

Most Urgent /Date Bound/Immediate

प्रेषक

निदेशक सैकैण्डरी शिक्षा,
हरियाणा पंचकूला।

सेवा में

- State President
1. Haryana School Lecturer Association
Head Office Omaxe Club Sector-28,
Rohtak (Haryana).
 2. Lecturer Welfare Association
 3. Haryana Education Ministerial Staff Association
Rohtak

यादी क्रमांक 16/06-2023 लेखा (2)
दिनांक 21.2.23

विषय:-

Meeting regarding tender document/ Rent for proposal Implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for employees, pensioners and their dependents in the State of Haryana.

उपरोक्त विषय के संदर्भ में।

विषयांकित मामले में आपको Chief Executive officer, Ayushman Bharat- Haryana Health Protection Authority से प्राप्त पत्र क्रमांक AB/HHAPA/HRY/Admn/2022/4126 दिनांक 7.11.2022 की प्रति भेजकर अनुरोध है कि कृपया आप अपने comments दो दिन के अन्दर-अन्दर अपने स्तर पर Chief Executive officer, Ayushman Bharat- Haryana Health Protection Authority को भिजवाना सुनिश्चित करें तथा एक प्रति सैकैण्डरी शिक्षा निदेशालय की लेखा शाखा की ई-मेल आई डी educationharyana123@gmail.com पर भी भिजवाना सुनिश्चित करें ताकि सूचना तैयार करके Chief Executive officer, Ayushman Bharat- Haryana Health Protection Authority Plot No. 152, Sector-12, Panchkula को भेजी जा सके।

अधीक्षक लेखा

कृते: निदेशक सैकैण्डरी शिक्षा
हरियाणा, पंचकूला।

दिनांक पंचकूला 21/2/23

पृष्ठांकन क्रमांक: सम

1. Chief Executive officer, Ayushman Bharat- Haryana Health Protection Authority से प्राप्त पत्र क्रमांक AB/HHAPA/HRY/Admn/2022/4126 दिनांक 7.11.2022 की प्रति अधीक्षक HRG-I, HRG-II, HRME-I HRME-II, PGT-I, PGT-II, PGT-III, PGT-IV को भेजकर अनुरोध है कि आप अपने Comments दिनांक 22.02.2023 को 11:00 बजे तक इस शाखा को भिजवाना सुनिश्चित करें।
2. अधीक्षक आईटी/सैल से अनुरोध है कि उपरोक्त पत्र निदेशालय की Website पर Upload करने हेतु प्रेषित है।

अधीक्षक लेखा

कृते: निदेशक सैकैण्डरी शिक्षा
हरियाणा, पंचकूला।



**CHIEF EXECUTIVE OFFICER
AYUSHMAN BHARAT – HARYANA HEALTH PROTECTION AUTHORITY**

Plot No. 152, Sector-12, Panchkula

Email: ayushmanbharatharyana@gmail.com, Telephone: 0172-4084464

To

All the Administrative Secretaries
Government of Haryana

Memo. No. AB/HHPA/HRY/Admin/2022/4126 Dated: 07/11/2022

Subject: Implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for the Government employees, pensioners and their dependent in the State of Haryana.

Please refer to the subject cited above.

A Meeting regarding tender document/Request for Proposal (RFP) with respect to Implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for employees, pensioners, their dependents and certain additional categories in the State of Haryana was held under the chairmanship of Worthy Chief Secretary, Haryana on dated 07.11.2022 (Monday) at 11.00 AM in the Main Committee Room, Civil Secretariat, Chandigarh, Haryana.

During the meeting, it was desired by W/CS, Haryana that the RFP document may be uploaded on the website of AB-HHPA for wider opinions/suggestions from various employees' Unions, Boards/Corporations, Employees & Pensioners as well as General Public.

In this regard the draft RFP of CCHIS is attached herewith along with a list of points for inputs/suggestions (given on last two pages of the RFP).

The RFP has also been uploaded on the website ayushmanbharat.haryana.gov.in.

It is requested to kindly circulate this RFP to all Registered Unions/Associations of Haryana Government employees concerned with your departments with a request to provide suggestions within **seven days** at sha.dhs@hry.gov.in and ayushmanbharatharyana@gmail.com.


Joint Chief Executive Officer
for Chief Executive Officer
Ayushman Bharat- HHPA

Endst. No. AB/HHPA/HRY/2022/4127-29

Dated: 07/11/2022

A copy is forwarded to the following information:

1. PS to Chief Secretary, Haryana for the information of W/Chief Secretary, Haryana
2. PS to ACS, Health Haryana for the information of W/ACS, Health, Haryana
3. PS to DGHS, Haryana for the information of DGHS, Haryana.


Joint Chief Executive Officer
for Chief Executive Officer
Ayushman Bharat- HHPA

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

REQUEST FOR PROPOSAL

For

Selection of Insurance Company

for the implementation of

Comprehensive Cashless Health Insurance Scheme

(CCHIS)

for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

ISSUED BY:

Ayushman Bharat Haryana Health Protection Authority

Panchkula Haryana (2022)

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

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Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

Disclaimer

The information contained in this Request for Proposal (RFP) document or subsequently provided to the interested bidders is being provided on the terms and conditions set out in this RFP. The purpose of this RFP Document along with all its addendums, if any, and such other terms and conditions are to provide interested parties with information that may be useful to them in making their pre-qualification, technical and financial offers pursuant to this RFP.

This RFP includes statements, which reflect various assumptions and assessments arrived at by the Ayushman Bharat Haryana Health Protection Authority, Govt. of Haryana. Such assumptions, assessments and statements do not purport to contain all the information that each bidder may require.

This RFP document is not an agreement and is neither an offer nor invitation by the State Govt./ AB-HHPA to the prospective bidders or any other person. The purpose of this RFP document is to provide the bidders with information to assist the formulation of their bid. This RFP document may not be appropriate for all persons and it is not possible for the State Govt. or AB-HHPA or its representatives, to consider the objectives, financial situation and particular needs of each bidder who reads or uses this RFP document. Each bidder should conduct its own investigations and analysis and should check the accuracy, reliability, and completeness of the information in this RFP document, and where necessary obtain independent advice from appropriate sources. Neither the State Govt. nor AB-HHPA nor their employees or their consultants make any representation or warranty as to the accuracy, reliability, or completeness of the information in this RFP document. The State Govt. or AB-HHPA shall incur no liability under any law including the law of contract, the principles of restitution, or unjust enrichment, statute, rules, or regulations as to the accuracy, reliability or completeness of the RFP document. The statements and explanations contained in this RFP document are intended to provide an understanding to the bidders about the subject matter of this RFP and should not be construed or interpreted as limiting in any way or manner the scope of services and obligations of the bidders that will be set forth in the Insurer's contract or AB-HHPA / State Govt.'s rights to amend, alter, change, supplement or clarify the scope of work, or the Insurance Contract to be signed pursuant to this RFP document the terms thereof or herein contained. Consequently, any omissions, conflicts or

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

contradictions in the bidding document, including this RFP document, are to be noted, interpreted and applied appropriately to give effect to this intent, and no claims on that account shall be entertained by AB-HHPA/ State Govt.

Information provided in the RFP document to the bidder(s) is on a wide range of matters, some of which may depend upon interpretation of the law. The information given is not intended to be an exhaustive account of statutory requirements and should not be regarded as a complete or authoritative statement of law. AB-HHPA / State Govt. accepts no responsibility for the accuracy or otherwise for any interpretation or opinion on law expressed herein.

AB-HHPA / State Govt., its employees and consultants make no representation or warranty and shall have no liability to any person, including any bidder or bidders under any law, statute, rules or regulations or tort, principles of restitution or unjust enrichment or otherwise for any loss, damages, cost or expense which may arise from or be incurred or suffered on account of anything contained in the bidding document or otherwise, including the accuracy, adequacy, correctness, completeness or reliability of the bidding document and any assessment, assumption, statement or information contained therein or deemed to form part of the bidding document or arising in any way for participation in this bid.

AB-HHPA/ State Govt. also accepts no liability of any nature whether resulting from negligence or otherwise howsoever caused arising from reliance of any bidder upon the statements contained in the bidding document.

AB-HHPA/ State Govt. may in its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information, assessment or assumptions contained in this RFP document.

The issue of this RFP document does not imply that AB-HHPA/ State Govt. is bound to select a bidder or to appoint the selected bidder or service provider, as the case may be, for the scheme and AB-HHPA/ State Govt. reserves the right to reject all or any of the bidders or bids without assigning any reason whatsoever. The bidder shall bear all its cost associated with the preparation and submission of its bid. The State Govt. shall not be liable in any manner for any other expenses incurred.

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

1. Introduction:

- 1.1 The Department of Health, Government of Haryana is currently engaged in the delivery of medical and health services for its regular employees, pensioners with their dependent family members under the State Medical Attendance Rules on a reimbursement basis.
- 1.2 The Govt. of Haryana taking into account the concerns and grievance of the beneficiaries under the previous scheme has conspicuous decision to implement Comprehensive Health Insurance scheme through Ayushman Bharat Haryana Health Protection Authority (herein after referred as ABHHPA) which aims to reduce out of pocket hospitalization expenses for its regular employees, pensioners with their dependent family members and for additional categories as decided by the Government, on a cashless basis.
- 1.3 In pursuance of the same, the State Govt. has decided to launch a new 'Comprehensive Cashless Health Insurance Scheme (CCHIS) for regular employees, pensioners with their dependent family members and for additional categories and other beneficiaries determined by the ABHHPA. This new cashless scheme is intended to replace the current existing reimbursement based scheme and the limited cashless scheme for select specialties, both of which have been operational in the State. There are five more categories of beneficiaries as mentioned in the RFP who have been identified and put under the umbrella of employees (Details at Clause 7).
- 1.4 The scheme will be implemented in hybrid model and will cover outpatient treatment along with diseases and medical conditions pertaining to secondary and/or tertiary treatment through a network of empanelled health care providers.
- 1.5 The Authority is looking at engaging an Insurance Company, which will be responsible for managing beneficiary enrollments, preauthorization, cashless claims processing and other activities

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

related to the administration and operations of the scheme, along with the management of IT applications & technology, as may be required for supporting the various activities under the scheme.

- 1.6 This RFP has been designed for the selection of Insurance Company for the provision of Comprehensive Cashless Health Insurance Scheme for the Regular Haryana Government Employees, Pensioners, their dependents and additional categories as defined in the RFP. Authority shall award the Selected Bidder in accordance with this RFP.
- 1.7 The sum insured under the scheme will be Rupees Three Lakh per family per year on family floater basis. The claims above Rupees Three Lakh shall be processed by the Insurance Company at no extra cost and the amount shall be paid by ABHHPA, Govt. of Haryana. For additional 5 categories, the upper limit of sum insured shall be Rupees Five Lakh per family per year on family floater basis; provided the sum insured under the scheme for these additional 5 categories will be Rupees Three Lakh per family per year and amount above Three Lakh till Five lakhs will be paid by the AB-HHPA, Govt. of Haryana (Details at Clause 8)
- 1.8 The scheme aims to provide cashless coverage to the beneficiaries for outpatient services, hospitalization and treatment as per the listed procedures under the basic benefit packages including day care packages (**as listed in Annexure I**) and additional packages which include implants (**as listed in Annexure II**). The package rates are subject to change by the Health Department which will be informed to the bidders as and when decided by the Govt. of Haryana. In case the package rates are changed, a provision to increase the premium shall be available to the Insurance Company within one month on Pro-rata basis.
- 1.9 The scheme will provide cashless facility for the enlisted procedures and will cover all pre-existing diseases.
- 1.10 The scheme shall also cover investigations and medicines for

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

eighteen listed chronic illnesses.

- 1.11 The coverage shall be restricted only to the empanelled public and private hospitals under the scheme. For the purpose of providing portability benefits to the beneficiaries, the Insurance Company may approach PMJAY empanelled hospitals in State Capitals/Metro cities at Haryana Govt. package rates. The coverage shall also be extended in cases of accidents/emergency cases where due to exigency the beneficiary gets treatment at non-empanelled hospitals. In such cases, treatment cost shall be reimbursed by the Insurance Company to beneficiary based on the approved rates/package of the scheme within the limit of the sum insured after certification by concerned Civil Surgeon. The Insurance Company is bound to reimburse the treatment cost in such circumstances.
- 1.12 The statements and explanations contained in this RFP are intended to provide a better understanding to the bidders about the subject matter of this RFP and should not be construed or interpreted as limiting in any way or manner the scope of work and obligations of the Authority set forth in the Contract Agreement or the Authority's rights to amend, alter, change, supplement or clarify the scope of work, the Contract to be awarded pursuant to this RFP or the terms thereof or herein contained. Consequently, any omissions, conflicts or contradictions in the Bidding Documents including this RFP are to be noted, interpreted and applied appropriately to give effect to this intent, and no claims on that account shall be entertained by the Authority.
- 1.13 The Authority shall receive Bids pursuant to this RFP in accordance with the terms set forth in this RFP and other documents to be provided by the Authority pursuant to this RFP, as modified, altered, amended and clarified from time to time by the Authority (collectively the "**Bidding Documents**").

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

2. Brief description of Bidding Process:

- 2.1 The Authority has adopted a single-stage E-Tendering process (the "**Bidding Process**") for selection of a Bidder for award of the contract. All Bidders shall simultaneously submit their Technical Bid documents (as per clause 4.1) as well as a Financial Bid (as per clause 4.2).
- 2.2 Only those bidders which qualify in the Technical bidding process will be considered for the Financial bidding. The Financial Bid of only Technically Qualified Bidders would be opened and evaluated for the purpose of identifying the "Selected Bidder" for the relevant scheme.
- 2.3 As part of the Bidding Process, interested parties who fulfill the Minimum Eligibility Criteria as set forth in this RFP are being called upon to submit their Bids in accordance with the Bidding Documents.
- 2.4 The Bid shall be valid for a period of not less than 180 (one hundred and eighty) days from the Bid Due Date.
- 2.5 The agreement with the Successful Bidder will be for a period of **Two (2) years** (from the date of signing the agreement) initially and may be extended for an additional period of **One (1) year**. After completion of 1 year, renewal will be based on performance review and mutual agreement. The performance monitoring will be based on timely settlement of claims, timely grievance redressal, IEC activities done, number of penalties imposed on the insurance company etc. In the event of noncompliance of guidelines and agreement leading to disruption of the project will attract a penalty subject to a maximum of 75% of estimated annual project cost.
- 2.6 At the end of first year of the contract, the premium amount may be modified for the second year based on the claim outgo of first year.

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

- 2.7 A pre-bid meeting of the prospective bidders will be held at 00.00 am/pm on 00-00-2021 in the (address) to clarify any queries the bidders may have, and for providing additional information if any. No separate intimation of the pre-bid meeting will be sent to the prospective bidders unless there is a change in the time, date or venue of the pre-bid meeting, which will be posted on the website- <https://etenders.hry.nic.in>. Maximum two authorized representatives of each interested bidder will be allowed to attend the pre-bid meeting. Bidders will be required to submit their pre-bid queries to the authority at least 2 days before the pre-bid meeting.
- 2.8 The response to all the queries will be posted on the website <https://etenders.hry.nic.in>. Any oral clarification or information provided by or on behalf of the Govt. at the pre-bid meeting will not have the effect of modifying the RFP document in any manner, unless the State Govt. issues an addendum for the same or AB-HHPA issues written interpretations and clarifications. All such addendum(s) will be published on <https://etenders.hry.nic.in>.

2.9 Schedule of Events:

S. No.	Event Description	Timeline
1	Last date & time of downloading the RFP	Till DD/MM/2022 (Day) up to 00:00 PM, on the e- Procurement Portal (https://etenders.hry.nic.in)
2	Pre-bid meeting (Date & time) & Venue	DD/MM/2022 (Day) at 00:00 AM/PM in the Conference room, Ayushman Bharat Haryana Health Protection Authority, Panchkula, Haryana.
3	Last date for receiving queries	DD/MM/2022 (Day) till 00:00 PM on (ayushmanbharatharyana@gmail.com)
4	Response to pre-bid queries and issue of amendments (if any), latest by	DD/MM/2022 (Day) till 00:00 PM, on the e-Procurement Portal (https://etenders.hry.nic.in)
5	Last date & time for submission (upload)	DD/MM/2022 (Day) till 00:00 PM, on the e-Procurement Portal

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	of online bidding document.	(https://etenders.hry.nic.in)
6	Time, Date of opening of Technical Bid	DD/MM/2022 (Day) at 00:00 AM/PM on the e-Procurement Portal (https://etenders.hry.nic.in)
7	Time, Date of opening of Financial Bid	To be announced later on the e-Procurement Portal (https://etenders.hry.nic.in)
8	Award of contract to selected bidder	By DD/MM/2022 (Date)
9	Signing of contract	By DD/MM/2022 (Date)

The time period from floating of the tender till start of the scheme by the Insurance Company shall be not more than 60 days

2.9 Interested bidders may obtain further information about this Notice Inviting Tender from the office of Ayushman Bharat Haryana Health Protection Authority, Panchkula, Haryana or through email ID-ayushmanbharatharyana@gmail.com.

2.10 No tender will be accepted after closing date and time in any circumstances.

2.11 Information related to the examination, clarification, evaluation, and comparison of bids, and recommendations for the award of contract shall not be disclosed to bidders or to any other persons not officially concerned with such process until the Notification of Award is made.

2.12 **Canvassing, Fraudulent and Corrupt Practices:** Bidders are hereby informed that canvassing in any form for influencing the process of notification of award would result in disqualification of the bidder. Further, they shall observe the highest standard of ethics and will not indulge in any corrupt, fraudulent, coercive, undesirable or restrictive practices, as the case may be.

3 DEFINITIONS:

3.1 **"Accident"** An accident means sudden, unforeseen and

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

involuntary event caused by external, visible and violent means.

- 3.2 **"Agreement"** means an agreement prescribing the terms and conditions of services, which may be rendered to the beneficiaries under this scheme entered into between the Government of Haryana and Insurance Company.
- 3.3 **"Authority"** means the office of the Chief Executive Officer (CEO)- Ayushman Bharat Haryana Health Protection Authority, Panchkula, Haryana.
- 3.4 **"Beneficiary"** means Haryana Govt. Employees, Pensioners, their dependents along with the additional five categories as listed in the RFP document and other beneficiaries determined by Govt. of Haryana from time to time.
- 3.5 **"Cashless facility"** means the benefits drawn by the beneficiary in any empanelled hospitals as per his/her entitlement (refer Annexure-G) shall be completely cashless. The beneficiary shall not pay any amount to any empanelled hospital for any treatment covered within his/ her entitlement limits.
- 3.6 **"Cashless Service by Network Hospital"** means the beneficiaries are provided with cashless treatment with adequate facilities without the need to pay any deposits right from time of the entry into the hospital, through the commencement of the treatment, to the end of treatment till discharge, for all the procedures covered under the Scheme. However, the beneficiary shall meet the Non-Admissible Expenses and shall settle the bill related to these expenses with the Hospital directly
- 3.7 **"Card"** means the health identity card for CCHIS issued by Insurance Company.
- 3.8 **"Card Holder"** shall mean a person having the health identity card of CCHIS issued by the Insurance Company
- 3.9 **"Coverage"** shall mean the benefits available to the beneficiaries of the scheme, subject to the terms, conditions, and limitations.

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

- 3.10 "**Chronic Illness**" shall mean the already notified 18 chronic illnesses by the Government of Haryana. These are subject to revision from time to time as decided by the Government.
- 3.11 "**Day care**" shall mean indoor stay in the Hospital for less than 24 hours which is duly certified by the concerned Hospital.
- 3.12 "**District Grievance Redressal Committee**" means District Grievance Redressal Committee constituted by the Government under the Chairmanship of Chief Medical Officer. It will also comprise of District Nodal Officer and an official representative of the Insurance Company as members to resolve any grievances at the district level.
- 3.13 "**Emergency Care**" means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of the beneficiary.
- 3.14 "**Empanelled Health Care Provider (EHCP)/Network Hospital**" means hospitals or health care providers enlisted by Insurance Company / Third Party Administrator to provide medical Services to a beneficiary by a cashless facility under this scheme
- 3.15 "**Employee**" means all regular Employees of Government of Haryana.
- 3.16 "**Family**" for employees, pensioners means ("Govt. servants/ pensioners") **wife and husband** in case of female Govt. servants, who is wholly dependent on him/her, legitimate children, step children, legally adopted children and parents, widowed daughters, sisters wholly dependent on him/her (as per Punjab Medical Attendance Rules-1940).
"**Family**" for additional categories (Soldiers who were in Azad Hind Fauz, Families of prisoners of emergency, Families of prisoners of IInd World War, Families associated with Hindi Andolan) means spouse who is wholly dependent on him/her.

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

"**Family**" for additional categories (Accredited Media Persons) shall be as applicable to the category of employees.

- 3.17 "**Fraud**" under the scheme shall mean any intentional deception, manipulation of facts and / or documents or misrepresentation made by the EHCP or by any person or organization appointed/ employed / contracted by the EHCP with the knowledge that the deception could result in unauthorized financial or other benefit to herself/himself or some other person or the organization itself. This also includes any such act by the beneficiary under the scheme. It includes any act that may constitute fraud under any applicable law in India.
- 3.18 "**Government**" means Government of Haryana.
- 3.19 "**Guidelines**" means the Guidelines for Comprehensive Cashless Health Insurance Scheme (CCHIS) for the employees, pensioners and eligible dependents of the Govt. of Haryana along with additional five categories as listed in RFP.
- 3.20 "**Haryana Medical Attendance Rules**" means the rules governing Medical Attendance and levy of fees in the Government Medical Institutions in the State of Haryana.
- 3.21 "**Hospital**" means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act (year) or under enactments specified under the Schedule of Section and the said act or complies with all minimum criteria as detailed in "Empanelment of Hospital" clause
- 3.22 "**Hospitalization**" means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures /treatments, where such admission could be for a period of less than 24 consecutive hours.
- 3.23 "**ICU (Intensive Care Unit) Charges**" means the amount

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

- charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
- 3.24 **"Insurance Company"** means an Insurance Company carrying a health insurance business which is registered with Insurance Regulatory and Development Authority of India (IRDAI)
- 3.25 **"JCI"** means the hospitals possessing accreditation certificate of Joint Commission International.
- 3.26 **"NABH"** means hospitals possessing accreditation certificate of National Accreditation Board for Hospitals & Healthcare Providers. It is further categorized into Entry Level and Full NABH accreditation.
- 3.27 **"Non- Network Hospital"** means any hospital, day care center or other provider that is not a network hospital
- 3.28 **"RFP Inviting Authority"** means the Chief Executive Officer - Ayushman Bharat Haryana Health Protection Authority, Panchkula, Government of Haryana.
- 3.29 **"RFP Accepting Authority"** means the CEO- Ayushman Bharat Haryana Health Protection Authority, Panchkula, Government of Haryana
- 3.30 **"Scheme"** means the Comprehensive Cashless Health Insurance Scheme (CCHIS) for Employees, Pensioners, their dependents and additional categories as decided by Government of Haryana.
- 3.31 **"State Steering Committee"** means a Committee Chaired by ACS, Govt. of Haryana with members from AB-HHPA, State Health Department, Other departments (as necessary), representatives from IMA, GM/ high level officer of Insurance Company and representatives from hospitals (as and when nominated).
- 3.32 **"Third Party Administrator or TPA"** means any person/entity who is registered under Insurance Regulatory and Development Authority of India (IRDAI) (Third Party

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

Administrators – health services) regulations and is engaged for a fee or remuneration by an Insurance Company, for the purposes of providing health services.

4 SUBMISSION OF PROPOSALS:

4.1. QUALIFYING CRITERIA FOR TECHNICAL PROPOSAL:

- 4.1.1 The bidder should be a Public Sector General Insurance Company authorized to conduct the business of health insurance by the Insurance Regulatory and Development Authority of India [IRDAI]. Copy of IRDAI license to conduct health insurance business shall be enclosed.
- 4.1.2 One Company is allowed to submit only one bid and not multiple bids.
- 4.1.3 Third Party Administrator, if any, implementing the scheme on behalf of the Insurance Company should also be an agency approved by the Insurance Regulatory and Development Authority of India [IRDAI].
- 4.1.4 The bidder should have experience for not less than five years in continuously implementing health insurance schemes covering more than 50 lakh families or 250 lakh individuals per year consecutively for last 3 years.
- 4.1.5 It is essential that the number of beneficiaries covered under Health Insurance Policies / schemes are supported by documentary proof. A copy of Health Insurance Policy or Memorandum of Understanding or agreement executed may be furnished. Alternatively, the details of number of persons covered under health insurance schemes duly certified by the statutory auditors / sourced from IRDAI / annual reports of the bidder / returns filed by the company may be submitted as proof. The copies of all documentary proof shall be countersigned by the General Manager with authorized stamp or equivalent rank or any other competent authority (not less than Deputy General Manager) who has been authorized by the General Manager to sign all documents related to the bid.

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- 4.1.6 Insurance Company should have Gross Direct Premium income from Health Insurance of at least 200 Cr/year in India in the last 3 consecutive financial years.
- 4.1.7 The successful bidder will be required to have, within one month of signing of the agreement, an empanelled hospital network in all districts of the State of Haryana and other places as mentioned in the RFP. The yardstick prescribed in the guidelines shall be adhered to by the successful bidder while empanelling the hospitals. All the hospitals already empanelled under the ongoing Health Insurance scheme for Employees & Pensioners of Government of Haryana shall also automatically be deemed empanelled hospitals. The details of the hospitals covered under the scheme can be found in our website "<http://haryanahealth.nic.in/Empanelmentnew.html>". ✓
- 4.1.8 The bidder should not have been banned or debarred by Insurance Regulatory and Development Authority of India for non-settlement of claim or any other issues. The bidder should give an undertaking to this effect as per **Annexure D** to this RFP.
- 4.1.9 Explanation: It is clarified that a ban which is not in currency on the last date for submission of bid would not be deemed to be a bar on the bidder from bidding in the scheme.
- 4.1.10 The insurance company should not be debarred/blacklisted by any State/Central Govt. An Undertaking should be submitted by the Insurance Company in this respect.
- 4.1.11 For the purpose of maintaining maximum participation and competitiveness between the bidders, any form of consortium or collusion is not allowed under this RFP document.
- 4.1.12 The bid submitted by any consortium shall be rejected including individual applications of any company which has applied as a part of the Consortium.
- 4.1.13 The bidders are not allowed to have coinsurance or inward reinsurance (reinsurance with other direct Insurance Companies) arrangements for the purpose of this scheme.

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- 4.1.14 The bidders are required to submit an undertaking that they are participating in individual capacity and will not take coinsurance or inward reinsurance from other Insurance Companies.
- 4.1.15 Bidders not following the instructions shall not qualify under this scheme. In case later the selected bidder is found to have violated these instructions then appropriate action will be taken which includes termination of contract and debarring of that bidder from future participation.
- 4.1.16 The Govt. shall have the right to reject any bid if at any time, a material misrepresentation is made by the bidder; or the bidder does not provide, within the time specified by the Govt., any additional information sought by the Govt. for the purpose of evaluating the Bid.
- 4.1.17 AB-HHPA reserves the right to require a bidder to submit documentary evidence, in the form and manner that the AB-HHPA deems appropriate, to prove that it continues to satisfy the eligibility criteria at any time:
- a. after the last date of bid submission; or
 - b. prior to or after the issuance of the Notification of Award (NOA) or execution of the Insurance Contract, if such a bidder is selected as the successful bidder.
- 4.1.18 Notwithstanding anything contains in the RFP, / contract, the ABHHPA has right to terminate the contract with the Insurance Company during the period of the contract in case of negligence, fraud, theft, dishonesty, deficient services. In such case, an opportunity would be given to the Insurance Company to show case as to why such insurance contract should not be terminated. In such a case, the ABHHPA reserves the right for refund on pro-rata basis along with penalty from the Insurance Company.

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4.2 FINANCIAL PROPOSAL:

The details of the financial bid shall be furnished in the format prescribed in Annexure-F.

4.3 CONTENT OF BID:

4.3.1 The bidder must submit the proposal through e-Tenders on website (<https://etenders.hry.nic.in>)

4.3.2 All documents pertaining to technical proposal should be uploaded in a common folder entitled "**TECHNICAL PROPOSAL FOR IMPLEMENTING COMPREHENSIVE CASHLESS HEALTH INSURANCE SCHEME**".

4.3.3 Financial proposal should be uploaded in a separate folder entitled "**FINANCIAL PROPOSAL FOR IMPLEMENTING COMPREHENSIVE CASHLESS HEALTH INSURANCE SCHEME**".

4.3.4 In case any bidder is found to have submitted its' Financial proposal along with its technical proposal in a common folder and not separately as mentioned above then, the bid/bids will be disqualified.

4.3.5 Checklist for Comprehensive Cashless Health Insurance Scheme Bid submission

S. No	Document	Submitted (Yes/No)
1	Bid Application cover / Forwarding letter for Technical Bid (Annexure A)	
2	POA/Authorization letter for signing of bids (Annexure B)	
3	Particulars of the bidder's organization (Annexure C)	
4	True Certified copies of IRDAI registration/ license to conduct health insurance business and last 3 years renewal certificates	
5	Undertaking for submission of single bid	
6	True certified copies which provide proof of Insurance Company having experience for not less than five years in continuously implementing health insurance schemes	

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7	True certified copies which provide proof of Insurance Company's Group Health business covering 50 lakh families or 250 lakh individuals per year consecutively for last 3 years	
8	Declaration that Bidder is not banned / de-barred by IRDAI or any State Govt. (Annexure D)	
9	Last 3 years audited Balance sheet and P & L statement with Auditor's report along with GST returns	
10	True certified copies from Chartered Accountant which provides proof of Insurance Company's Gross Direct Premium income from Health Insurance is at least 200 Cr/year in India in the last 3 consecutive financial years.	
11	Certificate from Bidder's Appointed Actuary as per given format in RFP (Annexure E)	
12	Undertaking that the Insurance Company is not debarred/blacklisted by any State/Central Govt. at the time of bid submission	
13	Undertaking for non-formation of consortium and no sharing of business through Co-insurance or Inward Re-Insurance	
14	Financial Bid document as per given format in RFP (Annexure F)	

5 AMENDMENTS TO RFP DOCUMENT:

- 5.1 At any time after the Issue of RFP document and 72 hours prior to the deadline for submission of RFP, the RFP inviting authority may make any changes, modifications or amendments to the RFP document.
- 5.2 The amendments will be notified through corrigendum / addendum posted on the website <https://etenders.hry.nic.in>. Such amendments / addendums will form part of the RFP document. Bidders are advised to constantly watch for any corrigendum / addendum at the above-mentioned web address.
- 5.3 Any oral statement made by AB-HHPA or consultants regarding bidding process or documents shall not be

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considered as amending the tender document.

- 5.4 In order to provide prospective bidders reasonable time to take the amendments into account in preparing their RFPs, the RFP Inviting authority may, at its discretion, extend the deadline for the submission of the bids.

6 EVALUATION OF BIDS AND AWARD OF CONTRACT:

6.1 Evaluation process

- 6.1.1 The technical bids will be evaluated by a technical bid evaluation committee and the financial bids will be evaluated by a financial bid evaluation committee. Both the committees will be formed by the CEO of AB-HHPA. The Committees will have officials from different departments as members. These members will be experts in their field of work and will provide relevant inputs/ suggestions to the committees.
- 6.1.2 The technical bids will be opened on 00-00-2021 at 00.00 p.m. in the Office of the AB-HHPA, Sector-12, Panchkula, Haryana, in the presence of the authorized representatives of the Insurance Company who chooses to be present.
- 6.1.3 The technical bids will first be evaluated for responsiveness to the Tender Documents and evidences for fulfilment of the qualification criteria based on the following parameters:
- a. The Bid is complete in all respects and in the prescribed formats.
 - b. It contains no material alterations, conditions, deviations or omissions.
 - c. All documents required as specified in the Tender Documents and submitted by the Bidder are appropriate and valid.
 - d. All undertakings required under this Tender Document are in the prescribed format and unconditional.
 - e. Based on the review of documents the SHA comes to the conclusion, beyond any reasonable doubt, that the Bidder fulfils

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the minimum qualification criteria.

f. The application is unconditional in all respects.

6.1.4 Technical Bids not meeting any of the criteria mentioned in Clause 6.1.3 above shall be liable to be rejected.

6.1.5 After evaluation of technical bids, financial bids of qualified bidders will be opened. Date and time of opening of financial bids will be intimated to the qualified bidders.

6.1.6 Upon opening of the Financial Bids of the Eligible Bidders, they will first be evaluated for responsiveness to the Tender Documents. If: (i) any Financial Bid is not complete in all respects; or (ii) any Financial Bid is not duly signed by the authorized representative of the Bidder; or (iii) any Financial Bid is not in the prescribed formats; and (iv) any Financial Bid contains material alterations, conditions, deviations or omissions, then such Financial Bid shall be deemed to be substantially non-responsive. Such Financial Bid that is deemed to be substantially non-responsive shall be rejected.

6.1.7 The contract will be awarded to the bidder, whose RFP is determined to be technically qualified and thereafter declared as L1 in the financial bid as per the terms of the RFP.

6.2 Right to Accept or Reject any or all Bids

6.2.1 The Government of Haryana reserves the right to accept or reject any bid or cancel the RFP process and reject all bids at any time without assigning any reason prior to the award of contract, without thereby incurring any liability to the bidders. The RFP accepting authority (AB-HHPA) is not bound to accept the lowest evaluated bid or any other bids.

6.2.2 The AB-HHPA reserves the right to verify all the statements, information and documents submitted by the bidders.

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6.3 Notification of Award and Signing of Agreement

- 6.3.1 The Letter of Award will be given to the winner of the bid within 7 calendar days of the declaration of financial bid results by AB-HHPA, Govt. of Haryana. The successful bidder shall furnish a duly signed agreement in duplicate within 15 calendar days of receipt of the order communicating the order of acceptance of RFP.
- 6.3.2 After signing of the contract, the Insurance Company shall start with scheme implementation within next 10 calendar days.

6.4 Agreement

- 6.4.1 The successful bidder shall be required to enter into an agreement with AB-HHPA, Government of Haryana for implementation of the scheme. The draft of the agreement will be provided to the successful bidder which will be based on the RFP document with certain additional conditions to be determined by the ABHHPA at the time of signing the contract.
- 6.4.2 The agreement will be for a period of two years from the date of commencement of the Scheme. However, the renewal of the policy after completion of first year will be subject to performance review at the discretion of State Govt. and mutual consent of both the parties. The Government of Haryana shall have the right to cancel the agreement, if at any time during the period of the scheme, the Insurance Company defaults in delivery of services or it is found that it has misrepresented any fact during the RFP process to attain qualification or breaches any of the conditions of the contract.
- 6.4.3 After the award of contract to the Insurance Company, any clarification sought by the Insurance Company w.r.t.

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any clause of the RFP, a written communication to SHA may be provided.

7 Scheme Beneficiaries:

7.1 The scheme shall be applicable to the following categories:

7.1.1 Category A

- I. Regular employees of Haryana Govt. and their dependents
- II. Pensioners of Haryana Govt. and their dependents.

7.1.2 Category B

- I. Soldiers who were in Azad Hind Fauz
- II. Families of prisoners of emergency
- III. Families of prisoners of IInd World War
- IV. Families associated with Hindi Andolan
- V. Accredited Media Persons

Note: With respect to Category B beneficiaries the benefit will be extended to immediate family of the beneficiary as per family members in the PPP ID of the beneficiary.

The data of all the beneficiaries of Category A & B will be provided by Citizen Resource Information Department (CRID) Haryana and CRID will be the data source provider.

S. No.	Beneficiary category	No of Families*	Individuals*
1	Employees	343/46	14,29,689
2	Pensioners	305000	610000
	Total	6,48,746	19,84,984
3	Accredited Media Persons	1200	4800
4	Soldiers in Azad Hind Fauj	424	848
5	Families imprisoned during emergency	555	1110
6	Families associated with Hindu Andolan	186	372
7	Families imprisoned during Second World War	614	1228
	Total	2979	8358
	Sub Total	6,51,725	20,48,047

*** Tentative numbers.**

In case of missing data of any beneficiary provision will be made to include the data after seeking approval from the Administrative Secretary of the concerned department.

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8 Risk Cover and Sum Insured:

- 8.1 Outpatient services and hospitalization expenses coverage including treatment for medical conditions and diseases requiring secondary and tertiary level treatment and defined day care surgeries on cashless basis in ward/ room as per entitlement. If a beneficiary wants to avail a higher category room, he/she can do so by paying differential amount to the EHCP.
- 8.2 The OPD services will be limited to an amount of Rs. 25,000/- per family per year which will be over and above the amount of Rs. 3 lakh. The OPD services are to be availed only in empaneled hospitals and will include consultation charges/visit charges, investigation charges and medicines. The consultation charges for single visit shall be on actual basis with upper limit of Rs. 1000/-.
- 8.3 Investigations and Medicines for 18 chronic illness will also be covered on cashless basis.
- 8.3.1 To avail the coverage, the beneficiary should have been issued a chronic disease certificate by the concerned Civil Surgeon. The certificate is valid for five years and has to be renewed every five years.
- 8.3.2 The Insurer shall make provision for undertaking investigations and for supplying the prescribed medicines to the chronic care patients. The prescriptions of such patients will be uploaded online (on the portal) by the empanelled healthcare provider which will be accessed by the Insurer/TPA on priority. Insurer shall develop a mechanism for undertaking the prescribed investigation and supplying the medicines to the chronic care beneficiaries within 24 hrs by taking support from local pharmacies/online pharmacy companies and local/online laboratories. For this purpose,

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the Insurance company may take support of a TPA. The Insurance Company or its' hired TPA shall develop a mechanism of verification of delivery of medicines to the chronic beneficiary through an OTP based system/ any other similar mechanism.

8.3.3 The following chronic diseases have been notified by Govt. of Haryana for coverage under this scheme:

1. Coronary Artery Diseases
2. Chronic Heart Diseases
3. Chronic Respiratory Diseases- COPD, ILD, Cystic Fibrosis
4. Chronic Renal Failure
5. Rheumatoid Arthritis and Osteo-Arthritis.
6. Brain Tumors and Malignancy of different Organs
7. Paraplegia/ Quadriplegia/ Hemiplegia
8. Epilepsy
9. Multiple Sclerosis/ Myasthenia Gravis/ Parkinson's Diseases
10. Ulcerative Colitis/ Crohn's Disease/ Coeliac Disease
11. Cirrhosis of liver/ Chronic Hepatitis 'B' & 'C'
12. Thalassemia, Haemophilia, Aplastic Anaemia, Myelodysplastic disorders
13. Connective Tissue Disorders: Wegner's Granulomatosis, Scleroderma, SLE & Polyarteritis Nodosa.
14. Psoriasis
15. Diabetes Mellitus
16. AIDS
17. Glaucoma
18. Organ transplant

8.4 Post hospitalization cover up-to 7 days after the discharge from the hospital. This expenditure will be part of the treatment package rates made for the scheme.

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- 8.5 Scheme is a hybrid model on cashless basis. It will cover Rs. 300,000 per annum on family floater basis through insurance. The processing of all the claims including over and above Rs. 300,000/- insurance limit will be done by the Insurance Company at no extra cost and any amount over and above will be paid to the empaneled hospital by AB-HHPA Govt. of Haryana. The Insurance Company shall process such claims and provide information to SHA within 10 calendar days of submission of the claim/completed documents by empaneled hospital. Once the claim is processed, the payment will be made by AB-HHPA to the empaneled hospital within 15 days.
- 8.6 To keep a check on any unscrupulous activities done by the Insurance Companies/ empaneled hospitals by increasing the claim amount beyond Rs. 3 lakhs, all claims above Rs. 3 Lakhs till Rs. 3.30 Lakhs shall be audited by an audit committee. The committee shall comprise of 2 members from AB-HHPA, 1 from Insurance Company and 1 from the concerned hospital. The audit committee shall submit their report within 10 days of processing of the claim. If the claim is found to be genuine, the amount due will be paid by AB-HHPA. However, if the claim is not found to be genuine, the Insurance Company shall pay the amount found acceptable by the audit committee for the case. After the report submission by the audit committee, the payment will be made by AB-HHPA to the empaneled hospital within 15 days.
- 8.7 Regarding any grievance of the Insurance Company/ empaneled hospital with respect to the report of the audit committee, the first appellate authority and the second appellate authority as defined in the grievance redressal mechanism (Clause 9.7) may be approached. The decision of the second appellate authority shall be final and binding.

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- 8.8 The coverage under the scheme shall also include pre-existing illness.
- 8.9 Any new diseases like COVID-19 etc. shall also be covered under the scheme.
- 8.10 For the Category B (Clause 7.1.2) i.e. Soldiers who were in Azad Hind Fauz, Families of prisoners of emergency, Families of prisoners of 2nd World War, Families associated with Hindi Andolan and Accredited Media Persons, the upper ceiling of sum insured shall be Rs. Five Lakh per family per year on family floater basis. The sum insured under the scheme for these additional 5 categories will be Rs. Three Lakh per family per year and amount above Rs. Three Lakh till Rupees Five Lakhs will be paid by the AB-HHPA, Govt. of Haryana. Any amount above Rs. Five Lakhs per year for these categories shall be borne by the beneficiaries.
- 9 Scope of work for Insurance Company:**
- 9.1 Enrolment of beneficiaries**
- 9.1.1 The employees/pensioners must mandatorily provide records of the eligible family members to be covered under the scheme, as prescribed by AB-HHPA, Government of Haryana within the specified duration of 30 calendar days from the date of signing of contract. This process will be referred as enrolment.
- 9.1.2 Addition and deletion of family members:
- a. Addition to the family is allowed in following contingencies during the policy period.
 - i. Marriage of the beneficiary (requiring inclusion of spouse's name)
 - ii. Children born / legally adopted during policy period
 - b. Deletion from Family is allowed in following contingencies
 - i. Death of covered beneficiary.

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- ii. Divorce of the spouse.
 - iii. Member becoming ineligible (on condition of dependency)
- 9.1.3 In the case of pensioners, the prescribed enrolment procedure shall be followed as specified by Government of Haryana from time to time.
- 9.1.4 The database of beneficiaries will be maintained by CRID and will be shared with the selected Insurance Company. The enrolment of the beneficiaries and issuance/modifications of ID cards would be undertaken by the Insurance Company.
- 9.1.5 The date of expiry of policy shall be co-terminus for all the beneficiaries.
- 9.1.6 The empanelled hospitals and the beneficiaries shall have the access to the dedicated website to see their relevant information.
- 9.1.7 The scheme shall also be compulsory to new government employees who would be joining after the date of start of the scheme. Their premium will be paid to the Insurance Company on pro-rata basis for the remaining period of the policy.
- 9.1.8 It will be the responsibility of the employee/ pensioner to inform to his parent department about any addition or deletion of a dependent family member at the earliest. The additions/ deletions in the beneficiary list shall be shared by CRID with the Insurance Company on a monthly basis (preferably by 7th of every month).

9.2 Issue of Family Health ID Cards

- 9.2.1 For Category A beneficiaries (Employees, Pensioners) the Insurance Company/ TPA shall make a provision to issue

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new card or modify the existing ID cards of the beneficiaries and incorporate a bar code linked with IT system of the scheme. This shall be done within a period of 30 calendar days from the date of commencement of the scheme.

9.2.2 For Category B beneficiaries (Soldiers who were in Azad Hind Fauz, Families of prisoners of emergency, Families of prisoners of 2nd World War, Families associated with Hindi Andolan and Accredited Media Persons), the Insurance Company/ TPA shall generate and arrange to disperse smart family ID cards to all the beneficiary families within a period of 30 calendar days from the date of commencement of the Scheme.

9.2.3 The data of the beneficiaries and their eligible family members will be made available by CRID, Government of Haryana.

9.2.4 During the interim period of preparation/ modification and distribution of the identity cards, the hospitalization will be on the basis of list of beneficiaries given by the Dept.

9.2.5 Insurance Company will also provide soft copy of the ID card to all the beneficiaries so that they can access it anytime, anywhere and don't have to depend on the physical ID card.

9.2.6 The data furnished by Government of Haryana shall be the property of the State Govt. and should not be used for any other purpose without the prior permission of the Government of Haryana.

9.3 Empanelment of Hospitals

9.3.1 The empanelled hospital can be a Public/ Private/ NGO/ Charitable Hospital.

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- 9.3.2 The criteria for hospital empanelment as specified by Health Department, Haryana for secondary and tertiary care hospitals shall be considered for empanelment of the hospitals under the scheme.
- 9.3.3 The successful bidder will be required to have, within 30 calendar days of signing of the agreement, an empanelled hospital network in all districts of the State of Haryana and other places as mentioned in the RFP. The yardstick prescribed in the guidelines shall be adhered to by the successful bidder while empanelling the hospitals. All the hospitals already empanelled under the ongoing Health Insurance scheme for Employees & Pensioners of Government of Haryana shall automatically be deemed empanelled hospitals. The details of the hospitals covered and the current empanelment criteria under the scheme can be found in our website "<http://haryanahealth.nic.in/Empanelmentnew.html>".
- 9.3.4 All the Government Medical College Hospitals, District Hospitals, ESI Hospitals and Sub Divisional Hospitals of the State of Haryana with adequate indoor facilities shall be deemed empanelled under the scheme.
- 9.3.5 All the eligible private hospitals in the State of Haryana, NCR and Tri-city shall be considered for empanelment as per the requirement, providing widespread access of healthcare facilities.
- 9.3.6 The empanelment of Public and Private Hospitals shall be done online for all the hospitals. Presently, the empanelment of hospitals is approved by State Govt. (Hon'ble Health Minister).
- 9.3.7 The Insurance Company shall ensure that there are sufficient number of hospitals empanelled at block-level, sub-divisional level and district level.

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9.3.8 The duration of hospital empanelment shall initially be for three years for FULL NABH hospitals and one year for Entry level NABH hospital; as being done in current policy. The existing empanelled hospitals shall be allowed to be on panel under new scheme by taking consent prior to implementation of the scheme from them.

9.3.9 For the Govt. hospitals, outside Haryana, not willing to implement the scheme on cashless model, the current model of reimbursement will be followed wherein the documents may be verified by Civil Surgeon of the district and then be submitted by the employee in the office of the Insurance Company. The Insurance Company will then get the documents processed by the TPA and thereafter reimburse the claim amount to the beneficiary. The Insurance Company shall also appoint one nodal officer for process of coordination and facilitation of the employee in the process. The list of documents required for re-imbursement claims will be shared by the Insurance Company with AB-HHPA.

9.4 Pre-authorization Request Processing

9.4.1 The Insurance Company / its appointed TPA will process all the Pre-Authorization requests coming in from the EHCP's within the prescribed timelines of 6 hours.

9.4.2 If there is no response from the Insurer within 6 hours of an EHCP filing the pre-authorization request, the request of the EHCP shall be deemed to be automatically authorized.

9.4.3 Request for hospitalization shall be uploaded by the hospital after obtaining due details from the treating doctor. The medical team of Insurance Company would get in touch with the treating doctor, if necessary.

9.4.4 In case of any deficiency or query, additional information can be sought from the network hospital through the portal. On retrieval of the said information the request will be

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processed accordingly.

- 9.4.5 Payment of all claims for procedures listed under the scheme shall be as per the limits prescribed for each such procedure unless stated otherwise during the pre-authorization request.
- 9.4.6 The Insurer guarantees payment only after approval of pre-authorization request and the necessary medical details.
- 9.4.7 In case the ailment is not covered or the medical data provided is not sufficient for the medical team of the authorization department to confirm the eligibility, the Insurer can deny the authorization or seek further clarification/ information
- 9.4.8 The Insurer needs to file a report to AB-HHPA explaining reasons for denial of every such pre-authorization request.
- 9.4.9 The authorization is given only for the necessary treatment cost of the ailment covered and mentioned in the pre-authorization request for hospitalization.
- 9.4.10 In case the balance sum available is less than the specified amount for the Package, the remaining amount will be authorized and processed by TPA and will be settled by Government directly to the Insurance Company.
- 9.4.11 The Insurance Company upon receipt of the bills and document would release the authorized amount. Any amount over and above the sum insured limit of insurance will be communicated to the Govt. in a specified format with details of claims and will be settled by Govt. with the Insurance Company.
- 9.4.12 The Insurer will not be liable for payments in case the information provided in the pre-authorization request and

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subsequent documents during the course of authorization are found to be incorrect or not fully disclosed.

9.4.13 In cases where the beneficiary is admitted in the EHCP during the current policy cover period but is discharged after the end of the policy cover period, the claim has to be paid by the outgoing Insurance Company who was operating at the time of hospital admission.

9.5 Settlement of Claims

9.5.1 The medical assistance shall be on cashless basis for the eligible medical expenses incurred subject to the ceiling criteria for approved treatments taken and surgeries undergone during hospitalization in any of the empanelled network hospitals. No payment for any of the eligible medical expenses needs to be made by the beneficiary.

9.5.2 All Empanelled Health Care Providers (EHCP) will make use of IT system to manage the claim related transactions online and all stakeholders are advised to maintain online transactions preferably to ensure the claim reporting in real time. However, keeping in mind the connectivity constraints faced by some districts an offline arrangement shall also be included in the IT system that has to be used only when absolute.

9.5.3 The Insurer shall require the Empanelled Health Care Providers to submit their claims electronically within 3 calendar days after beneficiary discharge, except in certain surgical claims where submission of biopsy/ histopathology/ any other reports may take up-to 7 days. Claims raised beyond 7 calendar days of beneficiary discharge shall have prior approval of AB-HHPA before raising such claims.

9.5.4 The Insurer shall either make the payment (based on the applicable package rate) or shall conduct further investigation into

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the claim received from EHCP. The claim can also be rejected if the EHCP does not provide all the relevant data as requested by the Insurance Company.

- 9.5.5 The process specified in clause 9.5.4 (rejection or payment/investigation) in relation to claim shall be carried out in such a manner that it is completed (Turnaround Time, TAT) shall be no longer than 15 calendar days (irrespective of the number of working days). The counting of days for TAT shall start from the date on which all the completed claim documents, including query replies from CPD, are received by the Insurer or its TPA.
- 9.5.6 If the Insurer rejects a claim, the Insurer shall issue an electronic (e)-notification of rejection to the Empanelled Health Care Provider stating details of the claim summary, reasons for rejection and details of the District Grievance Redressal Committee. E-notification of rejection shall also be issued to AB-HHPA and the Empanelled Health Care Provider within 15 calendar days of receipt of the electronic claim. The Empanelled Health Care Provider has the right to appeal with the Insurer regarding such rejected claims and if the EHCP is not satisfied with the response of Insurer it may seek redressal before the District Grievance Redressal Committee within 30 calendar days from the cause of action, where any recommendation / decision taken by such committee would be final subject to appeal within 15 calendar days before the First Appellate Authority. If not satisfied with the decision of the First Appellate Authority, the case can go to the Second Appellate Authority within 15 calendar days. The decision of Second Appellate Authority would be final and binding.
- 9.5.7 All such rejected claims shall be reviewed by the CEO, AB-HHPA on monthly /quarterly basis.
- 9.5.8 All rejected claims found to be unduly rejected by the Insurance Company/ TPA may attract a penalty equal to the claim amount to

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be paid by the Insurance Company to the authority.

- 9.5.9 The response to any queries related to any claims raised by EHCP should be submitted within 7 calendar days from the day query is raised.
- 9.5.10 Delay beyond 7 days may attract a penalty as above at 0.05% of the value of claim payable for each day of delay to be paid by EHCP to the Insurer.
- 9.5.11 If the Beneficiary is admitted by an Empanelled Health Care Provider during a Policy Cover Period but is discharged after the end of such Policy Cover Period and the Policy is not renewed, then the arising claim shall be paid in full by the Insurer subject to the available Sum Insured.
- 9.5.12 The Insurer shall make claim payments to each Empanelled Health Care Provider against claims received through electronic transfer to such Empanelled Health Care Provider's designated bank account. Claim payment shall be done on claim to claim basis.
- 9.5.13 All Claims audits/investigations shall be undertaken by qualified and experienced Medical Practitioners appointed by the Insurer. The auditors /investigators should be at least MBBS with minimum 2 years of experience. They will ascertain the nature of the disease, illness or accident and to verify the eligibility thereof for availing the benefits under this Insurance Contract and relevant Policy. The Insurer's medical staff shall not impart or advise on any Medical Treatment, Surgical Procedure or Follow-up Care or provide any OPD Benefits or provide any guidance related to cure or other care aspects.
- 9.5.14 The Insurer shall submit/upload online details of:
- (i) all claims that are under investigation to AB-HHPA for its review on a monthly basis.

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(ii) every claim that is pending beyond Turn Around Time to AB-HHPA, along with its reasons for delay in processing such claim.

9.5.15 The Insurer may collect at its own cost, complete claim papers from the Empanelled Health Care Provider, if required for audit purposes. This shall not have any bearing on the claim payments to the Empanelled Health Care Provider.

9.5.16 The Insurer shall, at all times, comply with and ensure that its TPA complies with TPA Regulations, Health Insurance Regulations and any other Law issued or notified by the IRDAI in relation to the provision of Cashless Access Services and claims processing.

9.5.17 The overall responsibility of the execution of the Contract will rest solely and completely with the Insurer, irrespective of whether it engages a TPA or not.

9.5.18 There will be a penalty for delay in settlement of claims by the Insurer beyond the turnaround time of 30 calendar days. In case of delay beyond stipulated time period the insurer shall be liable to pay interest at a rate 2% above the bank rate (Repo rate). This shall be paid to the EHCP by the Insurer. (Refer to Protection of Policy Holders' Interests Regulations 2017 (Clause 16) of IRDAI)

9.5.19 If delay by State Govt. in release of Premium results in delay of claim payment by the Insurer beyond laid down TATs, then the same may not be considered towards penalty. The counting of days for the purpose of this clause shall start from the date of receipt of the Claim.

9.5.20 Automatic closure of the claim will be done if there is a delay beyond 90 calendar days of patient discharge, which can be reopened at the request of EHCP through a grievance mechanism.

9.5.21 The insurer shall make the full claim payment without deduction of tax, for all the Government empanelled hospitals, subject to

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compliance of Income Tax Act 1961 and its allied rules. In case of private EHCP's the Insurer shall make the full claim payment without deduction of tax, if the EHCP submits a tax exemption certificate to the Insurer within 7 days after signing of the agreement. If the EHCP fails to submit a tax exemption certificate to the Insurer, then the Insurer shall make the claim payment after deducting tax at the applicable rates.

9.6 Establishment of 24*7 Call Centre

9.6.1 The insurer shall set up an Interactive Voice and Video Response (IVVR) based 24x7, 365 days a year toll free Call Centre within 15 calendar days of signing the contract agreement. The centre should have at least 4 helpline connections.

9.6.2 The call centre shall be available to all the beneficiaries for taking any information/ clarification regarding enrolment, scheme benefits, package rates, treatment facilities, exclusions, list of empanelled hospitals, claim submission process, complaint redressal etc.

9.6.3 It will also address redressal of any complaint regarding enrolment, treatment, exclusions, benefits etc. available under the scheme.

9.7 Grievance Redressal Mechanism

9.7.1 There will be a Grievance Redressal Mechanism formed for the purpose of addressing grievances of all EHCP's/ beneficiaries in the scheme as well as grievance of Insurance Company.

9.7.2 The District Grievance Redressal Committee will be formed at the district level under the Chairmanship of Chief Medical Officer. It will also comprise of District Nodal Officer and an official representative of the Insurance Company as

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members to resolve any grievances at the district level.

- 9.7.3 The Deputy Commissioner of the district will be the First Appellate Authority.
- 9.7.4 The Second Appellate Authority will be the Chief Executive Officer, AB-HHPA. The decision of Second Appellate Authority would be final and binding.
- 9.7.5 The grievance by the beneficiary/EHCP shall be submitted not later than 30 calendar days from the date of occurrence of such grievance.
- 9.7.6 After the decision of District Grievance Redressal Committee, the beneficiary/EHCP may approach the 1st Appellate Authority not later than 15 calendar days.
- 9.7.7 After the decision of 1st Appellate Authority the beneficiary/EHCP may approach the 2nd Appellate Authority not later than 15 calendar days. The decision of Second Appellate Authority would be final and binding.
- 9.7.8 The stakeholder (beneficiary/ hospital) has to abide by the Grievance Redressal Mechanism before approaching any judicial courts.
- 9.7.9 It is mandated that all orders of the Grievance Redressal Committee are carried out within 30 working days unless stayed by the next higher level (1st Appellate Authority or 2nd Appellate Authority). Any failure to comply with the direction of the Grievance Redressal Committee at any level will meet with a penalty of Rs. 25,000/- per decision for the first month and 50,000/- per month thereafter during which the decision remains un-complied. The amount shall be paid by the insurance company to the Authority.

9.8 Online Management Information System (MIS)

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- 9.8.1 The IT platform shall be designed/ formulated by National Health Authority as per the specifications given by AB-HHPA for implementation of CCHIS. Rest of the IT infrastructure/ hardware will be the responsibility of the insurer.
- 9.8.2 After expiry of the contract, the ownership of the software will be with the NHA/ SHA.
- 9.8.3 The Insurance Company shall develop an online Management Information System (MIS) within 30 calendar days of signing the Insurance Contract and deploy enough dedicated staff, so as to ensure free flow of daily MIS and ensure that progress of scheme is reported to AB-HHPA in the desired format on a real-time basis.
- 9.8.4 The MIS system should be integrated with the National Health Authority platform from the launch of the scheme. There shall be a separate provision for beneficiaries for tracking their treatment record.
- 9.8.5 The Insurance Company shall also submit a monthly report to the Govt. detailing all aspects of the scheme like Claims intimated and paid, claims outstanding, hospital empanelment and de-empanelment, functioning of call centre toll free number and any other matter.
- 9.8.6 The Insurance Company should establish proper networking for quick and error-free processing of pre-authorizations
- 9.8.7 Provision for emergency intimation and approval should also be established.
- 9.8.8 Insurance Company/TPA must provide real time analytics dashboard with all information related to CCHIS for the office of AB-HHPA.
- 9.8.9 The MIS analytics dashboard should be in Microsoft Power

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BI.

9.9 Publicity/Awareness

9.9.1 Insurance Company will spend at least 1% of the premium on the publicity of the scheme. The Insurance Company/third party administrator on its part should ensure that proper publicity is given to the scheme in all possible ways.

9.9.2 This will include distribution of brochures at the time of issue of identity cards, display boards in network hospitals and prominent locations in all the districts, social media campaigns, SMS activities and other PR activities.

9.9.3 The Insurance Company shall also organize seminars/workshops at district and state level for spreading awareness about the scheme with all its stakeholders.

9.9.4 The Insurance Company shall submit a basket of IEC activities for public awareness on quarterly basis to AB-HHPA 15 days prior to start of the next quarter; e.g. for quarter April to June, the activities are to be submitted to AB-HHPA by 15th March.

9.9.5 The Insurance Company shall submit proof of awareness activities to AB-HHPA on a monthly basis.

9.9.6 The Insurance Company shall be bound to follow orders of AB-HHPA for undertaking publicity and awareness activities from time to time.

9.10 Establishment of Program Management Unit (PMU)

9.10.1 The Insurance Company shall establish a Program Management Unit (PMU) within 30 calendar days of signing the insurance contract. The program management unit

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(PMU) should be setup in the Tricity.

9.10.2 The Insurance Company needs to appoint one state Chief Nodal Officer / State Coordinator at the state level. The Insurance Company should have at least one Nodal Officer each at all districts and other places to facilitate admission, treatment and cashless transaction to the beneficiaries.

9.10.3 The Nodal Officers / Coordinators should help hospitals in pre-authorization, claim settlement and follow-up.

9.10.4 They should also ensure proper reception and care in the hospitals and send regular management information system (MIS).

9.11 Fraud and Abuse Control

9.11.1 The Insurance Company shall undertake the required investigation of any suspicious claims.

9.11.2 The Insurance Company shall ensure that any fraudulent activities done by any stakeholders under the scheme are reported to AB-HHPA immediately.

9.11.3 Any fraudulent activities done by beneficiaries/ EHCPs/ TPAs shall be liable to be penalized for major penalties under the Haryana Civil Services (Punishment & Appeal) Rules, as amended from time to time.

9.11.4 The Insurance Company shall develop detailed guidelines for Fraud & Abuse Control mechanism for EHCPs, TPAs & other stakeholders. The guidelines should also include the timelines and penalty clauses with respect to different offences. These guidelines shall be part of the operational guidelines to be developed by the Insurance Company as detailed in clause 9.12.

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9.11.5 The decision of AB-HHPA shall be final and binding on all stakeholders

9.12 Develop guidelines for the implementation of the Scheme:

9.12.1 Insurance Company will make the operational guidelines of the scheme in consultation with the SHA within 15 calendar days of signing the Insurance Contract. These shall also be uploaded on the official website of SHA and of the Insurance Company.

9.13 Appointment of Third-Party Administrator (TPA)

9.13.1 The Insurance Company may hire a TPA for the servicing of the scheme within 30 calendar days of signing the Insurance Contract and inform the SHA within the same period.

9.13.2 State may allow Insurance Company to hire 2 TPA for servicing of the scheme in the State of Haryana.

10 Criteria for Selection of Third-Party Administrator (TPA):

10.1 The third-party administrators to be appointed for the execution of the scheme shall be selected/ appointed based on fulfillment of certain laid down criteria and evaluated by the Insurance Company and Govt. of Haryana.

10.1.1 Should have a valid IRDAI License and authorized to process health claims. Also preferably possessing latest ISO certification for Quality process.

10.1.2 Should have revenue of at least 100 Cr per year in the previous 3 financial years.

10.1.3 Should have an experience of implementing mass health insurance schemes for any State Govt./Government of India in last 5 years.

10.1.4 Should have managed claims worth at least 250 Cr in last financial year and not less than a total of Rs. 600 cr in last three financial years.

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- 10.1.5 Should have managed at-least 1 lakh medical claims/ year in last three financial years.
- 10.1.6 Should have been working since last 10 years.
- 10.1.7 Should have qualified doctors on panel and the details are to be submitted to AB-HHPA before commencement of the scheme.
- 10.1.8 Should not be debarred/ blacklisted by any State Govt. or any other Govt. entity at the time of submission of bid or within last 3 years.
- 10.1.9 Should establish a project office at Chandigarh/ Panchkula.
- 10.1.10 Selection of TPA's will be done by Insurance Company after approval of AB-HHPA based on above qualifying criteria and proper due diligence. The Insurance Company shall be wholly and solely responsible for the actions of the TPA.

11 Payment of Premium to Insurance Company:

- 11.1 For the first year (starting from the date of commencement of the Scheme) the premium will be initially calculated based on the number of existing sanctioned posts of employee/ pensioners and additional categories as on date of signing the agreement.
- 11.2 An advance of 25% of the premium so calculated will be given to the Insurance Company on or before the commencement of the scheme.
- 11.3 Thereafter, based on the actual performance of the project, AB-HHPA shall release advanced fund to the Insurance Company so that balance of project fund does not fall below 10% of the total premium amount. AB-HHPA will ensure that the balance of the project fund with the Insurance Company does not fall below 10% of the total premium amount. The amount of advance payment will also depend on the number of family

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Health Cards issued, number of new hospitals empanelled and other performance monitors as given in Clause 12.

- 11.4 Premium of any newly joined beneficiaries will be paid to the Insurance Company on pro-rata basis as per the timelines mentioned above.
- 11.5 All the Government taxes will be paid extra over and above the premium amount to the insurance company.

12 Performance Monitoring:

- 12.1 Performance of the Insurance Company / Third Party Administrator shall be monitored regularly based on the following parameters:

S. NO.	Parameters	Timeline	Penalty
1	Issue of Family Health Card	30 Calendar Days	Penalty of Rs 100 per week of each card delayed beyond given TAT.
2	Empanelment of Hospitals	The existing hospitals under the current reimbursement scheme shall be empanelled within 30 days of signing the insurance contract. For new empanelment, 30 days from receiving of application from the hospital.	Rs. 25,000 per week per hospital of delay beyond the stipulated time period
3	Pre-authorization Request	Within 6 hrs. The Insurance Company to ensure 95%	• Compliance below 95% up to 90% then penalty shall

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	Processing	<p>compliance rate. All auto approvals beyond 6 hours will be considered non-compliance.</p>	<p>be 5% of the monthly total delayed preauthorization amount</p> <ul style="list-style-type: none"> • Compliance below 90% upto 85% then penalty shall be 10% of the monthly total delayed preauthorization amount • Compliance below 85% then penalty shall be 20% of the monthly total delayed pre authorization amount
4	Claim settlement	<p>15 calendar days from receiving the complete documentation from the EHCP.</p>	<p>In case of delay beyond 30 calendar days the insurer shall be liable to pay interest at a rate 2% above the bank rate. This shall be paid to the EHCP by the Insurer. (Refer to Protection of Policy Holders' Interests Regulations 2017 (Clause 16) of IRDAI)</p>

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5	Establishment of 24*7 Call Centre	15 calendar days	Rs. 25,000 per week of delay beyond the stipulated time period
6	Grievance Redressal Mechanism	all orders of the Grievance Redressal Committee are carried out within 30 working days.	Any failure to comply with the direction of the Grievance Redressal Committee at any level will meet with a penalty of Rs. 25,000/- per decision for the first month and 50,000/- per month thereafter during which the decision remains un-complied.
7	Online Management Information System (MIS)	30 calendar days	Rs. 25,000 per week of delay beyond the stipulated time period
8	Publicity and awareness	Insurance Company will spend at least 1% of the premium on the publicity of the scheme. Quarterly submission of planned IEC activities by Insurance	Rs. 25,000 per week of delay beyond the stipulated time period for non submission of the report.

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		Company to SHA. The Insurance company shall submit proof of awareness activities on a monthly basis.	
9	Establishment of Program Management Unit (PMU)	30 calendar days	Rs. 25,000 per week of delay beyond the stipulated time period. For delay in appointment of District Nodal Officers there will be a penalty of Rs. 5,000 per week, per district beyond the stipulated time period.
10	Develop guidelines for the implementation of the Scheme	15 calendar days	Rs. 25,000 per week of delay beyond the stipulated time period.

12.2 Audit requirement for Insurance Company: There should be 100% compliance of the following audit requirements by the Insurance Company:

Sr. No	Audit parameter	Sample	Penalty
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1	Preauthorization Audits	5% of total preauthorization's across disease specialties per quarter	Rs. 50,000 per missing audit report per quarter
2	Claims Audit (Approved Claims)	5% of total claims of the quarter	Rs. 50,000 per missing audit report per quarter
3	Medical Audits	5% of total hospitalization cases per quarter	Rs. 50,000 per missing audit report per quarter
4	Death Audits	100%	Rs. 50,000 Per missing death audit report per quarter
5	Beneficiary Audit (On Phone, hospital visit, at home Visit).	5% of total hospitalized beneficiaries in that quarter	Rs. 50,000 per missing beneficiary audit report per quarter

12.3 The Authority shall also undertake regular audits, spot checks, visits to EHCPs as decided from time to time.

12.4 The amount received from the penalties imposed on Insurance Company will be deposited in the Administrative account of authority.

13 Outsourcing of non- core business by Insurer to an Agency:

13.1 The Insurer shall obtain approval from AB-HHPA for hiring any agencies or service providers that it wishes to appoint within fifteen days of NOA.

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- 13.2 For the purpose of hiring an outsourced agency or service provider the Insurer shall enter into a service level agreement with the concerned agency or service provider and within 14 days submit a redacted copy to AB-HHPA.
- 13.3 The Insurer in all cases shall ensure that the appointment and functioning of agency or service provider shall be in due compliance with latest regulations of IRDAI and any deviation in this manner shall be considered a case of breach of the contract.
- 13.4 The appointment of intermediaries or service providers shall not relieve the Insurance Company from any liability or obligation arising under or in relation to the performance of obligations under this Insurance Company contract and the Insurer shall at all times remain solely responsible for any act or omission of its intermediaries or service providers, as if it were the acts or omissions of the Insurance Company.
- 13.5 The Insurance Company shall be responsible for ensuring that its service agreement(s) with intermediaries and service providers include provisions that vest the Insurance Company with appropriate recourse and remedies, in the event of non-performance or delay in performance by such intermediary or service provider.

14 Administrative Structure:

- 14.1 **Governing Council:** The Governing Council shall meet annually. The members of Governing Council shall be as under:
- a. Chief Secretary, Haryana-Chairperson
 - b. Additional Chief Secretary to Govt. of Haryana, Health & Family Welfare Department.
 - c. Additional Chief Secretary to Govt. of Haryana, Finance Department

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- d. Additional Chief Secretary to Govt. of Haryana, Rural Development and Panchayats Department
- c. Additional Chief Secretary to Govt. of Haryana, Housing Department
- f. Principal Secretary to Govt. of Haryana, Urban Local Bodies Department
- g. Additional Chief Secretary to Govt. of Haryana, Electronics and Information Technology Department
- h. Additional Chief Secretary to Govt. of Haryana, Labour Department
- i. Additional Chief Secretary to Government, Haryana, Home, Jails, Criminal Investigation and Administration of Justice Department
- j. Additional Chief Secretary to Government, Haryana, School Education Department.
- k. Principal Secretary to Government, Haryana, Information, Public Relations and Languages Department.
- l. Additional Chief Secretary to Govt. Haryana, Medical Education & Research Department and DMER.
- m. MD, NHM, Govt. of Haryana
- n. Director General Health Services
- o. CEO, Ayushman Bharat Haryana Health Protection Authority (Member Secretary)

14.2 State Steering Committee:

- 14.2.1 The State Steering Committee shall oversee the functioning of the scheme.
- 14.2.2 The Committee shall be Chaired by Additional Chief Secretary (Health), Govt. of Haryana with members from AB-HHPA, State Health Department, Finance Department, Other departments (as necessary), representatives from IMA, General Manager/ Regional Manager of Insurance Company and representatives from hospitals (as and when nominated by the Chair). The Member Secretary of the Committee shall

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be CEO, AB-HHPA

- 14.2.3 The Committee will undertake quarterly meetings to see the progress of scheme implementation.
- 14.2.4 It will be mandatory for the GM/ high-level officer from Insurance Company to attend the aforesaid meetings.
- 14.2.5 The decision of the Committee will be final and binding on all stakeholders.

15 Arbitration:

- 15.1 For the purpose of any dispute with respect to the guidelines of the insurance contract/ MoU (Memorandum of Understanding) to be signed between the Authority and the Insurance Company, The Chief Secretary, Haryana shall appoint any Additional Chief Secretary/Principal Secretary as an arbitrator for resolution of such disputes. However, the arbitration will not be applicable to any dispute/ Grievance Redressal received by the Grievance Redressal Committee, where the decision of the 2nd Appellate Authority shall be final and binding.

16 Indemnity clause:

- 16.1 The successful bidder shall be solely liable to fully indemnify and keep ABHHPA indemnified against all losses/ penalties /awards /decrees arising out of litigation /claims /applications initiated against the ABHHPA on account of acts of omissions/ commissions attributable to the Insurance Company which are otherwise the responsibility of the Insurance Company as per the terms and conditions of the contract /RFP. The ABHHPA shall be vested with the sole discretion to determine damages /loss suffered on account of such omissions /commission, which may be payable from the security amount deposited by the Insurance Company.

17 Dispute resolution:

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17.1 In case of any dispute arising whatsoever in respect of the contract / RFP/ tender, the Hon'ble Punjab & Haryana High Court Chandigarh/ District Court at Panchkula only shall have jurisdiction over the subject matter of the dispute. Provided that in case the Insurance Company alleges any breach of the contract/ files any case against the ABHHPA, they are bound to provide the services till the conclusion of the accounting year. It is further clarified that even though any court case is pending against the ABHHPA or the Insurance Company, the Insurance Company would be required to continue to provide benefits to the beneficiaries in that accounting year.

18 Guidelines of the scheme- Annexed at Annexure-G

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Annexure A

Forwarding Letter for Technical Bid

(To be submitted on the letter head of bidder)

To

Date:

The Chief Executive Officer
Ayushman Bharat Haryana Health Protection Authority
Panchkula, Haryana

Sub: Submission of Technical Bid for Comprehensive Cashless Health Insurance Scheme for Haryana Government Employees, Pensioners, their Dependents and additional categories under Ayushman Bharat Haryana Health Protection Authority in the State of Haryana.

Sir,

We are submitting, herewith our Technical Bid for appointment of Insurance Company for the Comprehensive Cashless Health Insurance Scheme for Haryana Govt. Employees, Pensioners, their dependents and additional categories under Ayushman Bharat Haryana Health Protection Authority in the State of Haryana.

We agree to accept all the terms and condition stipulated in the RFP.

We agree to keep our offer valid for the period of 180 days from the bid due date as specified in the tender document.

Enclosures:

- 1.
- 2.
- 3.

Signature of the Bidder.....

Seal of the Bidder.....

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Annexure B

AUTHORIZATION LETTER FOR SIGNING OF PROPOSAL

(To be submitted on the letter head of bidder)

Know all men by these present, we _____ (*name and address of the registered office of the Single Entity*) do hereby constitute, appoint and authorize Mr./Ms. Who is presently employed with us and holding the position _____ as our authorized representative, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to the bid to appoint Insurance Company **for Comprehensive Cashless Health Insurance Scheme of Haryana Government Employees, Pensioners, their Dependents and additional categories under Ayushman Bharat Haryana Health Protection Authority in the State of Haryana**, (the "Project"), including signing and submission of all document and providing information / responses to AB Haryana Health Protection Authority, representing us in all matters in connection with our bid for the said Project.

We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us. Dated this day of 2022.

For

(Name, Designation and Signature of the Person Authorizing)

Accepted

.....

(Name, Designation and Signature of the Attorney)

Date:

Note:

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(i) The mode of execution of the Power of Attorney (POA) should be in accordance with the procedure, if any, laid down, by the applicable law and the charter document of the executants and when it is so required the same should be under common seal affixed in accordance with the required procedure.

(ii) In case, an authorized director of the bidder/agency signs the bid, a certified copy of the appropriate resolution/document conveying such authority may be enclosed in lieu of the Power of Attorney (POA).

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Annexure C

PARTICULARS OF THE BIDDER'S ORGANISATION

(To be submitted on the letterhead of the bidder)

Name of the organization	
Registered Office Address: Head Office Address: Telephone No(s): E-mail address (<i>Official</i>): Year of Incorporation:	
Turn Over of the Organization (in crores) 2019-20: 2020-21: 2021-22:	
Income Tax Registration number (PAN)	
Goods and Services Tax (GSTN):	
Name and addresses and designation of the persons who will represent the bidder in the bid. (Attach letter of authority)	
Has the organization blacklisted by any State or Central government entity or any of its undertakings (Authorized Signatory)	

Name: _____

Designation & Authority: _____ Place: _____

Date: _____

Stamp: _____

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Annexure D

DECLARATION BY BIDDER

(To be submitted on the letterhead of the bidder)

I, M/s. , (the name of bidder and registered office address) hereby certify and confirm that we or any of our promoter(s) / director(s) are not blacklisted/banned/convicted by any court of law for any criminal or civil offences or declared ineligible by Ayushman Bharat Haryana Health Protection Authority or DHS Haryana or any other entity of Govt. of Haryana or any entity of Govt. of India, or any local self-government body or public undertaking in India for participating in future bids for unsatisfactory performance, corrupt, fraudulent or any other unethical business practices or for any other reasons, as on date of submission (upload) of online bidding document.

We further confirm that the above statement is true to the best of our knowledge and we are aware that, our Application for the captioned Project would be liable for rejection in case any material misrepresentation is made or discovered at any stage of the Bidding Process or thereafter during the contract period.

Dated this.....Day of.....,2022

Name of the bidder/agency:

Signature of the Authorized Person:

Name of the Authorized Person:

Designation of the Authorized Person:

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Annexure E

Certificate from Bidder's Appointed Actuary

(To be submitted on the letterhead of the bidder)

From

[Name of Appointed/Chief Actuary]

[Address of Appointed/Chief Actuary]

Date: [insert date], 2022

To

Dear Madam / Sir,

Subject: Actuarial Certificate in respect of Premium quoted by [insert name of bidder] in its Financial Bid dated [insert date] for the Comprehensive Cashless Health Insurance Scheme for State Govt. Employees, Pensioners, their dependents and additional categories in the State of Haryana.

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

[insert name of bidder] (the bidder) is an Insurance Company engaged in the business of providing general insurance (including health insurance) services in India and we have been appointed by the bidder as its Appointed Actuary/ Chief Actuary.

I/ We understand that the bidder will submit its Bid for the implementation of the "Comprehensive Cashless Health Insurance Scheme for State Govt. Employees, Pensioners, their dependents and additional categories in the State of Haryana.

I, [insert name] designated as [insert title] at [] of [insert name of Appointed Actuary/ Chief Actuary] do hereby certify that:

a. We have read the Tender Document for CCHIS issued by AB-HHPA for award of Insurance Company contract for the implementation of the Scheme.

b. The rates, terms and conditions of the Tender Document and the Premium being quoted by the bidder for the scheme are determined on a technically sound basis, are financially adequate, viable and sustainable on the basis of information and claims experience available in the records of the bidder.

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c. Following assumptions have been considered while calculating the price for the **Benefit Risk Cover** under the CCHIS:

- i Projected Claim Ratio – _____ %
- ii Administrative Cost – _____ %
- iii Profit – _____ %

Dated this day of, 2022

At [insert place]

[Signature] In the capacity of [position]

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Annexure F

FORMAT FOR FINANCIAL BID

(To be submitted on the letterhead of the bidder)

Description of Services	Unit	No of families(a)	Rate per unit (in Rupees) (b)	Amount (in Rupees) (c) = (a) x (b)
Providing Comprehensive Cashless Health Insurance coverage for Haryana Government Employees, Pensioners, their Dependents and additional categories for Sum Insured 3 Lakhs on floater basis for a policy period of 1 year under Ayushman Bharat Haryana Health Protection Authority in the State of Haryana.	Employees, pensioners, additional categories and their family			

Note:

- The aforementioned quoted rate will be valid for a period of one year from the date of issue of contract and may be extended for further two year based on satisfactory performance and mutual agreement.
- In case the L1 bidder(s) refuses/ fails to honour the contract/ LOI within prescribed timeframe, the authority shall be at freedom to negotiate with L2, L3 (in this order) responsive bidders for each item corresponding to each range (L3 if L2 refuses), with their consent to enter into an agreement with the authority to provide services at the rates offered by L1bidder.
- The financial bid has to be submitted in "online mode" only, and as per the terms and conditions mentioned in the tender document. Bidders are requested not to submit the hard copy of Financial Bid. In case hard copy of financial bid is submitted the bid shall be straight away rejected. Also, uploading of the financial bid along with technical bid will result in rejection of the bid. The Financial Bid will be submitted separately as per given instructions.

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

Annexure G

Guidelines of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents and additional categories as decided by the Government

1. Application:

The Comprehensive Cashless Health Insurance Scheme (CCHIS) will provide health insurance coverage to all the Haryana Government Employees, Pensioners, their dependents and the five additional categories as decided by the Govt. of Haryana.

2. Extent of the Scheme:

The scheme will cover all Regular Government Employees and Pensioners of Govt. of Haryana. The following family members of the Employees, Pensioners and other categories (as specified by Govt.) shall be covered under the Comprehensive Cashless Health Insurance Scheme (CCHIS):

"Family" for employees, pensioners means

("Govt. servants/ pensioners") wife and husband in case of female Govt. servants, who is wholly dependent on him/her, legitimate children, step children, legally adopted children and parents, widowed daughters, sisters wholly dependent on him/her (as per Punjab Medical Attendance Rules-1940).

"Family" for additional categories (Soldiers who were in Azad Hind Fauz, Families of prisoners of emergency, Families of prisoners of IInd World War, Families associated with Hindi Andolan) means spouse who is wholly dependent on him/her.

"Family" for additional categories (Accredited Media Persons) shall be as applicable to the category of employees.

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The female employee can also opt for in laws in place of her own parents for the purpose of the scheme. However, she will have to decide and declare the same at the beginning of the scheme.

Note: The income of dependent should not exceed Rs. 3500/- per month. Physical & financial dependency of parents/In-laws is a must.

3. Scope of the Scheme:

- The scope of the Scheme shall be to provide cashless OPD and IPD treatment to the beneficiaries of this scheme in the empanelled health care providers.
- The investigations and medicines for chronic diseases, as notified by the State Govt. from time to time are also included under the scheme on cashless basis. The Insurer shall make provision for undertaking investigations/ supplying the prescribed medicines to the chronic care patients within 24 hrs.
- The Network Hospitals shall render Cashless Service for the approved treatments and surgeries listed in Annexure-I to these Guidelines
- The coverage under the scheme shall also include pre-existing illness.

4. Package Rates: Guidelines for Implementing Package/ Implant Rates:

a. The State Govt. has categorized private approved hospitals and private medical colleges for the purpose of implementing package rates, which are explained as under: -

- Package rates shall be applicable to different types of empanelled hospitals which are categorized on the basis of accreditation of hospitals namely, entry level NABH, full NABH/JCI.

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- All the State Govt. empanelled hospitals will provide benefits under the scheme to the entitled beneficiaries on cashless basis as per the fixed package/implant rates mentioned in Annexure-1 & Annexure II.
- Entry level NABH package rates shall be applicable on entry level NABH & ii) NABH package rates shall be applicable on full NABH/JCI accredited private hospitals empanelled with Government of Haryana.
- The empanelled hospitals shall provide treatment on 1340 procedures listed in Annexure-I & II at the prescribed package rates/implants (wherever implant rates have been fixed and notified by Govt. of India or State Govt. of Haryana). The Hospital will raise the bill on cashless or reimbursement mode (as the case may be). These package rates are applicable only for in-patient procedures mentioned in Annexure-I& II.
- A list of fixed 1340 packages including day care packages/implants (this includes already notified 152 packages) applicable on entry level NABH, full NABH/JCI empanelled hospitals/empanelled Private Medical Colleges in the state is attached at Annexure -I
- The "Package rate" shall mean and include lump sum cost of inpatient treatment/day care/diagnostic procedures. This includes all charges pertaining to a particular treatment/Procedure including admission charges, visit fee/consultation fee, Patient's diet, monitoring charges, charges, operation charges, anesthesia charges, operation theatre charges, procedural charges/surgeon's fee, anesthetist's fee, cost of surgical disposals and all sundries used during hospitalization, consumables, gas charges, surgical charges/OT assistant charges, cost of medicine used during hospitalization, physiotherapy charges, nursing care charges for its services, routine post-operative stay in ICU, blood transfusion (blood grouping, cross matching, blood or component, transfusion) and medicines for a period of 7 days after discharge from the hospital etc.

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- A list of fixed cost of implants applicable to all Government Hospitals, Government Medical Colleges, empanelled private hospitals and non-empanelled hospitals is attached at Annexure-II. The cost of implant as fixed by Government of India dated 13-02-2017, 16-08-2017 and amended from time to time will be applicable. Other implants for which the rates have not been fixed by Government of India shall be charged as per the rates fixed by the State Govt. from time to time or whichever is less. However, where the cost is not fixed, the actual cost of the implant will be given.
- The cost of coronary stents shall be allowed up to a maximum of three stents at a time.
- The information such as stickers/batch no. etc. related to items like implant, stent and valves should be pasted/indicated on the bill.
- If in case, beneficiary opts for category/implant over & above the entitlement, or the implants rates fixed by the Government it will be the responsibility of the hospital to explain and obtain undertaking from the beneficiary. The charges over and above the entitlement will be borne by the beneficiary.
- The package rates mentioned in Annexure-I are same for both semiprivate ward and private ward entitlement.

b. The entitlement for Room Rent for indoor treatment:

S. No	Category	Revised Pay as per 7th Pay Commission(B.P+G.P *2.57)	Hospital Accreditation	
			Entry level NABH	Full NABH/JCI
1	General Ward	Up to Rs 50192/-	1560/-	1720/-
2	Semi-Private/ Twin sharing room	Rs 50193/- to 64532/-	3125/-	3440/-

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3	Private room(No sharing)	Rs 64533/- and above	4690/-	5160/-
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- Private ward is defined as a hospital room, where single patient is accommodated and having an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, bed-side table, sofa set, carpet, etc. as well as a bed for attendant. The room has to be air-conditioned.
- Semiprivate Ward is defined as a hospital room, where two to three patients are accommodated and having attached toilet facilities and other necessary furnishings.
- Room rent will include charges for occupation of bed, diet for the patient, charges for water and electricity supply, linen charges, nursing charges, heater/A.C. charges and routine housekeeping, etc.
- Day care room rent charges are admissible up to Rs. 750/-.
- During the ICU/CCU/HDU, no separate room rent will be admissible.
- Treatment taken in higher category of accommodation than the entitled category will be borne by the beneficiary.
- In addition to the chargeable amount mentioned against package rates, implant rates (if any) the cost of room rent/ICU/CCU/HDU including ventilator shall be charged separately. However, when a treatment given under a fixed package and the post-operative/ post procedural treatment/management protocols needs stay in CCU/ICU/HDU, no extra charges shall be taken for the stay in CCU/ICU/HDU during post-operative/post procedure period. It will be part of package rate.
- The room rent charges are according to the number days a patient stays in the hospital i.e., 1,2,3,4,5,7,14 days etc. as

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per the prescribed package.

- If the beneficiary has to stay in the hospital for his/her recovery for a period more than the period covered in package rate, in exceptional case, supported by relevant medical records and certified as such by hospital, the additional payment may be allowed and that shall be limited to accommodation charges as per entitlement, investigations charges at approved rates and cost of medicine. The hospital shall issue separate bill for the period of overstay.
- No additional charges by the EHCP on account of extended period of stay shall be allowed if that extension is due to consequences of faulty surgical procedure/faulty investigation procedure, etc.
- c. **The fixed cost of ICU/CCU under medical management (indoor treatment):**
 - No extra room rent for ICU/CCU patient shall be charged.
 - For CCU cases per day cost shall be @ 6500/- day. It will include all investigations, intra-arterial monitoring catheters, pressure bag, drugs, including cardioversion and nothing is excluded. However, the routine post-operative stay in CCU shall be part of package as per Para 3(C) of guidelines.
 - For Intra-Arterial Balloon Pump (IABP) a onetime cost of Rs. 30000/- shall be applicable.
 - ICU with invasive ventilation includes use of ventilator, nursing, diet. procedural charges, (such as intra-arterial/neckline, catheterization of all types, chest tube, infusion pump, IV-line, Tracheostomy, Intubation, change of tubes, change of Tracheostomy, splintage (Cervical/Limb), etc.), Physiotherapy, drugs, consumables, all lab investigations, diagnostics, dietician and doctor's/Specialists visit, nebulization, alpha bed charges, etc. and nothing is excluded.
 - The HDU charges shall be same as room rent charges.

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However, the routine post-operative stay in HDU shall be part of package as per guidelines.

- The fixed cost of ICU is as under:

S. No.	Name	Entry level NABH Rates (Per day)	Full NABH rates (per day)	Remarks
1	ICU without ventilation	3000/-	3450/-	However, the routine post-operative stay in ICU shall be part of package.
2	ICU with non-invasive ventilation	5525/-	6500/-	Do
3	ICU with invasive ventilation	11050/-	13000/-	Do

5. Additional Guidelines:

- Apart from identified packages, any non-package procedure will be worked out as under: -
 - Room rent- as per the entitlement of the beneficiary.
 - Lab and Diagnostics- As per the rates fixed by Haryana Govt.
 - Medicines and consumables - Rs. 1750 - per day. This will exclude high-cost injections such as Anti-D, Anti Hemophilic Factors, Thrombolytic treatment (Streptokinase), Anti-Cancer drugs, Antibiotics (the per day cost of which is more than Rs. 2000/- irrespective of number of doses), etc.
 - The high-cost injection is defined as an injection, the per day cost of which comes out to be more than Rs.2000/- after decreasing 30% on MRP of purchased injection by the

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hospital. In such case, health facility shall give undertaking that no cheaper brand of same composition or molecule is available in their inventory/ stock.

- b. In case multiple packages are invoked in operative surgery at same time. then the package rates shall be charged at following rates: -
- Highest package 100%.
 - 2nd highest package 50% of the identified package rate.
 - 3rd highest and so on package 25% of the identified package rate.
 - However, the room rent shall be charged once only.
- c. Rates of other minor/major surgeries, related to various specialties for which (c) there is no fixed package shall be charged as under: -

S. No	Procedure/surgery	Amount /Rate
1	Any procedure/surgery done under local anesthesia	5000/-
2	Any procedure/surgery done under I/V sedation	10000/-
3(a)	Any procedure/surgery related to specialties other than Orthopedics. Done under spinal/regional/epidural anesthesia	20000/-
3(b)	Any Orthopedic procedure/surgery done under spinal/regional/epidural anesthesia	30000/-
4	Any procedure/surgery related to any specialty done under general anesthesia	30000/-

- d. The Pathology and Radiology rates shall only be applicable on OPD procedures or any non-surgical procedures for which there is no package.

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- e. Rates for any procedure/surgery like organ transplant, etc. and rates of devices/implants as fixed by the State Govt. from time to time shall be applicable on Govt. Health Facilities and empanelled private Hospitals/Medical Colleges in Haryana.
- f. At a time of discharge, the empanelled private hospital /private medical college shall give medicines for a period of 7 days as a part of package. No extra charge shall be taken from the patient for the medicines.
- g. Follow-ups: - Patient shall be provided follow-up services as per recording the same in the discharge summary. The follow-ups under the six conditions as per limited cashless medical facility notified by State Govt. vide letter no. 2PM-Cashless 2017/13626-13786 dated 20.11.2017 and amended from time to time and the guidelines therein, will be done as per the identified packages.
- h. The fixed package of any procedure/surgery shall be applicable as per Government instructions dated 11.08.1992 and 08.06.2005 and amended from time to time.

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Annexure I

LIST OF PACKAGES FOR THE SCHEME

ANNEXURE-I							
Fixed Package rates/ Implants applicable to Entry Level NABH/ Full NABH/ JCI/ Private Hospitals & Medical Colleges							
SR. No.	Specialty-wise Serial No.	Treatment Procedure	Stay in Hospital (Day care/ Days)	Entry Level NABH rates	Full NABH rates	Cost of implant/Pace maker/Mesh etc as per Annexure 2 or the original cost (wherever applicable)	Room rent, as per entitlement
CARDIOLOGY							
1	1	ASD Closure	8 DAYS	60000	80000		extra
2	2	VSD with graft	8 DAYS	68000	80000		extra
3	3	TOF/ TAPVC/ TCPC/ REV/ RSOV Repair	8 DAYS	127500	150000		extra
4	4	B.D.Glenn/ Left atrium Myxoma	8 DAYS	93500	110000		extra
5	5	Senning/ ASO with graft	8 DAYS	127500	150000		extra
6	6	DSO	8 DAYS	110500	130000		extra
7	7	AV Canal repair	8 DAYS	157250	185000		extra
8	8	Fonten	8 DAYS	165750	195000		extra
9	9	Conduit repair	8 DAYS	165750	195000		extra
10	10	CABG	10 DAYS	127500	150000		extra
11	11	CABG + IABP	10 DAYS	165750	195000	IABP cost as per Para "J" iii	extra
12	12	CABG + Valve	10 DAYS	165750	195000		extra
13	13	CABG without bypass	10 DAYS	153000	180000		extra
14	14	Ascending aorta replacement	10 DAYS	144500	170000		extra
15	15	DVR	10 DAYS	153000	180000	Original Cost of Two Valves is fully reimbursible	extra
16	16	MVR/AVR	10 DAYS	110500	130000	original Cost of Valve	extra
17	17	MV repair + AV repair	10 DAYS	110500	130000	original cost of valve	extra
18	18	Aorta femoral bypass	5 DAYS	51000	60000		extra
19	19	B.T Shunt/ Coarctation	5 DAYS	51000	60000		extra
20	20	P.A.Banding septostomy	5 DAYS	51000	60000		extra
21	21	Pericardectomy	5 DAYS	46750	55000		extra
22	22	CMV/ PDA	5 DAYS	55250	65000		extra
23	23	Gunshot injury	10 DAYS	55250	65000		extra
24	24	Heart transplant	10 DAYS	277000	320000		extra
25	25	Balloon coronary Angioplasty/ PTCA with VCD	3 DAYS	89250	105000	Fixed cost of three stents is/are reimbursable+inj. Eptifibatide/Abeiximab/Trofiban +Thermo suction catheter (wherever applicabel) It includes the cost of angiography if performed in the same sitting.	extra
26	26	Balloon coronary Angioplasty/ PTCA without VCD	3 DAYS	89250	105000	Fixed cost of three stents is/are reimbursable+inj. Eptifibatide/Abeiximab/Trofiban +Thermo suction catheter (wherever applicabel) It includes the cost of angiography if performed in the same sitting.	extra
27	27	Rotablation	3 DAYS	51000	60000		extra
28	28	Balloon valvotomy/PTMC	3 DAYS	12750	15000		extra
29	29	CA III	1 DAY	10200	12000		extra
30	30	Arch Replacement	3 DAYS	12750	16000		extra
31	31	Aortic Dissection	10 DAYS	17000	20000		extra

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32	32	Thoraco Abdominal Aneurism Repair	3 DAYS	21250	25000		extra
33	33	Embolectomy	3 DAYS	23800	28000		extra
34	34	Vascular Repair	3 DAYS	42500	50000		extra
35	35	Bentall Repair with Prosthetic Valve	10 DAYS	34000	40000		extra
36	36	Bentall Repair with Biologic Valve	10 DAYS	144500	170000		extra
37	37	Coarctation dilatation	10 DAYS	17000	20000		extra
38	38	Coarctation dilatation with Stenting	10 DAYS	21250	25000		extra
39	39	TPI Single Chamber	1 DAY	8500	10000		extra
40	40	TPI Dual Chamber	1 DAY	10200	12000		extra
41	41	Permanent pacemaker implantation- Single Chamber	3 DAYS	34000	40000	fixed cost of implant	extra
42	42	Permanent pacemaker implantation- Dual Chamber	3 DAYS	38250	45000	fixed cost of implant	extra
43	43	Permanent pacemaker implantation Biventricular	3 DAYS	45900	54000	fixed cost of implant	extra
44	44	AICD implantation Single Chamber	3 DAYS	38250	45000	fixed cost of implant	extra
45	45	AICD implantation Dual Chamber	3 DAYS	40800	48000	fixed cost of implant	extra
46	46	Combo device implantation (CRTD)	3 DAYS	46750	55000	fixed cost of implant	extra
47	47	Diagnostic Electrophysiological studies conventional	1 DAY	10200	12000		extra
48	48	Ambulatory BP monitoring	Day Care	850	1000		extra
49	49	External Loop/event recording	Day Care	2975	3500		extra
50	50	RF Ablation conventional	1 DAY	42500	50000		extra
51	51	RF Ablation Atrial Tachycardia/Caro	1 DAY	51000	60000		extra
52	52	Endomyocardial biopsy	1 DAY	12750	15000		extra
53	53	IABP	1 DAY	10200	12000		extra
54	54	Intra vascular coils	3 DAYS	51000	60000		extra
55	55	Septostomy- Balloon	3 DAYS	21250	25000		extra
56	56	Septostomy- Blade	3 DAYS	23800	28000		extra
57	57	AVBD/PVBD	3 DAYS	55250	65000		extra
58	58	Digital subtraction angiography- Peripheral artery	1 DAY	11900	14000		extra
59	59	Digital subtraction Angiography- venogram	1 DAY	11900	14000		extra
60	60	C.Y. Guided biopsy	1 DAY	1530	1800		extra
61	61	Sinogram	Day Care	1530	1800		extra
62	62	Peripheral Angioplasty with VCD	3 DAYS	15300	18000		extra
63	63	Peripheral Angioplasty without VCD	3 DAYS	15300	18000		extra
64	64	Renal Angioplasty	3 DAYS	72250	85000		extra
65	65	IVUS	3 DAYS	25500	30000		extra
66	66	FFR	3 DAYS	15300	18000		extra
67	67	Holter analysis	OPD	1275	1500		extra
68	68	Aortic stent grafting for aortic aneurysm	10 DAYS	93500	110000		extra
69	69	IVC Filter implantation	3 DAYS	23800	28000		extra
70	70	ASD/VSD/PDA device closure	3 DAYS	42500	50000		extra
71	71	ECG	OPD	170	200		extra
72	72	HUTT	OPD	2975	3500		extra
73	73	2 D echocardiography	OPD	1275	1500		extra
74	74	3 D echocardiography	OPD	1530	1800		extra
75	75	Fetal Echo	OPD	1530	1800		extra
76	76	2 D TEE	OPD	2125	2500		extra
77	77	3 D TEE (Transoesophageal-echo)	OPD	2125	2500		extra
78	78	Stress Echo- exercise	OPD	2380	2800		extra
79	79	Stress Echo-Pharmacological	OPD	2550	3000		extra
80	80	Stress MPI- exercise	OPD	2550	3000		extra
81	81	Stress MPI-pharmacological	OPD	2550	3000		extra
82	82	Coronary angiography	1 Day	9775	11500		extra
83	83	CT coronary angiography	OPD	6375	7500		extra
84	84	Cardiac CT scan	OPD	3400	4000		extra

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85	85	Cardiac MRI	OPD	4250	5000		*****
86	86	Stress Cardiac MRI	OPD	4675	5500		*****
87	87	MR angiography.	OPD	5950	7000		*****
88	88	Cardiac PET	OPD	3825	4500		*****
89	89	Pericardiocentesis	OPD	5525	6500		*****
ENT							
90	1	Pure Tone Audiogram	OPD	467.5	550		*****
91	2	Impedence with stepedeal reflex	OPD	561	660		*****
92	3	SISI Tone Decay	OPD	467.5	550		*****
93	4	Speech Discrimination Score	OPD	467.5	550		*****
94	5	Multiple hearing assessment test to Adults	OPD	467.5	550		*****
95	6	Speech Assessment	OPD	467.5	550		*****
96	7	Speech Therapy per session of 30-40 minutes	OPD	425	500		*****
97	8	Cold Calorie Test for vestibular function	OPD	425	500		*****
98	9	Removal of foreign body from Nose	OPD	595	700		*****
99	10	Removal of foreign body from ear	OPD	595	700		*****
100	11	Syringing (Ear)	OPD	340	400		*****
101	12	Pertitonsillar abscess Drainage under LA	OPD	850	1000		*****
102	13	Tympanoplasty	2 days	23375	27500		extra
103	14	Tonsillectomy Under General Anaesthesia	2 days	23375	27500		extra
104	15	Adenotonsillectomy Under General Anaesthesia	2 days	25245	29700		extra
105	16	FESS [antral polyp]	2 days	25500	30000		extra
106	17	FESS [Ethmoidal Polyp]	2 days	25500	30000		extra
107	18	Septoplasty	2 days	21250	25000		extra
108	19	Septo-rhinoplasty	2 days	32300	38000		extra
109	20	Rhinoplasty (Non-cosmetic)	2 days	21250	25000		extra
110	21	Fracture reduction Nasal Bone	Day Care	5100	6000		extra
111	22	Intra Nasal Diathermy	2 days	2125	2500		extra
112	23	Turbinectomy	2 days	17000	20000		extra
113	24	Endoscopic Surgery	2 days	25500	30000		extra
114	25	FESS Endoscopic Surgery	Day Care	13600	16000		extra
115	26	Septal Perforation Repair	2 days	21250	25000		extra
116	27	Septal Perforation Repair Under General Anaesthesia	Day Care	13600	16000		extra
117	28	Antrum Puncture under General Anaesthesia	Day Care	1275	1500		extra
118	29	Lateral Rhinotomy	Day Care	127500	150000		extra
119	30	Angiofibroma Excision	3 Days	29750	35000		extra
120	31	Endoscopic Hypophysectomy	2 Days	34000	40000		extra
121	32	Decompression of Orbit	3 Days	42500	50000		extra
122	33	Punch /Wedge Biopsy Under Local Anaesthesia	Day Care	1700	2000		extra
123	34	Endolymphatic Sac Decompression	2 days	14875	17500		extra
124	35	Diagnostic Endoscopy under GA	Day Care	5100	6000		extra
125	36	Yonges Operation for Atrophic rhinitis	3 days	29750	35000		extra
126	37	Vidian neurectomy for vasomotor rhinitis	3 days	29750	35000		extra
127	38	Palatopharyngoplasty	3 days	29750	35000		extra
128	39	Pharyngoplasty	2 days	25500	30000		extra
129	40	Styloidectomy	2 days	15300	18000		extra
130	41	Direct laryngoscopy including Biopsy under GA	Day Care	5100	6000		extra
131	42	Ranula Excision Local Anaesthesia	Day Care	6800	8000		extra
132	43	Tongue tie excision	Day Care	1700	2000		extra
133	44	Modified Radical Mastoidectomy with Tympanoplasty	3 days	42500	50000		extra
134	45	Polyp removal under GA	Day Care	6800	8000		extra
135	46	Polyp removal under LA	Day Care	3400	4000		extra
136	47	Cochlear Implant	10 days	58650	69000	fixed cost of implant	extra

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137	48	Fracture Nasal Bone setting Local Anaesthesia	Day Care	8500	10000		extra
138	49	Myringoplasty	2 Days	23800	28000		extra
139	50	Stapedectomy	3 days	29750	35000		extra
140	51	Tympanotomy	Day Care	5100	6000		extra
141	52	Otoplasty	3 days	29750	35000		extra
142	53	Labyrinthectomy	3 days	42500	50000		extra
143	54	Facial Nerve Decompression	3 days	42500	50000		extra
144	55	Submucous Resection under Local Anaesthesia	2 days	12750	15000		extra
145	56	Submucous Resection under General Anaesthesia	2 days	21250	25000		extra
146	57	Endoscopic DCR	2 days	29750	35000		extra
147	58	Caldwell Luc Surgery	2 days	17000	20000		extra
148	59	Uvulo-palatoplasty	3 days	42500	50000		extra
149	60	Polyp removal ear under Local Anaesthesia	2 days	1700	2000		extra
150	61	Polyp removal nose (Septal Polyp) Under General Anaesthesia	2 days	12750	15000		extra
151	62	Nasal Packing-Amteroe	OPD	850	1000		extra
152	63	Nasal Packing-posterior under GA	Day Care	3400	4000		extra
153	64	Sub Mandibular Duct Lithotomy	2 days	12750	15000		extra
154	65	Oesophagoscopy/ foreign body removal	2 days	14875	17500		extra
155	66	Bronchoscopy with F. B. removal Under General Anaesthesia	2 days	14025	16500		extra
156	67	Ear Lobe Repair One side	OPD	935	1100		extra
157	68	Excision of pinna for Growth (Squamous/ Basal/ Injuries) Skin and Cartilage Local Anaesthesia	2 Days	1700	2000		extra
158	69	Excision of External Auditory Meatus under Local Anaesthesia		4675	5500		extra
159	70	Excision of Branchial Cyst	2 days	14025	16500		extra
160	71	Excision of Branchial Sinus	2 days	14025	16500		extra
161	72	Excision of Pharyngeal Diverticulum	2 days	14025	16500		extra
162	73	Excision of Carotid Body Tumours	5 days	51000	60000		extra
163	74	Operation for Cervical Rib	5 days	29750	35000		extra
164	75	Pharyngectomy & Reconstruction	5 days	46750	55000		extra
165	76	Operation for Carcinoma Lip-Wedge Excision	5 days	35700	42000		extra
166	77	Excision of the Maxilla	5 days	42500	50000		extra
167	78	Excision of mandible- segmental	5 days	42500	50000		extra
168	79	Mandibulectomy	5 days	42500	50000		extra
169	80	Partial Glossectomy	4 days	29750	35000		extra
170	81	Hemiglossectomy	4 days	34000	40000		extra
171	82	Total glossectomy	5 days	42500	50000		extra
172	83	Commondo Operation	5 days	42500	50000		extra
173	84	Parotidectomy - Superficial	3 days	25500	30000		extra
174	85	Parotidectomy - Total	5 days	38250	45000		extra
175	86	Parotidectomy - Radical	5 days	42500	50000		extra
176	87	Repair of Parotid Duct	3 days	23800	28000		extra
177	88	Removal of Submandibular Salivary Gland	3 days	21250	25000		extra
178	89	Hemithyroidectomy	4 days	29750	35000		extra
179	90	Partial Thyroidectomy (Lobectomy)	4 days	29750	35000		extra
180	91	Total Thyroidectomy	5 days	42500	50000		Extra
GYNACEOLOGY & OBSTETRICS							
181	1	Normal delivery with or without Episiotomy & P. repair	3	17000	20000	****	extra
182	2	vacuum delivery	3	21250	25000	****	extra
183	3	Forceps Delivery	3	21250	25000	****	extra
184	4	Cesarean Section	4	29750	35000	****	extra
185	5	Cesarean Hysterectomy	3	42500	50000	****	extra
186	6	Rupture Uterus closure & repair with Tubal Ligation	3	42500	50000	****	extra
187	7	Perforation of Uterus after D/E Laparotomy & Closure	3	34000	40000	****	extra
188	8	Laparotomy for Ectopic pregnancy	3	34000	40000	****	extra
189	9	Laparotomy peritonitis Lavage and Drainage	3	34000	40000	****	extra

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190	10	Salpingo- Oophorectomy/ Oophorectomy Laproscopic	3	25500	30000	****	extra
191	11	Ovarian Cystectomy- laparoscopic.	3	29750	35000	****	extra
192	12	Ovarian Cystectomy- laparotomy.	3	25500	30000	****	extra
193	13	Salpingo- Oophorectomy- Laparotomy	3	25500	30000	****	extra
194	14	Laprosopic Broad Ligament Hematoma Drainage with Repair	3	17000	20000	****	extra
195	15	Exploration of Perineal Haematoma & Repair	3	17000	20000	****	extra
196	16	Exploration of abdominal Haematoma (after laparotomy + I,SCS)	3	21250	25000	****	extra
197	17	Manual Removal of Placenta	1	8075	9500	****	extra
198	18	Examination under anesthesia (EUA)	Day care	2550	3000	****	extra
199	19	Burst- abdomen Repair	3	25500	30000	****	extra
200	20	Gaping Perineal Wound Secondary Suturing	1	4250	5000	****	extra
201	21	Gaping abdominal wound Secondary Suturing	1	8075	9500	****	extra
202	22	Complete perineal tear-repair	1	6375	7500	****	extra
203	23	Exploration of PPH- tear repair	1	9350	11000	****	extra
204	24	Suction evacuation vesicular mole	3	12750	15000	****	extra
205	25	Suction evacuation Missed abortion/ incomplete abortion	1	8500	10000	****	extra
206	26	Colpotomy	1	8500	10000	****	extra
207	27	Repair of post- coital tear/perineal injury	1	8500	10000	****	extra
208	28	Shirodhkar/ Mc. Donald's stitch	1	8500	10000	****	extra
209	29	Abdominal Hysterectomy with or without salpingo-oophorectomy	3	42500	50000	****	extra
210	30	Vaginal Hysterectomy (NDVH)	3	42500	50000	****	extra
211	31	Vaginal Hysterectomy with repairs (UV Prolapse)	3	42500	50000	****	extra
212	32	Myomectomy - laparotomy	3	42500	50000	****	extra
213	33	Myomectomy - laparoscopic	3	42500	50000	****	extra
214	34	Vaginoplasty	3	42500	50000	****	extra
215	35	Vulvectomy - Simple	3	25500	30000	****	extra
216	36	Vulvectomy- Radical	3	25500	30000	****	extra
217	37	RVF Repair	3	34000	40000	****	extra
218	38	Manchester Operation	3	34000	40000	****	extra
219	39	Shirodkar's sling Operation or other sling operations for prolapse uterus	3	29750	35000	****	extra
220	40	Laparoscopic sling operations for prolapse uterus	3	29750	35000	****	extra
221	41	Diagnostic Curettage	1	6375	7500	****	extra
222	42	Cervical Biopsy	1	4250	5000	****	extra
223	43	Polypectomy	1	4250	5000	****	extra
224	44	Other-Minor Operation Endometrial	1	6800	8000	****	extra
225	45	Excision Vaginal Cyst/Bartholin Cyst	1	9350	11000	****	extra
226	46	Excision Vaginal Septum	1	10200	12000	****	extra
227	47	Laparoscopy - Diagnostic with chromopertubation and or adhesiolysis and drilling	1	10200	12000	****	extra
228	48	Laparoscopy Sterilization	1	9350	11000	****	extra
229	49	LAVH	3	63750	75000	****	extra
230	50	Balloon Tamponade for PPH	1	7225	8500	****	extra
231	51	Total laparoscopic hysterectomy	3	63750	75000	****	extra
232	52	Laparoscopic treatment of Ectopic pregnancy- salpingectomy/ salpinostomy conservative	3	25500	30000	****	extra
233	53	Conisation of cervix	1	10200	12000	****	extra
234	54	Trachelectomy of cervix for early CA cervix	1	17000	20000	****	extra
235	55	Hysteroscopic cannulation	1	7225	8500	****	extra
236	56	Laparotomy recanalization of fallopian tubes- (Tubuloplasty)	3	42500	50000	****	extra
237	57	Laparoscopic recanalization of fallopian tubes- (Tubuloplasty)	3	42500	50000	****	extra
238	58	Colposcopy	1	2125	2500	****	extra
239	59	Inversion of Uterus - Vaginal Reposition	2	8500	10000	****	extra
240	60	Inversion of Uterus- Abdominal Reposition	2	8500	10000	****	extra
241	61	Laparoscopic VVF Repair	3	63750	75000	****	extra
242	62	Abdominal VVF Repair	3	63750	75000	****	extra
243	63	Vaginal VVF Repair	3	63750	75000	****	extra
244	64	Interventional Ultrasonography (CVS)	1	1700	2000	****	extra

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245	65	Amniocentesis	1	1700	2000	****	extra
246	66	Karyotyping	1	1700	2000	****	extra
247	67	Thermal balloon ablation.	1	21250	25000	****	extra
248	68	Ultrasonographic myolysis	3	29750	35000	****	extra
249	69	Vaginal Myomectomy	3	29750	35000	****	extra
250	70	Intra Uterine Insemination	3	7175	2500	****	extra
251	71	ICSI	3	34000	40000	****	extra
252	72	Laparotomy abdominal sacro-colpopexy	3	42500	50000	****	extra
253	73	Vaginal Colpopexy	3	63750	75000	****	extra
254	74	Laparoscopic abdominal sacro-colpopexy	3	59500	70000	****	extra
255	75	Endometrial aspiration cytology/biopsy	1	4250	5000	****	extra
256	76	Transvaginal sonography (TVS for Follicular monitoring/aspiration)	1	1275	1500	****	extra
257	77	Laparoscopic treatment for stress incontinence	3	38250	45000	****	extra
258	78	Transvaginal tapes for Stress Incontinence	3	38250	45000	****	extra
259	79	Trans-obturator tapes for Stress Incontinence	3	38250	45000	****	extra
260	80	Interventional radiographic arterial embolization	3	55250	65000	****	extra
261	81	Diagnostic cystoscopy	1	8500	10000	****	extra
262	82	Staging laparotomy surgery for CA Ovary	3	18700	22000	****	extra
263	83	Internal Iliac ligation	1	8500	10000	****	extra
264	84	Assisted breech delivery	1	21250	25000	****	extra
265	85	Intra-uterine fetal blood transfusion	3	51000	60000	****	extra
266	86	Hysteroscopy TCRE	3	25500	30000	****	extra
267	87	Hysteroscopy Removal of IUCD	1	10200	12000	****	extra
268	88	Hysteroscopy Removal of Septum	1	10200	12000	****	extra
269	89	Hysteroscopy Diagnostic	2	17000	20000	****	extra
270	90	Radical Hysterectomy for Cancer cervix with pelvic Lymphadenectomy	3	42500	50000	****	extra
271	91	Radical Hysterectomy for Cancer endometrium extending to cervix with pelvic and para aortic lymphadenectomy	3	42500	50000	****	extra
272	92	Sterilization Post partum (minilap)	1	9350	11000	****	extra
273	93	Sterilization interval (minilap)	1	9350	11000	****	extra
274	94	Ultrasonography Level II scan/Anomaly Scan	OPD	850	1000	****	*****
275	95	Fetal nuchal Translucency	OPD	850	1000	****	*****
276	96	Fetal Doppler/Umbilical Doppler/Uterine Vessel Doppler	OPD	1700	2000	****	*****
277	97	MTP-1st Trimester	1	8500	10000	****	extra
278	98	MTP - 2nd Trimester	3	17000	20000	****	extra
279	99	Quadruple test	OPD	4250	5000	****	*****
280	100	Biophysical score	OPD	1700	2000	****	*****
NEUROSURGERY							
281	1	Aneurysms and AVM large/ Extensive/ Complicated	10	59500	70000		extra
282	2	Aneurysms and AVM - Small/ localised/ Uncomplicated	7	59500	70000		extra
283	3	Anterior Cranial Fossa Surgery (CSF Rhinorrhoea)	6	59500	70000		extra
284	4	Bilateral/ Multiple Burr holes and Evacuation SDH	7	42500	50000		extra
285	5	Burr hole and aspiration of abscess	5	34000	40000		extra
286	6	Burr Hole with of chronic SDH	3	38250	45000		extra
287	7	C.V. junction fusion PKG	7	59500	70000		extra
288	8	Conversion of EVD into VP Shunt	5	42500	50000		extra
289	9	Conversion of Frontal Twist into VP Shunt	5	42500	50000		extra
290	10	Craniopharyngioma	10	63750	75000		extra
291	11	Cranioplasty large Defect	3	38250	45000		extra
292	12	Cranioplasty small Defect	2	34000	40000		extra
293	13	Craniotomy - Haematoma (Evacuation)	10	59500	70000		extra
294	14	Craniotomy Tumours- Large	10	68000	80000		extra
295	15	Craniotomy Tumours - Small	8	59500	70000		extra
296	16	Craniotomy Evacuation of Contusions	10	68000	80000		extra
297	17	Craniotomy and Excision of Intraorbital Tumor	10	76500	90000		extra

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298	18	Craniotomy and repair of growing fracture of skull	5	61200	72000		extra
299	19	Debridment of scalp wound - large	3	21250	25000		extra
300	20	Decompressive Craniotomy with Duraplasty	8	68000	80000		extra
301	21	Elevation of depressed fracture without dural repair	6	46750	55000		extra
302	22	Endonasal Hypophysetomy with Celler reconstruction	7	68000	80000		extra
303	23	Eventration of Sacral Cyst	5	42500	50000		extra
304	24	Excision of Pituitary	7	76500	90000		extra
305	25	External Ventricular (EVD) Replace of same Patient	2	8500	10000		extra
306	26	External Ventricular Drainage	2	12750	15000		extra
307	27	Foramen Magnum decompression	5	68000	80000		extra
308	28	Interbody cage insertion for Spine fusion	7	59500	70000		extra
309	29	Meningo Encephalcoele	7	63750	75000		extra
310	30	Microsurgical Decompression for Trigeminal Nerve	7	63750	75000		extra
311	31	Multidisc Corpectomy and Stabilization of Vertebral Spine	10	68000	80000		extra
312	32	Occipitocervical fusion	7	72250	85000		extra
313	33	Odontoid Screw Fixation	5	55250	65000		extra
314	34	Placement of Bone inial Defect	5	51000	60000		extra
315	35	Posterior Fosa Craniotomy - Complicated	10	68000	80000		extra
316	36	Programmable VP Shunt	5	46750	55000		extra
317	37	Resection of Intra ventricular tumor	10	68000	80000		extra
318	38	Subcutaneous CSF Reservoir Implant	3	29750	35000		extra
319	39	T.P. Shunt	3	42500	50000		extra
320	40	Skull Traction	2	4250	5000		extra
321	41	Temporo-Occipital craniotomy with EDH	7	59500	70000		extra
322	42	Transphenoidal excision of Pituitary Gland	7	72250	85000		extra
323	43	Trephin	3	55250	65000		extra
324	44	Tumor Biopsy	3	42500	50000		extra
325	45	VP Shunt	5	42500	50000		extra
326	46	VP Shunt Revision	5	42500	50000		extra
327	47	Ventriculo Atrial Shunt	5	55250	65000		extra
OPHTHALMOLOGY							
328	1	Subconjunctival/ Subtenon's injection (one eye)	OPD/DAY CARE	850	1000		
329	2	Subconjunctival/ Subtenon's injections (both eyes)	OPD/DAY CARE	850	1000		
330	3	Pterygium surgery Bare Sclera	OPD/DAY CARE	4250	5000		
331	4	Pterygium Surgery Conjunctival Autograft	OPD/DAY CARE	12750	15000		
332	5	Conjunctival Peritomy	OPD/DAY CARE	765	900		
333	6	Conjunctival wound repair or exploration following blunt trauma	OPD/DAY CARE	8500	10000		
334	7	Removal of corneal foreign body	OPD/DAY CARE	680	800		
335	8	Cauterization of ulcer/ Subconjunctival injection (one eye)	OPD/DAY CARE	213	250		
336	9	Cauterization of ulcer/ Subconjunctival injection in both eyes	OPD/DAY CARE	340	400		
337	10	Corneal grafting—Penetrating keratoplasty	OPD/DAY CARE	25500	30000		

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

338	11	Corneal grafting— Lamellar keratoplasty	OPD/DAY CARE	29750	35000	
339	12	Cyanoacrylate /fibrin glue application for corneal perforation	OPD/DAY CARE	4250	5000	
340	13	Bandage contact lenses for corneal perforation	OPD/DAY CARE	2550	3000	
341	14	Scleral grafting or conjunctival flap for corneal perforation	OPD/DAY CARE	4250	5000	
342	15	Keratoconus correction with therapeutic contact lenses	OPD/DAY CARE	6375	7500	
343	16	UV radiation for cross-linking for keratoconus (per eye)	OPD/DAY CARE	17000	20000	
344	17	EDTA for band shaped keratopathy	OPD/DAY CARE	1275	1500	
345	18	Arcuate keratotomy for astigmatism	OPD/DAY CARE	4250	5000	
346	19	Re-suturing (Primary suturing) of corneal wound	OPD/DAY CARE	4250	5000	
347	20	Penetrating keratoplasty-with glaucoma surgery	OPD/DAY CARE	34000	40000	
348	21	Penetrating keratoplasty- with vitrectomy	OPD/DAY CARE	42500	50000	
349	22	Penetrating keratoplasty-with IOL implantation	OPD/DAY CARE	34000	40000	Fixed cost of IOL
350	23	DALK- Deep anterior lamellar keratoplasty	OPD/DAY CARE	29750	35000	
351	24	Keratoprosthesis stage I and II	OPD/DAY CARE	21250	25000	
352	25	DSAEK- Descemet's stripping automated endothelial keratoplasty	OPD/DAY CARE	29750	35000	
353	26	ALTK- Automated lamellar therapeutic keratoplasty	OPD/DAY CARE	29750	35000	
354	27	Probing and syringing of lacrimal sac (one eye) under LA	OPD/DAY CARE	595	700	
355	28	Probing and Syringing of lacrimal sac (one eye) Under General Anaesthesia	OPD/DAY CARE	2975	3500	
356	29	Probing and Syringing of lacrimal sac (both eye) Under Local Anaesthesia	OPD/DAY CARE	1020	1200	
357	30	Probing and Syringing of lacrimal sac- (both eye) Under General Anaesthesia	OPD/DAY CARE	4250	5000	
358	31	Dacryocystorhinostomy— Plain Under Local Anaesthesia	OPD/DAY CARE	8500	10000	
359	32	Dacryocystorhinostomy— Plain Under General Anaesthesia	OPD/DAY CARE	14875	17500	
360	33	Dacryocystorhinostomy- plain with intubation and/or with lacrimal implants Under Local Anaesthesia	OPD/DAY CARE	12750	15000	
361	34	Dacryocystorhinostomy— conjunctival with implant General Anaesthesia	OPD/DAY CARE	19125	22500	

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362	35	Dacryocystorhinostomy—conjunctival with implant Local Anaesthesia	OPD/DAY CARE	8500	10000		
363	36	Dacryocystorhinostomy—conjunctival with implant General Anaesthesia	OPD/DAY CARE	14875	17500		
364	37	Caliculoplasty	OPD/DAY CARE	6694	7875		
365	38	Dacryocystectomy under General Anaesthesia	OPD/DAY CARE	18700	22000		
366	39	Dacryocystectomy under Local Anaesthesia	OPD/DAY CARE	10200	12000		
367	40	Punctal plugs for dry eyes	OPD/DAY CARE	298	350		
368	41	Perimetry/ field test—Goldman (each eye)	OPD/DAY CARE	850	1000		
369	42	Perimetry/field test— automated (each eye)	OPD/DAY CARE	850	1000		
370	43	Fluorescein angiography for fundus or iris	OPD/DAY CARE	1700	2000		
371	44	Ultrasound B-Scan	OPD/DAY CARE	595	700		
372	45	Fundus PhotoTest	OPD/DAY CARE	595	700		
373	46	Indocyanin green angiography	OPD/DAY CARE	2125	2500		
374	47	Corneal endothelial cell count with specular microscopy (each eye)	OPD/DAY CARE	850	1000		
375	48	Corneal Topography (each eye)	OPD/DAY CARE	850	1000		
376	49	Corneal pachymetry	OPD/DAY CARE	850	1000		
377	50	OCT-Optical coherence tomography (each eye)	OPD/DAY CARE	850	1000		
378	51	Chalazion incision and curettage (one eye)	OPD/DAY CARE	850	1000		
379	52	Ptosis surgery with fasanellaservat procedure	OPD/DAY CARE	17000	20000		
380	53	Ptosis surgery with LPS resection - one lid	OPD/DAY CARE	21250	25000		
381	54	Ptosis surgery with Sling surgery - one lid	OPD/DAY CARE	21250	25000		
382	55	Ectropion surgery- one lid	OPD/DAY CARE	8500	10000		
383	56	Ectropion surgery- both lids	OPD/DAY CARE	12750	15000		
384	57	Epicanthus correction	OPD/DAY CARE	2550	3000		
385	58	Cantholysis and canthotomy	OPD/DAY CARE	1020	1200		
386	59	Entropion surgery- one lid	OPD/DAY CARE	8500	10000		
387	60	Entropion surgery- both lids	OPD/DAY CARE	12750	15000		
388	61	Tarsorrhaphy	OPD/DAY CARE	2975	3500		
389	62	Suturing of lid lacerations	OPD/DAY CARE	2550	3000		
390	63	Lid retraction repair	OPD/DAY CARE	1700	2000		

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391	64	Cheek rotation flap for lid tumors	OPD/DAY CARE	12750	15000		
392	65	Orbitotomy	OPD/DAY CARE	25500	30000		
393	66	Enucleation	OPD/DAY CARE	8500	10000		
394	67	Enucleation with orbital implants and artificial prosthesis	OPD/DAY CARE	12750	15000		
395	68	Evisceration	OPD/DAY CARE	8500	10000		
396	69	Evisceration with orbital implants and artificial prosthesis	OPD/DAY CARE	12750	15000		
397	70	Telecanthus correction	OPD/DAY CARE	5950	7000		
398	71	Orbital decompression	OPD/DAY CARE	6800	8000		
399	72	Exenteration	OPD/DAY CARE	6800	8000		
400	73	Exenteration with skin grafting	OPD/DAY CARE	8500	10000		
401	74	Fracture orbital repair	OPD/DAY CARE	12750	15000		
402	75	Retinal laser procedures	OPD/DAY CARE	1275	1500		
403	76	Retinal detachment surgery	OPD/DAY CARE	29750	35000		
404	77	Retinal detachment surgery with scleral buckling	OPD/DAY CARE	34000	40000		
405	78	Buckle removal	OPD/DAY CARE	3400	4000		
406	79	Silicone oil removal	OPD/DAY CARE	3400	4000		
407	80	Squint correction for one eye - Local Anaesthesia	OPD/DAY CARE	21250	25000		
408	81	Squint correction for one eye - General Anaesthesia	OPD/DAY CARE	25500	30000		
409	82	Squint correction for both eyes - Local Anaesthesia	OPD/DAY CARE	25500	30000		
410	83	Squint correction for both eyes - General Anaesthesia	OPD/DAY CARE	31875	37500		
411	84	Trabeculectomy	OPD/DAY CARE	19125	22500		
412	85	Trabeculectomy under General Anaesthesia	OPD/DAY CARE	21250	25000		
413	86	Trabeculectomy under Local Anaesthesia	OPD/DAY CARE	19125	22500	Fixed Cost of Valve	
414	87	Glaucoma surgery with Glaucoma valves	OPD/DAY CARE	17000	20000	Fixed Cost of Valve	
415	88	Cyclocryotherapy	OPD/DAY CARE	2550	3000		
416	89	YAG laser iridotomy (per eye)	OPD/DAY CARE	850	1000		
417	90	YAG laser capsulotomy(per eye)	OPD/DAY CARE	680	800		
418	91	ALT-Argon laser Trabeculoplasty	OPD/DAY CARE	2550	3000		
419	92	PD1-Photodynamic Therapy	OPD/DAY CARE	4250	5000		
420	93	TTT Transpupillary Thermal Therapy	OPD/DAY CARE	6800	8000		
421	94	PTK- Phototherapeutic Keratectomy	OPD/DAY CARE	8500	10000		

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422	95	Argon/Diode Laser for Retinal Detachment	OPD/DAY CARE	1275	1500		
423	96	Intralase application for keratoconus	OPD/DAY CARE	8500	10000		
424	97	Vitrectomy- pars plana	OPD/DAY CARE	25500	30000		
425	98	Intravitreal Injections- of antibiotics	OPD/DAY CARE	1275	1500	Cost of drug extra	
426	99	Intravitreal injections- lucentis	OPD/DAY CARE	1275	1500	Cost of drug extra	
427	100	Dacryocystography	OPD/DAY CARE	765	900		
428	101	Orbital Angiographical studies	OPD/DAY CARE	2550	3000		
429	102	+CCF with IOL	OPD/DAY CARE	6800	8000	Fixed Cost of PMMA IOL	
430	103	SICS with IOL	OPD/DAY CARE	8500	10000	Fixed Cost of PMMA IOL	
431	104	Phaco with foldable IOL	OPD/DAY CARE	19125	22500	Fixed Cost of IOL	
432	105	Femtolasar Cataract Surgery	OPD/DAY CARE	51000	60000	Fixed Cost of IOL	
433	106	Pars planalensectomy with/without IOL	OPD/DAY CARE	19125	22500	Fixed Cost of IOL	
434	107	Secondary IOL implantation- AC IOL PC IOL or scleral fixated IOL	OPD/DAY CARE	17000	20000	Fixed Cost of IOL	
435	108	Cataract extraction with IOL with capsular tension rings (Cianni's ring)	OPD/DAY CARE	21250	25000	Fixed Cost of IOL	
436	109	Optic Nerve Sheathotomy	OPD/DAY CARE	11900	14000		
437	110	Iridodialysis repair or papillary reconstruction	OPD/DAY CARE	8500	10000		
438	111	Iris cyst removal	OPD/DAY CARE	1275	1500		
439	112	Irid Abscess Incision and Drainage	OPD/DAY CARE	3400	4000		
440	113	Orbital Abscess Incision and Drainage	OPD/DAY CARE	2975	3500		
441	114	Paracentesis	OPD/DAY CARE	1275	1500		
442	115	Amniotic membrane grafting	OPD/DAY CARE	5950	7000		
443	116	Cyclotherapy	OPD/DAY CARE	2975	3500		
444	117	Electrolysis	OPD/DAY CARE	850	1000		
445	118	Biopsy	OPD/DAY CARE	425	500		
446	119	LASIK Refractive Surgery with Micro Keratome for refractive error more than 4 Diopters (Both Eyes)	OPD/DAY CARE	21250	25000		
447	120	LASIK Refractive Surgery with Femtolasar for refractive error more than 4 Diopters (Both Eyes)	OPD/DAY CARE	38250	45000		
ORTHOPEDICS							
448	1	Close Reduction of Fractures of Limb & P.O.P under Anaesthesia	2	8500	10000		extra
449	2	Reduction of Compound Fractures	2	9350	11000		extra
450	3	Open Reduction & Internal Fixation of Fingers & Toes	2	4250	5000		extra

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

451	4	Open Reduction and plating of fracture of Long Bones of Upper/ Lower Limb -nailing & External Fixation	5	34000	40000	extra
452	5	Percutaneous and open pinning of fracture in Children	3	23800	28000	extra
453	6	Tension Band Wirings	3	21250	25000	extra
454	7	Isolated Bone Grafting	3	15300	18000	extra
455	8	Bone grafting done along with fixation of fracture	5	5100	6000	extra
456	9	Excision of Benign Bone Tumours	3	15300	18000	extra
457	10	Excision or other Operations for Scaphoid Fractures	2	23800	28000	extra
458	11	Sequestrectomy & Saucerisation	3	23800	28000	extra
459	12	Sequestrectomy & Saucerisation Arthrotomy	3	19975	23500	extra
460	13	Multiple Pinning Fracture Neck Femur	5	23800	28000	extra
461	14	Plate Fixations for Fracture Neck Femur	5	29750	35000	extra
462	15	A.O. Compression Procedures for fracture neck femur	5	29750	35000	extra
463	16	Open Reduction of Fracture Neck Femur Muscle Pedicle Graft	5	34000	40000	extra
464	17	Close Reduction of Dislocations of elbow, shoulder, hip, knee and ankle under Anesthesia	3	8500	10000	extra
465	18	Open Reduction of Dislocations of elbow, shoulder, hip, knee and ankle	3	25500	30000	extra
466	19	Open reduction of dislocation of foot/hand under Anesthesia	3	15300	18000	extra
467	20	Neurolysis/Nerve repair	3	18700	22000	extra
468	21	Nerve Repair with Grafting	3	25500	30000	extra
469	22	Tendon with Transplant or Graft	3	18700	22000	extra
470	23	Tendon Lengthening/ Tendon repair	3	21250	25000	extra
471	24	Tendon Transfer	2	22100	26000	extra
472	25	Upto two tendon transfer/ more than 2	2	25500	30000	extra
473	26	Endoscopy Excision Lumbar spinal Disc and Tumours	3	51000	60000	extra
474	27	Endoscopy Excision Cervical spinal Disc and Tumours	3	59500	70000	extra
475	28	Spine Osteotomy and Internal Fixations	5	59500	70000	extra
476	29	Anterolateral decompression for tuberculosis/ Costo- Transversectomy	5	59500	70000	extra
477	30	Anterolateral decompression and spine fusion	3	63750	75000	extra
478	31	Corrective Osteotomy & Internal Fixation-short bones	3	25500	30000	extra
479	32	Corrective Osteotomy & Internal Fixation -long bones	5	29750	35000	extra
480	33	Arthrodesis of Minor Joints	3	8500	10000	extra
481	34	Arthrodesis of - Major Joints	5	29750	35000	extra
482	35	Soft Tissue Operations for C. T. E. V. (complete posteromedial release)	3	21250	25000	extra
483	36	Percutaneous tenotomies under anaesthesia	2	8500	10000	extra
484	37	Hemiarthroplasty- Hip	10	51000	60000	extra
485	38	Hemiarthroplasty-Shoulder	5	51000	60000	extra

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

485	39	Operations for Brachial Plexus & Cervical Rib	3	38250	45000		extra
487	40	Amputations - Below Knee	3	25500	30000		extra
488	41	Amputations - Below Elbow	3	25500	30000		extra
489	42	Amputations - Above Knee	3	29750	35000		extra
490	43	Amputations - Above Elbow	3	25500	30000		extra
491	44	Amputations - Forequarter	5	42500	50000		extra
492	45	Amputations -Hindquarter and Hemipelvectomy	7	42500	50000		extra
493	46	Disarticulations - Hip	5	29750	35000		extra
494	47	Disarticulations - other Joints (Long Bones)	3	25500	30000		extra
495	48	Disarticulations of fingers and Toes	1	5100	6000		extra
496	49	Arthrography	1	5100	6000		extra
497	50	Arthroscopy Diagnostic	1	12750	15000		extra
498	51	Arthroscopy-therapeutic: without implant	1	25500	30000		extra
499	52	Arthroscopy-therapeutic: with implant	2	42500	50000		extra
500	53	Myocutaneous and Fasciocutaneous Flap Procedures for Limbs	5	34000	40000		extra
501	54	Removal of Wires & Screw under Anesthesia	1	12750	15000		extra
502	55	Removal of Plates and Nail	1	23800	28000		extra
503	56	Total Hip Replacement (U/L)	10	85000	100000	Cost of Implant	extra
504	57	Total Hip Replacement (B/L)	10	127500	150000	Cost of Implant	extra
505	58	Total Ankle Joint Replacement (U/L)	7	68000	80000	Cost of Implant	extra
506	59	Total Ankle Joint Replacement (B/L)	7	102000	120000	Cost of Implant	extra
507	60	Total Knee Joint Replacement (U/L)	10	85000	100000	Cost of Implant	extra
508	61	Total Knee Joint Replacement (B/L)	10	127500	150000	Cost of Implant	extra
509	62	Total Shoulder Joint Replacement (U/L)	7	68000	80000	Cost of Implant	extra
510	63	Total Shoulder Joint Replacement (B/L)	7	102000	120000	Cost of Implant	extra
511	64	Total Elbow Joint Replacement (U/L)	7	59500	70000	Cost of implant	extra
512	65	Total Elbow Joint Replacement (B/L)	7	89250	105000	Cost of Implant	extra
513	66	Total Wrist Joint Replacement (U/L)	7	59500	70000	Cost of Implant	extra
514	67	Total Wrist Joint Replacement (B/L)	7	89250	105000	Cost of Implant	extra
515	68	Total finger joint replacement	7	21250	25000	Cost of Implant	extra
516	69	Tubular external fixator	1	25500	30000		extra
517	70	Ilizarov's external fixator	3	29750	35000		extra
518	71	Pelvic-acetabular fracture- Internal fixation	3	46750	55000		extra
519	72	Meniscectomy	3	23800	28000		extra
520	73	Meniscus Repair	3	23800	28000		extra
521	74	ACL Reconstruction	1	42500	50000		extra
522	75	PCL Reconstruction	1	42500	50000		extra
523	76	Knee Collateral Ligament Reconstruction	1	25500	30000		extra
524	77	Arthroscopic Bankart Repair Shoulder	1	42500	50000		extra
525	78	Arthroscopic Rotator Cuff Repair	Day Care	29750	35000		extra
526	79	Biceps tenodesis	3	21250	25000		extra
527	80	Distal Biceps tendon repair	3	19975	23500		extra
528	81	Arthroscopic Arthrolysis of Stiff knee	3	22100	26000		extra
529	82	Application for CIEV per sitting	OPD	1275	1500	
530	83	Total Hip Replacement Revision Stage-I	3	42500	50000		extra

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

531	84	Total Hip Replacement Revision Stage-II	5	102000	120000		extra
532	85	Total Knee Replacement Revision Stage-I	5	42500	50000		extra
533	86	Total Knee Replacement Revision Stage-II	5	102000	120000		extra
534	87	Ilizarov/ external fixation for limb lengthening/ deformity correction	3	34000	40000		extra
535	88	Lumbar Laminectomy	3	42500	50000		extra
536	89	Cervical Laminectomy	3	51000	60000		extra
537	90	Lumbar Laminectomy More than 1 level	5	51000	60000		extra
538	91	Cervical Laminectomy More than 1 level	5	59500	70000		extra
539	92	Spinal Fixation Cervical/ dorsolumbar/ lumbosacral	5	59500	70000		extra
540	93	Fusion Surgery: Cervical Lumbar Spine upto 2 Level	5	51000	60000		extra
541	94	Fusion Surgery: Cervical, Lumbar Spine More than 2 level	5	68000	80000		extra
542	95	Fusion Surgery: Cervical, Lumbar Spine More than 2 level	5	68000	80000		extra
543	96	Scoliosis Surgery: Deformity Correction of Spine	5	68000	80000		extra
544	97	Vertebroplasty	4	34000	40000		extra
545	98	Spinal Injections	Day care	4250	5000		extra
546	99	DHS for Fracture Neck Femur	5	34000	40000		extra
547	100	Proximal Femoral Nail (PFN for IT Fracture)	5	38250	45000		extra
548	101	Closed interlocking nailing of femur	5	35700	42000		extra
549	102	Closed interlocking nailing of Tibia	5	30600	36000		extra
550	103	Spinal Osteotomy	5	38250	45000		extra
551	104	Ilizarov's / External Fixation for Trauma	5	25500	30000		extra
552	105	Soft Tissue Operations for Polio/Cerebral Palsy for correction of deformity	5	21250	25000		extra
553	106	Soft Tissue Operations for Polio/Cerebral Palsy, if bony correction of deformity	5	21250	25000		extra
554	107	Mini Fixator for Hand/Foot	3	21250	25000		extra
555	108	Plating of Ulna	3	27200	32000		extra
556	109	Plating of Radius	3	27200	32000		extra
557	110	Plating Both Radius and Ulna	3	34000	40000		extra
558	111	Psoas abscess drainage	3	25500	30000		extra
559	112	Carpal tunnel release	2	19125	22500		extra

PATHOLOGY (Investigations/Tests)

560	1	Urine routine (pH, Specific gravity, sugar, protein) and Microscopy	*****	43	50	*****	*****
561	2	Urine-Microalbumin	*****	106	125	*****	*****
562	3	Stool routine	*****	43	50	*****	*****
563	4	Stool occult blood	*****	43	50	*****	*****
564	5	Post coital smear examination	*****	43	50	*****	*****
565	6	Semen analysis	*****	43	50	*****	*****
566	7	Haemoglobin (Hb)	*****	26	30	*****	*****
567	8	Total Leucocytic Count (TLC)	*****	43	50	*****	*****
568	9	Differential Leucocytic Count (DLC)	*****	43	50	*****	*****
569	10	F. S. R	*****	43	50	*****	*****
570	11	Total Red Cell count with MCV, MCH, MCHC, DR W	*****	106	125	*****	*****
571	12	Complete Haemogram/CBC (Hb, RBC count and indices, TLC, DLC, Platelet, ESR, Peripheral smear examination)	*****	191	225	*****	*****
572	13	Platelet count	*****	64	75	*****	*****

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

573	14	Reticulocyte count	*****	85	100	*****	*****
574	15	Absolute Eosinophil count	*****	85	100	*****	*****
575	16	Packed Cell Volume (PCV)	*****	21	25	*****	*****
576	17	Peripheral Smear Examination	*****	85	100	*****	*****
577	18	Smear for Malaria parasite	*****	51	60	*****	*****
578	19	Bleeding Time	*****	43	50	*****	*****
579	20	Osmotic fragility Test	*****	85	100	*****	*****
580	21	Bone Marrow Smear Examination	*****	106	125	*****	*****
581	22	Bone Marrow Smear Examination with iron stain	*****	340	400	*****	*****
582	23	Bone Marrow Smear Examination and Cytochemistry	*****	595	700	*****	*****
583	24	Activated partial Thromboplastin Time (APTT)	*****	149	175	*****	*****
584	25	Rapid test for malaria (card test)	*****	60	70	*****	*****
585	26	WBC cytochemistry for leukemia - Complete panel	*****	170	200	*****	*****
586	27	Bleeding Disorder panel- PT, APTT, Thrombin Time, Fibrinogen, D- Dimer/ FDP	*****	510	600	*****	*****
587	28	Factor Assays-Factor-VIII	*****	935	1100	*****	*****
588	29	Factor Assays-Factor-IX	*****	935	1100	*****	*****
589	30	Platelet Function test	*****	85	100	*****	*****
590	31	Tests for hypercoagulable states- Protein C, Protein S, Antithrombin	*****	510	600	*****	*****
591	32	Tests for lupus anticoagulant	*****	213	250	*****	*****
592	33	Tests for Antiphospholipid antibody IgG, IgM (for cardiolipin and B2 Glycoprotein I)	*****	680	800	*****	*****
593	34	Thalassemia studies (Red Cell indices and Hb HPLC)	*****	723	850	*****	*****
594	35	Tests for Sickling / Hb HPLC)	*****	128	150	*****	*****
595	36	Blood Group & RH Type	*****	43	50	*****	*****
596	37	Cross match	*****	85	100	*****	*****
597	38	Coomb's Test Direct	*****	128	150	*****	*****
598	39	Coomb's Test Indirect	*****	128	150	*****	*****
599	40	3 cell panel- antibody screening for pregnant female	*****	234	275	*****	*****
600	41	11 cells panel for antibody Identification	*****	234	275	*****	*****
601	42	HBs Ag	*****	128	150	*****	*****
602	43	HCV	*****	170	200	*****	*****
603	44	HIV I and II	*****	213	250	*****	*****
604	45	VDRL	*****	64	75	*****	*****
605	46	RH Antibody titer	*****	106	125	*****	*****
606	47	Platelet Concentrate	*****	85	100	*****	*****
607	48	Random Donor Platelet (RDP)	*****	2125	2500	*****	*****
608	49	Single Donor Platelet (SDP- Apheresis)	*****	2125	2500	*****	*****
609	50	Routine-H & E	*****	128	150	*****	*****
610	51	special stain	*****	85	100	*****	*****
611	52	Immunohistochemistry (IHC)	*****	1020	1200	*****	*****

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

612	53	Frozen section	*****	1020	1200	*****	*****
613	54	Paraffin section	*****	468	550	*****	*****
614	55	Pap Smear	*****	213	250	*****	*****
615	56	Body fluid for Malignant cells	*****	213	250	*****	*****
616	57	FNAC	*****	255	300	*****	*****
617	58	Leukemia panel/ Lymphoma panel	*****	2550	3000.00	*****	*****
618	59	PNH Panel- CD55,CD59	*****	1275	1500.00	*****	*****
619	60	Karyotyping	*****	2125	2500	*****	*****
620	61	FISH	*****	1275	1500	*****	*****
621	62	Blood Glucose Random	*****	34	40	*****	*****
622	63	24 hrs urine for Proteins, Sodium, Creatinine	*****	85	100	*****	*****
623	64	Blood Urea Nitrogen	*****	68	80	*****	*****
624	65	Serum Creatinine	*****	68	80	*****	*****
625	66	Urine Bile Pigment and Salt	*****	34	40	*****	*****
626	67	Urine Urobilinogen	*****	26	30	*****	*****
627	68	Urine Ketones	*****	34	40	*****	*****
628	69	Urine Occult Blood	*****	43	50	*****	*****
629	70	Urine total proteins	*****	43	50	*****	*****
630	71	Rheumatoid Factor test	*****	128	150	*****	*****
631	72	Bence Jones protein	*****	64	75	*****	*****
632	73	Serum Uric Acid	*****	85	100	*****	*****
633	74	Serum Bilirubin total & direct	*****	102	120	*****	*****
634	75	Serum Iron	*****	128	150	*****	*****
635	76	C.R.P.	*****	128	150	*****	*****
636	77	C.R.P Quantitative	*****	255	300	*****	*****
637	78	Body fluid (CSF/Ascitic Fluid etc.)- Sugar, Protein etc.	*****	425	500	*****	*****
638	79	Albumin.	*****	43	50	*****	*****
639	80	Creatinine clearance	*****	170	200	*****	*****
640	81	Serum Cholesterol	*****	85	100	*****	*****
641	82	Total Iron Binding Capacity	*****	102	120	*****	*****
642	83	Glucose (Fasting & PP)	*****	64	75	*****	*****
643	84	Serum Calcium -Total	*****	85	100	*****	*****
644	85	Serum Calcium -Ionic	*****	85	100	*****	*****
645	86	Serum Phosphorus	*****	85	100	*****	*****
646	87	Total Protein Alb/Glo Ratio	*****	85	100	*****	*****
647	88	IgG.	*****	340	400	*****	*****
648	89	IgM.	*****	340	400	*****	*****
649	90	IgA.	*****	340	400	*****	*****
650	91	ANA.	*****	255	300	*****	*****
651	92	Ds DNA.	*****	468	550	*****	*****
652	93	S.G.P.T.	*****	85	100	*****	*****
653	94	S.G.O.T.	*****	85	100	*****	*****
654	95	Serum amylase	*****	170	200	*****	*****
655	96	Serum Lipase	*****	213	250	*****	*****
656	97	Serum Lactate	*****	170	200	*****	*****
657	98	Serum Magnesium	*****	128	150	*****	*****
658	99	Serum Sodium	*****	85	100	*****	*****
659	100	Serum Potassium	*****	85	100	*****	*****

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

660	101	Serum Ammonia	*****	128	150	*****	*****
661	102	Anemia Profile	*****	298	350	*****	*****
662	103	Serum Testosterone	*****	213	250	*****	*****
663	104	Imprint Smear from Endoscopy	*****	340	400	*****	*****
664	105	Triglycende	*****	94	110	*****	*****
665	106	Glucose Tolerance Test (GTT)	*****	128	150	*****	*****
666	107	Triple Marker.	*****	1020	1200	*****	*****
667	108	C.P.K.	*****	128	150	*****	*****
668	109	Foetal Haemoglobin (HbF)	*****	298	350	*****	*****
669	110	Prothrombin Time (P.T.)	*****	145	170	*****	*****
670	111	L.D.H.	*****	128	150	*****	*****
671	112	Alkaline Phosphatase	*****	85	100	*****	*****
672	113	Acid Phosphatase	*****	106	125	*****	*****
673	114	CK MB	*****	255	300	*****	*****
674	115	CK MB Mass	*****	191	225	*****	*****
675	116	Troponin I	*****	298	350	*****	*****
676	117	Troponin T	*****	765	900	*****	*****
677	118	Glucose Phosphate Dehydrogenase (G-6PD)	*****	128	150	*****	*****
678	119	Lithium.	*****	170	200	*****	*****
679	120	Dilantin (phenytoin).	*****	510	600	*****	*****
680	121	Carbamazepine.	*****	510	600	*****	*****
681	122	Valproic acid.	*****	425	500	*****	*****
682	123	Feritin.	*****	340	400	*****	*****
683	124	Blood gas analysis	*****	170	200	*****	*****
684	125	Blood gas analysis with electrolytes	*****	595	700	*****	*****
685	126	Urine pregnancy test	*****	85	100	*****	*****
686	127	Tests for Antiphospholipid antibodies syndrome.	*****	383	450	*****	*****
687	128	Hb A1 C	*****	255	300	*****	*****
688	129	Hb Electrophoresis/Hb HPLC	*****	298	350	*****	*****
689	130	Kidney Function Test.	*****	255	300	*****	*****
690	131	Liver Function Test.	*****	340	400	*****	*****
691	132	Lipid Profile (Total Cholesterol, LDL, HDL, Triglycerides)	*****	255	300	*****	*****
692	133	Serum Iron	*****	128	150	*****	*****
693	134	Total Iron Binding Capacity	*****	128	150	*****	*****
694	135	Serum Ferritin	*****	128	150	*****	*****
695	136	Vitamin B12 assay.	*****	340	400	*****	*****
696	137	Folic Acid assay.	*****	425	500	*****	*****
697	138	Extended Lipid Profile (Total cholesterol, LDL, HDL, triglycerides, Apo A1, Apo B, Lp(a))	*****	680	800	*****	*****
698	139	Apo A1.	*****	255	300	*****	*****
699	140	Apo B.	*****	255	300	*****	*****
700	141	Lp (a).	*****	595	700	*****	*****
701	142	CD 3,4 and 8 counts	*****	255	300	*****	*****
702	143	CD 3,4 and 8 percentage	*****	255	300	*****	*****
703	144	f DL.	*****	85	100	*****	*****
704	145	Homocysteine	*****	510	600	*****	*****
705	146	Hb Electrophoresis.	*****	595	700	*****	*****

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

706	147	Serum Electrophoresis.	*****	340	400	*****	*****
707	148	Fibrinogen.	*****	213	250	*****	*****
708	149	Chloride.	*****	85	100	*****	*****
709	150	Magnesium.	*****	213	250	*****	*****
710	151	GGTP.	*****	128	150	*****	*****
711	152	Lipase.	*****	340	400	*****	*****
712	153	Fructosamine.	*****	255	300	*****	*****
713	154	P2 Microglobulin	*****	128	150	*****	*****
714	155	Catecholamines.	*****	1360	1600	*****	*****
715	156	Creatinine clearance	*****	170	200	*****	*****
716	157	PSA- Total.	*****	425	500	*****	*****
717	158	PSA- Free.	*****	510	600	*****	*****
718	159	AFP.	*****	425	500	*****	*****
719	160	HCG.	*****	383	450	*****	*****
720	161	CA. 125.	*****	510	600	*****	*****
721	162	CA 19,9.	*****	850	1000	*****	*****
722	163	CA 15.3.	*****	765	900	*****	*****
723	164	Vinyl Mandelic Acid	*****	468	550	*****	*****
724	165	Calcitonin	*****	680	800	*****	*****
725	166	Carcioembryonic antigen(CEA)	*****	446	525	*****	*****
726	167	Immunofluorescence	*****	255	300	*****	*****
727	168	Direct (Skin and kidney Disease)	*****	595	700	*****	*****
728	169	Indirect (antids DNA Anti Smith ANCA)	*****	595	700	*****	*****
729	170	Vit.D3 assay	*****	723	850	*****	*****
730	171	Serum Protein electrophoresis with immunofixationelectro phoresis (IFE)	*****	425	500	*****	*****
731	172	BETA-2 Microglobulin assay	*****	128	150	*****	*****
732	173	Anti cycloicitrullinated peptide (Anti CCP)	*****	595	700	*****	*****
733	174	Anti-tissue Transglutaminase Antibody	*****	595	700	*****	*****
734	175	Serum Erythropoetin	*****	595	700	*****	*****
735	176	ACTH	*****	680	800	*****	*****
736	177	HARMONES	*****	0		*****	*****
737	178	T3, T4, TSH	*****	298	350	*****	*****
738	179	T3	*****	128	150	*****	*****
739	180	T4	*****	128	150	*****	*****
740	181	TSH	*****	213	250	*****	*****
741	182	LH	*****	213	250	*****	*****
742	183	FSH	*****	213	250	*****	*****
743	184	Prolactin	*****	213	250	*****	*****
744	185	Cortisol	*****	340	400	*****	*****
745	186	PTH(Paratharmone)	*****	680	800	*****	*****
746	187	C-Peptide.	*****	425	500	*****	*****
747	188	Insutin.	*****	213	250	*****	*****
748	189	Progesterone.	*****	340	400	*****	*****
749	190	17-DH Progesterone.	*****	595	700	*****	*****
750	191	DHEAS.	*****	595	700	*****	*****
751	192	Androstendione.	*****	765	900	*****	*****

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

752	193	Growth Hormone.	*****	510	600	*****	*****
753	194	TPO.	*****	425	500	*****	*****
754	195	Throglobulin	*****	425	500	*****	*****
755	196	Hydatic Serology.	*****	425	500	*****	*****
756	197	Anti Sperm Antibodies.	*****	510	600	*****	*****
757	198	HBV DNA Qualitative	*****	2550	3000	*****	*****
758	199	HBV DNA Quantitative.	*****	2975	3500	*****	*****
759	200	HCV RNA Qualitative.	*****	2550	3000	*****	*****
760	201	HPV serology	*****	298	350	*****	*****
761	202	Rota Virus serology	*****	170	200	*****	*****
762	203	PCR for TB	*****	1190	1400	*****	*****
763	204	PCR for HIV	*****	765	900	*****	*****
764	205	Chlamydae antigen	*****	1275	1500	*****	*****
765	206	chlamydae antibody	*****	1275	1500	*****	*****
766	207	Brucella serology	*****	298	350	*****	*****
767	208	Influenza A serology	*****	1190	1400	*****	*****
768	209	Dexa Scan Bone Densitometry- Two sites	*****	1913	2250	*****	*****
769	210	Dexa Scan Bone Densitometry- Three sites (Spine, Hip & extremity)	*****	2550	3000	*****	*****
770	211	Dexa Scan Bone Densitometry Whole body	*****	2550	3000	*****	*****
771	212	EEG/Video EEG	*****	383	450	*****	*****
772	213	EMG (Electro myography)	*****	850	1000	*****	*****
773	214	Nerve condition velocity (at least 2 limbs)	*****	850	1000	*****	*****
774	215	Decremental response (before and after Neostigmine)	*****	808	950	*****	*****
775	216	Incremental response	*****	808	950	*****	*****
776	217	SSEP (Somato sensory evoked potentials)	*****	850	1000	*****	*****
777	218	Poly somnography	*****	850	1000	*****	*****
778	219	Brachial plexus study	*****	850	1000	*****	*****
779	220	Muscle biopsy	*****	510	600	*****	*****
780	221	ACHR anti body titre	*****	2380	2800	*****	*****
781	222	Anti MUSK body titre	*****	2975	3500	*****	*****
782	223	Serum COPPER	*****	680	800	*****	*****
783	224	Serum ceruloplasmin	*****	595	700	*****	*****
784	225	Urinary copper	*****	680	800	*****	*****
785	226	Serum homocystine	*****	595	700	*****	*****
786	227	Serum valproate level	*****	425	500	*****	*****
787	228	Serum phenolbarbitone level	*****	468	550	*****	*****
788	229	Coagulation profile	*****	765	900	*****	*****
789	230	Protein C, S anti thrombine -III	*****	3060	3600	*****	*****
790	231	Serum lactate level	*****	595	700	*****	*****
791	232	Basic studies including cell count, protein, sugar, gram stain, India Ink preparation and smear for AFP	*****	340	400	*****	*****
792	233	Special studies	*****	1275	1500	*****	*****
793	234	PCR for tuberculosis/Herpes simplex	*****	1530	1800	*****	*****
794	235	Bacterial culture and sensitivity	*****	255	300	*****	*****

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795	236	Mycobacterial culture and sensitivity	*****	255	300	*****	*****
796	237	Fungal culture	*****	170	200	*****	*****
797	238	Malignant cells	*****	85	100	*****	*****
798	239	Anti measles antibody titre (with serum antibody titre)	*****	1190	1400	*****	*****
799	240	Viral culture	*****	340	400	*****	*****
800	241	Antibody titre (Herpes simplex, cytomegalo virus, flavivirus, zoster varicella virus)	*****	1020	1200	*****	*****
801	242	Oligoclonal band	*****	1530	1800	*****	*****
802	243	Myelin Basic protein	*****	2550	3000	*****	*****
803	244	Lactate	*****	425	500	*****	*****
804	245	Crypto coccil antigen	*****	1445	1700	*****	*****
805	246	D-xylase test	*****	1105	1300	*****	*****
806	247	Fecal fat test/ fecal chymotrypsin/ fecal elastase	*****	1105	1300	*****	*****
807	248	Breath tests	*****	1652	1943	*****	*****
808	249	H pylori serology for ciliac disease	*****	801	942	*****	*****
809	250	HBV genotyping	*****	3176	3737	*****	*****
810	251	HCV genotyping	*****	6194	7287	*****	*****
811	252	Urinary VMA	*****	1955	2300	*****	*****
812	253	Urinary metanephrine/ Normetanephrine	*****	1445	1700	*****	*****
813	254	Urinary free catecholamine	*****	2125	2500	*****	*****
814	255	Serum catecholamine	*****	4250	5000	*****	*****
815	256	Serum aldosterone	*****	1445	1700	*****	*****
816	257	24 Hr urinary aldosterone	*****	1190	1400	*****	*****
817	258	Plasma renin activity	*****	1275	1500	*****	*****
818	259	Serum aldosterone/renin ratio	*****	1530	1800	*****	*****
819	260	Osmolality urine	*****	170	200	*****	*****
820	261	Osmolality serum	*****	170	200	*****	*****
821	262	Urinary sodium	*****	106	125	*****	*****
822	263	Urinary Chloride	*****	60	70	*****	*****
823	264	Urinary potassium	*****	106	125	*****	*****
824	265	Urinary calcium	*****	106	125	*****	*****
825	266	Thyroid binding globulin	*****	680	800	*****	*****
826	267	24 hrs. urinary free cortisole	*****	255	300	*****	*****
827	268	Islet cell antibody	*****	935	1100	*****	*****
828	269	GAD antibody	*****	1700	2000	*****	*****
829	270	Insulin associated antibody	*****	595	700	*****	*****
830	271	IGF -1	*****	1955	2300	*****	*****
831	272	IGF-BP3	*****	2125	2500	*****	*****
832	273	Sex hormone binding globulin	*****	1700	2000	*****	*****
833	274	USG guided FNAC thyroid gland	*****	510	600	*****	*****
834	275	E2	*****	298	350	*****	*****
835	276	Thyro globulin antibody	*****	765	900	*****	*****
RADIOLOGY (Investigations/Diagnostics)							
836	1	Dental IOPA X-ray	*****	85	100	*****	*****
837	2	Occlusal X-ray	*****	170	200	*****	*****

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

838	3	OPG X-ray	*****	298	350	*****	*****
839	4	FDG Whole body PET / CT Scan	*****	21250	25000	*****	*****
840	5	Brain / Heart FDG PET / CT Scan,	*****	15300	18000	*****	*****
841	6	Gallium-68 Peptide PET / CT imaging for Neuroendocrine Tumor	*****	16150	19000	*****	*****
842	7	USG for Obstetrics- Anomalies scan	*****	850	1000	*****	*****
843	8	Abdomen USG	*****	340	400	*****	*****
844	9	Pelvic USG (Prostate, Gynae, Infertility, etc.)	*****	340	400	*****	*****
845	10	Small parts USG (scrotum, thyroid, parathyroid, etc)	*****	425	500	*****	*****
846	11	Neonatal head (Tranfontanelar)	*****	425	500	*****	*****
847	12	Neonatal spine	*****	425	500	*****	*****
848	13	Contrast enhanced USG	*****	935	1100	*****	*****
849	14	USG Breast	*****	425	500	*****	*****
850	15	USG Hystero-Salpingography (HSG)	*****	425	500	*****	*****
851	16	Carotid Doppler	*****	850	1000	*****	*****
852	17	Arterial Colour Doppler	*****	850	1000	*****	*****
853	18	Venous Colour Doppler	*****	850	1000	*****	*****
854	19	Colour Doppler, renal arteries/any other organ	*****	850	1000	*****	*****
855	20	USG guided intervention- FNAC	*****	510	600	*****	*****
856	21	USG guided intervention- biopsy	*****	850	1000	*****	*****
857	22	USG guided intervention- nephrostomy	*****	850	1000	*****	*****
858	23	Abdomen AP Supine or Erect (One film)	*****	128	150	*****	*****
859	24	Abdomen Lateral view (one film)	*****	128	150	*****	*****
860	25	Chest PA view (one film)	*****	128	150	*****	*****
861	26	Chest Lateral (one film)	*****	128	150	*****	*****
862	27	Mastoids: Towne view, oblique views (3 films)	*****	383	450	*****	*****
863	28	Extremities, bones & Joints AP & Lateral views (Two films)	*****	255	300	*****	*****
864	29	Pelvis A.P (one film)	*****	128	150	*****	*****
865	30	T. M. Joints (one film)	*****	128	150	*****	*****
866	31	Abdomen & Pelvis for K. U. B.	*****	128	150	*****	*****
867	32	Skull A. P. & Lateral (2 films)	*****	255	300	*****	*****
868	33	Spine A. P. & Lateral (2 films)	*****	255	300	*****	*****
869	34	PNS view (1 film)	*****	128	150	*****	*****
870	35	Barium Swallow	*****	680	800	*****	*****
871	36	Barium Upper GI study	*****	1020	1200	*****	*****
872	37	Barium Upper GI study (Double contrast)	*****	1275	1500	*****	*****
873	38	Barium Meal follow through	*****	1700	2000	*****	*****
874	39	Barium Enema (Single contrast/double contrast)	*****	1275	1500	*****	*****
875	40	Small bowel enteroclysis	*****	1275	1500	*****	*****
876	41	ERCP (Endoscopic Retrograde Cholangio-Pancreatography)	*****	2975	3500	*****	*****
877	42	General: Fistulography/ Sinography/ Sialography/ Dacrocystography/ T-Tube cholangiogram/Nephrostogram	*****	850	1000	*****	*****
878	43	Percutaneous transhepatic cholangiography (PTC)	*****	1700	2000	*****	*****
879	44	Intravenous Pyelography (IVP)	*****	1700	2000	*****	*****
880	45	Micturating Cystourethrography (MCU)	*****	1020	1200	*****	*****
881	46	Retrograde Urethrography (RGU)	*****	1020	1200	*****	*****
882	47	Contrast Hystero-Salpingography (HSG)	*****	1275	1500	*****	*****

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

883	48	X ray - Arthrography	*****	850	1000	*****	*****
884	49	Cephalography	*****	170	200	*****	*****
885	50	Myelography	*****	2975	3500	*****	*****
886	51	Diagnostic Digital Subtraction Angiography (DSA)	*****	2550	3000	*****	*****
887	52	X-ray Mammography	*****	425	500	*****	*****
888	53	MRI Mammography	*****	2550	3000	*****	*****
889	54	CT Head-Without Contrast	*****	880	1035	*****	*****
890	55	CT Head- with Contrast (+/- CT Angiography)	*****	1320	1553	*****	*****
891	56	C. T. Chest- without contrast (for lungs)	*****	1700	2000	*****	*****
892	57	C. T. Scan Lower Abdomen (incl. Pelvis) with Contrast	*****	1662	1955	*****	*****
893	58	C. T. Scan Lower Abdomen (incl. Pelvis) Without Contrast	*****	1466	1725	*****	*****
894	59	C. T. Scan Whole Abdomen Without Contrast	*****	2933	3450	*****	*****
895	60	C. T. Scan Whole Abdomen with Contrast	*****	4399	5175	*****	*****
896	61	Triple Phase CT abdomen	*****	4399	5175	*****	*****
897	62	CT angiography abdomen/ Chest	*****	4399	5175	*****	*****
898	63	CT Enteroclysis	*****	5865	6900	*****	*****
899	64	C. T. Scan Neck - Without Contrast	*****	1466	1725	*****	*****
900	65	C. T. Scan Neck - With Contrast	*****	1870	2200	*****	*****
901	66	C. T. Scan Orbits - Without Contrast	*****	1190	1400	*****	*****
902	67	C. T. Scan Orbits - With Contrast	*****	1615	1900	*****	*****
903	68	C. T. Scan of Para Nasal Sinuses- Without Contrast	*****	880	1035	*****	*****
904	69	C. T. Scan of Para Nasal Sinuses - With Contrast	*****	1564	1840	*****	*****
905	70	C. T. Spine (Cervical, Dorsal, Lumbar, Sacral)- without Contrast	*****	1466	1725	*****	*****
906	71	CT Temporal bone - without contrast	*****	893	1050	*****	*****
907	72	CT - Dental	*****	1275	1500	*****	*****
908	73	C. T. Scan Limbs - Without Contrast	*****	1700	2000	*****	*****
909	74	C. T. Scan Limbs - With Contrast including CT Angiography	*****	2253	2650	*****	*****
910	75	C.T. Guided intervention -FNAC	*****	1173	1380	*****	*****
911	76	C.T. Guided Trucut Biopsy	*****	1173	1380	*****	*****
912	77	C. T. Guided intervention - percutaneous catheter drainage / tube placement	*****	1305	1535	*****	*****
913	78	MRI Head - Without Contrast	*****	1998	2350	*****	*****
914	79	MRI Head - With Contrast	*****	2848	3350	*****	*****
915	80	MRI Orbits - Without Contrast	*****	1445	1700	*****	*****
916	81	MRI Orbits - With Contrast	*****	1955	2300	*****	*****
917	82	MRI Nasopharynx and PNS - Without Contrast	*****	2395	2818	*****	*****
918	83	MRI Nasopharynx and PNS - With Contrast	*****	3421	4025	*****	*****
919	84	MR for Salivary Glands with Sialography	*****	2933	3450	*****	*****

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

920	85	MRI Neck - Without Contrast	*****	2933	3450	*****	*****
921	86	MRI Neck - with contrast	*****	4888	5750	*****	*****
922	87	MRI Shoulder - Without contrast	*****	1955	2300	*****	*****
923	88	MRI Shoulder - With contrast	*****	2550	3000	*****	*****
924	89	MRI shoulder both Joints - Without contrast	*****	2933	3450	*****	*****
925	90	MRI Shoulder both joints - with contrast	*****	3910	4600	*****	*****
926	91	MRI Wrist Single joint - without contrast	*****	2125	2500	*****	*****
927	92	MRI Wrist Single joint - With contrast	*****	3910	4600	*****	*****
928	93	MRI Wrist both joints- Without contrast	*****	2125	2500	*****	*****
929	94	MRI Wrist Both joints - With contrast	*****	4888	5750	*****	*****
930	95	MRI knee Single joint- Without contrast	*****	2125	2500	*****	*****
931	96	MRI knee Single joint- With contrast	*****	4888	5750	*****	*****
932	97	MRI knee both joints- Without contrast	*****	2125	2500	*****	*****
933	98	MRI knee both joints- With contrast	*****	4888	5750	*****	*****
934	99	MRI Ankle Single joint - Without contrast	*****	2125	2500	*****	*****
935	100	MRI Ankle single joint - With contrast	*****	4888	5750	*****	*****
936	101	MRI Ankle both joints - With contrast	*****	4888	5750	*****	*****
937	102	MRI Ankle both joints - Without contrast	*****	2444	2875	*****	*****
938	103	MRI Hip - With contrast	*****	2444	2875	*****	*****
939	104	MRI Hip - without contrast	*****	2125	2500	*****	*****
940	105	MRI Pelvis - Without Contrast	*****	2125	2500	*****	*****
941	106	MRI Pelvis - with contrast	*****	4888	5750	*****	*****
942	107	MRI Extremities - With contrast	*****	4888	5750	*****	*****
943	108	MRI Extremities - Without contrast	*****	2125	2500	*****	*****
944	109	MRI Temporomandibular- B/L - With contrast	*****	3910	4600	*****	*****
945	110	MRI Temporomandibular- B/L - Without contrast	*****	2125	2500	*****	*****
946	111	MR Temporal Bone/ Inner ear with contrast	*****	3910	4600	*****	*****
947	112	MR Temporal Bone/ Inner ear without contrast	*****	2444	2875	*****	*****
948	113	MRI Abdomen - Without Contrast	*****	2125	2500	*****	*****
949	114	MRI Abdomen - With Contrast	*****	4888	5750	*****	*****
950	115	MRI Breast With Contrast	*****	4250	5000	*****	*****
951	116	MRI Breast - Without Contrast	*****	2125	2500	*****	*****
952	117	MRI Spine Screening- Without Contrast	*****	978	1150	*****	*****
953	118	MRI Chest - Without Contrast	*****	2125	2500	*****	*****
954	119	MRI Chest - With Contrast	*****	3910	4600	*****	*****
955	120	MRI Cervical/ Cervico Dorsal Spine - Without Contrast	*****	2125	2500	*****	*****
956	121	MRI Cervical/ Cervico Dorsal Spine- With Contrast	*****	3910	4600	*****	*****
957	122	MRI Dorsal/ Dorso Lumbar Spine - Without Contrast	*****	2125	2500	*****	*****

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

958	123	MRI Dorsal/ Dorso Lumbar Spine - With Contrast	*****	3910	4600	*****	*****
959	124	MRI Lumbar/ Lumbo-Sacral Spine- Without Contrast	*****	2125	2500	*****	*****
960	125	MRI Lumbar/ Lumbo-Sacral Spine- With Contrast	*****	4888	5750	*****	*****
961	126	Whole body MRI (For oncological workup)	*****	5100	6000	*****	*****
962	127	MR cholecysto- pancreatography.	*****	5376	6325	*****	*****
963	128	MRI Angiography- with contrast	*****	4888	5750	*****	*****
964	129	MR Enteroclysis	*****	2125	2500	*****	*****
SURGERY							
965	1	Drainage of abscess under General/Spinal Anaesthesia	4	11900	14000		extra
966	2	Excision of lumps under General/ Spinal Anesthesia	4	12750	15000		extra
967	3	Local mastectomy- simple under General Anesthesia	4	21250	25000		extra
968	4	Radical mastectomy- formal or modified.	4	27200	32000		extra
969	5	Excision of mammary fistula under General Anesthesia	4	17000	20000		extra
970	6	Segmental resection of breast	4	17000	20000		extra
971	7	Secondary suture of wounds under General Anesthesia	Day Care	8925	10500		extra
972	8	Debridement of wounds under General Anesthesia	Day Care	8925 (Small) 11900 (Medium) 14875 (Large)	10500 (Small) 14000 (Medium) 17500 (Large)		extra
973	9	Removal of Foreign Bodies under General/ Spinal/ Brachial Anesthesia	Day Care	10413	12250		extra
974	10	Excision of Cervical Lymph Node under General Anesthesia	Day Care	8925	10500		extra
975	11	Excision of Axillary Lymph Node under General Anesthesia	Day Care	8925	10500		extra
976	12	Excision of Inguinal Lymph Node under General Anesthesia	Day Care	8925	10500		extra
977	13	Excision Biopsy of Ulcers under General / Spinal Anesthesia	Day Care	8925	10500		extra
978	14	Excision Biopsy of Superficial Lumps under General / Spinal Anesthesia	Day Care	8925	10500		extra
979	15	Incision Biopsy of Growths/ Ulcers under General/ Spinal Anesthesia	Day Care	8925	10500		extra
980	16	Trucut Needle Biopsy	Day Care	4250	5000		extra
981	17	Percutaneous Kidney Biopsy	Day Care	8925	10500		extra
982	18	Marrow Biopsy (Open)	Day Care	10625	12500		extra
983	19	Haemorrhoidectomy under General/ Spinal Anesthesia	4	19550	23000		extra
984	20	Stappler Haemorrhoidectomy	7	21250	25000	Stapler PPH	extra
985	21	Large keloid excision under General / Spinal Anesthesia	Day Care	8925	10500		extra
986	22	Vericose vein surgery; Tendelenburg operation with suturing or ligation.	4	19550	23000		extra
987	23	Gastroscopy	Day Care	21250	25000		extra
988	24	Gastric & Duodenal Biopsy (Endoscopic)	Day Care	2338	2750		extra
989	25	Pyloromyotomy	1	14875	17500		extra
990	26	Gastrostomy under General Anesthesia	4	6375	7500		extra
991	27	Simple Closure of Perforated peptic Ulcer	4	23375	27500		extra
992	28	Vagotomy Pyloroplasty/ Gastro Jejunostomy	4	23375	27500		extra

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993	29	Duodenojejunostomy	4	23375	27500		extra
994	30	Partial/ Subtotal Gastrectomy for Carcinoma	4	38250	45000	Stapler	extra
995	31	Partial/ Subtotal Gastrectomy for Ulcer	4	38250	45000	Stapler	extra
996	32	Operation for Bleeding Peptic Ulcer	4	34000	40000		extra
997	33	Operation for Gastrojejunal Ulcer	4	34000	40000		extra
998	34	Total Gastrectomy for Cancer	4	42500	50000	Stapler	extra
999	35	Highly Selective Vagotomy	4	29750	35000		extra
1000	36	Selective Vagotomy & Drainage	4	29750	35000		extra
1001	37	Congenital Diaphragmatic Hernia	4	34000	40000		extra
1002	38	Hiatus Hernia Repair- Abdominal	4	25500	30000		extra
1003	39	Lap. Hiatus Hernia Repair Abdominal	4	38250	45000		extra
1004	40	Hiatus Hernia Repair- Transthoracic	4	25500	30000		extra
1005	41	Exploratory Laparotomy	4	21250	25000		extra
1006	42	Epigastric Hernia Repair	4	21250	25000	Mesh	extra
1007	43	Lap- Epigastric Hernia Repair	4	25500	30000	Mesh Tracker	extra
1008	44	Umbilical Hernia Repair	4	21250	25000	Mesh	extra
1009	45	Lap- Umbilical Hernia Repair	4	25500	30000	Mesh Tracker	extra
1010	46	Ventral /Incisional Hernia Repair	4	21250	25000	Mesh	extra
1011	47	Lap- Ventral/ incisional Hernia Repair	4	25500	30000	Mesh with Tracker	extra
1012	48	Inguinal Hernia Herniorrhaphy	4	17000	20000		extra
1013	49	Inguinal Hernia - Hernioplasty	4	21250	25000	Mesh	extra
1014	50	Lap Inguinal Hernia- Hernioplasty	4	25500	30000	Mesh with Tracker	extra
1015	51	Femoral Hernia Repair	4	17000	20000	Mesh	extra
1016	52	Lap-Femoral Hernia Repair	4	21250	25000	Mesh with Tracker	extra
1017	53	Rare Hernias Repair (Spigalion, Obturator, Lumbar, Sciatic)	4	25500	30000		extra
1018	54	Lap Rare Hernias Repair (Spigalion, Obturator, Lumbar, Sciatic)	4	29750	35000	Mesh with Tracker	extra
1019	55	Splenectomy - For Trauma	4	29750	35000		extra
1020	56	Splenectomy - For Hypersplenism	4	25500	30000		extra
1021	57	Lap- Splenectomy - For Hypersplenism	4	34000	40000		extra
1022	58	Splenorenal Anastomosis	4	51000	60000		extra
1023	59	Portocaval Anastomosis	4	51000	60000		extra
1024	60	Direct Operation on Oesophagus for Portal Hypertension	4	51000	60000		extra
1025	61	Mesentericocaval Anastomosis	4	51000	60000		extra
1026	62	Warren Shunt	4	51000	60000		extra
1027	63	Pancreato Duodenectomy	4	51000	60000		extra
1028	64	Lap-Pancreato Duodenectomy	4	68000	80000	Stapler	extra
1029	65	By Pass Procedure for Inoperable Carcinoma of Pancreas	4	51000	60000		extra
1030	66	Lap- By Pass Procedure for Inoperable Carcinoma of Pancreas	4	68000	80000	Stapler	extra
1031	67	Cystojejunostomy or Cystogastrostomy	4	29750	35000		extra
1032	68	Lap-Cystojejunostomy or Cystogastrostomy	4	38250	45000	Stapler	extra
1033	69	Open- Cholecystectomy	4	21250	25000		extra
1034	70	Lap- Cholecystectomy	4	25500	30000		extra
1035	71	Open- Cholecystectomy & Exploration of CBD	4	25500	30000		extra
1036	72	Lap- Cholecystectomy & Exploration of CBD	4	29750	35000		extra
1037	73	Repair of CBD	4	25500	30000		extra
1038	74	Lap- Repair of CBD	4	29750	35000		extra
1039	75	Operation for Hydatid Cyst of Liver	4	29750	35000		extra
1040	76	Lap-Operation for Hydatid Cyst of Liver	4	34000	40000		extra
1041	77	Hepatic Resections (Lobectomy/ Hepatectomy)	4	59500	70000		extra
1042	78	Operation on Adrenal Glands - Bilateral	4	59500	70000		extra
1043	79	Lap- Operation on Adrenal Glands - Bilateral	4	68000	80000		extra
1044	80	Operation on Adrenal Glands - Unilateral	4	51000	60000		extra
1045	81	Lap-Operation on Adrenal Glands - Unilateral	4	59500	70000		extra

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

1046	82	Appendicectomy	4	21250	25000		extra
1047	83	Lap-Appendicectomy	4	25500	30000		extra
1048	84	Appendicular Abscess- Drainage	4	21250	25000		extra
1049	85	Lap-Appendicular Abscess - Drainage	4	25500	30000		extra
1050	86	Mesenteric Cyst- Excision	4	21250	25000		extra
1051	87	Lap- Mesenteric Cyst Excision	4	25500	30000		extra
1052	88	Peritonioscopy/ Laparoscopy under General Anesthesia	4	17000	20000		extra
1053	89	Jejunostomy	4	23800	28000		extra
1054	90	Lap- Jejunostomy	4	25500	30000	Stapler	extra
1055	91	Ileostomy	4	21250	25000		extra
1056	92	Lap-ileostomy	4	25500	30000	Stapler	extra
1057	93	Resection & Anastomosis of Small Intestine	4	29750	35000		extra
1058	94	Lap- Resection & Anastomosis of Small Intestine	4	34000	40000	Stapler	extra
1059	95	Duodenal Diverticulum	4	25500	30000		extra
1060	96	Lap- Duodenal Diverticulum	4	29750	35000	Stapler	extra
1061	97	Operation for Intestinal Obstruction	4	25500	30000		extra
1062	98	Operation for Intestinal perforation	7	23375	27500		extra
1063	99	Benign Tumours of Small Intestine	7	25500	30000		extra
1064	100	Excision of Small Intestine Fistula	7	25500	30000		extra
1065	101	Operations of the Duplication of the Intestines	4	51000	60000		extra
1066	102	Lap- Operations of the Duplication of the Intestines	4	59500	70000	Stapler	extra
1067	103	Operations for Recurrent Intestinal Obstruction (Noble Plication & Other Operations for Adhesions)	7	29750	35000		extra
1068	104	Lap- Operations for Recurrent Intestinal Obstruction (Noble Plication & Other Operations for Adhesions)	7	34000	40000	Stapler	extra
1069	105	Ileosigmoidostomy and related resection	7	38250	45000		extra
1070	106	Lap- Ileosigmoidostomy and related resection	7	42500	50000	Stapler	extra
1071	107	Ileotransverse Colostomy and related resection	7	38250	45000		extra
1072	108	Caecostomy	1	21250	25000		extra
1073	109	Loop Colostomy Transverse Sigmoid	7	21250	25000	Stapler	extra
1074	110	Terminal Colostomy	7	21250	25000		extra
1075	111	Closure of Colostomy	7	21250	25000		extra
1076	112	Right Hemi-Colectomy	7	34000	40000		extra
1077	113	Lap- Right Hemi-Colectomy	7	42500	50000	Stapler	extra
1078	114	Left Hemi-Colectomy	7	34000	40000		extra
1079	115	Lap- Left Hemi-Colectomy	7	42500	50000	Stapler	extra
1080	116	Total Colectomy	7	42500	50000		extra
1081	117	Lap- Total Colectomy	7	51000	60000	Stapler	extra
1082	118	Operations for Volvulus of Large Bowel	7	42500	50000		extra
1083	119	Operations for Sigmoid Diverticulitis	7	25500	30000		extra
1084	120	Fissure-in-Ano with Internal sphinctrectomy with fissurectomy.	7	19550	23000		extra
1085	121	Fissure-in-Ano: Fissurectomy	7	19550	23000		extra
1086	122	Rectal Polyp-Excision	7	19550	23000		extra
1087	123	Fistula-in-Ano: High Fistulectomy	7	29750	35000		extra
1088	124	Fistula-in-Ano: Low Fistulectomy	7	25500	30000		extra
1089	125	Prolapse Rectum- Theirch Wiring	7	25500	30000		extra
1090	126	Prolapse Rectum- Rectopexy	7	25500	30000		extra
1091	127	Lap- Prolapse Rectum - Rectopexy	7	34000	40000	Mesh with Tracker	extra
1092	128	Operations for Hirschsprungs Disease	7	29750	35000		extra
1093	129	Excision of Pilonidal Sinus (open)	7	19550	23000		extra
1094	130	Excision of Pilonidal Sinus with closure	7	19550	23000		extra
1095	131	Abdomino-Perineal Excision of Rectum	7	38250	45000		extra
1096	132	Lap-Abdomino- Perineal Excision of Rectum	7	51000	60000	Stapler	extra
1097	133	Anterior Resection of rectum	7	34000	40000		extra
1098	134	Lap-Anterior Resection of rectum	7	42500	50000	Stapler	extra
1099	135	Pull Through Abdominal Resection	7	34000	40000		extra

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

1100	136	Retro Peritoneal Tumor Removal	7	42500	50000		extra
1101	137	Lap- Retro Peritoneal Tumor Removal	7	51000	60000		extra
1102	138	Radio ablation of varicose veins	1	42500	50000		extra
1103	139	Laser ablation of varicose veins	7	51000	60000		extra
1104	140	Laposcopic treatment of Pseudo Pancreatic cyst	4	34000	40000	Stapler	extra
1105	141	Laposcopic Whipple's operation	4	68000	80000	Stapler	extra
1106	142	Laposcopic GI bypass operation	4	68000	80000	Stapler	extra
1107	143	Nephrectomy	4	34000	40000		extra
1108	144	Laposcopic Nephrectomy	3	38250	45000		extra
NEPHROLOGY and UROLOGY							
1109	1	Renal Transplant without Donor Charges	10 days	172000	197800	Cost of Inj. Simulect is fully reimbursable, if used	extra
1110	2	Partial Nephrectomy- open	7	76500	90000		extra
1111	3	Partial Nephrectomy- laproscopic/ endoscopic	3	110500	130000		extra
1112	4	Pyelolithotomy-open	7	46750	55000	Cost of Implant	extra
1113	5	Pyelolithotomy - laproscopic/ endoscopic	3	55250	65000	Cost of Implant	extra
1114	6	Operations for Hydronephrosis- ureterocalicostomy	3	63750	75000	Cost of Implant	extra
1115	7	Open Drainage of Perinephric Abscess	7	34000	40000		extra
1116	8	Percutaneous Drainage of Perinephric Abscess-Ultrasound guided	3	21250	25000		extra
1117	9	Operations for Cyst of the Kidney - open	7	42500	50000		extra
1118	10	Ureterolithotomy- open	7	42500	50000	Cost of Implant	extra
1119	11	Ureterolithotomy- Lap/Endoscopic	3	51000	60000	Cost of Implant	extra
1120	12	Nephroureterectomy open	7	59500	70000	Cost of Implant	extra
1121	13	Nephroureterectomy- Lap/Endoscopic	3	76500	90000	Cost of Implant	extra
1122	14	Operations for Ureter- for Ectopia of Single Ureter	7	55250	65000	Cost of Implant	extra
1123	15	Operations for Vesico- ureteric Reflux/ Urinary incontinence with bulking agents	7	68000	80000	Cost of Implant	extra
1124	16	Ureterostomy- Cutaneous	3	42500	50000		extra
1125	17	Ureteric Catheterisation	Day care	3400	4000	Cost of Implant	extra
1126	18	Biopsy of Bladder (Cystoscopic)	Day care	8500	10000		extra
1127	19	Operations for Injuries of the Bladder	3	42500	50000		extra
1128	20	Suprapubic Drainage (Cystostomy/ vesicostomy)	Day Care	3400	4000	Cost of Implant	extra
1129	21	Repair of Ureterocele -Open	5	59500	70000	Cost of Implant	extra
1130	22	Repair of Ureterocele -Lap/ Endoscopic	3	42500	50000	Cost of Implant	extra
1131	23	Open Retropubic Prostatectomy	5	76500	90000		extra
1132	24	Transurethral Resection of Prostate (TURP)	3	68000	80000		extra
1133	25	Urethral Reconstruction- End to end anastomosis	Day care	25500	30000		extra
1134	26	Abdomino Perineal urethroplasty	3	85000	100000		extra
1135	27	Operations for Incontinence of Urine - Male- Sling	5	55250	65000	Cost of Implant	extra
1136	28	Operations for Incontinence of Urine - Female-Bulking agent	5	68000	80000	Cost of Implant	extra
1137	29	Circumcision	Day care	8500	10000		extra
1138	30	Meatotomy	Day care	8500	10000		extra
1139	31	Meatoplasty	Day care	12750	15000		extra
1140	32	Operations for Hypospadias + Chordee Correction	3	76500	90000		extra
1141	33	Partial Amputation of the Penis	3	42500	50000		extra
1142	34	Total amputation of the Penis	3	51000	60000		extra
1143	35						
		Orchidectomy- Simple	3	34000	40000		extra
1144	36	Orchidectomy - Radical	3	42500	50000		extra

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

1145	37	Adrenectomy Unilateral/Bilateral for Tumour/Carcinoma- Open	5	76500	90000		extra
1146	38	Adrenectomy Unilateral/Bilateral for Tumour/Carcinoma - Lap/Endoscopic	3	102000	120000		extra
1147	39	Operations for Hydrocele - Unilateral	3	17000	20000		extra
1148	40	Operations for Hydrocele - Bilateral	3	25500	30000		extra
1149	41	Operation for Torsion of Testis	3	42500	50000		extra
1150	42	Micro-surgical Vasovasostomy/ Vasoepidymal anastomosis.	3	59500	70000		extra
1151	43	Operations for Varicocele Palomo's Unilateral - Lap	3	59500	70000		extra
1152	44	Operations for Varicocele Bilateral- Lap/Palomo	3	102000	120000		extra
1153	45	Endoscopic Bulking agent Inject	1	17000	20000	Cost of Implant	extra
1154	46	Radical Nephrectomy -Open	5	68000	80000		extra
1155	47	Radical Nephrectomy- Lap/Endoscopic	3	85000	100000		extra
1156	48	Radical Nephrectomy plus IV thrombus	3	153000	180000	Cost of Implant	extra
1157	49	Vesico Vaginal Fistula Repair (Open)	7	59500	70000		extra
1158	50	Vesico Vaginal Fistula Repair (Laposcopic)	3	76500	90000		extra
1159	51	Radical Cystectomy - continent diversion.	3	127500	150000		extra
1160	52	Radical Cystectomy- Neo bladder	3	170000	200000		extra
1161	53	TURP with Cystolithotripsy	3	38250	45000		extra
1162	54	Closure of Urethral Fistula	3	42500	50000		extra
1163	55	Orchidopexy- Unilateral- Open	3	34000	40000		extra
1164	56	Orchidopexy- Unilateral- Lap/Endoscopic	3	42500	50000		extra
1165	57	Orchidopexy - Bilateral -Open	3	42500	50000		extra
1166	58	Orchidopexy - Bilateral - Lap/Endoscopic	3	51000	60000		extra
1167	59	Resection Bladder Neck Endoscopic/Bladder neck incision/transurethral incision on prostate	5	25500	30000		extra
1168	60	Urethroplasty 1st Stage	5	42500	50000		extra
1169	61	Perineal Urethrostomy	3	25500	30000		extra
1170	62	Dilatation of Stricture Urethra under G.A.	1	8500	10000		extra
1171	63	Laposcopic Pyeloplasty	3	76500	90000		extra
1172	64	Laposcopic surgery for Renal cyst	3	42500	50000		extra
1173	65	Laposcopic Ureterolithotomy	3	51000	60000	Cost of Implant	extra
1174	66	Uroflow Study (Uroflowmetry)	OPD	1700	2000		extra
1175	67	Cystoscopy with Retrograde Catheter-Unilateral/ RGP	1	17000	20000		extra
1176	68	Cystoscopy with Retrograde Catheter- Bilateral/ RGP	1	25500	30000		extra
1177	69	AV FISTULA- RADIOCEPHALIC PACKAGE	1	8500	10000		extra
1178	70	BIPOLAR TURP	4	34000	40000		extra
1179	71	DJ REMOVAL U/L	Day care	4250	5000		extra
1180	72	DJ REMOVAL B/L	Day care	4250	5000		extra
1181	73	DJ STENTING	1	4250	5000	Cost of Implant	extra
1182	74	RIRS PKG B/L	3	68000	80000	Cost of Implant	extra
1183	75	RIRS PKG U/L	3	42500	50000	Cost of Implant	extra
1184	76	SUPRAPUBIC CYSTOSTOMY-OPEN	5	4250	5000	Cost of Implant	extra
1185	77	TRANSURETHRAL RESECTION OF PROSTATE (TURP)	4	30600	36000		extra
1186	78	TURBT	4	30600	36000		extra
1187	79	TURP+OJU	4	38250	45000		extra
1188	80	URETEROLITHOTOMY	5	23800	28000		extra
1189	81	LAP- URETEROLITHOTOMY	5	29750	35000		extra
1190	82	URSL WITH DJ(S) PLACEMENT - HARYANA GOVT.	3	29750	35000		extra
1191	83	VARICOSE VEINS UNILATERAL LIMB (LASER)- HARYANA GOVT.	3	25500	30000		extra
1192	84	A.V. FISTULA INSERTION	2	25500	30000		extra
1193	85	ANEURYSM AT RADIAL SITE- EXCISION	2	17000	20000		extra

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

1194	86	BLADDER WASH	Day Care	4250	5000		extra
1195	87	CARE THROUGH OIU	1	23800	28000		extra
1196	88	CATHETERIZATION BY UROLOGIST	Day Care	1275	1500		extra
1197	89	FEMORAL ACCESS- SINGLE SURGERY	2	850	1000		extra
1198	90	PROSTATE BIOPSY- FINGER GUIDED	Day Care	4250	5000		extra
1199	91	ANEURYSM AT BRACHIAL SITE- EXCISION	2	27200	32000		extra
1200	92	ANTERIOR URETHRAL STRICTURE- SINGLE STAGE REPAIRS	7	23800	28000		extra
1201	93	ARTERIO VENOUS FISTULA- BRACHIOCEPHALIC	2	12750	15000		extra
1202	94	ARTERIO VENOUS FISTULA: RE- EXPLORATION	2	6375	7500		extra
1203	95	ARTIFICIAL URINARY SPHINCTER	5	106250	125000		extra
1204	96	AVF RE EXPLORATION	2	25500	30000		extra
1205	97	BASKETING OF STONE IN URETER	2	12750	15000		extra
1206	98	BILATERAL NEPHROURECTOMY (I.V.L)	2	51000	60000		extra
1207	99	BIPOLAR ENUCLEATION OF PROSTATE	3	42500	50000		extra
1208	100	BLADDER NECK RESECTION/ BLADDER NECK INCISION	3	22100	26000		extra
1209	101	BLADDER STONE REMOVAL- OPEN	5	1700	2000		extra
1210	102	BLADDER STONE REMOVAL- Trans Urethral	2	25500	30000		extra
1211	103	BLOCK DISSECTION OF INGUINAL NODES - SUPERFICIAL AND DEEP U/L	7	34000	40000		extra
1212	104	BURCH COLPOSUSPENSICOSIS- LAP	5	46750	55000		extra
1213	105	BURCH COLPOSUSPENSICOSIS- OPEN	7	29750	35000		extra
1214	106	CALIBRATION OF URETHRA	1	4250	5000		extra
1215	107	CAPD UROLOGY		17750	15000		extra
1216	108	CIC	1	5525	6500		extra
1217	109	CYSTOSCOPY	Day Care	4250	5000		extra
1218	110	CSTECTOMY- PARTIAL WITH BOWEL AUGMENTATION	10	59500	70000		extra
1219	111	CYSTECTOMY RADICAL AND ORTHOTOPIC NEOBLADDER- LAP	3	170000	200000		extra
1220	112	CYSTOSCOPY with BLADDER WASH and REFULGRATION of OPERATIVE SITE	2	5950	7000		extra
1221	113	DETORSION OF TESTICULAR TORSION MANUAL	2	4250	5000		extra
1222	114	DIATHERMY DESTRUCTION OF BLADDER NEOPLASM	2	17000	20000		extra
1223	115	DORSAL SLITTING OF PREPUCE	2	4250	5000		extra
1224	116	DRAINAGE FOR PRIAPISM	2	6800	8000		extra
1225	117	DRAINAGE OF PROSTATIC ABCESS- TRANSRECTAL	2	12750	15000		extra
1226	118	DRAINAGE OF PROSTATIC ABCESS- TRANSURETHRAL	2	15300	18000		extra
1227	119	ENDOSCOPIC INJECTION FOR VUR- U/L	1	8500	10000		extra
1228	120	ENDOSCOPIC INJECTION FOR VUR- B/L	1	12750	15000		extra
1229	121	EPIDIDYMAL CYST EXCISION	3	8500	10000		extra
1230	122	EPISPADIAS/ EXYSTOPHY REPAIR	7	38250	45000		extra
1231	123	EXCISION OF MULTIPLE SEBACEOUS CYSTS UNDER General/ Spinal Anaesthesia	2	8500	10000		extra
1232	124	EXCISION OF SCROTAL SINUS	3	5950	7000		extra
1233	125	TRFNUPLASTY	2	12750	15000		extra
1234	126	LAP. ORCHIDOPEXY	3	21250	25000		extra
1235	127	LAP. RADICAL PROSTATECTOMY	7	59500	70000		extra
1236	128	LAP. URETHROLITHOTOMY FOR LARGE STONES	5	21250	25000	Cost of Implant	extra
1237	129	LAP. VARICICELECTOMY	3	21250	25000		extra
1238	130	LAY OPEN OF URETHRA WITH BUCCAL GRAFTS	5	42500	50000	Cost of Implant	extra
1239	131	LAY OPEN OF URETHRA WITH PERINEAL URETHROSTOMY	5	42500	50000		extra
1240	132	ILEO CAECO CYSTECTOMY	7	34000	40000	Cost of Implant	extra
1241	133	LUMBAR PUNCTURE	Day Care	2975	3500		extra
1242	134	NEPHRECTOMY COMPLICATED - ADHESIONS	7	51000	60000		extra

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

1243	135	NEPHRECTOMY FOR RENAL TRAUMA	5	51000	60000		extra
1244	136	NEPHRECTOMY RADICAL WITH IVC THROMBUS LEVEL 1	10	85000	100000	Cost of Implant	extra
1245	137	NEPHRECTOMY RADICAL WITH IVC THROMBUS LEVEL 2	10	106250	125000	Cost of Implant	extra
1246	138	NEPHRECTOMY RADICAL WITH LYMPHADENECTOMY- LAP	7	102000	120000		extra
1247	139	NEPHRECTOMY RADICAL WITH LYMPHADENECTOMY- OPEN	7	85000	100000		extra
1248	140	NEPHROURETERECTOMY WITH BLADDER CUFF-LAP RETROPERITONEAL	7	127500	150000		extra
1249	141	NEPHROURETERECTOMY WITH BLADDER CUFF-LAP TRANSPERITONEAL	7	127500	150000		extra
1250	142	OPEN PROSTATECTOMY - TRANSPUBIC	7	18700	22000		extra
1251	143	OPEN STRICTURE SURGERY	7	27200	32000		extra
1252	144	OPTICAL INTERNAL URETHROTOMY (OIU)	2	21250	25000		extra
1253	145	ORCHIDECTOMY-SIMPLE(B/L)	3	12750	15000		extra
1254	146	ORCHIDECTOMY - B/L FOR CA PROSTATE	3	21250	25000		extra
1255	147	PCN- NEPHROSTOMY-OPEN B/L	2	21250	25000	Cost of Implant	extra
1256	148	PCN (NEPHROSTOMY)- USG GUIDED/ENDO B/L	2	29750	35000	Cost of Implant	extra
1257	149	PCN (NEPHROSTOMY)- USG GUIDED/ENDO U/L	2	25500	30000	Cost of Implant	extra
1258	150	PENECETOMY TOTAL WITH URETHROSTOMY	5	34000	40000		extra
1259	151	PENILE CYST EXCISION	2	8500	10000		extra
1260	152	PENILE FRACTURE REPAIR	5	17000	20000		extra
1261	153	PENILE PROSTHESIS INSERTION- SEMIRIGID	5	29750	35000	Cost of Implant	extra
1262	154	PENILE PROSTHESIS INSERTION - 3 PIECE INFLATABLE	5	127500	150000	Cost of Implant	extra
1263	155	PENILE WEDGE BX	3	3400	4000		extra
1264	156	PERINEPHRIC ABCESS DRAINAGE- LAP	5	25500	30000		extra
1265	157	PLACEMENT OF GRAFT FOR VASCULAR ACCESS		42500	50000		extra
1266	158	POST ORCHIDECTOMY LYMPH NODE DISSECTION	7	29750	35000		extra
1267	159	POST TRANSPLANT lymphocele- Laparoscopic drainage	7	17000	20000		extra
1268	160	POST TRANSPLANT lymphocele- Percutaneous Drainage	7	8500	10000		extra
1269	161	POSTERIOR URETHAL VALVE FULGURATION	3	17000	20000		extra
1270	162	PYELOLITHOTOMY- OPEN	5	17000	20000		extra
1271	163	PYELOLYMPHATIC DISSEMINATION- LAP	5	42500	50000		extra
1272	164	PYELOLYMPHATIC DISSEMINATIO- OPEN	5	34000	40000		extra
1273	165	PYELOPLASTY- LAP TRANSPERITONEAL	6	38250	45000		extra
1274	166	PYELOPLASTY - OPEN (ANDERSON-HYNE)	7	21250	25000		extra
1275	167	RADICAL PROSTATECTOMY - OPEN	7	34000	40000		extra
1276	168	RENAL BIOPSY - OPEN	Day Care	17000	20000		extra
1277	169	RENAL BIOPSY USG GUIDED	1	12750	15000		extra
1278	170	RENAL BIOPSY - LAP	2	21250	25000		extra
1279	171	RENAL CYST EXCISION -OPEN	5	17000	20000		extra
1280	172	REPAIR OF RENAL LACERATION	7	34000	40000		extra
1281	173	RETROGRADE PYELOGRAPHY WITH STENTING -U/L	1	8500	10000		extra
1282	174	RETROGRADE PYELOGRAPHY WITH STENTING -B/L	1	8500	10000		extra
1283	175	RETROPERITONEOSCOPIC SURGERY FOR RETROPERITONEAL TUMOURS	7	47600	56000		extra
1284	176	RGU/MCU	1	4250	5000		extra
1285	177	RIRS-B/L	2	68000	80000	Cost of Implant	extra
1286	178	RIRS-U/L	2	42500	50000	Cost of Implant	extra
1287	179	SITAL SHUNT FOR PRIAPISM	2	34000	40000		extra
1288	180	SLING PROCEDURE INCONTINENCE- TRANSVAGINAL(TVT)	3	46750	55000	Cost of Implant	extra
1289	181	SOROTOPLASTY	4	17000	20000		extra
1290	182						

Selection of Insurance Company for the implementation of Comprehensive Cashless Health Insurance Scheme (CCHIS) for Haryana Government Employees, Pensioners, their Dependents & Additional Categories

		TESTICULAR BIOPSY-OPEN	2	4250	5000		Extra
1291	183	TOT	3	25500	30000	Cost of Implant	Extra
1292	184	TURP BIPOLAR with PCL T	3	38250	45000		Extra
1293	185	TURP WITH CYSTOLITHOTRIPSY	3	38250	45000		Extra
1294	186	URACHAL MASS- EXCISION	7	34000	40000		Extra
1295	187	URETHERAL DILATION	1	2975	3500		Extra
1296	188	URETERONEOCYSTOSTOMY-LAPROSCOPIC	7	63750	75000		Extra
1297	189	URETERONEOCYSTOSTOMY-(URETERIC REIMPLANTATION)- OPEN B/L	7	47600	56000		Extra
1298	190	URETERONEOCYSTOSTOMY-COMMON SHIETH RE-IMPLANT	7	38250	45000	Cost of Implant	Extra
1299	191	URETERIC BALLOON DILATION	2	6800	8000		Extra
1300	192	URETERIC CATHETERISATION-B/L	1	5950	7000	Cost of Implant	Extra
1301	193	URETERIC EXCISION and End to End ANASTOMOSIS- LAP	7	63750	75000	Cost of Implant	Extra
1302	194	URETERIC EXCISION and End to End ANASTOMOSIS-OPEN	7	34000	40000	Cost of Implant	Extra
1303	195	URETERIC MEATOTOMY WITH STONE EXTRACATION	3	15725	18500		Extra
1304	196	URETERIC STRICTURE SURGERY- ENDOSCOPIC	3	29750	35000	Cost of Implant	Extra
1305	197	SLING PROCEDURE INCONTINENCE- TRANSVAGINL (TVT)	3	46750	55000	Cost of Implant	Extra
1306	198	URETERIC STRICTURE SURGERY- LAP	5	55250	65000	Cost of Implant	Extra
1307	199	URETERIC STRICTURE SURGERY- OPEN	5	21250	25000	Cost of Implant	Extra
1308	200	URETERIC SIGMOID DIVERSION	7	34000	40000		Extra
1309	201	URETERO URETEROSTOMY- OPEN	7	38250	45000	Cost of Implant	Extra
1310	202	URETEROCALICOSTOMY-OPEN	7	55250	65000	Cost of Implant	Extra
1311	203	URETEROLITHOTOMY-OPEN B/L	7	29750	35000	Cost of Implant	Extra
1312	204	UTEROLYRES OMENTAL B/L (OPEN)	5	29750	35000		Extra
1313	205	URETEROLYRES WITH OMENTAL WRAP	5	63750	75000		Extra
1314	206	URETERORENOSCOPY (URS) - UPPER 1/2	3	28475	33500	Cost of Implant	Extra
1315	207	URETERORENOSCOPY (URS)- BILATERAL	3	25500	30000	Cost of Implant	Extra
1316	208	URETERORENOSCOPY (URS) WITH BIOPSY	3	17000	20000	Cost of Implant	Extra
1317	209	URETERORENOSCOPY (URS) - LOWER 1/3	3	16575	19500	Cost of Implant	Extra
1318	210	URETHERAL TRANSPLANTATION- BILATERAL	5	25500	30000		Extra
1319	211	URETHERAL TRANSPLANTATION- UNILATERAL	5	17000	20000		Extra
1320	212	URETHROPLASTY- SUBSTITUTION with BUCCAL MUCOSA (DORSAL ONLY)	7	46750	55000	Cost of Implant	Extra
1321	213	URETHROPLASTY -OTHERS	7	46750	55000	Cost of Implant	Extra
1322	214	URETHROPLASTY - SECOND STAGE CLOSURE	7	28475	33500	Cost of Implant	Extra
1323	215	URETHROPLASTY - SKIN FLAP	7	47600	56000	Cost of Implant	Extra
1324	216	URETHROPLASTY- SKIN TUBE	7	47600	56000	Cost of Implant	Extra
1325	217	URETHROSCOPY WITH BIOPSY	3	8500	10000		Extra
1326	218	URETERIC REPLACEMENT WITH ILEAL URETER	7	85000	100000	Cost of Implant	Extra
1327	219	URETERIC STRICTURE SURGERY- ENDOSCOPIC	5	14025	16500	Cost of Implant	Extra
1328	220	VARICOCELECTOMY- PALMOS OPEN (B/L)	3	25500	30000		Extra
1329	221	VARICOCELECTOMY- PALMOS OPEN (U/L)	3	17000	20000		Extra
1330	222	VARICOCELECTOMY- MICROSURGICAL INGUINAL B/L	3	29750	35000		Extra
1331	223	VARICOCELECTOMY- MICROSURGICAL INGUINAL U/L	3	20400	24000		Extra
1332	224	VARICOCELECTOMY- MICROSURGICAL SUBINGUINAL B/L	3	42500	50000		Extra
1333	225	VARICOCELECTOMY- MICROSURGICAL SUBINGUINAL U/L	3	28900	34000		Extra
1334	226	VASECTOMY (NSV)	1	6800	8000		Extra
1335	227	VASO VASOSTOMY	2	29750	35000		Extra
1336	228	VACILOSTOMY CLOSURE	4	25500	30000		Extra
1337	229	VESICOSTOMY	1	16150	19000		Extra
1338	230	Dialysis	Day care	1000	1150	Cost of dialyzer is fully reimbursable	Extra

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1339	231	Dialysis	OPD	1000	1150	Cost of dialyzer is fully reimbursable
Additional Package							
1340	1	Chemotherapy	Day care	1500	1725	cost of medicines is fully reimbursable	extra
NOTE : ICU/CCU inclusive of ventilator charges as per para 2 (b) ii) & 2 (c) vii) of Guidelines, is not to be charged extra.							

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Annexure II**RATE LIST OF VARIOUS IMPLANTS**

S. No.	Item	Maximum Ceiling Rate
A. CARDIOLOGICAL IMPLANT ATI ON DEVICES AND CORONARY STENTS		
1	Rota blator	Rs.50,000/-or the actual cost, whichever is less.
2	Pacemaker (Single Chamber)-	
	i. Without rate response.	Rs.37,000/-or the actual cost, whichever is less.
	ii. With rate response.	Rs.65,000/-or the actual cost, whichever is less.
3	Pacemaker (Dual Chamber)	Rs.1,15,000/- or the actual cost, whichever is less.
4	Permanent Pacemaker Biventricular (CRT)	Rs.3,00,000/- or the actual cost, whichever is less.
5	AICD Implant Single Chamber	Rs.3,00,000/- or the actual cost, whichever is less.
6	AICD Implant Dual Chamber	Rs.4,50,000/- or the actual cost, whichever is less.
7	Combo Device(CRTD)	Rs.5,50,000/- or the actual cost, whichever is less.
8	Coronary Stents	<p>a) The cost of implants as fixed by Govt. of India, Ministry of Chemicals and Fertilizers Department of Pharmaceuticals Pricing Authority dated 13.02.2017 and amended from time to time.</p> <p>b) Other implants for which the rates have not fixed by Govt. of India shall be charged as per the rates fixed by Govt. of Haryana, Health Department dated 21.05.2015 and amended</p>

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from time to time or whichever is less.

c) Wherever the cost is not fixed, the actual cost of implant shall be given.

B. COST OF INTRAOCULAR LENS (IOL)/ VALVE FOR GLAUCOMA

9	Hydrophobic Mono Focal Foldable IOL (US FDA Approved)	Rs.7,000/-
10	Toric IOL (Preexisting Astigmatism should be more than 2 Diopter)	Rs.17,500/-
11	Hydrophilic Acrylic Lens (US FDA Approved)	Rs.1000/-
12	PMMAIOL	Rs. 200/-
13	Valve For Glaucoma Surgery	Rs.10,000/-

C. COST OF TOTAL KNEE AND TOTAL HIP IMPLANTS

14	Total Knee Implant	<p>a) The cost of implants as fixed by Govt. of India, Ministry of Chemicals and Fertilizers Department of Pharmaceuticals Pricing Authority dated 16.08.2017 and amended from time to time.</p> <p>b) Other implants for which the rates have not fixed by Govt. of India shall be charged as per the rates fixed by Govt. of Haryana, Health Department dated 21.05.2015 and amended from time to time or whichever is less.</p> <p>c) Wherever the cost is not fixed, the actual cost of implant shall be given.</p>
15	Total Hip Implant	<p>1. Hip implant cemented (unilateral) =Rs.35,000/- + cost of Bone Cement Rs.5,000/-</p>

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2. Hybrid Hip Implant One component cemented and other uncemented (Unilateral) =Rs.45,000/- +Cost of Bone Cement i.e.Rs.5,000/-
3. Hip Implant Un-cemented (Unilateral) =Rs.60,000/-
4. Surface replacement Hip Implant (Unilateral) = Rs.1,20,000/-
5. Bipolar Modular Cemented Implant = Rs.30,000/- + the cost of Bone Cement Rs.5,000/-
6. Bipolar Modular Un-cemented Implant=Rs.45,000/-

D. COST OF COCHLEAR IMPLANTS

16	Cochlear Implant	Rs.5,35,000/- (for implant with 12 channels/ 24 electrodes with behind the ear speech processor, Reimbursement shall be allowed @ 100% in case of children between 1 to 5 years, @ 80% in case of children between 5 to 10 years and @ 50% in case of children between 10 to 16 years. 50% of the cost of wearable components e.g. Speech Processor, Microphone, etc. (excluding cords, batteries) for the purpose of up-gradation and/ or replacement every 3 years, on the advice of two ENT surgeons of Government/Approved Private Hospitals.
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E. COST OF CPAP/BIPAP MACHINES

17	CPAP Machine	Rs.50,000/- on the advice of concerned specialist of Government/Approved Private Hospitals.
18	BIPAP Machine	Rs.1,00,000/- on the advice of concerned specialists of Government/Approved Private Hospitals.

F. COST OF NEURO-IMPLANT

Item	Ceiling Rate	Life of battery	Cost of battery
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19	DBS Implants	Rs.3,60,000/-	3-5 years	Rs.2,50,000/-
20	Intra-thecal Pumps	Rs.2,62,000/-	7 years	Rs.2,25,000/-
21	Spinal Cord Stimulators	Rs.2,62,000/-	3-5 years	Rs.2,00,000/-

- a. On prescribing by the Neurologist of the Govt./Approved Hospitals.
- b. Replacement of battery before 4 years may be permitted in exceptional cases on the basis of justification by the treating specialist and shall be considered on a case-to-case basis by Department of Health & Family Welfare, Haryana.

G. OTHER ITEMS

22	Stapler	Rs.12,000/-		
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