUDITORY CANALPLASTY/ RESECTION	18,700	22,000	27,500	38,500	49,500	55,000
90	HNHN000134	TEMPORAL BONE RESECTION, EXTENSIVE	46,800	55,000	68,800	96,300	1,23,800	1,37,500

Head & Neck Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
91	HNHN000135	TEMPORAL BONE RESECTION, LIMITED	25,500	30,000	37,500	52,500	67,500	75,000
92	HNHN000136	PARATHYROID AUTOTRANSPLANTATION	14,100	16,500	20,700	28,900	37,200	41,300
93	HNHN000137	PARATHYROIDECTOMY, FOUR GLAND EXPLORATION	46,800	55,000	68,800	96,300	1,23,800	1,37,500
94	HNHN000138	PARATHYROIDECTOMY, SINGLE	34,000	40,000	50,000	70,000	90,000	1,00,000
95	HNHN000139	THYROIDECTOMY, EXTENDED	51,500	60,500	75,700	1,05,900	1,36,200	1,51,300
96	HNHN000140	THYROIDECTOMY, HEMI	34,000	40,000	50,000	70,000	90,000	1,00,000
97	HNHN000141	THYROIDECTOMY, LOBECTOMY	18,700	22,000	27,500	38,500	49,500	55,000
98	HNHN000142	THYROIDECTOMY, REMOVAL OF SUBSTERNAL GOITRE	25,500	30,000	37,500	52,500	67,500	75,000
99	HNHN000143	THYROIDECTOMY, TOTAL	46,800	55,000	68,800	96,300	1,23,800	1,37,500
100	HNHN000144	LARYNGOTRACHEAL RECONSTRUCTION	37,400	44,000	55,000	77,000	99,000	1,10,000
101	HNHN000145	LARYNGOTRACHEOPLASTY - COMPLEX	32,800	38,500	48,200	67,400	86,700	96,300
102	HNHN000146	LARYNGOTRACHEOPLASTY - SIMPLE	18,700	22,000	27,500	38,500	49,500	55,000
103	HNHN000147	TRACHEAL RESECTION AND ANASTAMOSIS - CERVICAL	51,500	60,500	75,700	1,05,900	1,36,200	1,51,300
104	HNHN000148	TRACHEO - ESOPHAGEAL PROSTHESIS INSERTION	3,800	4,400	5,500	7,700	9,900	11,000
105	HNHN000149	TRACHEO - ESOPHAGEAL PUNCTURE	10,200	12,000	15,000	21,000	27,000	30,000
106	HNHN000210	Nerve Graft To H&N	23,400	27,500	34,400	48,200	61,900	68,800
107	HNHN000212	Dental Extraction and Socket Closure	3,400	3,900	4,900	6,900	8,800	9,800
108	HNHN000213	Dacryocystorhinostomy (During Open Surgery)	9,400	11,000	13,800	19,300	24,800	27,500
109	HNHN000214	Sinonasal Excision Simple	9,400	11,000	13,800	19,300	24,800	27,500
110	HNHN000215	Sinonasal Excision Complex	42,100	49,500	61,900	86,700	1,11,400	1,23,800
111	HNHN000216	Thyroidectomy,Partial, Transaxillary	32,800	38,500	48,200	67,400	86,700	96,300
112	HNHN000218	Oral Composite Resc, (L) Via Lip Split	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
113	HNHN000219	Infratemporal Fossa Resection	34,000	40,000	50,000	70,000	90,000	1,00,000
114	HNHN000220	Cervico Facial Resection Small	8,500	10,000	12,500	17,500	22,500	25,000
115	HNHN000223	Drainage Of Superficial Neck Abscess	7,500	8,800	11,000	15,400	19,800	22,000
116	HNHN000227	90 Degree Laryngoscopy	1,300	1,500	1,900	2,700	3,400	3,800
117	HNHN000228	Biopsy Head N Neck	5,100	6,000	7,500	10,500	13,500	15,000
118	HNHN000229	Biopsy Head N Neck Endoscopic/Microscopic	7,700	9,000	11,300	15,800	20,300	22,500
119	HNHN000230	Esophagoscopy/Hypopharyng Rigid Diag.	4,700	5,500	6,900	9,700	12,400	13,800
120	HNHN000231	Esophagoscopy/Hypopharyng Rigid Therap.	11,300	13,200	16,500	23,100	29,700	33,000

Head & Neck Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
121	HNHN000232	Fibreoptic Laryngoscopy Diagnostic	3,000	3,500	4,400	6,200	7,900	8,800
122	HNHN000233	Fibreoptic Laryngoscopy Therapeutic	7,500	8,800	11,000	15,400	19,800	22,000
123	HNHN000235	Nasal Endoscopy Diagnostic	1,200	1,400	1,800	2,500	3,200	3,500
124	HNHN000236	Panendoscopy	10,300	12,100	15,200	21,200	27,300	30,300
125	HNHN000237	Interdental Wiring	4,700	5,500	6,900	9,700	12,400	13,800
126	HNHN000238	LYMPH Node Excision Biopsy Neck Single	10,200	12,000	15,000	21,000	27,000	30,000
127	HNHN000239	Neck Mass Biopsy	12,200	14,300	17,900	25,100	32,200	35,800
128	HNHN000240	Neck Mass Excision Simple	15,000	17,600	22,000	30,800	39,600	44,000
129	HNHN000241	Oral Muscosal Excision Simple	6,600	7,700	9,700	13,500	17,400	19,300
130	HNHN000243	Flap Sectioning	10,300	12,100	15,200	21,200	27,300	30,300
131	HNHN000244	Flap Local To Head & Neck Region Small	11,300	13,200	16,500	23,100	29,700	33,000
132	HNHN000245	Repair Head & Neck Simple Not Specified	16,900	19,800	24,800	34,700	44,600	49,500
133	HNHN000246	Repair Oral Multilayer/CMPLX/Mlpl	18,700	22,000	27,500	38,500	49,500	55,000
134	HNHN000247	Repair Oral Simple	8,500	9,900	12,400	17,400	22,300	24,800
135	HNHN000248	Secondary Suturing Head & Neck Major	8,500	9,900	12,400	17,400	22,300	24,800
136	HNHN000249	Secondary Suturing Head & Neck Minor	3,800	4,400	5,500	7,700	9,900	11,000
137	HNHN000252	Tracheostomy Decanulation	1,900	2,200	2,800	3,900	5,000	5,500
138	HNHN000253	Tracheostomy Tube Change	1,300	1,500	1,900	2,700	3,400	3,800
139	HNHN000254	Tracheostomy Closure	8,500	9,900	12,400	17,400	22,300	24,800
140	HNHN000255	Tracheostomy Stenosis Repair	11,300	13,200	16,500	23,100	29,700	33,000
141	HNHN000256	Dental Extraction and Socket Closure (Multiple)	7,500	8,800	11,000	15,400	19,800	22,000
142	HNHN000257	Hemi Thyroidectomy (extended)	42,500	50,000	62,500	87,500	1,12,500	1,25,000
143	HNHN000259	PARTIAL PHARYNGECTOMY	28,100	33,000	41,300	57,800	74,300	82,500
144	HNHN000260	Bilateral Neck dissection	68,000	80,000	1,00,000	1,40,000	1,80,000	2,00,000
145	HNHN000261	TRACHEOSTOMY	14,100	16,500	20,700	28,900	37,200	41,300
146	HNHN000269	Commando Surgery	76,500	90,000	1,12,500	1,57,500	2,02,500	2,25,000
147	HNHN000270	Sub Mucous Fibrosis release	25,500	30,000	37,500	52,500	67,500	75,000
148	HNHN000280	CERVICO FACIAL RESECTION SMALL	5,800	6,800	8,500	11,900	15,300	17,000
149	HNHN000281	DRAINAGE OF CERVICOFACIAL ABSCESS SMALL	4,100	4,800	6,000	8,400	10,800	12,000
150	HNHN000282	FNAC CERVICO FACIAL REGION	1,400	1,600	2,000	2,800	3,600	4,000

Head & Neck Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
151	HNHN000283	LARYNGOSCOPY DIRECT DIAGNOSTIC	4,600	5,400	6,800	9,500	12,200	13,500
152	HNHN000284	LARYNGOSCOPY DIRECT THERAPEUTIC	9,100	10,700	13,400	18,800	24,100	26,800

Billing Policy for Open / Non - Package

- a) OT Charges, Anaesthesia Charges and Doctor Professional fee shall be charged separately
- b) Investigations, Blood Bank, Pharmacy and Consumables shall be charged separately
- c) Physiotherapy and any additional procedure shall be charged separately
- d) Cost of Implants will be charged extra
- e) Room Rent, Nursing, Dietician and Patient Diet charges shall be charged as applicable and Separately

Nephrology

			Charges in INR					
S. No	Billing code	Service Name	Gen Ward	Sharing /**	Single	Single Dlx	Super Dlx	Suite
1	NPPR000001	REGULAR DIALYSIS SINGLE	-	4,250	-	-	-	-
2	NPPR000003	Isolation Dialysis	-	5,000	-	-	-	-
3	NPPR000004	EMERGENCY DIALYSIS	-	5,500	-	-	-	-
4	NPPR000005	PORTABLE DIALYSIS	-	5,500	-	-	-	-
5	NPPR000006	VIP DIALYSIS	-	5,500				
6	NPPR000007	SLEDD 8 HRS	-	9,500	-	-	-	-
7	NPPR000008	SLEDD 12 HRS	-	14,000	-	-	-	-
8	NPPR000009	FEMORAL CATHETERIZATION	4,000	4,000	-	-	-	-
9	NPPR000010	IJ CATHETERIZATION	4,700	5,500	-	-	-	-
10	NPPR000011	PERMACATH INSERTION	7,300	8,500	-	-	-	-
11	NPPR000012	CRRT monitoring charges per day	4,300	5,000	6,300	8,800	11,300	12,500
12	NPPR000013	ACUTE PD	3,900	4,500	-	-	-	-
13	NPPR000015	KIDNEY BIOPSY-NATIVE/GRAFT	8,100	9,500	11,900	16,700	21,400	23,800
14	NPPR000016	Body Composition Monitor	1,500	1,650	2,100	2,900	3,800	4,200
15	NPPR000017	CAPD Flushing	600	600	800	1,100	1,400	1,500
16	NPPR000018	CAPD Exchange	300	350	500	700	800	900
17	NPPR000020	Peritoneal equilibration test (PET) & Adequacy	1,700	2,000	2,500	3,500	4,500	5,000
18	NPPR000021	CAPD Training (Per Day)	4,300	5,000	6,300	8,800	11,300	12,500
19	NPPR000026	CRRT Initiation Charges - One Day Monitoring	16,200	19,000	-	-	-	-
20	NPPR000028	Online Hemodiafiltration 5008	-	4,750	-	-	-	-
21	NPPR000033	VIP Online Hemodiafiltration 5008	-	6,800				
22	NPPR000036	Regular Dialysis Single with EPO 4K	-	4,750	-	-	-	-
23	NPPR000037	Isolation Dialysis with EPO 4K	-	5,250	-	-	-	-
24	NPPR000038	Portable Dialysis with EPO 4K	-	5,750	-	-	-	-
25	NPPR000039	VIP Dialysis with EPO 4K	-	6,000				
26	NPPR000040	Online Hemodiafiltration 5008 with EPO 4K	-	5,250	-	-	-	-
27	NPPR000041	Regular Dialysis With F8 Dialyser with EPO 4K	-	5,250	-	-	-	-
28	NPPR000042	VIP DIALYSIS with F8 Dialyser with EPO 4K	-	6,800				

Nephrology

			Charges in INR					
S. No	Billing code	Service Name	Gen Ward	Sharing /**	Single	Single Dlx	Super Dlx	Suite
29	NPPR000044	Emergency Dialysis 5008 with EPO 4K	-	6,300	-	-	-	-
30	NPPR000045	VIP Online Hemodiafiltration 5008 with EPO 4K	-	7,200				
31	NPPR000059	Peritoneal Catheter Insertion	9,800	11,500	-	-	-	-
32	NPPR000071	USG Kidney Screening	-	900	-	-	-	-
33	NPPR000072	Non Tunnelled HD Catheter Dressing	-	900	-	-	-	-
34	NPPR000073	Tunnelled HD Catheter Dressing	-	1,300	-	-	-	-
35	NPPR000077	Online Hemodiafiltration 5008 (Premium)		5,000				
36	NPPR000078	Online Hemodiat 5008 with EPO 4K (Premium)		5,500				
37	NPPR000079	Online Hemodiafiltration 5008 (Single Room Pkg)		7,500	7,500			
38	NPPR000080	Online Hemodiafiltration 5008 with EPO 4K (Single Room Pkg)		8,000	8,000			

Neurology

S.No	Billing Code	Service Name	Charges in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
Diagnostic								
1	NUNU000012	Cold Calorie Test	2,400	2,800	3,500	4,900	6,300	7,000
2	NUNU000013	CSF Manometry (Bed Side)	5,500	6,400	8,000	11,200	14,400	16,000
3	NUNU000014	EEG Ambulatory	9,600	11,200	14,000	19,600	25,200	28,000
4	NUNU000015	EEG-routine	2,300	2,700	3,400	4,800	6,100	6,800
5	NUNU000016	EMG	3,600	4,200	5,300	7,400	9,500	10,500
6	NUNU000017	EP(BAER)	2,900	3,300	4,200	5,800	7,500	8,300
7	NUNU000018	EP(SSEP)	3,100	3,600	4,500	6,300	8,100	9,000
8	NUNU000019	EP(VER)	3,600	4,200	5,300	7,400	9,500	10,500
9	NUNU000021	Head Up Tilt Test	2,900	3,300	4,200	5,800	7,500	8,300
10	NUNU000024	NCV 2 limbs motor + sensory	4,300	5,000	6,300	8,800	11,300	12,500
11	NUNU000025	NCV 2 limbs motor + sensory+EMG	5,000	5,800	7,300	10,200	13,100	14,500
12	NUNU000026	NCV 4 limbs motor + sensory	7,600	8,900	11,200	15,600	20,100	22,300
13	NUNU000027	NCV4 limbs motor+ sensory+EMG	10,900	12,800	16,000	22,400	28,800	32,000
14	NUNU000029	PSG-CPAP titration studies	7,200	8,400	10,500	14,700	18,900	21,000
15	NUNU000031	PSG Overnight	11,500	13,500	16,900	23,700	30,400	33,800
16	NUNU000032	RNS-T	2,700	3,100	3,900	5,500	7,000	7,800
17	NUNU000034	Sympathetic Skin Response	1,700	2,000	2,500	3,500	4,500	5,000
18	NUNU000035	tap test for NPH	7,200	8,400	10,500	14,700	18,900	21,000
19	NUNU000036	VEEG(Long term)	9,400	11,000	13,800	19,300	24,800	27,500
20	NUNU000037	VEEG(Short term)	5,100	6,000	7,500	10,500	13,500	15,000
21	NUNU000042	Motor Evoked Potential (MEP) + Somato-sensory Evoked Potentials(SEP) +EMG	13,100	15,300	19,200	26,800	34,500	38,300
22	NUNU000043	MEP/ SEP + EMG	8,900	10,400	13,000	18,200	23,400	26,000
23	NUNU000044	EMG(Intra OP Neuro-physiological testing)	9,600	11,200	14,000	19,600	25,200	28,000
24	NUNU000045	Brachial Plexus Study	7,100	8,300	10,400	14,600	18,700	20,800
25	NUNU000047	Blink reflex	1,700	2,000	2,500	3,500	4,500	5,000
26	NUNU000048	Neck Venous Doppler	2,400	2,800	3,500	4,900	6,300	7,000
27	NUNU000049	Trans Cranial Doppler Monitoring	5,500	6,400	8,000	11,200	14,400	16,000
28	NUNU000050	EEG monitoring (Bedside)	4,000	4,700	5,900	8,300	10,600	11,800

Neurology

S.No	Billing Code	Service Name	Charges in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
29	NUNU000055	Video EEG Package - 3 Days (P)	37,400	44,000	55,000	77,000	99,000	1,10,000
30	NUNU000056	Video EEG Package - 5 Days (P)	54,100	63,600	79,500	1,11,300	1,43,100	1,59,000
31	NUNU000059	Motor Evoked Potential (MEP)	3,000	3,500	4,400	6,200	7,900	8,800
32	NUNU000060	Limited EMG for Botulinum Injection	1,000	1,100	1,400	2,000	2,500	2,800
33	NUNU000061	Steroid Inj. One Limb for CTS	1,200	1,400	1,800	2,500	3,200	3,500
34	NUNU000062	Steroid Inj. Two Limb for CTS	1,700	2,000	2,500	3,500	4,500	5,000
35	NUNU000063	DBS for first Programming	2,900	3,300	4,200	5,800	7,500	8,300
36	NUNU000064	DBS for Subsequent Programming	1,400	1,600	2,000	2,800	3,600	4,000
37	NUNU000065	Apomorphine Trial Procedure	2,900	3,300	4,200	5,800	7,500	8,300
38	NUNU000106	NCV 1 limbs motor + sensory	2,130	2,500	3,130	4,380	5,630	6,250
Procedures								
1	NUNU000002	Baclofen Pump Refilling	1,900	2,200	2,800	3,900	5,000	5,500
2	NUNU000003	Botulinum Toxin Inj. for -Blepharospasm	4,100	4,800	6,000	8,400	10,800	12,000
3	NUNU000004	Botulinum Toxin Inj. for -Cervical Dystonia	4,700	5,500	6,900	9,700	12,400	13,800
4	NUNU000005	Botulinum Toxin Inj. for -Dystonia (each Site)	2,300	2,600	3,300	4,600	5,900	6,500
5	NUNU000006	Botulinum Toxin Inj. for -Headache	5,800	6,800	8,500	11,900	15,300	17,000
6	NUNU000007	Botulinum Toxin Inj. for -Hemefacial spasm	4,100	4,800	6,000	8,400	10,800	12,000
7	NUNU000008	Botulinum Injection for Spasmodic Dysphonia/Sialorrhoe/ Post Herpetic Neuralgia	5,100	6,000	7,500	10,500	13,500	15,000
8	NUNU000009	Botulinum Toxin Inj. for -Spasticity (each Site)	5,800	6,800	8,500	11,900	15,300	17,000
9	NUNU000011	Botulinum Toxin Inj. for -Writer's Cramp (EMG guided)	8,000	9,300	11,700	16,300	21,000	23,300
10	NUNU000020	Epley manoeuvre	2,300	2,700	3,400	4,800	6,100	6,800
11	NUNU000022	Lumbar Puncture (Neurology)	3,900	4,500	5,700	7,900	10,200	11,300
12	NUNU000023	Muscle Biopsy	3,100	3,600	4,500	6,300	8,100	9,000
13	NUNU000028	Nerve Biopsy	3,100	3,600	4,500	6,300	8,100	9,000
14	NUNU000046	Intravenous Thrombolysis	9,900	11,600	14,500	20,300	26,100	29,000
15	NUNU000051	Brain Suite	29,500	34,700	43,400	60,800	78,100	86,800
16	NUNU000052	Pre op MRI with Navigation	14,800	17,400	21,800	30,500	39,200	43,500
17	NUNU000053	Post op MRI	5,000	5,800	7,300	10,200	13,100	14,500

Neurology

S.No	Billing Code	Service Name	Charges in INR					
			Gen Ward	Sharing/**	Single	Single Dlx	Super Dlx	Suite
18	NUNU000054	Post op MRI V P Shunt T2 (One Image)	2,100	2,400	3,000	4,200	5,400	6,000
19	NUNU000057	Surgical Navigation	9,400	11,000	13,800	19,300	24,800	27,500
20	NUNU000058	Surgical Navigation + Multidimensional Intraoperative Imaging	23,400	27,500	34,400	48,200	61,900	68,800
21	NUNU000066	Botulinum Toxin Inj. for -Writer's Cramp	5,100	6,000	7,500	10,500	13,500	15,000
22	NUNU000067	Botulinum Toxin Inj.for-Multiple Conditions	6,800	8,000	10,000	14,000	18,000	20,000
23	NUNU000068	Botulinum Toxin Inj.for-Oromandibular Dystonia	5,100	6,000	7,500	10,500	13,500	15,000
24	NUNU000069	Psychiatry-Testing Charges		5,000				
25	NUNU000070	Psychiatry-Evaluation / Assessment Charges		3,500				
26	NUNU000071	Psychotherapy per session with Team		2,000				
27	NUNU000072	Neuro-Development Assessment		3,300				
28	NUNU000073	Neurodevelopmental and Autism Assessment		4,400				
29	NUNU000074	Neurodevelopmental and Cognitive Assessment		5,500				
30	NUNU000075	Cognitive Testing (Up to 8 Yr)		5,500				
31	NUNU000076	Cognitive Testing (Above 8 Yr)		7,700				
32	NUNU000077	Psychoeducational Assessment (Up to 8 years)		11,000				
33	NUNU000078	Psychoeducational Assessment (above 8 years)		12,100				
34	NUNU000079	Social Emotional Testing		5,500				

Billing Policy for Open / Non - Package

- a) OT Charges, Anaesthesia Charges and Doctor Professional fee shall be charged separately
- b) Investigations, Blood Bank, Pharmacy and Consumables shall be charged separately
- c) Physiotherapy and any additional procedure shall be charged separately
- d) Cost of Implants will be charged extra
- e) Room Rent, Nursing, Dietician and Patient Diet charges shall be charged as applicable and Separately

Digital Subtraction Angiography (DSA)

S.No	Billing Code	Service Name	Charges in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
1	NSDA000001	TF Epidural Nerve Block Lumbar-Single	6,100	7,100	8,900	12,500	16,000	17,800
2	NSDA000002	TF Epidural Nerve Block Lumbar-Multiple	8,700	10,200	12,800	17,900	23,000	25,500
3	NSDA000003	TF Epidural Nerve Block Cervical-Single	11,500	13,500	16,900	23,700	30,400	33,800
4	NSDA000004	TF Epidural Nerve Block Cervical-Multiple	23,000	27,000	33,800	47,300	60,800	67,500
5	NSDA000005	Facet block Single level	5,200	6,100	7,700	10,700	13,800	15,300
6	NSDA000006	Facet block Multiple	10,100	11,800	14,800	20,700	26,600	29,500
7	NSDA000007	Epidural steroidal injection	7,300	8,500	10,700	14,900	19,200	21,300
8	NSDA000008	Sacroiliac joint injection	5,200	6,100	7,700	10,700	13,800	15,300
9	NSDA000009	Greater and Lesser occipital nerve blocks	5,200	6,100	7,700	10,700	13,800	15,300
10	NSDA000011	Therapeutic pain injection	2,900	3,300	4,200	5,800	7,500	8,300
11	NSDA000012	Diagnostic Nerve Block	2,800	3,200	4,000	5,600	7,200	8,000
12	NSDA000013	Fluoro- guided Lumbar Puncture	5,800	6,800	8,500	11,900	15,300	17,000
13	NSDA000014	Check Angiogram	7,900	9,200	11,500	16,100	20,700	23,000
14	NSDA000015	DSA Cerebral	10,900	12,800	16,000	22,400	28,800	32,000
15	NSDA000016	Spinal angiography	18,200	21,300	26,700	37,300	48,000	53,300
16	NSDA000017	Intraarterial vasodilatation	19,130	22,500	28,125	39,375	50,625	56,250
17	NSDA000019	Parent vessel occlusion	46,000	54,100	67,700	94,700	1,21,800	1,35,300
18	NSDA000020	Tumour embolization simple	23,800	27,900	34,900	48,900	62,800	69,800
19	NSDA000021	Peripheral Artery Embolization	28,800	33,800	42,300	59,200	76,100	84,500
20	NSDA000022	Balloon test occlusion	37,400	44,000	55,000	77,000	99,000	1,10,000
21	NSDA000023	Intraarterial recanalisation	37,400	44,000	55,000	77,000	99,000	1,10,000
22	NSDA000024	Carotid stenting	47,700	56,100	70,200	98,200	1,26,300	1,40,300
23	NSDA000025	Tumor embolization (complex)	43,100	50,600	63,300	88,600	1,13,900	1,26,500
24	NSDA000026	Venous stenting	46,000	54,100	67,700	94,700	1,21,800	1,35,300
25	NSDA000027	Venous thrombolysis	28,900	34,000	42,500	59,500	76,500	85,000
26	NSDA000028	Cerebral AVM embolization	55,680	65,500	81,875	1,14,625	1,47,375	1,63,750
27	NSDA000029	Intracranial aneurysm embolization	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
28	NSDA000030	Intracranial angioplasty	61,300	72,100	90,200	1,26,200	1,62,300	1,80,300
29	NSDA000031	Spinal AVM embolization	76,500	90,000	1,12,500	1,57,500	2,02,500	2,25,000
30	NSDA000032	Intracranial angioplasty for vasospasm	57,800	68,000	85,000	1,19,000	1,53,000	1,70,000
31	NSDA000033	Intracranial stenting	63,600	74,800	93,500	1,30,900	1,68,300	1,87,000

Digital Subtraction Angiography (DSA)

S.No	Billing Code	Service Name	Charges in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
32	NSDA000034	Complex aneurysm embolization	75,700	89,000	1,11,300	1,55,800	2,00,300	2,22,500
33	NSDA000035	Intracranial aneurysm -two(same session)	83,300	97,900	1,22,400	1,71,400	2,20,300	2,44,800
34	NSDA000043	DSA Brain + Extra Cranial	17,850	21,000	26,250	36,750	47,250	52,500
35	NSDA000044	Femoral Artery Closure	4,460	5,250	6,563	9,188	11,813	13,125
36	NSDA000045	Dyna CT Angiography/ 3D DSA	4,460	5,250	6,563	9,188	11,813	13,125
37	NSDA000046	Mechanical Thrombectomy	70,000	82,300	1,02,900	1,44,100	1,85,200	2,05,800
38	NSDA000047	Complex AVM Embolization	76,500	90,000	1,12,500	1,57,500	2,02,500	2,25,000

Note:

1. 25% of procedure charges will be charged as anaesthesia charges.
2. 50% of the procedure will be charged as DSA lab charges.

Neurosurgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
SHUNT								
1	NSNS000002	Ommaya Reservoir placement	23,800	28,000	35,000	49,000	63,000	70,000
2	NSNS000003	V.P. Shunt / V.A. Shunt / L.P Shunt	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
3	NSNS000004	Shunt Revision	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
4	NSNS000007	SyringoPeritoneal Shunt/Syringe Subarachnoid Shunt	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
5	NSNS000008	Biventricular Shunt	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
SCALP & SKULL								
6	NSNS000010	Burr Hole Single	12,800	15,000	18,800	26,300	33,800	37,500
7	NSNS000011	Scalp Simple Hematoma/ Abscess/ Mass	23,800	28,000	35,000	49,000	63,000	70,000
8	NSNS000012	Scalp Complex Calvarial tumour/ extra cranial mass	46,800	55,000	68,800	96,300	1,23,800	1,37,500
9	NSNS000013	Burr hole Multiple	46,800	55,000	68,800	96,300	1,23,800	1,37,500
10	NSNS000016	Cranioplasty	46,800	55,000	68,800	96,300	1,23,800	1,37,500
11	NSNS000018	Bone Flap Removal	46,800	55,000	68,800	96,300	1,23,800	1,37,500
NERVES								
12	NSNS000019	Carpal Tunnel /Entrapment neuropathy decompression	23,800	28,000	35,000	49,000	63,000	70,000
13	NSNS000023	Brachial plexus injury	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
14	NSNS000024	Nerve Exploration/Neurolysis/ Nerve transposition	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
15	NSNS000025	Cable Graft & Fascicular Suture / Nerve Transplant	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
HEAD INJURY/ HAEMATOMAS								
16	NSNS000030	Craniotomy for head injury	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
17	NSNS000031	Chronic Subdural haematoma	46,800	55,000	68,800	96,300	1,23,800	1,37,500
18	NSNS000032	Depressed fracture simple	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
19	NSNS000038	Decompressive craniotomy	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
20	NSNS000040	Bilateral Craniotomy	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
21	NSNS000041	ICP Monitoring / Insertion	12,800	15,000	18,800	26,300	33,800	37,500
22	NSNS000042	Laceration Suturing Small	4,300	5,000	6,300	8,800	11,300	12,500
23	NSNS000043	Laceration Suturing Large -Avulsion	12,800	15,000	18,800	26,300	33,800	37,500
SPINE								
24	NSNS000044	Skull Traction	12,800	15,000	18,800	26,300	33,800	37,500
25	NSNS000045	Cervical/Thoracic /Spine laminectomy/discectomy/Laminotomy	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
26	NSNS000049	Lumbar Microdiscectomy/Laminectomy/Laminotomy	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500

Neurosurgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
27	NSNS000053	Spinal fusion/Fixation Anterior/ Posterior	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
28	NSNS000055	Corpectomy with Fusion	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
29	NSNS000060	Traumatic intradural haematomas (spinal)	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
30	NSNS000064	Giant spinal tumor	1,19,000	1,40,000	1,75,000	2,45,000	3,15,000	3,50,000
31	NSNS000065	Spinal tumour IDEM, Extra/Intra medullary	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
32	NSNS000066	Special Approach to Spine	1,19,000	1,40,000	1,75,000	2,45,000	3,15,000	3,50,000
33	NSNS000068	Posterior decompression ACM	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
34	NSNS000069	Transoral decompression + post. Fixation	1,19,000	1,40,000	1,75,000	2,45,000	3,15,000	3,50,000
35	NSNS000070	Transoral biopsy	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
36	NSNS000072	Spinal tumour excision with fixation	1,19,000	1,40,000	1,75,000	2,45,000	3,15,000	3,50,000
MINIMALLY INVASIVE SPINE								
37	NSNS000073	Endoport Discectomy/Foraminotomy/ Decompression	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
38	NSNS000075	Endoport intradural tumour removal	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
39	NSNS000077	Endoport Transforaminal Interbody Fusion / Corpectomy	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
40	NSNS000079	Percutaneous Pedicle Screw Placement	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
41	NSNS000080	Vertebroplasty	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
42	NSNS000081	Kyphoplasty	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
DEVELOPMENTAL								
43	NSNS000082	Repair of congenital defects	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
44	NSNS000084	Meningocele/Meningomyelocele	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
45	NSNS000085	Untethering cord	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
46	NSNS000086	Diastometamyelia/Split cord malformations	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
47	NSNS000088	Lipomeningomyelocele	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
48	NSNS000089	Meningomyecele with intradural tumour	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
49	NSNS000090	Encephalocele	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
50	NSNS000091	Encephalocele complicated	1,19,000	1,40,000	1,75,000	2,45,000	3,15,000	3,50,000
51	NSNS000092	Craniosynostosis	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
ENDOSCOPIC BRAIN & SKULL BASE								
52	NSNS000093	Endoscopic Diagnostic/Ventriculoscopy	46,800	55,000	68,800	96,300	1,23,800	1,37,500
53	NSNS000095	Endoscopic ventriculostomy/Aqueductoplasty	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
54	NSNS000099	Endoscopic brain tumor/colloid cyst biopsy/Excision	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500

Neurosurgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
55	NSNS000100	Endoscopic CSF Rhinorrhoea	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
56	NSNS000101	Endoscopic frontal/ethmoid/ Sphenoid Sinus Surgery	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
57	NSNS000104	Endoscopic optic nerve decompression	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
58	NSNS000105	Endoscopic Clival Tumour/ Odontoid removal / Complex	1,19,000	1,40,000	1,75,000	2,45,000	3,15,000	3,50,000
59	NSNS000106	Endoscopic transphenoidal	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
TUMORS AND LESIONS								
60	NSNS000110	Supratentorial Tumour Deep	1,19,000	1,40,000	1,75,000	2,45,000	3,15,000	3,50,000
61	NSNS000111	Supratentorial Tumour/Intraventricular/Abscess	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
62	NSNS000112	Posterior Fossa Tumour/Orbital Tumour	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
63	NSNS000113	Posterior fossa Tumour deep/Brain Stem Tumour	1,19,000	1,40,000	1,75,000	2,45,000	3,15,000	3,50,000
64	NSNS000116	CP Angle Tumour/Posterior third ventricular tumour	1,19,000	1,40,000	1,75,000	2,45,000	3,15,000	3,50,000
65	NSNS000118	Microscopic Transphenoidal Surgery	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
VASCULAR								
66	NSNS000123	Microvascular decompression	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
67	NSNS000125	Aneurysm simple	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
68	NSNS000126	Aneurysm Complex/Multiple	1,19,000	1,40,000	1,75,000	2,45,000	3,15,000	3,50,000
69	NSNS000127	STA MCA Bypass	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
70	NSNS000128	Artero venous malformation/ Fistula Simple	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
71	NSNS000129	Artero venous malformation complex	1,19,000	1,40,000	1,75,000	2,45,000	3,15,000	3,50,000
72	NSNS000130	Carotid endarterectomy	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
73	NSNS000131	Cerebral Revascularisation	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
SKULL BASE								
74	NSNS000132	Skull Base approaches - Simple	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
75	NSNS000133	Skull Base approaches Complex	1,19,000	1,40,000	1,75,000	2,45,000	3,15,000	3,50,000
76	NSNS000136	Far Lateral Approach	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
77	NSNS000137	Craniotomy for epilepsy / Temporal Lobectomy	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
FUNCTIONAL								
78	NSNS000140	Lesionectomy / Cingulotomy	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
79	NSNS000141	Callosotomy	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
80	NSNS000142	Hemispherectomy / Hemispherotomy	1,19,000	1,40,000	1,75,000	2,45,000	3,15,000	3,50,000
81	NSNS000143	Surgery for spasticity	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500

Neurosurgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
82	NSNS000144	Special functional procedure	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
83	NSNS000146	RF Lesioning for Trigeminal Neuralgia	23,800	28,000	35,000	49,000	63,000	70,000
STEREOTAXY								
84	NSNS000147	Stereotaxy Diagnostic / Biopsy	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
85	NSNS000148	Stereotaxy Therapeutic/Functional /Deep Brain lesioning	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
PERCUTANEOUS PAIN PROCEDURES								
86	NSNS000166	Radiofrequency Ablation	46,800	55,000	68,800	96,300	1,23,800	1,37,500
87	NSNS000170	Discography	12,800	15,000	18,800	26,300	33,800	37,500
Others								
88	NSNS000171	Lumbar Puncture	3,900	4,500	5,700	7,900	10,200	11,300
89	NSNS000178	Subdural/Cisternal/Ventricular Tap	12,800	15,000	18,800	26,300	33,800	37,500
90	NSNS000180	Nerve/Muscle Biopsy	4,300	5,000	6,300	8,800	11,300	12,500
91	NSNS000183	External Lumbar Drainage	4,300	5,000	6,300	8,800	11,300	12,500
92	NSNS000184	External Ventricular drainage	12,800	15,000	18,800	26,300	33,800	37,500
93	NSNS000185	Neurofibroma excision Superficial	23,800	28,000	35,000	49,000	63,000	70,000
94	NSNS000186	CSF Leak Repair -Secondary	12,800	15,000	18,800	26,300	33,800	37,500
95	NSNS000187	Simple Spine/Spinal Flavectomy/Spinal Synovectomy	46,800	55,000	68,800	96,300	1,23,800	1,37,500
96	NSNS000189	Simple Brain/Brain Biopsy	46,800	55,000	68,800	96,300	1,23,800	1,37,500
97	NSNS000194	Unilateral DBS (Inclusive Pacemaker)	89,300	1,05,000	1,31,300	1,83,800	2,36,300	2,62,500
98	NSNS000195	DBS Pacemaker insertion	23,800	28,000	35,000	49,000	63,000	70,000
99	NSNS000196	DBS Lead Adjustment	12,800	15,000	18,800	26,300	33,800	37,500
100	NSNS000197	DBS contralateral lead insertion	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
101	NSNS000199	Bilateral DBS (Inclusive Pacemaker)	1,19,000	1,40,000	1,75,000	2,45,000	3,15,000	3,50,000
102	NSNS000153	Nerve Block - Diagnostic	4,300	5,000	6,300	8,800	11,300	12,500
103	NSNS000154	Nerve/Ganglion Block - Therapeutic	12,800	15,000	18,800	26,300	33,800	37,500
104	NSNS000157	Joint injection peripheral	12,800	15,000	18,800	26,300	33,800	37,500
105	NSNS000164	S.I Joint /Trigger point injection - USG guided	12,800	15,000	18,800	26,300	33,800	37,500
106	NSNS000167	Intrathecal Injection - Diagnostic	4,300	5,000	6,300	8,800	11,300	12,500
107	NSNS000243	Lumbar Epidural Injection	12,800	15,000	18,800	26,300	33,800	37,500
108	NSNS000244	Cervical / Dorsal Epidural Injection	23,800	28,000	35,000	49,000	63,000	70,000
109	NSNS000245	Lumbar injection Facet Joint / Medial branch diagnostic	12,800	15,000	18,800	26,300	33,800	37,500

Neurosurgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
110	NSNS000246	Cervical injection Facet Joint /Medial branch diagnostic	12,800	15,000	18,800	26,300	33,800	37,500
111	NSNS000247	Sympathetic chain/Stellate ganglion block-Image Guided	12,800	15,000	18,800	26,300	33,800	37,500
112	NSNS000249	Celiac Plexus/Superior Hypogastric plexus Neurolysis	23,800	28,000	35,000	49,000	63,000	70,000
113	NSNS000250	Spinal cord stimulator trial	23,800	28,000	35,000	49,000	63,000	70,000
114	NSNS000251	Spinal Cord Stimulator/Intra thecal Pump	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
115	NSNS000252	Transpedicular Intervention/Biopsy	23,800	28,000	35,000	49,000	63,000	70,000
116	NSNS000265	Microscopic CSF Leak repair Primary	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
117	NSNS000266	Nerve/Muscle fibre biopsy	12,800	15,000	18,800	26,300	33,800	37,500
118	NSNS000267	ICP bolt insertion	4,300	5,000	6,300	8,800	11,300	12,500
119	NSNS000268	Intraoperative Neuro Monitoring (Doctor Interpretation charges)	12,800	15,000	18,800	26,300	33,800	37,500

Billing Policy for Open / Non - Package

- a) OT Charges, Anaesthesia Charges and Doctor Professional fee shall be charged separately
- b) Investigations, Blood Bank, Pharmacy and Consumables shall be charged separately
- c) Physiotherapy and any additional procedure shall be charged separately
- d) Cost of Implants will be charged extra
- e) Room Rent, Nursing, Dietician and Patient Diet charges shall be charged as applicable and Separately

Nuclear Medicine			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
1	NMPRO00001	Exercise /Dobutamine/Gated Myocardial Perfusion Scintigraphy	19,100	19,100
2	NMPRO00004	MUGA RN-Ventriculography (REST)	6,400	6,400
3	NMPRO00005	First-pass RN-Cardiac study (Shunt/ AVM)	7,650	7,650
4	NMPRO00007	Renal Function Study + GFR (DTPA)	6,950	6,950
5	NMPRO00008	Renal Function Study (EC)	8,700	8,700
6	NMPRO00009	Renal DMSA Study	7,650	7,650
7	NMPRO00010	Renal Transplant Study	6,400	6,400
8	NMPRO00011	Renal Captopril Study	8,950	8,950
9	NMPRO00013	Thyroid Perfusion Scan & Uptake (Tc-99m)	5,000	5,000
10	NMPRO00018	Whole Body Bone Scan (3-Phase)	6,950	6,950
11	NMPRO00019	GI-Bleed Study	7,650	7,650
12	NMPRO00020	Liver-Spleen Scan	5,150	5,150
13	NMPRO00022	Hepatobiliary (HIDA) study	7,650	7,650
14	NMPRO00023	Meckels Scan	5,250	5,250
15	NMPRO00024	Lung Perfusion Scan	7,550	7,550
16	NMPRO00026	Lung V/Q Scan	10,850	10,850
17	NMPRO00027	PET-CT Whole Body (PET+CECT)	33,000	33,000
18	NMPRO00028	PET Brain Scan	24,900	24,900
19	NMPRO00029	PET Heart for Viability/Hibernation	31,800	31,800
20	NMPRO00030	Radionuclide Venography	8,350	8,350
21	NMPRO00031	Parathyroid scanning	10,850	10,850
22	NMPRO00032	Gastric-Emptying Study	7,650	7,650
23	NMPRO00033	GE-Reflux Study	7,650	7,650
24	NMPRO00035	Lung Perfusion Scan + Ascending Radionuclide Venography	13,350	13,350
25	NMPRO00036	V/Q lung scan + Ascending Radionuclide Venography	15,650	15,650
26	NMPRO00037	PET-CT Whole body (PET+Non Contrast CT)	27,750	27,750
27	NMPRO00041	Lymphoscintigraphy	10,200	10,200
28	NMPRO00044	Radionuclide Cisternography	12,750	12,750
29	NMPRO00048	Sentinal node scanning	11,550	11,550
30	NMPRO00049	Whole Body Bone Scan (MDP-BRIT)	6,050	6,050
31	NMPRO00050	NM-CT Scan for RT Planning (without Contrast)	6,000	7,200
32	NMPRO00051	NM-CT Scan for RT Planning (with Contrast)	7,500	9,000

Nuclear Medicine			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
33	NMPR000052	Hepatic Shunt Scintigraphic Evaluation	9,850	9,850
34	NMPR000056	Brain SPECT	13,900	13,900
35	NMPR000057	Ictal Brain SPECT	14,050	14,050
36	NMPR000058	Ictal + Interictal Brain SPECT	22,900	22,900
37	NMPR000059	Dose for Brain SPECT	5,750	5,750
38	NMPR000063	DRCG Direct Radionuclide Cystourethrogrphy	10,200	10,200
39	NMPR000064	PET-CT Whole Body (PET+3-Phase CECT)	33,500	33,500
40	NMPR000065	Nitrate Augmented Rest-Redistribution Thallium Myocardial Perfusion Scintigraphy	16,500	16,500
41	NMPR000066	Testicular/ Scrotal Scintigraphy	8,350	8,350
42	NMPR000067	Intracath MAA Scintigraphy	15,300	15,300
43	NMPR000070	Gastric Distribution Study	11,450	11,450
44	NMPR000072	PET Heart for Sarcoidosis/Inflammation	31,800	31,800
45	NMPR000073	PET-CECT Whole Body for Sarcoidosis	33,000	33,000
46	NMPR000074	PET-NCCT Whole Body for Sarcoidosis	27,750	27,750
47	NMPR000075	Ga68/F18 PSMA-PET-CECT whole body	33,000	33,000
48	NMPR000076	Ga68 DOTA-PET-CECT whole body	33,000	33,000
49	NMPR000077	Ga68/F18 PSMA-PET-NCCT whole body	30,650	30,650
50	NMPR000078	Ga68 DOTA-PET-NCCT whole body	31,800	31,800
51	NMPR000079	Tc99m TRODAT Brain SPECT	40,000	40,000
52	NMPR000080	I-131 uptake & Thyroid Scan	7,500	7,500
53	NMPR000081	I-131 Whole body scan	15,000	15,000
54	NMPR000083	Radio-Iodine therapy (5mCi-10 mCi)	17,350	17,350
55	NMPR000084	Radio-Iodine Therapy (>10 mCi upto 20 mCi)	23,100	23,100
56	NMPR000085	I-131 uptake (RAIU)	4,000	4,000
57	NMPR000086	Radio-Iodine Therapy (>20mCi - 30mCi)	28,900	28,900
58	NMPR000087	Outside PET CT Review	9,250	9,250
59	NMPR000088	Samarium 153 EDTMP Therapy	40,450	40,450
60	NMPR000089	DacroScintigraphy	16,200	16,200
61	NMPR000090	TheraSphere Therapy	10,17,500	10,17,500
62	NMPR000091	TRODAT Brain SPECT + PET Brain Scan	52,600	52,600
63	NMPR000099	Lu177 PSMAThery	3,24,500	3,24,500
64	NMPR000100	Lu177 DOTATATE/DOTANOC Therapy	3,24,500	3,24,500

Nuclear Medicine			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
65	NMPR000104	F18-DOPA PET Brain	28,900	28,900
66	NMPR000105	Y-90 Therapy Nuclear Medicine Procedure	80,850	80,850
67	NMPR000107	Lutetium 177 EDTMP Therapy	40,450	40,450
68	NMPR000108	Lutetium- 177 PSMA Therapy (BRIT)	1,50,000	1,50,000
69	NMPR000109	Lutetium- 177 DOTA-TATE Therapy (BRIT) per dose	1,60,000	1,60,000
70	NMPR000111	Cardiac Tc99m Pyrophosphate Study (Cardiac PYP)	7,550	7,550
71	NMPR000114	Y90 Therasphere-4 doses	12,70,500	12,70,500
72	NMPR000118	TheraSphere Therapy - upto 3vials	13,05,700	13,05,700
73	NMPR000119	F-18 CHOLINE PET-CT SCAN (PARATHYROID)	27,500	27,500
74	NMPR000121	Ga68 CXCR4/PENTIXAFOR PET-CECT	35,000	35,000
75	NMPR000122	Ga68 CXCR4/PENTIXAFOR PET-NCCT	33,000	33,000
76	NMPR000127	F18 DOPA- PET-CECT WHOLE BODY	38,500	38,500
77	NMPR000128	F18 DOPA PET-NCCT WHOLE BODY	35,200	35,200
78	NMPR000129	Ga68 FAPI PET-CECT	35,200	35,200
79	NMPR000130	Ga68 FAPI PET-NCCT	33,000	33,000
80	NMPR000131	NCA Lutetium- 177 PSMA Therapy (BRIT) per dose	2,75,000	2,75,000
81	NMPR000132	NCA Lutetium- 177 DOTATATE Therapy (BRIT) per dose	2,75,000	2,75,000

Obstetrics and Gynaecology Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
1	OBS000001	DIAGNOSTIC LAPAROSCOPY	11,300	13,200	16,500	23,100	29,700	33,000
2	OBS000002	DIAG LAPARO+HYSTERO	13,500	15,800	19,800	27,700	35,600	39,500
3	OBS000003	DIAGNOSTIC LAPARO+HYSTERO+EB	18,800	22,100	27,700	38,700	49,800	55,300
4	OBS000004	DIAG LAP+CHROMOTUBATION	10,600	12,400	15,500	21,700	27,900	31,000
5	OBS000005	Diag Lap + Hysteroscopy + Chromopertubation + EB	26,800	31,500	39,400	55,200	70,900	78,800
6	OBS000006	DIAG LAP+CHROMO+EB	13,400	15,700	19,700	27,500	35,400	39,300
7	OBS000007	LAP TARGETED BIOPSY	9,000	10,500	13,200	18,400	23,700	26,300
8	OBS000008	LAP OVARIAN DRILLING	11,600	13,600	17,000	23,800	30,600	34,000
9	OBS000009	LAP REMOVAL OF LOST IUCD	11,700	13,700	17,200	24,000	30,900	34,300
10	OBS000010	Lap Cystectomy Simple (Cyst < 6Cm) Level-I	18,800	22,100	27,700	38,700	49,800	55,300
11	OBS000011	Lap Cystectomy Complex for Endometrioma > 6cm -10cm Level-II	28,200	33,100	41,400	58,000	74,500	82,800
12	OBS000012	LAP- OOPHRECTOMY	13,400	15,700	19,700	27,500	35,400	39,300
13	OBS000013	LAP- OOPHRECTOMY BILATERAL	17,700	20,800	26,000	36,400	46,800	52,000
14	OBS000014	LAP ASPIRATION OF CYST	8,400	9,800	12,300	17,200	22,100	24,500
15	OBS000015	Lap Salpingo-Ophorectomy	28,200	33,100	41,400	58,000	74,500	82,800
16	OBS000016	Lap Salpingectomy	18,800	22,100	27,700	38,700	49,800	55,300
17	OBS000017	LAP TUBAL CAUTERY	13,400	15,700	19,700	27,500	35,400	39,300
18	OBS000018	Lap Sterilization	11,100	13,000	16,300	22,800	29,300	32,500
19	OBS000019	Laparoscopy Surgery for Ectopic Simple	23,600	27,700	34,700	48,500	62,400	69,300
20	OBS000020	Laparoscopy Surgery for Ectopic Complex	31,300	36,800	46,000	64,400	82,800	92,000
21	OBS000021	LAP- SALPINGOSTOMY	15,000	17,600	22,000	30,800	39,600	44,000
22	OBS000022	LAP DIVISION OF FIMBRIAL ADHESIONS	11,100	13,000	16,300	22,800	29,300	32,500
23	OBS000023	LAP-FIMBRIOPLASTY	13,400	15,700	19,700	27,500	35,400	39,300
24	OBS000024	LAP TUBAL RECANALIZATION	34,000	40,000	50,000	70,000	90,000	1,00,000
25	OBS000025	Lap Surgery for Endometriosis Simple	28,200	33,100	41,400	58,000	74,500	82,800
26	OBS000027	Lap Surgery for Endometriosis Complex	37,500	44,100	55,200	77,200	99,300	1,10,300
27	OBS000028	Laparoscopic Adhesiolysis – Level-I	17,900	21,000	26,300	36,800	47,300	52,500
28	OBS000029	Laparoscopic Adhesiolysis level-II (Dense Adhesions)	22,400	26,300	32,900	46,100	59,200	65,800
29	OBS000030	Laparoscopic Myomectomy Simple level-I (Single Myoma < 5cm)	31,300	36,800	46,000	64,400	82,800	92,000
30	OBS000031	Lap Myomectomy for Myoma (5-10 cm) Level-II	40,300	47,300	59,200	82,800	1,06,500	1,18,300
31	OBS000032	LAVH	31,300	36,800	46,000	64,400	82,800	92,000
32	OBS000033	LAVH+S/O	42,500	50,000	62,500	87,500	1,12,500	1,25,000
33	OBS000034	LAVH Complex	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
34	OBS000035	LAVH+S/O-COMPLEX	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
35	OBS000036	TLH Simple level-I (Uterus size 8-10 weeks)	35,700	42,000	52,500	73,500	94,500	1,05,000
36	OBS000037	TLH Complex level-II (Uterus size 12-16 weeks)	44,700	52,500	65,700	91,900	1,18,200	1,31,300

Obstetrics and Gynaecology Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
37	OBGS000038	LAP RADICAL HYST	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
38	OBGS000041	LSH-COMPLEX	27,600	32,400	40,500	56,700	72,900	81,000
39	OBGS000042	LSH+SO-COMPLEX	31,000	36,400	45,500	63,700	81,900	91,000
40	OBGS000044	LAP VAULT SUSPENSION	33,100	38,900	48,700	68,100	87,600	97,300
41	OBGS000045	Laparoscopic Bursch Colposuspension	37,500	44,100	55,200	77,200	99,300	1,10,300
42	OBGS000046	LAP METROPLASY	35,700	42,000	52,500	73,500	94,500	1,05,000
43	OBGS000048	LAP REPAIR OF GENITAL PROLAPSE	42,500	50,000	62,500	87,500	1,12,500	1,25,000
44	OBGS000049	Hysteroscopy Diagnostic	7,000	8,200	10,300	14,400	18,500	20,500
45	OBGS000050	Hysteroscopy with EB & ECC	9,500	11,100	13,900	19,500	25,000	27,800
46	OBGS000051	Hysteroscopy, Polypectomy and multiple large Endometrial	14,200	16,600	20,800	29,100	37,400	41,500
47	OBGS000052	Hysteroscopic Synechiolysis Level-I	11,500	13,500	16,900	23,700	30,400	33,800
48	OBGS000053	Hysteroscopic Synechiolysis Level-II	17,900	21,000	26,300	36,800	47,300	52,500
49	OBGS000054	Hysteroscopic Synechiolysis Level-III	26,800	31,500	39,400	55,200	70,900	78,800
50	OBGS000055	Hysteroscopic Septum Resection – Complete	26,800	31,500	39,400	55,200	70,900	78,800
51	OBGS000056	Hysteroscopy Myomectomy Small (< 2cm Single)	22,400	26,300	32,900	46,100	59,200	65,800
52	OBGS000057	Hysteroscopy Myomectomy Large (> 2cm Multiple)	31,300	36,800	46,000	64,400	82,800	92,000
53	OBGS000058	HYSTERO FOREIGN BODY REMOVAL / IUCD	9,800	11,500	14,400	20,200	25,900	28,800
54	OBGS000059	HYSTERO-ENDOMETRIAL ABLATION	11,200	13,100	16,400	23,000	29,500	32,800
55	OBGS000060	HYSTERO-ENDOMETRIAL RESECTION /TCRE	21,600	25,400	31,800	44,500	57,200	63,500
56	OBGS000061	HYSTERO-CORNUAL CATHETERIZATION SINGLE	10,200	12,000	15,000	21,000	27,000	30,000
57	OBGS000062	HYSTERO-CORNUAL CATHETERIZATION DOUBLE	17,000	20,000	25,000	35,000	45,000	50,000
58	OBGS000063	I&D PERINEAL ABSCESS	4,300	5,000	6,300	8,800	11,300	12,500
59	OBGS000064	REPAIR PERINEAL TEAR -SIMPLE	5,700	6,600	8,300	11,600	14,900	16,500
60	OBGS000065	REPAIR OF 3RD -4TH DEGREE PERINEAL TEAR	11,200	13,100	16,400	23,000	29,500	32,800
61	OBGS000066	REPAIR PERINEAL TEAR TRAUMATIC	12,500	14,700	18,400	25,800	33,100	36,800
62	OBGS000067	I&D BARTHOLINS ABSCESS	6,000	7,000	8,800	12,300	15,800	17,500
63	OBGS000068	HYMENOTOMY	5,100	6,000	7,500	10,500	13,500	15,000
64	OBGS000069	PARTIAL REMOVAL OF HYMEN	5,400	6,300	7,900	11,100	14,200	15,800
65	OBGS000070	Bartholin Cyst Excision	11,500	13,500	16,900	23,700	30,400	33,800
66	OBGS000071	BARTHOLIN CYST MARSUPLIZATION	6,000	7,000	8,800	12,300	15,800	17,500
67	OBGS000073	ABLATE VULVA LESION-EXTENSIVE	8,000	9,300	11,700	16,300	21,000	23,300
68	OBGS000074	COLPOSCOPY - VULVA	3,300	3,800	4,800	6,700	8,600	9,500
69	OBGS000075	COLPOSCOPY - VULVA + BIOPSY	5,700	6,600	8,300	11,600	14,900	16,500
70	OBGS000078	I&D VULVO-VAGINAL HEMATOMA	6,800	7,900	9,900	13,900	17,800	19,800
71	OBGS000079	REPAIR OF VAGINA	4,600	5,400	6,800	9,500	12,200	13,500
72	OBGS000080	EXCISION OF VAGINAL SEPTUM	7,200	8,400	10,500	14,700	18,900	21,000

Obstetrics and Gynaecology Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
73	OBGS000081	REMOVAL OF VAGINAL LESION-SINGLE	3,400	4,000	5,000	7,000	9,000	10,000
74	OBGS000082	REMOVAL OF VAGINAL LESION-MULTIPLE	6,400	7,500	9,400	13,200	16,900	18,800
75	OBGS000083	COLPOSCOPY-VAGINA	3,400	4,000	5,000	7,000	9,000	10,000
76	OBGS000084	COLPOSCOPY-VAGINA+BIOPSY	5,300	6,200	7,800	10,900	14,000	15,500
77	OBGS000085	VAGINAL BIOPSY-SINGLE	3,400	4,000	5,000	7,000	9,000	10,000
78	OBGS000086	VAGINAL BIOPSY-MULTIPLE	4,600	5,400	6,800	9,500	12,200	13,500
79	OBGS000087	VAG DILATATION (GA)	2,300	2,600	3,300	4,600	5,900	6,500
80	OBGS000088	EUA	4,300	5,000	6,300	8,800	11,300	12,500
81	OBGS000090	COLPOTOMY + EXPLORATION	3,400	4,000	5,000	7,000	9,000	10,000
82	OBGS000091	COLPOTOMY+ DRAINAGE OF PELVIC ABSCESS	9,000	10,500	13,200	18,400	23,700	26,300
83	OBGS000093	VAGINOPLASTY WITHOUT GRAFT	22,100	26,000	32,500	45,500	58,500	65,000
84	OBGS000094	VAGINOPLASTY WITH GRAFT	26,000	30,500	38,200	53,400	68,700	76,300
85	OBGS000095	DRAINAGE OF PELVIC ABCESS (COLPOTOMY)	11,100	13,000	16,300	22,800	29,300	32,500
86	OBGS000096	RVF REPAIR -VAGINAL	21,300	25,000	31,300	43,800	56,300	62,500
87	OBGS000097	RVF REPAIR -ABDOMINAL	21,300	25,000	31,300	43,800	56,300	62,500
88	OBGS000098	CPT REPAIR	22,100	26,000	32,500	45,500	58,500	65,000
89	OBGS000099	VVF REPAIR -VAGINAL	26,000	30,500	38,200	53,400	68,700	76,300
90	OBGS000100	VVF REPAIR- VESICOVAGINAL	31,300	36,800	46,000	64,400	82,800	92,000
91	OBGS000101	THREE SWAB TEST FOR VVF	1,400	1,600	2,000	2,800	3,600	4,000
92	OBGS000102	VAGINAL B/L SALPINGECTOMY	17,500	20,500	25,700	35,900	46,200	51,300
93	OBGS000103	VAGINAL B/L SALPINGO-OPHERECTOMY	24,700	29,000	36,300	50,800	65,300	72,500
94	OBGS000104	VAGINAL OVARIAN CYSTECTOMY	18,100	21,200	26,500	37,100	47,700	53,000
95	OBGS000105	COLPOSCOPY-CERVIX	3,400	4,000	5,000	7,000	9,000	10,000
96	OBGS000106	COLPO+CX BIOPSY	5,900	6,900	8,700	12,100	15,600	17,300
97	OBGS000107	Colposcopy , ECC & Cervical Biopsy	10,200	12,000	15,000	21,000	27,000	30,000
98	OBGS000108	COLPO+ECC	5,700	6,600	8,300	11,600	14,900	16,500
99	OBGS000109	CRYOTHERAPY	3,900	4,500	5,700	7,900	10,200	11,300
100	OBGS000110	CX-BIOPSY	3,400	4,000	5,000	7,000	9,000	10,000
101	OBGS000111	ECC	4,800	5,600	7,000	9,800	12,600	14,000
102	OBGS000112	CAUTERY CERVIX	3,300	3,800	4,800	6,700	8,600	9,500
103	OBGS000113	LASER ABLATION	7,700	9,000	11,300	15,800	20,300	22,500
104	OBGS000114	TRACHELORRAPHY	10,200	12,000	15,000	21,000	27,000	30,000
105	OBGS000115	DILATATION OF CX CANAL	1,200	1,400	1,800	2,500	3,200	3,500
106	OBGS000116	LEEP	9,500	11,100	13,900	19,500	25,000	27,800
107	OBGS000117	Loop Conization	14,200	16,600	20,800	29,100	37,400	41,500
108	OBGS000118	COLD KNIFE CONIZATION	13,500	15,800	19,800	27,700	35,600	39,500

Obstetrics and Gynaecology Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
109	OBS000119	Cervix Polypectomy Small	6,700	7,800	9,800	13,700	17,600	19,500
110	OBS000120	Cervix Polypectomy Large	9,000	10,500	13,200	18,400	23,700	26,300
111	OBS000121	Endometrial Biopsy Large	4,800	5,600	7,000	9,800	12,600	14,000
112	OBS000122	D & C	6,700	7,800	9,800	13,700	17,600	19,500
113	OBS000123	FRACTIONAL CURETTAGE	8,000	9,300	11,700	16,300	21,000	23,300
114	OBS000124	ENDOMETRIAL ABLATION (thermchoice)	11,100	13,000	16,300	22,800	29,300	32,500
115	OBS000125	PYOMETRA / HEMATOMETRA DRAINAGE	9,400	11,000	13,800	19,300	24,800	27,500
116	OBS000126	Abdominal Hysterectomy simple level-I (Uterus Size < 12 weeks)	37,500	44,100	55,200	77,200	99,300	1,10,300
117	OBS000127	TAH + BSO	42,300	49,700	62,200	87,000	1,11,900	1,24,300
118	OBS000128	Abdominal Hysterectomy level-II (Uterus 12-16 weeks)	46,800	55,000	68,800	96,300	1,23,800	1,37,500
119	OBS000129	TAH + BSO High Risk	55,300	65,000	81,300	1,13,800	1,46,300	1,62,500
120	OBS000131	Open Myomectomy Level-I (Single / < 5cm)	26,800	31,500	39,400	55,200	70,900	78,800
121	OBS000132	Open Myomectomy Level-II (Single Large Fibroid Size 6-10cm)	40,300	47,300	59,200	82,800	1,06,500	1,18,300
122	OBS000133	VAGINAL MYOMECTOMY-SIMPLE	13,400	15,700	19,700	27,500	35,400	39,300
123	OBS000134	CX STUMP REMOVAL-VAGINAL	17,900	21,000	26,300	36,800	47,300	52,500
124	OBS000137	PLASTIC REPAIR OF UTERUS (METROPLASTY)	17,500	20,500	25,700	35,900	46,200	51,300
125	OBS000138	Vaginal Hystrectomy	40,300	47,300	59,200	82,800	1,06,500	1,18,300
126	OBS000139	Vaginal Hysterectomy with PFR	44,700	52,500	65,700	91,900	1,18,200	1,31,300
127	OBS000140	NON DESCENT VAGINAL HYST	31,300	36,800	46,000	64,400	82,800	92,000
128	OBS000141	Vaginal Hystrectomy with PFR Complex	56,300	66,200	82,800	1,15,900	1,49,000	1,65,500
129	OBS000142	NON DESCENT VAG HYST -COMPLEX	35,700	42,000	52,500	73,500	94,500	1,05,000
130	OBS000143	Combined AP Repair	23,600	27,700	34,700	48,500	62,400	69,300
131	OBS000144	COMBINED AP REPAIR + ENTEROCELE REPAIR	36,300	42,600	53,300	74,600	95,900	1,06,500
132	OBS000146	ENTEROCELE REPAIR-VAGINAL	9,000	10,500	13,200	18,400	23,700	26,300
133	OBS000147	ENTEROCELE REPAIR-ABDOMINAL	16,600	19,500	24,400	34,200	43,900	48,800
134	OBS000149	Cystocele Repair	14,200	16,600	20,800	29,100	37,400	41,500
135	OBS000150	RECTOCELE REPAIR	9,000	10,500	13,200	18,400	23,700	26,300
136	OBS000151	FOTHERGILLS REPAIR	27,200	32,000	40,000	56,000	72,000	80,000
137	OBS000152	REPAIR PARAVAGINAL DEFECT	15,000	17,600	22,000	30,800	39,600	44,000
138	OBS000153	REVISE SLING REPAIR	15,000	17,600	22,000	30,800	39,600	44,000
139	OBS000155	VAGINAL OPERATION FOR STRESS INCONTINENCE	13,500	15,800	19,800	27,700	35,600	39,500
140	OBS000157	COLPOPEXY-ABDOMINAL/COLPOSUSPENSION	34,000	39,900	49,900	69,900	89,800	99,800
141	OBS000158	COLPOPEXY, VAGINAL; EXTRA-PERITONEAL	19,700	23,100	28,900	40,500	52,000	57,800
142	OBS000159	COLPOPEXY, VAGINAL; INTRA-PERITONEAL	19,700	23,100	28,900	40,500	52,000	57,800
143	OBS000161	PEREYRA PROCEDURE + ANTERIOR COLPORRHAP	11,700	13,700	17,200	24,000	30,900	34,300
144	OBS000163	MINILAP TUBAL LIGATION	8,800	10,300	12,900	18,100	23,200	25,800

Obstetrics and Gynaecology Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
145	OBGS000165	PERCUTANEOUS ASPIRATION OF CYST	5,700	6,600	8,300	11,600	14,900	16,500
146	OBGS000166	Ectopic Laparotomy (Emergency)	28,200	33,100	41,400	58,000	74,500	82,800
147	OBGS000167	Open Bilateral Saplingectomy	16,500	19,400	24,300	34,000	43,700	48,500
148	OBGS000168	SALPINGOSTOMY	13,600	16,000	20,000	28,000	36,000	40,000
149	OBGS000169	Open BSO	20,200	23,700	29,700	41,500	53,400	59,300
150	OBGS000170	Open Ahesiolysis Level-I	13,400	15,700	19,700	27,500	35,400	39,300
151	OBGS000171	TUBAL RECANALISATION/TUBOPLASY (microsurgery)	26,000	30,500	38,200	53,400	68,700	76,300
152	OBGS000172	NEOSALPINGOSTOMY	17,900	21,000	26,300	36,800	47,300	52,500
153	OBGS000174	TRANSPOSITION OVARY(S)	17,900	21,000	26,300	36,800	47,300	52,500
154	OBGS000175	BIOPSY OF OVARY(S)	5,700	6,600	8,300	11,600	14,900	16,500
155	OBGS000176	WEDGE RESECTION OVARY	11,700	13,700	17,200	24,000	30,900	34,300
156	OBGS000177	OVARIAN CYSTECTOMY- U/L/OVARIOTOMY for benign	15,300	17,900	22,400	31,400	40,300	44,800
157	OBGS000187	INTERNAL PODALIC VERSION (IPV)	9,000	10,500	13,200	18,400	23,700	26,300
158	OBGS000189	CERVICAL ECNCIRCLAGE- MC DONALDS	8,800	10,300	12,900	18,100	23,200	25,800
159	OBGS000190	CERVICAL ENCIRCLAGE-SHIRODKAR	9,000	10,500	13,200	18,400	23,700	26,300
160	OBGS000192	REMOVAL OF CERCLAGE	1,200	1,400	1,800	2,500	3,200	3,500
161	OBGS000193	HYSTEROTOMY	13,500	15,800	19,800	27,700	35,600	39,500
162	OBGS000194	HYSTEROTOMY HIGH RISK	18,800	22,100	27,700	38,700	49,800	55,300
163	OBGS000195	HYSTEROTOMY FOR FAILED MEDICAL ABORTION	12,500	14,700	18,400	25,800	33,100	36,800
164	OBGS000205	OBS TOTAL HYSTERECTOMY	31,300	36,800	46,000	64,400	82,800	92,000
165	OBGS000206	REPAIR RUPTURE UTERUS	31,300	36,800	46,000	64,400	82,800	92,000
166	OBGS000207	MRP (MANNUAL REMOVAL OF PLACENTA)	5,700	6,600	8,300	11,600	14,900	16,500
167	OBGS000208	POSTPARTUM EVACUATION	5,700	6,600	8,300	11,600	14,900	16,500
168	OBGS000209	EVAC FOLLOWING DELIVERY	6,800	7,900	9,900	13,900	17,800	19,800
169	OBGS000210	MTP 1st Trimester D & E	9,000	10,500	13,200	18,400	23,700	26,300
170	OBGS000211	MTP 1st Trimester High Risk	13,500	15,800	19,800	27,700	35,600	39,500
171	OBGS000212	Incomplete Abortion D & E	6,700	7,800	9,800	13,700	17,600	19,500
172	OBGS000213	D&E FOR FAILED MEDICAL ABORTION	4,600	5,400	6,800	9,500	12,200	13,500
173	OBGS000214	D&E HIGH RISK	9,000	10,500	13,200	18,400	23,700	26,300
174	OBGS000215	MISSED ABORTION -1ST TRIM-D&E	6,800	7,900	9,900	13,900	17,800	19,800
175	OBGS000217	IUD DELIVERY-2ND TRIMESTER	9,000	10,500	13,200	18,400	23,700	26,300
176	OBGS000218	MEDICAL ABORTION -MIDTRIMESTER	11,100	13,000	16,300	22,800	29,300	32,500
177	OBGS000219	Medical Abortion Midtrimester High Risk	22,400	26,300	32,900	46,100	59,200	65,800
178	OBGS000220	H MOLE EVACUATION	11,100	13,000	16,300	22,800	29,300	32,500
179	OBGS000221	EPISIO-OR VAGINAL REPAIR	5,700	6,600	8,300	11,600	14,900	16,500
180	OBGS000223	PERINEAL TEAR REPAIR	6,800	7,900	9,900	13,900	17,800	19,800

Obstetrics and Gynaecology Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
181	OBGS000224	DRAINAGE OF VULVAL HEMATOMA	8,800	10,300	12,900	18,100	23,200	25,800
182	OBGS000225	POSTPARTUM TUBAL LIGATION(MINILAP)	8,000	9,300	11,700	16,300	21,000	23,300
183	OBGS000226	TUBAL LIGATION WITH CS(ADD-ON)	5,700	6,600	8,300	11,600	14,900	16,500
184	OBGS000227	Bilateral Tubal Ligation	17,900	21,000	26,300	36,800	47,300	52,500
185	OBGS000228	REMOVAL OF SMPL VULVAL TUMOUR	8,500	10,000	12,500	17,500	22,500	25,000
186	OBGS000229	Vulvectomy Simple Partial	17,000	20,000	25,000	35,000	45,000	50,000
187	OBGS000230	Vulvectomy Simple Complete	23,000	27,000	33,800	47,300	60,800	67,500
188	OBGS000231	VULVECTOMY RADICAL PARTIAL	22,100	26,000	32,500	45,500	58,500	65,000
189	OBGS000232	VULVECTOMY RAD PARTIAL UL LN	29,800	35,000	43,800	61,300	78,800	87,500
190	OBGS000233	Vulvectomy Radical Complete LN Bilateral	35,700	42,000	52,500	73,500	94,500	1,05,000
191	OBGS000234	Vulvectomy Radical Complete	47,000	55,200	69,000	96,600	1,24,200	1,38,000
192	OBGS000235	Vulvectomy Radical Complete LN Unilateral	55,300	65,000	81,300	1,13,800	1,46,300	1,62,500
193	OBGS000236	VULVECTOMY RADCOMPLETE+BL LN	55,300	65,000	81,300	1,13,800	1,46,300	1,62,500
194	OBGS000237	VULVECTOMY RADCOMPLETE+GR+P LN	68,000	80,000	1,00,000	1,40,000	1,80,000	2,00,000
195	OBGS000238	VAGINECTOMY PARTIAL	13,600	16,000	20,000	28,000	36,000	40,000
196	OBGS000243	RADICAL VAGINECTOMY+NODS	59,500	70,000	87,500	1,22,500	1,57,500	1,75,000
197	OBGS000245	TAHBSOLN SAMPLING	34,300	40,300	50,400	70,600	90,700	1,00,800
198	OBGS000246	Radical Hysterectomy with Pelvic Lymph Node Open	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
199	OBGS000248	RADICAL VAGINAL HYSTERECTOMY	46,800	55,000	68,800	96,300	1,23,800	1,37,500
200	OBGS000249	STAGING LAPAROTOMY	36,500	42,900	53,700	75,100	96,600	1,07,300
201	OBGS000250	RESECTION OVARIAN MALIG BSO+OMENECTOMY	34,000	40,000	50,000	70,000	90,000	1,00,000
202	OBGS000251	RESECTION OVARIAN MALIG+TAHBSO+OMENT+N	59,500	70,000	87,500	1,22,500	1,57,500	1,75,000
203	OBGS000252	RADICAL DEBULKING WITHOUT TAH	47,500	55,800	69,800	97,700	1,25,600	1,39,500
204	OBGS000253	RADICAL DEBULKING WITH TAH	54,200	63,700	79,700	1,11,500	1,43,400	1,59,300
205	OBGS000254	CA Ovary/Endometrium (Stagingtah+Bso),Plnd+Rplnd+/-Omentectomy	85,000	1,00,000	1,25,000	1,75,000	2,25,000	2,50,000
206	OBGS000255	TAH+BSO+OMENEC FOR MALIG	38,800	45,600	57,000	79,800	1,02,600	1,14,000
207	OBGS000256	RECURRENT GYN MALIG RESEC	27,600	32,400	40,500	56,700	72,900	81,000
208	OBGS000257	RECURRENT GYN MALIG+NODS	68,000	80,000	1,00,000	1,40,000	1,80,000	2,00,000
209	OBGS000258	Exploratory Laparotomy(For Cancer Pt)	32,300	38,000	47,500	66,500	85,500	95,000
210	OBGS000259	Simple Pelvic Lymph Node Dissection	17,900	21,000	26,300	36,800	47,300	52,500
211	OBGS000260	RESUTURING - BURST ABDOMEN	16,600	19,500	24,400	34,200	43,900	48,800
212	OBGS000261	RESUTURING OF ABDOMINAL WOUND	5,700	6,600	8,300	11,600	14,900	16,500
213	OBGS000263	LAPAROTOMY	18,700	22,000	27,500	38,500	49,500	55,000
214	OBGS000265	HSG (PROCEDURE CHARGES)	2,900	3,400	4,300	6,000	7,700	8,500
215	OBGS000267	ENDOMETRIAL SAMPLING (PROCEDURE CHARGES)	2,400	2,800	3,500	4,900	6,300	7,000
216	OBGS000269	IUCD REMOVAL	700	800	1,000	1,400	1,800	2,000

Obstetrics and Gynaecology Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
217	OBS000270	IUCD INSERTION	4,600	5,300	6,700	9,300	12,000	13,300
218	OBS000271	Mirena Insertion	4,600	5,300	6,700	9,300	12,000	13,300
219	OBS000274	MEDICAL MANAGEMENT OF ECTOPIC	5,700	6,600	8,300	11,600	14,900	16,500
220	OBS000281	Lap Radical Lymphadenectomy	22,100	26,000	32,500	45,500	58,500	65,000
221	OBS000282	Vaginal tag excision	5,100	6,000	7,500	10,500	13,500	15,000
222	OBS000288	MTP High Risk (POG 10-12 weeks) With Cardiac/Medical Comorbidity	17,900	21,000	26,300	36,800	47,300	52,500
223	OBS000290	Hysteroscopy for RPOC	14,200	16,600	20,800	29,100	37,400	41,500
224	OBS000291	Operative Hysteroscopy	37,500	44,100	55,200	77,200	99,300	1,10,300
225	OBS000292	Hysteroscopy, Polypectomy Single Polyp	10,800	12,600	15,800	22,100	28,400	31,500
226	OBS000293	Hysteroscopy myomectomy – (previous LSCS/> 4 cm myoma)	35,700	42,000	52,500	73,500	94,500	1,05,000
227	OBS000294	Risk reducing BSO	42,500	50,000	62,500	87,500	1,12,500	1,25,000
228	OBS000295	TLH Level-III (Uterus Size > 16 Weeks/Large Multiple Fibroids)	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
229	OBS000296	TLH for cervical fibroid/broad ligament fibroid/previous LSCS level IV	65,700	77,200	96,500	1,35,100	1,73,700	1,93,000
230	OBS000297	Lap Myomectomy for Multiple Fibroid/Fibroid > 10cm Level-III	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
231	OBS000298	Lap Myomectomy for Intraperitoneal Leiomyomatosis Level-IV	62,500	73,500	91,900	1,28,700	1,65,400	1,83,800
232	OBS000299	Laparoscopic Suspension of Vaginal Vault	18,800	22,100	27,700	38,700	49,800	55,300
233	OBS000300	Lap excision of Rudimentary Horn	35,700	42,000	52,500	73,500	94,500	1,05,000
234	OBS000301	Lap excision of Rudimentary Horn – large (>5cm)	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
235	OBS000302	Level-IV Lap Surgery For DIE/Frozen Pelvis/ Stage IV Endometriosis	56,300	66,200	82,800	1,15,900	1,49,000	1,65,500
236	OBS000303	Lap Excision of large abdomino pelvic mass/Dermoid Cyst	47,000	55,200	69,000	96,600	1,24,200	1,38,000
237	OBS000304	Open Adhesiolysis Level-II Dense Adhesions	31,300	36,800	46,000	64,400	82,800	92,000
238	OBS000305	Open Myomectomy -Multiple/>10 cm/Previous Surgery	59,500	70,000	87,500	1,22,500	1,57,500	1,75,000
239	OBS000306	Ca Endometrium Staging with Nodes Low Risk	70,400	82,800	1,03,500	1,44,900	1,86,300	2,07,000
240	OBS000307	Paraarotic Lymph node dissection	42,300	49,700	62,200	87,000	1,11,900	1,24,300
241	OBS000308	Cytoreduction for Ca Ovary	1,03,200	1,21,300	1,51,700	2,12,300	2,73,000	3,03,300
242	OBS000321	TAH -COMPLEX	49,200	57,800	72,300	1,01,200	1,30,100	1,44,500
243	OBS000325	DRAINAGE OF ABDOMINAL WALL HEMATOMA	9,000	10,500	13,200	18,400	23,700	26,300
244	OBS000328	HYSTEROSCOPY WITH END BIOPSY	7,000	8,200	10,300	14,400	18,500	20,500
245	OBS000358	Adenomyomectomy	25,500	30,000	37,500	52,500	67,500	75,000
246	OBS000359	Labiaplasty B/L	17,900	21,000	26,300	36,800	47,300	52,500
247	OBS000360	Labiaplasty U/L	9,900	11,600	14,500	20,300	26,100	29,000
248	OBS000361	Lap. Adenomyomectomy	29,800	35,000	43,800	61,300	78,800	87,500
249	OBS000362	TRANSPOSITION OVARY - B/L	34,000	40,000	50,000	70,000	90,000	1,00,000
250	OBS000363	Ovarian PRP	14,300	16,800	21,000	29,400	37,800	42,000
251	OBS000364	Hysteroscopic PRP	7,200	8,400	10,500	14,700	18,900	21,000
252	OBS000365	Large Loop Excision of Transformation Zone (LLETZ)	7,200	8,400	10,500	14,700	18,900	21,000

Obstetrics and Gynaecology Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
253	OBGS000366	Broad Ligament Hematoma Drainage	17,900	21,000	26,300	36,800	47,300	52,500
254	OBGS000370	Scar Endometriosis - Medium	17,000	20,000	25,000	35,000	45,000	50,000
255	OBGS000372	RF Ablation (Mono Chorionic Pregnancy)	17,900	21,000	26,300	36,800	47,300	52,500
256	OBGS000373	Placental Vessel Laser Photo Coagulation	26,800	31,500	39,400	55,200	70,900	78,800
257	OBGS000401	Spontaneous Expulsion of Foetus	8,500	10,000	12,500	17,500	22,500	25,000
258	OBGS000404	Labia Majora Augmentation	34,000	40,000	50,000	70,000	90,000	1,00,000
259	OBGS000405	Mons Pubis Augmentation	17,000	20,000	25,000	35,000	45,000	50,000
260	OBGS000406	Threads for Zahel List-B/L	25,500	30,000	37,500	52,500	67,500	75,000
261	OBGS000407	Threads for Zahel List-U/L	17,000	20,000	25,000	35,000	45,000	50,000
262	OBGS000408	PRP (Vaginal)	12,800	15,000	18,800	26,300	33,800	37,500
263	OBGS000409	Botox Injection (Vaginal)	12,800	15,000	18,800	26,300	33,800	37,500
264	OBGS000410	Pen neoplasty	25,500	30,000	37,500	52,500	67,500	75,000
265	OBGS000411	In Bag Morcellation	17,000	20,000	25,000	35,000	45,000	50,000
266	OBGS000412	Hysteroscopy (Complex)	12,800	15,000	18,800	26,300	33,800	37,500
267	OBGS000413	Vaginal Myomectomy Complex	21,300	25,000	31,300	43,800	56,300	62,500
268	OBGS000414	Vaginectomy Radical	42,500	50,000	62,500	87,500	1,12,500	1,25,000
269	OBGS000415	Interval Debulking with HIPEC	1,02,000	1,20,000	1,50,000	2,10,000	2,70,000	3,00,000
270	OBGS000416	Secondary Cytoreduction	42,500	50,000	62,500	87,500	1,12,500	1,25,000
271	OBGS000417	Scar Endometriosis-Large	29,800	35,000	43,800	61,300	78,800	87,500
272	OBGS000418	Lap Ovarian Transposition	29,800	35,000	43,800	61,300	78,800	87,500
273	OBGS000419	CO2 Vaginal ablation	12,800	15,000	18,800	26,300	33,800	37,500
274	OBGS000420	Sonosalpingogram under GA	3,400	4,000	5,000	7,000	9,000	10,000
Obs and Gynae Procedure								
1	OBPR000002	AMNIOCENTESIS-THERAPEUTIC (Procedure)	3,800	4,400	5,500	7,700	9,900	11,000
2	OBPR000003	I & D BARTHOLINS ABSCESS	5,000	5,800	7,300	10,200	13,100	14,500
3	OBPR000005	COLPOSCOPY - VULVA	3,300	3,800	4,800	6,700	8,600	9,500
4	OBPR000006	COLPOSCOPY - VULVA + BIOPSY	5,700	6,600	8,300	11,600	14,900	16,500
5	OBPR000007	Biopsy small Gynae	2,400	2,800	3,500	4,900	6,300	7,000
6	OBPR000009	VULVAL I&D	2,500	2,900	3,700	5,100	6,600	7,300
7	OBPR000011	COLPOSCOPY-VAGINA+BIOPSY	5,300	6,200	7,800	10,900	14,000	15,500
8	OBPR000014	Vaginal dilatation	1,200	1,300	1,700	2,300	3,000	3,300
9	OBPR000015	VAGINAL PESSARY INSERTION	1,000	1,100	1,400	2,000	2,500	2,800
10	OBPR000017	COLPO+CX BIOPSY	5,900	6,900	8,700	12,100	15,600	17,300
11	OBPR000018	COLPO+ECC+CX BIOPSY	5,200	6,100	7,700	10,700	13,800	15,300
12	OBPR000020	Cauterzation/Cryotherapy	4,600	5,300	6,700	9,300	12,000	13,300
13	OBPR000023	CAUTERY CERVIX	3,300	3,800	4,800	6,700	8,600	9,500

Obstetrics and Gynaecology Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
14	OBPR000024	CERVICAL POYPECTOMY-SMALL	3,500	4,100	5,200	7,200	9,300	10,300
15	OBPR000026	RESUTURING OF ABDOMINAL WOUND	5,700	6,600	8,300	11,600	14,900	16,500
16	OBPR000027	MIRENA INSERTION	4,600	5,300	6,700	9,300	12,000	13,300
17	OBPR000028	THREE SWAB TEST FOR VVF	1,400	1,600	2,000	2,800	3,600	4,000
18	OBPR000029	CST	600	700	900	1,300	1,600	1,800
19	OBPR000032	CTG INTERPRET+SUPERVISION (monitoring)	1,000	1,100	1,400	2,000	2,500	2,800
20	OBPR000036	IUI (single)	2,600	3,000	3,800	5,300	6,800	7,500
21	OBPR000037	IUI (2 sittings)	4,600	5,300	6,700	9,300	12,000	13,300
22	OBPR000038	PCT (postcoital test)	600	600	800	1,100	1,400	1,500
23	OBPR000042	HSG (PROCEDURE CHARGES)	3,400	4,000	5,000	7,000	9,000	10,000
24	OBPR000043	HYDROTUBATION	1,200	1,400	1,800	2,500	3,200	3,500
25	OBPR000044	ENDOMETRIAL SAMPLING (PROCEDURE CHARGES)	3,000	3,500	4,400	6,200	7,900	8,800
26	OBPR000045	Medical MTP	5,600	6,500	8,200	11,400	14,700	16,300
27	OBPR000046	IUCD REMOVAL	900	1,000	1,300	1,800	2,300	2,500
28	OBPR000047	IUCD Insertion	5,100	6,000	7,500	10,500	13,500	15,000
29	OBPR000049	PAP SMEAR SAMPLING (procedure)	600	600	800	1,100	1,400	1,500
30	OBPR000050	HPV SAMPLING (procedure)	600	600	800	1,100	1,400	1,500
31	OBPR000051	HVS SAMPLING (procedure)	600	600	800	1,100	1,400	1,500
32	OBPR000055	Vulval Biopsy-Single	3,900	4,500	5,700	7,900	10,200	11,300
33	OBPR000056	Vulval Biopsy-Multiple/Complex	4,700	5,500	6,900	9,700	12,400	13,800
34	OBPR000068	Ante Natal charge	1,000	1,100	1,400	2,000	2,500	2,800
35	OBPR000070	Birth Preparation/ Lamaze	5,400	6,300	7,900	11,100	14,200	15,800
36	OBPR000071	Prenatal Fitness/Yoga	1,000	1,100	1,400	2,000	2,500	2,800
37	OBPR000072	Prenatal Fitness/Yoga (12 Session Package)	9,000	10,500	13,200	18,400	23,700	26,300
Obs & Gyane Aesthetic Services								
1	OBTX000001	Vaginal PRP O-Shot	12,800	15,000	18,800	26,300	33,800	37,500
2	OBTX000002	Vaginal Tightening with Laser	21,300	25,000	31,300	43,800	56,300	62,500
Fetal Medicine								
1	OBFM000001	Early Pregnancy scan	-	2,500	-	-	-	-
2	OBFM000002	NT/ NB scan	-	3,600	-	-	-	-
3	OBFM000003	NT/ NB scan Twins	-	5,300	-	-	-	-
4	OBFM000004	Tiffa	-	6,100	-	-	-	-
5	OBFM000005	Tiffa Twins	-	9,200	-	-	-	-
6	OBFM000006	Fetal echocardiography	-	6,600	-	-	-	-
7	OBFM000007	Fetal echocardiography twins	-	9,900	-	-	-	-
8	OBFM000008	AFI and Doppler	-	3,100	-	-	-	-

Obstetrics and Gynaecology Surgery

S No.	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
9	OBFM000009	TVS Cervical length	-	1,700	-	-	-	-
10	OBFM000010	Obstetric Ultrasound with Doppler	-	5,500	-	-	-	-
11	OBFM000011	Obstetric Ultrasound with Doppler twins	-	8,300	-	-	-	-
12	OBFM000012	Amniocentesis	-	8,300	-	-	-	-
13	OBFM000013	Chorionic Villous sampling (CVS)	-	9,900	-	-	-	-
14	OBFM000014	Fetal Reduction	-	19,800	-	-	-	-
15	OBFM000015	Fetal intrauterine blood transfusion	-	19,800	-	-	-	-
16	OBFM000016	Fetal shunt placement	-	16,500	-	-	-	-
17	OBFM000018	Growth Scan	-	4,200	-	-	-	-
18	OBFM000019	Transvaginal Scan(Pelvis)	-	2,700	-	-	-	-
19	OBFM000020	TVS Pelvis -3 D	-	2,800	-	-	-	-
20	OBFM000021	Fetal Doppler	-	3,300	-	-	-	-
21	OBFM000022	Cordocentesis	-	11,000	-	-	-	-
22	OBFM000023	Fetal Autopsy	-	4,400	-	-	-	-
23	OBFM000024	Follicular Screening - Single	-	1,000	-	-	-	-

Billing Policy for Open / Non - Package

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Medical Oncology

S no.	Billing code	Service Name	Charges in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
1	ONMD000001	Bone Marrow Aspiration - Medical Oncology	5,100	6,000	7,500	10,500	13,500	15,000
2	ONMD000002	Bone Marrow Aspiration and Biopsy - Medical Oncology	6,800	8,000	10,000	14,000	18,000	20,000
3	ONMD000004	Chemotherapy IV push - per day	1,700	2,000	2,500	3,500	4,500	5,000
4	ONMD000005	Chemotherapy short infusion - per day	6,000	7,000	8,800	12,300	15,800	17,500
5	ONMD000006	Chemotherapy long infusion - per day	6,800	8,000	10,000	14,000	18,000	20,000
6	ONMD000007	Chemotherapy continuous infusion - per day	6,800	8,000	10,000	14,000	18,000	20,000
7	ONMD000009	High-Dose Non-Transplant - per day	8,500	10,000	12,500	17,500	22,500	25,000
8	ONMD000010	Leukemia Induction Chemotherapy - per day	6,400	7,500	9,400	13,200	16,900	18,800
9	ONMD000011	Intra-thecal chemotherapy - per day	6,000	7,000	8,800	12,300	15,800	17,500
10	ONMD000013	Chemotherapy Biological Agent Infusion - per day	8,500	10,000	12,500	17,500	22,500	25,000
11	ONMD000014	Chemotherapy Biological Agent IV Push - per day	4,300	5,000	6,300	8,800	11,300	12,500
12	ONMD000015	PICC Line Insertion - Medical Oncology	6,800	8,000	10,000	14,000	18,000	20,000
13	ONMD000016	PICC Line Repair	1,300	1,500	1,900	2,700	3,400	3,800
14	ONMD000018	Chemotherapy by Pump - per day	6,000	7,000	8,800	12,300	15,800	17,500
15	ONMD000020	Chemotherapy SC or IM Anti-Neoplastic - per day	850	950	1,200	1,700	2,150	2,400
16	ONMD000021	Chemotherapy Injection Ommaya - per day	3,400	4,000	5,000	7,000	9,000	10,000
L	ONMD000022	SC Hormonal Pellet Implantation	900	1,000	1,300	1,800	2,300	2,500
18	ONMD000023	Removal of PICC / non tunneled catheter	500	500	700	900	1,200	1,300
19	ONMD000024	Chemotherapy Protocol Charges	8,500	10,000	12,500	17,500	22,500	25,000
20	ONMD000025	Chemotherapy Planning Charges	12,800	15,000	18,800	26,300	33,800	37,500
21	ONMD000029	IV Fluids short duration - per day	1,300	1,500	1,900	2,700	3,400	3,800
22	ONMD000030	IV Fluids long duration - per day	1,700	2,000	2,500	3,500	4,500	5,000
23	ONMD000031	Chemotherapy Intra-Vesical - per day	8,500	10,000	12,500	17,500	22,500	25,000
24	ONMD000032	Chemotherapy Intra-peritoneal/Intrapleural - per day	7,700	9,000	11,300	15,800	20,300	22,500
25	ONMD000033	High-Dose Methotrexate - per day	11,900	14,000	17,500	24,500	31,500	35,000
26	ONMD000035	HDCT SCT- Autologous	93,500	1,10,000	1,37,500	1,92,500	2,47,500	2,75,000
27	ONMD000036	HDCT SCT- Allogeneic	1,70,000	2,00,000	2,50,000	3,50,000	4,50,000	5,00,000
28	ONMD000042	Chemotherapy continuous infusion more than 24 hrs upto 48 hrs	11,100	13,000	16,300	22,800	29,300	32,500
29	ONMD000045	Chemotherapy Targeted Therapy - per day	4,300	5,000	6,300	8,800	11,300	12,500
30	ONMD000046	Tumour Board Second Opinion	-	9,000	-	-	-	-
31	ONMD000047	Chemotherapy Scalp Cooling Procedure	-	8,000	-	-	-	-
32	ONMD000048	Subcutaneous HER 2 Neu directed therapy	7,700	9,000	11,300	15,800	20,300	22,500
33	ONMD000049	Partial blood exchange	13,600	16,000	20,000	28,000	36,000	40,000
34	ONMD000050	Donor lymphocyte infusion	10,200	12,000	15,000	21,000	27,000	30,000
35	ONMD000051	Chemoport Flushing	600	700	900	1,300	1,600	1,800

Medical Oncology								
S no.	Billing code	Service Name	Charges in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
36	ONMD000052	Autologous HCAR 19 (2nd Gen) NexCAR19	-	30,00,000	-	-	-	-
37	ONMD000053	Immune Effector Infusion	-	1,50,000	-	-	-	-
Oncology Surgery								
1	ONSR000001	Bone Marrow Harvest Charges	20,400	24,000	30,000	42,000	54,000	60,000

Billing Policy for Open / Non - Package

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Ophthalmology

S.No	Billing Code	Service Name	Charges in INR						
			OPD/Day Care	General	Sharing/**	Single	Single Dlx	Super Dlx	Suite
1	OMPR000001	Chalazion incision and curettage under LA - per Lid		5,000	5,000				
2	OMPR000002	DRAINAGE OF LACRIMAL ABSCESS		8,000	8,000				
3	OMPR000003	Tarsorrhaphy (One Eye)		8,500	8,500				
4	OMPR000005	Fundus photograph (with print)		1,500	1,500				
5	OMPR000007	COLOR PHOTOS (SLIDES / PRINT)		2,000	2,000				
6	OMPR000008	Scatter Laser per sitting per eye		3,500	3,500				
7	OMPR000010	Laser Suturelysis		2,500	2,500				
8	OMPR000014	YAG Iridotomy		4,000	4,000				
9	OMPR000017	EYE EXERCISE (10 SITTINGS)		1,000	1,000				
10	OMPR000018	ORTHOPTIC WORKUP		350	350				
11	OMPR000019	PARALYTIC SQUINT WORKUP		2,500	2,500				
12	OMPR000020	Automated Perimetry screening		1,500	1,500				
13	OMPR000021	Automated perimetry standard		2,500	2,500				
14	OMPR000022	Gonioscopy		650	650				
15	OMPR000023	IOL POWER CALC (Biometry)		1,500	1,500				
16	OMPR000024	INDIRECT OPHTHALMOSCOPY		350	350				
17	OMPR000034	Ultrasound (A-Scan)		1,000	1,000				
18	OMPR000037	OCT (Optical Coherence Tomography)		3,500	3,500				
19	OMPR000038	Kinetic Perimetry per eye		1,200	1,200				
20	OMPR000039	Keratometry		1,000	1,000				
21	OMPR000040	Specular microscopy		1,500	1,500				
22	OMPR000041	I Tracey		1,100	1,100				
23	OMPR000043	B scan ultrasound		1,500	1,500				
24	OMPR000046	Laser charges		5,000	5,000				
25	OMPR000047	Prophylactic Laser		15,000	15,000				
26	OMPR000048	Prophylactic Laser (1 Quadrant)		8,000	8,000				
27	OMPR000049	Botox Injection-5		6,500	6,500				
28	OMPR000050	Visual Field Analysis (Per Eye) Octopus		1,200	1,200				
29	OMPR000051	Pentacam HR		3,500	3,500				
30	OMPR000052	Fundus Fluorescein Angiography (FFA)		4,500	4,500				
31	OMPR000053	Diurnal variation		1,500	1,500				
32	OMPR000054	Synoptophore exercises (per sitting)		500	500				
33	OMPR000055	Colour Vision testing		500	500				

Ophthalmology

S.No	Billing Code	Service Name	Charges in INR						
			OPD/Day Care	General	Sharing/**	Single	Single Dlx	Super Dlx	Suite
34	OMPR000056	Neostigmine Test		5,000	5,000				
35	OMPR000057	Tensilon Test		5,000	5,000				
36	OMPR000058	Pachymetry		1,500	1,500				
37	OMPR000059	Anterior segment photograph (without print)		500	500				
38	OMPR000060	Anterior segment photograph (with Print)		1,000	1,000				
39	OMPR000061	Suture removal- ophthalmology		750	750				
40	OMPR000062	Corneal scraping		750	750				
41	OMPR000063	Corneal Foreign body removal - superficial		1,000	1,000				
42	OMPR000064	Punctual plug insertion per eye		1,500	1,500				
43	OMPR000065	Fundus photograph (without print)		500	500				
44	OMPR000066	Cryopexy		4,000	4,000				
45	OMPR000067	ICG angiography		7,500	7,500				
46	OMPR000068	Autofluoresence with colour photo		2,000	2,000				
47	OMPR000069	Posterior Subtenon (PST) Injection		1,500	1,500				
48	OMPR000070	RETINA LASER 1 Quadrant		8,000	8,000				
49	OMPR000071	RETINA LASER 2 Quadrant		11,000	11,000				
50	OMPR000072	RETINA LASER 3 Quadrant		14,000	14,000				
51	OMPR000073	RETINA LASER 4 Quadrant		17,000	17,000				
52	OMPR000075	Syringing Probing per eye		1,500	1,500				
53	OMPR000076	Len star		1,500	1,500				
54	OMPR000080	Canalicular Curettage		8,000	8,000				
55	OMPR000081	Incision & Drainage of Abscess		7,000	7,000				
56	OMPR000085	Femto LASIK (Bladeless) - One Eye	50,000	50,000	50,000				
57	OMPR000086	Femto LASIK (Bladeless) - Both Eye	90,000	90,000	90,000				
58	OMPR000087	LASIK-Basic (Both Eye)	35,000	35,000	35,000				
59	OMPR000113	Vision Test		600	600				
60	OMSU000012	CATARACT SURGERY (PHACO) WITH RAYNER IOL		25,000	25,000				
61	OMSU000013	Cataract Surgery Including single Plece Lens		30,000	30,000				
62	OMSU000014	Cataract Surgery Including IQ Lens		33,000	33,000				
63	OMSU000015	PERFORATING RUPTURE OF EACH EYE BALL		20,000	20,000				
64	OMSU000019	Intra ocular lens implantation	10,000	10,000	10,000				
65	OMSU000039	Orbital Exentration			15,000	18,750	26,250	33,750	37,500
66	OMSU000041	Intravitreal Injection (per eye)			4,000	5,000	7,000	9,000	10,000

Ophthalmology

S.No	Billing Code	Service Name	Charges in INR						
			OPD/Day Care	General	Sharing/**	Single	Single Dlx	Super Dlx	Suite
67	OMSU000067	Examination under Anaesthesia (Ophthal)		5,000	5,000				
68	OMSU000099	General Anaesthesia Charges (Ophthal)		5,000	5,000				
69	OMSU000315	Squint Surgery Simple		17,000	20,000	25,000	35,000	45,000	50,000
70	OMSU000316	Squint Surgery single muscle		12,750	15,000	18,750	26,250	33,750	37,500
71	OMSU000317	ROP Screening			2,500				

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Orthopedics Surgeries

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
1	OPAS000001	k wire fixation of finger	10,200	11,900	14,900	20,900	27,000	30,000
2	OPAS000002	ORIF mallet finger	30,100	35,300	44,200	61,800	79,500	88,500
3	OPAS000003	ORIF phalanx/metacarpal	30,100	35,300	44,200	61,800	79,500	88,500
4	OPAS000004	ORIF scaphoid	32,300	38,000	47,500	66,500	85,500	95,000
5	OPAS000005	Vascularized bone graft and ORIF for non union scaphoid	31,600	37,100	46,400	65,000	83,500	93,000
6	OPAS000006	ORIF wrist	31,600	37,100	46,400	65,000	83,500	93,000
7	OPAS000007	Closed reduction and k wire fixation for wrist	31,600	37,100	46,400	65,000	83,500	93,000
8	OPAS000008	Osteotomy of malunion of wrist	31,600	37,100	46,400	65,000	83,500	93,000
9	OPAS000010	ORIF radial head	25,300	29,700	37,200	52,000	67,000	74,500
10	OPAS000011	ORIF Coronoid	25,300	29,700	37,200	52,000	67,000	74,500
11	OPAS000012	ORIF olecranon (TBW/ PLATING)	25,500	30,000	37,500	52,500	67,500	75,000
12	OPAS000013	ORIF inter/intra condylar region of humerus	38,000	44,600	55,800	78,100	1,00,500	1,11,500
13	OPAS000015	CRIF humerus intra-medullary nailing	31,600	37,100	46,400	65,000	83,500	93,000
14	OPAS000017	Closed reduction and k wire fixation of proximal humerus	19,000	22,300	27,900	39,100	50,500	56,000
15	OPAS000019	ORIF clavicle	25,500	30,000	37,500	52,500	67,500	75,000
16	OPAS000020	ORIF glenoid /scapula	38,300	45,000	56,300	78,800	1,01,500	1,12,500
17	OPAS000021	ORIF sterno clavicular dislocation	28,400	33,400	41,800	58,500	75,500	83,500
18	OPAS000022	CR OF DISLOC-HAND&UPPER EXTREMITY-LA,IV SED/GA	12,700	14,900	18,700	26,100	34,000	37,500
19	OPAS000023	k wire fixation of toes, phalanx, metatarsals	10,200	11,900	14,900	20,900	27,000	30,000
20	OPAS000024	ORIF CALCANEUM with k wires	31,600	37,100	46,400	65,000	83,500	93,000
21	OPAS000026	ORIF talus	31,600	37,100	46,400	65,000	83,500	93,000
22	OPAS000027	ORIF Ankle	31,600	37,100	46,400	65,000	83,500	93,000
23	OPAS000028	Closed reduction and interlocking nailing of tibia	34,800	40,900	51,200	71,600	92,500	1,02,500
24	OPAS000029	ORIF tibia plating	33,100	38,900	48,700	68,100	88,000	97,500
25	OPAS000030	Debridement and external fixation of compound tibia	25,300	29,700	37,200	52,000	67,000	74,500
26	OPAS000031	ORIF tibial plateau	34,800	40,900	51,200	71,600	92,500	1,02,500
27	OPAS000032	Closed reduction and internal fixation tibial plateau	34,800	40,900	51,200	71,600	92,500	1,02,500
28	OPAS000033	ORIF femoral condyles	34,800	40,900	51,200	71,600	92,500	1,02,500
29	OPAS000034	ORIF supra condylar femur plating	34,800	40,900	51,200	71,600	92,500	1,02,500
30	OPAS000035	ORIF supra condylar femur intra-medullary nailing	34,800	40,900	51,200	71,600	92,500	1,02,500
31	OPAS000036	Closed reduction and interlocked nailing of femur	34,800	40,900	51,200	71,600	92,500	1,02,500
32	OPAS000037	Dynamization of interlocked nail	6,400	7,500	9,400	13,200	17,000	19,000
33	OPAS000038	k wire removal	3,800	4,400	5,500	7,700	10,000	11,000
34	OPAS000039	Implant removal large	12,700	14,900	18,700	26,100	34,000	37,500
35	OPAS000040	Implant removal small	9,600	11,200	14,000	19,600	25,500	28,000
36	OPAS000041	DHS/ Cannulated screw fixation for proximal femoral	25,300	29,700	37,200	52,000	67,000	74,500
37	OPAS000042	ORIF acetabulum	31,600	37,100	46,400	65,000	83,500	93,000
38	OPAS000043	CLOSED REDUCTION OF DISLOCATIONS IN HIP AND LE UNDER LA, IV SEDATION OR GA	10,200	11,900	14,900	20,900	27,000	30,000
39	OPAS000046	ORIF ilium	31,600	37,100	46,400	65,000	83,500	93,000

Orthopedics Surgeries

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
40	OPAS000048	ORIF Fracture Pubis	31,600	37,100	46,400	65,000	83,500	93,000
41	OPAS000049	Close reduction in OT(under GA)/emergency (sedation)	9,600	11,200	14,000	19,600	25,500	28,000
42	OPAS000050	Above knee / elbow POP slab /cast	9,100	10,600	13,300	18,600	24,000	26,500
43	OPAS000051	Below knee/ elbow POP slab/cast	6,400	7,500	9,400	13,200	17,000	19,000
44	OPAS000053	Tendon transfer	36,100	42,400	53,000	74,200	95,500	1,06,000
45	OPAS000054	Illizarov fixator application - osteotomy & bone grafting	34,800	40,900	51,200	71,600	92,500	1,02,500
46	OPAS000055	Skin Grafting - Small	15,900	18,600	23,300	32,600	42,000	46,500
47	OPAS000056	Skin Grafting - Large	25,300	29,700	37,200	52,000	67,000	74,500
48	OPAS000057	Myocutaneous Flap	25,300	29,700	37,200	52,000	67,000	74,500
49	OPAS000058	Arthrodesis Large Joint	28,400	33,400	41,800	58,500	75,500	83,500
50	OPAS000059	Arthrodesis Small joint	19,000	22,300	27,900	39,100	50,500	56,000
51	OPAS000060	Amputation Large Joint	22,200	26,100	32,700	45,700	59,000	65,500
52	OPAS000061	Amputation Small Joint	12,700	14,900	18,700	26,100	34,000	37,500
53	OPAS000062	Biopsy Bone and soft tissue	9,600	11,200	14,000	19,600	25,500	28,000
54	OPAS000063	CTEV - Manipulation	2,800	3,200	4,000	5,600	7,500	8,000
55	OPAS000064	CTEV - surgery	25,300	29,700	37,200	52,000	67,000	74,500
56	OPAS000065	Fasciotomy	19,000	22,300	27,900	39,100	50,500	56,000
57	OPAS000067	Dynamization	2,800	3,200	4,000	5,600	7,500	8,000
58	OPAS000069	Osteotomy - Simple	19,000	22,300	27,900	39,100	50,500	56,000
59	OPAS000070	Osteotomy - Complex	22,200	26,100	32,700	45,700	59,000	65,500
60	OPAS000071	External Fixation	12,700	14,900	18,700	26,100	34,000	37,500
61	OPAS000073	Examination under anaesthesia/MVA	1,500	1,700	2,200	3,000	4,000	4,500
62	OPAS000074	Bone Grafting Small	9,600	11,200	14,000	19,600	25,500	28,000
63	OPAS000075	Bone grafting Big	19,000	22,300	27,900	39,100	50,500	56,000
64	OPAS000079	Curettage+ Bone grafting for ABC/GCT/LYTIC lesion/OM	31,600	37,100	46,400	65,000	83,500	93,000
65	OPAS000080	Exostoses Excision	21,000	24,700	30,900	43,300	56,000	62,000
66	OPAS000081	Osteotomy Lower limb	19,000	22,300	27,900	39,100	50,500	56,000
67	OPAS000082	IAD	12,700	14,900	18,700	26,100	34,000	37,500
68	OPAS000085	Endoscopic carpel tunnel release	19,000	22,300	27,900	39,100	50,500	56,000
69	OPAS000086	Endoscopic carpel tunnel release Open release	10,200	11,900	14,900	20,900	27,000	30,000
70	OPAS000087	Nerve repair	31,600	37,100	46,400	65,000	83,500	93,000
71	OPAS000088	Cable grafting	31,600	37,100	46,400	65,000	83,500	93,000
72	OPAS000089	Acute tendon repair (single)	19,000	22,300	27,900	39,100	50,500	56,000
73	OPAS000091	Tendon Grafting (Single stage)	22,200	26,100	32,700	45,700	59,000	65,500
74	OPAS000092	Tendon Grafting 1 stage with silastic rods & pulley recons.	28,400	33,400	41,800	58,500	75,500	83,500
75	OPAS000093	Tendon Grafting 2 stage with silastic rods & pulley recons.	31,600	37,100	46,400	65,000	83,500	93,000
76	OPAS000094	Joint leveling procedure in wrist	25,300	29,700	37,200	52,000	67,000	74,500
77	OPAS000095	Revascularization Lunate using Vascularised Bone Grafting	31,600	37,100	46,400	65,000	83,500	93,000
78	OPAS000096	DRUJ stabilization procedures	31,600	37,100	46,400	65,000	83,500	93,000

Orthopedics Surgeries

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
79	OPAS000097	GCT tendon sheath	31,600	37,100	46,400	65,000	83,500	93,000
80	OPAS000098	GCT bone	31,600	37,100	46,400	65,000	83,500	93,000
81	OPAS000099	Hemangioma	31,600	37,100	46,400	65,000	83,500	93,000
82	OPAS000100	Ganglion	10,200	11,900	14,900	20,900	27,000	30,000
83	OPAS000101	Radial Club Hand	28,400	33,400	41,800	58,500	75,500	83,500
84	OPAS000102	Elbow instability-Ligamentous instability	28,400	33,400	41,800	58,500	75,500	83,500
85	OPAS000103	Cubital Tunnel Syndrome	28,400	33,400	41,800	58,500	75,500	83,500
86	OPAS000104	Radial tunnel Syndrome	28,400	33,400	41,800	58,500	75,500	83,500
87	OPAS000105	Tennis Elbow	28,400	33,400	41,800	58,500	75,500	83,500
88	OPAS000106	Golfer's Elbow	28,400	33,400	41,800	58,500	75,500	83,500
89	OPAS000107	Olecranon Brusitis	28,400	33,400	41,800	58,500	75,500	83,500
90	OPAS000108	Proximal Humeral fractures fixation	28,400	33,400	41,800	58,500	75,500	83,500
91	OPAS000121	Bipolar hemiarthroplasty	34,800	40,900	51,200	71,600	92,500	1,02,500
92	OPAS000133	Arthroscopic Capsular Release	31,600	37,100	46,400	65,000	83,500	93,000
93	OPAS000134	Arthroscopic Bankart repair	31,600	37,100	46,400	65,000	83,500	93,000
94	OPAS000141	Fracture Neck Femur (Bipolar arthroplasty/Multiple Screw Fixation)	52,700	61,900	77,400	1,08,400	1,39,500	1,55,000
95	OPAS000161	Skeletal traction application	4,600	5,300	6,700	9,300	12,000	13,500
96	OPAS000162	ORIF ilium/Pubic rami	31,600	37,100	46,400	65,000	83,500	93,000
97	OPAS000163	ORIF Acetabulum (Complex)	38,000	44,600	55,800	78,100	1,00,500	1,11,500
98	OPAS000164	ORIF Pelvis Simple	28,400	33,400	41,800	58,500	75,500	83,500
99	OPAS000165	ORIF Pelvis (Complex)	34,800	40,900	51,200	71,600	92,500	1,02,500
100	OPAS000166	Closed reduction and external fixation pelvis	19,000	22,300	27,900	39,100	50,500	56,000
101	OPAS000167	SI joint fixation (Simple)	25,300	29,700	37,200	52,000	67,000	74,500
102	OPAS000168	SI joint fixation (Complex)	31,600	37,100	46,400	65,000	83,500	93,000
103	OPAS000169	Bone grafting (Medium)	12,700	14,900	18,700	26,100	34,000	37,500
104	OPAS000170	Intra articular fragment excision	25,300	29,700	37,200	52,000	67,000	74,500
105	OPAS000171	Hip arthrotomy	19,000	22,300	27,900	39,100	50,500	56,000
106	OPAS000172	Cannulated screw fixation (Open)	23,400	27,500	34,400	48,200	62,000	69,000
107	OPAS000173	Cannulated screw fixation (Closed)	25,300	29,700	37,200	52,000	67,000	74,500
108	OPAS000174	DHS/DCS (Complex)	28,400	33,400	41,800	58,500	75,500	83,500
109	OPAS000175	PFN	31,600	37,100	46,400	65,000	83,500	93,000
110	OPAS000176	Core Decompression Hip	19,000	22,300	27,900	39,100	50,500	56,000
111	OPAS000177	ORIF Single Bone forearm LCDCP/ nail	31,600	37,100	46,400	65,000	83,500	93,000
112	OPAS000178	ORIF # single bone of forearm locking plate	31,600	37,100	46,400	65,000	83,500	93,000
113	OPAS000179	ORIF # both bone of forearm LCDCP/ nail	35,700	42,000	52,500	73,500	94,500	1,05,000
114	OPAS000180	ORIF # both bone of forearm locking plate	35,700	42,000	52,500	73,500	94,500	1,05,000
115	OPAS000181	ORIF # olecranon with locking plate	27,800	32,700	40,900	57,300	74,000	82,000
116	OPAS000182	ORIF # humerus plating LCPDP	31,600	37,100	46,400	65,000	83,500	93,000
117	OPAS000183	ORIF # humerus with locking plate	34,000	40,000	50,000	70,000	90,000	1,00,000

Orthopedics Surgeries

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
118	OPAS000184	ORIF # proximal humerus locking plate	35,400	41,600	52,000	72,800	94,000	1,04,000
119	OPAS000185	CRIF # calcaneum with K wires	28,400	33,400	41,800	58,500	75,500	83,500
120	OPAS000186	ORIF # ankle trimalleolar	34,800	40,900	51,200	71,600	92,500	1,02,500
121	OPAS000187	ORIF # tibia with locking plate	34,800	40,900	51,200	71,600	92,500	1,02,500
122	OPAS000188	Close reduction of dislocations hip and lower extremities under General Anesthesia, IV sedat	12,700	14,900	18,700	26,100	34,000	37,500
123	OPAS000189	Close reduction and fixation of sacroiliac joint disruption	28,400	33,400	41,800	58,500	75,500	83,500
124	OPAS000190	Closed reduction and external fixation of pelvic #	31,600	37,100	46,400	65,000	83,500	93,000
125	OPAS000191	ORIF # patella	30,100	35,300	44,200	61,800	79,500	88,500
126	OPAS000192	Debridement Large	19,000	22,300	27,900	39,100	50,500	56,000
127	OPAS000193	Debridement Small	9,600	11,200	14,000	19,600	25,500	28,000
128	OPAS000194	Open Reduction of dislocation	28,400	33,400	41,800	58,500	75,500	83,500
129	OPAS000195	Open reduction under GA	31,600	37,100	46,400	65,000	83,500	93,000
130	OPAS000196	Open reduction with iliac bone grafting	38,000	44,600	55,800	78,100	1,00,500	1,11,500
131	OPAS000197	Open reduction + soft tissue reconstruction	31,600	37,100	46,400	65,000	83,500	93,000
132	OPAS000198	Recurrent dislocation open stabilisation	38,300	45,000	56,300	78,800	1,01,500	1,12,500
133	OPAS000199	Bristow-Latarjet procedure	44,200	52,000	65,000	91,000	1,17,000	1,30,000
134	OPAS000200	Modified Bristow-Latarjet	44,200	52,000	65,000	91,000	1,17,000	1,30,000
135	OPAS000201	Eden-Hybinnet Procedure	44,200	52,000	65,000	91,000	1,17,000	1,30,000
136	OPAS000203	Arthroscopic Latarjet	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
137	OPAS000204	Open reduction + Osteotomy	38,000	44,600	55,800	78,100	1,00,500	1,11,500
138	OPAS000206	Arthroscopic Remplissage	31,600	37,100	46,400	65,000	83,500	93,000
139	OPAS000207	Diagnostic Arthroscopy	19,600	23,000	28,800	40,300	52,000	57,500
140	OPAS000208	Arthroscopic Sub-acromial decompressionASAD	31,600	37,100	46,400	65,000	83,500	93,000
141	OPAS000209	Arthroscopic SAD + Excision Lateral end Clavicle	38,000	44,600	55,800	78,100	1,00,500	1,11,500
142	OPAS000210	Arthroscopic repair small cuff tear	34,000	40,000	50,000	70,000	90,000	1,00,000
143	OPAS000211	Arthroscopic repair medium cuff tear	38,300	45,000	56,300	78,800	1,01,500	1,12,500
144	OPAS000212	Arthroscopic repair large cuff tear	42,500	50,000	62,500	87,500	1,12,500	1,25,000
145	OPAS000213	Arthroscopic repair massive cuff tear	46,800	55,000	68,800	96,300	1,24,000	1,37,500
146	OPAS000214	Arthroscopic SLAP repair	31,600	37,100	46,400	65,000	83,500	93,000
147	OPAS000215	Arthroscopic Ganglion cyst debridement	25,300	29,700	37,200	52,000	67,000	74,500
148	OPAS000216	Arthroscopic Suprascapular nerve release	44,200	51,900	64,900	90,900	1,17,000	1,30,000
149	OPAS000217	Arthroscopic debridement	25,500	30,000	37,500	52,500	67,500	75,000
150	OPAS000218	Arthroscopic anterior stabilisation	34,000	40,000	50,000	70,000	90,000	1,00,000
151	OPAS000219	Arthroscopic posterior stabilisation	38,300	45,000	56,300	78,800	1,01,500	1,12,500
152	OPAS000220	Arthroscopic posterior instability	34,000	40,000	50,000	70,000	90,000	1,00,000
153	OPAS000221	Open rotator cuff repair for small-medium tears	31,600	37,100	46,400	65,000	83,500	93,000
154	OPAS000222	Open repair for large and massive tears	38,000	44,600	55,800	78,100	1,00,500	1,11,500
155	OPAS000223	Open repair of cuff tears ACJ excision	31,600	37,100	46,400	65,000	83,500	93,000
156	OPAS000224	shoulder resurfacing humeral side	34,000	40,000	50,000	70,000	90,000	1,00,000

Orthopedics Surgeries

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
157	OPAS000225	total shoulder arthroplasty	44,200	51,900	64,900	90,900	1,17,000	1,30,000
158	OPAS000226	Shoulder hemiarthroplasty	38,300	45,000	56,300	78,800	1,01,500	1,12,500
159	OPAS000227	Reverse shoulder arthroplasty	44,200	51,900	64,900	90,900	1,17,000	1,30,000
160	OPAS000228	implant removal from shoulder	15,200	17,800	22,300	31,200	40,500	44,500
161	OPAS000229	Implant removal from shoulder + refixation	38,000	44,600	55,800	78,100	1,00,500	1,11,500
162	OPAS000230	Proximal humeral plate fixation simple	28,400	33,400	41,800	58,500	75,500	83,500
163	OPAS000231	Proximal humeral plate fixation complex	35,700	42,000	52,500	73,500	94,500	1,05,000
164	OPAS000232	Humeral fracture non-union	38,300	45,000	56,300	78,800	1,01,500	1,12,500
165	OPAS000233	Humeral non-union ORIF + Bone grafting	44,200	52,000	65,000	91,000	1,17,000	1,30,000
166	OPAS000234	Fracture clavicle K wire	21,300	25,000	31,300	43,800	56,500	62,500
167	OPAS000235	Fracture clavicle ORIF Complex	29,800	35,000	43,800	61,300	79,000	87,500
168	OPAS000236	Clavicle Non-union ORIF + BG	31,600	37,100	46,400	65,000	83,500	93,000
169	OPAS000237	A-C joint grade III reconstruction with plate	29,800	35,000	43,800	61,300	79,000	87,500
170	OPAS000238	A-C joint grade IV-VI reconstruction with plate	34,000	40,000	50,000	70,000	90,000	1,00,000
171	OPAS000239	A-C joint reconstruction (Weaver-Dunn)	25,500	30,000	37,500	52,500	67,500	75,000
172	OPAS000240	A-C Joint anatomic reconstruction	34,000	40,000	50,000	70,000	90,000	1,00,000
173	OPAS000241	Arthroscopic A-C joint reconstruction	41,100	48,300	60,400	84,600	1,09,000	1,21,000
174	OPAS000242	Closed reduction and plaster application for fracture	12,700	14,900	18,700	26,100	34,000	37,500
175	OPAS000243	Shoulder arthrodesis	44,200	51,900	64,900	90,900	1,17,000	1,30,000

Orthopedics Surgeries

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
176	OPAS000244	Shoulder tumour excision	38,000	44,600	55,800	78,100	1,00,500	1,11,500
177	OPAS000245	Complex shoulder reconstruction	46,800	55,000	68,800	96,300	1,24,000	1,37,500
178	OPAS000246	Scapulo-thoacic bursoscopy	27,800	32,700	40,900	57,300	74,000	82,000
179	OPAS000247	Scapular osteotomy	38,000	44,600	55,800	78,100	1,00,500	1,11,500
180	OPAS000248	Tendon transfer complex	38,000	44,600	55,800	78,100	1,00,500	1,11,500
181	OPAS000249	Rev TKR - Stg 1	34,800	40,900	51,200	71,600	92,500	1,02,500
182	OPAS000250	Debridement & Poly exchange	38,000	44,600	55,800	78,100	1,00,500	1,11,500
183	OPAS000251	Arthroscopy after TKR - joint lavage	28,400	33,400	41,800	58,500	75,500	83,500
184	OPAS000252	Joint aspiration	12,100	14,200	17,800	24,900	32,000	35,500
185	OPAS000253	Periprosthetic fracture	44,200	51,900	64,900	90,900	1,17,000	1,30,000
186	OPAS000254	Periprosthetic fracture & poly exchange	47,300	55,600	69,500	97,300	1,25,500	1,39,000
187	OPAS000255	osteotomy femur	34,800	40,900	51,200	71,600	92,500	1,02,500
188	OPAS000256	osteotomy tibia	33,100	38,900	48,700	68,100	88,000	97,500
189	OPAS000257	Fracture tibia / femur - knee	31,600	37,100	46,400	65,000	83,500	93,000
190	OPAS000258	Arthrodesis	34,800	40,900	51,200	71,600	92,500	1,02,500
191	OPAS000259	Arthrotomy (Septic Arthritis) open	22,200	26,100	32,700	45,700	59,000	65,500
192	OPAS000260	TKR after tumor resection	75,700	89,000	1,11,300	1,55,800	2,00,500	2,22,500
193	OPAS000261	Quadriceps Plasty / Repair	34,800	40,900	51,200	71,600	92,500	1,02,500
194	OPAS000262	Patella Tendon Ovulsion Re - Repair	34,800	40,900	51,200	71,600	92,500	1,02,500
195	OPAS000263	Hamstring Lengthening	25,300	29,700	37,200	52,000	67,000	74,500
196	OPAS000264	Release of contracture around the knee	25,300	29,700	37,200	52,000	67,000	74,500
197	OPAS000265	Tumours Around the - Excision, Bone grafting, Reconstruction	28,400	33,400	41,800	58,500	75,500	83,500
198	OPAS000266	Postero medial / posterolateral reconstruction	44,200	51,900	64,900	90,900	1,17,000	1,30,000
199	OPAS000267	MCL repair / reconstruction	44,200	51,900	64,900	90,900	1,17,000	1,30,000
200	OPAS000268	Patellar dislocation - lateral retinacular release & medial plication	34,800	40,900	51,200	71,600	92,500	1,02,500
201	OPAS000269	Patellar dislocation + osteotomy	38,000	44,600	55,800	78,100	1,00,500	1,11,500
202	OPAS000270	Meniscal transplant	56,800	66,800	83,500	1,16,900	1,50,500	1,67,000
203	OPAS000271	ACL Avulsion - fixator (arthroscopic open)	41,100	48,300	60,400	84,600	1,09,000	1,21,000
204	OPAS000386	PCL Avulsion - fixator (arthroscopic open)	41,100	48,300	60,400	84,600	1,09,000	1,21,000
205	OPAS000272	Osteochondral fracture - pinning	38,000	44,600	55,800	78,100	1,00,500	1,11,500
206	OPAS000273	Arthroscopic fracture reduction and percutaneous fixation	38,000	44,600	55,800	78,100	1,00,500	1,11,500
207	OPAS000274	Arthroscopic Plica Excision	19,000	22,300	27,900	39,100	50,500	56,000
208	OPAS000275	Simple Distal Radius #	30,100	35,300	44,200	61,800	79,500	88,500
209	OPAS000276	Complex Distal Radius #	31,600	37,100	46,400	65,000	83,500	93,000
210	OPAS000277	Arthroscopic Assisted Distal Radius #	38,000	44,600	55,800	78,100	1,00,500	1,11,500

Orthopedics Surgeries

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
211	OPAS000278	Arthroscopy small joints	34,800	40,900	51,200	71,600	92,500	1,02,500
212	OPAS000281	Spil Osteotomy and Interl Fixations	30,500	35,800	44,800	62,700	81,000	89,500
213	OPAS000285	Girdle Stone Arthroplasty	28,400	33,400	41,800	58,500	75,500	83,500
214	OPAS000286	Rev THR Stage 1	31,600	37,100	46,400	65,000	83,500	93,000
215	OPAS000287	ORIF Simple	15,900	18,600	23,300	32,600	42,000	46,500
216	OPAS000288	ORIF Complex	22,200	26,100	32,700	45,700	59,000	65,500
217	OPAS000289	ORIF minimally invasive	31,600	37,100	46,400	65,000	83,500	93,000
218	OPAS000290	Hand Reconstruction Simple	27,800	32,700	40,900	57,300	74,000	82,000
219	OPAS000291	Hand Reconstruction Complex	34,100	40,100	50,200	70,200	90,500	1,00,500
220	OPAS000292	Wrist Reconstruction Simple	38,000	44,600	55,800	78,100	1,00,500	1,11,500
221	OPAS000293	Wrist Reconstruction Complex	31,600	37,100	46,400	65,000	83,500	93,000
222	OPAS000294	Open Carpal Tunnel Release with median nerve neurolysis	25,300	29,700	37,200	52,000	67,000	74,500
223	OPAS000295	ECRB Release	19,000	22,300	27,900	39,100	50,500	56,000
224	OPAS000296	Tumor Excision	19,000	22,300	27,900	39,100	50,500	56,000
225	OPAS000297	Acute tendon repair (complex)	25,300	29,700	37,200	52,000	67,000	74,500
226	OPAS000303	Unilateral-Total Elbow Joint Replacement	44,200	51,900	64,900	90,900	1,17,000	1,30,000
227	OPAS000304	Total Ankle Arthroplasty	44,200	51,900	64,900	90,900	1,17,000	1,30,000
228	OPAS000305	Elbow Arthroscopic arthrolysis	40,800	48,000	60,000	84,000	1,08,000	1,20,000
229	OPAS000306	Elbow Arthrolysis soft tissue	25,300	29,700	37,200	52,000	67,000	74,500
230	OPAS000307	Elbow Arthrolysis bony block removal	34,000	40,000	50,000	70,000	90,000	1,00,000
231	OPAS000308	Elbow Complex arthrolysis	40,800	48,000	60,000	84,000	1,08,000	1,20,000
232	OPAS000310	Radial Head Replacement	31,600	37,100	46,400	65,000	83,500	93,000
233	OPAS000311	Elbow Fusion	38,000	44,600	55,800	78,100	1,00,500	1,11,500
234	OPAS000312	Complex ORIF elbow	38,000	44,600	55,800	78,100	1,00,500	1,11,500
235	OPAS000313	Elbow reconstruction simple	29,800	35,000	43,800	61,300	79,000	87,500
236	OPAS000314	Elbow reconstruction complex	38,300	45,000	56,300	78,800	1,01,500	1,12,500
237	OPAS000315	Wrist Replacement	44,200	51,900	64,900	90,900	1,17,000	1,30,000
238	OPAS000317	Wrist arthroscopy diagnostic	25,300	29,700	37,200	52,000	67,000	74,500
239	OPAS000318	Wrist arthroscopy Simple	31,600	37,100	46,400	65,000	83,500	93,000
240	OPAS000319	Wrist arthroscopy Complex	38,000	44,600	55,800	78,100	1,00,500	1,11,500
241	OPAS000320	Complex ORIF wrist	38,000	44,600	55,800	78,100	1,00,500	1,11,500
242	OPAS000321	Carpal Tunnel with neurolysis	19,000	22,300	27,900	39,100	50,500	56,000
243	OPAS000322	Finger Reconstruction simple	25,300	29,700	37,200	52,000	67,000	74,500
244	OPAS000323	Finger Reconstruction complex	31,600	37,100	46,400	65,000	83,500	93,000
245	OPAS000324	Small joint replacement one	31,600	37,100	46,400	65,000	83,500	93,000

Orthopedics Surgeries

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
246	OPAS000325	Small joint replacement two	38,000	44,600	55,800	78,100	1,00,500	1,11,500
247	OPAS000326	Small Joint replacement > 2	44,200	51,900	64,900	90,900	1,17,000	1,30,000
248	OPAS000327	Complex ORIF Hand	38,000	44,600	55,800	78,100	1,00,500	1,11,500
249	OPAS000328	Soft tissue procedure simple	6,400	7,500	9,400	13,200	17,000	19,000
250	OPAS000329	Complex soft tissue procedure	12,700	14,900	18,700	26,100	34,000	37,500
251	OPAS000330	Reconstruction bony/soft tissue	19,000	22,300	27,900	39,100	50,500	56,000
252	OPAS000331	THR for fracture neck of femur	38,000	44,600	55,800	78,100	1,00,500	1,11,500
253	OPAS000332	Toe nail excision partial	4,600	5,300	6,700	9,300	12,000	13,500
254	OPAS000333	Toe nail excision total	5,800	6,800	8,500	11,900	15,500	17,000
255	OPAS000334	Total Nail ablation	6,400	7,500	9,400	13,200	17,000	19,000
256	OPAS000335	Hammer toe/claw toe soft tissue procedure single	8,900	10,400	13,000	18,200	23,500	26,000
257	OPAS000336	Hammer toe/claw toe bony procedure single	12,100	14,200	17,800	24,900	32,000	35,500
258	OPAS000337	Hammer toe/claw toe bony procedure multiple toes	15,900	18,600	23,300	32,600	42,000	46,500
259	OPAS000338	Neil's osteotomy	10,800	12,700	15,900	22,300	29,000	32,000
260	OPAS000339	First MTP joint excision arthroplasty	22,200	26,100	32,700	45,700	59,000	65,500
261	OPAS000340	First MTP joint Arthrodesis	27,800	32,700	40,900	57,300	74,000	82,000
262	OPAS000341	Rheumatoid forefoot reconstruction	31,600	37,100	46,400	65,000	83,500	93,000
263	OPAS000342	Morton Neuroma excision	15,900	18,600	23,300	32,600	42,000	46,500
264	OPAS000343	Bunioneet excision	12,700	14,900	18,700	26,100	34,000	37,500
265	OPAS000344	Halux Valgus bunionectomy	10,200	11,900	14,900	20,900	27,000	30,000
266	OPAS000345	Halux valgus soft tissue procedure	10,200	11,900	14,900	20,900	27,000	30,000
267	OPAS000346	Halux Valgus Bismionectomy + DSTP	15,900	18,600	23,300	32,600	42,000	46,500
268	OPAS000347	Halus Valgus osteotomy	17,100	20,100	25,200	35,200	45,500	50,500
269	OPAS000348	Halux Valgus Osteotomy + DSTP+ Bunionectomy	28,400	33,400	41,800	58,500	75,500	83,500
270	OPAS000349	Plantar Plate reconstruction MTP joint	19,700	23,100	28,900	40,500	52,000	58,000
271	OPAS000350	Accessory Navicular Excision	10,800	12,700	15,900	22,300	29,000	32,000
272	OPAS000351	Accessory Navicular Excision & Kidner Procedure	15,900	18,600	23,300	32,600	42,000	46,500
273	OPAS000352	Midfoot Arthrodesis	27,800	32,700	40,900	57,300	74,000	82,000
274	OPAS000353	Hagland deformity excision	12,700	14,900	18,700	26,100	34,000	37,500
275	OPAS000354	Hagland deformity excision + FHL transfer	19,000	22,300	27,900	39,100	50,500	56,000
276	OPAS000355	Peronear Tendon Exploration / Repair	15,200	17,800	22,300	31,200	40,500	44,500
277	OPAS000356	Tibials Posterior Tendon exploration/repair	15,200	17,800	22,300	31,200	40,500	44,500
278	OPAS000357	Plantar fasciitis PRP injection	6,400	7,500	9,400	13,200	17,000	19,000
279	OPAS000358	Plantar fasciitis RF ablation	9,600	11,200	14,000	19,600	25,500	28,000
280	OPAS000359	Flat foot FDS transfer	15,200	17,800	22,300	31,200	40,500	44,500

Orthopedics Surgeries

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
281	OPAS000360	Flat foot FDS transfer + Calcaneal osteotomy	25,300	29,700	37,200	52,000	67,000	74,500
282	OPAS000361	Complex flat foot Reconstruction with multiple osteotomies	35,400	41,600	52,000	72,800	94,000	1,04,000
283	OPAS000362	Ankle Arthroscopy	22,800	26,800	33,500	46,900	60,500	67,000
284	OPAS000363	Ankle arthroscopy OCD refracture/debridement	25,300	29,700	37,200	52,000	67,000	74,500
285	OPAS000364	Ankle Arthrodesis	27,800	32,700	40,900	57,300	74,000	82,000
286	OPAS000365	Mini open ankle fusion	31,600	37,100	46,400	65,000	83,500	93,000
287	OPAS000366	Brostrum lateral ligament reconstruction	28,400	33,400	41,800	58,500	75,500	83,500
288	OPAS000367	Deltoid ligament Reconstruction	31,600	37,100	46,400	65,000	83,500	93,000
289	OPAS000368	Lateral ligament peroneal Tendon Transfer	31,600	37,100	46,400	65,000	83,500	93,000
290	OPAS000369	Pantalar Arthrodesis	38,000	44,600	55,800	78,100	1,00,500	1,11,500
291	OPAS000370	Tripple arthrodesis	31,600	37,100	46,400	65,000	83,500	93,000
292	OPAS000371	Elbow Arthroscopy	31,600	37,100	46,400	65,000	83,500	93,000
293	OPAS000372	Listranc fracture ORIF	27,800	32,700	40,900	57,300	74,000	82,000
294	OPAS000373	External fixator foot & ankle	25,300	29,700	37,200	52,000	67,000	74,500
295	OPAS000374	Pilon fracture ORIF	31,600	37,100	46,400	65,000	83,500	93,000
296	OPAS000375	Talus fracture ORIF single approach	28,400	33,400	41,800	58,500	75,500	83,500
297	OPAS000376	Talus fracture ORIF two approach	31,600	37,100	46,400	65,000	83,500	93,000
298	OPAS000380	Excision of Biopsy Cervical	12,700	14,900	18,700	26,100	34,000	37,500
299	OPAS000426	Lumbar Disc Replacement	1,14,700	1,34,900	1,68,700	2,36,100	3,04,000	3,37,500
300	OPAS000427	Lumbar Hybrid LDR	1,14,700	1,34,900	1,68,700	2,36,100	3,04,000	3,37,500
301	OPAS000428	Lumbar Hybrid ALIF	1,14,700	1,34,900	1,68,700	2,36,100	3,04,000	3,37,500
302	OPAS000429	Anterior Lumbar Interbody Fusion (ALIF) - Single Level	1,14,700	1,34,900	1,68,700	2,36,100	3,04,000	3,37,500
303	OPAS000430	Anterior Lumbar Interbody Fusion (ALIF) - Two Level	1,24,200	1,46,100	1,82,700	2,55,700	3,29,000	3,65,500
304	OPAS000431	Anterior Lumbar Interbody Fusion (ALIF) - Three Level	1,33,800	1,57,300	1,96,700	2,75,300	3,54,000	3,93,500
305	OPAS000432	Oblique Lumbar Interbody Fusion (OLIF)	1,14,700	1,34,900	1,68,700	2,36,100	3,04,000	3,37,500
306	OPAS000433	Extreme Lateral Interbody Fusion (XLIF)	1,14,700	1,34,900	1,68,700	2,36,100	3,04,000	3,37,500
307	OPAS000434	MIS 360° Fusion (ALIF+OLIF+PSF)	1,91,000	2,24,700	2,80,900	3,93,300	5,06,000	5,62,000
308	OPAS000435	Endoscopic Lumbar Decompression - Single Level	1,14,700	1,34,900	1,68,700	2,36,100	3,04,000	3,37,500
309	OPAS000436	Endoscopic Cervical Discectomy – Posterior	1,14,700	1,34,900	1,68,700	2,36,100	3,04,000	3,37,500
310	OPAS000437	Endoscopic Cervical Disc Replacement	1,14,700	1,34,900	1,68,700	2,36,100	3,04,000	3,37,500
311	OPAS000438	Endoscopic Cervical Fusion	1,14,700	1,34,900	1,68,700	2,36,100	3,04,000	3,37,500
312	OPAS000439	Endoscopic Lumbar Fusion	1,14,700	1,34,900	1,68,700	2,36,100	3,04,000	3,37,500
313	OPPS000112	ORIF Knee Fracture Arthoscopic	22,200	26,100	32,700	45,700	59,000	65,500
314	OPPS000225	Congenital Torticollis Soft tissue release unipolar-Spine	22,200	26,100	32,700	45,700	59,000	65,500
315	OPPS000227	Decompression Spine Posterior Approach/ laminectomy 1level	41,100	48,300	60,400	84,600	1,09,000	1,21,000

Orthopedics Surgeries

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
316	OPPS000228	Decompression Spine Posterior Approach/ laminectomy 2 -3 levels-Spine	44,200	51,900	64,900	90,900	1,17,000	1,30,000
317	OPPS000229	Decompression Spine Posterior Approach/ laminectomy >3 levels	54,100	63,600	79,500	1,11,300	1,43,500	1,59,000
318	OPPS000230	Decompression Spine Anterior Approach Cervical	47,300	55,600	69,500	97,300	1,25,500	1,39,000
319	OPPS000231	Decompression Spine Anterior Approach Dorsal	47,300	55,600	69,500	97,300	1,25,500	1,39,000
320	OPPS000232	Decompression Spine Anterior Approach Lumbar	50,500	59,300	74,200	1,03,800	1,33,500	1,48,500
321	OPPS000233	Decompression Spine Anterior Approach Extended	63,100	74,200	92,800	1,29,900	1,67,000	1,85,500
322	OPPS000234	ORIF Posterior Approach 1 Level-Spine	41,100	48,300	60,400	84,600	1,09,000	1,21,000
323	OPPS000235	ORIF Posterior Approach 2 Level -Spine	41,100	48,300	60,400	84,600	1,09,000	1,21,000
324	OPPS000236	ORIF Posterior Approach 3 Level -Spine	44,200	51,900	64,900	90,900	1,17,000	1,30,000
325	OPPS000237	ORIF Posterior Approach > 3 Level-Spine	50,500	59,300	74,200	1,03,800	1,33,500	1,48,500
326	OPPS000238	ORIF Anterior Approach 1 Level-Spine	38,000	44,600	55,800	78,100	1,00,500	1,11,500
327	OPPS000239	ORIF Anterior Approach 2 Level-Spine	44,200	51,900	64,900	90,900	1,17,000	1,30,000
328	OPPS000240	ORIF Anterior Approach 3 Level-Spine	47,300	55,600	69,500	97,300	1,25,500	1,39,000
329	OPPS000241	ORIF Anterior Approach > 3 Level-Spine	63,100	74,200	92,800	1,29,900	1,67,000	1,85,500
330	OPPS000242	Arthrodesis 1 Level Anterior-Spine	56,800	66,800	83,500	1,16,900	1,50,500	1,67,000
331	OPPS000243	Arthrodesis 2 Level Anterior-Spine	63,100	74,200	92,800	1,29,900	1,67,000	1,85,500
332	OPPS000244	Arthrodesis 3 Level Anterior-Spine	63,100	74,200	92,800	1,29,900	1,67,000	1,85,500
333	OPPS000245	Arthrodesis 1 Level Posterior -Spine	38,000	44,600	55,800	78,100	1,00,500	1,11,500
334	OPPS000246	Arthrodesis 2 Level Posterior-Spine	41,100	48,300	60,400	84,600	1,09,000	1,21,000
335	OPPS000247	Arthrodesis 3-4 Level Posterior-Spine	44,200	51,900	64,900	90,900	1,17,000	1,30,000
336	OPPS000248	Arthrodesis anterior + posterior -Spine	69,300	81,500	1,01,900	1,42,700	1,83,500	2,04,000
337	OPPS000249	Osteotomy Posterior approach-Spine	47,300	55,600	69,500	97,300	1,25,500	1,39,000
338	OPPS000250	Posterior element biopsy Spine	15,900	18,600	23,300	32,600	42,000	46,500
339	OPPS000251	Kyphoplasty balloon-Spine	38,000	44,600	55,800	78,100	1,00,500	1,11,500
340	OPPS000252	Vertebroplasty-Spine	25,300	29,700	37,200	52,000	67,000	74,500
341	OPPS000253	Coccyx excision Spine	28,400	33,400	41,800	58,500	75,500	83,500
342	OPPS000254	Kyphosis correction spine	50,500	59,300	74,200	1,03,800	1,33,500	1,48,500
343	OPPS000255	Scoliosis correction posterior-Spine	63,100	74,200	92,800	1,29,900	1,67,000	1,85,500
344	OPPS000256	Scoliosis correction Anterior-Spine	69,300	81,500	1,01,900	1,42,700	1,83,500	2,04,000
345	OPPS000257	Scoliosis correction Anterior + posterior-Spine	81,900	96,300	1,20,400	1,68,600	2,17,000	2,41,000
346	OPPS000261	Costoplasty rib hump-Spine	38,000	44,600	55,800	78,100	1,00,500	1,11,500
347	OPPS000263	Discectomy Microdiscectomy-Spine	38,000	44,600	55,800	78,100	1,00,500	1,11,500
348	OPPS000264	Fenestration Spine multiple levels	50,500	59,300	74,200	1,03,800	1,33,500	1,48,500
349	OPPS000265	Discectomy with Diam prosthesis-Spine	56,800	66,800	83,500	1,16,900	1,50,500	1,67,000
350	OPPS000266	Total Lumbar disc replacemernt-Spine	75,700	89,000	1,11,300	1,55,800	2,00,500	2,22,500

Orthopedics Surgeries

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
351	OPPS000267	Total Cervical disc replacemernt-Spine	75,700	89,000	1,11,300	1,55,800	2,00,500	2,22,500
352	OPPS000269	PLIF / TLIFSpine	56,800	66,800	83,500	1,16,900	1,50,500	1,67,000
353	OPPS000418	Dequervians Release-Wrist/Hand	9,600	11,200	14,000	19,600	25,500	28,000
354	OPPS000489	Dressing minor	1,600	1,800	2,300	3,200	4,500	4,500
355	OPPS000547	Biopsy Core	4,600	5,300	6,700	9,300	12,000	13,500
356	OPPS000548	Biopsy Open	6,400	7,500	9,400	13,200	17,000	19,000
357	OPPS000549	Biopsy spine transpedicular	9,600	11,200	14,000	19,600	25,500	28,000
358	OPPS000550	Biopsy excisional	12,700	14,900	18,700	26,100	34,000	37,500
359	OPPS000551	Tumour excision small	15,200	17,800	22,300	31,200	40,500	44,500
360	OPPS000552	Tumour excision small with bone graft	19,000	22,300	27,900	39,100	50,500	56,000
361	OPPS000553	Tumour excision medium	22,200	26,100	32,700	45,700	59,000	65,500
362	OPPS000554	Tumour excision with bone graft	25,300	29,700	37,200	52,000	67,000	74,500
363	OPPS000555	Tumour excision large	31,600	37,100	46,400	65,000	83,500	93,000
364	OPPS000557	Tumour excision large with reconstruction	55,500	65,200	81,500	1,14,100	1,47,000	1,63,000
365	OPPS000558	Tumour excision large with implant / growing rods	34,100	40,100	50,200	70,200	90,500	1,00,500
366	OPPS000559	Tumour excision spine	60,600	71,200	89,000	1,24,600	1,60,500	1,78,000
367	OPPS000560	Tumour excision spine with reconstruction	68,200	80,200	1,00,300	1,40,400	1,80,500	2,00,500
368	OPPS000613	Bone Graft Large Bi- Iliac Crest	19,000	22,300	27,900	39,100	50,500	56,000
369	OPPS000620	Tumour excision Complex	44,200	51,900	64,900	90,900	1,17,000	1,30,000
370	OPPS000622	TLIF 1 level with decompression	63,100	74,200	92,800	1,29,900	1,67,000	1,85,500
371	OPPS000623	Scoliosis correction complex	81,900	96,300	1,20,400	1,68,600	2,17,000	2,41,000
372	OPPS000624	Scoliosis correction extensive 1 approach	69,300	81,500	1,01,900	1,42,700	1,83,500	2,04,000
373	OPPS000625	Scoliosis correction extensive 2 approaches	81,900	96,300	1,20,400	1,68,600	2,17,000	2,41,000
374	OPPS000626	Cervical Disc replacement 1 level with decompression	75,700	89,000	1,11,300	1,55,800	2,00,500	2,22,500
375	OPPS000628	Physeal Bar Excision Simple	26,100	30,700	38,400	53,800	69,500	77,000
376	OPPS000629	Physeal Bar Excision Complex	40,600	47,700	59,700	83,500	1,07,500	1,19,500
377	OPAS-New	Open Glenoid Reconstrucion	46,800	55,000	68,800	96,300	1,23,800	1,37,500
378	OPAS-New	Arthroscopic Eden Hybinnet	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
379	OPAS-New	Reverse shoulder Arthroplasty Complex	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
380	OPAS-New	Reverse shoulder with tuberosity reconstruction	55,300	65,000	81,300	1,13,800	1,46,300	1,62,500
381	OPAS-New	Total shoulder arthroplasty complex	55,300	65,000	81,300	1,13,800	1,46,300	1,62,500
382	OPAS-New	Shoulder Hemiarthroplasty with tuberosity reconstrucion	46,800	55,000	68,800	96,300	1,23,800	1,37,500
383	OPAS-New	ORIF scaphoid Complex	55,300	65,000	81,300	1,13,800	1,46,300	1,62,500
384	OPAS-New	ORIF Olecranon Complex	34,000	40,000	50,000	70,000	90,000	1,00,000
385	OPAS-New	Calcific Tendon	38,300	45,000	56,300	78,800	1,01,300	1,12,500

Orthopedics Surgeries

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
386	OPAS-New	Arthroscopic repair massive cuff tear complex	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
387	OPAS-New	SCS Repair / Supraspinatus Repair Simple	38,300	45,000	56,300	78,800	1,01,300	1,12,500
388	OPAS-New	SCS Repair / Supraspinatus Repair Complex	46,800	55,000	68,800	96,300	1,23,800	1,37,500
389	OPAS-New	Biceps Tenodesis Simple	29,800	35,000	43,800	61,300	78,800	87,500
390	OPAS-New	Biceps Tenodesis Complex	38,300	45,000	56,300	78,800	1,01,300	1,12,500
391	OPAS-New	Reosteosynthesis Simple	42,500	50,000	62,500	87,500	1,12,500	1,25,000
392	OPAS-New	Reosteosynthesis Complex	46,800	55,000	68,800	96,300	1,23,800	1,37,500
393	OPAS-New	CC Ligament Reconstruction	34,000	40,000	50,000	70,000	90,000	1,00,000
394	OPAS-New	Corrective Osteotomy And fixation	38,300	45,000	56,300	78,800	1,01,300	1,12,500
395	OPAS-New	ORIF supracondylar simple	29,800	35,000	43,800	61,300	78,800	87,500
396	OPAS-New	ORIF supracondylar Complex	38,300	45,000	56,300	78,800	1,01,300	1,12,500
397	OPAS-New	ORIF Lateral condylar Simple	29,800	35,000	43,800	61,300	78,800	87,500
398	OPAS-New	ORIF Lateral condylar Complex	38,300	45,000	56,300	78,800	1,01,300	1,12,500
399	OPAS-New	Biceps Rerouting	21,300	25,000	31,300	43,800	56,300	62,500
400	OPAS-New	Ligament Repair	29,800	35,000	43,800	61,300	78,800	87,500
401	OPAS-New	Posterior Labral tear repair simple	34,000	40,000	50,000	70,000	90,000	1,00,000
402	OPAS-New	Posterior Labral tear repair complex	38,300	45,000	56,300	78,800	1,01,300	1,12,500
403	OPAS-New	Anterior Labral tear repair simple	34,000	40,000	50,000	70,000	90,000	1,00,000
404	OPAS-New	Anterior Labral Tear Repair Complex	38,300	45,000	56,300	78,800	1,01,300	1,12,500
405	OPAS-New	CRIF meta carpal base	15,300	18,000	22,500	31,500	40,500	45,000
406	OPAS-New	scapho-lunatic ligament repair	34,000	40,000	50,000	70,000	90,000	1,00,000
407	OPAS-New	ORIF of greater Tuberosity	38,300	45,000	56,300	78,800	1,01,300	1,12,500
408	OPAS-New	Open TFCC Repair + ECV Repair	38,300	45,000	56,300	78,800	1,01,300	1,12,500
409	OPAS-New	Revision arthroscopic Bankart Repair	46,800	55,000	68,800	96,300	1,23,800	1,37,500
410	OPAS-New	Arthroscopic/Posterior bony bankart repair	42,500	50,000	62,500	87,500	1,12,500	1,25,000
411	OPAS-New	Trapeziectomy	46,800	55,000	68,800	96,300	1,23,800	1,37,500
412	OPAS-New	Curettage Simple	21,300	25,000	31,300	43,800	56,300	62,500
413	OPAS-New	Curettage Complex	29,800	35,000	43,800	61,300	78,800	87,500
414	OPAS-New	Ulna Anterior transpositional simple	25,500	30,000	37,500	52,500	67,500	75,000
415	OPAS-New	Ulna Anterior transpositional complex	29,800	35,000	43,800	61,300	78,800	87,500
416	OPAS-New	Sequestrectomy	21,300	25,000	31,300	43,800	56,300	62,500
417	OPAS-New	Pulley A1 Release	21,300	25,000	31,300	43,800	56,300	62,500
418	OPAS-New	ORIF proximal ulna simple	25,500	30,000	37,500	52,500	67,500	75,000
419	OPAS-New	ORIF proximal ulna complex	29,800	35,000	43,800	61,300	78,800	87,500
420	OPAS-New	Loose body removal simple	17,000	20,000	25,000	35,000	45,000	50,000

Orthopedics Surgeries

S.No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
421	OPAS-New	Loose body removal complex	25,500	30,000	37,500	52,500	67,500	75,000
422	OPAS-New	Tendon Release Simple	21,300	25,000	31,300	43,800	56,300	62,500
423	OPAS-New	Tendon Release complex	29,800	35,000	43,800	61,300	78,800	87,500
424	OPAS-New	Arthroscopic Cyst decompression	29,800	35,000	43,800	61,300	78,800	87,500
425	OPAS-New	Open Arthrolysis	42,500	50,000	62,500	87,500	1,12,500	1,25,000
426	OPAS-New	Medial Patellofemoral Ligament Repair	34,000	40,000	50,000	70,000	90,000	1,00,000
427	OPAS-New	Tendo Achillies Repair	29,800	35,000	43,800	61,300	78,800	87,500

Billing Policy for Open / Non - Package

- a) OT Charges, Anaesthesia Charges and Doctor Professional fee shall be charged separately
- b) Investigations, Blood Bank, Pharmacy and Consumables shall be charged separately
- c) Physiotherapy and any additional procedure shall be charged separately
- d) Cost of Implants will be charged extra
- e) Room Rent, Nursing, Dietician and Patient Diet charges shall be charged as applicable and Separately

Radiation Oncology

S No.	Billing code	Service Name	Charges in INR
1	ONRT000001	PRRT 2D HEAD AND NECK	41,000
2	ONRT000002	PRRT 3D CRT HEAD AND NECK	51,000
3	ONRT000003	PRRT IMRT HEAD AND NECK	76,500
4	ONRT000004	PRRT 2D Breast post MRM	31,000
5	ONRT000005	PRRT 2D BREAST BCS +ELECTRONS	40,000
6	ONRT000006	PRRT 3D CRT BREAST POST MRM	50,000
7	ONRT000007	PRRT 3D CRT POST BCS +ELECTRONS	56,000
8	ONRT000008	PRRT IMRT BREAST	50,000
9	ONRT000009	PRRT 4 D BREAST TREATMENT WITH ABC	82,000
10	ONRT000010	PRRT 2D PELVIS	25,000
11	ONRT000011	PRRT 3DCRT PELVIS	50,000
12	ONRT000012	PRRT IMRT PELVIS	50,000
13	ONRT000013	PRRT SBRT	92,000
14	ONRT000014	PRRT ABC	65,000
15	ONRT000015	PRRT 2D LUNG/OESOPHAGUS	40,000
16	ONRT000016	PRRT 3D CRT LUNG/OESOPHAGUS	56,000
17	ONRT000017	PRRT IMRT LUNG/OESOPHAGUS	50,000
18	ONRT000018	PRRT 4DIGRT LUNG/LIVER/PANCREAS/GALLBLADDER	1,30,000
19	ONRT000019	PRRT 2D BRAIN TUMOURS	30,800
20	ONRT000020	PRRT 3D CRT/SRT BRAIN TUMOURS	50,000
21	ONRT000021	PRRT IMRT BRAIN TUMOURS	51,000
22	ONRT000022	PRRT STEREOTACTIC RADIOSURGERY FRAME LESS	69,850
23	ONRT000023	PRRT STEREOTACTIC RADIOSURGERY WITH FRAME	90,750
24	ONRT000024	PRRT CRANIO SPINAL IRRADIATION	80,000
25	ONRT000025	PRRT GERMAN HELMET	36,000
26	ONRT000026	PRRT PALLIATIVE 5FRACTIONS WITH SIMULATION	11,000
27	ONRT000027	PRRT PALLIATIVE 10FRACTIONS WITH SIMULATION	11,000
28	ONRT000028	PRRT PALLIATIVE MULTIPLE SITES ON ONE DAY	13,750
29	ONRT000029	PRRT 2D ABDOMINAL/RETROPERITONEAL IRRADIATION	30,800

Radiation Oncology

S No.	Billing code	Service Name	Charges in INR
30	ONRT000030	PRRT 3DCRT/ABDOMINAL/RETOPERITONEAL IRRADIATION	38,500
31	ONRT000031	PRRT IMRT ABDOMINAL/RETROPERITONEAL IRRADIATION	74,800
32	ONRT000032	PRRT SOFT TISSUE SARCOMA/LYMPHOMA- LIMBS	50,000
33	ONRT000033	PRRT VMAT RADICAL	1,20,000
34	ONRT000034	PRRT VMAT PALLIATIVE	80,000
35	ONRT000035	PRRT ELECTRONS BOOST/PALLIATIVE	20,000
36	ONRT000036	PRRT ELECTRONS RADICAL	30,000
37	ONRT000037	PRRT TOTAL SKIN ELECTRON THERAPY	85,000
38	ONRT000038	PRRT TOTAL BODY RADIATION	26,000
39	ONRT000039	XVI	75,000
40	ONRT000041	PRRT INTRACAVITARY POST OPERATIVE /FRACTION	30,000
41	ONRT000042	PRRT INTRA LUMENAL-NASOPHARYNX/FRACTION	10,000
42	ONRT000043	PRRT Intra luminal lung&oesophagus/fraction	6,000
43	ONRT000044	PRRT MOULD TREATMENT RADICAL	45,000
44	ONRT000045	PRRT MOULD TREATMENT BOOST	28,000
45	ONRT000046	RT BLOOD PRODUCT IRRADIATION**	1,000
46	ONRT000047	RT 2D HEAD AND NECK	85,000
47	ONRT000048	RT 3D CRT HEAD AND NECK	85,000
48	ONRT000049	RT IMRT HEAD AND NECK	1,25,000
49	ONRT000050	RT 2D Breast post MRM	85,000
50	ONRT000051	RT 2D BREAST BCS +ELECTRONS	90,000
51	ONRT000052	RT 3D CRT BREAST POST MRM	90,000
52	ONRT000053	RT 3D CRT POST BCS +ELECTRONS	92,000
53	ONRT000054	RT IMRT BREAST	1,12,000
54	ONRT000055	RT 4 D BREAST TREATMENT WITH ABC	1,90,000
55	ONRT000056	RT 2D PELVIS	72,000
56	ONRT000057	RT 3DCRT PELVIS	90,000
57	ONRT000058	RT IMRT PELVIS	1,12,000
58	ONRT000059	RT CHARGES PER FRACTION	31,000

Radiation Oncology

S No.	Billing code	Service Name	Charges in INR
59	ONRT000060	RT 2D LUNG/OESOPHAGUS	82,500
60	ONRT000061	RT 3D CRT LUNG/OESOPHAGUS	88,000
61	ONRT000062	RT IMRT LUNG/OESOPHAGUS	1,15,000
62	ONRT000063	RT 4D IGRTLUNG/LIVER/PANCREAS/GALL BLADDER	1,90,000
63	ONRT000064	RT 2D BRAIN TUMOURS	82,500
64	ONRT000065	RT 3D CRT/SRT BRAIN TUMOURS	92,000
65	ONRT000066	RT IMRT BRAIN TUMOURS	1,05,000
66	ONRT000067	RT STEREOTACTIC RADIOSURGERY FRAME LESS	1,25,950
67	ONRT000068	RT STEREOTACTIC RADIOSURGERY WITH FRAME	1,25,950
68	ONRT000069	RT CRANIO SPINAL IRRADIATION	1,70,000
69	ONRT000070	RT GERMAN HELMET	52,000
70	ONRT000071	RT SINGLE FRACTION WITHOUT SIMULATION	5,500
71	ONRT000072	RT SINGLE FRACTION WITH SIMULATION	7,000
72	ONRT000073	RT PALLIATIVE 5FRACTIONS WITH SIMULATION	30,000
73	ONRT000074	RT PALLIATIVE 10FRACTIONS WITH SIMULATION	60,000
74	ONRT000075	RT PALLIATIVE MULTIPLE SITES ON ONE DAY	7,500
75	ONRT000076	PALLIATIVE MULTIPLE SITES FRACTIONATED	60,000
76	ONRT000077	RT 2D ABDOMINAL/RETROPERITONEAL IRRADIATION	85,000
77	ONRT000078	RT 3D CRT/ABDOMINAL/RETOPERITONEAL IRRADIATION	90,000
78	ONRT000079	RT IMRT ABDOMINAL/RETROPERITONEAL IRRADIATION	1,30,000
79	ONRT000080	SOFT TISSUE SARCOMA/LYMPHOMA- LIMBS	1,30,000
80	ONRT000081	RT VMAT RADICAL	1,80,000
81	ONRT000082	RT VMAT PALLIATIVE	60,000
82	ONRT000083	RT ELECTRONS BOOST/PALLIATIVE	40,000
83	ONRT000084	RT ELECTRONS RADICAL	78,000
84	ONRT000085	RT TOTAL SKIN ELECTRON THERAPY	3,00,000
85	ONRT000086	RT TOTAL BODY RADIATION	67,000
86	ONRT000087	RT INTRACAVITARY POST OPERATIVE /FRACTION	30,000
87	ONRT000088	RT INTRA LUMENAL-NASOPHARYNX/FRACTION	25,000

Radiation Oncology

S No.	Billing code	Service Name	Charges in INR
88	ONRT000089	RT Intra luminal lung&oesophagus/fraction	25,000
89	ONRT000092	RT Weekly review 3 sittings	3,000
90	ONRT000093	RT Weekly review 4 sittings	4,000
91	ONRT000094	RT Weekly review 5 sittings	5,000
92	ONRT000095	RT Weekly review 6 sittings	6,000
93	ONRT000096	RT Weekly review 7 sittings	7,000
94	ONRT000097	RT Weekly review 8 sittings	8,000
95	ONRT000098	PRRT Brain palliative	25,000
96	ONRT000099	RT Brain palliative	50,000
97	ONRT000100	RT Brain palliative with boost	70,000
98	ONRT000101	Intracavitary Cervix/fraction HDR	30,000
99	ONRT000103	Prostate HDR/Fraction	50,000
100	ONRT000105	Soft tissue sarcoma HDR	50,000
101	ONRT000106	Intra op Implant placement HDR	30,000
102	ONRT000108	Prostate implant	1,05,000
103	ONRT000110	Palliative radiation (Palliative RT)	55,000
104	ONRT000111	PRRT SRS Benign	1,30,000
105	ONRT000112	RT SRS Benign	1,50,000
106	ONRT000113	IGRT VMAT	2,25,000
107	ONRT000114	IGRT	2,50,000
108	ONRT000115	SRT PALL	35,000
109	ONRT000116	RT SBRT	35,000
110	ONRT000117	Pre Planning Prostate Seed Implant	55,000
111	ONRT000120	Radiation-Cyber Knife(Per Fraction)	55,000
112	ONRT000121	PRRT Cyber knife	92,000
113	ONRT000124	Tomotherapy Planning	75,000
114	ONRT000125	Mould Charges	17,000
115	ONRT000130	Tomotherapy Planning with One Fraction	60,000
116	ONRT000131	Respiratory Gating with Linear accelerator planning	1,55,000
117	ONRT000132	INTERSTITIAL BRACHY-THERAPY upto 6 fractions	1,95,000

Radiation Oncology

S No.	Billing code	Service Name	Charges in INR
118	ONRT000133	PRRT HDR Brachytherapy	25,000
119	ONRT000134	PRRT Image Guided HDR Brachytherapy	51,000
120	ONRT000135	HDR Upto 4 Fractions	1,00,000
121	ONRT000136	HDR Upto 6 Fractions	92,000
122	ONRT000137	HDR 1 Fraction	25,000
123	ONRT000138	TRUS for HDR Brachytherapy	3,000
124	ONRT000139	HDR Catheters Semiflexi 6 F	1,500
125	ONRT000140	PRRT Tomo SBRT	1,00,000
126	ONRT000141	RT TOMO SBRT	2,50,000
127	ONRT000145	RT weekly review (F)	0
128	ONRT000146	Mould Charges (F)	0
129	ONRT000147	PRRT IGRT	1,00,000
130	ONRT000157	PRRT INTERSTITIAL	55,000

Physiotherapy

S. No	Billing Code	Service Name	Charges_ per visit in INR
			OPD/IPD**
1	PTPT000007	Physio Consultation with long exercise upto 60 minute	1,450
2	PTPT000010	Short Exercise Therapy+1 Electrotherapy Modality	800
3	PTPT000011	Short Exercise Therapy+2 Electrotherapy Modality	900
4	PTPT000013	1 Electrotherapy Modality+hot/cold pack	280
5	PTPT000014	2 Electrotherapy Modality+hot/cold pack	450
6	PTPT000015	Home Education Program	660
7	PTPT000018	Long Exercise Therapy+ 1 Electrotherapy Modality	880
8	PTPT000019	Long Exercise Therapy+ 2 Electrotherapy Modality	990
9	PTPT000022	Physio Consultation with Short exercise upto 40 minute	990
10	PTPT000023	Home Education Program+ADL Review	830
11	PTPT000024	1 Ultrasound Modality (Therapeutic)	220
12	PTPT000026	Special Electrotherapy Modality+1 Modality	990
13	PTPT000027	Special Electrotherapy Modality+2 Modality	1,100
14	PTPT000028	Short Exercise Therapy+1 Special Electrotherapy Modality	880
15	PTPT000029	Short Exercise Therapy+1 Special Electrotherapy+1 Modality	990
16	PTPT000030	Short Exercise Therapy+1 Special Electrotherapy+2 Modality	1,100
17	PTPT000031	Physiotherapist visit upto 20 Minute	550
18	PTPT000032	Comprehensive neuro rehabilitation - I	990
19	PTPT000033	Comprehensive neuro rehabilitation - II	1,320
20	PTPT000034	3 Electro Modality + Hot/Cold Pack	660
21	PTPT000035	4 Electro Modality + Hot/Cold Pack	880
22	PTPT000036	Primus RS Isokinetic	1,650
23	PTPT000037	Special Electrotherapy Modality (Laser/PST/Shockwave/Microwave Diathermy)	900
24	PTPT000038	Gait Assessment	1,650
25	PTPT000039	Kinesio Tapping (Small)	550
26	PTPT000040	Kinesio Tapping (Large)	880
27	PTPT000041	Hot or Cold Pack	220
28	PTPT000042	2 Special Electrotherapy Modality (Laser/PST/Shockwave/Microwave Diathermy)	1,320
29	PTPT000043	Posture & Gait Analysis	5,500
30	PTPT000044	Dynamic Posture Analysis	3,300

Physiotherapy

S. No	Billing Code	Service Name	Charges_ per visit in INR
			OPD/IPD**
31	PTPT000045	Posture Assessment	2,200
32	PTPT000046	Foot Pressure Analysis	2,200
33	PTPT000047	Dynamometer Assessment & Evaluation	2,750
34	PTPT000048	Dynamometer Exercise & Training	1,300
35	PTPT000049	Posture Assessment Follow up	1,100
36	PTPT000050	Musculo Skeletal Assessment	3,300
37	PTPT000051	Occupational Therapist session upto 20 minute	550
38	PTPT000052	Occupational Therapist session upto 40 minute	990
39	PTPT000053	Occupational Therapist session upto 60 minute	1,490
40	PTPT000054	Therapy upto 20 minute (Physio/Speech/Occupational therapist)	550
41	PTPT000056	Robotic Leg Therapy (Lokomat)	4,950
42	PTPT000057	Robotic Arm Therapy (Armeo)	1,950
43	PTPT000058	Robotic Gait Therapy (Andago)	1,950
44	PTPT000059	Robotic Tilt Table Therapy (Erigo)	1,950
45	PTPT000060	Robotic Leg Therapy (Lokomat)-5 Sitting	22,000
46	PTPT000061	Robotic Leg Therapy (Lokomat)-10 Sitting	44,000
47	PTPT000062	Robotic Arm Therapy (Armeo)-5 Sitting	8,800
48	PTPT000063	Robotic Arm Therapy (Armeo) - 10 Sitting	17,600
49	PTPT000064	Robotic Gait Therapy (Andago) - 5 Sitting	8,800
50	PTPT000065	Robotic Gait Therapy (Andago) - 10 Sitting	17,600
51	PTPT000066	Robotic Tilt Table Therapy (Erigo) - 5 Sitting	8,800
52	PTPT000067	Robotic Tilt Table Therapy (Erigo) - 10 Sitting	17,600
53	PTPT000068	Pulmonary Rehabilitation Package (20 Sitting, 35 days)	22,000
54	PTAO000001	Manual Therapy-Medical Training Therapy 30 mts	1,320
55	PTAO000002	Manual Therapy+Medical Training Therapy 60 mts	2,200
56	PTAO000004	Doctor Consult-Rehab Specialist Long Session >30 mins	1,320
57	PTAO000005	Electro Therapy (Single Modality)	440
58	PTAO000006	Electro Therapy (Two Modality) - Aktivortho	660
59	PTAO000013	Swallow therapy (long) (40 mins)	990
60	PTAO000014	Swallow therapy (long with vital stem) (60 mins)	1,320

Physiotherapy

S. No	Billing Code	Service Name	Charges_ per visit in INR
			OPD/IPD**
61	PTAO000015	Swallow therapy (short) (10-20 mins)	660
62	PTAO000019	Myoline+Doctor Consultation	2,200
63	ADVC000026	Physiotherapy Consultation Charges	600

Plastic Surgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
1	PSOT000001	Abdominoplasty	41,400	48,600	60,800	85,100	1,09,400	1,21,500
2	PSOT000002	Abdominoplasty with limited incision (mini)	31,300	36,800	46,000	64,400	82,800	92,000
3	PSOT000005	Neo-umbiloplasty	27,600	32,400	40,500	56,700	72,900	81,000
4	PSOT000014	Gynaecomastia excision- bilateral	34,500	40,500	50,700	70,900	91,200	1,01,300
5	PSOT000015	Gynaecomastia excision-unilateral	27,600	32,400	40,500	56,700	72,900	81,000
6	PSOT000016	Liposuction and excision of gynaecomastia -bilateral	41,400	48,600	60,800	85,100	1,09,400	1,21,500
7	PSOT000017	Liposuction and excision of gynaecomastia -unilateral	27,600	32,400	40,500	56,700	72,900	81,000
8	PSOT000018	Nipple reconstruction-bilateral	41,400	48,600	60,800	85,100	1,09,400	1,21,500
9	PSOT000019	Nipple reconstruction-unilateral	27,600	32,400	40,500	56,700	72,900	81,000
10	PSOT000020	Peri-areolar breast lift/ mastopexy	41,400	48,600	60,800	85,100	1,09,400	1,21,500
11	PSOT000021	Reduction mammoplasty-bilateral	55,000	64,700	80,900	1,13,300	1,45,600	1,61,800
12	PSOT000022	Reduction mammoplasty-unilateral	38,600	45,400	56,800	79,500	1,02,200	1,13,500
13	PSOT000023	Removal of breast implant	30,400	35,700	44,700	62,500	80,400	89,300
14	PSOT000024	Labial fold excision (lasioplasty)	27,600	32,400	40,500	56,700	72,900	81,000
15	PSOT000025	Penile lengthening	37,200	43,700	54,700	76,500	98,400	1,09,300
16	PSOT000028	Vaginal tightening with perineorrhaphy	45,500	53,500	66,900	93,700	1,20,400	1,33,800
17	PSOT000030	(augmentation phalloplasty) free flap	83,200	97,800	1,22,300	1,71,200	2,20,100	2,44,500
18	PSOT000031	Botox per unit (excluding cost of botox)	400	400	500	700	900	1,000
19	PSOT000035	Filler / area (excluding cost)	8,400	9,800	12,300	17,200	22,100	24,500
20	PSOT000036	Hair transplant (per graft)	110	120	150	210	270	300
21	PSOT000037	Hair graft eyebrow/scar/moustache	41,400	48,600	60,800	85,100	1,09,400	1,21,500
22	PSOT000038	Intralesional injection (in ot)	5,100	5,900	7,400	10,400	13,300	14,800
23	PSOT000039	Lip reduction	34,500	40,500	50,700	70,900	91,200	1,01,300
24	PSOT000052	Thread lift	30,400	35,700	44,700	62,500	80,400	89,300
25	PSOT000054	Brachial plexus exploration and nerve repair	59,000	69,300	86,700	1,21,300	1,56,000	1,73,300
26	PSOT000055	Brachial plexus exploration & nerve transfer/neurotization	68,800	80,900	1,01,200	1,41,600	1,82,100	2,02,300
27	PSOT000056	Brachial plexus exploration with nerve grafting	83,600	98,300	1,22,900	1,72,100	2,21,200	2,45,800
28	PSOT000057	Brachial plexus repair- neurolysis	54,100	63,600	79,500	1,11,300	1,43,100	1,59,000
29	PSOT000082	(Cleft lip repair unilateral) complete	34,500	40,500	50,700	70,900	91,200	1,01,300
30	PSOT000083	(Cleft lip repair unilateral) incomplete	27,600	32,400	40,500	56,700	72,900	81,000
31	PSOT000084	(Cleft lip repair bilateral) complete	48,200	56,600	70,800	99,100	1,27,400	1,41,500
32	PSOT000085	(Cleft lip repair bilateral) incomplete	41,400	48,600	60,800	85,100	1,09,400	1,21,500
33	PSOT000087	Complete cleft lip with anterior palate repair unilateral	41,400	48,600	60,800	85,100	1,09,400	1,21,500
34	PSOT000088	Complete cleft lip with anterior palate repair bilateral	55,000	64,700	80,900	1,13,300	1,45,600	1,61,800
35	PSOT000089	Correction of macrostomia u/l	20,800	24,400	30,500	42,700	54,900	61,000
36	PSOT000090	Correction of microstomia b/l	34,500	40,500	50,700	70,900	91,200	1,01,300

Plastic Surgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
37	PSOT000091	Facial bi-partition for hypertelorism	83,900	98,600	1,23,300	1,72,600	2,21,900	2,46,500
38	PSOT000092	Orbital repositioning for hypertelorism-extra cranial & intracranial approach	83,900	98,600	1,23,300	1,72,600	2,21,900	2,46,500
39	PSOT000094	Orbital repositioning for hypertelorism extracranial approach	70,100	82,400	1,03,000	1,44,200	1,85,400	2,06,000
40	PSOT000097	Contracture release of neck	41,400	48,600	60,800	85,100	1,09,400	1,21,500
41	PSOT000098	Sternomastoid release -unipolar	24,900	29,200	36,500	51,100	65,700	73,000
42	PSOT000099	Sternomastoid release -bipolar	33,100	38,900	48,700	68,100	87,600	97,300
43	PSOT000100	cranioplasty with implant - Plastic surgery	41,400	48,600	60,800	85,100	1,09,400	1,21,500
44	PSOT000101	Cranioplasty with bone graft - Plastic surgery	55,000	64,700	80,900	1,13,300	1,45,600	1,61,800
45	PSOT000102	Craniostenosis (multiple cranial sutures)-reconstruction of cranial vault	79,800	93,800	1,17,300	1,64,200	2,11,100	2,34,500
46	PSOT000103	Craniostenosis (multiple cranial sutures)-reconstruction of cranial vault & bone grafting	63,400	74,500	93,200	1,30,400	1,67,700	1,86,300
47	PSOT000104	Craniostenosis (single cranial suture)- reconstruction of cranial vault	51,000	59,900	74,900	1,04,900	1,34,800	1,49,800
48	PSOT000105	Craniostenosis (single cranial suture)- reconstruction of cranial vault & bone grafting	56,400	66,300	82,900	1,16,100	1,49,200	1,65,800
49	PSOT000108	Debridement Medium - plastic surgery	9,900	11,600	14,500	20,300	26,100	29,000
50	PSOT000109	Debridement Small - plastic surgery	6,800	7,900	9,900	13,900	17,800	19,800
51	PSOT000114	Burn wound dressing (large)	16,600	19,500	24,400	34,200	43,900	48,800
52	PSOT000115	Burn wound dressing (medium)	11,800	13,800	17,300	24,200	31,100	34,500
53	PSOT000116	Burn wound dressing (minor)	6,900	8,100	10,200	14,200	18,300	20,300
54	PSOT000117	Dressing in ot- major	8,500	9,900	12,400	17,400	22,300	24,800
55	PSOT000118	Dressing in ot- medium	5,100	5,900	7,400	10,400	13,300	14,800
56	PSOT000119	Dressing in ot-minor/suture removal	2,600	3,000	3,800	5,300	6,800	7,500
57	PSOT000123	Blepharoplasty both lids both eyes	48,200	56,600	70,800	99,100	1,27,400	1,41,500
58	PSOT000124	Blepharoplasty one lid both eyes	34,500	40,500	50,700	70,900	91,200	1,01,300
59	PSOT000147	Ptosis surgery	34,500	40,500	50,700	70,900	91,200	1,01,300
60	PSOT000153	Tarsorrhaphy	5,700	6,600	8,300	11,600	14,900	16,500
61	PSOT000159	Excision of scar-major	42,700	50,200	62,800	87,900	1,13,000	1,25,500

Plastic Surgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
62	PSOT000160	Excision of scar-medium	33,100	38,900	48,700	68,100	87,600	97,300
63	PSOT000161	Excision of scar-minor	23,400	27,500	34,400	48,200	61,900	68,800
64	PSOT000164	Expander insertion-single	27,600	32,400	40,500	56,700	72,900	81,000
65	PSOT000165	Expander insertion -two	41,400	48,600	60,800	85,100	1,09,400	1,21,500
66	PSOT000166	additional expander insertion	7,000	8,200	10,300	14,400	18,500	20,500
67	PSOT000167	Expander removal & contouring - multiple	48,200	56,600	70,800	99,100	1,27,400	1,41,500
68	PSOT000168	Expander removal & contouring - single	34,500	40,500	50,700	70,900	91,200	1,01,300
69	PSOT000170	Facial reanimation	83,900	98,600	1,23,300	1,72,600	2,21,900	2,46,500
70	PSOT000172	P free flap	65,500	77,000	96,300	1,34,800	1,73,300	1,92,500
71	PSOT000174	Delay of flap	8,500	9,900	12,400	17,400	22,300	24,800
72	PSOT000176	Flap inseting (large)	29,500	34,700	43,400	60,800	78,100	86,800
73	PSOT000177	Flap inseting (small)	14,800	17,400	21,800	30,500	39,200	43,500
74	PSOT000181	Local transposition flap-large	34,500	40,500	50,700	70,900	91,200	1,01,300
75	PSOT000182	Local transposition flap-medium	29,500	34,700	43,400	60,800	78,100	86,800
76	PSOT000183	Local transposition flap- small	24,700	29,000	36,300	50,800	65,300	72,500
77	PSOT000204	Excision of haemangioma- extremities/ trunk (5-10cm)	27,600	32,400	40,500	56,700	72,900	81,000
78	PSOT000206	Excision of haemangioma- extremities/ trunk (more than 10cm)	34,500	40,500	50,700	70,900	91,200	1,01,300
79	PSOT000207	Excision of haemangioma- face (less than 2cm)	27,600	32,400	40,500	56,700	72,900	81,000
80	PSOT000208	Excision of haemangioma- face (more than 2cm)	34,500	40,500	50,700	70,900	91,200	1,01,300
81	PSOT000209	Flap cover for pilonidal sinus	34,500	40,500	50,700	70,900	91,200	1,01,300
82	PSOT000213	Excision of ganglion	20,800	24,400	30,500	42,700	54,900	61,000
83	PSOT000214	Excision of large superficial soft tissue mass/ tumour -excluding neuroma or ganglion	49,200	57,800	72,300	1,01,200	1,30,100	1,44,500
84	PSOT000215	Excision of medium size superficial soft tissue mass/ tumour- excluding neuroma of ganglion	29,500	34,700	43,400	60,800	78,100	86,800
85	PSOT000216	Excision of multiple cyst/ lipoma/ mole	20,800	24,400	30,500	42,700	54,900	61,000
86	PSOT000217	Excision of single cysts/ lipoma/ moles	9,100	10,700	13,400	18,800	24,100	26,800
87	PSOT000219	Contracture release for camptodactyly single finger	20,800	24,400	30,500	42,700	54,900	61,000
88	PSOT000232	Debulking of macrodactyly	39,900	46,900	58,700	82,100	1,05,600	1,17,300
89	PSOT000234	Excision of extra digit with ligament reconstruction (excluding thumb)	30,400	35,700	44,700	62,500	80,400	89,300
90	PSOT000236	Free microvascular/ joint transfer	68,700	80,800	1,01,000	1,41,400	1,81,800	2,02,000
91	PSOT000237	Free phalangeal/ bone transfer for brachydactyly	26,200	30,800	38,500	53,900	69,300	77,000

Plastic Surgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
92	PSOT000239	On-top plasty / pollicization	41,400	48,600	60,800	85,100	1,09,400	1,21,500
93	PSOT000240	Pollicization for hypoplastic thumb	63,400	74,500	93,200	1,30,400	1,67,700	1,86,300
94	PSOT000246	Ray resectiion for macrodactyly	33,100	38,900	48,700	68,100	87,600	97,300
95	PSOT000248	Syndactyly release-complex	38,600	45,400	56,800	79,500	1,02,200	1,13,500
96	PSOT000249	Syndactyly release-simple	27,500	32,300	40,400	56,600	72,700	80,800
97	PSOT000273	Burns contracture release-one finger/toe/minor	23,400	27,500	34,400	48,200	61,900	68,800
98	PSOT000274	Burns contracture release-two fingers/toes/medium	33,100	38,900	48,700	68,100	87,600	97,300
99	PSOT000275	skin grafting	53,700	63,100	78,900	1,10,500	1,42,000	1,57,800
100	PSOT000276	Burn grafting extensive	48,200	56,600	70,800	99,100	1,27,400	1,41,500
101	PSOT000277	Burn grafting large	41,400	48,600	60,800	85,100	1,09,400	1,21,500
102	PSOT000278	Burn grafting medium	34,500	40,500	50,700	70,900	91,200	1,01,300
103	PSOT000279	Burn grafting small	20,800	24,400	30,500	42,700	54,900	61,000
104	PSOT000283	Composite grafting for finger tip injuries	20,800	24,400	30,500	42,700	54,900	61,000
105	PSOT000284	Correction of mallet finger	20,800	24,400	30,500	42,700	54,900	61,000
106	PSOT000285	Correction of mallet finger- extensor tendon repair	33,100	38,900	48,700	68,100	87,600	97,300
107	PSOT000286	Correction of mallet finger- tendon repair with k-wiring	34,500	40,500	50,700	70,900	91,200	1,01,300
108	PSOT000287	Cross finger flap for finger tip injuries	30,400	35,700	44,700	62,500	80,400	89,300
109	PSOT000319	Full thickness skin grafting for finger tip injuries	33,100	38,900	48,700	68,100	87,600	97,300
110	PSOT000320	Groin/abdominal flap cover for hand injuries-large (multiple flaps)	39,900	46,900	58,700	82,100	1,05,600	1,17,300
111	PSOT000321	Groin /abdominal flap cover for hand injuries-large (single flap)	27,500	32,300	40,400	56,600	72,700	80,800
112	PSOT000323	Groin/abdominal flap cover for hand injuries-medium (multiple flaps)	33,100	38,900	48,700	68,100	87,600	97,300
113	PSOT000324	Groin /abdominal flap cover for hand injuries-medium (single flap)	23,400	27,500	34,400	48,200	61,900	68,800
114	PSOT000326	Groin/abdominal flap cover for hand injuries-small (multiple flaps)	26,200	30,800	38,500	53,900	69,300	77,000
115	PSOT000327	Groin /abdominal flap cover for hand injuries-small (single flap)	20,800	24,400	30,500	42,700	54,900	61,000
116	PSOT000329	Homodigital flap for finger tip injuries	26,200	30,800	38,500	53,900	69,300	77,000
117	PSOT000332	Nail bed reconstruction- single finger	23,400	27,500	34,400	48,200	61,900	68,800
118	PSOT000335	Nail bed repair- single	16,600	19,500	24,400	34,200	43,900	48,800
119	PSOT000342	Shortening and closure of finger stump	16,600	19,500	24,400	34,200	43,900	48,800
120	PSOT000345	Swan neck deformity correction- single finger	30,400	35,700	44,700	62,500	80,400	89,300
121	PSOT000349	Tenolysis of flexor/ extensor tendons- single	16,600	19,500	24,400	34,200	43,900	48,800
122	PSOT000351	Toe transfer	83,900	98,600	1,23,300	1,72,600	2,21,900	2,46,500
123	PSOT000353	Trigger finger release	13,800	16,200	20,300	28,400	36,500	40,500

Plastic Surgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
124	PSOT000361	Head and neck repair- complex	30,400	35,700	44,700	62,500	80,400	89,300
125	PSOT000362	Head and neck repair-simple	15,300	17,900	22,400	31,400	40,300	44,800
126	PSOT000366	Pedicled flap - major	41,400	48,600	60,800	85,100	1,09,400	1,21,500
127	PSOT000367	Pedicled flap - medium	34,500	40,500	50,700	70,900	91,200	1,01,300
128	PSOT000368	Pedicled flap - minor	27,600	32,400	40,500	56,700	72,900	81,000
129	PSOT000372	Chordee correction	20,800	24,400	30,500	42,700	54,900	61,000
130	PSOT000380	Calf implant	33,100	38,900	48,700	68,100	87,600	97,300
131	PSOT000394	Lacerations- small	9,900	11,600	14,500	20,300	26,100	29,000
132	PSOT000395	Lacerations- medium	14,800	17,400	21,800	30,500	39,200	43,500
133	PSOT000396	Lacerations- large	24,700	29,000	36,300	50,800	65,300	72,500
134	PSOT000397	Lacerations- facial multiple/ extensive	33,100	38,900	48,700	68,100	87,600	97,300
135	PSOT000403	Lipoinjection Upto 10ml	24,900	29,200	36,500	51,100	65,700	73,000
136	PSOT000404	Lipoinjection 10 - 20ml	33,100	38,900	48,700	68,100	87,600	97,300
137	PSOT000405	Lipoinjection > 20ml	41,400	48,600	60,800	85,100	1,09,400	1,21,500
138	PSOT000406	Digit nerve repair	26,200	30,800	38,500	53,900	69,300	77,000
139	PSOT000407	Digital nerve graft	33,100	38,900	48,700	68,100	87,600	97,300
140	PSOT000408	Median nerve repair	33,100	38,900	48,700	68,100	87,600	97,300
141	PSOT000409	Median nerve graft	49,500	58,200	72,800	1,01,900	1,31,000	1,45,500
142	PSOT000410	Ulnar nerve repair	33,100	38,900	48,700	68,100	87,600	97,300
143	PSOT000411	Ulnar nerve graft	49,500	58,200	72,800	1,01,900	1,31,000	1,45,500
144	PSOT000412	Radial nerve repair	33,100	38,900	48,700	68,100	87,600	97,300
145	PSOT000413	Radial nerve graft	49,500	58,200	72,800	1,01,900	1,31,000	1,45,500
146	PSOT000414	Nerve transfer Single	37,400	44,000	55,000	77,000	99,000	1,10,000
147	PSOT000417	Nerve grafting One graft	49,500	58,200	72,800	1,01,900	1,31,000	1,45,500
148	PSOT000420	Functioning free muscle transfer	84,200	99,000	1,23,800	1,73,300	2,22,800	2,47,500
149	PSOT000421	Latissimus dorsi flap-free	68,700	80,800	1,01,000	1,41,400	1,81,800	2,02,000
150	PSOT000422	Latissimus dorsi flap-pedicle	34,500	40,500	50,700	70,900	91,200	1,01,300
151	PSOT000423	Gracilis muscle/myocutaneous flap-free	68,700	80,800	1,01,000	1,41,400	1,81,800	2,02,000
152	PSOT000424	Gracilis muscle/myocutaneous flap-pedicle	34,500	40,500	50,700	70,900	91,200	1,01,300
153	PSOT000425	Free fibular flap	82,500	97,000	1,21,300	1,69,800	2,18,300	2,42,500
154	PSOT000427	Radial artery flap -pedicle	34,500	40,500	50,700	70,900	91,200	1,01,300
155	PSOT000428	Radial artery flap-free	68,700	80,800	1,01,000	1,41,400	1,81,800	2,02,000

Plastic Surgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
156	PSOT000429	Free style free flap	68,700	80,800	1,01,000	1,41,400	1,81,800	2,02,000
157	PSOT000431	Diep flap	82,500	97,000	1,21,300	1,69,800	2,18,300	2,42,500
158	PSOT000442	Excision of neuroma- major nerve	37,200	43,700	54,700	76,500	98,400	1,09,300
159	PSOT000443	Excision of neuroma-minor nerve	24,900	29,200	36,500	51,100	65,700	73,000
160	PSOT000446	Correction of congenital ear lobule deformity	24,900	29,200	36,500	51,100	65,700	73,000
161	PSOT000447	Ear lobule repair- bilateral	8,400	9,800	12,300	17,200	22,100	24,500
162	PSOT000448	Ear lobule repair- unilateral	4,300	5,000	6,300	8,800	11,300	12,500
163	PSOT000449	Ear lobule repair with cartilage graft	16,600	19,500	24,400	34,200	43,900	48,800
164	PSOT000450	Otoplasty for bat ears (bilateral)	37,200	43,700	54,700	76,500	98,400	1,09,300
165	PSOT000451	Otoplasty for bat ears (unilateral)	24,900	29,200	36,500	51,100	65,700	73,000
166	PSOT000452	Bilateral sagittal split osteotomy	56,400	66,300	82,900	1,16,100	1,49,200	1,65,800
167	PSOT000454	Lefort i osteotomy with advancement	52,200	61,400	76,800	1,07,500	1,38,200	1,53,500
168	PSOT000455	Lefort i osteotomy with application of distractor	56,400	66,300	82,900	1,16,100	1,49,200	1,65,800
169	PSOT000457	Lefort iii (extracranial) advancement	66,000	77,600	97,000	1,35,800	1,74,600	1,94,000
170	PSOT000458	Lefort iii (intracranial) advancement- monobloc	66,000	77,600	97,000	1,35,800	1,74,600	1,94,000
171	PSOT000459	Lefort iii osteotomy with application of distractor	66,000	77,600	97,000	1,35,800	1,74,600	1,94,000
172	PSOT000460	Lefort iii with lefort i advancement	66,000	77,600	97,000	1,35,800	1,74,600	1,94,000
173	PSOT000461	Segmental mandibular osteotomy (multiple)	41,400	48,600	60,800	85,100	1,09,400	1,21,500
174	PSOT000462	Segmental mandibular osteotomy (single)	33,100	38,900	48,700	68,100	87,600	97,300
175	PSOT000463	Segmental maxillary osteotomy (multiple)	41,400	48,600	60,800	85,100	1,09,400	1,21,500
176	PSOT000471	Mandible reconstruction with bone graft	37,200	43,700	54,700	76,500	98,400	1,09,300
177	PSOT000472	Mandible reconstruction with bone plate	30,400	35,700	44,700	62,500	80,400	89,300
178	PSOT000473	Mandible reconstruction with free fibular flap	82,500	97,000	1,21,300	1,69,800	2,18,300	2,42,500
179	PSOT000475	Maxillary reconstruction(complicated) with bone graft	34,500	40,500	50,700	70,900	91,200	1,01,300
180	PSOT000478	Alveolar fracture- closed reduction	13,700	16,100	20,200	28,200	36,300	40,300
181	PSOT000481	Arch bar removal	5,500	6,400	8,000	11,200	14,400	16,000
182	PSOT000496	Nasal bone fracture- closed reduction with manipulation/stabilisation	13,800	16,200	20,300	28,400	36,500	40,500
183	PSOT000507	Orbital blow out fracture-open reduction + alloplastic implant	30,400	35,700	44,700	62,500	80,400	89,300
184	PSOT000508	Orbital blow out fracture-open reduction + bone graft	37,200	43,700	54,700	76,500	98,400	1,09,300
185	PSOT000513	Tm joint dislocation-open reduction	30,400	35,700	44,700	62,500	80,400	89,300
186	PSOT000518	Ear reconstruction 1st stage	41,400	48,600	60,800	85,100	1,09,400	1,21,500
187	PSOT000519	Ear reconstruction 2nd stage	27,600	32,400	40,500	56,700	72,900	81,000
188	PSOT000520	Ear reconstruction 3rd stage	22,100	26,000	32,500	45,500	58,500	65,000
189	PSOT000523	Keloid excision single/ small	22,100	26,000	32,500	45,500	58,500	65,000
190	PSOT000526	Otoplasty for acquired ear deformity (bilateral)/ extensive	34,500	40,500	50,700	70,900	91,200	1,01,300
191	PSOT000527	Otoplasty for acquired ear deformity (unilateral)	30,400	35,700	44,700	62,500	80,400	89,300

Plastic Surgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
192	PSOT000528	Otoplasty for lop ears (bilateral)	34,500	40,500	50,700	70,900	91,200	1,01,300
193	PSOT000529	Otoplasty for lop ears (unilateral)	24,900	29,200	36,500	51,100	65,700	73,000
194	PSOT000532	Redo palatoplasty	41,400	48,600	60,800	85,100	1,09,400	1,21,500
195	PSOT000534	Pharyngeal flap pharyngoplasty	34,500	40,500	50,700	70,900	91,200	1,01,300
196	PSOT000535	Palatal fistula closure Local flap	33,100	38,900	48,700	68,100	87,600	97,300
197	PSOT000536	Palatal fistula closure Tongue flap	33,100	38,900	48,700	68,100	87,600	97,300
198	PSOT000537	Palatal fistula closure Mucosal flap	33,100	38,900	48,700	68,100	87,600	97,300
199	PSOT000538	Palatal fistula closure Famm flap	41,400	48,600	60,800	85,100	1,09,400	1,21,500
200	PSOT000539	Belt lipectomy	60,500	71,100	88,900	1,24,500	1,60,000	1,77,800
201	PSOT000540	Brachioplasty / arm lift	34,500	40,500	50,700	70,900	91,200	1,01,300
202	PSOT000543	Post bariatric surgery Thighplasty	48,200	56,600	70,800	99,100	1,27,400	1,41,500
203	PSOT000544	Post bariatric surgery Upper body lift	52,200	61,400	76,800	1,07,500	1,38,200	1,53,500
204	PSOT000545	Radiofrequency ablation Single mole	6,900	8,100	10,200	14,200	18,300	20,300
205	PSOT000547	Radiofrequency ablation Additional moles	3,300	3,800	4,800	6,700	8,600	9,500
206	PSOT000548	Reimplantation of finger -single	61,900	72,800	91,000	1,27,400	1,63,800	1,82,000
207	PSOT000549	Reimplantation of fingers- two fingers	75,600	88,900	1,11,200	1,55,600	2,00,100	2,22,300
208	PSOT000550	Reimplantation each additional finger (after two fingers)	16,600	19,500	24,400	34,200	43,900	48,800
209	PSOT000551	Reimplantation of upper limb at forearm level	68,700	80,800	1,01,000	1,41,400	1,81,800	2,02,000
210	PSOT000552	Reimplantation of upper limb at palm level	68,700	80,800	1,01,000	1,41,400	1,81,800	2,02,000
211	PSOT000553	Reimplantation of upper limb at upper arm level	82,500	97,000	1,21,300	1,69,800	2,18,300	2,42,500
212	PSOT000554	Reimplantation of upper limb at wrist level	68,700	80,800	1,01,000	1,41,400	1,81,800	2,02,000
213	PSOT000557	Revascularisation of finger -single	27,500	32,300	40,400	56,600	72,700	80,800
214	PSOT000561	Revascularisation of upper limb	55,000	64,700	80,900	1,13,300	1,45,600	1,61,800
215	PSOT000565	Closed aesthetic rhinoplasty	41,400	48,600	60,800	85,100	1,09,400	1,21,500
216	PSOT000566	Open tip composite rhinoplasty	48,200	56,600	70,800	99,100	1,27,400	1,41,500
217	PSOT000567	Reconstructive rhinoplasty-forehead flap (single stage)	35,800	42,100	52,700	73,700	94,800	1,05,300
218	PSOT000568	Reconstructive rhinoplasty-forehead flap (stage one of two stages)	34,500	40,500	50,700	70,900	91,200	1,01,300
219	PSOT000569	Reconstructive rhinoplasty -forehead flap (stage two of two stages)	27,500	32,300	40,400	56,600	72,700	80,800

Plastic Surgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
220	PSOT000572	Nasal tip plasty	33,100	38,900	48,700	68,100	87,600	97,300
221	PSOT000574	Corrective septorhinoplasty	48,200	56,600	70,800	99,100	1,27,400	1,41,500
222	PSOT000581	Skin grafting-major	34,500	40,500	50,700	70,900	91,200	1,01,300
223	PSOT000582	Skin grafting -minor	13,800	16,200	20,300	28,400	36,500	40,500
224	PSOT000583	Split skin grafting-medium	19,700	23,100	28,900	40,500	52,000	57,800
225	PSOT000590	Total parotidectomy (nerve preserving)	41,400	48,600	60,800	85,100	1,09,400	1,21,500
226	PSOT000592	David chuangs muscle transfer procedure	68,700	80,800	1,01,000	1,41,400	1,81,800	2,02,000
227	PSOT000595	Muscle transfer	41,400	48,600	60,800	85,100	1,09,400	1,21,500
228	PSOT000612	Skin graft Vaginoplasty	33,100	38,900	48,700	68,100	87,600	97,300
229	PSOT000614	Pedicled omental transfer for sternal wound	55,000	64,700	80,900	1,13,300	1,45,600	1,61,800
230	PSOT000615	Kenacort injection	1,600	1,800	2,300	3,200	4,100	4,500
231	PSOT000617	Dressing(ward & opd)Large - Plastic surgery	3,300	3,800	4,800	6,700	8,600	9,500
232	PSOT000618	Dressing (ward & opd) Medium - Plastic surgery	1,700	1,900	2,400	3,400	4,300	4,800
233	PSOT000619	Dressing (ward & opd) Small - Plastic surgery	1,200	1,300	1,700	2,300	3,000	3,300
234	PSOT000620	Long bone - Free Fibula	75,600	88,900	1,11,200	1,55,600	2,00,100	2,22,300
235	PSOT000621	ANTERIOR ABDOMINAL WALL RECONS. WITH+REPAIR	45,500	53,500	66,900	93,700	1,20,400	1,33,800
236	PSOT000622	Incisional hernia repair+component separation	53,000	62,300	77,900	1,09,100	1,40,200	1,55,800
237	PSOT000623	EXCISION SEBACEOUS CYST	22,800	26,800	33,500	46,900	60,300	67,000
238	PSOT000624	Medium VAC dressing	7,400	8,700	10,900	15,300	19,600	21,800
239	PSOT000625	Large VAC dressing	9,900	11,600	14,500	20,300	26,100	29,000
240	PSOT000626	Hepatic artery anastomosis 1 vessel/M	16,600	19,500	24,400	34,200	43,900	48,800
241	PSOT000627	Hepatic artery anastomosis 2 vessel/M	26,200	30,800	38,500	53,900	69,300	77,000
242	PSOT000628	Expander removal & contouring - additional	13,800	16,200	20,300	28,400	36,500	40,500
243	PSOT000629	TM Joint ankylosis B/L	48,200	56,600	70,800	99,100	1,27,400	1,41,500
244	PSOT000630	TM Joint release U/L	41,400	48,600	60,800	85,100	1,09,400	1,21,500
245	PSOT000631	Polydactyly - Complex	34,500	40,500	50,700	70,900	91,200	1,01,300
246	PSOT000632	Polydactyly - multiple	41,400	48,600	60,800	85,100	1,09,400	1,21,500
247	PSOT000633	Syndactyly release - multiple	41,400	48,600	60,800	85,100	1,09,400	1,21,500
248	PSOT000634	Hand ligament reapir/ reconstruction	27,600	32,400	40,500	56,700	72,900	81,000
249	PSOT000635	Accessory digit excision	13,800	16,200	20,300	28,400	36,500	40,500
250	PSOT000636	Muscle transfer (1-2)	27,700	32,500	40,700	56,900	73,200	81,300
251	PSOT000637	Muscle transfer (3-4)	41,400	48,600	60,800	85,100	1,09,400	1,21,500

Plastic Surgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
252	PSOT000638	Muscle transfer > 5	55,000	64,700	80,900	1,13,300	1,45,600	1,61,800
253	PSOT000639	Redo - rhinoplasty	61,900	72,800	91,000	1,27,400	1,63,800	1,82,000
254	PSOT000640	Ear reconstruction 4th stage	27,600	32,400	40,500	56,700	72,900	81,000
255	PSOT000641	Ear reconstruction with medpore - 3rd stage	27,600	32,400	40,500	56,700	72,900	81,000
256	PSOT000642	Keloid excision multiple /large	27,600	32,400	40,500	56,700	72,900	81,000
257	PSOT000643	Arterial repair	27,600	32,400	40,500	56,700	72,900	81,000
258	PSOT000644	Arterial reconstruction	41,400	48,600	60,800	85,100	1,09,400	1,21,500
259	PSOT000645	Z plasty single	20,800	24,400	30,500	42,700	54,900	61,000
260	PSOT000646	Z plasty multiple	27,600	32,400	40,500	56,700	72,900	81,000
261	PSOT000647	Dermabrasion/ laser resurfacing - small	13,800	16,200	20,300	28,400	36,500	40,500
262	PSOT000648	Dermabrasion/ laser resurfacing - medium	27,500	32,300	40,400	56,600	72,700	80,800
263	PSOT000649	Dermabrasion/ laser resurfacing - large	41,400	48,600	60,800	85,100	1,09,400	1,21,500
264	PSOT000650	Dermabrasion/ laser resurfacing - extensive	55,000	64,700	80,900	1,13,300	1,45,600	1,61,800
265	PSOT000651	Complete cleft lip+ hard palate + 10 ward unilateral	48,200	56,600	70,800	99,100	1,27,400	1,41,500
266	PSOT000652	Complete cleft lip+ hard palate + 10 ward bilateral	55,000	64,700	80,900	1,13,300	1,45,600	1,61,800
267	PSOT000653	Incomplete cleft palate	27,600	32,400	40,500	56,700	72,900	81,000
268	PSOT000654	Submucuos cleft palate	27,600	32,400	40,500	56,700	72,900	81,000
269	PSOT000655	Complete cleft palate	41,400	48,600	60,800	85,100	1,09,400	1,21,500
270	PSOT000656	Secondary cleft palate	34,500	40,500	50,700	70,900	91,200	1,01,300
271	PSOT000657	Cleft lip revision	34,500	40,500	50,700	70,900	91,200	1,01,300
272	PSOT000658	Alveolar bone grafting	34,500	40,500	50,700	70,900	91,200	1,01,300
273	PSOT000659	CLN tip rhinoplasty	27,600	32,400	40,500	56,700	72,900	81,000
274	PSOT000660	Face scar small	13,800	16,200	20,300	28,400	36,500	40,500
275	PSOT000661	Face scar multiple	27,500	32,300	40,400	56,600	72,700	80,800
276	PSOT000662	Face scar large	41,400	48,600	60,800	85,100	1,09,400	1,21,500
277	PSOT000663	Face scar extensive	55,000	64,700	80,900	1,13,300	1,45,600	1,61,800
278	PSOT000664	ORIF facial fracture single	41,400	48,600	60,800	85,100	1,09,400	1,21,500
279	PSOT000665	ORIF facial fracture multiple	55,000	64,700	80,900	1,13,300	1,45,600	1,61,800
280	PSOT000666	ORIF facial fracture panfacial	82,500	97,000	1,21,300	1,69,800	2,18,300	2,42,500
281	PSOT000667	ORIF facial fracture panfacial with NE	1,03,200	1,21,300	1,51,700	2,12,300	2,73,000	3,03,300
282	PSOT000668	ORIF facial fracture arch bar/ IMF	21,100	24,800	31,000	43,400	55,800	62,000
283	PSOT000669	Genioplasty with implant	34,500	40,500	50,700	70,900	91,200	1,01,300

Plastic Surgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
284	PSOT000670	Genioplasty without implant	41,700	49,000	61,300	85,800	1,10,300	1,22,500
285	PSOT000671	Flap inseting (medium)	19,700	23,100	28,900	40,500	52,000	57,800
286	PSOT000672	Debridement Large - plastic surgery	19,700	23,100	28,900	40,500	52,000	57,800
287	PSOT000673	Preputioplasty	20,800	24,400	30,500	42,700	54,900	61,000
288	PSOT000674	Plate removal -Single	13,800	16,200	20,300	28,400	36,500	40,500
289	PSOT000675	Plate removal - Two	20,800	24,400	30,500	42,700	54,900	61,000
290	PSOT000676	Plate removal - Multiple	27,600	32,400	40,500	56,700	72,900	81,000
291	PSOT000681	Cross K-wire multiple	17,700	20,800	26,000	36,400	46,800	52,000
292	PSOT000682	Cross K-wire Single	8,000	9,300	11,700	16,300	21,000	23,300
293	PSOT000683	Excision biopsy large	23,700	27,800	34,800	48,700	62,600	69,500
294	PSOT000684	Excision biopsy medium	17,700	20,800	26,000	36,400	46,800	52,000
295	PSOT000685	Excision biopsy small	9,900	11,600	14,500	20,300	26,100	29,000
296	PSOT000686	Expanded full thicknes graft large	64,000	75,200	94,000	1,31,600	1,69,200	1,88,000
297	PSOT000687	Expanded full thicknes graft medium	44,300	52,100	65,200	91,200	1,17,300	1,30,300
298	PSOT000688	Expanded full thicknes graft small	29,500	34,700	43,400	60,800	78,100	86,800
299	PSOT000689	External fixator hand major	39,300	46,200	57,800	80,900	1,04,000	1,15,500
300	PSOT000690	External fixator hand minor	27,600	32,400	40,500	56,700	72,900	81,000
301	PSOT000691	Neurolysis of peripheral nerve large	54,100	63,600	79,500	1,11,300	1,43,100	1,59,000
302	PSOT000692	Neurolysis of peripheral nerve medium	35,400	41,600	52,000	72,800	93,600	1,04,000
303	PSOT000693	Neurolysis of peripheral nerve Small	19,700	23,100	28,900	40,500	52,000	57,800
304	PSOT000694	SECONDARY SUTURING LARGE	27,600	32,400	40,500	56,700	72,900	81,000
305	PSOT000695	SECONDARY SUTURING MEDIUM	15,800	18,500	23,200	32,400	41,700	46,300
306	PSOT000696	SECONDARY SUTURING SMALL	8,000	9,300	11,700	16,300	21,000	23,300
307	PSOT000697	STUMP CLOSURE WITH FLAP LARGE	51,100	60,100	75,200	1,05,200	1,35,300	1,50,300
308	PSOT000698	STUMP CLOSURE WITH FLAP MEDIUM	35,400	41,600	52,000	72,800	93,600	1,04,000
309	PSOT000699	STUMP CLOSURE WITH FLAP SMALL	23,700	27,800	34,800	48,700	62,600	69,500
310	PSOT000700	Tenorrhaphy single	27,600	32,400	40,500	56,700	72,900	81,000
311	PSOT000701	Tenorrhaphy 2-5	49,200	57,800	72,300	1,01,200	1,30,100	1,44,500
312	PSOT000702	Tenorrhaphy 5-7	64,000	75,200	94,000	1,31,600	1,69,200	1,88,000
313	PSOT000703	Trunk/limb reconstruction complex	25,600	30,100	37,700	52,700	67,800	75,300
314	PSOT000704	Trunk/limb reconstruction simple	12,900	15,100	18,900	26,500	34,000	37,800
315	PSOT000705	Glomus Tumour	25,600	30,100	37,700	52,700	67,800	75,300

Plastic Surgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
316	PSOT000710	Osseointegration Implant Insertion	9,900	11,600	14,500	20,300	26,100	29,000
317	PSOT000711	Arch Bar Application	20,600	24,200	30,300	42,400	54,500	60,500
318	PSOT000712	Chimeric free flap	70,200	82,500	1,03,200	1,44,400	1,85,700	2,06,300
319	PSOT000713	Corneal Neurotization	23,400	27,500	34,400	48,200	61,900	68,800
320	PSOT000714	Cross facial nerve graft	28,100	33,000	41,300	57,800	74,300	82,500
321	PSOT000715	Dermal Matrix application medium	9,400	11,000	13,800	19,300	24,800	27,500
322	PSOT000716	Dermal Matrix application small	7,500	8,800	11,000	15,400	19,800	22,000
323	PSOT000717	Dupuytren's contracture multiple digit/ Extensive	46,800	55,000	68,800	96,300	1,23,800	1,37,500
324	PSOT000718	Dupuytren's contracture single digit	32,800	38,500	48,200	67,400	86,700	96,300
325	PSOT000719	Excision of infected cyst	16,900	19,800	24,800	34,700	44,600	49,500
326	PSOT000720	Excision of pilonidal sinus and Local Flap	37,400	44,000	55,000	77,000	99,000	1,10,000
327	PSOT000721	Excision of Small size superficial soft tissue mass/ tumour- excluding neuroma d	23,400	27,500	34,400	48,200	61,900	68,800
328	PSOT000722	Extensive debridement	37,400	44,000	55,000	77,000	99,000	1,10,000
329	PSOT000723	Massetric Nerve Transfer	46,800	55,000	68,800	96,300	1,23,800	1,37,500
330	PSOT000724	Nano fat grafting full face	46,800	55,000	68,800	96,300	1,23,800	1,37,500
331	PSOT000725	Nano fat grafting small	23,400	27,500	34,400	48,200	61,900	68,800
332	PSOT000726	Nerve transfer double	46,800	55,000	68,800	96,300	1,23,800	1,37,500
333	PSOT000727	Nerve transfer tripple	56,100	66,000	82,500	1,15,500	1,48,500	1,65,000
334	PSOT000728	Tarsorrhaphy Permanent	14,100	16,500	20,700	28,900	37,200	41,300
335	PSOT000729	Temporalis Transfer (facial nerve palsy)	37,400	44,000	55,000	77,000	99,000	1,10,000
336	PSOT000730	VAC dressing small	5,200	6,100	7,700	10,700	13,800	15,300
337	PSOT000731	Vascularised Lymph node transfer	70,200	82,500	1,03,200	1,44,400	1,85,700	2,06,300
338	PSOT000732	Dermal Matrix application large	11,300	13,200	16,500	23,100	29,700	33,000
339	PSOT000733	Lymphovenous Anastomosis - Multiple	32,800	38,500	48,200	67,400	86,700	96,300
340	PSOT000734	Lymphovenous Anastomosis - Single	23,400	27,500	34,400	48,200	61,900	68,800
341	PSOT000756	Tendon transfer	28,100	33,000	41,300	57,800	74,300	82,500
342	PSOT000768	Neck lift	29,800	35,000	43,800	61,300	78,800	87,500
343	PSOT001126	Surgery For Vascular, Malformation (large)	38,300	45,000	56,300	78,800	1,01,300	1,12,500
344	PSOT001127	Surgery For Vascular, Malformation (medium)	29,800	35,000	43,800	61,300	78,800	87,500
345	PSOT001128	Surgery For Vascular, Malformation (minor/small)	21,300	25,000	31,300	43,800	56,300	62,500
346	PSOT001156	Bone graft harvest-Large	25,500	30,000	37,500	52,500	67,500	75,000
347	PSOT001157	Bone graft harvest-Medium	15,300	18,000	22,500	31,500	40,500	45,000

Plastic Surgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
348	PSOT001158	Bone graft harvest-Small	10,700	12,500	15,700	21,900	28,200	31,300
349	PSOT001159	Breast augmentation with fat graft	68,000	80,000	1,00,000	1,40,000	1,80,000	2,00,000
350	PSOT001160	Alloplastic Breast reconstruction	55,300	65,000	81,300	1,13,800	1,46,300	1,62,500
351	PSOT001161	Burn contracture release - One area	29,800	35,000	43,800	61,300	78,800	87,500
352	PSOT001162	Burn contracture release - Two area	38,300	45,000	56,300	78,800	1,01,300	1,12,500
353	PSOT001163	Circumcision + frenuloplasty	25,500	30,000	37,500	52,500	67,500	75,000
354	PSOT001164	Examination & Exploration	12,800	15,000	18,800	26,300	33,800	37,500
355	PSOT001165	Implant removal finger	8,500	10,000	12,500	17,500	22,500	25,000
356	PSOT001166	Release of nerve compression	25,500	30,000	37,500	52,500	67,500	75,000
357	PSOT001167	Tendon contracture release Z plasty	29,800	35,000	43,800	61,300	78,800	87,500
358	PSOT001168	Burn contracture release - Multiple area	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
359	PSOT001169	Canthopexy	12,800	15,000	18,800	26,300	33,800	37,500
360	PSOT001170	Canthoplasty	20,400	24,000	30,000	42,000	54,000	60,000
361	PSOT001171	Cartilage garft harvest-Large	21,300	25,000	31,300	43,800	56,300	62,500
362	PSOT001172	Cartilage garft harvest-Medium	12,800	15,000	18,800	26,300	33,800	37,500
363	PSOT001173	Cartilage garft harvest-Small	8,500	10,000	12,500	17,500	22,500	25,000
364	PSOT001174	Flap thinning-Large	25,500	30,000	37,500	52,500	67,500	75,000
365	PSOT001175	Flap thinning-Medium	17,000	20,000	25,000	35,000	45,000	50,000
366	PSOT001176	Flap thinning-small	8,500	10,000	12,500	17,500	22,500	25,000
367	PSOT001177	Full thickness skin grafting-Large	42,500	50,000	62,500	87,500	1,12,500	1,25,000
368	PSOT001178	Full thickness skin grafting-Medium	25,500	30,000	37,500	52,500	67,500	75,000
369	PSOT001179	Full thickness skin grafting-Small	17,000	20,000	25,000	35,000	45,000	50,000
370	PSOT001180	Neck lift with platysmoplasty	55,300	65,000	81,300	1,13,800	1,46,300	1,62,500
371	PSOT001181	Nerve graft harvest	18,700	22,000	27,500	38,500	49,500	55,000
372	PSOT001182	ORIF for phalanges / hand fracture	18,700	22,000	27,500	38,500	49,500	55,000
373	PSOT001183	Serial splinting	10,200	12,000	15,000	21,000	27,000	30,000
374	PSOT001184	Sinus tract excision	29,800	35,000	43,800	61,300	78,800	87,500
375	PSOT001185	Tendon graft harvest	20,400	24,000	30,000	42,000	54,000	60,000
376	PSOT001186	Tendon reconstruction	38,300	45,000	56,300	78,800	1,01,300	1,12,500
377	PSOT001187	Tendon Reconstruction - multiple	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
378	PSOT001188	Tendon Reconstruction - single	29,800	35,000	43,800	61,300	78,800	87,500
379	PSOT001189	Tendon Reconstruction - Two	38,300	45,000	56,300	78,800	1,01,300	1,12,500

Plastic Surgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
92	PSPR000093	Arch bar removal	8,700	8,700	8,700	8,700	8,700	8,700
93	PSPR000094	Incision & Drainage (I & D)	4,700	4,700	4,700	4,700	4,700	4,700
94	PSPR000095	Punch Biopsy	1,800	1,800	1,800	1,800	1,800	1,800
95	PSPR000097	CAD CAM Assisted Reconstruction Planning -Major	11,600	11,600	11,600	11,600	11,600	11,600
96	PSPR000098	CAD CAM Assisted Reconstruction Planning -Minor	6,600	6,600	6,600	6,600	6,600	6,600
97	PSPR000099	Fat pad biopsy	2,900	3,300	4,200	5,800	7,500	8,300
Plastic Surgery Aesthetic Services								
1	PSTX000001	Hair Transplant - Face / Beard / Moustache - Single Area (aesthetic)	19,700	23,100	28,900	40,500	52,000	57,800
2	PSTX000002	Hair Transplant - Face / Beard / Moustache - Multiple Area (aesthetic)	39,300	46,200	57,800	80,900	1,04,000	1,15,500
3	PSTX000003	Abdominoplasty With Liposuction (aesthetic)	55,000	64,700	80,900	1,13,300	1,45,600	1,61,800
4	PSTX000007	Breast Augmentation (aesthetic)	41,400	48,600	60,800	85,100	1,09,400	1,21,500
5	PSTX000008	PRP-One Area (aesthetic)	7,000	8,200	10,300	14,400	18,500	20,500
6	PSTX000009	PRP-Two Area (aesthetic)	9,900	11,600	14,500	20,300	26,100	29,000
7	PSTX000010	PRP-Three Area (aesthetic)	14,100	16,500	20,700	28,900	37,200	41,300
8	PSTX000011	PRP-Full Face (aesthetic)	24,900	29,200	36,500	51,100	65,700	73,000
9	PSTX000014	Gynaecomastia Excision- Bilateral (aesthetic)	34,500	40,500	50,700	70,900	91,200	1,01,300
10	PSTX000015	Gynaecomastia Excision-Unilateral (aesthetic)	27,600	32,400	40,500	56,700	72,900	81,000
11	PSTX000016	Liposuction And Excision Of Gynaecomastia -Bilateral (aesthetic)	41,400	48,600	60,800	85,100	1,09,400	1,21,500
12	PSTX000017	Liposuction And Excision Of Gynaecomastia -Unilateral (aesthetic)	27,600	32,400	40,500	56,700	72,900	81,000
13	PSTX000018	Face + Neck Lift (aesthetic)	55,000	64,700	80,900	1,13,300	1,45,600	1,61,800
14	PSTX000019	Thread Lift (aesthetic)	30,400	35,700	44,700	62,500	80,400	89,300
15	PSTX000020	Hair Transplant - Technician Charges (aesthetic)	4,500	5,200	6,500	9,100	11,700	13,000
16	PSTX000021	Reduction Mammoplasty-Bilateral (aesthetic)	55,000	64,700	80,900	1,13,300	1,45,600	1,61,800
17	PSTX000022	Reduction Mammoplasty-Unilateral (aesthetic)	38,600	45,400	56,800	79,500	1,02,200	1,13,500
18	PSTX000024	Labial Fold Excision (Lasioplasty) (aesthetic)	27,600	32,400	40,500	56,700	72,900	81,000
19	PSTX000025	Penile Lengthening (aesthetic)	37,200	43,700	54,700	76,500	98,400	1,09,300
20	PSTX000033	Dimple Creation U/L (aesthetic)	22,800	26,800	33,500	46,900	60,300	67,000
21	PSTX000034	Dimple Creation B/L (aesthetic)	30,400	35,700	44,700	62,500	80,400	89,300
22	PSTX000035	Filler / Area (Excluding Cost) (aesthetic)	8,400	9,800	12,300	17,200	22,100	24,500
23	PSTX000036	Hair Transplant (Per Graft) (aesthetic)	110	120	200	300	300	300
24	PSTX000037	Hair Graft Eyebrow/Scar/Moustache (aesthetic)	41,400	48,600	60,800	85,100	1,09,400	1,21,500
25	PSTX000039	Lip Reduction (aesthetic)	34,500	40,500	50,700	70,900	91,200	1,01,300

Plastic Surgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
26	PSTX000042	Endoscopic Brow/ Forehead Lift (aesthetic)	41,400	48,600	60,800	85,100	1,09,400	1,21,500
27	PSTX000046	Face Lift- Mini (aesthetic)	55,000	64,700	80,900	1,13,300	1,45,600	1,61,800
28	PSTX000047	Face Lift- Small Scar (aesthetic)	68,700	80,800	1,01,000	1,41,400	1,81,800	2,02,000
29	PSTX000050	Hair Transplant (Hair Follicle) (aesthetic)	90	100	130	180	230	250
30	PSTX000073	Blepharoplasty 4 Lid (aesthetic)	47,200	55,500	69,400	97,200	1,24,900	1,38,800
31	PSTX000074	Blepharoplasty 2 Lid Upper Lid (aesthetic)	27,600	32,400	40,500	56,700	72,900	81,000
32	PSTX000075	Blepharoplasty 2 Lid Lower Lid (aesthetic)	39,300	46,200	57,800	80,900	1,04,000	1,15,500
33	PSTX000076	Microblading (aesthetic)	14,800	17,400	21,800	30,500	39,200	43,500
34	PSTX000077	Snif (Per Area) (aesthetic)	15,000	17,600	22,000	30,800	39,600	44,000
35	PSTX000123	Blepharoplasty Both Lids Both Eyes (aesthetic)	48,200	56,600	70,800	99,100	1,27,400	1,41,500
36	PSTX000124	Blepharoplasty One Lid Both Eyes (aesthetic)	34,500	40,500	50,700	70,900	91,200	1,01,300
37	PSTX000381	Malar/ Cheek Implant (aesthetic)	30,400	35,700	44,700	62,500	80,400	89,300
38	PSTX000398	Liposuction Upto 1 Litre (aesthetic)	30,400	35,700	44,700	62,500	80,400	89,300
39	PSTX000403	Lipoinjection Upto 10ML (aesthetic)	24,900	29,200	36,500	51,100	65,700	73,000
40	PSTX000404	Lipoinjection 10 - 20ML (aesthetic)	33,100	38,900	48,700	68,100	87,600	97,300
41	PSTX000405	Lipoinjection > 20ML (aesthetic)	41,400	48,600	60,800	85,100	1,09,400	1,21,500
42	PSTX000572	Nasal Tip Plasty (aesthetic)	33,100	38,900	48,700	68,100	87,600	97,300
43	PSTX000669	Genioplasty With Implant (aesthetic)	34,500	40,500	50,700	70,900	91,200	1,01,300
44	PSTX000670	Genioplasty Without Implant (aesthetic)	41,700	49,000	61,300	85,800	1,10,300	1,22,500
45	PSTX000671	Nose/ Body Piercing - Aesthetic	1,600	1,800	2,300	3,200	4,100	4,500
46	PSTX000672	Ear Piercing - Aesthetic	2,100	2,400	3,000	4,200	5,400	6,000
47	PSTX000675	Open tip composite rhinoplasty (aesthetic)	48,200	56,600	70,800	99,100	1,27,400	1,41,500
48	PSTX000676	Closed aesthetic rhinoplasty	41,400	48,600	60,800	85,100	1,09,400	1,21,500
49	PSTX000677	Open aesthetic rhinoplasty	46,800	55,000	68,800	96,300	1,23,800	1,37,500
50	PSTX000678	Nipple reconstruction-bilateral (Aesthetic)	41,400	48,600	60,800	85,100	1,09,400	1,21,500
51	PSTX000679	Nipple reconstruction-unilateral (Aesthetic)	27,600	32,400	40,500	56,700	72,900	81,000
52	PSTX000823	Otoplasty for bat ears (bilateral)	33,800	39,700	49,700	69,500	89,400	99,300
53	PSTX000824	Otoplasty for bat ears (unilateral)	22,600	26,500	49,700	46,400	59,700	66,300
54	PSTX000825	Split Ear Lobule Repair - Single	9,500	9,500	9,500	9,500	9,500	9,500
55	PSTX000826	Split Ear Lobule Repair - Both	16,000	16,000	16,000	16,000	16,000	16,000
56	PSTX000827	Liposuction-2 area	46,800	55,000	68,800	96,300	1,23,800	1,37,500

Plastic Surgery

S.No	Billing Code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
57	PSTX000828	Liposuction-3 area	59,500	70,000	87,500	1,22,500	1,57,500	1,75,000
58	PSTX000829	Liposuction-4 area	72,300	85,000	1,06,300	1,48,800	1,91,300	2,12,500

Billing Policy for Open / Non - Package

- a) OT Charges, Anaesthesia Charges and Doctor Professional fee shall be charged separately
- b) Investigations, Blood Bank, Pharmacy and Consumables shall be charged separately
- c) Physiotherapy and any additional procedure shall be charged separately
- d) Cost of Implants will be charged extra
- e) Room Rent, Nursing, Dietician and Patient Diet charges shall be charged as applicable and Separately

Pediatric Surgeries

S.No	Billing Code no	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
1	PDPN000003	Inguinal Hernia Repair	23,400	27,500	34,400	48,200	61,900	68,800
2	PDPN000004	Inguinal Hernia Repair with Mesh	24,400	28,600	35,800	50,100	64,400	71,500
3	PDPN000006	Neonatal Hernia Repair	26,200	30,800	38,500	53,900	69,300	77,000
4	PDPN000012	Obstructed / Complicated / Rare Hernia Repair	28,100	33,000	41,300	57,800	74,300	82,500
5	PDPN000017	Ventral Hernia Repair with/without Mesh (pead)	25,000	29,300	36,700	51,300	66,000	73,300
6	PDPN000020	Incision and Drainage-Intraperitoneal / Retroperitoneal	23,400	27,500	34,400	48,200	61,900	68,800
7	PDPN000021	Incision and Drainage Superficial Abscess	4,700	5,500	6,900	9,700	12,400	13,800
8	PDPN000022	Drainage Subcutaneous Abscess	9,900	11,600	14,500	20,300	26,100	29,000
9	PDPN000024	Drainage of abdominal wall haematoma (pead)	10,300	12,100	15,200	21,200	27,300	30,300
10	PDPN000025	Drainage of Deep Abscess	11,800	13,800	17,300	24,200	31,100	34,500
11	PDPN000028	Gastrostomy	18,700	22,000	27,500	38,500	49,500	55,000
12	PDPN000029	Gastro-Jejunostomy (pead)	26,500	31,100	38,900	54,500	70,000	77,800
13	PDPN000030	Exomphalos Repair	37,400	44,000	55,000	77,000	99,000	1,10,000
14	PDPN000031	Gastroschisis Repair	37,400	44,000	55,000	77,000	99,000	1,10,000
15	PDPN000033	Splenectomy	32,800	38,500	48,200	67,400	86,700	96,300
16	PDPN000034	Necrosectomy	37,400	44,000	55,000	77,000	99,000	1,10,000
17	PDPN000035	Hemicolectomy (paed)	28,100	33,000	41,300	57,800	74,300	82,500
18	PDPN000037	Fundoplication (pead)	32,800	38,500	48,200	67,400	86,700	96,300
19	PDPN000039	Resection & Anastomosis (pead)	25,300	29,700	37,200	52,000	66,900	74,300
20	PDPN000040	Resection & Anastomosis (Multiple) (pead)	30,000	35,200	44,000	61,600	79,200	88,000
21	PDPN000041	Ascitic Tap	3,100	3,600	4,500	6,300	8,100	9,000
22	PDPN000042	Diagnostic Laparoscopy (pead)	17,000	20,000	25,000	35,000	45,000	50,000
23	PDPN000043	Exploratory Laparotomy (pead)	17,000	20,000	25,000	35,000	45,000	50,000
24	PDPN000044	Duodenoduodenostomy / Duodenojejunostomy (paed)	30,000	35,200	44,000	61,600	79,200	88,000
25	PDPN000045	Excision / Drainage of Intra-Abdominal Cyst	32,800	38,500	48,200	67,400	86,700	96,300
26	PDPN000048	Jejunostomy	18,700	22,000	27,500	38,500	49,500	55,000
27	PDPN000049	Intussusception Reduction (pead)	25,000	29,300	36,700	51,300	66,000	73,300
28	PDPN000050	Mal Rotation of Gut - Correction	30,000	35,200	44,000	61,600	79,200	88,000
29	PDPN000052	Meckel's Diverticulum (pead)	23,400	27,500	34,400	48,200	61,900	68,800
30	PDPN000053	Neonatal Intestinal Obstruction (pead)	30,000	35,200	44,000	61,600	79,200	88,000
31	PDPN000054	Perforated Intestine Closure (pead)	30,000	35,200	44,000	61,600	79,200	88,000
32	PDPN000055	Cysto-Enterostomy	28,100	33,000	41,300	57,800	74,300	82,500

Pediatric Surgeries

S.No	Billing Code no	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
33	PDPN000056	Pyloromyotomy / Pyloroplasty	23,400	27,500	34,400	48,200	61,900	68,800
34	PDPN000058	Esophageal Replacement Surgery	37,400	44,000	55,000	77,000	99,000	1,10,000
35	PDPN000060	Adhesiolysis / Division of Intra Abdominal bands	20,000	23,500	29,400	41,200	52,900	58,800
36	PDPN000062	Tube Caecostomy	12,500	14,700	18,400	25,800	33,100	36,800
37	PDPN000063	Volvulus of Sigmoid Colon	17,500	20,500	25,700	35,900	46,200	51,300
38	PDPN000065	Oomphalectomy	25,000	29,300	36,700	51,300	66,000	73,300
39	PDPN000066	Anoplasty (pead)	17,000	20,000	25,000	35,000	45,000	50,000
40	PDPN000067	Anal Fistula Treatment	23,400	27,500	34,400	48,200	61,900	68,800
41	PDPN000069	Haemorrhoidectomy (pead)	18,700	22,000	27,500	38,500	49,500	55,000
42	PDPN000071	Anal Dilatation (pead)	7,500	8,800	11,000	15,400	19,800	22,000
43	PDPN000072	Abdominoperineal Resection of Rectum (pead)	34,900	41,000	51,300	71,800	92,300	1,02,500
44	PDPN000073	High Anorectal malformation (Pull Through) (pead)	37,400	44,000	55,000	77,000	99,000	1,10,000
45	PDPN000074	Hirschsprung's Surgery-Pull Through) (pead)	37,400	44,000	55,000	77,000	99,000	1,10,000
46	PDPN000076	PSARP	25,000	29,300	36,700	51,300	66,000	73,300
47	PDPN000077	Rectal myomectomy (pead)	15,000	17,600	22,000	30,800	39,600	44,000
48	PDPN000078	Rectal Biopsy (pead)	7,700	9,000	11,300	15,800	20,300	22,500
49	PDPN000079	Rectal Polyp Excision (pead)	7,500	8,800	11,000	15,400	19,800	22,000
50	PDPN000080	Sigmoidoscopy (with or without Biopsy) (pead)	7,800	9,100	11,400	16,000	20,500	22,800
51	PDPN000081	Sclero Therapy Rectum (pead)	7,500	8,800	11,000	15,400	19,800	22,000
52	PDPN000082	Thierschs Operation/Wiring (pead)	9,400	11,000	13,800	19,300	24,800	27,500
53	PDPN000083	Rectal prolapse rectopexy open/lap (pead)	32,800	38,500	48,200	67,400	86,700	96,300
54	PDPN000085	FB Removal superficial (pead)	5,600	6,500	8,200	11,400	14,700	16,300
55	PDPN000086	Deep FB (pead)	10,200	12,000	15,000	21,000	27,000	30,000
56	PDPN000087	Minor (pead)	5,100	5,900	7,400	10,400	13,300	14,800
57	PDPN000088	Medium (pead)	10,100	11,800	14,800	20,700	26,600	29,500
58	PDPN000089	Large (pead)	15,000	17,600	22,000	30,800	39,600	44,000
59	PDPN000090	Nail bed reconstruction- single finger (pead)	21,300	25,000	31,300	43,800	56,300	62,500
60	PDPN000093	Nail bed repair	16,900	19,800	24,800	34,700	44,600	49,500
61	PDPN000095	Split Skin Graft	20,000	23,500	29,400	41,200	52,900	58,800
62	PDPN000098	Polydactly Complex	25,500	30,000	37,500	52,500	67,500	75,000
63	PDPN000099	Polydactly Simplex (paed)	18,700	22,000	27,500	38,500	49,500	55,000
64	PDPN000102	Syndactly-Single (pead)	32,300	38,000	47,500	66,500	85,500	95,000
65	PDPN000103	Exc of multiple cysts (pead)	17,900	21,000	26,300	36,800	47,300	52,500
66	PDPN000104	Exc of cyst / mole (pead)	9,400	11,000	13,800	19,300	24,800	27,500

Pediatric Surgeries

S.No	Billing Code no	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
67	PDPN000105	Branchial Cyst or Fistula/Sinus (Unilateral) (pead)	19,600	23,000	28,800	40,300	51,800	57,500
68	PDPN000107	Cystic hygroma	28,100	33,000	41,300	57,800	74,300	82,500
69	PDPN000109	Excision of Mass (pead)	15,300	18,000	22,500	31,500	40,500	45,000
70	PDPN000111	Ranula excision (pead)	20,000	23,500	29,400	41,200	52,900	58,800
71	PDPN000113	Release of Sternocleidomastoid-Torticollis (pead)	22,500	26,400	33,000	46,200	59,400	66,000
72	PDPN000114	Sub-Mandibular Salivary Gland Removal (pead)	18,000	21,100	26,400	37,000	47,500	52,800
73	PDPN000115	Superficial Parotidectomy (pead)	31,900	37,500	46,900	65,700	84,400	93,800
74	PDPN000116	Thyroglossal Cyst/Sinus/Fistula (pead)	27,200	32,000	40,000	56,000	72,000	80,000
75	PDPN000117	Tongue Tie (pead)	7,700	9,000	11,300	15,800	20,300	22,500
76	PDPN000119	Choledochal cyst (Roux-en-Y) (pead)	46,800	55,000	68,800	96,300	1,23,800	1,37,500
77	PDPN000120	Bililary Atresia (Kasai procedure) (pead)	39,900	46,900	58,700	82,100	1,05,600	1,17,300
78	PDPN000121	Cholecystectomy (pead)	25,000	29,300	36,700	51,300	66,000	73,300
79	PDPN000123	Aspiration of Liver Abscess (pead)	4,700	5,500	6,900	9,700	12,400	13,800
80	PDPN000126	Cholecystostomy (pead)	20,000	23,500	29,400	41,200	52,900	58,800
81	PDPN000127	Hydatid Cyst of Liver (pead)	33,300	39,100	48,900	68,500	88,000	97,800
82	PDPN000131	Liver Lobectomy (paed)	28,100	33,000	41,300	57,800	74,300	82,500
83	PDPN000132	Hemi Hepatectomy	44,400	52,200	65,300	91,400	1,17,500	1,30,500
84	PDPN000136	Cysto-Enterostomy (paed)	37,400	44,000	55,000	77,000	99,000	1,10,000
85	PDPN000137	Cysto-Jejunostomy (paed)	37,400	44,000	55,000	77,000	99,000	1,10,000
86	PDPN000138	Laparoscopic distal pancreatectomy (pead)	37,400	44,000	55,000	77,000	99,000	1,10,000
87	PDPN000140	Necrosectomy and drainage of pancreatic abscess (pead)	37,400	44,000	55,000	77,000	99,000	1,10,000
88	PDPN000141	urethral fistula Repair (pead)	15,000	17,600	22,000	30,800	39,600	44,000
89	PDPN000142	Chordee correction (pead)	19,700	23,100	28,900	40,500	52,000	57,800
90	PDPN000143	Single stage distal Hypospadias repair/Chodee without hypospadias (pead)	34,000	40,000	50,000	70,000	90,000	1,00,000
91	PDPN000144	1st stage Hypospadias repair - staged (pead)	23,000	27,000	33,800	47,300	60,800	67,500
92	PDPN000145	2nd stage Hypospadias repair -staged (pead)	40,200	47,200	59,000	82,600	1,06,200	1,18,000
93	PDPN000146	Single stage proximal Hypospadias repair / chordee without hypospadias (pead)	45,900	53,900	67,400	94,400	1,21,300	1,34,800
94	PDPN000147	Laproscopy orchidopexy (pead)	26,200	30,800	38,500	53,900	69,300	77,000
95	PDPN000148	Laparoscopic Adhesiolysis (pead)	23,400	27,500	34,400	48,200	61,900	68,800
96	PDPN000149	Laparoscopic / Open Adrenalectomy (paed)	37,400	44,000	55,000	77,000	99,000	1,10,000
97	PDPN000153	Reduction of Intussusception (paed)	25,000	29,300	36,700	51,300	66,000	73,300
98	PDPN000154	Ladds Band (paed)	25,000	29,300	36,700	51,300	66,000	73,300
99	PDPN000156	Appendicectomy (paed)	25,000	29,300	36,700	51,300	66,000	73,300
100	PDPN000157	Lap-Rectal prolapse (pead)	32,800	38,500	48,200	67,400	86,700	96,300
101	PDPN000158	Tumor soft tissue small (pead)	11,300	13,200	16,500	23,100	29,700	33,000

Pediatric Surgeries

S.No	Billing Code no	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
102	PDPN000159	Tumor Soft Tissue Medium	18,700	22,000	27,500	38,500	49,500	55,000
103	PDPN000160	Exc of skin lesion	23,000	27,000	33,800	47,300	60,800	67,500
104	PDPN000162	Exc of skin lesion - Large	33,500	39,300	49,200	68,800	88,500	98,300
105	PDPN000167	Laceration - Small	8,100	9,500	11,900	16,700	21,400	23,800
106	PDPN000170	Lacerations- facial Small (pead)	4,600	5,400	6,800	9,500	12,200	13,500
107	PDPN000171	Laceration-Medium (paed)	10,200	12,000	15,000	21,000	27,000	30,000
108	PDPN000173	Laceration - Large	17,000	20,000	25,000	35,000	45,000	50,000
109	PDPN000174	Laceration-Multiple (paed)	33,100	38,900	48,700	68,100	87,600	97,300
110	PDPN000181	skin graft large (pead)	32,300	38,000	47,500	66,500	85,500	95,000
111	PDPN000182	Skin Graft small (pead)	13,200	15,500	19,400	27,200	34,900	38,800
112	PDPN000183	skin graft medium (pead)	17,000	20,000	25,000	35,000	45,000	50,000
113	PDPN000184	Z plasty/single (pead)	19,600	23,000	28,800	40,300	51,800	57,500
114	PDPN000185	Z plasty/multiply (pead)	26,000	30,500	38,200	53,400	68,700	76,300
115	PDPN000188	Small (pead)	5,200	6,100	7,700	10,700	13,800	15,300
116	PDPN000189	Examination Under Anesthesia (pead)	8,500	9,900	12,400	17,400	22,300	24,800
117	PDPN000190	Excision of imperforate hymen (pead)	9,400	11,000	13,800	19,300	24,800	27,500
118	PDPN000191	Laparoscopic Ovarian Torsion (pead)	26,200	30,800	38,500	53,900	69,300	77,000
119	PDPN000192	Vaginoplasty (pead)	31,200	36,700	45,900	64,300	82,600	91,800
120	PDPN000193	Oesophagoscopy rigid Removal FB (pead)	10,200	12,000	15,000	21,000	27,000	30,000
121	PDPN000194	Bronchoscopy Paediatric (pead)	13,600	16,000	20,000	28,000	36,000	40,000
122	PDPN000195	Aerodigestive Airway FB Removal / Lavage (paed)	21,300	25,000	31,300	43,800	56,300	62,500
123	PDPN000196	Chest Tube Insertion (pead)	9,400	11,000	13,800	19,300	24,800	27,500
124	PDPN000197	Diagphragmatic Hernia / Eventration of Diaphragm	46,800	55,000	68,800	96,300	1,23,800	1,37,500
125	PDPN000198	Diagnostic Thoracoscopy/Thoractomy (pead)	15,000	17,600	22,000	30,800	39,600	44,000
126	PDPN000200	Lung Abscess Surgery (pead)	32,800	38,500	48,200	67,400	86,700	96,300
127	PDPN000202	Oesophagostomy (pead)	14,100	16,500	20,700	28,900	37,200	41,300
128	PDPN000203	Ped Esophageal Dilatation (pead)	9,400	11,000	13,800	19,300	24,800	27,500
129	PDPN000204	Pleurodesis (pead)	7,500	8,800	11,000	15,400	19,800	22,000
130	PDPN000205	Pleural Tap (pead)	3,400	3,900	4,900	6,900	8,800	9,800
131	PDPN000206	Decortication (paed)	37,400	44,000	55,000	77,000	99,000	1,10,000
132	PDPN000207	Lobectomy (paed)	37,400	44,000	55,000	77,000	99,000	1,10,000
133	PDPN000217	Oesophageal Atresia and tracheo-oesophageal fistula (pead)	46,800	55,000	68,800	96,300	1,23,800	1,37,500
134	PDPN000231	Intercostal Block (pead)	4,300	5,000	6,300	8,800	11,300	12,500

Pediatric Surgeries

S.No	Billing Code no	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
135	PDPN000233	Excision of Chest Wall tumour (paed)	23,400	27,500	34,400	48,200	61,900	68,800
136	PDPN000236	Thoracotomy and Evacuation of Hematoma (paed)	23,400	27,500	34,400	48,200	61,900	68,800
137	PDPN000249	Thoracotomy and Bronchopleural fistula closure (paed)	43,900	51,600	64,500	90,300	1,16,100	1,29,000
138	PDPN000252	Pneumonectomy / Bronchial Cyst Excision	46,600	54,800	68,500	95,900	1,23,300	1,37,000
139	PDPN000253	Lung Biopsy	18,700	22,000	27,500	38,500	49,500	55,000
140	PDPN000256	Excision of Lung / Mediastinal Tumours	45,900	53,900	67,400	94,400	1,21,300	1,34,800
141	PDPN000262	VATS/ Thoracoscopic Pleurodesis (paed)	14,100	16,500	20,700	28,900	37,200	41,300
142	PDPN000271	Thoracoscopic Mediastinal Lymph node biopsy (paed)	30,000	35,200	44,000	61,600	79,200	88,000
143	PDPN000273	VATS / Thoracoscopic Thymectomy (paed)	46,500	54,700	68,400	95,800	1,23,100	1,36,800
144	PDPN000282	Palatoplasty Complete palate (paed)	32,800	38,500	48,200	67,400	86,700	96,300
145	PDPN000283	Palatoplasty Secondary palate (paed)	32,800	38,500	48,200	67,400	86,700	96,300
146	PDPN000284	Cleft lip + anterior palate repair b/l (paed)	55,000	64,700	80,900	1,13,300	1,45,600	1,61,800
147	PDPN000285	Cleft lip + anterior palate repair u/l (paed)	41,400	48,600	60,800	85,100	1,09,400	1,21,500
148	PDPN000287	(Cleft lip repair b/l) incomplete (paed)	41,400	48,600	60,800	85,100	1,09,400	1,21,500
149	PDPN000288	(Cleft lip repair b/l) complete (paed)	48,200	56,600	70,800	99,100	1,27,400	1,41,500
150	PDPN000289	(Cleft lip repair u/l) incomplete (paed)	27,600	32,400	40,500	56,700	72,900	81,000
151	PDPN000290	(Cleft lip repair u/l) complete (paed)	34,500	40,500	50,700	70,900	91,200	1,01,300
152	PDPN000291	Laminectomy	40,000	47,000	58,800	82,300	1,05,800	1,17,500
153	PDPN000292	Meningocele	42,100	49,500	61,900	86,700	1,11,400	1,23,800
154	PDPN000298	Ventricular Puncture	7,500	8,800	11,000	15,400	19,800	22,000
155	PDPN000299	External Ventricular Drainage	17,800	20,900	26,200	36,600	47,100	52,300
156	PDPN000300	Augmentation Cystoplasty (paed)	55,300	65,000	81,300	1,13,800	1,46,300	1,62,500
157	PDPN000302	Cystolithotomy/Trocar SPC/Suprapubic Cystostomy (paed)	14,100	16,500	20,700	28,900	37,200	41,300
158	PDPN000303	Cystoscopy (paed)	7,500	8,800	11,000	15,400	19,800	22,000
159	PDPN000305	Cystocopy with retrograde catheterisation-bilateral (paed)	16,900	19,800	24,800	34,700	44,600	49,500
160	PDPN000306	Cystocopy with retrograde ureteric catheterisation-unilateral (paed)	11,300	13,200	16,500	23,100	29,700	33,000
161	PDPN000307	Stent removal (paed)	4,700	5,500	6,900	9,700	12,400	13,800
162	PDPN000309	Dilatation of Urethral Stricture/Calibration (paed)	7,500	8,800	11,000	15,400	19,800	22,000
163	PDPN000310	Double J stent placement in ureter-bilateral (paed)	16,900	19,800	24,800	34,700	44,600	49,500
164	PDPN000311	Double J stent placement in ureter-Unilateral (paed)	11,300	13,200	16,500	23,100	29,700	33,000
165	PDPN000312	Epispadis Repair (paed)	32,800	38,500	48,200	67,400	86,700	96,300

Pediatric Surgeries

S.No	Billing Code no	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
166	PDPN000313	Epispadis exstrophy Repair (pead)	46,800	55,000	68,800	96,300	1,23,800	1,37,500
167	PDPN000314	Circumcision (pead)	11,300	13,200	16,500	23,100	29,700	33,000
168	PDPN000315	Meatoplasty (pead)	10,100	11,800	14,800	20,700	26,600	29,500
169	PDPN000316	Meatotomy (pead)	4,700	5,500	6,900	9,700	12,400	13,800
170	PDPN000318	Nephrectomy Simple (pead)	40,000	47,000	58,800	82,300	1,05,800	1,17,500
171	PDPN000321	Nephrostomy-Open (pead)	17,000	20,000	25,000	35,000	45,000	50,000
172	PDPN000322	Partial Nephrectomy/Nephrolithotomy (pead)	61,800	72,600	90,800	1,27,100	1,63,400	1,81,500
173	PDPN000323	Radical Nephroureterectomy (pead)	40,000	47,000	58,800	82,300	1,05,800	1,17,500
174	PDPN000327	Pyeloplasty Lap/open (pead)	34,000	40,000	50,000	70,000	90,000	1,00,000
175	PDPN000334	Urethroscopy Diagnostic (pead)	5,800	6,800	8,500	11,900	15,300	17,000
176	PDPN000335	Ureteric Implantation (Unilateral) (pead)	32,300	38,000	47,500	66,500	85,500	95,000
177	PDPN000337	Ureterolithotomy (pead)	25,500	30,000	37,500	52,500	67,500	75,000
178	PDPN000338	Ureterostomy (Unilateral) (pead)	27,200	32,000	40,000	56,000	72,000	80,000
179	PDPN000340	Urethrostomy (pead)	15,800	18,500	23,200	32,400	41,700	46,300
180	PDPN000341	Vesicostomy (pead)	28,700	33,700	42,200	59,000	75,900	84,300
181	PDPN000342	Doral slit prepuce (pead)	7,100	8,300	10,400	14,600	18,700	20,800
182	PDPN000344	RGU Uro (pead)	3,800	4,400	5,500	7,700	9,900	11,000
183	PDPN000345	MCU Uro Macturatung Cystourethrogram (pead)	3,400	3,900	4,900	6,900	8,800	9,800
184	PDPN000346	Nephrostogram (pead)	2,400	2,800	3,500	4,900	6,300	7,000
185	PDPN000347	Colonic Biopsy (pead)	28,100	33,000	41,300	57,800	74,300	82,500
186	PDPN000349	Colostomy	27,000	31,700	39,700	55,500	71,400	79,300
187	PDPN000354	Bishop Koop / Santull I (Paed)	32,800	38,500	48,200	67,400	86,700	96,300
188	PDPN000357	Orchidectomy (Unilateral) (pead)	20,600	24,200	30,300	42,400	54,500	60,500
189	PDPN000359	Orchidopexy (Unilateral) (pead)	28,100	33,000	41,300	57,800	74,300	82,500
190	PDPN000361	Torsion Testis (pead)	23,400	27,500	34,400	48,200	61,900	68,800
191	PDPN000362	Testicular Biopsy (pead)	11,500	13,500	16,900	23,700	30,400	33,800
192	PDPN000364	Chemoport Insertion (pead)	13,100	15,400	19,300	27,000	34,700	38,500
193	PDPN000365	Chemoport Removal (pead)	13,100	15,400	19,300	27,000	34,700	38,500
194	PDPN000366	Hickman Line Insertion (pead)	9,100	10,600	13,300	18,600	23,900	26,500
195	PDPN000367	Central venous line insertion (pead)	2,900	3,300	4,200	5,800	7,500	8,300

Pediatric Surgeries

S.No	Billing Code no	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
196	PDPN000369	Neonate Central Venous Access/PICC Line (pead)	9,100	10,600	13,300	18,600	23,900	26,500
197	PDPN000370	Venesection (pead)	9,100	10,600	13,300	18,600	23,900	26,500
198	PDPN000379	Clitoroplasty (Pead)	42,100	49,500	61,900	86,700	1,11,400	1,23,800
199	PDPN000380	Marsupilazation (pead)	23,000	27,000	33,800	47,300	60,800	67,500
200	PDPN000381	Pilonidal Sinus (pead)	23,400	27,500	34,400	48,200	61,900	68,800
201	PDPN000382	Sacrococcygeal Teratoma (pead)	32,800	38,500	48,200	67,400	86,700	96,300
202	PDPN000385	PAN ENDOSCOPY perineum (paed)	16,900	19,800	24,800	34,700	44,600	49,500
203	PDPN000386	Scrotal Exporation (paed)	11,800	13,800	17,300	24,200	31,100	34,500
204	PDPN000387	Gonadal Biopsy (paed)	18,700	22,000	27,500	38,500	49,500	55,000
205	PDPN000388	Ovarian Cyst Excision (paed)	24,400	28,600	35,800	50,100	64,400	71,500
206	PDPN000389	Retroperitoneal tumour Exc (paed)	43,100	50,600	63,300	88,600	1,13,900	1,26,500
207	PDPN000390	Repair of congenital defects (paed)	47,700	56,100	70,200	98,200	1,26,300	1,40,300
208	PDPN000392	Meningomyelocele (paed)	63,800	75,000	93,800	1,31,300	1,68,800	1,87,500
209	PDPN000393	Untethering cord (paed)	56,200	66,100	82,700	1,15,700	1,48,800	1,65,300
210	PDPN000395	Diplomyelia with bony spur (paed)	78,600	92,400	1,15,500	1,61,700	2,07,900	2,31,000
211	PDPN000396	Lipomeningomyelocele (paed)	78,600	92,400	1,15,500	1,61,700	2,07,900	2,31,000
212	PDPN000399	Encephalocele (paed)	78,600	92,400	1,15,500	1,61,700	2,07,900	2,31,000
213	PDPN000400	Cervical lymph node biopsy (paed)	11,300	13,200	16,500	23,100	29,700	33,000
214	PDPN000401	Inguinal lymph node resection (paed)	18,700	22,000	27,500	38,500	49,500	55,000
215	PDPN000402	Drainage of deep neck space abscess (paed)	18,700	22,000	27,500	38,500	49,500	55,000
216	PDPN000404	Neck Mass Excision Large (paed)	25,500	30,000	37,500	52,500	67,500	75,000
217	PDPN000405	Stoma Closure	23,400	27,500	34,400	48,200	61,900	68,800
218	PDPN000406	ileostomy (paed)	23,400	27,500	34,400	48,200	61,900	68,800
219	PDPN000407	Truncal Vegotomy	25,300	29,700	37,200	52,000	66,900	74,300
220	PDPN000408	Excision of Tumor soft tissue- Superficial mass (paed)	26,000	30,500	38,200	53,400	68,700	76,300
221	PDPN000409	Debridement Large (Paed)	19,700	23,100	28,900	40,500	52,000	57,800
222	PDPN000410	Debridement Medium (Paed)	9,400	11,000	13,800	19,300	24,800	27,500
223	PDPN000411	Debridement Small (Paed)	7,500	8,800	11,000	15,400	19,800	22,000
224	PDPN000412	Multiple biopsies of small and large bowel (Paed)	46,800	55,000	68,800	96,300	1,23,800	1,37,500

Pediatric Surgeries

S.No	Billing Code no	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
225	PDPN000413	SAC/SILO for giant Omphaloceal	74,800	88,000	1,10,000	1,54,000	1,98,000	2,20,000
226	PDPN000414	Transanal endorectal surgery	37,400	44,000	55,000	77,000	99,000	1,10,000
227	PDPN000415	Nail Excision / Abscess	9,400	11,000	13,800	19,300	24,800	27,500
228	PDPN000416	Clinical Procedure in Radiology	3,800	4,400	5,500	7,700	9,900	11,000
229	PDPN000417	Chest tube in ICU	11,300	13,200	16,500	23,100	29,700	33,000
230	PDPN000418	V - Y Plasty	7,500	8,800	11,000	15,400	19,800	22,000
231	PDPN000419	Preputioplasty	23,400	27,500	34,400	48,200	61,900	68,800
232	PDPN000420	Umbilical Exploration	18,700	22,000	27,500	38,500	49,500	55,000
233	PDPN000421	RPNLD (Paed)	56,700	66,600	83,300	1,16,600	1,49,900	1,66,500
234	PDPN000422	Laparoscopy Orchidopexy Stage 2nd (Paed)	26,200	30,800	38,500	53,900	69,300	77,000
235	PDPN000423	Nesbits Procedure (Paed)	22,100	26,000	32,500	45,500	58,500	65,000
236	PDPN000424	Release of Sternocleidomastoid-Torticollis Bipolar (pead)	30,000	35,200	44,000	61,600	79,200	88,000
237	PDPN000425	Shunt For Hydrocephalus	53,600	63,000	78,800	1,10,300	1,41,800	1,57,500
238	PDPN000426	Prepuical Adhesiolysis	3,800	4,400	5,500	7,700	9,900	11,000
239	PDPN000427	Labial Adhesiolysis	3,800	4,400	5,500	7,700	9,900	11,000
240	PDPN000428	Valve Ablation	20,600	24,200	30,300	42,400	54,500	60,500
241	PDPN000435	Video Assisted anal fistula surgery	23,800	28,000	35,000	49,000	63,000	70,000
242	PDPN000436	Vaginoscopy	12,800	15,000	18,800	26,300	33,800	37,500
Procedure								
241	PDPR000002	Dressing-Small (Paed)	1,500	1,700	2,200	3,000	3,900	4,300
242	PDPR000003	Dressing-Medium (Paed)	1,900	2,200	2,800	3,900	5,000	5,500
243	PDPR000004	Dressing-Large (Paed)	2,400	2,800	3,500	4,900	6,300	7,000
244	PDPR000005	Ear/Nose/Body Piercing in children (Paed)	1,900	2,200	2,800	3,900	5,000	5,500
245	PDPR000006	Skin Prick - One allergen (milk/wheat/gluten)	1,500	1,700	2,200	3,000	3,900	4,300
246	PDPR000007	Skin Prick - Five allergens (milk+egg+gluten+peanut+ wheat)	4,700	5,500	6,900	9,700	12,400	13,800
247	PDPR000008	Skin Prick - Eight allergent (milk+egg+gluten+peanut+ wheat+fish+ baker yeast +chana dal)	7,500	8,800	11,000	15,400	19,800	22,000

Billing Policy for Open / Non - Package

- a) OT Charges, Anaesthesia Charges and Doctor Professional fee shall be charged separately
- b) Investigations, Blood Bank, Pharmacy and Consumables shall be charged separately
- c) Physiotherapy and any additional procedure shall be charged separately
- d) Cost of Implants will be charged extra
- e) Room Rent, Nursing, Dietician and Patient Diet charges shall be charged as applicable and Separately

Paediatric

S.No	Billing Code no	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
1	PDPR000009	Peritoneal tap	2,900	3,300	4,200	5,800	7,500	8,300
2	PDPR000010	Surfactant administration	4,700	5,500	6,900	9,700	12,400	13,800
3	PDPR000011	Partial exchange transfusion	5,700	6,600	8,300	11,600	14,900	16,500
4	PDPR000012	Pericardiocentesis	7,500	8,800	11,000	15,400	19,800	22,000
5	PDPR000013	Exchange transfusion (DVET)	13,100	15,400	19,300	27,000	34,700	38,500
6	PDPR000014	Total Parenteral Nutrition (TPN) prep	1,900	2,200	2,800	3,900	5,000	5,500
7	PDPR000015	Suprapubic bladder tap	1,300	1,430	1,800	2,600	3,300	3,600
8	PDPR000016	Inhaled nitric oxide (iNO)	4,700	5,500	6,900	9,700	12,400	13,800
9	PDPR000017	Invasive blood pressure monitoring (Paed)	300	330	500	600	800	900
10	PDPR000019	Cerebral function monitoring (CFM)	1,300	1,430	1,800	2,600	3,300	3,600
11	PDPR000020	Endtidal Co2	500	550	700	1,000	1,300	1,400
12	PDPR000021	Therapeutic hypothermia maintenance	6,600	7,700	9,700	13,500	17,400	19,300
13	PDPR000022	Fiber-optic phototherapy	1,900	2,200	2,800	3,900	5,000	5,500
14	PDPR000023	Partial Parenteral Nutrition	1,900	2,200	2,800	3,900	5,000	5,500
15	PDPR000026	Incubator	1,000	1,100	1,400	2,000	2,500	2,800
16	PDPR000027	High Frequency Ventilators(HFO)	4,700	5,500	6,900	9,700	12,400	13,800
17	PDPR000028	Double Surface Phototherapy	3,300	3,850	4,900	6,800	8,700	9,700
18	PDPR000029	Transcutaneous bilirubin measurement (TCB)	400	440	600	800	1,000	1,100
19	PDPR000030	Multipurpose Monitor	600	660	900	1,200	1,500	1,700
20	PDPR000031	Umbilical artery catheterisation (UAC)	3,300	3,850	4,900	6,800	8,700	9,700
21	PDPR000032	Umbilical vein catheterisation (UVC)	3,300	3,850	4,900	6,800	8,700	9,700
22	PDPR000033	Neonate Central Venous Access/PICC Line (pead)	4,300	4,950	6,200	8,700	11,200	12,400

Neonatal

1	NEPR000001	Neonatal Resuscitation Charges (Neonatology)	4,700	5,500	6,900	9,700	12,400	13,800
2	NEPR000002	Exchange transfusion (DVET) (Neonatology)	9,400	11,000	13,800	19,300	24,800	27,500
3	NEPR000003	Invasive blood pressure monitoring (Neonatology)	800	880	1,100	1,600	2,000	2,200
4	NEPR000005	Therapeutic hypothermia initiation (Neonatology)	2,900	3,300	4,200	5,800	7,500	8,300
5	NEPR000006	Endotracheal intubation (Neonatology)	1,500	1,650	2,100	2,900	3,800	4,200
6	NEPR000007	CT/MRI Sedation (Neonatology)	1,900	2,200	2,800	3,900	5,000	5,500
7	NEPR000008	Tube/Catheter/Suture Removal (Neonatology)	400	418	600	800	1,000	1,100

Paediatric

S.No	Billing Code no	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing/ **	Single	Single Dlx	Super Dlx	Suite
8	NEPR000009	Needle Chest Drainage (Neonatology)	500	550	700	1,000	1,300	1,400
9	NEPR000011	ICD Removal (Neonatology)	1,900	2,200	2,800	3,900	5,000	5,500
10	NEPR000012	Lumbar Puncture (Neonatology)	3,800	4,400	5,500	7,700	9,900	11,000
11	NEPR000013	AABR (Neonatology)	2,400	2,750	3,500	4,900	6,200	6,900
12	NEPR000016	Arterial Canulation (Neonatology)	1,000	1,100	1,400	2,000	2,500	2,800
13	NEPR000017	CPAP/HFNC (Neonatology)	2,400	2,750	3,500	4,900	6,200	6,900
14	NEPR000018	NIPPV/nHFOV (Neonatology)	3,300	3,850	4,900	6,800	8,700	9,700
15	NEPR000019	Mechanical Ventilation (Neonatology)	4,700	5,500	6,900	9,700	12,400	13,800
16	NEPR000020	Dressing (Neonatology)	500	550	700	1,000	1,300	1,400
17	NEPR000021	Peritoneal Dialysis Catheter Insertion (Neonatology)	2,400	2,750	3,500	4,900	6,200	6,900
18	NEPR000022	Peritoneal Dialysis /Day (Neonatology)	4,700	5,500	6,900	9,700	12,400	13,800
19	NEPR000024	iNO Initiation (Neonatology)	3,300	3,850	4,900	6,800	8,700	9,700
20	NEPR000025	OG insertion (Neonatology)	500	550	700	1,000	1,300	1,400
21	NEPR000026	Urinary Catheter Insertion (Neonatology)	1,000	1,100	1,400	2,000	2,500	2,800
22	NEPR000027	Ventricular tap (Neonatology)	5,700	6,600	8,300	11,600	14,900	16,500
23	NEPR000028	Neonatal Intercoastal Chest tube insertion and drainage	2,900	3,300	4,200	5,800	7,500	8,300
24	NEPR000029	ADP (Abdominal Diagnostic Paracentesis) Neonate	1,500	1,650	2,100	2,900	3,800	4,200
25	NEPR000030	ATP (Abdominal Therapeutic Paracentesis) Neonate	2,900	3,300	4,200	5,800	7,500	8,300
26	NEPR000031	Central Line Insertion (Neonatology)/PICC Line	2,400	2,750	3,500	4,900	6,200	6,900

Respiratory & Sleep Study

Department	Billing code	Service Name	Charges in INR						
			OPD/Day Care	General	Sharing/**	Single	Single Dlx	Super Dlx	Suite
Bronchoscopy	RMBS000006	BRONCHOSCOPY BRUSHING	-	-	2,400	3,000	4,200	5,400	6,000
	RMBS000007	BRONCHOSCOPY WITH FORIEGN BODY REMOVAL	-	-	25,000	31,300	43,800	56,300	62,500
	RMBS000008	BRONCHOSCOPY WITH ELECTROCAUTERY	-	-	30,000	37,500	52,500	67,500	75,000
	RMBS000009	BRONCHOSCOPY WITH BALLOON DIALATATION	-	-	30,000	37,500	52,500	67,500	75,000
	RMBS000010	BRONCHOSCOPY WITH ENDOTRACHEAL STENTING	-	-	30,000	37,500	52,500	67,500	75,000
	RMBS000011	Check Bronchoscopy	-	-	11,000	13,800	19,300	24,800	27,500
	RMBS000012	BAL (<i>Bronchoscopic</i>)	6,600	-	6,600	8,300	11,600	14,900	16,500
	RMBS000013	EBB (<i>Bronchoscopic</i>)	9,000	-	9,000	11,300	15,800	20,300	22,500
	RMBS000014	TBLB (<i>Bronchoscopic</i>)	10,000	-	10,000	12,500	17,500	22,500	25,000
	RMBS000015	TBNA (<i>Bronchoscopic</i>)	11,400	-	11,400	14,300	20,000	25,700	28,500
	RMBS000020	Argon plasma coagulation - Bronchoscopy	30,000	-	30,000	37,500	52,500	67,500	75,000
	RMBS000021	Rigid Bronchoscopy	30,000	-	30,000	37,500	52,500	67,500	75,000
	RMBS000029	BRONCHOSCOPY WITH TUMOUR DE-BULKING	-	-	45,000	56,300	78,800	1,01,300	1,12,500
Pulmonary Medicine	RMPM000001	Pulmonary function test	-	-	2,200	2,800	3,900	5,000	5,500
	RMPM000002	Pulmonary function test with Bronchodilator Reversibility	-	-	3,000	3,800	5,300	6,800	7,500
	RMPM000003	Pulmonary function test with BRD and Diffusion	-	-	4,200	5,300	7,400	9,500	10,500
	RMPM000004	Bronchodilator Reversibility	-	-	600	-	-	-	-
	RMPM000005	Diffusion study	-	-	500	-	-	-	-
	RMPM000006	6 Minute walk test	-	-	750	-	-	-	-
	RMPM000007	BPAP / CPAP including initiation per day	-	-	3,000	3,800	5,300	6,800	7,500
	RMPM000009	Oxygen Titration Test	-	-	400	-	-	-	-
	RMPM000010	FENO (FRACTION OF EXHALED NITRIC OXIDE)	-	-	1,900	-	-	-	-
	Respiratory Medicine	RMRM000001	Pleural (aspiration)Tapping Diagnostic	-	-	3,500	4,400	6,200	7,900
RMRM000002		Pleural (aspiration)Tapping Therapeutic	-	-	7,500	9,400	13,200	16,900	18,800
RMRM000003		Pleurodesis	-	-	5,000	6,300	8,800	11,300	12,500
RMRM000004		Inter Costal Tube Drainage(I C D insertion)	-	-	10,000	12,500	17,500	22,500	25,000
RMRM000006		Pleural Biopsy	-	-	12,000	15,000	21,000	27,000	30,000
RMRM000007		Medical Thoracoscopy	-	-	30,000	37,500	52,500	67,500	75,000
RMRM000008		Medical Thoracoscopy + Pleural Biopsy	-	-	30,000	37,500	52,500	67,500	75,000
RMRM000012		PERCUTANEOUS TRUCUT LUNG BIOPSY	-	-	6,000	7,500	10,500	13,500	15,000
RMRM000013		PERCUTANEOUS FINE NEEDLE LUNG ASPIRATION CYTOLOGY	-	-	4,500	5,700	7,900	10,200	11,300
RMRM000014		CERVICAL/AXILLARY LYMPH NODE ASPIRATION CYTOLOGY	-	-	4,500	5,700	7,900	10,200	11,300
RMRM000015		Skin Prick Test (Comprehensive Allergy Panel)	-	-	10,000	-	-	-	-
RMRM000016		Skin Prick Test (ABPA Panel)	-	-	3,000	-	-	-	-
RMRM000017		Immunotherapy	-	-	2,400	-	-	-	-
RMRM000020		EBUS-FNAC (<i>EBUS guided</i>)	24,000	-	24,000	30,000	42,000	54,000	60,000
RMRM000021		Whole Lung Lavage	-	-	30,000	37,500	52,500	67,500	75,000
RMRM000022	Cryobiopsy	-	-	11,400	14,300	20,000	25,700	28,500	
RMRM000023	Radial EBUS FNAC	-	-	30,000	37,500	52,500	67,500	75,000	

Respiratory & Sleep Study

Department	Billing code	Service Name	Charges in INR						
			OPD/Day Care	General	Sharing/**	Single	Single Dlx	Super Dlx	Suite
	RMRM000024	Laryngoscopy with Bronchoscope	-		7,500	8,250	9,000	9,750	10,500
	RMRM000025	PFT (Force Oscillometry Technique) - Expiration & Inspiration	2,000	1,700	2,000	2,500	3,500	4,500	5,000
	RMRM000026	PFT (Force Oscillometry Technique) with Nebulization/Bronchodilator	2,500	2,200	2,500	3,200	4,400	5,700	6,300
Sleep Lab	SLSL000009	Home Sleep testing charges	-	-	5,300	-	-	-	-
	SLSL000011	Sleep Study Split Night	-		15,000	15,000	22,000	28,000	31,000
	SLSL000013	Diagnostic Sleep Study	-	-	12,000	15,000	21,000	27,000	30,000
	SLSL000014	Chip & Compliance Study	-	-	1,500	1,900	2,700	3,400	3,800
	SLSL000015	Pap-Nape	-	-	2,400	3,000	4,200	5,400	6,000

Billing Policy for Open / Non - Package

- a) OT Charges, Anaesthesia Charges and Doctor Professional fee shall be charged separately
- b) Investigations, Blood Bank, Pharmacy and Consumables shall be charged separately
- c) Physiotherapy and any additional procedure shall be charged separately
- d) Cost of Implants will be charged extra
- e) Room Rent, Nursing, Dietician and Patient Diet charges shall be charged as applicable and Separately

Speech Therapy

S. No	Billing Code	Service Name	Charges_ per visit in INR
			OPD/IPD
1	SPPR000001	Dysphagia Assessment	700
2	SPPR000002	Dysphagia Assessment Long	1,200
3	SPPR000003	Dysphagia Therapy	1,000
4	SPPR000004	Dysphagia Long Therapy + VST	1,400
5	SPPR000005	Speech and Language Evaluation	700
6	SPPR000006	Speech Therapy Short	600
7	SPPR000007	Speech Therapy Long	1,000
8	SPPR000008	Speech/Dysphagia Consultation	300
9	SPPR000009	Speech Discrimination Test	600
10	SPPR000010	Swallowing Evaluation	750
11	SPPR000011	Vital Stem	900
12	SPPR000012	Speech Therapy - Peads/Adult - 10 Session	8,000
13	SPPR000013	Paediatrics Language & Motor Speech Evaluation	1,500
14	SPPR000014	paediatrics Speech & Language therapy	1,200
15	SPPR000015	Language Evaluation (Adult)	1,200
16	SPPR000016	Language Therapy (Adult)	1,000
17	SPPR000017	Motor Speech Disorder Evaluation	1,200
18	SPPR000018	Speech & Swallow Evaluation	1,500
19	SPPR000019	Dysphagia- VST Package (5 sessions)	6,000
20	SPPR000020	Cognitive Communication Evaluation (Adult/paediatrics)-	1,500
21	SPPR000021	Cognitive Communication Therapy (Adult/paediatrics)	1,500

Urology Surgery

S. No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing /**	Single	Single Dlx	Super Dlx	Suite
1	UOUS000001	RPLND	63,700	74,900	93,700	1,31,100	1,68,600	1,87,300
2	UOUS000002	Adrenalectomy -open	35,100	41,200	51,500	72,100	92,700	1,03,000
3	UOUS000003	Augmentation cystoplasty	57,900	68,100	85,200	1,19,200	1,53,300	1,70,300
4	UOUS000004	Bladder stone (open/endoscopic)	18,400	21,550	27,000	37,800	48,500	53,900
5	UOUS000005	bladder diverticulectomy -open	34,800	40,900	51,200	71,600	92,100	1,02,300
6	UOUS000006	Cystectomy (partial)	34,800	40,900	51,200	71,600	92,100	1,02,300
7	UOUS000007	Exostrophy Repair	57,900	68,100	85,200	1,19,200	1,53,300	1,70,300
8	UOUS000008	Mitrofanoff	40,600	47,750	59,700	83,600	1,07,500	1,19,400
9	UOUS000009	Radical Cystectomy + Ileal Conduit -	63,700	74,900	93,700	1,31,100	1,68,600	1,87,300
10	UOUS000010	Radical Cystectomy+Orthotopic Bladder	75,300	88,500	1,10,700	1,54,900	1,99,200	2,21,300
11	UOUS000011	Suprabubic Cystostomy	11,700	13,700	17,200	24,000	30,900	34,300
12	UOUS000012	TURBT	27,300	32,100	40,200	56,200	72,300	80,300
13	UOUS000013	VVF Repair	40,600	47,750	59,700	83,600	1,07,500	1,19,400
14	UOUS000014	Botox injection (intravesical/intrasphinteric)	17,500	20,550	25,700	36,000	46,300	51,400
15	UOUS000015	Cystoscopy with biopsy	10,300	12,100	15,200	21,200	27,300	30,300
16	UOUS000016	Cystoscopy without biopsy	6,600	7,700	9,700	13,500	17,400	19,300
17	UOUS000017	D.J Stenting/ stent insertion (Unilateral)	11,400	13,300	16,700	23,300	30,000	33,300
18	UOUS000018	DJ stent removal	2,950	3,450	4,350	6,050	7,800	8,650
19	UOUS000019	Change of Nephrostomy Tube(LA)	4,800	5,600	7,000	9,800	12,600	14,000
20	UOUS000020	Endopyelotomy	32,000	37,600	47,000	65,800	84,600	94,000
21	UOUS000021	Nephrectomy (Partial) -open	64,800	81,650	95,400	1,33,500	1,71,600	1,90,600
22	UOUS000022	Nephrectomy (Radical) -open	37,900	47,750	55,600	77,900	1,00,100	1,11,200
23	UOUS000023	Nephrectomy (Simple) -open	37,900	47,750	55,600	77,900	1,00,100	1,11,200
24	UOUS000024	Nephrectomy Nephroureterectomy (Radical) -open	44,700	52,550	65,700	92,000	1,18,300	1,31,400
25	UOUS000025	Nephrostomy - Open	17,500	20,550	25,700	36,000	46,300	51,400
26	UOUS000026	PCNL - Laproscopic Pyelolithotomy U/L (Single Tract)	32,000	37,600	47,000	65,800	84,600	94,000
27	UOUS000028	Pyeloplasty - open	35,100	41,200	51,500	72,100	92,700	1,03,000
28	UOUS000032	CAPD Catheter Insertion	14,600	17,150	21,500	30,100	38,600	42,900
29	UOUS000033	CAPD Catheter removal	13,700	16,050	20,100	28,100	36,200	40,200
30	UOUS000034	Permacath Insertion	14,600	17,150	21,500	30,100	38,600	42,900

Urology Surgery

S. No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing /**	Single	Single Dlx	Super Dlx	Suite
31	UOUS000035	Permacath Removal	5,900	6,850	8,600	12,000	15,500	17,200
32	UOUS000036	Circumcision/ Meatoplasty	11,400	13,300	16,700	23,300	30,000	33,300
33	UOUS000037	Epispadias Repair - Primary Repair	40,600	47,750	59,700	83,600	1,07,500	1,19,400
34	UOUS000038	Frenuloplasty	5,900	6,850	8,600	12,000	15,500	17,200
35	UOUS000039	Hypospadias Repair (Single Stage)	34,800	40,900	51,200	71,600	92,100	1,02,300
36	UOUS000040	Hypospadias Repair (Two Stage -First Stage)	21,100	24,750	31,000	43,400	55,700	61,900
37	UOUS000041	Hypospadias Repair (Two Stage -Second Stage)	21,100	24,750	31,000	43,400	55,700	61,900
38	UOUS000042	Inguinal lymphadenectomy (unilateral)	23,900	28,050	35,100	49,100	63,200	70,200
39	UOUS000044	Meatotomy	5,900	6,850	8,600	12,000	15,500	17,200
40	UOUS000045	Nesbit's Procedure	23,300	27,300	34,200	47,800	61,500	68,300
41	UOUS000046	Penectomy (Partial)	29,000	34,050	42,600	59,600	76,700	85,200
42	UOUS000047	Penectomy (Total)	40,600	47,750	59,700	83,600	1,07,500	1,19,400
43	UOUS000048	Penile Implant	46,400	54,500	68,200	95,400	1,22,700	1,36,300
44	UOUS000049	Penile tumour biopsy	4,800	5,600	7,000	9,800	12,600	14,000
45	UOUS000050	Bladder Neck Incision / TUIP	21,100	24,750	31,000	43,400	55,700	61,900
46	UOUS000051	Lap/ robotic radical Prostatectomy	76,500	89,900	1,12,400	1,57,400	2,02,300	2,24,800
47	UOUS000052	Open Prostatectomy/TURP-BPH less than 50 gms	36,400	42,800	53,500	74,900	96,300	1,07,000
48	UOUS000056	TRUS Guided Prostate Biopsy	11,700	13,700	17,200	24,000	30,900	34,300
49	UOUS000059	Orchidopexy Unilateral - Open	28,100	33,000	41,300	57,800	74,300	82,500
50	UOUS000060	Hydrocele - Unilateral	11,400	13,300	16,700	23,300	30,000	33,300
51	UOUS000061	Orchidectomy Unilateral - Simple	19,700	23,150	29,000	40,600	52,100	57,900
52	UOUS000062	Scrotal exploration	11,700	13,700	17,200	24,000	30,900	34,300
53	UOUS000063	Testicular biopsy	11,700	13,700	17,200	24,000	30,900	34,300
54	UOUS000064	Testicular prosthesis(Unilateral)	21,100	24,750	31,000	43,400	55,700	61,900
55	UOUS000065	Testicular torsion surgery	29,000	34,050	42,600	59,600	76,700	85,200
56	UOUS000066	Varicocelectomy Unilateral - Microsurgical	21,100	24,750	31,000	43,400	55,700	61,900
57	UOUS000067	Vasectomy	11,700	13,700	17,200	24,000	30,900	34,300
58	UOUS000068	RIRS (unilateral)	35,100	41,200	51,500	72,100	92,700	1,03,000
59	UOUS000069	Ureteric Reimplantation (Unilateral)	34,800	40,900	51,200	71,600	92,100	1,02,300
60	UOUS000070	Ureteric Reimplantation with Boari flap Unilateral - Open	40,600	47,750	59,700	83,600	1,07,500	1,19,400

Urology Surgery

S. No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing /**	Single	Single Dlx	Super Dlx	Suite
61	UOUS000072	Ureterolithotomy (Lap/Open)	29,000	34,050	42,600	59,600	76,700	85,200
62	UOUS000073	Ureterolysis (Lap/Open)	40,600	47,750	59,700	83,600	1,07,500	1,19,400
63	UOUS000074	Ureteroscopic Stone Removal - Unilateral	19,300	22,700	28,400	39,800	51,100	56,800
64	UOUS000075	Ureteroscopy (Diagnostic)	10,600	12,450	15,600	21,800	28,100	31,200
65	UOUS000076	Ureteroureterostomy - Open/lap	40,600	47,750	59,700	83,600	1,07,500	1,19,400
66	UOUS000077	Urinary diversion without cystectomy (conduit)	40,600	47,750	59,700	83,600	1,07,500	1,19,400
67	UOUS000078	Incontinence surgery (AUS)	52,100	61,250	76,600	1,07,200	1,37,900	1,53,200
68	UOUS000079	Incontinence surgery (injectable)	17,500	20,550	25,700	36,000	46,300	51,400
69	UOUS000080	Incontinence surgery (Sling)-Male	28,100	33,000	41,300	57,800	74,300	82,500
70	UOUS000081	Optical Internal Urethrotomy(OIU)	12,900	15,100	18,900	26,500	34,000	37,800
71	UOUS000082	Perineal Urethrostomy	17,500	20,550	25,700	36,000	46,300	51,400
72	UOUS000083	PUV Fulguration	17,500	20,550	25,700	36,000	46,300	51,400
73	UOUS000084	URETHRAL DIVERTICULUM REPAIR	23,300	27,300	34,200	47,800	61,500	68,300
74	UOUS000085	Anastomotic Urethroplasty	35,100	41,200	51,500	72,100	92,700	1,03,000
75	UOUS000086	Urethroplasty (Two Staged- First Stage)	21,100	24,750	31,000	43,400	55,700	61,900
76	UOUS000087	Urethroplasty (Two Staged-Second Stage)	34,600	40,700	50,900	71,300	91,600	1,01,800
77	UOUS000088	Microsurgical Vasoepididymal /Vasovasal Anastomosis (Unilateral)	40,600	47,750	59,700	83,600	1,07,500	1,19,400
78	UOUS000094	Pelvic Floor Repair (minor)	23,300	27,300	34,200	47,800	61,500	68,300
79	UOUS000095	Pelvic Floor Repair (major)	40,600	47,750	59,700	83,600	1,07,500	1,19,400
80	UOUS000096	TVT-O/ TVT	21,100	24,750	31,000	43,400	55,700	61,900
81	UOUS000097	Laparoscopic renal cyst deroofing	29,000	34,050	42,600	59,600	76,700	85,200
82	UOUS000098	Open de-roofing of Renal cyst	29,000	34,050	42,600	59,600	76,700	85,200
83	UOUS000099	Laparoscopic/Robotic pelvic lymphadnectomy	23,300	27,300	34,200	47,800	61,500	68,300
84	UOUS000101	York Masson Recto Urinary Fistula Repair	46,400	54,500	68,200	95,400	1,22,700	1,36,300
85	UOUS000102	Laprosopic Ureterectomy	24,400	28,700	35,900	50,300	64,600	71,800
86	UOUS000103	Adrenalectomy - Laproscopic	35,100	41,200	51,500	72,100	92,700	1,03,000
87	UOUS000104	Bladder Diverticulectomy - Laproscopic	34,800	40,900	51,200	71,600	92,100	1,02,300
88	UOUS000105	Inguinal lymphadenectomy (bilateral)	40,600	47,750	59,700	83,600	1,07,500	1,19,400
89	UOUS000106	Partial Nephrectomy - Laproscopic	64,800	81,650	95,400	1,33,500	1,71,600	1,90,600
90	UOUS000107	Radical Nephrectomy - Laproscopic	49,100	61,850	72,300	1,01,200	1,30,000	1,44,400

Urology Surgery

S. No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing /**	Single	Single Dlx	Super Dlx	Suite
91	UOUS000108	Nephrectomy Simple - Laproscopic	37,900	47,750	55,600	77,900	1,00,100	1,11,200
92	UOUS000109	Radical Nephrectomy Nephroureterectomy - Laproscopic	57,900	68,100	85,200	1,19,200	1,53,300	1,70,300
93	UOUS000110	Nephrostomy - Laproscopic	17,500	20,550	25,700	36,000	46,300	51,400
94	UOUS000113	Pyeloplasty - Laparoscopic	35,100	41,200	51,500	72,100	92,700	1,03,000
95	UOUS000114	Epispadias Repair - Crippled Epispadias	34,800	40,900	51,200	71,600	92,100	1,02,300
96	UOUS000115	Orchidopexy Unilateral - Laproscopic	31,400	36,850	46,100	64,500	83,000	92,200
97	UOUS000116	Orchidopexy Bilateral - Open	46,400	54,500	68,200	95,400	1,22,700	1,36,300
98	UOUS000117	Orchidopexy Bilateral -Laproscopic	46,400	54,500	68,200	95,400	1,22,700	1,36,300
99	UOUS000118	Hydrocele - Bilateral	17,500	20,550	25,700	36,000	46,300	51,400
100	UOUS000119	Orchidectomy Unilateral - Radical	23,300	27,300	34,200	47,800	61,500	68,300
101	UOUS000120	Varicocelectomy Unilateral- Laproscopic	23,300	27,300	34,200	47,800	61,500	68,300
102	UOUS000121	Varicocelectomy Bilateral -Microsurgical	34,800	40,900	51,200	71,600	92,100	1,02,300
103	UOUS000122	Varicocelectomy Bilateral -laproscopic	34,800	40,900	51,200	71,600	92,100	1,02,300
104	UOUS000123	Ureteric Reimplantation With Boari Flap (Unilateral) - Laproscopic	57,900	68,100	85,200	1,19,200	1,53,300	1,70,300
105	UOUS000124	Ureteroureterostomy - Laproscopic	46,400	54,500	68,200	95,400	1,22,700	1,36,300
106	UOUS000126	Orchidectomy Bilateral - Simple	17,500	20,550	25,700	36,000	46,300	51,400
107	UOUS000127	Orchidectomy Bilateral - Radical	23,300	27,300	34,200	47,800	61,500	68,300
108	UOUS000128	Bladder Pacemaker Placement	23,300	27,300	34,200	47,800	61,500	68,300
109	UOUS000129	Radical nephrectomy + IVC Thrombectomy	81,000	95,250	1,19,100	1,66,700	2,14,400	2,38,200
110	UOUS000130	Nephroscopy + Biopsy	11,700	13,700	17,200	24,000	30,900	34,300
111	UOUS000131	Renal auto – transplantation surgery	86,800	1,02,100	1,27,700	1,78,700	2,29,800	2,55,300
112	UOUS000132	EXCISION OF MULTIPLE SCROTAL SEBACEOUS CYSTS	11,700	13,700	17,200	24,000	30,900	34,300
113	UOUS000133	Ureteroscopic stone removal - Bilateral	32,000	37,600	47,000	65,800	84,600	94,000
114	UOUS000135	Laser Procedure Femilift	34,800	40,900	51,200	71,600	92,100	1,02,300
115	UOUS000136	Laser procedure Femilift - stage 1	21,400	25,150	31,500	44,100	56,600	62,900
116	UOUS000137	Laser procedure Femilift - stage 2/3	25,300	29,750	37,200	52,100	67,000	74,400
117	UOUS000138	Epididymectomy	11,700	13,700	17,200	24,000	30,900	34,300
118	UOUS000139	RGP/Ureteric Catheterization (Unilateral)	6,600	7,700	9,700	13,500	17,400	19,300
119	UOUS000140	Relook Ureteroscopy + Stent removal	6,600	7,700	9,700	13,500	17,400	19,300
120	UOUS000141	Hemiscrotectomy	17,500	20,550	25,700	36,000	46,300	51,400

Urology Surgery

S. No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing /**	Single	Single Dlx	Super Dlx	Suite
121	UOUS000142	Urethrectomy	23,300	27,300	34,200	47,800	61,500	68,300
122	UOUS000143	Re suturing/Secondary suturing	11,700	13,700	17,200	24,000	30,900	34,300
123	UOUS000144	Urethral fistula closure	11,700	13,700	17,200	24,000	30,900	34,300
124	UOUS000145	PCNL/Open/Laposcopic pyelolithotomy u/l (>1 Tract)	36,400	42,800	53,500	74,900	96,300	1,07,000
125	UOUS000146	Open Prostatectomy / TURP-BPH less than 51-100 gms	36,400	42,800	53,500	74,900	96,300	1,07,000
126	UOUS000147	Open Prostatectomy / TURP-BPH more than 100 gms	42,000	49,350	61,700	86,400	1,11,100	1,23,400
127	UOUS000148	Vesicostomy	14,100	16,500	20,700	28,900	37,200	41,300
128	UOUS000149	Penile fracture repair	46,400	54,500	68,200	95,400	1,22,700	1,36,300
129	UOUS000150	Seminal Vesiculectomy	46,400	54,500	68,200	95,400	1,22,700	1,36,300
130	UOUS000151	Post Operative Urological Examination	4,800	5,600	7,000	9,800	12,600	14,000
131	UOUS000152	Ureterocele incision	17,500	20,550	25,700	36,000	46,300	51,400
132	UOUS000153	Inguinal Herniotomy (Unilateral)	16,400	19,200	24,000	33,600	43,200	48,000
133	UOUS000154	Inguinal Herniotomy (Bilateral)	20,900	24,550	30,700	43,000	55,300	61,400
134	UOUS000155	Cystoscopy+Dexell injection (Unilateral)	17,500	20,550	25,700	36,000	46,300	51,400
135	UOUS000156	Cystoscopy+Dexell injection (Bilateral)	23,300	27,300	34,200	47,800	61,500	68,300
136	UOUS000157	Bladder Neck Repair	23,300	27,300	34,200	47,800	61,500	68,300
137	UOUS000158	Incontinence surgery (Sling)-female	28,100	33,000	41,300	57,800	74,300	82,500
138	UOUS000159	Cyto Litholapaxy	16,700	19,600	24,500	34,300	44,100	49,000
139	UOUS000160	Holmium Yag Laser Lithotripsy	21,100	24,750	31,000	43,400	55,700	61,900
140	UOUS000161	RGP/Ureteric Catheterization (Bilateral)	8,500	9,900	12,400	17,400	22,300	24,800
141	UOUS000162	Urethroscopy/Cystopanendoscopy	5,100	5,900	7,400	10,400	13,300	14,800
142	UOUS000164	Incontinence surgery (Sling)-Female	28,100	33,000	41,300	57,800	74,300	82,500
143	UOUS000165	Laser Prostatectomy / TURP-BPH less than 50 gms	28,100	33,000	41,300	57,800	74,300	82,500
144	UOUS000166	Laser Prostatectomy / TURP-BPH less than 51-100 gms	35,100	41,200	51,500	72,100	92,700	1,03,000
145	UOUS000167	Laser Prostatectomy / TURP-BPH more than 100 gms	42,000	49,350	61,700	86,400	1,11,100	1,23,400
146	UOUS000168	Robotic Partial Nephrectomy	64,800	81,650	95,400	1,33,500	1,71,600	1,90,600
147	UOUS000169	Corpora Glandular (TT) Shunt for Priapism	10,600	12,450	15,600	21,800	28,100	31,200
148	UOUS000170	Corpora Spongiosum Shunt for Priapism	19,000	22,300	27,900	39,100	50,200	55,800
149	UOUS000171	Repair of Fracture Penis	12,700	14,900	18,700	26,100	33,600	37,300
150	UOUS000172	Nephrolysis Lap / Open - Unilateral	26,400	31,050	38,900	54,400	69,900	77,700

Urology Surgery

S. No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing /**	Single	Single Dlx	Super Dlx	Suite
151	UOUS000178	PCNL - Open Pyelolithotomy U/L (Single Tract)	32,000	37,600	47,000	65,800	84,600	94,000
152	UOUS000179	Cystoscopy with Hydrodistension	8,000	9,350	11,700	16,400	21,100	23,400
153	UOUS000180	Progressive Perineal Urethroplasty / Transpubic Urethroplasty (Abdomino-peri	46,400	54,500	68,200	95,400	1,22,700	1,36,300
154	UOUS000181	Substitution Urethroplasty (< 5 cm)	36,900	43,350	54,200	75,900	97,600	1,08,400
155	UOUS000182	Substitution Urethroplasty (> 5 cm)	42,100	49,450	61,900	86,600	1,11,300	1,23,700
156	UOUS000183	Graft retrieval	10,300	12,100	15,200	21,200	27,300	30,300
157	UOUS000184	Ileal Conduit with intestinal resection and anastomosis	75,300	88,500	1,10,700	1,54,900	1,99,200	2,21,300
158	UOUS000185	Open Simple Prostatectomy /HOLEP-BPH more than 150 gms	57,900	68,100	85,200	1,19,200	1,53,300	1,70,300
159	UOUS000186	Renal Hilar Lymph node dissection	34,800	40,900	51,200	71,600	92,100	1,02,300
160	UOUS000187	Relook PCNL / Staged stone surgery	17,500	20,550	25,700	36,000	46,300	51,400
161	UOUS000188	Staged Morcellation	34,800	40,900	51,200	71,600	92,100	1,02,300
162	UOUS000189	Re-Exploration (24 hrs post Kidney Transplant)	32,000	37,600	47,000	65,800	84,600	94,000
163	UOUS000190	Ureteropyelostomy (Post Kidney transplant)	57,900	68,100	85,200	1,19,200	1,53,300	1,70,300
164	UOUS000191	Graft Nephrectomy (Post Kidney transplant)	57,900	68,100	85,200	1,19,200	1,53,300	1,70,300
165	UOUS000192	DJ stenting for transplant kidney (Retrograde)	21,100	24,750	31,000	43,400	55,700	61,900
166	UOUS000201	Transrectal USG guided prostate biopsy	9,100	10,700	13,400	18,750	24,100	26,750
167	UOUS000202	Transrectal MRI Fusion prostate biopsy	10,950	12,850	16,100	22,500	28,950	32,150
168	UOUS000203	Transperineal prostate biopsy	13,700	16,050	20,100	28,100	36,200	40,200
169	UOUS000204	Incision of Fibrous Plaque + Remodeling of Penis with Penile Implant	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
170	UOUS000205	UROLIFT / URETHRAL LIFT	19,700	23,100	28,900	40,500	52,000	57,800
171	UOUS000293	Bladder Repair	21,300	25,000	31,300	43,800	56,300	62,500
172	UOUS000294	Pyelostomy	21,300	25,000	31,300	43,800	56,300	62,500
173	UOUS000295	Ureterocalicostomy	35,700	42,000	52,500	73,500	94,500	1,05,000
174	UOUS000296	Simple Cystectomy	51,000	60,000	75,000	1,05,000	1,35,000	1,50,000
Procedures								
1	UOPR000002	Voiding Cystometry	5,400	6,300	7,900	11,100	14,200	15,800
2	UOPR000009	Lithotripsy <1 cm stone	29,000	34,050	42,600	59,600	76,700	85,200
3	UOPR000010	Lithotripsy >1 cm stone	36,900	43,350	54,200	75,900	97,600	1,08,400
4	UOPR000012	Minor suturing/procedure	4,250	5,000	6,250	8,750	11,250	12,500
5	UOPR000014	PIPE test/Penile Injection for Peyronies Disease	2,800	3,250	4,100	5,700	7,350	8,150
6	UOPR000016	Tube/Catheter/suture removal	800	900	1,150	1,600	2,050	2,250

Urology Surgery

S. No	Billing code	Service Name	Surgeon fee in INR					
			Gen Ward	Sharing /**	Single	Single Dlx	Super Dlx	Suite
7	UOPR000017	Urethral dilatation	1,850	2,150	2,700	3,800	4,850	5,400
8	UOPR000018	Urethral calibration	1,700	1,950	2,450	3,450	4,400	4,900
9	UOPR000019	Uroflowmetry	1,150	1,350	1,700	2,400	3,050	3,400
10	UOPR000021	Videourodynamics	8,000	9,350	11,700	16,400	21,100	23,400
11	UOPR000022	Bladder Scan	800	900	1,150	1,600	2,050	2,250
12	UOPR000023	BCG / Intravesical Instillation	4,250	5,000	6,250	8,750	11,250	12,500
13	UOPR000026	Dressing / Injection Charges	1,150	1,350	1,700	2,400	3,050	3,400
14	UOPR000027	Catheterization (with ordinary Foleys)	1,700	1,950	2,450	3,450	4,400	4,900
15	UOPR000028	Catheterization (with ordinary silicone Catheter)	2,450	2,850	3,600	5,000	6,450	7,150
16	UOPR000031	Lithotripsy - Post PCNL residual stone	15,900	18,650	23,400	32,700	42,000	46,700
17	UOPR000041	Uroflowmetry + Bladder scan	1,800	2,100	2,650	3,700	4,750	5,250
18	UOPR000045	Uro Micturating Cystourethrogram (MCU)	2,800	3,250	4,100	5,700	7,350	8,150
19	UOPR000046	Uro Retrograde Urethrogram (RGU)	2,800	3,250	4,100	5,700	7,350	8,150
20	UOPR000047	Uro Nephrostogram	2,800	3,250	4,100	5,700	7,350	8,150
21	UOPR000048	Uro cytogram	2,800	3,250	4,100	5,700	7,350	8,150
22	UOPR000049	Uro retrograde pyelogram (RGP)	2,450	2,850	3,600	5,000	6,450	7,150
23	UOPR000050	Pelvic Neurostimulation	1,150	1,350	1,700	2,400	3,050	3,400
24	UOPR000051	Uroflowmetry+EMG	1,700	1,950	2,450	3,450	4,400	4,900
25	UOPR000052	Uroflowmetry+EMG+Bladder Scan	2,200	2,550	3,200	4,500	5,750	6,400

Billing Policy for Open / Non - Package

- a) OT Charges, Anaesthesia Charges and Doctor Professional fee shall be charged separately
- b) Investigations, Blood Bank, Pharmacy and Consumables shall be charged separately
- c) Physiotherapy and any additional procedure shall be charged separately
- d) Cost of Implants will be charged extra
- e) Room Rent, Nursing, Dietician and Patient Diet charges shall be charged as applicable and Separately

Interventional Radiology

S.No	Code no	Service Name	Charges in INR					
			Gen Ward	Sharing /**	Single	Single Dlx	Super Dlx	Suite
1	RDIR000004	USG guided FNAC	3,500	4,100	5,200	7,200	9,300	10,300
2	RDIR000005	USG guided FNAC (Mob)	5,100	5,900	7,400	10,400	13,300	14,800
3	RDIR000006	CT guided FNAC	7,400	8,700	10,900	15,300	19,600	21,800
4	RDIR000007	USG guided Biopsy	5,300	6,200	7,800	10,900	14,000	15,500
5	RDIR000008	USG guided Biopsy (Mob)	7,600	8,900	11,200	15,600	20,100	22,300
6	RDIR000009	CT guided Biopsy	9,200	10,800	13,500	18,900	24,300	27,000
7	RDIR000010	Fluoroscopy guided bone biopsy	7,200	8,400	10,500	14,700	18,900	21,000
8	RDIR000011	CT guided bone biopsy	11,400	13,300	16,700	23,300	30,000	33,300
9	RDIR000014	USG guided drainage	8,300	9,700	12,200	17,000	21,900	24,300
10	RDIR000015	USG guided drainage (Mob)	11,100	13,000	16,300	22,800	29,300	32,500
11	RDIR000016	USG guided drainage Multiple	14,600	17,100	21,400	30,000	38,500	42,800
12	RDIR000017	USG guided drainage Multiple (Mob)	17,300	20,300	25,400	35,600	45,700	50,800
13	RDIR000018	CT guided drainage	11,000	12,900	16,200	22,600	29,100	32,300
14	RDIR000019	CT guided drainage Multiple	17,600	20,600	25,800	36,100	46,400	51,500
15	RDIR000021	USG guided tumor ablation Chemical	10,300	12,100	15,200	21,200	27,300	30,300
16	RDIR000022	USG guided tumour ablation thermal	21,600	25,400	31,800	44,500	57,200	63,500
17	RDIR000023	CT guided tumor ablation Chemical	13,800	16,200	20,300	28,400	36,500	40,500
18	RDIR000024	CT guided tumour ablation thermal	23,000	27,000	33,800	47,300	60,800	67,500
19	RDIR000037	CHOLECYSTOSTOMY	10,100	11,800	14,800	20,700	26,600	29,500
20	RDIR000038	MOB CHOLECYSTOSTOMY	13,800	16,200	20,300	28,400	36,500	40,500
21	RDIR000039	CT Guided Celiac Ganglion Block	14,500	17,000	21,300	29,800	38,300	42,500
22	RDIR000057	USG guided aspiration	3,100	3,600	4,500	6,300	8,100	9,000
23	RDIR000058	USG guided aspiration (Mob)	4,500	5,200	6,500	9,100	11,700	13,000
24	RDIR000059	CT guided aspiration	6,200	7,200	9,000	12,600	16,200	18,000
25	RDIR000073	PERCUTANEOUS EMBOLISATION	15,700	18,400	23,000	32,200	41,400	46,000
26	RDIR000079	TVS OR TRUS GUIDED SAMPLING	10,100	11,800	14,800	20,700	26,600	29,500
27	RDIR000087	USG guided Trans gastric drainage	11,500	13,500	16,900	23,700	30,400	33,800
28	RDIR000088	CT guided Trans gastric drainage	12,500	14,700	18,400	25,800	33,100	36,800
29	RDIR000092	CELIAC GANGLION BLOCK USG GUIDANCE	9,500	11,100	13,900	19,500	25,000	27,800
30	RDIR000093	THERAPEUTIC ASPIRATION USG GUIDANCE	5,800	6,800	8,500	11,900	15,300	17,000
31	RDIR000094	MOBILE THERAPEUTIC ASPIRATION USG GUIDANCE	8,600	10,100	12,700	17,700	22,800	25,300
32	RDIR000101	Interventional Radiology Procedure (Basic)	13,800	16,200	20,300	28,400	36,500	40,500
33	RDIR000103	Interventional Radiology Procedure (Intermediate)	31,300	36,800	46,000	64,400	82,800	92,000
34	RDIR000130	PERCUTANEOUS PLUG BIOPSY	9,900	11,600	14,500	20,300	26,100	29,000
35	RDIR000131	INTERVENTIONAL RADIOLOGY REVIEW	1,600	1,800	2,300	3,200	4,100	4,500
36	RDIR000134	Interventional Radiology Procedure (Advance)	43,800	51,500	64,400	90,200	1,15,900	1,28,800
37	RDIR000135	Interventional Radiology Procedure (Scope Assisted)	56,800	66,800	83,500	1,16,900	1,50,300	1,67,000
38	RDIR000136	Interventional Radiology Procedure (Complex)	68,200	80,200	1,00,300	1,40,400	1,80,500	2,00,500

Interventional Radiology

S.No	Code no	Service Name	Charges in INR					
			Gen Ward	Sharing /**	Single	Single Dlx	Super Dlx	Suite
39	RDIR000137	CT guided chest biopsy	17,900	21,000	26,300	36,800	47,300	52,500
40	RDIR000138	USG guided chest biopsy	11,500	13,500	16,900	23,700	30,400	33,800
41	RDIR000139	Treatment Planning & Evaluation	3,200	3,700	4,700	6,500	8,400	9,300
42	RDIR000141	CT Guided Fiducial Placement	25,000	29,400	36,800	51,500	66,200	73,500
43	RDIR000142	USG Guided Fiducial Placement	18,100	21,200	26,500	37,100	47,700	53,000
44	RDIR000143	TRUS/TVS Guided Fiducial Placement	25,000	29,400	36,800	51,500	66,200	73,500
45	RDIR000144	Mobile Nephrostomy-Unilateral	11,400	13,300	16,700	23,300	30,000	33,300
46	RDIR000145	Mobile Nephrostomy-Bilateral	17,000	19,900	24,900	34,900	44,800	49,800
47	RDIR000147	USG guided renal biopsy	6,600	7,700	9,700	13,500	17,400	19,300
48	RDIR000148	USG guided renal biopsy (mob)	8,800	10,300	12,900	18,100	23,200	25,800
49	RDIR000151	Suprapubic cystostomy	9,200	10,800	13,500	18,900	24,300	27,000
50	RDIR000152	Percutaneous hemostasis	2,400	2,800	3,500	4,900	6,300	7,000
51	RDIR000153	IR limited evaluation	700	800	1,000	1,400	1,800	2,000
52	RDIR000154	TRUS/ TVS guided drainage	11,500	13,500	16,900	23,700	30,400	33,800
53	RDIR000155	USG guided biopsy multiple	7,700	9,000	11,300	15,800	20,300	22,500
54	RDIR000157	USG guided FNAC multiple	5,800	6,800	8,500	11,900	15,300	17,000
55	RDIR000158	USG guided FNAC multiple (mob)	7,700	9,000	11,300	15,800	20,300	22,500
56	RDIR000160	Perfint Maxio charges for biopsy	5,200	6,100	7,700	10,700	13,800	15,300
57	RDIR000167	USG guided nerve Ablation- Thermal	9,500	11,100	13,900	19,500	25,000	27,800
58	RDIR000168	USG guided nerve Ablation- Chemical	3,400	3,900	4,900	6,900	8,800	9,800
59	RDIR000169	CT guided nerve block-Chemical	9,900	11,600	14,500	20,300	26,100	29,000
60	RDIR000170	CT guided nerve ablation - Chemical	9,900	11,600	14,500	20,300	26,100	29,000
61	RDIR000171	CT guided nerve ablation - Thermal	14,800	17,400	21,800	30,500	39,200	43,500
62	RDIR000172	USG Guided Nerve Block chemical	3,400	3,900	4,900	6,900	8,800	9,800
Procedure done under DSA Lab								
1	RDIR000013	VERTEBROPLASTY MULTIPLE	22,600	26,500	33,200	46,400	59,700	66,300
2	RDIR000020	Tube change/ tube upsizing/ tube repositioning	3,500	4,100	5,200	7,200	9,300	10,300
3	RDIR000025	CYST ABLATION	10,700	12,500	15,700	21,900	28,200	31,300
4	RDIR000026	FALLOPIAN TUBE RECANALIZATION	12,500	14,700	18,400	25,800	33,100	36,800
5	RDIR000027	Biliary Drainage Single System (PTBD Single System)	10,800	12,600	15,800	22,100	28,400	31,500
6	RDIR000028	Biliary Drainage Two System (PTBD Two System)	15,900	18,700	23,400	32,800	42,100	46,800
7	RDIR000029	Biliary Drainage Three System (PTBD Three System)	20,500	24,100	30,200	42,200	54,300	60,300
8	RDIR000030	Biliary Drainage More Than Three System (PTBD More Than Three System)	22,800	26,800	33,500	46,900	60,300	67,000
9	RDIR000031	NEPHROSTOMY UNILATERAL	7,600	8,900	11,200	15,600	20,100	22,300
10	RDIR000032	NEPHROSTOMY BILATERAL	11,400	13,300	16,700	23,300	30,000	33,300
11	RDIR000033	Internalization & Stenting Single System	10,300	12,100	15,200	21,200	27,300	30,300
12	RDIR000034	Internalization & Stenting Two System	17,100	20,100	25,200	35,200	45,300	50,300
13	RDIR000035	Internalization & Stenting Three System	20,000	23,500	29,400	41,200	52,900	58,800

Interventional Radiology

S.No	Code no	Service Name	Charges in INR					
			Gen Ward	Sharing /**	Single	Single Dlx	Super Dlx	Suite
14	RDIR000036	Internalization & Stenting More Than Three System	28,400	33,400	41,800	58,500	75,200	83,500
15	RDIR000040	PERCUTANEOUS CYSTOGASTROSTOMY	10,700	12,500	15,700	21,900	28,200	31,300
16	RDIR000041	ESOPHAGEAL STENTING	22,600	26,500	33,200	46,400	59,700	66,300
17	RDIR000042	DUODENAL/COLONIC STENTING	25,000	29,400	36,800	51,500	66,200	73,500
18	RDIR000043	ANGIOGRAPHY (IR Vascular)	11,500	13,500	16,900	23,700	30,400	33,800
19	RDIR000044	ANGIOPLASTY (IR Vascular)	37,500	44,100	55,200	77,200	99,300	1,10,300
20	RDIR000045	ANGIOPLASTY & STENTING (IR Vascular)	45,500	53,500	66,900	93,700	1,20,400	1,33,800
21	RDIR000046	EMBOLIZATION FOR BLEEDING	39,800	46,800	58,500	81,900	1,05,300	1,17,000
22	RDIR000047	EMBOLIZATION FOR VARICOCELE	32,600	38,300	47,900	67,100	86,200	95,800
23	RDIR000048	Tumor Embolization	39,800	46,800	58,500	81,900	1,05,300	1,17,000
24	RDIR000049	PARTIAL SPLENIC EMBOLIZATION	34,200	40,200	50,300	70,400	90,500	1,00,500
25	RDIR000050	RADIOEMBOLIZATION, COILING AND SHUNT EVALUATION	51,600	60,700	75,900	1,06,300	1,36,600	1,51,800
26	RDIR000051	YTTRIUM 90 THERAPY INFUSION	26,200	30,800	38,500	53,900	69,300	77,000
27	RDIR000052	PORTAL VEIN EMBOLIZATION	39,800	46,800	58,500	81,900	1,05,300	1,17,000
28	RDIR000053	TRANSJUGULAR BIOPSY	17,900	21,000	26,300	36,800	47,300	52,500
29	RDIR000054	TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT (TIPS)	72,300	85,000	1,06,300	1,48,800	1,91,300	2,12,500
30	RDIR000055	TIPS + EMBOLIZATION	82,600	97,100	1,21,400	1,70,000	2,18,500	2,42,800
31	RDIR000056	BALLOON OCCLUDED RETROGRADE TRANSVENOUS OBLITER OF VARICES	68,200	80,200	1,00,300	1,40,400	1,80,500	2,00,500
32	RDIR000064	Portal Vein Stenting	34,200	40,200	50,300	70,400	90,500	1,00,500
33	RDIR000074	Thrombolysis	45,500	53,500	66,900	93,700	1,20,400	1,33,800
34	RDIR000075	PERCUTANEOUS SCLEROTHERAPY	9,500	11,100	13,900	19,500	25,000	27,800
35	RDIR000076	RF ABLATION OF VARICOSE VEINS	25,000	29,400	36,800	51,500	66,200	73,500
36	RDIR000078	BILIARY HILAR RECONSTRUCTION	45,500	53,500	66,900	93,700	1,20,400	1,33,800
37	RDIR000080	IMAGE GUIDED LINE INSERTION	8,000	9,300	11,700	16,300	21,000	23,300
38	RDIR000081	Catheter internalization Single system	8,600	10,100	12,700	17,700	22,800	25,300
39	RDIR000082	Catheter internalization Two system	14,200	16,700	20,900	29,300	37,600	41,800
40	RDIR000083	Catheter internalization Three system	17,100	20,100	25,200	35,200	45,300	50,300
41	RDIR000084	Catheter internalization More than three system	22,800	26,800	33,500	46,900	60,300	67,000
42	RDIR000085	REVERSE CYSTOGASTROSTOMY	18,800	22,100	27,700	38,700	49,800	55,300
43	RDIR000086	PERCUTANEOUS FISTULO-GASTROSTOMY	25,000	29,400	36,800	51,500	66,200	73,500
44	RDIR000089	URETERAL STENTING UNILATERAL	9,500	11,100	13,900	19,500	25,000	27,800
45	RDIR000090	URETERAL STENTING BILATERAL	15,700	18,400	23,000	32,200	41,400	46,000
46	RDIR000091	URETERAL STENTING MULTIPLE	18,800	22,100	27,700	38,700	49,800	55,300
47	RDIR000095	PERCUTANEOUS GASTROSTOMY	19,700	23,100	28,900	40,500	52,000	57,800
48	RDIR000096	PERCUTANEOUS FEEDING JEJUNOSTOMY	18,800	22,100	27,700	38,700	49,800	55,300
49	RDIR000097	PERCUTANEOUS BILIO-ENTERIC ANASTOMOSIS	45,500	53,500	66,900	93,700	1,20,400	1,33,800
50	RDIR000098	Intraductal cytology	17,100	20,100	25,200	35,200	45,300	50,300
51	RDIR000099	Intraductal biopsy	17,100	20,100	25,200	35,200	45,300	50,300

Interventional Radiology								
S.No	Code no	Service Name	Charges in INR					
			Gen Ward	Sharing /**	Single	Single Dlx	Super Dlx	Suite
52	RDIR000140	Invasive pressure gradiant measurement	13,200	15,500	19,400	27,200	34,900	38,800
53	RDIR000146	Percutaneous veno venous shunt	31,100	36,500	45,700	63,900	82,200	91,300
54	RDIR000149	Fluoroscopic nephrostomy unilateral	9,700	11,300	14,200	19,800	25,500	28,300
55	RDIR000150	Fluoroscopic nephrostomy bilateral	13,700	16,100	20,200	28,200	36,300	40,300
56	RDIR000159	Tube change multiple	5,600	6,500	8,200	11,400	14,700	16,300
57	RDIR000163	Intra distal tumor ablation	22,600	26,500	33,200	46,400	59,700	66,300
58	RDIR000165	Intraluminal Ablation	37,500	44,100	55,200	77,200	99,300	1,10,300
59	RDIR000166	Invasive Liquid Sampling Vascular	29,500	34,700	43,400	60,800	78,100	86,800

Billing Policy for IR Procedure

- a) 50% Charges as applicable as defined of the IR procedure will be charged as DSA Lab charges.
- b) If Procedure done under General / Spinal Anaesthesia than 35% charges applicable for Anesthesia

Heart Station

S.No	Billing code	Service Name	Charges in INR
1	HSTN000001	Transthoracic Echo	4,000
2	HSTN000002	AMBULATORY B.P. MONITORING	3,400
3	HSTN000003	CAROTID INTIMA MEDIA THICKNESS ASSESMENT	1,600
4	HSTN000006	ECG	500
5	HSTN000007	Echo Dobutamine Stres	5,700
6	HSTN000009	FMD-Manual	1,400
7	HSTN000010	HOLTER MONITORING	4,000
8	HSTN000011	IMA DUPLEX SCAN	3,400
9	HSTN000012	PEDIATRIC ECHO	3,700
10	HSTN000013	PEDIATRIC TRANS ESOPHAGEAL ECHO	4,200
11	HSTN000018	PFT ROUTINE	1,800
12	HSTN000019	Stress Echocardiography	5,200
13	HSTN000020	TISSUE DOPPLER IMAGING	3,700
14	HSTN000021	TRANS ESOPHAGEAL ECHO/2D	4,600
15	HSTN000022	EXERCISE STRESS ECG (TMT)	3,400
16	HSTN000023	VASCULAR DOPPLER	3,400
17	HSTN000028	BODY FAT ANALYSIS	200
18	HSTN000029	PULSE WAVE ANALYSIS	2,500
19	HSTN000034	Transthoracic Echo with contrast	6,300
20	HSTN000035	Echo Dobutamine Stress with contrast	8,000
21	HSTN000036	Paediatric Echocardiography with contrast	8,100
22	HSTN000037	Stress Echocardiography with contrast	10,300
23	HSTN000038	Review of reports/CD	2,500
24	HSTN000042	Fetal Echocardiography	3,700
25	HSTN000043	Baroreceptor Reflex Sensitivity Test	6,700
26	HSTN000044	Flow mediated dilatation (FMD)-Automated	2,500
27	HSTN000045	Telemetry Charges Per Day	1,400
28	HSTN000046	Cardiopulmonary exercise testing	8,100
29	HSTN000047	HEAD-UP TILT TEST	4,000
30	HSTN000050	Home Holter Monitoring	5,800
31	HSTN000052	AliveCor 1 month package	8,000
32	HSTN000053	AliveCor 2 month package	13,800

Heart Station

S.No	Billing code	Service Name	Charges in INR
33	HSTN000054	AliveCor 3 month package	16,100
34	HSTN000055	AliveCor ECG	500
35	HSTN000056	AliveCor 5 ECG package	1,800
36	HSTN000057	AliveCor 10 ECG package	3,200
37	HSTN000058	AliveCor 20 ECG package	16,000
38	HSTN000059	AliveCor 15 Days package	4,400
39	HSTN000061	Femoral Intima Media Thickness Assessment (FIMT)	1,600
40	HSAC000001	Heart Alert / ECG Monitoring 1 Week	2,700
41	HSAC000002	Heart Alert / ECG Monitoring 2 Week	5,200
42	HSAC000003	Heart Alert / ECG Monitoring 4 Week	6,400
43	HSME000001	Mobile Transthoracic Echo	4,300
44	HSME000002	Mobile Pediatric Echo	4,100
45	HSME000003	Mobile Echo Dobutamine Stress	6,100
46	HSME000004	Mobile Pediatric Trans Esophageal Echo	4,600
47	HSME000005	Mobile Stress Echocardiography	5,600
48	HSME000006	Mobile Trans Esophageal Echo/2D	4,900
49	HSME000007	Mobile Transthoracic Echo with Contrast	6,600
50	HSME000008	Mobile Echo Dobutamine Stress with Contrast	8,400
51	HSME000011	Mobile Fetal Echocardiography	4,100

Blood Bank				
S. No	Billing code	Service Name	Charges in INR	
			OPD	IPD
1	BBBB000001	Blood Group and Ab Screening	550	550
2	BBBB000003	Platelet Concentrate Leukocyte Depleted**	1,950	1,950
3	BBBB000004	PLATELETS, APHERESIS	-	-
4	BBBB000005	CRYOPRECIPITATE**	680	680
5	BBBB000006	FRESH FROZEN PLASMA**	1,500	1,500
6	BBBB000007	CRYOPOOR PLASMA	800	800
7	BBBB000008	Coomb's Direct	550	690
8	BBBB000009	Coomb's Indirect	550	690
9	BBBB000011	Anti-HIV I & II antibody	720	900
10	BBBB000012	Anti-HCV antibody	1,240	1,550
11	BBBB000013	HbsAg	950	1,190
12	BBBB000014	Treponemal test for Syphilis	425	540
13	BBBB000017	Irregular Antibody Screening	350	440
14	BBBB000018	WHOLE BLOOD	3,500	3,500
15	BBBB000036	Therapeutic Phlebotomy	1,200	1,200
16	BBBB000037	Therapeutic Plasmapheresis (Conventional)	20,000	20,000
17	BBBB000038	Therapeutic Cytapheresis	36,000	36,000
18	BBBB000039	Autologous Leukapheresis (H)	45,000	45,000
19	BBBB000043	Paediatric RBC Leukodepleted + Cross Match**	2,300	2,300
20	BBBB000044	Apheresis Procedure**	10,500	10,500
21	BBBB000045	Apheresis Screening**	500	500
22	BBBB000048	Allogenic Leukapheresis (G)	16,000	16,000
23	BBBB000049	Irregular Antibody Identification	1,200	1,200
24	BBBB000064	Anti A blood group Antibody Titre	1,000	1,000
25	BBBB000065	Anti B blood group Antibody Titre	1,000	1,000
26	BBBB000070	Therapeutic Plasmapheresis (Cascade)	45,000	45,000

Blood Bank				
S. No	Billing code	Service Name	Charges in INR	
			OPD	IPD
27	BBBB000071	Stem Cell Infusion	2,000	2,000
28	BBBB000072	Component Washing	1,000	1,000
29	BBBB000073	ECP-Exposure	65,000	65,000
30	BBBB000074	PRP	4,000	4,000
31	BBBB000075	ECP - Harvest	15,000	15,000
32	BBBB000076	Cryopreservation of BM/ MPB sample (Totipotent)	55,000	55,000
33	BBBB000078	RBC+Cross Match**	3,200	3,200
34	BBBB000080	Therapeutic Plasmapheresis (Immunoadsorption)	20,000	20,000
35	BBBB000086	Platelet for Dengue patients only **	400	400
36	BBBB000087	RBC + Cross match for Thalassemia major patients**	-	-
37	BBBB000088	Autologous Leukapheresis (M)	40,000	40,000
38	BBBB000090	Re-constitution of blood	1,000	1,000
39	BBBB000091	NAT screening for HIV, HBV, HCV	2,500	2,500
40	BBBB000092	NAT screening Confirmation	3,000	3,000
41	BBBB000100	Anti D Antibody Titre	750	750
42	BBBB000109	Cryopreservation of BM/MPB Sample (Cryoviva)	55,000	55,000
43	BBBB000110	Irradiated RBC leucodepleted +Cross match**	3,200	3,200
44	BBBB000111	Irradiated plateletes concentrate leukocyte depleted**	1,950	1,950
45	BBBB000112	Irradiated Paediatric RBC leucodepleted**	2,300	2,300
46	BBBB000113	Irradiated Platelet Apheresis**	-	-
47	BBBB000114	Apheresis (Convalescent) Plasma	5,500	5,500
48	BBBB000120	Allogenic Leukapheresis (L)	40,000	40,000
49	BBBB000121	Allogenic Leukapheresis (H)	45,000	45,000
50	BBBB000122	LDL Apheresis	52,000	52,000
51	BBBB000123	Extended RBC Phenotyping	2,500	2,500
52	BBBB000125	Blood Component Manual (A)**	3,200	3,200

Blood Bank				
			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
53	BBBB000126	Blood Component Manual (P)**	2,300	2,300
54	BBBB000129	Cryopreservation of BM/ MPB sample (Gene Biotec)	50,000	50,000
55	BBBB000131	Cytotoxic T cell adoptive immunotherapy for CMV virus	12,61,840	12,61,840
56	BBBB000132	Diagnostic and process charges- on demand (CD34,TCR a/b,TCR	61,000	61,000
57	BBBB000136	Apheresis Platelets For Dengue Patient**	-	-
58	BBBB000137	Blood Component Manual FFP**	1,500	1,500
59	BBBB000138	Blood Component Manual RDPC**	1,950	1,950
60	BBBB000139	Cryo-poor plasma**	1,300	1,300
61	BBBB000140	Post Transfusion Reaction test	-	-
62	BBBB000141	Blood component Manual CPP**	1,300	1,300
63	BBBB000142	TCR a/b/CD19 Reagents with Complete Accessories Kit	11,70,000	11,70,000
64	BBBB000144	Cryopreservation of BM/ MPB sample (Cytocare)	55,000	55,000
65	BBBB000145	Autologous Leukapheresis(CART)	20,000	20,000

Fluoroscopy			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
1	RDFL000002	BARIUM ENEMA SINGLE CONTRAST	2,960	3,700
2	RDFL000003	BARIUM ENEMA DOUBLE CONTRAST	6,330	7,920
3	RDFL000004	BARIUM ENTEROCLYSIS WITH TUBE	9,100	11,380
4	RDFL000005	BARIUM ENTEROGRAPHY	7,690	9,620
5	RDFL000007	BARIUM MEAL FOLLOW THROUGH (BMFT)	7,550	9,440
6	RDFL000009	BARIUM SWALLOW	3,290	4,120
7	RDFL000011	BARIUM UPPER GI STUDY SINGLE CONTRAST	2,520	3,150
8	RDFL000013	BARIUM STUDY	2,690	3,370
9	RDFL000014	DYE STUDY DACRYOCYSTOGRAM	2,690	3,370
10	RDFL000015	DYE STUDY ENEMA	4,620	5,780
11	RDFL000016	NEPHROSTOGRAM	1,950	2,440
12	RDFL000017	DYE STUDY PHARYNGOGRAM	1,950	2,440
13	RDFL000021	DYE STUDY SIALOGRAM SUBMANDIBULAR BOTH	5,060	6,330
14	RDFL000022	DYE STUDY SIALOGRAM SUBMANDIBULAR SINGLE	3,230	4,040
15	RDFL000023	DYE STUDY SINOGRAM/FISTULOGRAM	3,230	4,040
16	RDFL000024	DYE STUDY CHOLANGIOGRAM	1,960	2,450
17	RDFL000025	DYE STUDY UPPER GI	4,090	5,120
18	RDFL000026	DYE STUDY	2,250	2,820
19	RDFL000028	FLUOROSCOPY SCREENING ONLY	1,600	2,000
20	RDFL000029	GENITOGRAM (NEWBORN)	2,100	2,630
21	RDFL000030	HYSTEROSALPINGOGRAM (HSG)	5,600	7,000
22	RDFL000031	INTRAVENOUS UROGRAPHY (IVU)	6,290	7,870
23	RDFL000032	MICTURATING CYSTOURETHROGRAM (MCU)	3,660	4,580
24	RDFL000033	MCU & RGU	4,880	6,100
25	RDFL000034	RETROGRADE GENITOURETHROGRAM (RGU)	2,570	3,220
26	RDFL000035	Distal loop colostogram	1,410	1,770
27	RDFL000036	Distal loop illeostogram	1,410	1,770
28	RDFL000037	Fluoroscopy with injection	3,660	4,580
29	RDFL000038	VFSS - video fluoroscopic swallow study	7,310	9,140
30	RDFL000039	Gastrografin Swallow	4,970	6,220
31	RDFL000040	Dynamic Fluoroscopy Study	3,310	4,140

Mammography			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
1	RDMM000001	MAMMOGRAPHY (2D) SINGLE BREAST	2,100	2,630
2	RDMM000002	MAMMOGRAPHY (2D) BOTH BREAST	3,680	4,600
3	RDMM000004	SPOT COMPRESSION/CONE MAGNIFICATION PER VIEW	1,000	1,200
4	RDMM000005	MAMMOGRAPHY DUCTOGRAPHY SINGLE	1,750	2,190
5	RDMM000006	MAMMOGRAPHY DUCTOGRAPHY BOTH	3,250	4,070
6	RDMM000007	MAMMOGRAPHY SINGLE BREAST SPECIAL VIEW	1,050	1,320
7	RDMM000008	REVIEW OF BREAST IMAGING	2,630	3,290
8	RDMM000009	Stereotactic Breast wire localisation	5,790	7,240
9	RDMM000013	Stereotactic Breast Biopsy	8,690	10,870
10	RDMM000015	3D Mammography both Breast	5,780	7,230
11	RDMM000016	3D Mammography Single Breast	3,150	3,940
12	RDMM000017	MAMMOGRAPHY SINGLE BREAST SPECIAL VIEW wth Clip	2,100	2,630
13	RDMM000018	Contrast Enhanced 3D Mammography	10,500	13,130
14	RDMM000021	Tomo guided Breast Biopsy	9,500	11,400
15	RDMM000022	Tomo guided Breast wire localisation	6,500	7,800
Dexa				
1	RDDX000001	DEXA SPINE	2,930	3,670
2	RDDX000002	DEXA SPINE & FEMUR	3,900	4,880
3	RDDX000003	DEXA SPINE, FEMUR & RADIUS	5,360	6,700
4	RDDX000004	DEXA WHOLE BODY SCAN	6,080	7,600
5	RDDX000005	DEXA for FAT analysis	1,890	2,370

CT Scan			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
1	RDCT000001	CT ANGIOGRAPHY BRAIN	12,110	15,140
2	RDCT000002	CT ANGIOGRAPHY NECK	13,270	16,590
3	RDCT000003	CT ANGIOGRAPHY CHEST	12,690	15,870
4	RDCT000004	CT ANGIOGRAPHY PULMONARY	12,690	15,870
5	RDCT000005	CT ANGIOGRAPHY ABDOMEN	16,740	20,930
6	RDCT000006	CT ANGIOGRAPHY RENAL	12,690	15,870
7	RDCT000007	CT ANGIOGRAPHY PERIPHERAL	15,170	18,970
8	RDCT000010	CT BRAIN (CONTRAST)	5,330	6,670
9	RDCT000011	CT BRAIN (PLAIN)	3,600	4,500
10	RDCT000012	CT BRAIN SELLA (PITUITARY) (CONTRAST)	5,990	7,490
11	RDCT000013	CT BRAIN SELLA (PITUITARY) (PLAIN)	4,640	5,800
12	RDCT000015	CT CARDIAC FOR CONGENITAL HEART DISEASE	15,010	18,770
13	RDCT000017	CT CHEST (CONTRAST)	8,000	10,000
14	RDCT000018	CT CHEST (PLAIN)	5,330	6,670
15	RDCT000019	CT CISTERNOGRAPHY / MYELOGRAPHY	11,990	14,990
16	RDCT000020	CT CORONARY ANGIO	16,740	20,930
17	RDCT000023	CT DYNAMIC STUDY - LIVER	15,010	18,770
18	RDCT000024	CT DYNAMIC STUDY - PANCREAS	13,840	17,300
19	RDCT000025	CT DYNAMIC STUDY - KIDNEYS	15,010	18,770
20	RDCT000026	CT DYNAMIC STUDY - OTHER (PER PART)	13,840	17,300
21	RDCT000027	CECT Abdomen With Enteroclysis	13,900	17,380
22	RDCT000028	CT EXTRA CONTRAST CHARGES - NI(NON-IONIC) (PER 50ML)	1,600	2,000
23	RDCT000029	CT EXTRA CONTRAST CHARGES - I(IONIC) (PER 20ML)	670	840
24	RDCT000030	CT Report on Film	420	530
25	RDCT000039	CT EXTREMITIES (CONTRAST) UPPER PROXIMAL (ARM)	8,000	10,000
26	RDCT000041	CT EXTREMITIES (CONTRAST) LOWER PROXIMAL (THIGH)	8,000	10,000
27	RDCT000042	CT EXTREMITIES (CONTRAST) LOWER DISTAL (LEG)	8,000	10,000
28	RDCT000043	CT EXTREMITIES (PLAIN) UPPER PROXIMAL (ARM)	6,610	8,270
29	RDCT000044	CT EXTREMITIES (PLAIN) UPPER DISTAL (FOREARM)	6,610	8,270
30	RDCT000045	CT EXTREMITIES (PLAIN) LOWER PROXIMAL (THIGH)	6,610	8,270
31	RDCT000046	CT EXTREMITIES (PLAIN) LOWER DISTAL (LEG)	6,610	8,270
32	RDCT000048	CT JOINTS SINGLE (PLAIN) SHOULDER	6,020	7,530

CT Scan			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
33	RDCT000049	CT JOINTS SINGLE (PLAIN) ELBOW	6,020	7,530
34	RDCT000050	CT JOINTS SINGLE (PLAIN) WRIST	6,020	7,530
35	RDCT000051	CT JOINTS SINGLE (PLAIN) HAND	6,020	7,530
36	RDCT000052	CT JOINTS SINGLE (PLAIN) KNEE	6,020	7,530
37	RDCT000053	CT JOINTS SINGLE (PLAIN) ANKLE	6,020	7,530
38	RDCT000054	CT JOINTS SINGLE (PLAIN) FOOT	6,020	7,530
39	RDCT000055	CT JOINTS BOTH (PLAIN) TEMPORO-MANDIBULAR	6,610	8,270
40	RDCT000056	CT JOINTS BOTH (PLAIN) SHOULDER	8,660	10,830
41	RDCT000057	CT JOINTS BOTH (PLAIN) STERNUM/STERNO-CLAVICULAR	6,610	8,270
42	RDCT000058	CT JOINTS BOTH (PLAIN) ELBOW	8,660	10,830
43	RDCT000059	CT JOINTS BOTH (PLAIN) WRIST	8,660	10,830
44	RDCT000060	CT JOINTS BOTH (PLAIN) HAND	8,660	10,830
45	RDCT000061	CT JOINTS BOTH (PLAIN) SACROILIAC (SI)	6,610	8,270
46	RDCT000062	CT JOINTS BOTH (PLAIN) HIP	6,610	8,270
47	RDCT000063	CT JOINTS BOTH (PLAIN) KNEE	6,610	8,270
48	RDCT000064	CT JOINTS BOTH (PLAIN) ANKLE	6,610	8,270
49	RDCT000065	CT JOINTS BOTH (PLAIN) FOOT	6,610	8,270
50	RDCT000066	CT KUB (CONTRAST)	9,040	10,850
51	RDCT000067	CT KUB (PLAIN)	7,530	9,420
52	RDCT000068	CT LOWER ABDOMEN/PELVIS (CONTRAST)	7,320	9,150
53	RDCT000069	CT LOWER ABDOMEN/PELVIS (PLAIN)	5,330	6,670
54	RDCT000070	CT NECK/PHARYNX/LARYNX (CONTRAST)	7,530	9,420
55	RDCT000071	CT NECK/PHARYNX/LARYNX (PLAIN)	5,560	6,950
56	RDCT000072	CT PNS/FACE/ORBITS (CONTRAST)	7,190	8,990
57	RDCT000073	CT PNS/FACE/ORBITS (PLAIN)	5,100	6,380
58	RDCT000076	CT SPINE (PLAIN) CV JUNCTION	5,990	7,490
59	RDCT000077	CT SPINE (PLAIN) CERVICAL	5,990	7,490
60	RDCT000078	CT SPINE (PLAIN) CERVICO-DORSAL	5,990	7,490
61	RDCT000079	CT SPINE (PLAIN) DORSAL	5,990	7,490
62	RDCT000080	CT SPINE (PLAIN) DORSO-LUMBAR	5,990	7,490
63	RDCT000081	CT SPINE (PLAIN) LUMBAR/LUMBOSACRAL	5,990	7,490
64	RDCT000082	CT SPINE (PLAIN) SACRUM & COCCYX	5,990	7,490

CT Scan			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
65	RDCT000083	CT SINOGRAM	8,000	10,000
66	RDCT000089	CT UPPER ABDOMEN (CONTRAST)	8,690	10,870
67	RDCT000090	CT UPPER ABDOMEN (PLAIN)	6,150	7,690
68	RDCT000091	CT UROGRAPHY	11,010	13,770
69	RDCT000092	CT WHOLE ABDOMEN (CONTRAST)	12,740	15,930
70	RDCT000093	CT WHOLE ABDOMEN (PLAIN)	8,690	10,870
71	RDCT000094	CT WHOLE BODY (BRAIN + NECK + CHEST + WHOLE ABDO) (CONTRAST)	21,310	26,640
72	RDCT000095	CT WHOLE BODY (BRAIN + NECK + CHEST + WHOLE ABDO) (PLAIN)	15,980	19,980
73	RDCT000097	CT BRONCHOSCOPY 3D-VIRTUAL	9,320	11,650
74	RDCT000099	CT COLONOSCOPY 3D-VIRTUAL	10,190	12,740
75	RDCT000100	HRCT CHEST	5,990	7,490
76	RDCT000101	HRCT TEMPORAL BONES	5,990	7,490
77	RDCT000106	RT PLANNING CT WITHOUT CONTRAST	4,450	5,340
78	RDCT000107	RT PLANNING CT WITH CONTRAST	6,670	8,340
79	RDCT000111	CT FOR RENAL DONOR EVALUATION	15,980	19,980
80	RDCT000112	CT FOR ACUTE STROKE (BRAIN,CTA,PERFUSION)	22,050	27,570
81	RDCT000113	CT ANGIOGRAPHY ENTIRE AORTA	17,840	22,300
82	RDCT000114	CT ANGIOGRAPHY ABDOMEN & PERIPHERAL	21,830	27,290
83	RDCT000116	CT CORONARY CALCIUM SCORING	4,670	5,840
84	RDCT000117	Triple Phase CT (Liver) + Volumetry + Liver Angio	18,510	23,140
85	RDCT000118	CT Report on CD	470	590
86	RDCT000119	Liver donor review charges (complete)	7,320	9,150
87	RDCT000120	Volumetry Review charges	4,670	5,840
88	RDCT000121	CT TOPOGRAM/SCNOGRAM	2,400	3,000
89	RDCT000122	CT WHOLE SPINE (Plain)	16,790	20,990
90	RDCT000123	CT WHOLE SPINE (contrast)	17,980	22,480
91	RDCT000125	CT CHEST+WHOLE ABDOMEN (CONTRAST)	16,790	20,990
92	RDCT000126	CT CHEST+WHOLE ABDOMEN (PLAIN)	13,320	16,650
93	RDCT000128	3D CT reconstruction only	2,900	3,630
94	RDCT000129	CT angiography - Neck and brain	21,370	26,720
95	RDCT000130	CT angiography - Neck and chest	19,180	23,980
96	RDCT000132	CT angiography - Pulmonary and lower limbs (DVT protocol)	20,500	25,630

CT Scan			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
97	RDCT000133	CECT abdomen with enterography	12,160	15,200
98	RDCT000134	CT angiography -Head, neck and chest	22,720	28,400
99	RDCT000135	CT angiography - Chest, abdomen and lower limbs	28,090	35,120
100	RDCT000136	CT Para nasal sinus - plain	5,220	6,530
101	RDCT000137	CT face - plain	5,450	6,820
102	RDCT000138	CT orbit - plain	5,560	6,950
103	RDCT000139	CT Para nasal sinus - contrast	6,660	8,330
104	RDCT000140	CT face - contrast	7,190	8,990
105	RDCT000141	CT orbit - contrast	7,530	9,420
106	RDCT000143	CT Guided Injection	6,960	8,700
107	RDCT000153	Trauma Protocol A (P)	27,320	34,150
108	RDCT000154	Trauma Protocol B (P)	30,620	38,280
109	RDCT000144	CT urography stone protocol	10,480	13,100
110	RDCT000145	CT perfusion per part	10,480	13,100
111	RDCT000156	4D Para Thyroid CT Scan	12,080	15,100
112	RDCT000157	CT Lower Limb Venography	15,750	19,690
113	RDCT000158	CT Upper limb Angiography	15,750	19,690
114	RDCT000159	CT Upper limb Venography	15,750	19,690
115	RDCT000160	CT Cystography	7,140	8,930
116	RDCT000161	CT TAVI Protocol	24,680	30,850
117	RDCT000162	CT Spine Contrast	9,450	11,820
118	RDCT000163	CT Coronary + Entire Aorta	20,480	25,600
119	RDCT000164	CT Chest Plain with ECG Gating	7,140	8,930
120	RDCT000165	CT Bariatric Protocol	6,300	7,880
121	RDCT000168	HRCT Chest W/o Film (For Covid pt.)**	1,890	2,370
122	RDCT000169	CT PNS/FACE/ORBITS CONTRAST (For Covid pt.)**	1,890	2,370
123	RDCT000170	CT PNS/FACE/ORBITS PLAIN (For Covid pt.)**	1,050	1,320
124	RDCT000171	CT Chest Low Dose Screening w/o Film	2,630	3,290
Mobile CT				
1	RDMC000002	Mobile CT Brain (Plain)	5,130	6,420
2	RDMC000004	Mobile CT Brain Sell Pituitary (Plain)	6,620	8,280
3	RDMC000006	Mobile CT PNS/Face/Orbits (Plain)	7,280	9,100

CT Scan			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
Radiology review				
2	RDOR000002	Radiology Review- Basic	3,000	3,600
3	RDOR000003	Radiology Review- Intermediate	4,500	5,400
4	RDOR000004	Radiology Review- Advanced	5,750	6,900
5	RDOR000005	Review with comparative studies	7,000	8,400

MRI			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
1	RDMR000001	MR ANGIOGRAPHY CONTRAST ABDOMEN	15,170	18,970
2	RDMR000002	MR ANGIOGRAPHY CONTRAST BRAIN	15,170	18,970
3	RDMR000003	MR ANGIOGRAPHY CONTRAST CHEST	15,170	18,970
4	RDMR000004	MR ANGIOGRAPHY CONTRAST EXTREMITY	15,170	18,970
5	RDMR000005	MR ANGIOGRAPHY CONTRAST NECK	15,170	18,970
6	RDMR000006	MR ANGIOGRAPHY CONTRAST PULMONARY	15,170	18,970
7	RDMR000007	MR ANGIOGRAPHY CONTRAST RENAL	15,170	18,970
8	RDMR000008	MR ANGIOGRAPHY CONTRAST NECK & BRAIN	22,500	28,130
9	RDMR000009	MR ANGIOGRAPHY CONTRAST AORTIC ARCH & NECK	19,180	23,980
10	RDMR000013	MR ANGIOGRAPHY PLAIN ABDOMEN	10,950	13,690
11	RDMR000014	MR ANGIOGRAPHY PLAIN BRAIN	10,950	13,690
12	RDMR000015	MR ANGIOGRAPHY PLAIN EXTREMITIES	10,950	13,690
13	RDMR000016	MR ANGIOGRAPHY PLAIN NECK	10,950	13,690
14	RDMR000017	MR ANGIOGRAPHY PLAIN BRAIN & NECK	17,900	22,380
15	RDMR000018	MRI BRACHIAL PLEXUS SINGLE	10,650	13,320
16	RDMR000020	MRI BRAIN CONTRAST	13,900	17,380
17	RDMR000022	MRI BRAIN PLAIN	9,210	11,520
18	RDMR000024	MRI BRAIN WITH CSF FLOW STUDY	12,630	15,790
19	RDMR000025	MRI BRAIN WITH EPILEPSY PROTOCOL	10,650	13,320
20	RDMR000028	MRI BRAIN WITH 3D	9,990	12,490
21	RDMR000029	MRI BREAST BOTH CONTRAST	16,790	20,990
22	RDMR000030	MRI CARDIAC CONTRAST	19,980	24,980
23	RDMR000031	MRI CARDIAC PLAIN	15,310	19,140
24	RDMR000032	MRI CHEST CONTRAST	13,320	16,650
25	RDMR000033	MRI CHEST PLAIN	9,210	11,520

MRI			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
26	RDMR000034	MR CHOLANGIOPANCREATICOGRAPHY (MRCP)(ONLY)	10,480	13,100
27	RDMR000035	MRI CISTERNOGRAPHY/MYELOGRAPHY	9,320	11,650
28	RDMR000038	MRI DYNAMIC STUDY KIDNEYS	15,980	19,980
29	RDMR000039	MRI DYNAMIC STUDY LIVER	15,980	19,980
30	RDMR000040	MRI DYNAMIC STUDY PANCREAS	15,980	19,980
31	RDMR000041	MRI DYNAMIC STUDY PITUITARY	14,640	18,300
32	RDMR000042	MRI DYNAMIC STUDY OTHER (PER PART)	14,640	18,300
33	RDMR000043	MR ENTEROCLYSIS CONTRAST	15,980	19,980
34	RDMR000044	MR ENTEROCLYSIS PLAIN	11,340	14,180
35	RDMR000045	MRI EXTRA CONTRAST CHARGES - PER 10CC	4,670	5,840
36	RDMR000046	MRI EXTRA FILM CHARGES - PER FILM	520	650
37	RDMR000047	MRI EXTREMITIES SINGLE LEG (CONTRAST)	13,320	16,650
38	RDMR000048	MRI EXTREMITIES SINGLE THIGH (CONTRAST)	13,320	16,650
39	RDMR000049	MRI EXTREMITIES SINGLE FOREARM (CONTRAST)	13,320	16,650
40	RDMR000050	MRI EXTREMITIES SINGLE ARM (CONTRAST)	13,320	16,650
41	RDMR000051	MRI EXTREMITIES SINGLE LEG (PLAIN)	9,210	11,520
42	RDMR000052	MRI EXTREMITIES SINGLE THIGH (PLAIN)	9,210	11,520
43	RDMR000053	MRI EXTREMITIES SINGLE FOREARM (PLAIN)	9,210	11,520
44	RDMR000054	MRI EXTREMITIES SINGLE ARM (PLAIN)	9,210	11,520
45	RDMR000064	MR FISTULOGRAM CONTRAST	14,590	18,240
46	RDMR000065	MR FISTULOGRAM PLAIN	10,010	12,520
47	RDMR000067	MRI INNER EAR (PLAIN)	9,270	11,590
48	RDMR000068	MRI JOINT SINGLE CONTRAST FOOT	13,320	16,650
49	RDMR000069	MRI JOINT SINGLE CONTRAST ANKLE	13,320	16,650
50	RDMR000070	MRI JOINT SINGLE CONTRAST KNEE	13,320	16,650

MRI			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
51	RDMR000071	MRI JOINT SINGLE CONTRAST SHOULDER	13,320	16,650
52	RDMR000072	MRI JOINT SINGLE CONTRAST ELBOW	13,320	16,650
53	RDMR000073	MRI JOINT SINGLE CONTRAST WRIST	13,320	16,650
54	RDMR000074	MRI JOINT SINGLE CONTRAST HAND	13,320	16,650
55	RDMR000075	MRI JOINT SINGLE PLAIN FOOT	9,210	11,520
56	RDMR000076	MRI JOINT SINGLE PLAIN ANKLE	9,210	11,520
57	RDMR000077	MRI JOINT SINGLE PLAIN KNEE	9,210	11,520
58	RDMR000078	MRI JOINT SINGLE PLAIN SHOULDER	9,210	11,520
59	RDMR000079	MRI JOINT SINGLE PLAIN ELBOW	9,210	11,520
60	RDMR000080	MRI JOINT SINGLE PLAIN WRIST	9,210	11,520
61	RDMR000081	MRI JOINT SINGLE PLAIN HAND	9,210	11,520
62	RDMR000082	MRI JOINT BOTH (R & L) CONTRAST FOOT	25,360	31,700
63	RDMR000083	MRI JOINT BOTH (R & L) CONTRAST ANKLE	25,360	31,700
64	RDMR000084	MRI JOINT BOTH (R & L) CONTRAST KNEE	25,360	31,700
65	RDMR000085	MRI JOINT BOTH (R & L) CONTRAST HIP	13,320	16,650
66	RDMR000086	MRI JOINT BOTH (R & L) CONTRAST SI JOINTS	13,320	16,650
67	RDMR000096	MRI JOINT BOTH (R & L) PLAIN HIP	9,210	11,520
68	RDMR000097	MRI JOINT BOTH (R & L) PLAIN SI JOINTS	9,210	11,520
69	RDMR000099	MRI JOINT BOTH (R & L) PLAIN STERNOCLAVICULAR	9,320	11,650
70	RDMR000104	MRI JOINT EXTRA ARTHROGRAPHY BOTH (R & L)	13,320	16,650
71	RDMR000105	MRI JOINT EXTRA ARTHROGRAPHY SINGLE	6,660	8,330
72	RDMR000106	MRI LOWER ABDOMEN/PELVIS CONTRAST	14,640	18,300
73	RDMR000107	MRI LOWER ABDOMEN/PELVIS PLAIN	10,010	12,520
74	RDMR000108	MRI NASOPHARYNX/PNS CONTRAST	13,320	16,650
75	RDMR000109	MRI NASOPHARYNX/PNS PLAIN	9,210	11,520

MRI			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
76	RDMR000110	MRI NECK/ THYROID/ LARYNX CONTRAST	13,320	16,650
77	RDMR000111	MRI NECK/THYROID/LARYNX PLAIN	9,210	11,520
78	RDMR000112	MRI ORBITS CONTRAST	13,320	16,650
79	RDMR000113	MRI ORBITS PLAIN	9,210	11,520
80	RDMR000114	MRI PROSTATE CONTRAST	13,320	16,650
81	RDMR000115	MRI PROSTATE PLAIN	9,320	11,650
82	RDMR000116	MRI RECTUM (HIGH RESOLUTION) CONTRAST	13,320	16,650
83	RDMR000117	MRI RECTUM (HIGH RESOLUTION) PLAIN	9,320	11,650
84	RDMR000118	MRI SELLA (PITUITARY FOSSA) CONTRAST	13,320	16,650
85	RDMR000119	MRI SELLA (PITUITARY FOSSA) PLAIN	9,210	11,520
86	RDMR000120	MR SINOGRAM CONTRAST	13,320	16,650
87	RDMR000121	MR SINOGRAM PLAIN	9,210	11,520
88	RDMR000122	MR SPECTROSCOPY EXTRA	8,110	10,140
89	RDMR000123	MRI SPINE CONTRAST CV JUNCTION	13,320	16,650
90	RDMR000124	MRI SPINE CONTRAST CERVICAL	13,320	16,650
91	RDMR000125	MRI SPINE CONTRAST CERVICODORSAL	13,320	16,650
92	RDMR000126	MRI SPINE CONTRAST DORSAL	13,320	16,650
93	RDMR000127	MRI SPINE CONTRAST DORSOLUMBAR	13,320	16,650
94	RDMR000128	MRI SPINE CONTRAST LUMBOSACRAL	13,320	16,650
95	RDMR000129	MRI SPINE CONTRAST SACRUM & COCCYX	13,320	16,650
96	RDMR000131	MRI SPINE PLAIN CV JUNCTION	9,210	11,520
97	RDMR000132	MRI SPINE PLAIN CERVICAL	9,210	11,520
98	RDMR000133	MRI SPINE PLAIN CERVICODORSAL	9,210	11,520
99	RDMR000134	MRI SPINE PLAIN DORSAL	9,210	11,520
100	RDMR000135	MRI SPINE PLAIN DORSOLUMBAR	9,210	11,520

MRI			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
101	RDMR000136	MRI SPINE PLAIN LUMBOSACRAL	9,210	11,520
102	RDMR000137	MRI SPINE PLAIN SACRUM & COCCYX	9,210	11,520
103	RDMR000138	MRI SPINE PLAIN WHOLE (PEDIATRIC)	14,640	18,300
104	RDMR000143	MRI UPPER ABDOMEN CONTRAST	14,640	18,300
105	RDMR000144	MRI UPPER ABDOMEN PLAIN	10,010	12,520
106	RDMR000147	MR UROGRAPHY (MRU) CONTRAST	14,640	18,300
107	RDMR000148	MR UROGRAPHY (MRU) PLAIN	10,010	12,520
108	RDMR000149	MR VENOGRAPHY CONTRAST	13,320	16,650
109	RDMR000150	MR VENOGRAPHY PLAIN	9,500	11,880
110	RDMR000151	MRI WHOLE ABDOMEN CONTRAST	23,490	29,370
111	RDMR000152	MRI WHOLE ABDOMEN PLAIN	19,980	24,980
112	RDMR000158	MRI SCREEING WHOLE SPINE	10,650	13,320
113	RDMR000159	MRI BRAIN ADDITIONAL CSF FLOW	5,220	6,530
114	RDMR000161	MRI BRAIN ADDITIONAL PERFUSION STUDY	13,900	17,380
115	RDMR000163	MRI BRAIN ADDITIONAL TRACTOGRAPHY	9,210	11,520
116	RDMR000164	MRI WHOLE BODY SCREENING EXAM	25,360	31,700
117	RDMR000165	RT PLANNING MRI WITHOUT CONTRAST	10,450	13,070
118	RDMR000166	RT PLANNING MRI WITH CONTRAST	14,650	18,320
119	RDMR000169	MRI SCREENING PACKAGE - LS SPINE & SI JOINTS	9,210	11,520
120	RDMR000179	MRI Report on CD	700	880
121	RDMR000180	MRI per part (unspecified) plain	9,210	11,520
122	RDMR000181	MRI per part (unspecified) with Contrast	13,320	16,650
123	RDMR000182	MRI BRAIN ADDITIONAL FUNCTIONAL EXAM (per activity)	9,210	11,520
124	RDMR000184	MRI SCREENING PER PART	5,560	6,950
125	RDMR000185	RT PLANNING MRI CONTRAST WITH SPECTROSCOPY	20,950	26,190

MRI			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
126	RDMR000186	MRI Temporal Bone (Plain)	9,960	12,450
127	RDMR000187	MRI Prostate (dynamic) with Spectroscopy	21,310	26,640
128	RDMR000189	MRI FACE (PLAIN)	9,210	11,520
129	RDMR000190	MRI FACE (CONTRAST)	13,320	16,650
130	RDMR000191	MRI SKULL BASE PLAIN	9,210	11,520
131	RDMR000192	MRI SKULL BASE CONTRAST	13,320	16,650
132	RDMR000193	MRI FINGER PLAIN	9,210	11,520
133	RDMR000194	MRI FINGER CONTRAST	13,320	16,650
134	RDMR000195	MRI TOE PLAIN	9,210	11,520
135	RDMR000196	MRI TOE CONTRAST	13,320	16,650
136	RDMR000197	MRI AXILLA PLAIN	9,210	11,520
137	RDMR000198	MRI AXILLA CONTRAST	13,320	16,650
138	RDMR000199	MRI GLUTEAL REGION PLAIN	9,210	11,520
139	RDMR000200	MRI GLUTEAL REGION CONTRAST	13,320	16,650
140	RDMR000201	MR CISTERNOGRAPHY CONTRAST	13,320	16,650
141	RDMR000202	MR BRAIN WITH CP ANGLE PLAIN	9,960	12,450
142	RDMR000203	MR BRAIN WITH CP ANGLE CONTRAST	14,640	18,300
143	RDMR000204	MR BRAIN DBS PROTOCOL PLAIN	9,210	11,520
144	RDMR000205	MR BRAIN DBS PROTOCOL CONTRAST	13,320	16,650
145	RDMR000206	MR PENIS / SCROTUM PLAIN	9,210	11,520
146	RDMR000207	MR PENIS / SCROTUM CONTRAST	13,320	16,650
147	RDMR000208	MR ENTEROGRAPHY	10,650	13,320
148	RDMR000209	MR DEFECOGRAPHY	13,320	16,650
149	RDMR000211	MR Liver fat estimation	4,500	5,400
150	RDMR000212	MRCP with contrast-Donor	11,340	14,180

MRI			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
151	RDMR000213	MRI Iron estimation	6,960	8,700
152	RDMR000215	MRI Plain SI Joints SPA protocol	9,210	11,520
153	RDMR000216	MRI both hands with contrast	9,320	11,650
154	RDMR000217	MRI single clavicle - plain	9,210	11,520
155	RDMR000218	MRI single scapulae - plain	9,210	11,520
156	RDMR000219	MRI single pectoralis muscle - plain	9,210	11,520
157	RDMR000220	MRI single thoracic outlet - plain	15,980	19,980
158	RDMR000221	MRI single thoracic outlet - contrast	19,980	24,980
159	RDMR000222	MR Guided Breast Biopsy(VAB)	28,560	35,700
160	RDMR000223	MRI Cisternography with intrathecal contrast	10,420	13,030
161	RDMR000224	MRI Sialography Contrast	11,590	14,490
162	RDMR000225	Prostate MRI fusion biopsy marking	3,480	4,350
163	RDMR000228	MRI Brain Tumor Protocol 3	32,530	40,670
164	RDMR000230	MRI Stoke/Acute Stroke Protocol 1	23,710	29,640
165	RDMR000237	MRI Spine Lumbar Plain	9,210	11,520
166	RDMR000238	MRI Spine Lumbar Contrast	13,320	16,650
167	RDMR000239	MRI LS spine pelvis and hip (contrast)	21,450	26,820
168	RDMR000241	MRI whole spine screen,hip & pelvis (contrast)	19,860	24,830
169	RDMR000243	Post Procedure Limited MRCP	5,780	7,230
170	RDMR000244	MRI BRAIN CONTRAST (For Covid pt.)**	3,150	3,940
171	RDMR000245	MRI BRAIN PLAIN (For Covid pt.)**	2,310	2,890
172	RDMR000246	MRI ORBITS CONTRAST (For Covid pt.)**	2,420	3,030
173	RDMR000247	MRI ORBITS PLAIN (For Covid pt.)**	1,790	2,240
174	RDMR000248	MRI NASOPHARYNX/ PNS CONTRAST (For Covid pt.)**	4,200	5,250
175	RDMR000249	MRI NASOPHARYNX/ PNS PLAIN (For Covid pt.)**	2,630	3,290

MRI			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
176	RDMR000250	MRI SAILOGRAPHY PLAIN	9,450	11,820
177	RDMR000251	MRI DYNAMIC PROSTRATE	17,330	21,670
178	RDMR000252	MRI TEMPROMANDIBULAR JOINT	21,000	26,250
179	RDMR000253	MRI LUMBOSACRAL PLEXUS	14,700	18,380
180	RDMR000254	MRI DYNAMIC CERVICAL SPINE	14,700	18,380
181	RDMR000255	MRI PERIPHERAL ANGIOGRAPHY WITH CONTRAST	22,580	28,230
182	RDMR000256	MRI STERNUM	9,450	11,820
183	RDMR000257	MRI SINOGRAM WITH CONTRAST	14,180	17,730
184	RDMR000258	MRI LYMPH ANGIOGRAM	17,850	22,320
185	RDMR000259	MRI CISTERNOGRAPHY INTRATHECAL CONTRAST	17,330	21,670
186	RDMR000260	MRI THORACIC OUTLET	14,180	17,730
187	RDMR000261	MRI THORACIC OUTLET WITH ANGIOGRAPHY CONTRAST	22,580	28,230
188	RDMR000262	MRI FACE CONTRAST WITH MULTIPHASIC DYNAMIC MRI ANGIOGRAPHY	15,230	19,040
189	RDMR000263	HCC Screening non-contrast	8,500	10,200
190	RDMR000305	MRI Elastography	5,800	7,000

Ultrasound			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
1	RDUS000002	USG Both Breast	3,150	3,940
2	RDUS000003	USG CHEST	1,750	2,190
3	RDUS000004	USG DOPPLER ABDOMEN	3,830	4,790
4	RDUS000006	USG DOPPLER CAROTIDS	3,830	4,790
5	RDUS000007	USG DOPPLER EXTREMITY (BOTH) ARTERIAL	5,740	7,180
6	RDUS000008	USG DOPPLER EXTREMITY (Single) VENOUS	3,810	4,770
7	RDUS000009	USG DOPPLER EXTREMITY (SINGLE) ARTERIAL	3,810	4,770
8	RDUS000010	USG DOPPLER EXTREMITY (Both) VENOUS	5,740	7,180
9	RDUS000011	USG DOPPLER ORBITS	3,360	4,200
10	RDUS000012	USG DOPPLER (PER PART)	3,360	4,200
11	RDUS000013	USG DOPPLER PELVIS	3,360	4,200
12	RDUS000014	USG DOPPLER PENILE	6,020	7,530
13	RDUS000015	USG DOPPLER RENALS	4,530	5,670
14	RDUS000016	USG DOPPLER SCROTUM	3,480	4,350
15	RDUS000017	USG DOPPLER SMALL PARTS	3,360	4,200
16	RDUS000019	USG DOPPLER TRANSPLANT RENAL	3,210	4,020
17	RDUS000020	USG EXTREMITY	1,850	2,320
18	RDUS000021	USG FOLLICULAR MONITORING	2,560	3,200
19	RDUS000023	USG JOINT/MUSCULOSKELETAL	1,600	2,000
20	RDUS000024	USG KUB	1,850	2,320
21	RDUS000025	USG LOWER ABDOMEN/PELVIS	1,750	2,190
22	RDUS000026	USG NECK	1,750	2,190
23	RDUS000027	USG ORBITS	1,280	1,600
24	RDUS000028	USG PREGNANCY EARLY	1,850	2,320
25	RDUS000029	USG PREGNANCY 1 TRIM (GENETIC SCAN)(NT/NB)	2,560	3,200
26	RDUS000030	USG PREGNANCY GROWTH SCAN	2,010	2,520
27	RDUS000031	USG PREGNANCY ANOMALY/DETAILED SCAN	4,400	5,500
28	RDUS000032	USG PREGNANCY DOPPLER	3,830	4,790
29	RDUS000033	USG PREGNANCY BIOPHYSICAL PROFILE	3,360	4,200
30	RDUS000034	USG PREGNANCY 3D/4D	3,990	4,990
31	RDUS000035	USG PREGNANCY LIMITED STUDY ONLY	1,340	1,680
32	RDUS000036	USG SCREENING/LIMITED EXAMINATION ONLY	1,340	1,680

Ultrasound			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
33	RDUS000037	USG SCROTUM	2,080	2,600
34	RDUS000040	USG TRANSRECTAL (TRUS)	2,010	2,520
35	RDUS000041	USG TRANSVAGINAL (TVS)	2,150	2,690
36	RDUS000042	USG UPPER ABDOMEN	1,750	2,190
37	RDUS000043	USG WHOLE ABDOMEN	2,650	3,320
38	RDUS000048	USG PREGNANCY ANOMALY/DETAILED SCAN (TWIN)	6,660	8,330
39	RDUS000049	USG CRANIUM	1,520	1,900
40	RDUS000050	USG SOFT TISSUE WITH DOPPLER	3,330	4,170
41	RDUS000051	USG SOFT TISSUE WITHOUT DOPPLER	1,620	2,030
42	RDUS000053	Post Void Residual Urine	700	880
43	RDUS000054	USG Single Breast	2,100	2,630
44	RDUS000055	USG RENAL GRAFT DOPPLER	3,360	4,200
45	RDUS000056	USG RENAL GRAFT PLAIN	2,080	2,600
46	RDUS000057	USG FOR LIVER ELASTOGRAPHY	2,000	2,500
47	RDUS000058	USG FOR MARKING SITE	700	880
48	RDUS000059	Intra Operative USG	5,330	6,670
49	RDUS000060	Contrast USG	3,360	4,200
50	RDUS000061	USG guided breast wire localisation	5,220	6,530
51	RDUS000063	USG guided Breast clip placement	4,730	5,920
52	RDUS000065	USG Axillae (both)	1,600	2,000
53	RDUS000066	USG guided Breast Biopsy	7,350	9,190
54	RDUS000067	USG guided Breast FNAC/Aspiration	4,730	5,920
55	RDUS000068	Vaccum assisted breast biopsy (under guidance)	18,900	23,630
56	RDUS000069	USG AXILLA (single)	780	940
57	RDUS000070	MSK ultrasound	2,630	3,290
58	RDUS000071	Msk ultrasound with steroid injection	4,200	5,250
59	RDUS000072	US - 7 for rheumatoid Arthritis	3,150	3,940
60	RDUS000073	MSk ultrasound guided aspiration	4,670	5,840
61	RDUS000074	Ultrasound Guided Breast Lump Exision (VAB)	8,190	10,240
62	RDUS000076	Ultrasound Guided MSK Procedure	5,790	7,240
63	RDUS000077	Post-operative MSK ultrasound	3,150	3,940
64	RDUS000078	Ultrasound Review	590	740

Ultrasound			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
65	RDUS000080	MSK Ultrasound Guided Biopsy	5,780	7,230
66	RDUS000081	USG Ileofofemoral Doppler	3,840	4,800
67	RDUS000087	USG FOR SPLEENIC ELASTOGRAPHY	1,900	2,280
68	RDUS000088	SONO- HSG	6,500	7,800
Mobile Ultrasound			Charges in INR	
S. No	Billing code	Service Name		
66	RDMU000001	MOBILE USG BRAIN (NEONATE)	2,080	2,600
67	RDMU000003	MOBILE USG CHEST	2,610	3,270
68	RDMU000004	MOBILE USG DOPPLER ABDOMEN	5,740	7,180
69	RDMU000006	MOBILE USG DOPPLER CAROTIDS	5,740	7,180
70	RDMU000007	MOBILE USG DOPPLER EXTREMITY BL ARTERIAL	8,980	11,230
71	RDMU000008	MOBILE USG DOPPLER EXTREMITY (BOTH) VENOUS	9,910	12,390
72	RDMU000009	MOBILE USG DOPPLER EXTREM SINGLE ARTERIAL	5,740	7,180
73	RDMU000010	MOBILE USG DOPPLER EXTREM (SINGLE) VENOUS	5,740	7,180
74	RDMU000011	MOBILE USG DOPPLER ORBITS	2,610	3,270
75	RDMU000012	MOBILE USG DOPPLER (PER PART)	4,990	6,240
76	RDMU000013	MOBILE USG DOPPLER PELVIS	2,610	3,270
77	RDMU000014	MOBILE USG DOPPLER PENILE	9,030	11,290
78	RDMU000015	MOBILE USG DOPPLER RENALS	6,780	8,480
79	RDMU000016	MOBILE USG DOPPLER SCROTUM	5,220	6,530
80	RDMU000017	MOBILE USG DOPPLER SMALL PARTS	4,530	5,670
81	RDMU000019	MOBILE USG DOPPLER TRANSPLANT RENAL	5,740	7,180
82	RDMU000020	MOBILE USG EXTREMITY	2,790	3,490
83	RDMU000023	MOBILE USG JOINT/MUSCULOSKELETAL	2,140	2,680
84	RDMU000024	MOBILE USG KUB	2,790	3,490
85	RDMU000025	MOBILE USG LOWER ABDOMEN/PELVIS	2,610	3,270
86	RDMU000026	MOBILE USG NECK	2,610	3,270
87	RDMU000027	MOBILE USG ORBITS	2,610	3,270
88	RDMU000028	MOBILE USG PREGNANCY EARLY	2,790	3,490
89	RDMU000029	MOBILE USG PREGNANCY 1 TRIM (GENETIC SCAN)	3,830	4,790
90	RDMU000030	MOBILE USG PREGNANCY GROWTH SCAN	3,020	3,780

Ultrasound			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
91	RDMU000031	MOBILE USG PREGNANCY ANOMALY/DETAILED SCAN	6,610	8,270
92	RDMU000032	MOBILE USG PREGNANCY DOPPLER	5,740	7,180
93	RDMU000035	MOBILE USG PREGNANCY LIMITED STUDY ONLY	2,150	2,690
94	RDMU000037	MOBILE USG SCROTUM	3,130	3,920
95	RDMU000040	MOBILE USG TRANSRECTAL (TRUS)	3,070	3,840
96	RDMU000041	MOBILE USG TRANSVAGINAL (TVS)	3,220	4,030
97	RDMU000042	MOBILE USG UPPER ABDOMEN	2,610	3,270
98	RDMU000043	MOBILE USG WHOLE ABDOMEN	3,830	4,790
99	RDMU000048	MOBILE USG CRANIUM	2,260	2,830
100	RDMU000049	MOBILE USG RENAL GRAFT DOPPLER	4,530	5,670
101	RDMU000050	MOBILE USG RENAL GRAFT PLAIN	3,130	3,920
102	RDMU000053	MOBILE USG SOFT TISSUE WITH DOPPLER	4,990	6,240
103	RDMU000054	MOBILE USG SOFT TISSUE WITHOUT DOPPLER	2,380	2,980
104	RDMU000055	MOBILE Post Void Residual Urine	1,050	1,320
105	RDMU000056	MOBILE USG Single Breast	1,920	2,400
106	RDMU000057	MOBILE Intra Operative USG	8,000	10,000
107	RDMU000061	MOBILE USG Upper Abdomen + TVS	5,560	6,950
108	RDMU000065	MOBILE USG AXILLA (single)	1,220	1,530

X-ray			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
1	RDXR000001	XRAY ABDOMEN	450	570
2	RDXR000002	XRAY ACROMIO-CLAVICULAR JOINT BOTH	870	1,090
3	RDXR000003	XRAY ACROMIO-CLAVICULAR JOINT SINGLE	450	570
4	RDXR000004	XRAY ANKLE BOTH- LATERAL	870	1,090
5	RDXR000005	XRAY ANKLE SINGLE	450	570
6	RDXR000006	XRAY ARM BOTH	870	1,090
7	RDXR000007	XRAY ARM SINGLE	450	570
8	RDXR000008	XRAY CALCANEUM BOTH	870	1,090
9	RDXR000009	XRAY CALCANEUM SINGLE	450	570
10	RDXR000010	XRAY CHEST	500	630
11	RDXR000011	XRAY CHEST FOR RIBS	450	570
12	RDXR000012	XRAY CHEST PENETRATED	450	570
13	RDXR000013	XRAY CLAVICLE BOTH- AP	450	570
14	RDXR000014	XRAY CLAVICLE SINGLE	450	570
15	RDXR000015	XRAY COCCYX	450	570
16	RDXR000016	XRAY ELBOW BOTH	870	1,090
17	RDXR000017	XRAY ELBOW SINGLE	450	570
18	RDXR000018	XRAY FACE NASAL BONE	450	570
19	RDXR000019	XRAY FACE ORBITS	450	570
20	RDXR000020	XRAY FACE PARANASAL SINUSES	450	570
21	RDXR000021	XRAY FACE ZYGOMATIC ARCH	450	570
22	RDXR000022	XRAY FEMUR BOTH	870	1,090
23	RDXR000023	XRAY FEMUR SINGLE	450	570
24	RDXR000024	XRAY FINGERS	450	570
25	RDXR000025	XRAY FOOT BOTH	450	570
26	RDXR000026	XRAY FOOT SINGLE	450	570
27	RDXR000027	XRAY FOREARM BOTH- LATERAL	870	1,090
28	RDXR000028	XRAY FOREARM SINGLE	450	570
29	RDXR000029	XRAY HANDS BOTH	450	570
30	RDXR000030	XRAY HANDS SINGLE	450	570

X-ray			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
31	RDXR000031	XRAY HIP BOTH- LATERAL	870	1,090
32	RDXR000032	XRAY HIP SINGLE	450	570
33	RDXR000033	XRAY HUMERUS BOTH	870	1,090
34	RDXR000034	XRAY HUMERUS SINGLE	450	570
35	RDXR000035	XRAY KNEE BOTH- LATERAL	870	1,090
36	RDXR000036	XRAY KNEE SINGLE	450	570
37	RDXR000037	XRAY KUB	450	570
38	RDXR000038	XRAY LEG BOTH-LATERAL	870	1,090
39	RDXR000039	XRAY LEG SINGLE	450	570
40	RDXR000040	XRAY MANDIBLE BOTH	870	1,090
41	RDXR000041	XRAY MANDIBLE SINGLE	450	570
42	RDXR000046	XRAY PARANASAL SINUSES	450	570
43	RDXR000047	XRAY PATELLA BOTH- AP	450	570
44	RDXR000048	XRAY PATELLA SINGLE	450	570
45	RDXR000049	XRAY PELVIS	450	570
46	RDXR000050	XRAY SI JOINTS BOTH	450	570
47	RDXR000051	XRAY SI JOINT SINGLE	450	570
48	RDXR000052	XRAY SACRUM	450	570
49	RDXR000053	XRAY SCAPULA BOTH	870	1,090
50	RDXR000054	XRAY SCAPULA SINGLE	450	570
51	RDXR000055	XRAY SHOULDER BOTH	870	1,090
52	RDXR000056	XRAY SHOULDER SINGLE	450	570
53	RDXR000057	XRAY SKULL	450	570
54	RDXR000058	XRAY SKULL BASE	450	570
55	RDXR000059	XRAY SKULL CONED VIEWD OF SELLA	450	570
56	RDXR000060	XRAY SKULL MASTOIDS BOTH	870	1,090
57	RDXR000061	XRAY SKULL MASTOIDS SINGLE	450	570
58	RDXR000062	XRAY SKULL OPTIC FORAMEN BOTH	870	1,090
59	RDXR000063	XRAY SKULL OPTIC FORAMEN SINGLE	450	570
60	RDXR000064	XRAY SPINE CV JUNCTION	450	570

X-ray			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
61	RDXR000065	XRAY SPINE CERVICAL	450	570
62	RDXR000066	XRAY SPINE CERVICODORSAL	450	570
63	RDXR000067	XRAY SPINE DORSAL	450	570
64	RDXR000068	XRAY SPINE DORSOLUMBAR	450	570
65	RDXR000069	XRAY SPINE LUMBOSACRAL	450	570
66	RDXR000070	XRAY SPINE SACRUM & COCCYX (ONE PART)	450	570
67	RDXR000071	XRAY STERNUM	450	570
68	RDXR000072	XRAY STERNO CLAVICULAR JOINT BOTH - AP	450	570
69	RDXR000073	XRAY STERNOCLAVICULAR JOINT SINGLE	450	570
70	RDXR000074	XRAY THIGH BOTH	870	1,090
71	RDXR000075	XRAY THIGH SINGLE	450	570
72	RDXR000076	XRAY TMJ (TEMPORO MANDIBULAR JOINT) BOTH	870	1,090
73	RDXR000078	XRAY TOES	450	570
74	RDXR000079	XRAY WRIST BOTH - LATERAL	870	1,090
75	RDXR000080	XRAY WRIST SINGLE	450	570
76	RDXR000081	XRAY STYLOID PROCESS	450	570
77	RDXR000082	X-RAY ABDOMEN - ERECT & SUPINE	870	1,090
78	RDXR000083	X-RAY ANKLE BOTH - AP & LATERAL	1,360	1,700
79	RDXR000084	X-RAY ANKLE SINGLE - AP & LATERAL	870	1,090
80	RDXR000085	XRAY ARM BOTH - AP & LATERAL	1,770	2,220
81	RDXR000086	XRAY ARM SINGLE - AP & LATERAL	870	1,090
82	RDXR000087	XRAY CALCANEUM BOTH - AXIAL & LATERAL	1,770	2,220
83	RDXR000088	XRAY CALCANEUM SINGLE - AXIAL & LATERAL	870	1,090
84	RDXR000089	XRAY CHEST - PA & LATERAL	870	1,090
85	RDXR000090	XRAY CHEST - AP & LATERAL	870	1,090
86	RDXR000091	XRAY CHEST FOR RIBS - AP & OBLIQUE	870	1,090
87	RDXR000093	XRAY CLAVICLE SINGLE - AP & OBLIQUE	870	1,090
88	RDXR000094	XRAY COCCYX - AP & LATERAL	870	1,090
89	RDXR000095	XRAY ELBOW BOTH - AP & LATERAL	1,770	2,220
90	RDXR000096	XRAY ELBOW SINGLE - AP & LATERAL	870	1,090

X-ray			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
91	RDXR000097	XRay Nasal Bone lateral R&L	870	1,090
92	RDXR000098	XRAY FACE ORBITS - CALDWELL & LATERAL	870	1,090
93	RDXR000099	XRAY FEMUR BOTH - AP & LATERAL	1,770	2,220
94	RDXR000100	XRAY FEMUR SINGLE - AP & LATERAL	870	1,090
95	RDXR000101	XRAY FINGERS - AP & LATERAL	870	1,090
96	RDXR000102	XRAY FINGERS - AP & OBLIQUE	870	1,090
97	RDXR000103	XRAY FOOT BOTH - AP & OBLIQUE	1,360	1,700
98	RDXR000104	XRAY FOOT SINGLE - AP & OBLIQUE	870	1,090
99	RDXR000105	XRAY FOOT BOTH - AP & LATERAL	1,360	1,700
100	RDXR000106	XRAY FOOT SINGLE - AP & LATERAL	870	1,090
101	RDXR000107	XRAY FOREARM BOTH - AP & LATERAL	1,360	1,700
102	RDXR000108	XRAY FOREARM SINGLE - AP & LATERAL	870	1,090
103	RDXR000109	XRAY HANDS BOTH - AP & LATERAL	1,360	1,700
104	RDXR000110	XRAY HANDS SINGLE - AP & LATERAL	870	1,090
105	RDXR000111	XRAY HIP BOTH - AP & LATERAL	1,360	1,700
106	RDXR000112	XRAY HIP SINGLE - AP & LATERAL	870	1,090
107	RDXR000113	XRAY HIP BOTH - JUDET'S LATERAL & MEDIAL	1,770	2,220
108	RDXR000114	XRAY HIP SINGLE - JUDET'S LATERAL & MEDIAL	870	1,090
109	RDXR000115	XRAY HUMERUS BOTH - AP & LATERAL	1,770	2,220
110	RDXR000116	XRAY HUMERUS SINGLE - AP & LATERAL	870	1,090
111	RDXR000117	XRAY KNEE BOTH - AP & LATERAL	1,360	1,700
112	RDXR000118	XRAY KNEE SINGLE - AP & LATERAL	870	1,090
113	RDXR000119	XRAY KNEE BOTH - AP, LATERAL & AXIAL	2,190	2,740
114	RDXR000120	XRAY KNEE SINGLE - AP, LATERAL & AXIAL	1,360	1,700
115	RDXR000121	XRAY KUB - AP & LATERAL	870	1,090
116	RDXR000122	XRAY LEG BOTH - AP & LATERAL	1,360	1,700
117	RDXR000123	XRAY LEG SINGLE - AP & LATERAL	870	1,090
118	RDXR000124	XRAY MANDIBLE BOTH - AP & OBLIQUE	1,360	1,700
119	RDXR000125	XRAY MANDIBLE SINGLE - AP & OBLIQUE	870	1,090
120	RDXR000127	XRAY PATELLA SINGLE - AP & LATERAL	870	1,090

X-ray			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
121	RDXR000128	XRAY PATELLA BOTH - AP & AXIAL	1,360	1,700
122	RDXR000129	XRAY PATELLA SINGLE - AP & AXIAL	870	1,090
123	RDXR000131	XRAY PATELLA SINGLE - AP, LATERAL & AXIAL	1,360	1,700
124	RDXR000132	XRAY SACRUM - AP & LATERAL	870	1,090
125	RDXR000133	XRAY SCAPULA BOTH - AP & SCAPULA LATERAL	1,770	2,220
126	RDXR000134	XRAY SCAPULA SINGLE - AP & SCAPULA LATERAL	870	1,090
127	RDXR000136	XRAY SCAPULA SINGLE - AP & AXILLARY	870	1,090
128	RDXR000137	XRAY SHOULDER BOTH - AP & AXILLARY	1,770	2,220
129	RDXR000138	XRAY SHOULDER SINGLE - AP & AXILLARY	870	1,090
130	RDXR000139	XRAY SKULL - AP & LATERAL	870	1,090
131	RDXR000140	XRAY SKULL MASTOIDS BOTH - TOWNE'S & B/L OBLIQUES	1,360	1,700
132	RDXR000141	XRAY SKULL MASTOIDS SINGLE - TOWNE'S & OBLIQUE	870	1,090
133	RDXR000142	XRAY SPINE CV JUNCTION - AP & LATERAL	870	1,090
134	RDXR000143	XRAY SPINE CV JUNCTION - OPEN MOUTH, LAT IN FLEX & EXTN	1,360	1,700
135	RDXR000144	XRAY SPINE CERVICAL - AP & LATERAL	870	1,090
136	RDXR000145	XRAY SPINE CERVICAL - BOTH OBLIQUES	870	1,090
137	RDXR000146	XRAY SPINE CERVICODORSAL - AP & LATERAL	870	1,090
138	RDXR000147	XRAY SPINE CERVICODORSAL - BOTH OBLIQUES	870	1,090
139	RDXR000148	XRAY SPINE DORSAL - AP & LATERAL	870	1,090
140	RDXR000149	XRAY SPINE DORSAL - BOTH OBLIQUES	870	1,090
141	RDXR000150	XRAY SPINE DORSOLUMBAR - AP & LATERAL	870	1,090
142	RDXR000151	XRAY SPINE DORSOLUMBAR - BOTH OBLIQUES	870	1,090
143	RDXR000152	XRAY SPINE LUMBOSACRAL - AP & LATERAL	870	1,090
144	RDXR000153	XRAY SPINE LUMBOSACRAL - BOTH OBLIQUES	870	1,090
145	RDXR000154	XRAY SPINE SACRUM & COCCYX - AP & LATERAL	870	1,090
146	RDXR000155	XRAY STERNUM - AP & LATERAL	870	1,090
147	RDXR000157	XRAY STERNOCLAVICULAR JOINT BOTH - AP & OBLIQUE	1,360	1,700
148	RDXR000159	XRAY THIGH BOTH - AP & LATERAL	1,770	2,220
149	RDXR000160	XRAY THIGH SINGLE - AP & LATERAL	870	1,090
150	RDXR000161	XRAY TMJOINT BOTH - OPEN & CLOSED MOUTH	1,770	2,220

X-ray			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
151	RDXR000162	XRAY TMJOINT SINGLE - OPEN & CLOSED MOUTH	870	1,090
152	RDXR000163	XRAY TOES - AP & LATERAL	870	1,090
153	RDXR000164	XRAY TOES - AP & OBLIQUE	870	1,090
154	RDXR000165	XRAY WRIST BOTH - AP & LATERAL	1,360	1,700
155	RDXR000166	XRAY WRIST SINGLE - AP & LATERAL	870	1,090
156	RDXR000167	XRAY WRIST BOTH - AP, LATERAL & ULNAR DEVIATION	2,190	2,740
157	RDXR000168	XRAY WRIST SINGLE - AP, LATERAL & ULNAR DEVIATION	1,360	1,700
158	RDXR000169	XRAY STYLOID PROCESS - LATERAL & TOWNE'S	870	1,090
159	RDXR000170	X-RAY SOFT TISSUE NECK LATERAL	450	570
160	RDXR000171	X-RAY NASOPHARYNX LATERAL	450	570
161	RDXR000172	SKELETAL SURVEY	3,350	4,190
162	RDXR000173	X-Ray Report on Film	170	220
163	RDXR000174	Orthoscanogram	1,360	1,700
164	RDXR000175	XRAY ANKLE BOTH- AP	450	570
165	RDXR000176	XRAY FOREARM BOTH- AP	450	570
166	RDXR000177	XRAY HIP BOTH- AP	450	570
167	RDXR000178	XRAY KNEE BOTH- AP	450	570
168	RDXR000179	XRAY LEG BOTH- AP	450	570
169	RDXR000180	XRAY WRIST BOTH- AP	450	570
170	RDXR000185	Bowel transit study-First visit	1,030	1,290
171	RDXR000187	Bowel transit study-Subsequent visit	450	570
172	RDXR000188	XRay whole spine AP & lateral with analysis	2,810	3,520
173	RDXR000189	Xray LS spine lateral flexion & extension analysis	1,110	1,390
174	RDXR000190	X ray LS spine & hip - lateral flexion & Extension analysis	2,450	3,070
175	RDXR000191	Xray cervical spine lateral Flexion & extension analysis	1,110	1,390
176	RDXR000192	X-Ray Both Hips Frogleg Lateral	450	570
177	RDXR000193	X-Ray Both Shoulders Outlet View	870	1,090
178	RDXR000194	X-Ray Both Shoulders AP & Outlet View	1,720	2,150
179	RDXR000195	X-Ray Both Shoulders ZANCA View	870	1,090
180	RDXR000196	X-Ray Both Shoulder Scapular "Y" View	870	1,090

X-ray			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
181	RDXR000197	X-Ray Both Knees Skyline View or Axial View	870	1,090
182	RDXR000198	Xray Foot Single AP & Oblique Views	870	1,090
183	RDXR000199	Xray Both Feets Standing Lateral Views	870	1,090
184	RDXR000200	Xray Soft Tissue Neck AP	450	570
185	RDXR000201	Xray Whole Spine AP Only	1,410	1,770
186	RDXR000202	Xray Soft Tissue Neck AP& Lateral	870	1,090
187	RDXR000203	Xray Hand Single PA & Oblique Views	870	1,090
188	RDXR000204	Xray Both Hand PA & Oblique Views	1,360	1,700
189	RDXR000205	X-ray Fetogram AP and Lat.	820	990
Mobile Xray			Charges in INR	
S. No	Billing code	Service Name		
189	RDMX000001	MOB XRAY ABDOMEN	670	840
190	RDMX000002	MOB XRAY ACROMIO-CLAVICULAR JOINT BOTH	1,320	1,650
191	RDMX000003	MOBILE XRAY ACROMIOCLAVICULAR JOINT SINGLE	670	840
192	RDMX000004	MOB XRAY ANKLE BOTH-LATERAL	1,320	1,650
193	RDMX000005	MOBILE XRAY ANKLE SINGLE	1,320	1,650
194	RDMX000006	MOBILE XRAY ARM BOTH	1,320	1,650
195	RDMX000007	MOBILE XRAY ARM SINGLE	670	840
196	RDMX000008	MOBILE XRAY CALCANEUM BOTH	1,320	1,650
197	RDMX000010	MOBILE XRAY CHEST	750	940
198	RDMX000011	MOBILE XRAY CHEST FOR RIBS	670	840
199	RDMX000012	MOBILE XRAY CHEST PENETRATED	670	840
200	RDMX000013	MOBILE XRAY CLAVICLE BOTH-AP	670	840
201	RDMX000014	MOBILE XRAY CLAVICLE SINGLE	670	840
202	RDMX000015	MOBILE XRAY COCCYX	670	840
203	RDMX000016	MOBILE XRAY ELBOW	1,320	1,650
204	RDMX000017	MOBILE XRAY ELBOW SINGLE	670	840
205	RDMX000018	MOBILE XRAY FACE NASAL BONE	670	840
206	RDMX000019	MOBILE XRAY FACE ORBITS	670	840
207	RDMX000020	MOBILE XRAY FACE PARANASAL SINUSES	670	840

X-ray			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
208	RDMX000022	MOBILE XRAY FEMUR BOTH	1,320	1,650
209	RDMX000023	MOBILE XRAY FEMUR SINGLE	670	840
210	RDMX000024	MOBILE XRAY FINGERS	670	840
211	RDMX000025	MOBILE XRAY FOOT BOTH	670	840
212	RDMX000026	MOBILE XRAY FOOT SINGLE	670	840
213	RDMX000027	MOBILE XRAY FOREARM BOTH - LATERAL	1,320	1,650
214	RDMX000028	MOBILE XRAY FOREARM SINGLE	670	840
215	RDMX000029	MOBILE XRAY HANDS BOTH	670	840
216	RDMX000030	MOBILE XRAY HANDS SINGLE	670	840
217	RDMX000031	MOBILE XRAY HIP BOTH - LATERAL	1,320	1,650
218	RDMX000032	MOBILE XRAY HIP SINGLE	670	840
219	RDMX000033	MOBILE XRAY HUMERUS BOTH	1,320	1,650
220	RDMX000034	MOBILE XRAY HUMERUS SINGLE	670	840
221	RDMX000035	MOBILE XRAY KNEE BOTH- LATERAL	1,320	1,650
222	RDMX000036	MOBILE XRAY KNEE SINGLE	670	840
223	RDMX000037	MOB XRAY KUB	670	840
224	RDMX000038	MOB XRAY LEG BOTH-LATERAL	1,320	1,650
225	RDMX000039	MOB XRAY LEG SINGLE	670	840
226	RDMX000040	MOB XRAY MANDIBLE BOTH	1,320	1,650
227	RDMX000048	MOB XRAY PATELLA SINGLE	670	840
228	RDMX000049	MOB XRAY PELVIS	670	840
229	RDMX000050	MOB XRAY SI JOINTS BOTH	670	840
230	RDMX000054	MOB XRAY SCAPULA SINGLE	670	840
231	RDMX000055	MOB XRAY SHOULDER BOTH	1,320	1,650
232	RDMX000056	MOB XRAY SHOULDER SINGLE	670	840
233	RDMX000057	MOB XRAY SKULL	670	840
234	RDMX000060	MOB XRAY SKULL MASTOIDS BOTH	1,320	1,650
235	RDMX000064	MOB XRAY SPINE CV JUNCTION	670	840
236	RDMX000065	MOB XRAY SPINE CERVICAL	670	840
237	RDMX000066	MOB XRAY SPINE CERVICODORSAL	670	840

X-ray			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
238	RDMX000067	MOB XRAY SPINE DORSAL	670	840
239	RDMX000068	MOB XRAY SPINE DORSOLUMBAR	670	840
240	RDMX000069	MOB XRAY SPINE LUMBOSACRAL	670	840
241	RDMX000071	MOB XRAY STERNUM	670	840
242	RDMX000074	MOB XRAY THIGH BOTH	1,320	1,650
243	RDMX000075	MOB XRAY THIGH SINGLE	670	840
244	RDMX000076	MOB XRAY TEMPORO MANDIBULAR JOINT BOTH	1,320	1,650
245	RDMX000079	MOB XRAY WRIST BOTH - LATERAL	1,320	1,650
246	RDMX000080	MOB XRAY WRIST SINGLE	670	840
247	RDMX000081	MOB XRAY STYLOID PROCESS	670	840
248	RDMX000082	MOB XRAY ABDOMEN - ERECT & SUPINE	1,320	1,650
249	RDMX000083	MOB XRAY ANKLE BOTH - AP & LATERAL	2,020	2,530
250	RDMX000084	MOB XRAY ANKLE SINGLE - AP & LATERAL	1,320	1,650
251	RDMX000085	MOB XRAY ARM BOTH - AP & LATERAL	2,640	3,300
252	RDMX000086	MOB XRAY ARM SINGLE - AP & LATERAL	1,320	1,650
253	RDMX000087	MOB XRAY CALCANEUM BOTH - AXIAL & LATERAL	2,640	3,300
254	RDMX000088	MOB XRAY CALCANEUM SINGLE - AXIAL & LATERAL	1,320	1,650
255	RDMX000089	MOB XRAY CHEST - PA & LATERAL	1,320	1,650
256	RDMX000090	MOB XRAY CHEST - AP & LATERAL	1,320	1,650
257	RDMX000091	MOB XRAY CHEST FOR RIBS - AP & OBLIQUE	1,320	1,650
258	RDMX000093	MOB XRAY CLAVICLE SINGLE - AP & OBLIQUE	1,320	1,650
259	RDMX000095	MOB XRAY ELBOW BOTH - AP & LATERAL	2,640	3,300
260	RDMX000096	MOB XRAY ELBOW SINGLE - AP & LATERAL	1,320	1,650
261	RDMX000097	MOB XRAY FACE NASAL BONE - AP & LATERAL	1,320	1,650
262	RDMX000099	MOB XRAY FEMUR BOTH - AP & LATERAL	2,640	3,300
263	RDMX000100	MOB XRAY FEMUR SINGLE - AP & LATERAL	1,320	1,650
264	RDMX000101	MOB XRAY FINGERS - AP & LATERAL	1,320	1,650
265	RDMX000102	MOB XRAY FINGERS - AP & OBLIQUE	1,320	1,650
266	RDMX000103	MOB XRAY FOOT BOTH - AP & OBLIQUE	2,020	2,530
267	RDMX000104	MOB XRAY FOOT SINGLE - AP & OBLIQUE	1,320	1,650

X-ray			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
268	RDMX000105	MOB XRAY FOOT BOTH - AP & LATERAL	2,020	2,530
269	RDMX000106	MOB XRAY FOOT SINGLE - AP & LATERAL	1,320	1,650
270	RDMX000107	MOB XRAY FOREARM BOTH - AP & LATERAL	2,020	2,530
271	RDMX000108	MOB XRAY FOREARM SINGLE - AP & LATERAL	1,320	1,650
272	RDMX000109	MOB XRAY HANDS BOTH - AP & LATERAL	2,020	2,530
273	RDMX000110	MOB XRAY HANDS SINGLE - AP & LATERAL	1,320	1,650
274	RDMX000111	MOB XRAY HIP BOTH - AP & LATERAL	2,020	2,530
275	RDMX000112	MOB XRAY HIP SINGLE - AP & LATERAL	1,320	1,650
276	RDMX000114	MOB XRAY HIP SINGLE - JUDET'S LATERAL & MEDIAL	1,320	1,650
277	RDMX000115	MOB XRAY HUMERUS BOTH - AP & LATERAL	2,640	3,300
278	RDMX000116	MOB XRAY HUMERUS SINGLE - AP & LATERAL	1,320	1,650
279	RDMX000117	MOB XRAY KNEE BOTH - AP & LATERAL	2,020	2,530
280	RDMX000118	MOB XRAY KNEE SINGLE - AP & LATERAL	1,320	1,650
281	RDMX000119	MOB XRAY KNEE BOTH - AP, LATERAL & AXIAL	3,290	4,120
282	RDMX000120	MOB XRAY KNEE SINGLE - AP, LATERAL & AXIAL	2,020	2,530
283	RDMX000121	MOB XRAY KUB - AP & LATERAL	1,320	1,650
284	RDMX000122	MOB XRAY LEG BOTH - AP & LATERAL	2,020	2,530
285	RDMX000123	MOB XRAY LEG SINGLE - AP & LATERAL	1,320	1,650
286	RDMX000124	MOB XRAY MANDIBLE BOTH - AP & OBLIQUE	2,020	2,530
287	RDMX000137	MOB XRAY SHOULDER BOTH - AP & AXILLARY	2,640	3,300
288	RDMX000138	MOB XRAY SHOULDER SINGLE - AP & AXILLARY	1,320	1,650
289	RDMX000139	MOB XRAY SKULL - AP & LATERAL	1,320	1,650
290	RDMX000142	MOB XRAY SPINE CV JUNCTION - AP & LATERAL	1,320	1,650
291	RDMX000144	MOB XRAY SPINE CERVICAL - AP & LATERAL	1,320	1,650
292	RDMX000145	MOB XRAY SPINE CERVICAL - BOTH OBLIQUES	1,320	1,650
293	RDMX000146	MOB XRAY SPINE CERVICODORSAL - AP & LATERAL	1,320	1,650
294	RDMX000148	MOB XRAY SPINE DORSAL - AP & LATERAL	1,320	1,650
295	RDMX000150	MOB XRAY SPINE DORSOLUMBAR - AP & LATERAL	1,320	1,650
296	RDMX000152	MOB XRAY SPINE LUMBOSACRAL - AP & LATERAL	1,320	1,650
297	RDMX000153	MOB XRAY SPINE LUMBOSACRAL - BOTH OBLIQUES	1,320	1,650

X-ray			Charges in INR	
S. No	Billing code	Service Name	OPD	IPD
298	RDMX000157	MOB XRAY STERNOCLAVICULAR JOINT BOTH - AP & OBLIQUE	2,020	2,530
299	RDMX000159	MOB XRAY THIGH BOTH - AP & LATERAL	2,640	3,300
300	RDMX000160	MOB XRAY THIGH SINGLE - AP & LATERAL	1,320	1,650
301	RDMX000165	MOB XRAY WRIST BOTH - AP & LATERAL	2,020	2,530
302	RDMX000166	MOB XRAY WRIST SINGLE - AP & LATERAL	1,320	1,650
303	RDMX000168	MOB XRAY WRIST SINGLE - AP, LATERAL & ULNAR DEVIATION	2,020	2,530
304	RDMX000170	MOB X-RAY SOFT TISSUE NECK LATERAL	670	840
305	RDMX000171	MOB X-RAY NASOPHARYNX LATERAL	670	840
306	RDMX000172	MOB XRAY SKELETAL SURVEY	5,360	6,700
307	RDMX000173	MOB XRAY ANKLE BOTH- AP	670	840
308	RDMX000175	MOB XRAY FOREARM BOTH- AP	670	840
309	RDMX000176	MOB XRAY HIP BOTH- AP	670	840
310	RDMX000177	MOB XRAY KNEE BOTH- AP	670	840
311	RDMX000178	MOB XRAY LEG BOTH- AP	670	840
312	RDMX000182	MOB XRAY WRIST BOTH- AP	670	840
313	RDMX000183	Mob Xray Foot Single AP & Oblique Views	1,320	1,650
314	RDMX000184	Mob Xray Hand Single PA & Oblique Views	1,320	1,650
315	RDMX000185	Mob Xray Both Hand PA & Oblique Views	2,020	2,530

Laboratory

S. No	Billing code	Service Name	Charges in INR	
			OPD	IPD
Biochemistry				
1	LBBC000001	Albumin	280	350
2	LBBC000002	Alkaline Phosphatase	320	400
3	LBBC000003	Bilirubin Total	380	480
4	LBBC000004	Bilirubin Direct	170	220
5	LBBC000005	Bilirubin Indirect	210	270
6	LBBC000006	SGOT (AST)	280	350
7	LBBC000007	SGPT (ALT)	280	350
8	LBBC000008	Gamma GT	380	480
9	LBBC000009	Total Protein	320	400
10	LBBC000010	Globulin	370	470
11	LBBC000011	A/G RATIO	340	430
12	LBBC000013	Serum Creatinine	270	340
13	LBBC000014	Uric Acid (Serum)	320	400
14	LBBC000015	Total Cholesterol	210	270
15	LBBC000016	Triglycerides	370	470
16	LBBC000017	HDL - Cholesterol	320	400
17	LBBC000018	LDL - Cholesterol	380	480
18	LBBC000019	VLDL - Cholesterol	380	480
19	LBBC000020	Sodium (Serum)	270	340
20	LBBC000021	Potassium (Serum)	270	340
21	LBBC000022	Chloride	320	400
22	LBBC000024	Serum Amylase	690	870
23	LBBC000025	Calcium (Serum)	320	400
24	LBBC000027	Creatine Phosphokinase (CPK)	700	880
25	LBBC000029	Iron, serum (Fe)	690	870
26	LBBC000030	Lactate dehydrogenase	690	870
27	LBBC000031	Lipase	1,110	1,390
28	LBBC000032	Magnesium (Serum)	900	1,130
29	LBBC000033	Phosphorus (Serum)	320	400
30	LBBC000034	Bicarbonate	270	340
31	LBBC000035	Lactic acid (lactate)	1,370	1,720

Laboratory

S. No	Billing code	Service Name	Charges in INR	
32	LBBC000039	Thyroid Stimulating Hormone	630	790
33	LBBC000040	Free T3	580	730
34	LBBC000041	Free T4	630	790
35	LBBC000044	Follicle-stimulating hormone	790	990
36	LBBC000045	Vitamin B12	1,790	2,240
37	LBBC000046	D Total iron binding capacity	630	790
38	LBBC000047	Glucose (Fasting)	170	220
39	LBBC000048	Glucose (Post Prandial)	170	220
40	LBBC000049	Glucose (Random)	170	220
41	LBBC000050	Glucose (CSF)	140	180
42	LBBC000051	Renal Function Test	1,260	1,580
43	LBBC000052	Lipid Profile (Fasting)	1,370	1,720
44	LBBC000053	Serum Electrolytes	630	790
45	LBBC000054	Liver Function Test	1,420	1,780
46	LBBC000055	Basic Metabolic Panel	1,500	1,880
47	LBBC000056	Comprehensive Metabolic Panel	1,600	2,000
48	LBBC000057	Serum Myoglobin	2,100	2,630
49	LBBC000058	Troponin-I	2,210	2,770
50	LBBC000059	Urine Protein(Random)	380	480
51	LBBC000063	Rheumatoid Factor	690	870
52	LBBC000064	Protein(CSF)	320	400
53	LBBC000065	Phenytoin	1,160	1,450
54	LBBC000070	Ammonia	1,470	1,840
55	LBBC000071	Amylase Urine	560	700
56	LBBC000075	Cortisol	790	990
57	LBBC000081	Calcium Urine	370	470
58	LBBC000088	Creatinine(IDMS)Urine	340	430
59	LBBC000089	C-Reactive Protein	630	790
60	LBBC000090	Digoxin	1,260	1,580
61	LBBC000092	High Sensitivity C-Reactive Protein	1,160	1,450
62	LBBC000096	Luteinizing Hormone	790	990
63	LBBC000099	Microalbumin	900	1,130

Laboratory

S. No	Billing code	Service Name	Charges in INR	
64	LBBC000100	Urine Toxicology-Screening test	3,000	3,750
65	LBBC000102	Sodium(Urine)24 Hour	480	600
66	LBBC000103	Sodium(Urine)Random	320	400
67	LBBC000108	Phosphorous(Urine)	340	430
68	LBBC000112	Uric Acid(Urine)	360	450
69	LBBC000113	Valproic Acid	950	1,190
70	LBBC000114	Vancomycin(Oustsource)	950	1,190
71	LBBC000115	Homocysteine	1,580	1,980
72	LBBC000116	Glycocolated Haemoglobin	1,110	1,390
73	LBBC000118	CA125	1,580	1,980
74	LBBC000119	CA153	1,890	2,370
75	LBBC000120	CA199	1,370	1,720
76	LBBC000121	CEA	1,110	1,390
77	LBBC000123	Prostatic Specific Antigen, Total (PSA)	1,210	1,520
78	LBBC000124	Ferritin	1,650	2,070
79	LBBC000126	Prolactin	840	1,050
80	LBBC000128	Testosterone	2,000	2,500
81	LBBC000129	Total Beta HCG	1,680	2,100
82	LBBC000131	Antistreptolysin O	1,050	1,320
83	LBBC000133	Progesterone	750	940
84	LBBC000135	Glucose Urine(Random)	120	150
85	LBBC000136	Urea/Creat Ratio	340	430
86	LBBC000137	Cholesterol/HDLC Ratio	470	590
87	LBBC000138	% MB (CKMB/CK Ratio)	910	1,140
88	LBBC000139	Percent Iron Saturation	550	690
89	LBBC000140	Alpha Fetoprotein	1,300	1,630
90	LBBC000141	Estradiol	1,260	1,580
91	LBBC000144	Cardiac Profile	5,300	6,630
92	LBBC000147	CSF for Biochemical Analysis	530	670
93	LBBC000148	Thyroid Profile	1,260	1,580
94	LBBC000149	Blood Urea	210	270
95	LBBC000150	Body Fluids Biochemistry	420	530

Laboratory

S. No	Billing code	Service Name	Charges in INR	
96	LBBC000152	NT pro-BNP	4,000	5,000
97	LBBC000154	Glucose Challenge Test	180	230
98	LBBC000164	Cyclosporine 0	3,260	4,080
99	LBBC000165	Cyclosporine 2	3,260	4,080
100	LBBC000166	Pre HD Urea	180	230
101	LBBC000167	Post HD Urea	180	230
102	LBBC000168	Tacrograph level/ Tacrolimus	2,890	3,620
103	LBBC000169	Urine protein creatinine ratio random	840	1,050
104	LBBC000170	Urine creatinine random	480	600
105	LBBC000172	Folate Level	1,580	1,980
106	LBBC000175	Serum Methotrexate	2,680	3,350
107	LBBC000179	Urine Osmolality	1,050	1,320
108	LBBC000180	Serum Osmolality	1,050	1,320
109	LBBC000216	ACTH	1,420	1,780
110	LBBC000318	Angiotensin Converting Enzyme (ACE), Serum	1,160	1,450
111	LBBC000325	ANTI CYCLIC CITRULLINATED PEPTIDE;ANTI CCP	2,310	2,890
112	LBBC000409	CHYLE EXAMINATION	510	640
113	LBBC000429	CORTISOL BASAL (Z010)	780	980
114	LBBC000450	CORTISOL, SERUM (EVENING SAMPLE)	840	1,050
115	LBBC000451	CORTISOL, SERUM (MIDNIGHT SAMPLE)	820	1,030
116	LBBC000452	CORTISOL, SERUM (MORNING SAMPLE)	840	1,050
117	LBBC000596	HOMOCYSTEINE, QUANTITATIVE, SERUM	1,370	1,720
118	LBBC000750	PTH (PARATHYROID HORMONE), INTACT	1,890	2,370
119	LBBC000845	Pregnancy 1 hr Glucose Challenge Test	170	220
120	LBBC000849	Body Fluids Amylase	630	790
121	LBBC000850	Lactate Dehydrogenase(LDH),Body Fluids	530	670
122	LBBC000852	Albumin(Body Fluids)	210	270
123	LBBC000855	IMMUNOFIXATION ELECTROPHORESIS (IFE), SERUM	8,610	10,770
124	LBBC000860	Urinary Chloride - Random	320	400
125	LBBC000861	Urinary Potassium - Random	320	400
126	LBBC000863	Urinary Phosphorous - 24 hrs	360	450
127	LBBC000867	Total Bilirubin (Drain Fluid)	380	480

Laboratory

S. No	Billing code	Service Name	Charges in INR	
128	LBBC000868	Direct Bilirubin (Drain Fluid)	380	480
129	LBBC000869	Urea (Drain Fluid)	210	270
130	LBBC000870	Creatinine (Drain Fluid)	270	340
131	LBBC000871	Cholesterol (Drain Fluid)	170	220
132	LBBC000872	Triglycerides (Drain Fluid)	480	600
133	LBBC000878	PROTEIN, DRAIN FLUID	320	400
134	LBBC000881	Creatinine Clearance	790	990
135	LBBC000883	Random Glucose(Fluids)	130	170
136	LBBC000884	Total Protein(Fluids)	250	320
137	LBBC000885	Cardiac Profile (Parliament Pkg)	5,300	6,630
138	LBBC000887	Percent Iron saturation(group test)	1,210	1,520
139	LBBC000890	Serum Ascities Albumin Gradient(SAAG)	370	470
140	LBBC000891	Lipoprotein (a) / Lp(a)	1,260	1,580
141	LBBC000892	BNP; B-TYPE NATRIURETIC PEPTIDE	2,200	2,750
142	LBBC000893	Vitamin-D (25 OH)	2,310	2,890
143	LBBC000894	N-GAL	5,500	6,880
144	LBBC000895	Urinary Microalbumin to Creatinine Ratio	1,260	1,580
145	LBBC000896	Tacrolimus (Tacrograf - Biocon / Eris)	1,200	1,200
146	LBBC000897	Cyclosporin (Cyclophil ME - Biocon)	1,650	2,070
147	LBBC000900	GTT (Non-Pregnant females/Males)	690	870
148	LBBC000901	GTT (Pregnant Females)	690	870
149	LBBC000902	Glucose Challenge Test (Pregnant)	210	270
150	LBBC000907	Lipid Profile-Extended(Fasting)	2,100	2,630
151	LBBC000909	Troponin-I (Spot-Qualitative)	3,000	3,750
152	LBBC000913	Protein Electrophoresis	1,470	1,840
153	LBBC000919	Cyclosporin 0 - Anthem	1,500	1,500
154	LBBC000920	Cyclosporin 2 - Anthem	1,500	1,500
155	LBBC000921	Cyclosporin 0 - Panecea	1,650	1,650
156	LBBC000922	Cyclosporin 1 - Panecea	1,650	1,650
157	LBBC000924	Complement C3	1,110	1,390
158	LBBC000925	Complement C4	1,110	1,390
159	LBBC000926	Immunoglobulin IgG	950	1,190

Laboratory

S. No	Billing code	Service Name	Charges in INR	
160	LBBC000927	Immunoglobulin IgA	950	1,190
161	LBBC000928	Immunoglobulin IgM	1,260	1,580
162	LBBC000929	Transferrin	1,530	1,920
163	LBBC000930	Ceruloplasmin	1,630	2,040
164	LBBC000932	Insulin Fasting	1,050	1,320
165	LBBC000934	Urinary Magnesium Creatinine ratio	760	950
166	LBBC000935	Urinary Calcium Creatinine ratio	580	730
167	LBBC000936	Alcohol	1,050	1,320
168	LBBC000937	Adenosine Deaminase	840	1,050
169	LBBC000939	Beta 2 Microglobulin	2,310	2,890
170	LBBC000940	ANTI- TPO	1,470	1,840
171	LBBC000951	ST2	4,730	5,920
172	LBBC000952	CKMB Mass	790	990
173	LBBC000955	Bilirubin Profile	740	930
174	LBBC000956	Hs - Troponin I	2,420	3,030
175	LBBC000957	Tacrolimus(Concord)	1,200	1,200
176	LBBC000958	Free Light Chains (Kappa/Lambda Light chains)	6,830	8,540
177	LBBC000959	24 hrs Urinary Calcium	420	530
178	LBBC000960	Urinary Phosphorous 24 hrs	380	480
179	LBBC000961	Urea Creatinine Ratio	480	600
180	LBBC000962	Urine Protein Creatinine ratio (24 hrs)	900	1,130
181	LBBC000963	Urinary Microalbumin (24 hrs)	950	1,190
182	LBBC000968	Urinary Potassium 24 hrs	370	470
183	LBBC000969	Glucose Urine (24 hour)	210	270
184	LBBC000970	Urine Urea 24 hrs	360	450
185	LBBC000971	Urinary Uric Acid 24 hrs	400	500
186	LBBC000972	Urine Protein(24 hr)	480	600
187	LBBC000975	NMP22	5,000	6,250
188	LBBC000976	Anti Mullerian Hormone (AMH)	2,100	2,630
189	LBBC000977	GAD-65	6,510	8,140
190	LBBC000978	Plasma Renin Activity	5,460	6,830
191	LBBC000980	Aldosterone, Serum	1,680	2,100

Laboratory

S. No	Billing code	Service Name	Charges in INR	
192	LBBC000981	Bile Acid	1,580	1,980
193	LBBC000982	6MMP/6TG by HPLC method	4,500	5,630
194	LBBC000983	Total T3	210	270
195	LBBC000984	Total T4	210	270
196	LBBC000985	Total thyroid profile	950	1,190
197	LBBC000988	SYNOVIAL FLUID C-REACTIVE PROTEIN	1,000	1,250
198	LBBC000990	Testosterone Free	2,100	2,630
199	LBBC000991	EGFR Computation	-	-
200	LBBC000992	Lipid Profile- Non Fasting	1,370	1,720
201	LBBC000993	Insulin PP	1,000	1,250
202	LBBC000994	Pcod (Polycystic Ovarian Disease) Panel	3,780	4,730
203	LBBC000995	TDM of Rifampicin (Anti Tubercular drug/ATT)	2,630	3,290
204	LBBC000996	Maternal Serum Screen-Dual Marker	3,680	4,600
205	LBBC000997	Calcium-to-Creatinine Clearance Ratio (24 hrs.)	1,840	2,300
206	LBBC000998	Calcium-to-Creatinine Clearance Ratio (Random Urine)	1,680	2,100
207	LBBC000999	Insulin Random	1,050	1,320
208	LBBC001001	Free PSA (Free Prostate Specific Antigen)	850	1,070
209	LBBC001002	PSA Profile	1,500	1,880
210	LBBC001003	Apolipoprotein-A1	400	500
211	LBBC001004	Apolipoprotein-B	400	500
212	LBBC001005	Aldosterone Renin Ratio(ARR)	6,800	8,500
213	LBBC001006	PLACENTAL GROWTH FACTOR (PLGF)	3,050	3,820
214	LBBC001007	Maternal serum screen; Dual marker + PIGF	6,500	8,130
215	LBBC001008	Lipid Profile-Extended(Non-Fasting)	2,000	2,500
216	LBBC001015	PIVKA II, SERUM	3,800	4,750
217	LBBC001016	Neonatal Bilirubin	360	450
218	LBBC001017	Neonatal Bilirubin Profile	700	875
219	LBBC001027	FSH LH Stimulation by Gonadotropin Releasing Hormone (GnRH)	4,500	5,630
220	LBBC001028	Urine Creatinine 24 hrs	380	480
221	LBBC001029	C-Peptide Random	1,200	1,500
222	LBBC001030	C-Peptide PP	1,200	1,500
223	LBBC001031	Fecal Immunochemical test(FIT)	1,200	1,500

Laboratory

S. No	Billing code	Service Name	Charges in INR	
224	LBBC001032	DHEA-Sulphate	3,650	4,560
225	LBTC000014	Tacrolimus (Biokindle)	1,200	1,200
226	LBTC000015	Tacrolimus (Mediart)	1,200	1,200
Clinical Pathology				
1	LBCP000001	CYP2C19 - 2 Gene Analysis	12,000	15,000
Hematology				
1	LBHM000001	Hemoglobin	210	270
2	LBHM000002	Hematocrit	170	220
3	LBHM000008	Platelet Count	300	300
4	LBHM000009	Erythrocyte Sedimentation Rate	270	340
5	LBHM000010	Neutrophil	170	220
6	LBHM000011	Lymphocyte	170	220
7	LBHM000012	Eosinophil	170	220
8	LBHM000016	Activated Partial Thromboplastin Time	840	1,050
9	LBHM000020	Complete Blood Count(CBC)	500	630
10	LBHM000021	Hemogram	1,100	1,380
11	LBHM000022	Differential Count	340	430
12	LBHM000024	CBC + DIFF	600	750
13	LBHM000025	CBC+RET	720	900
14	LBHM000026	CBC+DIFF+RET+ Immature platelet fraction+IRF	940	1,180
15	LBHM000028	CBC+DIFF+NRBC	780	980
16	LBHM000029	CBC+DIFF+RET+NRBC	1,000	1,250
17	LBHM000042	Reticulocytes	530	670
18	LBHM000043	D-dimers	2,000	2,500
19	LBHM000044	Fibrinogen	1,370	1,720
20	LBHM000046	Bone Marrow Aspiration	2,730	3,420
21	LBHM000051	Absolute Basophil Count	520	650
22	LBHM000052	Absolute Eosinophil Count	530	670
23	LBHM000053	Absolute Lymphocyte Count	450	570
24	LBHM000054	Absolute Neutrophil Count	530	670
25	LBHM000055	Absolute Monocyte Count	500	630
26	LBHM000057	Sickling Test	380	480

Laboratory

S. No	Billing code	Service Name	Charges in INR	
27	LBHM000058	PROTHROMBIN TIME & INR	650	820
28	LBHM000059	Mean Platelet Volume (MPV)	500	630
29	LBHM000061	Semen Analysis	900	1,130
30	LBHM000062	Malarial Parasite	380	480
31	LBHM000097	Factor IX assay Functional	3,260	4,080
32	LBHM000100	Factor VII assay Functional	3,470	4,340
33	LBHM000101	Factor VIII assay Functional	2,310	2,890
34	LBHM000103	APTT Mixing studies	1,260	1,580
35	LBHM000104	PT Mixing studies	1,160	1,450
36	LBHM000108	Haemophilia panel (Factor VIII & IX)	3,900	4,880
37	LBHM000114	LAP score	2,100	2,630
38	LBHM000116	G6PD Quantitative	1,160	1,450
39	LBHM000117	G-6 PD Qualitative	690	870
40	LBHM000171	HB Electrophoresis (HPLC)	1,260	1,580
41	LBHM000173	Urine Analysis	280	350
42	LBHM000174	PH	280	350
43	LBHM000175	Specific Gravity	240	300
44	LBHM000176	Ketone bodies	310	390
45	LBHM000179	Bence jones protein	380	480
46	LBHM000183	CBC+DIFF+PS	1,160	1,450
47	LBHM000184	pH Body Fluids	210	270
48	LBHM000240	Drain Fluid - Hb & PCV	270	340
49	LBHM000243	Lupus Anticogulant Panel	3,360	4,200
50	LBHM000244	Hb-H inclusion bodies	650	820
51	LBHM000246	Urine for Pregnancy	410	520
52	LBHM000252	Urine for myoglobin	790	990
53	LBHM000253	Urine for Hemoglobinuria	790	990
54	LBHM000254	Urine for Fat	840	1,050
55	LBHM000255	Urine for Bile Salts	260	330
56	LBHM000256	Synovial fluid for Crystals	750	940
57	LBHM000257	Demonstration of Heinz Bodies	1,300	1,630
58	LBHM000258	Reticulocyte Haemoglobin (Ret Hb)	820	1,030

Laboratory

S. No	Billing code	Service Name	Charges in INR	
59	LBHM000259	Immature Platelet Fraction (IPF)	900	1,130
60	LBHM000260	Haematopoietic Progenitor Cell (HPC) counts	780	980
61	LBHM000262	MPO Stain	1,300	1,630
62	LBHM000267	Bethesda assay for factor VIII inhibitors	18,000	22,500
63	LBHM000273	Peripheral Smear (PS)	1,050	1,320
64	LBHM000274	Reducing Substances in Urine	270	340
65	LBHM000276	Factor XI assay	5,150	6,440
66	LBHM000277	CSF for Total & Differential Counts	970	1,220
67	LBHM000278	Body Fluid - Cell Count	1,600	2,000
68	LBHM000280	Mediclinic - Platelet Count	50	70
69	LBHM000281	Heparin Induced Thrombocytopenia	11,550	14,440
70	LBHM000286	BCR ABL International Scale	10,400	13,000
71	LBHM000287	JAK2 By Real Time PCR	8,610	10,770
72	LBHM000288	Karyotyping for Heamatological Malignancy	7,460	9,330
73	LBHM000289	FISH analysis for Del(17p13)-TP53 gene deletion	4,600	5,750
74	LBHM000290	FISH analysis for BCR/ABL1,t(9;22)(q34;q11)	5,250	6,570
75	LBHM000291	FISH analysis for KMT2A(MLL)(11q23)gene rearrangement	5,000	6,250
76	LBHM000292	FISH analysis for PML/RARA, t(15;17)(q24;q21)	6,300	7,880
77	LBHM000293	FISH analysis for RUNXI/RUNXITI,t(8;21)(q21;q22)	5,000	6,250
78	LBHM000294	FISH analysis for ETV6/RUNX1,t(12;21)(p13;q22)	5,000	6,250
79	LBHM000295	FISH analysis for CBFβ gene,16q22	4,700	5,880
80	LBHM000296	AML Panel by FISH	13,000	16,250
81	LBHM000297	ALL Panel by FISH	9,900	12,380
82	LBHM000298	MINIMAL RESIDUAL DISEASE (MRD)	16,000	20,000
83	LBHM000299	Flowcyto immunophenotyp-custom panel-1(8 marker)	6,100	7,630
84	LBHM000300	FLOWCYTOMETRY FOR EMA (5 - EOSIN MALAMIDE)	1,890	2,370
85	LBHM000301	LYMPH NODE/TISSUE FLOW CYTOMETRY	18,000	22,500
86	LBHM000302	Flowcytometric- CLL/Lymphoma panel	17,330	21,670
87	LBHM000303	Flowcytometric PNH Panel	9,770	12,220
88	LBHM000304	Flow cytometric myeloma panel	12,000	15,000
89	LBHM000305	Flowcytometric acute leukemia panel	18,380	22,980
90	LBHM000306	MDS Panel	12,000	15,000

Laboratory

S. No	Billing code	Service Name	Charges in INR	
91	LBHM000307	Flow cytometric Perforin assay	3,400	4,250
92	LBHM000308	Flow cytometric DHR assay	3,570	4,470
93	LBHM000309	Flow cytometric Double Negative T Cells (DNT)	3,570	4,470
94	LBHM000310	Flow cytometric test for Leucocyte Adhesion Defeciency (LAD-1)	3,400	4,250
95	LBHM000311	MPN mutation panel	9,240	11,550
96	LBHM000312	AML Comprehensive panel	9,240	11,550
97	LBHM000313	ALL Comprehensive panel	9,240	11,550
98	LBHM000314	BCR ABL Qualitative	5,500	6,880
99	LBHM000315	FISH for Multiple Myeloma with enriched plasma	14,180	17,730
100	LBHM000316	FISH for CLL panel	10,500	13,130
101	LBHM000317	Soluable IL-2R	3,470	4,340
102	LBHM000318	Urine for dysmorphic RBCs	350	440
103	LBHM000319	Fibrinogen Degradation Products	1,160	1,450
104	LBHM000320	1 FISH Probe	5,570	6,970
105	LBHM000321	4 FISH Probe	10,000	12,500
106	LBHM000322	PML/RARA, t(15;17), Qualitative	6,830	8,540
107	LBHM000323	RUNX1/RUNX1T1, t(8;21), Qualitative	6,500	8,130
108	LBHM000324	Inv16, CFBF/MYH11 Qualitative	6,500	8,130
109	LBHM000325	Peripheral Blood Karyotyping (Non Neoplastic)	3,150	3,940
110	LBHM000326	Low Plasma Hemoglobin	370	470
111	LBHM000327	Protein C Activity (Functional)	3,680	4,600
112	LBHM000328	Protein S Activity (Functional)	3,360	4,200
113	LBHM000329	Anti-Thrombin III activity	2,630	3,290
114	LBHM000330	Factor V Leiden, MTHFR, P20210 mutations	5,780	7,230
115	LBHM000331	Thrombophilia Comprehensive profile	18,380	22,980
116	LBHM000332	Platelet Aggregation(ADP,ADR,AA,Collagen,risto)	2,630	3,290
117	LBHM000333	Ristocetin induced Platelet Aggregation	1,000	1,250
118	LBHM000334	Platelet Aggregation test (ADP & AA)	1,000	1,250
119	LBHM000335	Heparin induced platelet aggregation	1,000	1,250
120	LBHM000336	Myeloid Panel by NGS	21,000	26,250
121	LBHM000337	PH like ALL by FISH	7,000	8,750
122	LBHM000338	Stress Cytogenetics	7,350	9,190

Laboratory

S. No	Billing code	Service Name	Charges in INR	
123	LBHM000339	Review of Outside slides upto 5 (Hemat)	4,150	5,190
124	LBHM000340	Eosinophilia by FISH	10,500	13,130
125	LBHM000343	Von Willebrand Factor (vWF) Antigen	8,400	10,500
126	LBHM000344	Whole Exome Sequencing	31,500	39,380
127	LBHM000345	Whole Exome Sequencing includes Mitochondria	34,000	42,500
128	LBHM000346	Mitochondria Genome Sequencing	23,100	28,880
129	LBHM000347	Clinical Exome Sequencing	26,250	32,820
130	LBHM000348	Hereditary Cancer Panel test by NGS	25,200	31,500
131	LBHM000349	Homologous recombination repair (HRR) genes by NGS	25,200	31,500
132	LBHM000350	Fluid for leukocyte esterase	300	375
133	LBHM000351	MDS Panel By FISH	8,400	10,500
134	LBHM000352	Thrombin Time	530	670
135	LBHM000355	NIPS by Digital PCR	14,700	18,380
136	LBHM000356	Sequencing Charges	2,000	-
137	LBHM000357	Myeloid Sequencing charges	2,500	-
138	LBHM000358	Sequencing Charges including Sequencing consumable	50,000	-
139	LBHM000359	CSF- Cell Count	1,370	1,720
140	LBHM000360	B cell lymphoma FISH panel (BM Aspirate/PB).	9,900	12,380
141	LBHM000361	FISH testing for XX/XY (Peripheral blood)	5,500	6,880
142	LBHM000370	Flowcytometric Comprehensive lymphocyte subset analysis	12,000	15,000
143	LBHM000371	Multiple myeloma- MRD	15,000	18,750
144	LBHM000372	CARDIOMYOPATHY GENE PROFILE	10,000	12,500
145	LBHM000373	COMPREHENSIVE METABOLIC GENE PROFILE(CMS)	10,000	12,500
146	LBHM000379	AML MINIMAL RESIDUAL DISEASE (MRD)	17,500	21,900
147	LBHM000380	T-ALL MINIMAL RESIDUAL DISEASE (MRD)	16,000	20,000
Microbiology				
1	LBMB000001	Stool Analysis	370	470
2	LBMB000016	Red Blood Cells	150	190
3	LBMB000027	Anti-HAV IgM	1,630	2,040
4	LBMB000028	Anti-HBc Total	1,580	1,980
5	LBMB000029	Anti-HBc IgM	1,630	2,040
6	LBMB000030	Anti-HBe	1,530	1,920

Laboratory

S. No	Billing code	Service Name	Charges in INR	
7	LBMB000031	Anti-HBs	1,000	1,250
8	LBMB000034	HBeAg	1,160	1,450
9	LBMB000036	Aerobic C&S Blood - Two Samples	1,900	2,380
10	LBMB000037	Aerobic C&S Blood (Paediatric&Neonat) - Two Samples	2,300	2,880
11	LBMB000038	Aerobic C&S Body Fluids	1,300	1,630
12	LBMB000039	Aerobic C&S Broncho-alveolar Lavage	1,300	1,630
13	LBMB000040	Aerobic C&S Conjunctival Swab	1,300	1,630
14	LBMB000041	Aerobic C&S CSF	1,300	1,630
15	LBMB000043	Aerobic C&S	1,300	1,630
16	LBMB000044	Aerobic C&S Pus	1,300	1,630
17	LBMB000045	Aerobic C&S Sputum	1,300	1,630
18	LBMB000046	Aerobic C&S Stool	1,300	1,630
19	LBMB000047	Aerobic C&S Throat Swab / Washings	1,300	1,630
20	LBMB000049	Aerobic C&S Urethral Swab	1,300	1,630
21	LBMB000050	Aerobic C&S Urine	1,300	1,630
22	LBMB000051	Aerobic C&S High Vaginal Swab/Cervical	1,300	1,630
23	LBMB000052	Aerobic C/S Semen	1,300	1,630
24	LBMB000063	AFB Stain (Z N) / Smear Exam	480	600
25	LBMB000064	AFB Stain (Z N) / Smear Exam.- Sputum	480	600
26	LBMB000065	AFB Stain (Z N) / Smear Exam.- Urine	480	600
27	LBMB000066	AFB Stain (Z N) / Smear Exam.-BAL	480	600
28	LBMB000067	AFB Stain (Z N) / Smear Exam.-CSF	480	600
29	LBMB000068	AFB Stain (Z N) / Smear Exam.-Pus	480	600
30	LBMB000069	Albert's Staining - Throat Swab	390	490
31	LBMB000075	Anaerobic C&S Blood	2,100	2,630
32	LBMB000076	Anaerobic C&S Body Fluids	1,950	2,440
33	LBMB000078	Anaerobic C&S CSF	1,950	2,440
34	LBMB000079	Anaerobic C&S	1,950	2,440
35	LBMB000080	Anaerobic C&S Pus	1,950	2,440
36	LBMB000085	Anaerobic C&S High Vaginal Swab/Cervical	1,850	2,320
37	LBMB000092	Comb. Antigens CSF	4,300	5,380
38	LBMB000094	Cryptococcus Antigen Detection in CSF	2,790	3,490

Laboratory

S. No	Billing code	Service Name	Charges in INR	
39	LBMB000095	Cryptococcus Antigen Detection in Serum	3,050	3,820
40	LBMB000096	CSF N. Meningitidis Antigen (Acyw-135)	1,600	2,000
41	LBMB000097	CSF Strept. pneumoniae capsular antigen	1,600	2,000
42	LBMB000113	Anti CMV IgG Antibodies	1,470	1,840
43	LBMB000114	Anti CMV IgM	1,470	1,840
44	LBMB000116	Anti HBe / HB 'e' Antigen Combine	2,100	2,630
45	LBMB000121	Anti HEV IgM	2,210	2,770
46	LBMB000130	Anti Rubella IgG	1,470	1,840
47	LBMB000131	Anti Rubella IgM	1,260	1,580
48	LBMB000132	Anti Toxoplasma IgG	1,260	1,580
49	LBMB000133	Anti Toxoplasma IgM	1,260	1,580
50	LBMB000135	Hepatitis B Profile	7,250	9,070
51	LBMB000139	TORCH Complex profile IgG	1,950	2,440
52	LBMB000140	TORCH Complex profile IgM	3,840	4,800
53	LBMB000141	Total Anti HAV Antibodies (Total)	1,530	1,920
54	LBMB000144	Fungal C&S Blood	1,950	2,440
55	LBMB000145	Fungal C&S Body Fluids	1,370	1,720
56	LBMB000146	Fungal C&S Broncho-alveolar lavage	1,370	1,720
57	LBMB000147	Fungal C&S Conjunctival Swab	1,300	1,630
58	LBMB000148	Fungal C&S CSF	1,370	1,720
59	LBMB000149	Fungal C&S	1,370	1,720
60	LBMB000150	Fungal C&S Pus	1,370	1,720
61	LBMB000151	Fungal C&S Sputum	1,370	1,720
62	LBMB000153	Fungal C&S Throat Swab	1,300	1,630
63	LBMB000156	Fungal C&S Urine	1,300	1,630
64	LBMB000157	Fungal C&S High Vaginal Swab/Cervical	1,300	1,630
65	LBMB000158	KOH Mount - Body Fluid	380	480
66	LBMB000159	KOH Mount - CSF	380	480
67	LBMB000160	KOH Mount	380	480
68	LBMB000161	KOH Mount - Pus	380	480
69	LBMB000162	KOH Mount - Sputum	380	480
70	LBMB000163	KOH Mount - Throat Swab	360	450

Laboratory

S. No	Billing code	Service Name	Charges in INR	
71	LBMB000165	KOH Mount - Urine	360	450
72	LBMB000166	KOH Mount -BAL	380	480
73	LBMB000167	Gram's Stain - BAL	480	600
74	LBMB000168	Gram's Stain - Body Fluid	480	600
75	LBMB000169	Gram's Stain - CSF	480	600
76	LBMB000170	Gram's Stain	480	600
77	LBMB000171	Gram Stain - Pus	480	600
78	LBMB000172	Gram Stain - Sputum	480	600
79	LBMB000174	Gram Stain - Throat Swab	480	600
80	LBMB000176	Gram Stain - Urine	480	600
81	LBMB000177	H. Influenzae B Antigen - Blood	1,600	2,000
82	LBMB000178	H. Influenzae B Antigen - CSF	1,600	2,000
83	LBMB000180	India Ink Preparation	370	470
84	LBMB000185	Tuberculosis Screening (Mantoux test)	270	340
85	LBMB000186	Mod.Z.N.Staining for Nocardia-BAL	370	470
86	LBMB000187	Mod.Z.N.Staining for Nocardia-CSF	330	420
87	LBMB000188	Mod.Z.N.Staining for Nocardia-Pus	370	470
88	LBMB000189	Mod.Z.N.Staining for Nocardia-Sputum	370	470
89	LBMB000192	Mod.Z.N.Staining for Nocardia-Body Fluids	330	420
90	LBMB000193	Mod.Z.N.Staining for Nocardia-Stool	330	420
91	LBMB000194	Mod.Z.N.Staining for Nocardia-Throat	310	390
92	LBMB000196	Procalcitonin assay (Quantitative / PCT(Quant.))	3,680	4,600
93	LBMB000214	Widal Test	630	790
94	LBMB000219	Chikungunya IgM**	600	600
95	LBMB000222	Malaria Antigen	1,110	1,390
96	LBMB000223	Quantiferon Gold TB	4,520	5,650
97	LBMB000312	STOOL EXAMINATION, OCCULT BLOOD #	370	470
98	LBMB000315	PNEUMOCYSTIS SPECIES, IMMUNOFLUORESCENCE	1,950	2,440
99	LBMB000322	Entamoeba histolytica Antibody, IgG, EIA	1,950	2,440
100	LBMB000385	CMV DNA Qualitative, Rt-PCR	4,830	6,040
101	LBMB000405	Typhidot IgG/IgM	790	990
102	LBMB000408	Echinococcus Decetion for Scolices in Hydatid Cyst Fluid	490	620

Laboratory

S. No	Billing code	Service Name	Charges in INR	
103	LBMB000409	MICROFILARIA DETECTION	360	450
104	LBMB000412	Stool Examination Hanging drop Preparation	270	340
105	LBMB000422	Line Probe Assay (HAIN Test) for TB	6,830	8,540
106	LBMB000423	Line Probe Assay (HAIN test 2) for XDR TB	4,150	5,190
107	LBMB000425	Pus for Microscopy - Trophozoites	280	350
108	LBMB000426	Stool for Cryptosporidim	380	480
109	LBMB000428	Anti HEV IgG	1,840	2,300
110	LBMB000445	EBV Ab TO VIRAL CAPSID ANTIGEN IgM	2,310	2,890
111	LBMB000446	EBV Ab TO VIRAL CAPSID ANTIGEN IgG	2,310	2,890
112	LBMB000448	EBV quantitative PCR	4,620	5,780
113	LBMB000449	Galactommamme	5,360	6,700
114	LBMB000450	BK Virus DNA PCR	6,300	7,880
115	LBMB000452	Dengue IgM **	600	600
116	LBMB000453	Pneumocystis jiroveci PCP quantitative (PCR)	6,300	7,880
117	LBMB000460	Aerobic C&S Valve	1,450	1,820
118	LBMB000461	Gram Stain - Valve	480	600
119	LBMB000462	Varicella Zoster IgG	1,600	2,000
120	LBMB000465	Aerobic C&S Nasal Swab for MRSA	1,300	1,630
121	LBMB000466	Aerobic C&S Rectal Swab for VRE and CRO	750	940
122	LBMB000468	HBV Qualitative PCR	7,250	9,070
123	LBMB000469	HBV Quantitative PCR	9,870	12,340
124	LBMB000470	HCV Qualitative PCR	6,200	7,750
125	LBMB000471	HCV Quantitative PCR	9,350	11,690
126	LBMB000475	ANA/ANF , IFA IN Dil	3,840	4,800
127	LBMB000476	Anti ds DNA ELISA	2,520	3,150
128	LBMB000477	ENA Profile (ANA Quantitative)	3,700	4,630

Laboratory

S. No	Billing code	Service Name	Charges in INR	
129	LBMB000478	ANCA- COMBI	5,880	7,350
130	LBMB000479	ANCA -IFA	2,790	3,490
131	LBMB000480	ANCA-MPO	2,800	3,500
132	LBMB000481	ANCA-PR3	3,260	4,080
133	LBMB000482	ANCA-GBM	2,520	3,150
134	LBMB000483	ANCA Quantitative	4,410	5,520
135	LBMB000484	Clostridium difficile screening test	3,570	4,470
136	LBMB000485	Immunoglobulin IgE (Total)	790	990
137	LBMB000486	AFB culture + drug resistance screeningSIRE	5,880	7,350
138	LBMB000490	Calprotectin combo rapid card test	4,520	5,650
139	LBMB000493	Endotoxin Activity Assay	8,400	10,500
140	LBMB000494	Mycobacterium TB PCR (Genexpert - Rifampcin)**	2,540	3,180
141	LBMB000495	Rapid sepsis PCR (film array) panel	16,280	20,350
142	LBMB000496	Rapid meningitis(ME) PCR panel	16,280	20,350
143	LBMB000497	Adenovirus Quantitative/Qualitative	8,610	10,770
144	LBMB000498	HSV 1+2 , IGG, SERUM	790	990
145	LBMB000499	HSV 1+2 , IGM, SERUM	790	990
146	LBMB000500	Tissue Transglutaminase(TTG) IgA	1,260	1,580
147	LBMB000501	Rapid Gastrointestinal (GI) PCR panel	16,280	20,350
148	LBMB000502	CARDIOLIPIN ANTIBODY, IgG	1,050	1,320
149	LBMB000503	CARDIOLIPIN ANTIBODY, IgM	1,050	1,320
150	LBMB000504	BETA 2 GLYCOPROTEIN , IgG	1,260	1,580
151	LBMB000505	BETA 2 GLYCOPROTEIN , IgM	1,260	1,580
152	LBMB000507	Rapid CRO Detection	3,570	4,470
153	LBMB000509	Rapid Respiratory Multiplex Filmarray	15,500	19,380
154	LBMB000510	Aerobic C&S Blood -Four Samples	2,800	3,500
155	LBMB000512	Scrub Typhus IgM ELISA	3,260	4,080
156	LBMB000514	Rapid pneumonia PCR panel (filmarray)	18,170	22,720
157	LBMB000515	Rapid CRO Detection from Positive Culture	3,840	4,800
158	LBMB000516	HIV 1 RNA Quantitative, PCR**	3,053	3,053
159	LBMB000525	Allergy Screening Phadiatop infant	1,000	1,250
160	LBMB000526	Allergy Screening Phadiatop Adult	1,050	1,320

Laboratory

S. No	Billing code	Service Name	Charges in INR	
161	LBMB000532	SARS COV-2 Qualitative RT PCR**	299	299
162	LBMB000533	Xpert Xpress SARS-CoV-2 Qualitative RT PCR	2,520	3,150
163	LBMB000535	SARS Cov2 truenat PCR**	1,250	1,250
164	LBMB000536	PNEUMOSLIDE IgM	4,200	5,250
165	LBMB000539	Dengue NS1Ag**	600	600
166	LBMB000541	Healthcare worker stool screening for Salmonella	130	170
167	LBMB000543	SARS COV-2 Qualitative RT PCR** (Home Sample)	499	499
168	LBMB000545	Varicella, Zoster Virus (VZV) Antibody Igg	1,680	2,100
169	LBMB000548	Aerobic C&S Tissue	1,300	1,630
170	LBMB000549	Gram Stain Tissue	480	600
171	LBMB000550	Endocarditis blood C & S	3,780	4,730
172	LBMB000552	Mucormycosis Qualitative RT PCR	6,830	8,540
173	LBMB000556	Anaerobic C&S Joint fluid	1,950	2,440
174	LBMB000557	Fungal C&S Joint fluid	1,370	1,720
175	LBMB000558	Gram Stain Joint fluid	450	570
176	LBMB000559	AFB Stain (Z N) / Smear Exam Joint fluid	480	600
177	LBMB000560	KOH Mount Joint fluid	360	450
178	LBMB000561	HPV DNA Qualitative PCR	2,630	3,290
179	LBMB000562	Allergy Comprehensive profile	14,500	18,130
180	LBMB000563	Allergic bronchopulmonary asper	5,250	6,570
181	LBMB000564	Allergy Hyper Sensitivity pneumonitis	8,190	10,240
182	LBMB000565	Allergy Eczemza Panel	7,350	9,190
183	LBMB000566	Allergy Asthma Rhinitis panel	13,500	16,880
184	LBMB000567	Allergy Screening infant	1,600	2,000
185	LBMB000568	Allergy Screening Adult	1,600	2,000
186	LBMB000569	Allergy Food panel	6,000	7,500
187	LBMB000570	Allergy Marker- House dust mite(d1) Dermatophagoides pteronyssinus	1,050	1,320
188	LBMB000571	Allergy Marker-House dust mite(d2) Dermatophagoides farinae	1,050	1,320
189	LBMB000572	Allergy Marker-Cockroach (American) Periplaneta americana	1,050	1,320
190	LBMB000573	Allergy Marker-Egg white	1,000	1,250
191	LBMB000574	Allergy Marker-Milk	1,000	1,250
192	LBMB000575	Allergy Marker- Gluten	1,000	1,250

Laboratory

S. No	Billing code	Service Name	Charges in INR	
193	LBMB000576	Allergy Marker- Soyabean	1,000	1,250
194	LBMB000577	Allergy Marker- Peanut	1,000	1,250
195	LBMB000578	Allergy Marker- Wheat	1,000	1,250
196	LBMB000579	Allergy Marker- Fish	1,000	1,250
197	LBMB000580	Allergy Marker- Cat dander Felis domestica	1,000	1,250
198	LBMB000581	Allergy Marker- Dog dander Canis lupus	1,000	1,250
199	LBMB000582	Allergy Marker- Alternaria alternata	1,000	1,250
200	LBMB000583	Allergy Marker- Aspergillus fumigatus IgE	1,050	1,320
201	LBMB000584	Allergy Marker- Bermuda grass (Doob ghas, Dobri)	1,000	1,250
202	LBMB000585	Allergy Marker- Johnson grass (jungli jowar, bajra)	1,000	1,250
203	LBMB000586	Allergy Marker- Common pigweed (kanta chaulai)	1,000	1,250
204	LBMB000587	Allergy Marker- Common ragweed	1,000	1,250
205	LBMB000588	Allergy Marker- Goosefoot, Lambs Quarter (Bathua)	1,000	1,250
206	LBMB000589	Allergy Marker- Mugwort Artemesia vulgaris	1,000	1,250
207	LBMB000590	Allergy Marker- Acacia (babul/kikar)	1,000	1,250
208	LBMB000591	Allergy Marker- Mesquite (vilayati babool)	1,000	1,250
209	LBMB000592	Allergy Marker- Pigeon serum proteins, feathers and droppings	1,000	1,250
210	LBMB000593	Allergy Marker- Penicillium chrysogenum	1,000	1,250
211	LBMB000594	Allergy Marker- Mucor racemosus	1,000	1,250
212	LBMB000595	Allergy Marker- Cladosporium herbarum	1,000	1,250
213	LBMB000555	Aerobic C&S Joint fluid	1,300	1,630
214	LBMB000596	Fungus Beta-D-Glucan	7,350	9,190
215	LBMB000598	HCV Quantitative PCR by CBNAAT	2,600	3,250
216	LBMB000600	XDR-TB PCR by CBNAAT**	3,680	3,680
217	LBMB000601	CAZ-AVI Synergy Screening Test	630	790
218	LBMB000603	Aerobic C& S Body Fluids + Gram stain	1,840	2,300
219	LBMB000637	Flu PCR Panel (H1N1, H3N2 & RSV)	6,300	7,880
220	LBMB000653	Aerobic C&S Blood - One Sample	1,370	1,720
221	LBMB000654	SMOOTH MUSCLE ANTIBODY (ASMA), IFA	2,000	2,500
222	LBMB000655	LIVER KIDNEY MICROSOMAL (LKM) ANTIBODY IN DILUTIONS, IFA	3,260	4,080
223	LBMB000656	SMOOTH MUSCLE ANTIBODY (ASMA), IFA IN DILUTIONS	3,780	4,730
224	LBMB000657	MITOCHONDRIAL ANTIBODY (AMA), IFA	2,000	2,500

Laboratory

S. No	Billing code	Service Name	Charges in INR	
225	LBMB000659	Rapid Joint Infection (JI) PCR (film array) panel	17,330	21,670
226	LBMB000661	Widal Test (Slide)	300	380
227	LBMB000662	Autoimmune encephalitis panel	21,500	26,880
228	LBMB000663	Dengue IgG**	600	600
229	LBMB000664	Histoplasma Antigen	5,780	7,230
230	LBMB000665	Legionella Antigen	2,630	3,290
231	LBMB000666	Strep Pneumoniae Antigen	2,100	2,630
232	LBMB000667	RPR	190	240
233	LBMB000713	CRO detection By card	2,000	2,500
234	LBMB000715	Dengue Profile**	1,800	1,800
235	LBMB000718	Viral myocarditis panel (PCR)	18,900	23,630
236	LBMB000719	Parvovirus B19 Detection , PCR	4,200	5,250
237	LBMB000720	HSV Type 1 & 2, Qualitative PCR	6,930	8,670
238	LBMB000721	HSV TYPE I, Qualitative PCR	4,200	5,250
239	LBMB000722	HSV TYPE 2, Qualitative PCR	4,200	5,250
240	LBMB000723	Enterovirus/Rhinovirus Qualitative PCR	4,000	5,000
241	LBMB000724	Varicella Zoster virus Qualitative PCR	4,000	5,000
242	LBMB000725	Human herpes virus-6 Qualitative PCR	4,000	5,000
243	LBMB000726	LKM antibody IFA	3,680	4,600
244	LBMB000727	AMA antibody IFA in dilution	4,080	5,100
245	LBMB000728	ANA IFA Paediatric	5,250	6,570
246	LBMB000729	Upper Respiratory Multiplex PCR	13,650	17,070
247	LBMB000731	Donor, Aerobic C&S - Bronchial Swab	1,630	2,040
248	LBMB000732	Donor, Gram stain-Bronchial Swab	570	720
249	LBMB000741	Susceptibility for Additional antibiotics	320	400
250	LBMB000746	Neuronal (Paraneoplastic) Auto Antibody	10,800	13,500
251	LBMB000747	NMO Panel, Serum	7,800	9,750
252	LBMB000748	Anti MOG	7,800	9,750
253	LBMB000749	NMO Panel, CSF	7,800	9,750
254	LBMB000750	Allergy Marker-Cow Dander	1,000	1,250
255	LBMB000751	Allergy Marker-Pigeon feather	1,000	1,250
256	LBMB000752	Allergy Marker-Mosquito	1,000	1,250

Laboratory

S. No	Billing code	Service Name	Charges in INR	
257	LBMB000753	Allergy Marker-Blomia Tropicalis	1,000	1,250
258	LBMB000754	Allergy Marker-Cashew nut	1,000	1,250
259	LBMB000755	Allergy Marker-Almond	1,000	1,250
260	LBMB000756	Allergy Marker-Walnut	1,000	1,250
261	LBMB000757	Allergy Marker-Brazil nut	1,000	1,250
262	LBMB000758	Allergy Marker-Hazel nut	1,000	1,250
263	LBMB000759	Allergy Marker-Lemon	1,000	1,250
264	LBMB000760	Allergy Marker-Tomato	1,000	1,250
265	LBMB000761	Allergy Marker-Potato	1,000	1,250
266	LBMB000762	Allergy Marker-Spinach	1,000	1,250
267	LBMB000763	Allergy Marker-Garlic	1,000	1,250
268	LBMB000764	Allergy Marker-Onion	1,000	1,250
269	LBMB000765	Allergy Marker-Pea	1,000	1,250
270	LBMB000766	Allergy Marker-Rice	1,000	1,250
271	LBMB000767	Allergy Marker-Lentil	1,000	1,250
272	LBMB000768	Allergy Marker-Maize, Corn	1,000	1,250
273	LBMB000769	Allergy Marker-Mustard	1,000	1,250
274	LBMB000770	Allergy Marker-Barley	1,000	1,250
275	LBMB000771	Allergy Marker-Oat	1,000	1,250
276	LBMB000772	Allergy Marker-Chick pea	1,000	1,250
277	LBMB000773	Allergy Marker-Apple	1,000	1,250
278	LBMB000774	Allergy Marker-Mango	1,000	1,250
279	LBMB000775	Allergy Marker-Banana	1,000	1,250
280	LBMB000776	Allergy Marker-Orange	1,000	1,250
281	LBMB000777	Allergy Marker-Papaya	1,000	1,250
282	LBMB000778	Allergy Marker-Casein	1,000	1,250
283	LBMB000779	Allergy Marker-Cheese, Cheddar	1,000	1,250
284	LBMB000780	Allergy Marker-Egg Yolk	1,000	1,250
285	LBMB000781	Allergy Marker-Chicken	1,000	1,250
286	LBMB000782	Allergy Marker-Fish (Cod)	1,000	1,250
287	LBMB000783	Allergy Marker-Salmon	1,000	1,250
288	LBMB000784	Allergy Marker-Shrimp	1,000	1,250

Laboratory

S. No	Billing code	Service Name	Charges in INR	
289	LBMB000785	Allergy Marker-Sesame seed	1,000	1,250
290	LBMB000786	Allergy Marker-Yeast	1,000	1,250
291	LBMB000787	Allergy Marker-Mushroom	1,000	1,250
292	LBMB000788	Allergy Marker-Elm	1,000	1,250
293	LBMB000789	Allergy Marker-Timothy	1,000	1,250
294	LBMB000790	Allergy Marker-Mesquite	1,000	1,250
295	LBMB000791	Allergy Marker-Eucalyptus, Gum-tree	1,000	1,250
296	LBMB000792	Allergy Marker-Laceyella sacchari	1,000	1,250
297	LBMB000793	Allergy Marker-Micropolyspora faeni	1,000	1,250
298	LBMB000794	Allergy Marker-Parrot serum proteins, feathers and droppings	1,000	1,250
299	LBMB000795	Allergy Marker-Stachybotrys atra	1,000	1,250
300	LBMB000796	Food Allergy with Gluten	4,000	5,000
301	LBMB000797	Food Allergy with Casein	4,000	5,000
302	LBMB000798	Allergy Comprehensive panel- Pediatrics	17,500	21,880
303	LBMB000799	Extended Food allergy Panel	9,000	11,250
304	LBMB000800	Allergy Comprehensive Panel- Adult	17,500	21,880
305	LBMB000801	Allergy Comprehensive food Panel	18,000	22,500
306	LBMB000802	Allergy Hyper Sensitivity pneumonitis	9,000	11,250
307	LBMB000803	Anti-NMO(Neuromyelitis optica)-Aquaporin 4	7,800	9,750
308	LBMB000804	Autoimmune encephalitis panel	21,500	26,880
309	LBMB000808	Allergy Marker- Aspergillus fumigatus IgG	1,000	1,250
310	LBMB000809	Anti-Ganglioside profile IgM	4,800	6,000
311	LBMB000810	Anti-Ganglioside profile IgG	4,800	6,000
Histopathology				
1	LBHP000004	Frozen Section/Intra Operative Cytology per specimen- HPE with IHC/Special Stains if needed	2,730	3,420
2	LBHP000005	Diagnostic Biopsy- Unspecified	2,420	3,030
3	LBHP000006	Excision Specimen Biopsy- Unspecified	2,500	3,130
4	LBHP000007	Large Specimen Biopsy- Unspecified	3,890	4,870
5	LBHP000008	Radical Specimen Biopsy- Unspecified	4,800	6,000
6	LBHP000012	Review of Outside Slide 3 to 5 (Histo)	4,150	5,190
7	LBHP000013	Review of Outside Slide 6 to 10 (Histo)	5,670	7,090
8	LBHP000014	Review of Outside Slide upto 2 (Histo)	2,630	3,290

Laboratory

S. No	Billing code	Service Name	Charges in INR	
9	LBHP000017	Slides Issued for 2nd opinion(per slide)(Histo)	200	250
10	LBHP000018	2 IHC Marker Panel	4,620	5,780
11	LBHP000019	4 IHC Marker Panel	9,350	11,690
12	LBHP000020	6 IHC Marker Panel	13,130	16,420
13	LBHP000021	8 IHC Marker Panel	16,280	20,350
14	LBHP000022	More Than 10 IHC Marker panel	17,640	22,050
15	LBHP000023	Estrogen and Pregesterone Receptors	3,840	4,800
16	LBHP000024	Hercept Test	4,520	5,650
17	LBHP000034	Liver Biopsy- Native- HPE with IHC/Special Stains if needed	4,830	6,040
18	LBHP000036	Immunofluorescence 1 antibody	1,300	1,630
19	LBHP000037	1 IHC Marker	2,420	3,030
20	LBHP000038	Prostate Trucut Needle Biopsy- HPE with IHC/Special Stains if needed	5,250	6,570
21	LBHP000039	Bone Marrow Biopsy-HPE with IHC/Special Stains if needed	11,550	14,440
22	LBHP000040	Biopsy Radical Prostatectomy- HPE with IHC/Special Stains if needed	9,240	11,550
23	LBHP000047	Frozen Sect/Intra Op Cyto/specimen-2 Specimen	3,840	4,800
24	LBHP000048	Frozen Section/Intra Operative Cytology Per Specimen 3-5 Specimen	4,830	6,040
25	LBHP000049	Frozen Section/Intra Operative Cytology Per Spec. 5-10 Spec	6,090	7,620
26	LBHP000051	Urgent Tru Cut Biopsy- Rapid Processing	7,000	8,750
27	LBHP000057	Review of Outside Slide > 10	8,400	10,500
28	LBHP000061	EM Interpretation	3,900	4,880
29	LBHP000062	Amputations-Limb	3,260	4,080
30	LBHP000063	Appendix- HPE with IHC/Special Stains if needed	2,890	3,620
31	LBHP000064	Bone Specimen - small- HPE with IHC/Special Stains if needed	3,470	4,340
32	LBHP000065	Bone Tumour- Large- HPE with IHC/Special Stains if needed	4,000	5,000
33	LBHP000066	Breast- Wide local Excision- HPE with IHC/Special Stains if needed	5,600	7,000
34	LBHP000067	Breast Lump (Non Tumour)- HPE with IHC/Special Stains if needed	3,100	3,880
35	LBHP000068	Breast Lump with reflex IHC	9,350	11,690
36	LBHP000069	Breast Lump - HPE with IHC/Special Stains if needed	3,000	3,750
37	LBHP000070	Breast Lesion- Major Duct Excision- HPE with IHC/Special Stains if needed	6,800	8,500
38	LBHP000071	Breast MRM with ER, PR, Hercept - HPE with IHC/Special Stains if needed	16,280	20,350
39	LBHP000072	Breast MRM - HPE with IHC/Special Stains if needed	6,090	7,620
40	LBHP000073	Breast Tru Cut Biopsy- HPE with IHC/Special Stains if needed	2,650	3,320

Laboratory

S. No	Billing code	Service Name	Charges in INR	
41	LBHP000074	Wide local Excision - HPE with IHC/Special Stains if needed	3,940	4,930
42	LBHP000075	Wide Local excision with ER, PR, Hercept- HPE with IHC/Special Stains if needed	11,030	13,790
43	LBHP000076	Breast Tru Cut Biopsy with ER, PR, Hercept-- HPE with IHC/Special Stains if needed	10,500	13,130
44	LBHP000077	Buccal Mucosal Biopsy- HPE with IHC/Special Stains if needed	2,400	3,000
45	LBHP000078	Cardiac Tumour- HPE with IHC/Special Stains if needed	4,500	5,630
46	LBHP000079	Cardiac wall/ Valve Biopsy- HPE with IHC/Special Stains if needed	2,890	3,620
47	LBHP000080	Cervix Biopsy- HPE with IHC/Special Stains if needed	3,570	4,470
48	LBHP000081	Cervix Cone Biopsy- HPE with IHC/Special Stains if needed	3,940	4,930
49	LBHP000082	Clot Biopsy- HPE with IHC/Special Stains if needed	2,680	3,350
50	LBHP000083	Colectomy / APR- HPE with IHC/Special Stains if needed	7,670	9,590
51	LBHP000084	Colectomy / APR with MSI- HPE with IHC/Special Stains if needed	13,500	16,880
52	LBHP000086	Endobroncheal / Laryngeal Biopsy- HPE with IHC/Special Stains if needed	6,600	8,250
53	LBHP000087	Endometrium (D&C Material)- HPE with IHC/Special Stains if needed	3,890	4,870
54	LBHP000088	Endomyocardial Biopsy- HPE with IHC/Special Stains if needed	3,000	3,750
55	LBHP000089	Eye ball Specimen- HPE with IHC/Special Stains if needed	3,470	4,340
56	LBHP000090	Fallopian Tube- HPE with IHC/Special Stains if needed	2,500	3,130
57	LBHP000091	Fistulectomy / Sinus Tract - HPE with IHC/Special Stains if needed	3,260	4,080
58	LBHP000092	Gall Bladder- HPE with IHC/Special Stains if needed	2,630	3,290
59	LBHP000093	Gastrectomy- HPE with IHC/Special Stains if needed	8,820	11,030
60	LBHP000094	GI Endoscopic Biopsy >4 Container- HPE with IHC/Special Stains if needed	10,080	12,600
61	LBHP000095	GI Endoscopic Biopsy 1 Container- HPE with IHC/Special Stains if needed	2,520	3,150
62	LBHP000096	GI Endoscopic Biopsy 2 Container- HPE with IHC/Special Stains if needed	4,830	6,040
63	LBHP000097	GI Endoscopic Biopsy 3 Container- HPE with IHC/Special Stains if needed	6,830	8,540
64	LBHP000098	GI Endoscopic Biopsy 4 Container- HPE with IHC/Special Stains if needed	8,400	10,500
65	LBHP000099	Granulation Tissue	2,750	3,440
66	LBHP000100	Haemorrhoids- HPE with IHC/Special Stains if needed	3,000	3,750
67	LBHP000101	Head and neck Oncology specimen- HPE with IHC/Special Stains if needed	6,830	8,540
68	LBHP000103	Hepatic Resection- HPE with IHC/Special Stains if needed	6,830	8,540
69	LBHP000104	Hirschsprung's Disease- HPE with IHC/Special Stains if needed	3,700	4,630
70	LBHP000105	Lung (Lobectomy)- HPE with IHC/Special Stains if needed	8,610	10,770
71	LBHP000106	Lung Tru Cut Biopsy- HPE with IHC/Special Stains if needed	8,610	10,770
72	LBHP000107	Lymph Node (Lymphoma Panel)- HPE with IHC/Special Stains if needed	16,280	20,350

Laboratory

S. No	Billing code	Service Name	Charges in INR	
73	LBHP000108	Lymph Node (Non Lymphoma Panel)- HPE with IHC/Special Stains if needed	3,470	4,340
74	LBHP000109	Mediastinal Mass- HPE with IHC/Special Stains if needed	7,500	9,380
75	LBHP000110	Nasal Polyp- HPE with IHC/Special Stains if needed	3,470	4,340
76	LBHP000111	Nasal Sinus Biopsy- HPE with IHC/Special Stains if needed	3,470	4,340
77	LBHP000112	Nephrectomy (Non Tumorous)- HPE with IHC/Special Stains if needed	4,520	5,650
78	LBHP000113	Oesophagectomy- HPE with IHC/Special Stains if needed	6,300	7,880
79	LBHP000114	Omental Mass- HPE with IHC/Special Stains if needed	6,300	7,880
80	LBHP000115	Oral Biopsy- HPE with IHC/Special Stains if needed	3,360	4,200
81	LBHP000116	Orchidectomy Spcimen- HPE with IHC/Special Stains if needed (Tumour)	8,510	10,640
82	LBHP000117	Orchidectomy Spcimen- HPE with IHC/Special Stains if needed (Non-Tumour)	3,470	4,340
83	LBHP000118	Ovarian Mass (Large)- HPE with IHC/Special Stains if needed	6,300	7,880
84	LBHP000119	Parathyroid Biopsy- HPE with IHC/Special Stains if needed	3,570	4,470
85	LBHP000120	Parotidectomy- HPE with IHC/Special Stains if needed	5,040	6,300
86	LBHP000121	Partial Nephrectomy- HPE with IHC/Special Stains if needed	6,300	7,880
87	LBHP000122	Penectomy- HPE with IHC/Special Stains if needed	4,600	5,750
88	LBHP000123	Placenta- HPE with IHC/Special Stains if needed	4,200	5,250
89	LBHP000124	Pleural Biopsy- HPE with IHC/Special Stains if needed	4,500	5,630
90	LBHP000125	Prostate Chips (Tur-P)- HPE with IHC/Special Stains if needed	4,150	5,190
91	LBHP000126	Radical Cystectomy- HPE with IHC/Special Stains if needed	7,200	9,000
92	LBHP000127	Radical Neck Dissection- HPE with IHC/Special Stains if needed	4,400	5,500
93	LBHP000128	Radical Nephrectomy- HPE with IHC/Special Stains if needed	7,670	9,590
94	LBHP000129	Sebaceous cyst- HPE with IHC/Special Stains if needed	2,850	3,570
95	LBHP000130	Skin Biopsy- HPE with IF if needed	4,150	5,190
96	LBHP000131	Skin Biopsy With Immunofluorescence- HPE with IHC/Special Stains if needed	4,520	5,650
97	LBHP000132	Sleeve Gastrectomy- HPE with IHC/Special Stains if needed	3,260	4,080
98	LBHP000133	Small Intestinal Resection- HPE with IHC/Special Stains if needed	4,730	5,920
99	LBHP000134	Small Intestinal Resection/ GIST/ Soft Tissue Tumour- HPE with IHC/Special Stains if needed	8,000	10,000
100	LBHP000135	Soft Tissue Tumor With Special Stains- HPE with IHC/Special Stains if needed	10,500	13,130
101	LBHP000136	Spleen- HPE with IHC/Special Stains if needed	3,000	3,750
102	LBHP000137	Synovial Biopsy- HPE with IHC/Special Stains if needed	3,150	3,940
103	LBHP000138	Testicular biopsy- HPE with IHC/Special Stains if needed	3,000	3,750
104	LBHP000139	Thyroidectomy- HPE with IHC/Special Stains if needed	6,830	8,540

Laboratory

S. No	Billing code	Service Name	Charges in INR	
105	LBHP000140	Transplant Liver Biopsy- HPE with IHC/Special Stains if needed	4,730	5,920
106	LBHP000141	Tru cut Oncology Biopsy/ Intervention assisted Biopsy- HPE with IHC/Special Stains if needed	10,500	13,130
107	LBHP000142	TUR Urinary Bladder- HPE with IHC/Special Stains if needed	4,520	5,650
108	LBHP000143	Urinary Bladder Biopsy- Small- HPE with IHC/Special Stains if needed	2,790	3,490
109	LBHP000144	Uterus With/Without Adnexae- Non Tumour- HPE with IHC/Special Stains if needed	3,840	4,800
110	LBHP000145	Radical Hystrectomy- Tumour- HPE with IHC/Special Stains if needed	6,720	8,400
111	LBHP000146	Werthiems Hysterectomy- HPE with IHC/Special Stains if needed	6,800	8,500
112	LBHP000147	Whipples Resection- HPE with IHC/Special Stains if needed	9,770	12,220
113	LBHP000148	Native kidney biopsy review (slides only)	4,700	5,880
114	LBHP000149	Native kidney biopsy block review with limited IF	6,400	8,000
115	LBHP000150	¿ Rapid native kidney biopsy with full IF panel- HPE with IHC/Special Stains if needed	10,500	13,130
116	LBHP000151	Native kidney biopsy + IF + EM- HPE with IHC/Special Stains if needed	18,900	23,630
117	LBHP000152	Transplant kidney biopsy with C4d- HPE with IHC/Special Stains if needed	7,770	9,720
118	LBHP000153	Transplant kidney biopsy with C4d and full IF panel - HPE with IHC/Special Stains if needed	8,200	10,250
119	LBHP000154	Transplant kidney biopsy review (slides only)	4,830	6,040
120	LBHP000155	¿ Rapid Transplant kidney biopsy with C4d- HPE with IHC/Special Stains if needed	8,550	10,690
121	LBHP000156	Transplant kidney biopsy + IF + EM- HPE with IHC/Special Stains if needed	17,850	22,320
122	LBHP000157	Glioma with Reflex IHC	15,500	19,380
123	LBHP000158	Muscle tissue with Enzyme Histochemistry with Reflex IHC	18,900	23,630
124	LBHP000159	Nerve Biopsy with Special Stain with Reflex IHC	5,880	7,350
125	LBHP000160	Pituitary Tumour with Reflex IHC	15,750	19,690
126	LBHP000161	Brain Tumour - Non Glioma with reflex IHC	7,140	8,930
127	LBHP000162	ALK IHC FOR LUNG CARCINOMA	6,830	8,540
128	LBHP000163	EBER ISH	6,100	7,630
129	LBHP000164	Native kidney biopsy with Complete IF panel	7,560	9,450
130	LBHP000166	Tonsils	3,300	4,130
131	LBHP000167	Fiboepithelial Polyp	2,700	3,380
132	LBHP000169	Muscle biopsy with special stains	5,360	6,700
133	LBHP000170	ATRX	3,260	4,080
134	LBHP000171	IDH-1	3,260	4,080
135	LBHP000172	Electron Microscopy with Interpretation	12,000	15,000
136	LBHP000173	Head and Neck Biopsy	4,150	5,190

Laboratory

S. No	Billing code	Service Name	Charges in INR	
137	LBHP000174	BRAF by IHC	5,780	7,230
138	LBHP000175	Her2 by FISH	12,080	15,100
139	LBHP000176	1p19q by FISH	11,000	13,750
140	LBHP000177	MSI	9,350	11,690
141	LBHP000178	Advanced Brain Tumor Panel	32,550	40,690
142	LBHP000179	Lung Carcinoma Panel	33,600	42,000
143	LBHP000180	PDL1 by IHC	17,850	22,320
144	LBHP000181	GI endoscopic bx 1 container + MSI	11,000	13,750
145	LBHP000182	ROS-1 by FISH	10,500	13,130
146	LBHP000183	FISH for lymphoma panel (BCL6,BCL2 and C-myc)	22,050	27,570
147	LBHP000185	BRCA 1 & 2 comprehensive panel	24,150	30,190
148	LBHP000186	MGMT	8,400	10,500
149	LBHP000187	EBERISH	5,500	6,880
150	LBHP000188	PDL 1 (SP 263)	6,300	7,880
151	LBHP000190	EGFR by RT PCR	13,650	17,070
152	LBHP000192	NGS LUNG TUMOR PANEL	52,500	65,630
153	LBHP000193	KRAS Mutation analysis	13,130	16,420
154	LBHP000194	EGFR Mutation Analysis	13,500	16,880
155	LBHP000195	MUTATION ANALYSIS FOR BRAF	12,080	15,100
156	LBHP000196	MUTATION ANALYSIS FOR HRAS	11,500	14,380
157	LBHP000197	MUTATION ANALYSIS FOR IDH1	11,000	13,750
158	LBHP000198	MUTATION ANALYSIS FOR IDH2	11,000	13,750
159	LBHP000199	MUTATION ANALYSIS FOR KIT	11,500	14,380
160	LBHP000200	MUTATION ANALYSIS FOR MPL	11,000	13,750
161	LBHP000201	MUTATION ANALYSIS FOR NRAS	12,080	15,100
162	LBHP000202	MUTATION ANALYSIS FOR PDGFRA	9,900	12,380
163	LBHP000205	Oncomine V3 Panel (161 gene)	84,000	1,05,000
164	LBHP000206	NGS 52 Gene Panel	57,750	72,190
165	LBHP000207	Ros1 IHC	5,000	6,250
166	LBHP000208	PanTRK IHC	5,000	6,250
167	LBHP000209	Liquid Biopsy panel(cell free DNA)	54,600	68,250
168	LBHP000211	Fetal Autopsy (Including IHC)	4,500	5,630

Laboratory

S. No	Billing code	Service Name	Charges in INR	
169	LBHP000212	CDKN2A BY FISH	11,500	14,380
170	LBHP000213	NGS BRCA Expanded Panel (HRR)	25,000	31,300
171	LBHP000214	NGS Colorectal and Pancreatic Panel	25,000	31,300
172	LBHP000215	NGS Gastric and Oesophageal Panel	25,000	31,300
173	LBHP000216	NGS Gynecological Panel	25,000	31,300
174	LBHP000217	NGS Prostate Panel	25,000	31,300
Cytopathology				
1	LBCT000001	Cell Block	2,800	3,500
2	LBCT000002	FNAC - For Reporting	3,200	4,000
3	LBCT000003	Interventional FNAC	3,780	4,730
4	LBCT000004	Pap smear	1,300	1,630
5	LBCT000005	Sputum for Malignant Cells(Day 1)	2,800	3,500
6	LBCT000006	Sputum for Malignant Cells(Day 2)	-	-
7	LBCT000007	Sputum for Malignant Cells(Day 3)	-	-
8	LBCT000008	Urine for Malignant Cells(Day 1)	2,800	3,500
9	LBCT000009	Urine for Malignant Cells(Day 2)	-	-
10	LBCT000010	Urine for Malignant Cells(Day 3)	-	-
11	LBCT000014	Body Fluids for Malignant Cytology	1,600	2,000
12	LBCT000015	Review of Outside Slide upto 2 (Cyto)	3,260	4,080
13	LBCT000016	Review of Outside Slide 3 to 5 (Cyto)	4,520	5,650
14	LBCT000017	Review of Outside Slide 6 to 10 (Cyto)	5,250	6,570
15	LBCT000018	Slides Issued for 2nd opinion(per slide)(Cyto)	270	340
16	LBCT000019	Endoscopic ultrasound guided FNAC	6,200	7,750
17	LBCT000020	Histochemical stains	1,260	1,580
18	LBCT000021	Imprint Cytology upto 2 Specimens	2,800	3,500
19	LBCT000022	1 Immunocytochemistry(ICC) Marker	2,420	3,030
20	LBCT000023	2 Immunocytochemistry(ICC) Marker Panel	4,830	6,040
21	LBCT000024	4 Immunocytochemistry(ICC) Marker Panel	8,900	11,130
22	LBCT000025	6 Immunocytochemistry(ICC) Marker Panel	12,600	15,750
23	LBCT000026	EBUS FNAC	6,830	8,540
24	LBCT000028	FNAC- Second Site	800	1,000
25	LBCT000029	Liquid Based Cytology	1,160	1,450

Laboratory

S. No	Billing code	Service Name	Charges in INR	
26	LBCT000030	Rapid FNAC evaluation	840	1,050
Molecular Biology				
1	LBML000001	HLA CROSS MATCH(CDC)	7,250	9,070
2	LBML000002	HLA CROSS MATCH(FLOW)	10,500	13,130
3	LBML000022	HLA B27	4,050	5,070
4	LBML000024	Flowcytometric- Immunophenotyping, any single marker	2,200	2,750
5	LBML000025	Flowcytometric stem cell (CD34+) enumeration	5,670	7,090
6	LBML000031	T CELL ENUMERATION (CD4/CD8/CD3)	3,570	4,470
7	LBML000053	DNA Extraction-Whole Blood	2,600	3,250
8	LBML000058	HLA B51 PCR	8,190	10,240
9	LBML000062	Immune Deficiency Panel (CD19,CD56,CD3,CD4,CD8)	6,300	7,880
10	LBML000064	Flowcytometry, NK Cell Enumeration	3,800	4,750
11	LBML000073	Urgent - HLA Typing- Patient	24,000	30,000
12	LBML000074	Urgent - HLA Typing- Donor	24,000	30,000
13	LBML000078	Panel reacting antibodies (PRA) by flow cytometry	16,000	20,000
14	LBML000135	HLA - ABDR - SSO	16,070	20,090
15	LBML000136	HLA-A-SSO	5,500	6,880
16	LBML000137	HLA-B-SSO	5,500	6,880
17	LBML000138	HLA-DR-SSO	5,500	6,880
18	LBML000147	CD19 - Flowcytometry	2,940	3,680
19	LBML000150	HLA for Celiac disease (DQB1*02/DQ8)	6,300	7,880
20	LBML000154	HLA for ART-Abacavir (B*57)	4,400	5,500
21	LBML000157	HLA for Juvenile spodyloarthritis (B*07)	4,400	5,500
22	LBML000159	HLA-C-SSO	5,500	6,880
23	LBML000161	HLA-DQ-SSO	6,000	7,500
24	LBML000162	HLA Cross Match-CDC (Urgent)	8,800	11,000
25	LBML000163	HLA Cross Match-Flow cytometry (Urgent)	12,000	15,000
26	LBML000164	Flowcytometry Monocyte Enumeration	3,100	3,880
27	LBML000165	Exacta- 1	2,05,000	2,05,000
28	LBML000166	HLA-A-SSO (Urgent)	7,400	9,250
29	LBML000167	HLA-B-SSO (Urgent)	7,400	9,250
30	LBML000168	HLA-ABDR-SSO (Urgent)	22,580	28,230

Laboratory

S. No	Billing code	Service Name	Charges in INR	
31	LBML000169	HLA-DR-SSO (Urgent)	7,400	9,250
32	LBML000170	Mutation Analysis for AML (by NGS)	15,000	18,750
33	LBML000172	Anti-HLA Antibody Identification Class 1	23,630	29,540
34	LBML000173	Anti-HLA Antibody Identification Class 2	16,280	20,350
35	LBML000174	Anti-HLA Antibody Screen	4,050	5,070
36	LBML000180	HLA Typing (High) A,B,C,DRB1 & DQB1 Loci	17,570	21,970
37	LBML000181	HLA Typing (High) A Locus	3,680	4,600
38	LBML000182	HLA Typing (High) B Locus	3,500	4,380
39	LBML000183	HLA Typing (High) B Locus	3,500	4,380
40	LBML000184	HLA Typing (High) DRB1 Locus	3,500	4,380
41	LBML000185	HLA Typing (High) DQB1 Locus	3,680	4,600
42	LBML000186	HLA Typing (High) A,B & DRB1 Loci	10,267	12,840
43	LBML000187	HLA Typing (High) DPB1 Locus	3,680	4,600
44	LBML000189	Cadaver donor HLA Typing (High) A,B,C,DRB1, DQB1 & DPB1 Loci	21,000	26,250
45	LBML000191	CD3 enumeration	3,400	4,250
46	LBML000192	ALC (CAR-T) enumeration	3,400	4,250
Lab Order Set				
1	LBOR000001	CSF Analysis Panel	2,000	2,500
2	LBOR000003	CSF Neurosurgery	4,310	5,390
3	LBOR000004	Chronic Meningitis Neurosurgery	6,380	7,980
4	LBOR000005	PUS Neurosurgery	3,850	4,820
5	LBOR000006	Granulation Tissue Neurosurgery	6,380	7,980
6	LBOR000010	Infection screen(Procalcitonin & CRP)	2,100	2,630
7	LBOR000011	IBD PROFILE	4,960	6,200
8	LBOR000012	Kidney Panel	1,470	1,840
9	LBOR000019	PRP Therapy	7,700	9,630
10	LBOR000245	CSF-cell count & Biochemical Analysis	1,800	2,260
11	LBOR000271	INFECTION PROFILE	3,950	3,950
12	LBOR000301	QC of Fresh Plasma	4,950	4,950
13	LBOR000302	QC of Cryoprecipitate samples	3,500	3,500
Note:-	* against a test name indicates that rates shall be as per prevailing Govt notification			

Others			
S. No	Billing code	Service Name	Charges in INR
Equipment Charges			
1	ECEC000001	DVT prophylaxis below knee (With Cuff) Per Day	500
2	ECEC000002	DVT prophylaxis above knee(Without cuff) Per Day	500
3	ECEC000003	Alfa trancell (Pressure area care) Per Day	300
4	ECEC000006	Nimbus II (Pressure area care) Per Day	600
5	ECEC000007	VAC Therapy Equipment (Arjo Huntleigh) Per day	1,800
6	ECEC000008	VAC Therapy Equipment (Technomac)	1,800
7	ECEC000011	EVL Equipment Charges-Unilateral	30,000
8	ECEC000012	EVL Equipment Charges-Bilateral	50,000
9	ECEC000013	RFA Laser Equipment Charges-UL	30,000
10	ECEC000014	RFA Laser Equipment Charges-BL	50,000
11	ECEC000015	Alpha Trancell Deluxe	400
12	ECEC000016	AUTO Logic	500
13	ECEC000017	Equipment Charges-Fusion prostate biopsy	12,000
14	ECEC000018	Renal - laser familift equipment	16,000
15	ECEC000019	Rental - laser familift equipment single sitting	8,000
16	ECEC000020	BK MEDICAL ULTRASOUND USAGE CHARGES	2,500
17	ECEC000021	RF Ablation Eqpt Charges with Electrodes-Ortho	30,000
18	ECEC000022	Angiojet Thrombectomy System	66,000
19	ECEC000023	Thermedico Pain RF Ablation Treatment	18,500
20	ECEC000024	Generator System Charges	23,010
21	ECEC000025	INOMED PLANNING SOFTWARE FOR STEREOTACTIC BIOPSY	45,500
22	ECEC000026	Laser Charges	40,000
23	ECEC000027	Video Laryngoscope/C-Mac Equipment	500
24	ECEC000028	Proctology Laser (Diode) Charges	13,000
25	ECEC000029	3D Semi Robotic MRI US targeted system for Fusion Biopsy	37,000
26	ECEC000030	3D Semi Robotic MRI US targeted system for Transperineal Bio	50,000
27	ECEC000031	Portable USG for Prostate Biopsy	5,000
28	ECEC000032	RF Abalator Charges (OBG/Fetal Medicine)	15,000
29	ECEC000033	Smart Medic (Pt. Weight Management system) per Day	400
30	ECEC000034	SPY-PHI/Irillic Fluorescence Imaging - Single Scan	3,000

Others			
S. No	Billing code	Service Name	Charges in INR
31	ECEC000035	SPY-PHI/Irilllic Fluoroscence Imaging - Multiple Scan	5,000
32	ECEC000044	Slow Suction Medela/ Atmos (Per day)	1,000
33	ECEC000045	Laser photo coagulator	38,000
34	ECEC000046	Patient Warming System (Without Blanket)	500
35	ECEC000047	Patient Warming & Cooling system	1,000
Robotic Charges			
1	RBRB000001	Robotic Charges	50,000
Miscellaneous			
1	MCMC000022	PET-CT Report on CD	500
2	MCMC000025	Phlebotomist Charges w/o PPE kit, charges	150
3	MCPR000002	Phototherapy charges	2,000
4	MCMC000032	Mineral Water for Feed Preparation 1Ltr	20
5	MCMC000035	Sleepers (non-refundable) (OPD Only)	150
6	MCMC000036	Pillow (non-refundable) (OPD Only)	300
7	MCMC000037	Bed Sheet (non-refundable) (OPD Only)	400
8	MCMC000053	Blanket (non-refundable) (OPD Only)	700
9	MCMC000054	Patient Dress (non-refundable) (OPD Only)	600
10	MCMC000040	Phlebotomist Fees (For Covid pt.)	200
11	MCMC000041	Hot Water Kettle for Covid Patients	1,500
12	MCMC000042	Patient Diet ESU	750
13	MCMC000050	Phlebotomist with PPE Kit Charges	600
14	MCMC000055	Phlebotomist charges(HCE)	100

Others			
S. No	Billing code	Service Name	Charges in INR
Others			
1	ADAD000001	Admission Charges	350
2	ADAD000002	Registration charges	200
3	ADAD000003	Patient History Assessment	1,200
4	ADAD000004	MLC Charges	1,500
5	ADAD000005	TPA Patient Consultation	600
6	ADNC000001	Ward Nursing Charges (Per Day)	600
7	ADNC000002	Isolation / ICU Nursing Charges (Per Day)	1,200
8	ADNC000004	Special Duty Nurse (12 hrs)	3,000
9	ADNC000006	Special Duty GDA (12 hrs)	1,500
10	MCMC000033	Patient Diet Charges (Per Day)	750
11	MCMC000034	Quarantine Disposables for Patient Feed	20
12	CVCV000102	RMO Fees	750
13	OTOC000071	Labour OT charges	8,000
OT & Anaesthesia Charges		Charges for All room category	
1	OTOC000002	OT Charges for surgery done under GA/SA*	100% of Surgeon Charges
2	OTOC000002	OT Charges for surgery done under LA*	75% of Surgeon Charges
3	OTOC000003	Cath Lab / DSA Lab / IR Charges	50% of Surgeon Charges
4	ANAC000003	Anaesthesia Charges	35% of Surgeon Charges