



***SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES
TIRUMALA TIRUPATI DEVASTHANAMS
ALIPIRI ROAD, TIRUPATI-517501***

DEPARTMENT OF CASH & BILLING

SVIMS LATEST TARIFF

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES		
TIRUMALA TIRUPATI DEVASTHANAMS: ALIPIRI ROAD, TIRUPATI		
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CODE	1. ACCOMMODATION CHARGES Accommodation_Names	TARIFF		
		IP	SINGLE ROOM	DELUXE ROOM
G01	ACUTE NEUROLOGICAL CARE UNIT (ANCU)	850	850	850
G02	ALPHA BED MATERSSES CHARGES/ WATER BED	125	150	160
G03	ANTENATAL WARD (NON SURGICAL)	300	300	300
G04	CARDIOLOGY GENERAL WARD	300	300	300
G05	CARDIOLOGY ICU	400	400	400
G06	CARDIOLOGY-VIP SHARED ROOM (NO.24) W.E.F.1/1/02	1200	1200	1200
G07	CASUALTY ADMISSION CHARGES	200	240	250
G08	CASUALTY ICU	700	700	700
G09	CT SURGERY ICU	700	700	700
G10	CT SURGERY IMC	400	400	400
G11	DENTISTRY WARD	300	300	300
G12	DERMATOLOGY GENERAL WARD	300	300	300
G13	ENDOCRINOLOGY WARD	300	300	300
G14	ENDOCRINOLOGY ICU	700	700	700
G15	ENT GENERAL WARD	300	300	300
G16	EXTENSION - RT	300	300	300
G17	GASTROENTEROLOGY ICU	700	700	700
G18	GASTRO ENTEROLOGY RECOVERY ROOM (GE - RR)	850	850	850
G19	GASTRO ENTEROLOGY WARD CHARGES (G.E.WARD-A/C)	400	400	400
G20	GENERAL SURGERY RECOVERY ROOM (GS - RR)	850	850	850
G21	GENERAL SURGERY WARD	300	300	300
G22	GENERAL WARD (FEMALE)	300	300	300
G23	GENERAL WARD (MALE)	300	300	300
G24	GYNAEC POST.OP WARD	300	300	300
G25	HAEMODIALYSIS DAY CARE	200	200	200
G26	HIGH DOSE THERAPY (PATIENT)	500	500	500
G27	HIGH DOSE THERAPY (PATIENT ATTENDANT)	500	500	500
G28	INTENSIVE CORONARY CARE UNIT [I.C.C.U]	850	850	850
G29	INTERMEDIATE CARE UNIT (I.M.C)	400	400	400
G30	ISOLATION WARD	700	700	700
G31	ISSUE OF DUPLICATE BILLS	200	200	200
G32	MEDICAL CERTIFICATE FEE	200	200	200
G33	MEDICAL EXAMINATION FEE FOR INVALIDATION (MEDICAL BOARD)	2800	2800	2800
G34	MEDICAL INTENSIVE CARE UNIT (MICU)	700	700	700
G35	MEDICAL ONCOLOGY - ICU	700	700	700
G36	MEDICAL ONCOLOGY WARD	300	300	300
G37	MEDICINE WARD	300	300	300
G38	NEPHROLOGY ICU	700	700	700
G39	NEPHROLOGY - IMC	400	400	400
G40	NEPHROLOGY / IMC (EHS) MAINTENANCE HAEMODIALYSIS	200	200	200
G41	NEPHROLOGY/ IMC (DR.YSRA) MAINTENANCE HAEMODIALYSIS	200	200	200
G42	NEUROLOGY ICU	400	400	400
G43	NEUROSURGERY ICU	700	700	700
G44	NEUROSURGERY - IMC	400	400	400
G45	NEURO SURGERY RECOVERY ROOM [N.S.R.R]	850	850	850
G46	NON A.C.SINGLE ROOM	1200	1200	1200
G47	OPHTHALMOLOGY GENERAL WARD	300	300	300
G48	PAEDIATRIC WARD LEVEL 1 CARE	300	300	300
G49	PAYING ROOM FULL A.C. SINGLE ROOM	2000	2000	2000
G50	PLASTIC SURGERY/ NEPHROLOGY-II (GENERAL WARD)	300	300	300
G51	PLASTIC SURGERY WARD	300	300	300
G52	PRANADANAM WARD (P.D.WARD)	300	300	300
G53	POSTNATAL WARD (NON SURGICAL)	300	300	300
G54	PSYCHIATRY WARD	300	300	300
G55	RESPIRATORY INTENSIVE CARE UNIT (R.ICU)	700	700	700
G56	RADIATION ONCOLOGY WARD	300	300	300
G57	SHARED PAYING ROOM WITH A.C.	1200	1200	1200

G58	SORR (INTENSIVE CARE UNIT) - ICU	850	850	850
G59	SURGICAL ONCOLOGY WARD	300	300	300
G60	SHARED NON A/C ROOM	600	600	600
G61	SICU	700	700	700
G62	THORACIC RECOVERY ROOM [C.T.R.R]	850	850	850
G63	UROLOGY ICU	700	700	700
G64	UROLOGY IMC	400	400	400
G65	URO O.T. RECOVERY ROOM [U.R.R.]	850	850	850
G66	SINGLE ROOM WITH A/C (SPECIAL ROOMS)	2500	2500	2500
G67	DELUXE ROOM WITH A/C (SPECIAL ROOMS)	5000	5000	5000
G68	EMD ICU	700	700	700
G69	NEPHROLOGY/ IMC (ESI) MAINTENANCE HAEMODIALYSIS	200	200	200
G70	PAEDIATRIC GENERAL WARD	300	300	300
G71	PAYING SHARED A/C ROOM BED CHARGES FOR PATIENT ATTENDANT	1000	1000	1000
G72	PAYING SHARED NON A/C ROOM BED CHARGES FOR PATIENT ATTENDANT	500	500	500
G73	NEPHROLOGY WARD	300	300	300
G74	NEONATAL INTENSIVE CARE UNIT(NICU)	700	700	700
G75	ENT ICU	700	700	700
G76	SURGICAL ONCOLOGY STEPDOWN (INTERMEDIATE CARE) - IMC	400	400	400
G77	PAIN AND PALLIATIVE WING	300	300	300
G78	OBG SEMI SPECIAL ROOM	1200	1200	1200
G79	KSHEMANKARI MULTIDISCIPLINARY CRITICAL CARE UNIT (KMCCU)	700	700	700
G80	OBG OBSERVATION WARD	0	0	0
G81	OBG CANCER WARD	0	0	0
G82	SPECIAL AC SHARED ROOM	1250	1250	1250
G83	OBG RECOVERY ROOM (OBG-RR)	850	850	850

	2. ANAESTHESIOLOGY	TARIFF			
CODE	Procedure_Name	OP	IP	SINGLE ROOM	DELUXE ROOM
ANA01	ABG (CCU)	845	845	1020	1060
ANA02	ANAESTHESIA CHARGE FOR ANGIO LAB(RADIOLOGY) / 1 ST HOUR	2500	2500	3000	3130
ANA03	ANAESTHESIA CHARGE FOR ANGIO LAB(RADIOLOGY) / 2ND HOUR	3250	3250	3900	4070
ANA04	ANAESTHESIA CHARGE FOR ANGIO LAB(RADIOLOGY) / 3RD HOUR	3750	3750	4500	4690
ANA05	ANAESTHESIA CHARGE FOR ANGIO LAB (RADIOLOGY) AFTER 3RD HOUR - EACH HOUR ADDED CHARGES	500	500	600	630
ANA06	ANAESTHESIA CHARGES FOR E.S.W.L. PROCEDURE / 1ST HOUR	2500	2500	3000	3130
ANA07	ANAESTHESIA CHARGES FOR E.S.W.L. PROCEDURE / 2ND HOUR	3250	3250	3900	4070
ANA08	ANAESTHESIA CHARGES FOR E.S.W.L. PROCEDURE / 3RD HOUR	3750	3750	4500	4690
ANA09	ANAESTHESIA CHARGES FOR E.S.W.L. PROCEDURE / AFTER 3RD HOUR - EACH HOUR ADDED CHARGES	500	500	600	630
ANA10	ANAESTHESIA CHARGES FOR FOUR VESSEL ANGIOGRAM / 1ST HOUR	2500	2500	3000	3130
ANA11	ANAESTHESIA CHARGES FOR FOUR VESSEL ANGIOGRAM / 2ND HOUR	3250	3250	3900	4070
ANA12	ANAESTHESIA CHARGES FOR FOUR VESSEL ANGIOGRAM / 3RD HOUR	3750	3750	4500	4690
ANA13	ANAESTHESIA CHARGES FOR FOUR VESSEL ANGIOGRAM / AFTER 3RD HOUR - EACH HOUR ADDED CHARGES	500	500	600	630
ANA14	ANAESTHESIA CHARGES FOR M.R.I./ 1 ST HOUR	2500	2500	3000	3130
ANA15	ANAESTHESIA CHARGES FOR M.R.I. / 2 ND HOUR	3250	3250	3900	4070
ANA16	ANAESTHESIA CHARGES FOR M.R.I./ 3 RD HOUR	3750	3750	4500	4690
ANA17	ANAESTHESIA CHARGES FOR M.R.I./ AFTER 3RD HOUR - EACH HOUR ADDED CHARGES	500	500	600	630
ANA18	ANAESTHESIA CHARGES FOR ASD / 1 ST HOUR	2500	2500	3000	3130
ANA19	ANAESTHESIA CHARGES FOR ASD/ 2ND HOUR	3250	3250	3900	4070
ANA20	ANAESTHESIA CHARGES FOR ASD/ 3 RD HOUR	3750	3750	4500	4690
ANA21	ANAESTHESIA CHARGES FOR ASD/ AFTER 3RD HOUR - EACH HOUR ADDED CHARGES	500	500	600	630
ANA22	ANGIO LAB (RADIOLOGY) PROCESS WITH ANAESTHESIA CHARGES/ 1ST HOUR	2500	2500	3000	3130
ANA23	ANGIO LAB (RADIOLOGY) ANAESTHESIA CHARGES/ 2ND HOUR	3250	3250	3900	4070
ANA24	ANGIO LAB (RADIOLOGY) ANAESTHESIA CHARGES/ 3RD HOUR	3750	3750	4500	4690
ANA25	ANGIO LAB (RADIOLOGY) ANAESTHESIA CHARGES/ AFTER 3RD HOUR - EACH HOUR ADDED CHARGES	500	500	600	630
ANA26	C.CATH. (SCLEROTHERAPY) ANAESTHESIA STAND BY CATH WITH DRUGS/ 1ST HOUR	2500	2500	3000	3130
ANA27	C.CATH. (SCLEROTHERAPY) ANAESTHESIA STAND BY CATH WITH DRUGS/ 2ND HOUR	3250	3250	3900	4070
ANA28	C.CATH. (SCLEROTHERAPY) ANAESTHESIA STAND BY CATH WITH DRUGS/ 3RD HOUR	3750	3750	4500	4690
ANA29	C.CATH. (SCLEROTHERAPY) ANAESTHESIA STAND BY CATH WITH DRUGS/ AFTER 3RD HOUR - EACH HOUR ADDED CHARGES	500	500	600	630
ANA30	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)	1500	1500	1800	1880
ANA31	C.T. SCAN ANAESTHESIA CHARGES WITH DRUGS / 1ST HOUR	2500	2500	3000	3130
ANA32	C.T. SCAN ANAESTHESIA CHARGES WITH DRUGS / 2ND HOUR	3250	3250	3900	4070
ANA33	C.T. SCAN ANAESTHESIA CHARGES WITH DRUGS / 3RD HOUR	3750	3750	4500	4690
ANA34	C.T. SCAN ANAESTHESIA CHARGES WITH DRUGS / AFTER 3RD HOUR - EACH HOUR ADDED CHARGES	500	500	600	630
ANA35	ERCP SEDATION CHARGES / 1ST HOUR	2500	2500	3000	3130
ANA36	ERCP SEDATION CHARGES / 2ND HOUR	3250	3250	3900	4070
ANA37	ERCP SEDATION CHARGES/ 3RD HOUR	3750	3750	4500	4690
ANA38	ERCP SEDATION CHARGES/ AFTER 3RD HOUR - EACH HOUR ADDED CHARGES	500	500	600	630
ANA39	ET INTUBATION	1000	1000	1200	1250
ANA40	FOLLEYS CATHETERISATION	170	170	210	220
ANA41	IV CANNULATION	100	250	300	320

ANA42	LUMBAR PUNCTURE	500	1000	1200	1250
ANA43	MAC CHARGES 1ST HOUR	1250	2500	3000	3130
ANA44	MONITOR CHARGES PER DAY	300	1000	1200	1250
ANA45	NEBULISATION CHARGES PER DAY	100	250	300	320
ANA46	NERVE BLOCKS	200	2500	3000	3130
ANA47	OXYGEN CHARGES (PER DAY)	300	505	610	640
ANA48	PAIN CLINIC/ PAC CLINIC	200	500	600	630
ANA49	PULSE OXIMETER CHARGES		1000	1200	1250
ANA50	RESUSCITATION (CPR)	350	555	670	700
ANA51	RYLES TUBE	100	250	300	320
ANA52	SPINAL STEROIDS	200	1000	1200	1250
ANA53	SYRINGE PUMP CHARGES (PER DAY)	150	500	600	630
ANA54	TRACHEOSTOMY UNDER ANAESTHESIA/ 1ST HOUR	800	2500	3000	3130
ANA55	TRACHEOSTOMY UNDER ANAESTHESIA/ 2ND HOUR		3250	3900	4070
ANA56	TRACHEOSTOMY UNDER ANAESTHESIA/ 3 RD HOUR		3750	4500	4690
ANA57	TRACHEOSTOMY UNDER ANAESTHESIA/ AFTER 3RD HOUR - EACH HOUR ADDED CHARGES		500	600	630
ANA58	VENTILATOR CHARGES PER DAY	3000	4320	5190	5400
ANA59	VENTILATOR CHARGES FOR 1/2 DAY	1875	2160	2600	2700
ANA60	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
ANA61	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
ANA62	FIBREOPTIC BRONCHOSCOPE		2000	2400	2500
ANA63	US GUIDED N BLOCK		2500	3000	3130
ANA64	US USE FOR VASCULAR CANNULATION		2500	3000	3130
ANA65	US USE VASCULAR DYNAMICS		2500	3000	3130
ANA66	PATIENT TRANSFER CHARGES		1000	1200	1250
ANA67	VIDEO LARYNGOSCOPE USE		1000	1200	1250
ANA68	MAC CHARGES 02ND HOUR		750	900	940
ANA69	MAC CHARGES 03RD HOUR ONWARD PER HOUR		500	600	630
ANA70	FIRST HOUR CHARGES FOR GA WITH TRACHEAL INTUBATION IN THE OT		3000	3600	3750
ANA71	SECOND HOUR CHARGES FOR GA WITH TRACHEAL INTUBATION IN THE OT		1000	1200	1250
ANA72	SUBSEQUENT HOUR'S CHARGES FOR GA WITH TRACHEAL INTUBATION IN THE OT		750	900	940
ANA73	FIRST HOUR CHARGES FOR SPINAL/EPIDURAL ANAESTHESIA IN THE OT		2500	3000	3130
ANA74	SECOND HOUR CHARGES FOR SPINAL/EPIDURAL ANAESTHESIA IN THE OT		750	900	940
ANA75	SUBSEQUENT HOUR'S CHARGES FOR SPINAL/EPIDURAL ANAESTHESIA IN THE OT		500	600	630
ANA76	FIRST HOUR CHARGES FOR SPINAL/EPIDURAL ANAESTHESIA CHARGES FOR LSCS IN THE OT		3000	3600	3750
ANA77	SECOND HOUR CHARGES FOR SPINAL/EPIDURAL ANAESTHESIA CHARGES FOR LSCS IN THE OT		750	900	940
ANA78	SUBSEQUENT HOUR'S CHARGES FOR SPINAL/EPIDURAL ANAESTHESIA CHARGES FOR LSCS IN THE OT		500	600	630
ANA79	CHARGES FOR ARTERIAL LINE		1000	1200	1250
ANA80	POST OPERATIVE EPIDURAL ANALGESIA CHARGES PER DAY		1000	1200	1250
ANA81	FIRST HOUR CHARGES FOR GA WITH TRACHEAL INTUBATION IN THE OT (EMERGENCY BASIS)		3450	4140	4320
ANA82	SECOND HOUR CHARGES FOR GA WITH TRACHEAL INTUBATION IN THE OT (EMERGENCY BASIS)		1150	1380	1440
ANA83	SUBSEQUENT HOUR'S CHARGES FOR GA WITH TRACHEAL INTUBATION IN THE OT (EMERGENCY BASIS)		865	1040	1090
ANA84	GA WITH REGIONAL ANAESTHESIA (SPINAL/EPIDURAL ANAESTHESIA) CHARGES IN THE OT (EMERGENCY BASIS)		5175	6210	6470
ANA85	FIRST HOUR CHARGES FOR SPINAL/EPIDURAL ANAESTHESIA IN THE OT (EMERGENCY BASIS)		2875	3450	3600
ANA86	SECOND HOUR CHARGES FOR SPINAL/EPIDURAL ANAESTHESIA IN THE OT (EMERGENCY BASIS)		865	1040	1090
ANA87	SUBSEQUENT HOUR'S CHARGES FOR SPINAL/EPIDURAL ANAESTHESIA IN THE OT (EMERGENCY BASIS)		575	690	720
ANA88	FIRST HOUR CHARGES FOR SPINAL/EPIDURAL ANAESTHESIA CHARGES FOR LSCS IN THE OT (EMERGENCY BASIS)		3450	4140	4320
ANA89	SECOND HOUR CHARGES FOR SPINAL/EPIDURAL ANAESTHESIA CHARGES FOR LSCS IN THE OT (EMERGENCY BASIS)		865	1040	1090

ANA90	SUBSEQUENT HOUR'S CHARGES FOR SPINAL/EPIDURAL ANAESTHESIA CHARGES FOR LSCS IN THE OT (EMERGENCY BASIS)		575	690	720
ANA91	CHARGES FOR ARTERIAL LINE (EMERGENCY BASIS)		1150	1380	1440
ANA92	POST OPERATIVE EPIDURAL ANALGESIA CHARGES PER DAY (EMERGENCY BASIS)		1150	1380	1440
ANA93	ABG (CCU)(EMERGENCY BASIS)		975	1170	1220
ANA94	ANAESTHESIA CHARGES FOR ANGIO LAB(RADIOLOGY) / 1 ST HOUR (EMERGENCY BASIS)		2875	3450	3600
ANA95	ANAESTHESIA CHARGES FOR ANGIO LAB(RADIOLOGY) / 2ND HOUR (EMERGENCY BASIS)		3740	4490	4680
ANA96	ANAESTHESIA CHARGES FOR ANGIO LAB(RADIOLOGY) / 3RD HOUR (EMERGENCY BASIS)		4315	5180	5400
ANA97	ANAESTHESIA CHARGES FOR ANGIO LAB (RADIOLOGY) AFTER 3RD HOUR - EACH HOUR ADDED CHARGES (EMERGENCY BASIS)		575	690	720
ANA98	ANAESTHESIA CHARGES FOR E.S.W.L. PROCEDURE / 1ST HOUR(EMERGENCY BASIS)		2875	3450	3600
ANA99	ANAESTHESIA CHARGES FOR E.S.W.L. PROCEDURE / 2ND HOUR(EMERGENCY BASIS)		3740	4490	4680
ANA100	ANAESTHESIA CHARGES FOR E.S.W.L. PROCEDURE / 3RD HOUR (EMERGENCY BASIS)		4315	5180	5400
ANA101	ANAESTHESIA CHARGES FOR E.S.W.L. PROCEDURE / AFTER 3RD HOUR - EACH HOUR ADDED CHARGES(EMERGENCY BASIS)		575	690	720
ANA102	ANAESTHESIA CHARGES FOR FOUR VESSEL ANGIOGRAM / 1ST HOUR (EMERGENCY BASIS)		2875	3450	3600
ANA103	ANAESTHESIA CHARGES FOR FOUR VESSEL ANGIOGRAM / 2ND HOUR (EMERGENCY BASIS)		3740	4490	4680
ANA104	ANAESTHESIA CHARGES FOR FOUR VESSEL ANGIOGRAM / 3RD HOUR (EMERGENCY BASIS)		4315	5180	5400
ANA105	ANAESTHESIA CHARGES FOR FOUR VESSEL ANGIOGRAM / AFTER 3RD HOUR - EACH HOUR ADDED CHARGES(EMERGENCY BASIS)		575	690	720
ANA106	ANAESTHESIA CHARGES FOR M.R.I./ 1 ST HOUR(EMERGENCY BASIS)		2875	3450	3600
ANA107	ANAESTHESIA CHARGES FOR M.R.I. / 2 ND HOUR(EMERGENCY BASIS)		3740	4490	4680
ANA108	ANAESTHESIA CHARGES FOR M.R.I./ 3 RD HOUR(EMERGENCY BASIS)		4315	5180	5400
ANA109	ANAESTHESIA CHARGES FOR M.R.I./ AFTER 3RD HOUR - EACH HOUR ADDED CHARGES (EMERGENCY BASIS)		575	690	720
ANA110	ANAESTHESIA CHARGES FOR ASD / 1 ST HOUR(EMERGENCY BASIS)		2875	3450	3600
ANA111	ANAESTHESIA CHARGES FOR ASD/ 2ND HOUR(EMERGENCY BASIS)		3740	4490	4680
ANA112	ANAESTHESIA CHARGES FOR ASD/ 3 RD HOUR (EMERGENCY BASIS)		4315	5180	5400
ANA113	ANAESTHESIA CHARGES FOR ASD/ AFTER 3RD HOUR - EACH HOUR ADDED CHARGES(EMERGENCY BASIS)		575	690	720
ANA114	ANGIO LAB (RADIOLOGY) PROCESS WITH ANAESTHESIA CHARGES/ 1ST HOUR(EMERGENCY BASIS)		2875	3450	3600
ANA115	ANGIO LAB (RADIOLOGY) ANAESTHESIA CHARGES/ 2ND HOUR(EMERGENCY BASIS)		3740	4490	4680
ANA116	ANGIO LAB (RADIOLOGY) ANAESTHESIA CHARGES/ 3RD HOUR		4315	5180	5400
ANA117	ANGIO LAB (RADIOLOGY) ANAESTHESIA CHARGES/ AFTER 3RD HOUR - EACH HOUR ADDED CHARGES(EMERGENCY BASIS)		575	690	720
ANA118	C.CATH. (SCLEROTHERAPY) ANAESTHESIA STAND BY CATH WITH DRUGS/ 1ST HOUR(EMERGENCY BASIS)		2875	3450	3600
ANA119	C.CATH. (SCLEROTHERAPY) ANAESTHESIA STAND BY CATH WITH DRUGS/ 2ND HOUR(EMERGENCY BASIS)		3740	4490	4680
ANA120	C.CATH. (SCLEROTHERAPY) ANAESTHESIA STAND BY CATH WITH DRUGS/ 3RD HOUR(EMERGENCY BASIS)		4315	5180	5400
ANA121	C.CATH. (SCLEROTHERAPY) ANAESTHESIA STAND BY CATH WITH DRUGS/ AFTER 3RD HOUR - EACH HOUR ADDED CHARGES(EMERGENCY BASIS)		575	690	720
ANA122	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)(EMERGENCY BASIS)		1725	2070	2160
ANA123	C.T. SCAN ANAESTHESIA CHARGES WITH DRUGS / 1ST HOUR(EMERGENCY BASIS)		2875	3450	3600
ANA124	C.T. SCAN ANAESTHESIA CHARGES WITH DRUGS / 2ND HOUR (EMERGENCY BASIS)		3740	4490	4680
ANA125	C.T. SCAN ANAESTHESIA CHARGES WITH DRUGS / 3RD HOUR(EMERGENCY BASIS)		4315	5180	5400

ANA126	C.T. SCAN ANAESTHESIA CHARGES WITH DRUGS / AFTER 3RD HOUR - EACH HOUR ADDED CHARGES(EMERGENCY BASIS)		575	690	720
ANA127	ERCP SEDATION CHARGES / 1ST HOUR(EMERGENCY BASIS)		2875	3450	3600
ANA128	ERCP SEDATION CHARGES / 2ND HOUR(EMERGENCY BASIS)		3740	4490	4680
ANA129	ERCP SEDATION CHARGES/ 3RD HOUR(EMERGENCY BASIS)		4315	5180	5400
ANA130	ERCP SEDATION CHARGES/ AFTER 3RD HOUR - EACH HOUR ADDED CHARGES(EMERGENCY BASIS)		575	690	720
ANA131	ET INTUBATION(EMERGENCY BASIS)		1150	1380	1440
ANA132	FOLLEYS CATHETERISATION(EMERGENCY BASIS)		200	240	250
ANA133	IV CANNULATION(EMERGENCY BASIS)		290	350	370
ANA134	LUMBAR PUNCTURE(EMERGENCY BASIS)		1150	1380	1440
ANA135	MAC CHARGES 1ST HOUR(EMERGENCY BASIS)		2875	3450	3600
ANA136	NERVE BLOCKS(EMERGENCY BASIS)		2875	3450	3600
ANA137	PAIN CLINIC/ PAC CLINIC(EMERGENCY BASIS)		575	690	720
ANA138	RESUSCITATION (CPR)(EMERGENCY BASIS)		640	770	800
ANA139	RYLES TUBE(EMERGENCY BASIS)		290	350	370
ANA140	SPINAL STEROIDS(EMERGENCY BASIS)		1150	1380	1440
ANA141	TRACHOEOSTOMY UNDER ANAESTHESIA/ 1ST HOUR(EMERGENCY BASIS)		2875	3450	3600
ANA142	TRACHOEOSTOMY UNDER ANAESTHESIA/ 2ND HOUR(EMERGENCY BASIS)		3740	4490	4680
ANA143	TRACHOEOSTOMY UNDER ANAESTHESIA/ 3 RD HOUR(EMERGENCY BASIS)		4315	5180	5400
ANA144	TRACHOEOSTOMY UNDER ANAESTHESIA/ AFTER 3RD HOUR - EACH HOUR ADDED CHARGES(EMERGENCY BASIS)		575	690	720
ANA145	FIBREOPTIC BRONCHOSCOPE(EMERGENCY BASIS)		2300	2760	2880
ANA146	US GUIDED N BLOCK(EMERGENCY BASIS)		2875	3450	3600
ANA147	US USE FOR VASCULAR CANNULATION(EMERGENCY BASIS)		2875	3450	3600
ANA148	US USE VASCULAR DYNAMICS(EMERGENCY BASIS)		2875	3450	3600
ANA149	PATIENT TRANSFER CHARGES(EMERGENCY BASIS)		1150	1380	1440
ANA150	VIDEO LARYNGOSCOPE USE(EMERGENCY BASIS)		1150	1380	1440
ANA151	MAC CHARGES 02ND HOUR(EMERGENCY BASIS)		865	1040	1090
ANA152	MAC CHARGES 03RD HOUR ONWARD PER HOUR(EMERGENCY BASIS)		575	690	720
ANA153	GA WITH REGIONAL ANAESTHESIA (SPINAL/EPIDURAL ANAESTHESIA) CHARGES IN THE OT		4500	5400	5630
ANA154	ANAESTHESIA SERVICE CHARGES FOR ALL OPEN HEART SURGERIES UNDER AAROGYASRI		2000	2400	2500

3. BIOCHEMISTRY		TARIFF			
CODE	Investigation_Name	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
BIO001	24 HRS URINE METANEPHRINE	900	1120	1350	1400
BIO002	24 HRS URINE METANEPHRINS (3)	1800	2250	2700	2820
BIO003	24 HRS URINE META TOTAL VOLUME	35	50	60	70
BIO004	24 HRS URINE NOR METANEPHRINE	900	1120	1350	1400
BIO005	24 HRS URINE VMA	450	565	680	710
BIO006	24 HR URINE (3 PARAMETERS)	355	445	540	560
BIO007	24 HR URINE (6 PARAMETERS)	935	1120	1350	1400
BIO008	24 HR URINE CALCIUM	190	240	290	300
BIO009	24 HR URINE CREATININE	150	185	230	240
BIO010	24 HR URINE MICROALBUMIN	395	490	590	620
BIO011	24 HR URINE PHOSPHOROUS	190	240	290	300
BIO012	24 HR URINE POTASSIUM	190	240	290	300
BIO013	24 HR URINE PROTEINS	170	210	260	270
BIO014	24 HR URINE SODIUM	190	240	290	300
BIO015	24 HR URINE TOTAL VOLUME	35	50	60	70
BIO016	24 HR URINE UREA	150	185	230	240
BIO017	24 HR URINE URIC ACID	190	240	290	300
BIO018	ABG	625	750	900	940
BIO019	ASCITIC FLUID ADA	350	400	480	500
BIO020	ASCITIC FLUID ALBUMIN	95	120	150	150
BIO021	ASCITIC FLUID AMYLASE	250	310	380	390
BIO022	ASCITIC FLUID CHOLESTEROL	190	240	290	300
BIO023	ASCITIC FLUID GLUCOSE	70	90	110	120
BIO024	ASCITIC FLUID LDH	450	565	680	710
BIO025	ASCITIC FLUID PROTEIN	170	210	260	270
BIO026	BRONCHIAN FLUID LDH	450	565	680	710
BIO027	BRONCHIL FLUID ADA	275	350	420	440
BIO028	CSF ADA	350	400	480	500
BIO029	CSF CHLORIDE	150	185	230	240
BIO030	CSF GLUCOSE	70	90	110	120
BIO031	CSF PROTEIN	170	210	260	270
BIO032	CYST DISCHARGE GLUCOSE	70	90	110	120
BIO033	CYST FLUID ADA	350	400	480	500
BIO034	CYST FLUID AMYLASE	250	310	380	390
BIO035	CYST FLUID CREATININE	150	185	230	240
BIO036	CYST FLUID GLUCOSE	70	90	110	120
BIO037	CYST FLUID PROTEIN	170	210	260	270
BIO038	DIALYSATE SOLUTION CALCIUM	150	185	230	240
BIO039	DIALYSATE SOLUTION GLUCOSE	70	90	110	120
BIO040	DIALYSATE SOLUTION MAGNESIUM	395	490	590	620
BIO041	DIALYSATE SOLUTION POTASSIUM	150	185	230	240
BIO042	DIALYSATE SOLUTION SODIUM	150	185	230	240
BIO043	DRAIN FLUID ADA	350	400	480	500
BIO044	DRAIN FLUID AMYLASE	250	310	380	390
BIO045	DRAIN FLUID CREATININE	150	185	230	240
BIO046	DRAIN FLUID GLUCOSE	70	90	110	120
BIO047	DRAIN FLUID UREA	150	185	230	240
BIO048	GTT (2 SAMPLES)	110	130	160	170
BIO049	GTT (3 SAMPLES)	150	185	230	240
BIO050	GTT EXTENDED (5 SAMPLES)	250	400	480	500
BIO051	GTT (HALF AN HOURLY)	250	310	380	390
BIO052	LFT (4)	490	610	740	770
BIO053	LFT (7)	850	1070	1290	1340
BIO054	LIPID PROFILE (3)	530	660	800	830
BIO055	LIPID PROFILE (5)	540	660	800	830
BIO056	MHC (BIOCHEM)	965	1120	1350	1400
BIO057	PD FLUID ADA	350	400	480	500

BIO058	PD FLUID CALCIUM	150	185	230	240
BIO059	PD FLUID CREATININE	95	120	150	150
BIO060	PD FLUID GLUCOSE	70	90	110	120
BIO061	PD FLUID MAGNESIUM	395	490	590	620
BIO062	PD FLUID POTASSIUM	150	185	230	240
BIO063	PD FLUID PROTEIN	170	210	260	270
BIO064	PD FLUID SODIUM	150	185	230	240
BIO065	PD FLUID UREA	95	120	150	150
BIO066	PERICARDIAL FLUID ADA	350	400	480	500
BIO067	PERICARDIAL FLUID CHOLESTEROL	190	240	290	300
BIO068	PERICARDIAL FLUID GLUCOSE	70	90	110	120
BIO069	PERICARDIAL FLUID LDH	450	565	680	710
BIO070	PERICARDIAL FLUID PROTEIN	170	210	260	270
BIO071	PERITONEAL FLUID ADA	350	400	480	500
BIO072	PERITONEAL FLUID CREATININE	150	185	230	240
BIO073	PERITONEAL FLUID GLUCOSE	70	90	110	120
BIO074	PERITONEAL FLUID LDH	450	565	680	710
BIO075	PERITONEAL FLUID PROTEIN	170	210	260	270
BIO076	PERITONEAL FLUID UREA	150	185	230	240
BIO077	PLASMA GLUCOSE (FBS)	50	60	80	80
BIO078	PLASMA GLUCOSE (GTT PGBS) 1 1/2 HR	50	60	80	80
BIO079	PLASMA GLUCOSE (GTT PGBS) 1/2HR	50	60	80	80
BIO080	PLASMA GLUCOSE (GTT PGBS) 1HR	50	60	80	80
BIO081	PLASMA GLUCOSE(GTT PGBS) 2HR	50	60	80	80
BIO082	PLASMA GLUCOSE (GTT PGBS) 3HR	50	60	80	80
BIO083	PLASMA GLUCOSE (PGBS) 4HR	50	60	80	80
BIO084	PLASMA GLUCOSE (PPBS) 2 HR	50	60	80	80
BIO085	PLASMA GLUCOSE (R)	50	70	90	90
BIO086	PLEURAL FLUID ADA	350	400	480	500
BIO087	PLEURAL FLUID ALBUMIN	95	120	150	150
BIO088	PLEURAL FLUID CHOLESTEROL	190	240	290	300
BIO089	PLEURAL FLUID GLUCOSE	70	90	110	120
BIO090	PLEURAL FLUID LDH	450	565	680	710
BIO091	PLEURAL FLUID PROTEIN	170	210	260	270
BIO092	POST DIALYSIS FLUID CREATININE	150	185	230	240
BIO093	POST DIALYSIS FLUID GLUCOSE	70	90	110	120
BIO094	POST DIALYSIS FLUID UREA	150	185	230	240
BIO095	RFT	190	240	290	300
BIO096	SE	300	370	450	470
BIO097	SERUM ADA	350	400	480	500
BIO098	SERUM AFP	1045	1310	1580	1640
BIO099	SERUM ALBUMIN	100	120	150	150
BIO100	SERUM ALKALINE PHOSPHATASE	150	185	230	240
BIO101	SERUM ALT (SGPT)	150	185	230	240
BIO102	SERUM AMYLASE	250	310	380	390
BIO103	SERUM AST (SGOT)	150	185	230	240
BIO104	SERUM BICARBONATE	150	185	230	240
BIO105	SERUM BILIRUBIN (CONJ/ DIRECT)	100	120	150	150
BIO106	SERUM BILIRUBIN (TOTAL)	100	120	150	150
BIO107	SERUM CA 125	1045	1310	1580	1640
BIO108	SERUM CALCIUM	150	185	230	240
BIO109	SERUM CARBAMAZEPINE	790	990	1190	1240
BIO110	SERUM CEA	1045	1310	1580	1640
BIO111	SERUM CHLORIDE	150	185	230	240
BIO112	SERUM CHOLESTEROL	150	185	230	240
BIO113	SERUM CHOLINESTERASE	600	750	900	940
BIO114	SERUM CK/CPK	300	370	450	470
BIO115	SERUM CK-MB	590	730	880	920
BIO116	SERUM CREATININE	95	120	150	150
BIO117	SERUM FERRITIN	900	1130	1360	1420
BIO118	SERUM GLOBULIN	230	285	350	360

BIO119	SERUM HCG	1045	1310	1580	1640
BIO120	SERUM HDL (CHOLESTEROL)	180	230	280	290
BIO121	SERUM HOMOCYSTEINE	1585	1980	2380	2480
BIO122	SERUM IRON	350	400	480	500
BIO123	SERUM LDH	450	565	680	710
BIO124	SERUM LDL (CHOLESTEROL)	150	185	230	240
BIO125	SERUM LP (A)	590	800	960	1000
BIO126	SERUM MAGNESIUM	395	490	590	620
BIO127	SERUM OSMOLALITY	490	610	740	770
BIO128	SERUM PHENOBARBITAL (PHE)	790	990	1190	1240
BIO129	SERUM PHENYTOIN (PHY)	790	990	1190	1240
BIO130	SERUM PHOSPHOROUS	150	185	230	240
BIO131	SERUM POTASSIUM	150	185	230	240
BIO132	SERUM PSA	1045	1310	1580	1640
BIO133	SERUM SODIUM	150	185	230	240
BIO134	SERUM SPE	590	730	880	920
BIO135	SERUM TIBC	450	500	600	630
BIO136	SERUM TOTAL PROTEIN	190	240	290	300
BIO137	SERUM TRIGLYCERIDES	190	240	290	300
BIO138	SERUM UREA	95	120	150	150
BIO139	SERUM URIC ACID	150	185	230	240
BIO140	SERUM VLDL (CHOLESTEROL)	190	240	290	300
BIO141	SPOT URINE BENCE-JONES PROTEINS	300	370	450	470
BIO142	SPOT URINE CALCIUM	190	240	290	300
BIO143	SPOT URINE CREATININE	150	185	230	240
BIO144	SPOT URINE MICROALBUMIN	395	490	590	620
BIO145	SPOT URINE OSMOLALITY	490	610	740	770
BIO146	SPOT URINE PHOSPHOROUS	190	240	290	300
BIO147	SPOT URINE POTASSIUM	190	240	290	300
BIO148	SPOT URINE PROTEIN	170	210	260	270
BIO149	SPOT URINE SODIUM	190	240	290	300
BIO150	SPOT URINE UREA	150	185	230	240
BIO151	SPOT URINE URIC ACID	190	240	290	300
BIO152	SYNOVIAL FLUID ADA	275	400	480	500
BIO153	SYNOVIAL FLUID CREATININE	150	185	230	240
BIO154	SYNOVIAL FLUID GLUCOSE	70	90	110	120
BIO155	SYNOVIAL FLUID PROTEIN	170	210	260	270
BIO156	SYNOVIAL FLUID UREA	150	185	230	240
BIO157	SYNOVIAL FLUID URIC ACID	190	240	290	300
BIO158	SERUM hs CRP	600	600	720	750
BIO159	PD FLUID UREA (OVER NIGHT)	95	120	150	150
BIO160	PD FLUID CREATININE (OVER NIGHT)	95	120	150	150
BIO161	PD FLUID GLUCOSE (OVER NIGHT)	70	90	110	120
BIO162	PD FLUID UREA (ZERO HOUR)	95	120	150	150
BIO163	PD FLUID CREATININE (ZERO HOUR)	95	120	150	150
BIO164	PD FLUID GLUCOSE (ZERO HOUR)	70	90	110	120
BIO165	PD FLUID UREA (2ND HOUR)	95	120	150	150
BIO166	PD FLUID CREATININE (2ND HOUR)	95	120	150	150
BIO167	PD FLUID GLUCOSE (2ND HOUR)	70	90	110	120
BIO168	PD FLUID UREA (4TH HOUR)	95	120	150	150
BIO169	PD FLUID CREATININE (4TH HOUR)	95	120	150	150
BIO170	PD FLUID GLUCOSE (4TH HOUR)	70	90	110	120
BIO171	24 HOURS PD FLUID UREA	150	185	230	240
BIO172	24 HOURS PD FLUID CREATININE	150	185	230	240
BIO173	24 HOURS PD FLUID PROTEIN	170	210	260	270
BIO174	DIALYSATE SOLUTION CHLORIDE	185	235	290	300
BIO175	DIALYSATE SOLUTION BICARBONATE	185	235	290	300
BIO176	FREE PSA	1560	1920	2310	2400
BIO177	PLASMA FIBRINOGEN	530	660	800	830
BIO178	PLASMA LACTATE	600	750	900	940
BIO179	TOTAL BILIRUBIN (STAT TESTING)		150	180	190

BIO180	CALCIUM (STAT TESTING)		240	290	300
BIO181	GLUCOSE (STAT TESTING)		90	110	120
BIO182	MAGNESIUM (STAT TESTING)		720	870	900
BIO183	POTASSIUM (STAT TESTING)		240	290	300
BIO184	SODIUM (STAT TESTING)		240	290	300
BIO185	CREATININE (STAT TESTING)		150	180	190
BIO186	CARBAMAZEPINE (STAT TESTING)		1200	1440	1500
BIO187	PHENOBARBITONE (STAT TESTING)		1200	1440	1500
BIO188	PHENYTOIN (STAT TESTING)		1200	1440	1500
BIO189	ABG (STAT TESTING)		750	900	940
BIO190	SERUM LIPASE	250	800	960	1000
BIO191	SERUM LIPASE (STAT TESTING)		240	290	300
BIO192	SERUM UREA (STAT TESTING)		150	180	190
BIO193	Plasma D Dimer	1200	1500	1800	1880
BIO194	SERUM IL-6	1800	2250	2700	2820
BIO195	SERUM AMYLASE (STAT TESTING)		400	480	500
BIO196	SERUM UREA PRE HD	95	120	150	150
BIO197	SERUM UREA POST HD	95	120	150	150
BIO198	SERUM CREATININE PRE HD	95	120	150	150
BIO199	SERUM CREATININE POST HD	95	120	150	150
BIO200	SERUM BICARBONATE(STAT TESTING)		225	270	290
BIO201	SERUM LITHIUM	700	750	900	940
BIO202	SERUM VALPROIC ACID	300	350	420	440
BIO203	DRAIN FLUID BILIRUBIN	100	120	150	150
BIO204	HUMAN EPIDIDYMIS PROTEIN 4 (HE4) ELISA	1045	1045	1260	1310
BIO205	SERUM PH	100	100	120	130
BIO206	SERUM IONIZED CALCIUM	100	100	120	130
BIO207	SE (6) (Cl, K, Na, HCO ₃ , PH, Ionized Ca ⁺)	400	420	510	530
BIO208	MASTER HEALTH CHECKUP (Biochem)	750	780	940	980
BIO209	24 HRS URINE PROTEIN : CREATININE RATIO	150	160	200	200
BIO210	24 HRS URINE ALBUMIN : CREATININE RATIO	150	160	200	200
BIO211	TRIAGE PACKAGE (RBS, RFT, SE)	500	520	630	650
BIO212	RENAL PACKAGE (RFT, SE, UA)	600	620	750	780
BIO213	ANEMIA PACKAGE (Iron, TIBC, Ferritin, LDH)	1300	1340	1610	1680
BIO214	SERUM IONIZED CALCIUM (ISE)	100	110	140	140
BIO215	SERUM ISE LITHIUM (ISE)	100	110	140	140
BIO216	SERUM BICARBONATE (ISE)	100	110	140	140
BIO217	SERUM A : G RATIO (CALCULATED)	150	160	200	200
BIO218	SERUM pH	100	110	140	140
BIO219	SERUM TRANSFERRIN SATURATION	300	310	380	390
BIO220	SERUM BONE ALP	900	930	1120	1170
BIO221	GERIATRIC FEMALE HEALTH PANEL (RBS, RFT, SE, LIPID PROFILE (5), Ca, PHOSPHORUS AND IRON)	2500	2580	3100	3230
BIO222	GERIATRIC MALE HEALTH PANEL (RBS, RFT, LIPID PROFILE (5), Ca, PHOSPHORUS AND PSA)	2200	2270	2730	2840
BIO223	OBG PANEL (GTT, Ca, PHOSPHORUS, IRON, HCG AND AFP)	2000	2060	2480	2580
BIO224	CARDIAC SCREENING PANEL (GTT, LIPID PROFILE (5), HOMOCYSTEINE, LP(a), hs CRP)	2300	2370	2850	2970
BIO225	BONE PANEL (Ca, PHOSPHORUS, URIC ACID, ALP AND BONE ALP)	1000	1030	1240	1290

4. CARDIOLOGY INVESTIGATIONS		TARIFF			
CODE	Investigation_Name	OP	IP	SINGLE ROOM	DELUXE ROOM
CARD01	BED SIDE ECG	110	150	180	190
CARD02	CARDIAC FLUROSCOPY	500	500	600	630
CARD03	CARDIAC PANNEL(CKMB,MYOGLOBIN,TROP I)	850	1065	1280	1340
CARD04	CONTRAST ECHO	1000	1000	1200	1250
CARD05	D-DIMER	1375	1720	2070	2150
CARD06	DOBUTAMINE STRESS ECHO	2500	2500	3000	3130
CARD07	ECG	100	100	120	130
CARD08	SCREENING ECHO	550	690	830	870
CARD09	HOLTER MONITORING TEST (FOR 24 HOURS)	1375	1720	2070	2150
CARD10	NON IONIC CONTRAST (50ML) - 1VIAL	825	1030	1240	1290
CARD11	PERICARDIOCENTESIS	5000	5000	6000	6250
CARD12	PRO-B.N.P	1650	2065	2480	2590
CARD13	SIGNAL AVERAGE ECG	550	550	660	690
CARD14	SOB PANNEL (CKMB,MYOGLOBIN,TROP I,BNP, D DIMER)	1200	1500	1800	1880
CARD15	TRANS OESOPHAGEAL ECHO (TEE)	1100	1100	1320	1380
CARD16	TREAD MILL TEST (TMT)	1000	1000	1200	1250
CARD17	TROP I	600	600	720	750
CARD18	TROP-T TEST	880	1100	1320	1380
CARD19	VECTOR CARDIOGRAPHY	440	440	530	550
CARD20	AMBULATORY BP MONITORING	1375	1375	1650	1720
CARD21	PLATELET AGGREGATION INHIBITION	2500	2500	3000	3130
CARD22	BED SIDE ECHO		1000	1200	1250
CARD23	HOLTER MONITORING TEST (FOR 48 HOURS)	2750	2750	3300	3440
CARD24	BED SIDE TEE (TRANS OESOPHAGEAL ECHO)	-	5000	6000	6250
CARD25	TILT TABLE TEST	2500	2500	3000	3130
CARD26	hs CRP	400	400	480	500
CARD27	CAG CD ISSUE CHARGES-01 (OTHER THAN AAROgyASREE/ EHS)	550	550	660	690
CARD28	CAG CD ISSUE CHARGES-02 (Dr.YSRAS/ EHS)	5000	5000	6000	6250
CARD29	CAG CD REVIEW CHARGES	500	500	600	630
CARD30	ECHO WITH CD	1000	1000	1200	1250
CARD31	FOLLEYS CATHETERISATION		170	210	220
CARD32	IV CANNULATION		250	300	320
CARD33	MONITOR CHARGES PER DAY		1000	1200	1250
CARD34	NEBULISATION CHARGES PER DAY		250	300	320
CARD35	OXYGEN CHARGES PER DAY		505	610	640
CARD36	PULSE OXIMETER CHARGES		1000	1200	1250
CARD37	RYLES TUBE		250	300	320
CARD38	SYRINGE PUMP CHARGES PER DAY		500	600	630
CARD39	VENTILATOR CHARGES PER DAY		4320	5190	5400
CARD40	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
CARD41	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
CARD42	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
CARD43	ET INTUBATION		1000	1200	1250
CARD44	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)		1500	1800	1880
CARD45	LUMBAR PUNCTURE		1000	1200	1250

	5. CARDIOLOGY PROCEDURES	TARIFF			
CODE	Procedure_Name	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
CARDP01	PTCA CHARGES FOR POBA		28600	34320	35750
CARDP02	AORTIC BALLOON VALVULOPLASTY		27500	33000	34380
CARDP03	AORTOGRAM/ RENAL ANGIOGRAM		6600	7920	8250
CARDP04	ASD DEVICE CLOSURE		25000	30000	31250
CARDP05	PERIPHERAL ANGIO		5500	6600	6880
CARDP06	BALLOON SEPTOSTOMY		10000	12000	12500
CARDP07	CARDIAC FLUROSCOPY	500	500	600	630
CARDP08	COARCT BALLOON VALVULOPLASTY		27500	33000	34380
CARDP09	CORONARY ANGIO		5500	6600	6880
CARDP10	PTCA CHARGES FOR TWO STENTS (COST OF STENT EXTRA)		34600	41520	43250
CARDP11	PTCA CHARGES FOR THREE STENTS (COST OF STENT EXTRA)		37600	45120	47000
CARDP12	PERIPHERAL ANGIOPLASTY (COST OF STENT EXTRA)		28600	34320	35750
CARDP13	PDA DEVICE CLOSURE CHARGES		25000	30000	31250
CARDP14	ECG (MHC)	100	100	120	130
CARDP15	EP STUDY		30000	36000	37500
CARDP16	EP STUDY PLUS RF ABLATION		76000	91200	95000
CARDP17	ICD IMPLANTATION CHARGE		25000	30000	31250
CARDP18	IVC FILTER IMPLANTATION (COST OF FILTER EXTRA)		25000	30000	31250
CARDP19	LEFT HEART CATH/ RIGHT HEART CATH		6000	7200	7500
CARDP20	MITRAL BALLOON VALVULOPLASTY (PTMC)		45000	54000	56250
CARDP21	PDA CLOSURE CHARGES (WITH 1 COIL)		22000	26400	27500
CARDP22	PDA CLOSURE CHARGES (WITH 2 COILS)		27500	33000	34380
CARDP23	VSD DEVICE CLOSURE CHARGES		25000	30000	31250
CARDP24	PERMANENT PACEMAKER IMPLANTATION (PPI)		10000	12000	12500
CARDP25	PTCA CHARGES FOR SINGLE STENT (COST OF STENT EXTRA)		31600	37920	39500
CARDP26	PFO DEVICE CLOSURE CHARGES		25000	30000	31250
CARDP27	ROTABLATION		48875	58650	61100
CARDP28	PULMONARY BALLOON VALVULOPLASTY		27500	33000	34380
CARDP29	OCT (OPTICAL COHERENCE TOMOGRAPHY) IMAGING		45000	54000	56250
CARDP30	FFR (FRACTIONAL FLOW RESERVE)		15000	18000	18750
CARDP31	TRANS RADIAL ANGIOGRAM		5500	6600	6880
CARDP32	TEMPORARY PACE MAKER IMPLANTATION (TPI)		5000	6000	6250
CARDP33	CARDIAC RESYNCHRONISATION THERAPY - CRT (P) PROCEDURE CHARGES		25000	30000	31250
CARDP34	IVUS IMAGING PROCEDURE (INTRA VASCULAR ULTRA SOUND)		35000	42000	43750
CARDP35	PACEMAKER INTERROGATION AND PROGRAMMING	1000	1000	1200	1250
CARDP36	ICD / CRT INTERROGATION/PROGRAMMING	1000	1000	1200	1250
CARDP37	IABP (COST OF BALLOON EXTRA)		30000	36000	37500
CARDP38	COMBO DEVICE IMPLANTATION		40000	48000	50000
CARDP39	ENDOMYOCARDIAL BIOPSY		15000	18000	18750
CARDP40	RIGHT PLUS LEFT HEART CATHETERISATION		9000	10800	11250
CARDP41	DUAL CHAMBER PACEMAKER IMPLANTATION		10000	12000	12500
CARDP42	PTCA CHARGES FOR FOUR STENTS (COST OF STENTS EXTRA)		40600	48720	50750
CARDP43	ASD DEVICE CLOSURE (CATH LAB SURGERY)		25000	30000	31250
CARDP44	VSD DEVICE CLOSURE CHARGES (CATH LAB SURGERY)		25000	30000	31250
CARDP45	PDA DEVICE CLOSURE CHARGES (CATH LAB SURGERY)		25000	30000	31250

6. CONSULTATION CHARGES		TARIFF			
CODE	Name of the Departments	OP	IP	SINGLE ROOM	DELUXE ROOM
CC01	ANAESTHESIOLOGY	200	600	720	750
CC02	DIETITIAN	200	600	720	750
CC03	CARDIOLOGY	200	600	720	750
CC04	C.T.SURGERY	200	600	720	750
CC05	ENDOCRINOLOGY	200	600	720	750
CC06	PSYCHIATRY	200	600	720	750
CC07	GENERAL SURGERY	200	600	720	750
CC08	HAEMATOLOGY	200	600	720	750
CC09	MEDICAL GASTROENTEROLOGY	200	600	720	750
CC10	MEDICAL ONCOLOGY	200	600	720	750
CC11	MEDICINE	200	600	720	750
CC12	NEPHROLOGY	200	600	720	750
CC13	NEUROLOGY	200	600	720	750
CC14	NEUROSURGERY	200	600	720	750
CC15	PATHOLOGY	200	600	720	750
CC16	PHYSIOTHERAPY	200	600	720	750
CC17	PLASTIC SURGERY	200	600	720	750
CC18	RADIATION ONCOLOGY	200	600	720	750
CC19	SPEECH THERAPY	200	600	720	750
CC20	SURGICAL GASTROENTEROLOGY	200	600	720	750
CC21	SURGICAL ONCOLOGY	200	600	720	750
CC22	UROLOGY	200	600	720	750
CC23	GYNAEC & OBSTETRICS	200	600	720	750
CC24	DERMATOLOGY	200	600	720	750
CC25	OPHTHALMOLOGY	200	600	720	750
CC26	DENTISTRY	200	600	720	750
CC27	ENT	200	600	720	750
CC28	PAEDIATRICS	200	600	720	750
CC29	RHEUMATOLOGY	200	600	720	750
CC30	RADIOLOGY	200	600	720	750
CC31	NUCLEAR MEDICINE	200	600	720	750
CC32	EMERGENCY MEDICINE	200	600	720	750
CC33	COMMON OBG OBSERVATION		100	-	-

	7. C.T. SURGERY	TARIFF			
CODE	Procedure_Name	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
CTS01	A.V.MALFORMATION	5500	6875	8250	8600
CTS02	BELOW KNEE AMPUTATION		9625	11550	12040
CTS03	BLOOD GAS CHARGES	400	500	600	630
CTS04	BRACHIO-BRACHIAL BYPASS (RVSA)		19950	23940	24940
CTS05	CERVICAL RIB RESECTION		6200	7440	7750
CTS06	COMPLETION EXCISION OF CERVICAL MASS		6875	8250	8600
CTS07	DIAPH.REP.WITH DOUBLE VELORESION PATCH		25400	30480	31750
CTS08	HAEMONGIOMA	5500	6875	8250	8600
CTS09	ICR FOR COMPLEX HEART DISEASES		74250	89100	92820
CTS10	LYMPH ANGIOMA	5000	6250	7500	7820
CTS11	METASTECTOMY		12500	15000	15630
CTS12	PULMONARY VALVECTOMY (OPEN HEART SURGERY)		59950	71940	74940
CTS13	RSOV (COST OF VALVE EXTRA)		68250	81900	85320
CTS14	STERNAL REFIXATION AND OMENTOPLASTY		20625	24750	25790
CTS15	STERNAL WIRE REMOVAL	880	1100	1320	1380
CTS16	SURGERY ANEURYSM (GRAFT COST EXTRA)		85250	102300	106570
CTS17	SURGERY ASD CLOSURE		59950	71940	74940
CTS18	SURGERY AVR (OR) MVR (VALVE COST EXTRA)		59950	71940	74940
CTS19	SURGERY BRACHIAL/ RADIAL ARTERY REPAIR		13750	16500	17190
CTS20	SURGERY BRONCHIAL ARTERY EMBOLIZATION		25780	30940	32230
CTS21	SURGERY BRONCHOGRAPHY	1925	2410	2900	3020
CTS22	SURGERY B.T. SHUNT (COST OF GRAFT EXTRA)		27150	32580	33940
CTS23	SURGERY BULLECTOMY		26450	31740	33070
CTS24	SURGERY CARDIAC STABILIZATION SYSTEM		13750	16500	17190
CTS25	SURGERY CORONARY ARTERY BYPASS GRAFT (C.A.B.G)		71000	85200	88750
CTS26	SURGERY CHEST INFUSION		10656	12790	13320
CTS27	SURGERY CHEST WALL TUMOR EXCISION		21600	25920	27000
CTS28	SURGERY CLOSED MITRAL VALVOTOMY (C.M.V)		21300	25560	26630
CTS29	SURGERY CONGENITAL HEART SURGERY (VALVE EXTRA)		59950	71940	74940
CTS30	SURGERY DECORTICATION (RIB RESECTION)		20625	24750	25790
CTS31	SURGERY DISARTICULATION OF TOES	2035	2550	3060	3190
CTS32	SURGERY DVR (VALVES COST EXTRA)		64950	77940	81190
CTS33	SURGERY ELEVATION OF LUNG		12375	14850	15470
CTS34	SURGERY EMBOLECTOMY/ THROMBOEMBOLECTOMY		7360	8840	9200
CTS35	SURGERY ESOPHAGIAL RESECTION		25100	30120	31380
CTS36	SURGERY FIBRE OPTIC ESOPHAGOSCOPY (LA)	1045	1310	1580	1640
CTS37	SURGERY FIBRE OPTIC (VIDEO) BRONCHOSCOPY (LA)	1045	1310	1580	1640
CTS38	SURGERY FOR PDA (PDA LIGATION)		21313	25580	26650
CTS39	SURGERY INSERTION OF INTRA AORTIC B.PUMP (LA) (IABP)		34375	41250	42970
CTS40	SURGERY INTRA COSTAL DRAINAGE (I.C.D.) (LA)		1375	1650	1720
CTS41	SURGERY JUMP GRAFT/ COARCTATION OF AORTA REPAIR		27150	32580	33940
CTS42	SURGERY LIGATION OF THORACIC DUCT		19250	23100	24070
CTS43	SURGERY LOBECTOMY/ LINGULECTOMY/ SIGMOIDECTOMY		27150	32580	33940
CTS44	SURGERY LYMPHNODE BIOPSY MAJOR		2000	2400	2500
CTS45	SURGERY LYMPHNODE BIOPSY MINOR	550	700	840	880
CTS46	SURGERY MEDIASTAINAL TUMOR SURGERY		27156	32590	33950
CTS47	SURGERY MYOMAX AND MYECTOMY		85750	102900	107190
CTS48	SURGERY ONLY THORACOTOMY CHARGES		20625	24750	25790
CTS49	SURGERY OPEN HEART SURGERY W.O. VALVE REPLACEMENT (OMV)		59950	71940	74940
CTS50	SURGERY OTHER CLOSED HEART OPERATIONS		25780	30940	32230
CTS51	SURGERY PERICARDIACTOMY		21300	25560	26630

CTS52	SURGERY PNEUMONECTOMY		27150	32580	33940
CTS53	SURGERY SKIN GRAFTING	3850	4810	5780	6020
CTS54	SURGERY STERNOTOMY		19250	23100	24070
CTS55	SURGERY TETROLOGY OF FALLOT (TOF)/ TOTAL CORRECTION		59950	71940	74940
CTS56	SURGERY THERAPAUTIC ESOPHAGASCOPY		3025	3630	3790
CTS57	SURGERY THERAPEUTIC/ RIGID BRONCHOSCOPY (ESOPHAGOSCOPY)		3170	3810	3970
CTS58	SURGERY THORACOTOMY AND BIOPSY/ OPEN LUNG BIOPSY		9000	10800	11250
CTS59	SURGERY THORACOTOMY AND RESECTION FOR TRAUMA	21725	27150	32580	33940
CTS60	SURGERY THOROCOSCOPY		13750	16500	17190
CTS61	SURGERY THYMECTOMY		13070	15690	16340
CTS62	SURGERY THYROIDECTOMY (HEMITHROIDECTOMY)		13070	15690	16340
CTS63	SURGERY TRACHEAL RECONSTRUCTION CHARGES		24750	29700	30940
CTS64	SURGERY TRAM FLALP RIGHT (DRAINAGE ABCESS EXTRA)		9700	11640	12130
CTS65	SURGERY TUBE THORACOSTOMY UNDER LA		2600	3120	3250
CTS66	SURGERY USE OF CENTRIFUGAL PUMP (LA)		13063	15680	16330
CTS67	SURGERY VARICOSE VEINS (LIGATION OF SUBFACIAL)		10000	12000	12500
CTS68	SURGERY VASC. SURG./ FEMORAL POPLITIAL/ BYPASS GRAFT (GRAFT COST EXTRA)		15130	18160	18920
CTS69	VSD OR DORV WITH PATCH		74250	89100	92820
CTS70	WOUND DEBROIDMENT OR RESUTURING	1650	2070	2490	2590
CTS71	WOUND EXPLORATION CHARGES (MAJOR)		21600	25920	27000
CTS72	LA MYXOMA		60000	72000	75000
CTS73	ECMO INITIATION CHARGES		7500	9000	9380
CTS74	ECMO CHARGES PER DAY		30000	36000	37500
CTS75	FOLLEYS CATHETERISATION		170	210	220
CTS76	IV CANNULATION		250	300	320
CTS77	MONITOR CHARGES PER DAY		1000	1200	1250
CTS78	NEBULISATION CHARGES PER DAY		250	300	320
CTS79	OXYGEN CHARGES PER DAY		505	610	640
CTS80	PULSE OXIMETER CHARGES		1000	1200	1250
CTS81	RYLES TUBE		250	300	320
CTS82	SYRINGE PUMP CHARGES PER DAY		500	600	630
CTS83	VENTILATOR CHARGES PER DAY		4320	5190	5400
CTS84	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
CTS85	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
CTS86	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
CTS87	ET INTUBATION		1000	1200	1250
CTS88	CENTRAL VENOUS CATHETERIZATION(CATHETER CHARGES EXTRA)		1500	1800	1880
CTS89	LUMBAR PUNCTURE		1000	1200	1250
CTS90	ICR FOR COMPLEX HEART DISEASES (AAROGYASRI)		5000	-	-
CTS91	PULMONARY VALVECTOMY (OPEN HEART SURGERY)(AAROGYASRI)		5000	-	-
CTS92	RSOV (COST OF VALVE EXTRA)(AAROGYASRI)		5000	-	-
CTS93	SURGERY ANEURYSM (GRAFT COST EXTRA)(AAROGYASRI)		5000	-	-
CTS94	SURGERY ASD CLOSURE(AAROGYASRI)		5000	-	-
CTS95	SURGERY AVR (OR) MVR (VALVE COST EXTRA)(AAROGYASRI)		5000	-	-
CTS96	SURGERY B.T. SHUNT (COST OF GRAFT EXTRA)(AAROGYASRI)		3000	-	-
CTS97	SURGERY CORONARY ARTERY BYPASS GRAFT (C.A.B.G)(AAROGYASRI)		5000	-	-
CTS98	SURGERY CLOSED MITRAL VALVOTOMY (C.M.V)(AAROGYASRI)		3000	-	-

CTS99	SURGERY CONGENITAL HEART SURGERY(VALUE EXTRA)(AAROgyASRI)		5000	-	-
CTS100	SURGERY DVR (VALVES COST EXTRA)(AAROgyASRI)		5000	-	-
CTS101	SURGERY FOR PDA (PDA LIGATION)(AAROgyASRI)		3000	-	-
CTS102	SURGERY INSERTION OF INTRA AORTIC B.PUMP (LA) (IABP)(AAROgyASRI)		3000	-	-
CTS103	SURGERY JUMP GRAFT/ COARCTATION OF AORTA REPAIR(AAROgyASRI)		3000	-	-
CTS104	SURGERY MEDIASTINAL TUMOR SURGERY(AAROgyASRI)		3000	-	-
CTS105	SURGERY MYOMAX AND MYECTOMY(AAROgyASRI)		8000	-	-
CTS106	SURGERY OPEN HEART SURGERY W.O. VALVE REPLACEMENT (OMV)(AAROgyASRI)		5000	-	-
CTS107	SURGERY OTHER CLOSED HEART OPERATIONS(AAROgyASRI)		3000	-	-
CTS108	SURGERY PERICARDIATOMY(AAROgyASRI)		3000	-	-
CTS109	SURGERY TETROLOGY OF FALLOT (TOF)/ TOTAL CORRECTION(AAROgyASRI)		5000	-	-
CTS110	SURGERY THYMECTOMY(AAROgyASRI)		3000	-	-
CTS111	SURGERY TRACHEAL RECONSTRUCTION CHARGES(AAROgyASRI)		3000	-	-
CTS112	VSD OR DORV WITH PATCH(AAROgyASRI)		5000	-	-
CTS113	LA MYXOMA(AAROgyASRI)		5000	-	-
CTS114	DONAR HEART HARVEST		20000	24000	25000
CTS115	AV FISTULA CREATION AT WRIST (CTVS) (AAROgyASRI)		3000	-	-
CTS116	AV FISTULA CREATION AT ELBOW (BC) (CTVS) (AAROgyASRI)		4000	-	-
CTS117	AV FISTULA CREATION ELBOW (BB) (CTVS) (AAROgyASRI)		5000	-	-
CTS118	AV FISTULA TAKE DOWN (ANEURYSM SAC) (CTVS) (AAROgyASRI)		5000	-	-
CTS119	AV FISTULA REPAIR (CTVS) (AAROgyASRI)		5000	-	-
CTS120	AV MALFORMATION (HAEMANGIOMA) (CTVS) (AAROgyASRI)		5000	-	-
CTS121	ADULT BRONCHOSCOPY/ PAEDIATRIC BRONCHOSCOPY (CTVS) (AAROgyASRI)		5000	-	-
CTS122	STERNAL CLOSURE (CTVS) (AAROgyASRI)		5000	-	-
CTS123	RE-EXPLORATION (CTVS) (AAROgyASRI)		5000	-	-
CTS124	MEDIASTINAL MASS EXCISION (CTVS) (AAROgyASRI)		5000	-	-
CTS125	EMBOLECTOMY (CTVS) (AAROgyASRI)		5000	-	-
CTS126	FEMORAL POPLITEAL BYPASS (CTVS) (AAROgyASRI)		5000	-	-
CTS127	AV FISTULA WITH GRAFT (CTVS) (AAROgyASRI)		8000	-	-
CTS128	LOBECTOMY / DECORTICATION (CTVS) (AAROgyASRI)		5000	-	-
CTS129	TRACHEOSTOMY (CTVS) (AAROgyASRI)		3000	-	-
CTS130	IABP INSERTION (CTVS) (AAROgyASRI)		5000	-	-
CTS131	VARICOSE VEINS (AAROgyASRI)		5000	-	-
CTS132	IV CANNULAS INSERTION (CTVS) (AAROgyASRI)		100	-	-
CTS133	FOLEYS CATHERER INSERTION (CTVS) (AAROgyASRI)		100	-	-
CTS134	RYLES TUBE INSERTION (CTVS) (AAROgyASRI)		50	-	-
CTS135	CENTRAL LINE INSERTION (CTVS) (AAROgyASRI)		1000	-	-
CTS136	SUTURE REMOVAL (CTVS) (AAROgyASRI)		100	-	-
CTS137	MAJOR DRESSING (CTVS) (AAROgyASRI)		300	-	-
CTS138	MINOR DRESSING (CTVS) (AAROgyASRI)		100	-	-
CTS139	ICD REMOVAL (CTVS) (AAROgyASRI)		500	-	-
CTS140	A.V.MALFORMATION(MAJOR) (AAROgyASRI)		5000	-	-
CTS141	A.V.MALFORMATION(MINOR) (AAROgyASRI)		2000	-	-
CTS142	BELOW KNEE AMPUTATION (AAROgyASRI)		4000	-	-
CTS143	BLOOD GAS CHARGES (AAROgyASRI)		300	-	-
CTS144	BRACHIO-BRACHIAL BYPASS (RVSA) (AAROgyASRI)		5000	-	-
CTS145	CERVICAL RIB RESECTION (AAROgyASRI)		3000	-	-

CTS146	COMPLETION EXCISION OF CERVICAL MASS (AAROGYASRI)		3000	-	-
CTS147	DIAPH.REP.WITH DOUBLE VELORESION PATCH (AAROGYASRI)		5000	-	-
CTS148	HAEMONGIOMA (AAROGYASRI)		1000	-	-
CTS149	LYMPH ANGIOMA (AAROGYASRI)		3000	-	-
CTS150	METASTECTOMY (AAROGYASRI)		3000	-	-
CTS151	STERNAL REFIXATION AND OMENTOPLASTY (AAROGYASRI)		5000	-	-
CTS152	STERNAL WIRE REMOVAL (AAROGYASRI)		1000	-	-
CTS153	SURGERY BRACHIAL/ RADIAL ARTERY REPAIR (AAROGYASRI)		5000	-	-
CTS154	SURGERY BRONCHIAL ARTERY EMBOLIZATION (AAROGYASRI)		3000	-	-
CTS155	SURGERY BRONCHOGRAPHY (AAROGYASRI)		500	-	-
CTS156	SURGERY BULLECTOMY (AAROGYASRI)		3000	-	-
CTS157	SURGERY CARDIAC STABILIZATION SYSTEM (AAROGYASRI)		2500	-	-
CTS158	SURGERY CHEST INFUSION (AAROGYASRI)		3000	-	-
CTS159	SURGERY CHEST WALL TUMOR EXCISION (AAROGYASRI)		3000	-	-
CTS160	SURGERY DECORTICATION (RIB RESECTION) (AAROGYASRI)		3000	-	-
CTS161	SURGERY DISARTICULATION OF TOES (AAROGYASRI)		500	-	-
CTS162	SURGERY ELEVATION OF LUNG (AAROGYASRI)		3000	-	-
CTS163	SURGERY EMBOLECTOMY/ THROMBOEMBOLECTOMY (AAROGYASRI)		500	-	-
CTS164	SURGERY ESOPHAGIAL RESECTION (AAROGYASRI)		3000	-	-
CTS165	SURGERY FIBRE OPTIC ESOPHAGOSCOPY (LA) (AAROGYASRI)		500	-	-
CTS166	SURGERY FIBRE OPTIC (VIDEO) BRONCHOSCOPY (LA) (AAROGYASRI)		500	-	-
CTS167	SURGERY INTRA COSTAL DRAINAGE (I.C.D.) (LA) (AAROGYASRI)		500	-	-
CTS168	SURGERY LIGATION OF THORACIC DUCT (AAROGYASRI)		3000	-	-
CTS169	SURGERY LOBECTOMY/ LINGULECTOMY/ SIGMOIDECTOMY (AAROGYASRI)		3000	-	-
CTS170	SURGERY LYMPHNODE BIOPSY MAJOR (AAROGYASRI)		500	-	-
CTS171	SURGERY LYMPHNODE BIOPSY MINOR (AAROGYASRI)		500	-	-
CTS172	SURGERY ONLY THORACOTOMY CHARGES (AAROGYASRI)		3000	-	-
CTS173	SURGERY PNEUMONECTOMY (AAROGYASRI)		3000	-	-
CTS174	SURGERY SKIN GRAFTING (AAROGYASRI)		500	-	-
CTS175	SURGERY STERNOTOMY (AAROGYASRI)		3000	-	-
CTS176	SURGERY THERAPAUTIC ESOPHAGASCOPY (AAROGYASRI)		500	-	-
CTS177	SURGERY THERAPEUTIC/ RIGID BRONCHOSCOPY (ESOPHAGOSCOPY) (AAROGYASRI)		500	-	-
CTS178	SURGERY THORACOTOMY AND BIOPSY/ OPEN LUNG BIOPSY (AAROGYASRI)		1000	-	-
CTS179	SURGERY THORACOTOMY AND RESECTION FOR TRAUMA (AAROGYASRI)		3000	-	-
CTS180	SURGERY THOROCOSCOPY (AAROGYASRI)		3000	-	-
CTS181	SURGERY THYROIDECTOMY (HEMITHROIDECTOMY) (AAROGYASRI)		3000	-	-
CTS182	SURGERY TRAM FLALP RIGHT (DRAINAGE ABCESS EXTRA) (AAROGYASRI)		2000	-	-
CTS183	SURGERY TUBE THORACOSTOMY UNDER LA (AAROGYASRI)		500	-	-

CTS184	SURGERY USE OF CENTRIFUGAL PUMP (LA) (AAROGYASRI)		3000	-	-
CTS185	SURGERY VARICOSE VEINS (LIGATION OF SUBFACIAL) (AAROGYASRI)		3000	-	-
CTS186	SURGERY VASC. SURG./ FEMORAL POPLITIAL/ BYPASS GRAFT (GRAFT COST EXTRA) (AAROGYASRI)		3000	-	-
CTS187	WOUND DEBROIDMENT OR RESUTURING (AAROGYASRI)		500	-	-
CTS188	WOUND EXPLORATION CHARGES (MAJOR) (AAROGYASRI)		3000	-	-
CTS189	ECMO INITIATION CHARGES (AAROGYASRI)		2000	-	-
CTS190	MONITOR CHARGES PER DAY (AAROGYASRI)		300	-	-
CTS191	NEBULISATION CHARGES PER DAY (AAROGYASRI)		50	-	-
CTS192	OXYGEN CHARGES PER DAY (AAROGYASRI)		100	-	-
CTS193	PULSE OXIMETER CHARGES (AAROGYASRI)		200	-	-
CTS194	SYRINGE PUMP CHARGES PER DAY (AAROGYASRI)		100	-	-
CTS195	VENTILATOR CHARGES PER DAY (AAROGYASRI)		1000	-	-
CTS196	VENTILATOR CHARGES FOR 12 HOURS (AAROGYASRI)		500	-	-
CTS197	VENTILATOR CHARGES FOR 6 HOURS (AAROGYASRI)		500	-	-
CTS198	VENTILATOR CHARGES FOR 3 HOURS (AAROGYASRI)		100	-	-
CTS199	ET INTUBATION (AAROGYASRI)		300	-	-
CTS200	LUMBAR PUNCTURE (AAROGYASRI)		500	-	-

8. DERMATOLOGICAL PROCEDURES		TARIFF			
CODE	PROCEDURE NAME	OP	IP	SINGLE ROOM	DELUXE ROOM
DER01	INTRA LESIONAL INJECTION	400	400	480	500
DER02	ELECTRO CAUTERY < 5 NUMBERS	500	500	600	630
DER03	ELECTRO CAUTERY 5 - 10 NUMBERS	1000	1000	1200	1250
DER04	ELECTRO CAUTERY > 10 NUMBERS	1500	1500	1800	1880
DER05	EXTIRPATION	400	400	480	500
DER06	BIOPSY (DERMATOLOGY)	200	200	240	250
DER07	COMEDONE EXTRACTION < 5 NUMBERS	200	200	240	250
DER08	COMEDONE EXTRACTION > 5 NUMBERS	400	400	480	500
DER09	CHEMICAL PEELING	1000	1000	1200	1250
DER10	CHEMICAL CAUTERY	200	200	240	250
DER11	SKIN BIOPSY PUNCH	500	500	600	630
DER12	SKIN BIOPSY EXCISIONAL	750	750	900	940
DER13	SKIN DRESSING	300	300	360	380
DER14	SMEAR PREPARATION	100	100	120	130
DER15	CORN PARING PROCEDURE	200	200	240	250
DER16	FOLLEYS CATHETERISATION		170	210	220
DER17	IV CANNULATION		250	300	320
DER18	MONITOR CHARGES PER DAY		1000	1200	1250
DER19	NEBULISATION CHARGES PER DAY		250	300	320
DER20	OXYGEN CHARGES PER DAY		505	610	640
DER21	PULSE OXIMETER CHARGES		1000	1200	1250
DER22	RYLES TUBE		250	300	320
DER23	SYRINGE PUMP CHARGES PER DAY		500	600	630
DER24	VENTILATOR CHARGES PER DAY		4320	5190	5400
DER25	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
DER26	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
DER27	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
DER28	ET INTUBATION		1000	1200	1250
DER29	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)		1500	1800	1880
DER30	LUMBAR PUNCTURE		1000	1200	1250
DER31	SLIT SKIN SMEAR	500	500	600	630
DER32	ASPIRATION OF BULLAE	300	300	360	380

9. DENTISTRY		TARIFF			
CODE	INVESTIGATIONS & PROCEDURES	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
DEN01	FORCEPS EXTRACTION - ANTERIOR TOOTH	200	400	480	500
DEN02	FORCEPS EXTRACTION - POSTERIOR TOOTH	250	600	720	750
DEN03	FORCEPS EXTRACTION - MOBILE TOOTH	100	250	300	320
DEN04	SURGICAL EXTRACTION - ANTERIOR	350	850	1020	1070
DEN05	SURGICAL EXTRACTION - POSTERIOR	450	1100	1320	1380
DEN06	SCALING NORMAL	300	800	960	1000
DEN07	SCALING WITH STAINS	400	1000	1200	1250
DEN08	FILLINGS - GIC/ TYPE -1	200	400	480	500
DEN09	FILLINGS - GIC/ TYPE -II	250	500	600	630
DEN10	FILLINGS - GIC/ TYPE - IX	300	750	900	940
DEN11	FILLINGS - COMPOSITE	400	1000	1200	1250
DEN12	ALVELOPLASTY PER QUADRANT	1000	2000	2400	2500
DEN13	APISECTOMY	1000	2000	2400	2500
DEN14	IMPACTION - MESIOANGULAR	1000	1500	1800	1880
DEN15	IMPACTION - DISTOANGULAR	1250	2000	2400	2500
DEN16	IMPACTION - VERTICAL	1000	1500	1800	1880
DEN17	IMPACTION - HORIZONTAL	1250	2000	2400	2500
DEN18	ZINC OXIDE EUGENOL RESTORATION	100	250	300	320
DEN19	CERVICAL ABRASIONS	200	500	600	630
DEN20	CEMENTATION OF CROWNS	250	500	600	630
DEN21	CEMENTATION OF 3 UNIT FPD	400	600	720	750
DEN22	CEMENTATION OF 4 UNIT FPD	450	800	960	1000
DEN23	DRAINAGE OF PERIAPICAL ABSCESS	900	1500	1800	1880
DEN24	DRAINAGE OF PERIODONTAL ABSCESS	900	1500	1800	1880
DEN25	EXCISION OF FIBROMA	900	1500	1800	1880
DEN26	DRAINAGE OF BUCCAL SPACE INFECTION	2500	5000	6000	6250
DEN27	DRAINAGE OF SUBMANDIBULAR SPACE INFECTION	2500	5000	6000	6250
DEN28	DRAINAGE OF SUBMENTAL SPACE INFECTION	2500	5000	6000	6250
DEN29	DRAINAGE OF SUBMASSETERIC SPACE INFECTION	2500	6000	7200	7500
DEN30	DRAINAGE OF PTERYGOMANDIBULAR SPACE INFECTION	2500	6000	7200	7500
DEN31	DRAINAGE OF PAROTID SPACE INFECTION	2500	6000	7200	7500
DEN32	ARCHBAR WIRING FOR MAXILLOMANDIBULAR FRACTURES	4000	5000	6000	6250
DEN33	EYELET WIRING FOR MAXILLOMANDIBULAR FRACTURES	4000	5000	6000	6250
DEN34	MINIPLATE FIXATION OF MANDIBULAR SYMPHYSIS FRACTURE UNDER LA	9000	15000	18000	18750
DEN35	MINIPLATE FIXATION OF MANDIBULAR SYMPHYSIS FRACTURE UNDER GA	25000	25000	30000	31250
DEN36	MINIPLATE FIXATION OF MANDIBULAR PARASYMPHYSIS FRACTURE UNDER LA	9000	15000	18000	18750
DEN37	MINIPLATE FIXATION OF MANDIBULAR PARASYMPHYSIS FRACTURE UNDER GA	25000	25000	30000	31250
DEN38	MINIPLATE FIXATION OF BODY OF THE MANDIBLE FRACTURE UNDER LA	9000	15000	18000	18750
DEN39	MINIPLATE FIXATION OF BODY OF THE MANDIBLE FRACTURE UNDER GA	25000	25000	30000	31250
DEN40	CYST ENUCLEATION MINOR UNDER LA	4000	5000	6000	6250
DEN41	CYST ENUCLEATION MAJOR UNDER LA	8000	10000	12000	12500
DEN42	CYST ENUCLEATION UNDER GA	25000	25000	30000	31250
DEN43	INTERIM OBTURATOR FOR PARTIAL MAXILLECTOMY	500	500	600	630
DEN44	PERIODONTAL FLAP SURGERY-FULL MOUTH	7500	15000	18000	18750
DEN45	PERIODONTAL FLAP SURGERY-SINGLE QUADRANT	1500	4000	4800	5000
DEN46	MINOR DRESSING(DENTAL)	250	250	300	320

DEN47	TMJ DISLOCATION (ACUTE, UNDER LA)	1000	2500	3000	3130
DEN48	GINGIVAL CURETTAGE PER QUADRANT	800	1250	1500	1570
DEN49	TONGUE TIE	1500	2500	3000	3130
DEN50	FRENECTOMY	1250	2500	3000	3130
DEN51	OPERCULECTOMY	1250	2500	3000	3130
DEN52	FOLLEYS CATHETERISATION		170	210	220
DEN53	IV CANNULATION		250	300	320
DEN54	MONITOR CHARGES PER DAY		1000	1200	1250
DEN55	NEBULISATION CHARGES PER DAY		250	300	320
DEN56	OXYGEN CHARGES PER DAY		505	610	640
DEN57	PULSE OXIMETER CHARGES		1000	1200	1250
DEN58	RYLES TUBE		250	300	320
DEN59	SYRINGE PUMP CHARGES PER DAY		500	600	630
DEN60	VENTILATOR CHARGES PER DAY		4320	5190	5400
DEN61	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
DEN62	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
DEN63	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
DEN64	ET INTUBATION		1000	1200	1250
DEN65	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)		1500	1800	1880
DEN66	LUMBAR PUNCTURE		1000	1200	1250
DEN67	IOPA WITHOUT PRINT OUT	100	NA	NA	NA
DEN68	IOPA WITH PRINT OUT	200	NA	NA	NA
DEN69	TRANS ALVEOLAR SURGICAL EXTRACTION	1100	NA	NA	NA
DEN70	SUB GINGIVAL SCALING	1000	NA	NA	NA
DEN71	RESTORATION- CLASS -I	750	NA	NA	NA
DEN72	RESTORATION- CLASS -II	900	NA	NA	NA
DEN73	RESTORATION- CLASS -IV	900	NA	NA	NA
DEN74	PERICORONAL ABCESS WITH IMPACTED TOOTH	2500	NA	NA	NA

10. DIETETICS

CODE		TARIFF
DIET01	DIET CHARGES (DR.YSR AROGYASRI/ PDS / ARHS)	100
DIET02	BREAKFAST	30
DIET03	LUNCH	35
DIET04	DINNER	35

CODE	11. EMERGENCY MEDICINE	TARIFF			
	INVESTIGATIONS & PROCEDURES	OP	IP	SINGLE ROOM	DELUXE ROOM
EMD01	INTERCOSTAL TUBE INSERTION	1000	1000	1200	1250
EMD02	IV CANNULA INSERTION	250	250	300	320
EMD03	INTUBATION NORMAL	500	500	600	630
EMD04	INTUBATION DIFFICULTY	1000	1000	1200	1250
EMD05	RYLE' S TUBE INSERTION	250	250	300	320
EMD06	FOLEY' S CATHETER INSERTION	170	170	210	220
EMD07	TRACHEOSTOMY (EMERGENCY SURGICAL AIR WAY)	5000	5000	6000	6250
EMD08	SCREENING ECHOCARDIOGRAPHY	150	150	180	190
EMD09	DVT SCREENING	150	150	180	190
EMD10	E-FAST	150	150	180	190
EMD11	LUNG (SCREENING USG)	150	150	180	190
EMD12	USG GUIDE PROCEDURES	150	150	180	190
EMD13	USG -IVC MEASUREMENT	150	150	180	190
EMD14	BLUE PROTOCOL	200	200	240	250
EMD15	RUSH PROTOCOL	200	200	240	250
EMD16	ICT MEASURES	50	50	60	70
EMD17	FOREIGN BODY VISUALIZATION/ REMOVAL	100	100	120	130
EMD18	NEBULISATION CHARGES	500	500	600	630
EMD19	SPLINTING	100	100	120	130
EMD20	CERVICAL SPINE IMMOBILIZATION	100	100	120	130
EMD21	MECHANICAL RESTRAINS APPLICATION	50	50	60	70
EMD22	PROCEDURAL SEDATION	200	200	240	250
EMD23	MINOR DRESSING	150	150	180	190
EMD24	MAJOR DRESSING	300	300	360	380
EMD25	SIMPLE SUTURING	200	200	240	250
EMD26	SUBCUTICULAR/ OTHER COMPLICATED SUTURING	500	500	600	630
EMD27	LUMBAR PUNCTURE	1000	1000	1200	1250
EMD28	MV SUPPORT/ ONE HOUR	180	180	220	230
EMD29	PLEURAL TAP - DIAGNOSTIC	100	100	120	130
EMD30	PLEURAL TAP - THERAPEUTIC	500	500	600	630
EMD31	ASCITIC - DIAGNOSTIC	100	100	120	130
EMD32	ASCITIC - THERAPEUTIC	500	500	600	630
EMD33	CENTRAL LINE INSERTION	1500	1500	1800	1880
EMD34	TRANSCUTANEOUS CARDIAC PACING	1500	1500	1800	1880
EMD35	TRANSVENOUS CARDIAC PACING	3300	3300	3960	4130
EMD36	PACING CHARGES/ HOUR	50	50	60	70
EMD37	PERI CARDIOCENTESIS	1400	1400	1680	1750
EMD38	INTRA-HOSPITAL TRANSFER BY DOCTOR	500	500	600	630
EMD39	DEFIBRILLATION	200	200	240	250
EMD40	ECG	150	150	180	190
EMD41	CARDIAC MONITORING CHARGES/ HOUR	70	70	90	90
EMD42	ED CONSULTATION	500	500	600	630
EMD43	TRACHEOSTOMY CARE	100	100	120	130
EMD44	INSITU TUBE REMOVAL/ SUTURE REMOVAL	500	500	600	630
EMD45	PREPARATION OF PARTS FOR PROCEDURE/ SURGERY	50	50	60	70
EMD46	POP/ SLAB APPLICATION	500	500	600	630
EMD47	SIMPLE AIRWAY MANAGEMENT	300	300	360	380
EMD48	EXTUBATION CARE	100	100	120	130
EMD49	OXYGEN INHALATION/ HOUR	35	35	50	50
EMD50	SEDATION DURING MRI SCAN	1500	1500	1800	1880
EMD51	SEDATION DURING CT SCAN	500	500	600	630
EMD52	NERVE BLOCKS	200	200	240	250
EMD53	CPR	1000	1000	1200	1250
EMD54	SYRINGE PUMP CHARGES	500	500	600	630
EMD55	FUNDUS EXAMINATION	100	100	120	130
EMD56	OTOSCOPY	100	100	120	130
EMD57	I&D ABSCESS	500	500	600	630

EMD58	JOINT DISLOCATION REDUCTION	500	500	600	630
EMD59	SCREENING USG AIRWAY ULTRASOUND	150	150	180	190
EMD60	SCREENING USG ABDOMEN / KUB	150	150	180	190
EMD61	SPOT GLUCOSE	55	55	70	70
EMD62	URINE ANALYSIS	190	190	230	240
EMD63	URINE KETONE	75	75	90	100
EMD64	INJECTION OTHER THAN EMERGENCY PER ONE INJECTION	100	100	120	130
EMD65	MV SUPPORT / 3 HOURS	540	540	650	680
EMD66	MV SUPPORT /6 HOURS	1080	1080	1300	1350
EMD67	MV SUPPORT / 12 HOURS	2160	2160	2600	2700
EMD68	MV SUPPORT / 24 HOURS	4320	4320	5190	5400
EMD69	PACING CHARGES/ 3HOURS	150	150	180	190
EMD70	PACING CHARGES/ 6 HOURS	300	300	360	380
EMD71	PACING CHARGES/ 12HOURS	600	600	720	750
EMD72	PACING CHARGES/ 24 HOURS	1200	1200	1440	1500
EMD73	CARDIAC MONITORING CHARGES/ 3 HOURS	125	125	150	160
EMD74	CARDIAC MONITORING CHARGES/ 6 HOURS	250	250	300	320
EMD75	CARDIAC MONITORING CHARGES/ 12 HOURS	500	500	600	630
EMD76	CARDIAC MONITORING CHARGES/ 24 HOURS	1000	1000	1200	1250
EMD77	OXYGEN INHALATION/ 3 HOURS	70	70	90	90
EMD78	OXYGEN INHALATION/ 6 HOURS	125	125	150	160
EMD79	OXYGEN INHALATION/12 HOURS	250	250	300	320
EMD80	OXYGEN INHALATION/ 24 HOURS	505	505	610	640
EMD81	MLC DOCUMENTATION	200	200	240	250
EMD82	SPLINTING (THOMAS SPLINT)	1000	1000	1200	1250
EMD83	RESUSCITATION CHARGES (NON - TRAUMA)	3000	3000	3600	3750
EMD84	RESUSCITATION CHARGES (TRAUMA)	5000	5000	6000	6250
EMD85	DVT (DEEP VEIN THROMBOSIS) PROPHYLAXIS	500	500	600	630
EMD86	TROP I (EMERGENCY MEDICINE)	350	350	420	440
EMD87	EXTERNAL VENTRICULAR DRAINAGE(EVD) (EMERGENCY MEDICINE)	5000	5000	6000	6250
EMD88	SUPRA PUBIC CATHETERIZATION(SPC)	650	650	780	820

CODE	12. ENT PROCEDURE NAME	TARIFF			
		OI/OP	IP	SINGLE ROOM	DELUXE ROOM
ENT01	TONSILLECTOMY UNDER GA (THROAT MAJOR SURG)		10000	12000	12500
ENT02	ADENO TONSILLECTOMY UNDER GA (THROAT MAJOR SURG)		10000	12000	12500
ENT03	ADENOIDECTOMY UNDER GA (THROAT MAJOR SURG)		5000	6000	6250
ENT04	ADENOIDECTOMY WITH GROMMET INSERTION UNDER GA (THROAT MAJOR SURG)		7000	8400	8750
ENT05	RELEASE OF TONGUE TIE UNDER GA (THROAT MAJOR SURG)		3000	3600	3750
ENT06	BIOPSY UNDER LA (THROAT MINOR SURG)		1500	1800	1880
ENT07	FOREIGN BODY THROAT UNDER GA (THROAT MINOR SURG)		5000	6000	6250
ENT08	SEPTOPLASTY UNDER LA (NOSE MAJOR SURG)		5000	6000	6250
ENT09	SEPTOPLASTY UNDER GA (NOSE MAJOR SURG)		5500	6600	6880
ENT10	FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS) UNDER GA (NOSE MAJOR SURG)		10000	12000	12500
ENT11	FESS UNDER LA (NOSE MAJOR SURG)		8000	9600	10000
ENT12	BIOPSY UNDER GA (NOSE MAJOR SURG)		10000	12000	12500
ENT13	CORRECTIVE RHINOPLASTY (NOSE MAJOR SURG)		10000	12000	12500
ENT14	ENDOSCOPIC REPAIR OF CSF LEAK UNDER GA (NOSE MAJOR SURG)		30000	36000	37500
ENT15	ENDOSCOPIC DCR UNDER GA (NOSE MAJOR SURG)		5000	6000	6250
ENT16	LATERAL RHINOPLASTY UNDER GA (NOSE MAJOR SURG)		15000	18000	18750
ENT17	EXCISION OF BENIGN TUMOURS OF NOSE UNDER GA (NOSE MAJOR SURG)		15000	18000	18750
ENT18	YOUNGS OPERATION UNDER GA (NOSE MAJOR SURG)		10000	12000	12500
ENT19	SURGICAL TREATMENT FOR CHOANAL ATRESIA UNDER GA (NOSE MAJOR SURG)		15000	18000	18750
ENT20	CALDWELL/LUC OPERATION UNDER GA (NOSE MAJOR SURG)		15000	18000	18750
ENT21	SURGICAL TREATMENT OF ORO ANTRAL FISTULA UNDER GA (NOSE MAJOR SURG)		15000	18000	18750
ENT22	YOUNGS OPERATION UNDER LA (NOSE MAJOR SURG)		6000	7200	7500
ENT23	FOREIGN BODY NOSE UNDER GA (NOSE MINOR SURG)		2500	3000	3130
ENT24	ANTRAL WASH UNDER LA (NOSE MINOR SURG)		2000	2400	2500
ENT25	BIOPSY UNDER LA (NOSE MINOR SURG)		2500	3000	3130
ENT26	POLYPECTOMY UNDER LA (NOSE MINOR SURG)		5000	6000	6250
ENT27	DIAGNOSTIC ENDOSCOPY UNDER LA (NOSE MINOR SURG)	500	1000	1200	1250
ENT28	TURBINECTOMY UNDER LA (NOSE MINOR SURG)		5000	6000	6250
ENT29	CONCHOPLASTY UNDER LA (NOSE MINOR SURG)		5000	6000	6250
ENT30	MYRINGOPLASTY UNDER LA (EAR MAJOR SURG)		10000	12000	12500
ENT31	TYMPANOPLASTY UNDER LA (EAR MAJOR SURG)		10000	12000	12500
ENT32	TYMPANOPLASTY WITH MASTOIDECTOMY UNDER LA(EAR MAJOR SURG)		15000	18000	18750
ENT33	MASTOIDECTOMY UNDER GA (EAR MAJOR SURG)		10000	12000	12500
ENT34	PRE AURICULAR SINUS EXCISION UNDER GA(EAR MAJOR SURG)		5000	6000	6250
ENT35	STAPEDECTOMY UNDER GA (EAR MAJOR SURG)		10000	12000	12500
ENT36	FACIAL NERVE DECOMPRESSION UNDER GA(EAR MAJOR SURG)		10000	12000	12500
ENT37	PARTIAL AMPUTATION OF PINNA UNDER GA(EAR MAJOR SURG)		15000	18000	18750
ENT38	FOREIGN BODY REMOVAL UNDER LA (EAR MINOR SURG)	500	1500	1800	1880
ENT39	FOREIGN BODY REMOVAL UNDER GA (EAR MINOR SURG)		2000	2400	2500
ENT40	POLYPECTOMY UNDER LA (EAR MINOR SURG)		5000	6000	6250
ENT41	M/E & S/C UNDER LA (EAR MINOR SURG)	250	1000	1200	1250
ENT42	LOBULOPLASTY UNDER LA(EAR MINOR SURG)		3000	3600	3750
ENT43	KERATOSIS/WAX UNDER GA(EAR MINOR SURG)		2500	3000	3130
ENT44	MYRINGOTOMY UNDER LA(EAR MINOR SURG)		5000	6000	6250
ENT45	MICRO LARYNGEAL SURGERIES UNDER GA (LARYNX & NECK MAJOR SURG)		15000	18000	18750
ENT46	EXCISION BIOPSY UNDER LA (LARYNX & NECK MAJOR SURG)		2000	2400	2500
ENT47	TRACHEOSTOMY UNDER LA (LARYNX & NECK MAJOR SURG)		5000	6000	6250
ENT48	DL SCOPY/ BIOPSY UNDER GA/ LA (LARYNX & NECK MAJOR SURG)		5000	6000	6250

ENT49	EXCISION OF CYST UNDER LA		2500	3000	3130
ENT50	EXCISION OF CYST UNDER GA		5000	6000	6250
ENT51	TRACHEOSTOMY UNDER GA		5000	6000	6250
ENT52	VIDEO LARYNGOSCOPY (VLS)	300	300	360	380
ENT53	DIAGNOSTIC NASAL ENDOSCOPY	500	500	600	630
ENT54	TONGUE TIE RELEASE UNDER GA		5000	6000	6250
ENT55	INCISION & DRAINAGE OF ABSCESS	500	500	600	630
ENT56	EAR SYRINGING	150	150	180	190
ENT57	OTOENDOSCOPY	100	125	150	160
ENT58	FOLLEYS CATHETERISATION		170	210	220
ENT59	IV CANNULATION		250	300	320
ENT60	MONITOR CHARGES PER DAY		1000	1200	1250
ENT61	NEBULISATION CHARGES PER DAY		250	300	320
ENT62	OXYGEN CHARGES PER DAY		505	610	640
ENT63	PULSE OXIMETER CHARGES		1000	1200	1250
ENT64	RYLES TUBE		250	300	320
ENT65	SYRINGE PUMP CHARGES PER DAY		500	600	630
ENT66	VENTILATOR CHARGES PER DAY		4320	5190	5400
ENT67	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
ENT68	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
ENT69	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
ENT70	ET INTUBATION		1000	1200	1250
ENT71	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)		1500	1800	1880
ENT72	LUMBAR PUNCTURE		1000	1200	1250
ENT73	TEMPORAL BONE EXCISION		35000	42000	43750
ENT74	INTRAORAL EXCISION OF RANULA		10000	12000	12500
ENT75	SUTURE REMOVAL PLUS MINOR DRESSING	300	300	360	380
ENT76	MINOR DRESSING	200	200	240	250
ENT77	FLEXIBLE NASOPHARYNGO LARYNGOSCOPY	750	900	1080	1130
ENT78	DIAGNOSTIC NASAL ENDOSCOPY PLUS CHEMICAL CAUTERISATION	750	900	1080	1130
ENT79	SEPTORHINOPLASTY UNDER GA		20000	24000	25000
ENT80	DNE UNDER LA		500	600	630
ENT81	DNE UNDER GA		500	600	630
ENT82	DNE WITH CAUTERIZATION UNDER LA		750	900	940
ENT83	DNE WITH CAUTERIZATION UNDER GA		750	900	940
ENT84	EUM UNDER LA		500	600	630
ENT85	EUM WITH BIOPSY UNDER LA OR GA		750	900	940
ENT86	MMA WITH BIOPSY UNDER LA OR GA		1000	1200	1250
ENT87	SECONDARY SUTURING UNDER LA		500	600	630
ENT88	TRACHEAL STOMA DILATION		500	600	630
ENT89	PARTIAL MAXILLECTOMY		10000	12000	12500
ENT90	EXCISION OF MAXILLA OR MAXILLECTOMY		20000	24000	25000
ENT91	BRACHIAL CYST EXCISION		10000	12000	12500

CODE	13. ENDOCRINOLOGY	TARIFF			
	Investigation_Name	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
END01	25 OH VIT D	1980	2475	2970	3100
END02	ACTH	1000	1250	1500	1570
END03	ANTI - TG ANTIBODY	1000	1250	1500	1570
END04	ANTI - TPO ANTIBODY	1000	1250	1500	1570
END05	BLOOD SUGAR (BY GLUCOSTRIPS)	65	80	100	100
END06	BMD FEMUR (UPPER END)	665	830	1000	1040
END07	BMD FOREARM	665	830	1000	1040
END08	BMD LUMBAR SPINE AP	665	830	1000	1040
END09	BMD LUMBAR SPINE LATERAL	665	830	1000	1040
END10	BMD WHOLE BODY	2475	3095	3720	3870
END11	BODY COMPOSITION ANALYSIS	4950	6190	7430	7740
END12	CORTISOL	745	950	1140	1190
END13	DIABETIC FOLLOWUP BOOK	55	55	70	70
END14	ESTRADIOL	575	720	870	900
END15	FREE T4	250	310	380	390
END16	FSH (POOLED)	330	420	510	530
END17	GROWTH HORMONE	745	930	1120	1170
END18	HBA1C	415	520	630	650
END19	INSULIN	825	1030	1240	1290
END20	LH (POOLED)	330	420	510	530
END21	PROLACTIN (POOLED)	575	720	870	900
END22	PTH (INTACT)	1320	1650	1980	2070
END23	T3	215	270	330	340
END24	T4	215	270	330	340
END25	TESTOSTERONE	575	720	870	900
END26	THYROGLOBULIN	1000	1250	1500	1570
END27	THYROID PROFILE	675	845	1020	1060
END28	TSH	250	310	380	390
END29	GAD AB (ELISA)	2000	2000	2400	2500
END30	IGF-1 (ELISA)	1500	1500	1800	1880
END31	BMD OSTEOPOROSIS EVALUATON	1995	1995	2400	2500
END32	FIBROBLASTIC GROWTH FACTOR - 23	2000	2000	2400	2500
END33	PLASMA RENIN ACTIVITY	800	800	960	1000
END34	SERUM ALDOSTERONE	500	500	600	630
END35	SERUM B12	625	785	950	990
END36	CONTINUOUS GLUCOSE MONITORING SYSTEM	2500	3000	3600	3750
END37	ENDOCRINOLOGY WARD ECG	95	95	120	120
END38	CARDIAC AUTONOMIC NEUROPATHY TEST	2000	3000	3600	3750
END39	24 HOURS URINARY FREE CORTISOL	1000	1500	1800	1880
END40	FREE T3	300	400	480	500
END41	SERUM C-PEPTIDE	2000	2500	3000	3130
END42	TSH RECEPTOR ANTIBODY	2000	2000	2400	2500
END43	FOLLEYS CATHETERISATION		170	210	220
END44	IV CANNULATION		250	300	320
END45	MONITOR CHARGES PER DAY		1000	1200	1250
END46	NEBULISATION CHARGES PER DAY		250	300	320
END47	OXYGEN CHARGES PER DAY		505	610	640
END48	PULSE OXIMETER CHARGES		1000	1200	1250
END49	RYLES TUBE		250	300	320
END50	SYRINGE PUMP CHARGES PER DAY		500	600	630
END51	VENTILATOR CHARGES PER DAY		4320	5190	5400
END52	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
END53	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
END54	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
END55	ET INTUBATION		1000	1200	1250
END56	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)		1500	1800	1880

END57	LUMBAR PUNCTURE		1000	1200	1250
END58	PROLACTIN 1:10 DILUTION	575	720	870	900
END59	PROLACTIN 1:100 DILUTION	575	720	870	900
END60	PROLACTIN 1:1000 DILUTION	575	720	870	900
END61	BLOOD KETONES	340	340	410	430

14. GENERAL SURGERY		TARIFF			
CODE	Procedure_Name	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
GS001	ABSCESS I AND D (LA) (SURGERY)	300	500	600	630
GS002	ABSCESS I AND D (GA) (SURGERY)	1075	2000	2400	2500
GS003	AXILLARY CLEARANCE (SURGERY)	6600	10000	12000	12500
GS004	APPENDICULAR PERFORATION	13000	17000	20400	21250
GS005	I AND D LARGE ABSCESS (GE)	1500	2000	2400	2500
GS006	BIOPSY BIG (LA) (SURGERY)	825	2000	2400	2500
GS007	BIOPSY (GA)/ INCISIONAL OR EXCISIONAL BIOPSY (SURGERY)	1650	2500	3000	3130
GS008	BIOPSY SMALL (LA) (SURGERY)	500	1000	1200	1250
GS009	BRACHIAL CYST EXCISION	12000	15000	18000	18750
GS010	BRACHIAL SINUS EXCISION	12000	15000	18000	18750
GS011	CAROTID BODY TUMOR EXCISION	16000	20000	24000	25000
GS012	CHEMICAL SETON INSERTION FOR FISTULA ANO	2000	5000	6000	6250
GS013	CIRCUMCISSION (SURGERY)	2640	5000	6000	6250
GS014	COCKETT AND DODD SUBFASCIAL LIGATION (SURGERY)	5775	8000	9600	10000
GS015	COLOSTOMY	7000	10000	12000	12500
GS016	COMPLETION THYROIDECTOMY (SURGERY)	18150	23000	27600	28750
GS017	DIAGNOSTIC LAPAROSCOPY	4000	10000	12000	12500
GS018	DIATHERMY COAGULATION (SURGERY)	825	2000	2400	2500
GS019	DU/ PERFORATION CLOSURE	18000	24000	28800	30000
GS020	EPIGASTRIC HERNIA WITH MESH	15000	20000	24000	25000
GS021	EPIGASTRIC HERNIA WITH OUT MESH	10000	15000	18000	18750
GS022	EXCISION OF BREAST LUMP (MAJOR)	3500	5000	6000	6250
GS023	EXCISION OF HEMANGIOMA (MINOR)	4000	5000	6000	6250
GS024	EXCISION OF HEMANGIOMA (MAJOR)	6000	10000	12000	12500
GS025	EXCISION OF LYMPHATIC CYST (SURGERY)	7500	10000	12000	12500
GS026	EXCISION OF SOFT TISSUE SARCOMA/ MALIGNANT ULCER	6000	8000	9600	10000
GS027	I AND D LARGE ABSCESS (SP)	2500	3000	3600	3750
GS028	EXCISION OF THYROGLOSSAL CYST/ FISTULA	15000	20000	24000	25000
GS029	EXCISION OF LINGUAL THYROID	15000	20000	24000	25000
GS030	EXC. OF BENIGN SOFT TISSUE TUMOUR/ HAEMANGIOMA (WLE GRAFTING OR SCALP SKIN GRAFTING) (SURGERY)	4125	10000	12000	12500
GS031	EXC. OF BREAST LUMP/FIBRO ADEMOMA/ LUMPECTOMY (IF DONE UNDER SEDATION RS.120/- TO BE CHARGED) (SURG)	4950	7000	8400	8750
GS032	EXC. OF BREAST LUMP MINOR	2500	3125	3750	3910
GS033	EXPLORATORY LAPAROTOMY	10000	15000	18000	18750
GS034	FEEDING JEJUNOSTOMY	4000	10000	12000	12500
GS035	FISTULA EXCISION/ FISTULECTOMY (SURGERY)	3710	10000	12000	12500
GS036	FISTULOTOMY	3500	10000	12000	12500
GS037	FEMORAL HERNIA (REPAIR WITH MESH)	15000	20000	24000	25000
GS038	HAEMANGIOMA (INTERMUSCULAR) (LARGE)	8000	15000	18000	18750
GS039	HAEMANGIOMA (INTERMUSCULAR)(SMALL)	5000	10000	12000	12500
GS040	HAEMANGIOMA OF THIGH [LARGE]	8000	15000	18000	18750
GS041	HAEMANGIOMA OF THIGH (SURGERY)	5000	10000	12000	12500
GS042	HAEMARRHOIDECTOMY/ SPINCTORECTOMY (SURGERY)	3710	10000	12000	12500
GS043	HEMITHYROIDECTOMY (SURGERY)	14000	17500	21000	21880
GS044	HERNIOPLASTY (MESH) LARGE	7500	10000	12000	12500
GS045	HERNIOPLASTY (MESH) (SURGERY)	5775	10000	12000	12500
GS046	HERNIORRHAPHY/ EXCISION OF CYST (SURGERY)	5290	10000	12000	12500
GS047	HERNIOTOMY (SURGERY)	4950	8000	9600	10000
GS048	HIATUS HERNIA REPAIRS - ABDOMEN	20000	25000	30000	31250
GS049	HYDROCELE/ EXCISION OF SAC [BILATERAL]	6000	8000	9600	10000
GS050	HYDROCELE/ EXCISION OF SAC (SURGERY)	4000	6000	7200	7500
GS051	ILEOSTOMY	7000	15000	18000	18750
GS052	ILEAL RESECTION AND ANASTOMOSIS	25000	35000	42000	43750
GS053	URINOR WOUND DEBRIDEMENT (GE)	18000	5000	6000	6250

GS054	INCISIONAL HERNIA/ VENTRAL HERNIA REPAIR WITH MESH (LARGE)	10000	15000	18000	18750
GS055	INCISIONAL HERNIA/ VENTRAL HERNIA REPAIR WITH MESH (SMALL)	6000	10000	12000	12500
GS056	LAPAROSCOPIC APPENDICETOMY	10000	15000	18000	18750
GS057	LAPAROSCOPIC CHOLECYSTECTOMY	10000	20000	24000	25000
GS058	LAPAROSCOPIC INCISIONAL/ VENTRAL HERNIA REPAIR	8000	20000	24000	25000
GS059	LAPAROSCOPIC INGUINAL HERNIA REPAIR (BILATERAL)	12000	20000	24000	25000
GS060	LAPAROSCOPIC INGUINAL HERNIA REPAIR (UNILATERAL)	8000	15000	18000	18750
GS061	LAPAROSCOPIC ORCHIDOPEXY	10000	20000	24000	25000
GS062	LAPAROSCOPIC UMBILICAL HERNIA REPAIR	6500	15000	18000	18750
GS063	LATERAL SPINCTORECTOMY	3500	8000	9600	10000
GS064	LIPOMA-EXCISION	3500	7000	8400	8750
GS065	LIPOMA-SCALP EXCISION (SURGERY)	5280	7500	9000	9380
GS066	MAJOR AMPUTATION (SURGERY)	5775	15000	18000	18750
GS067	MAJOR DEBRIDEMENT (SURGERY)	7425	12000	14400	15000
GS068	MAJOR DRESSING (SURGERY)	500	1000	1200	1250
GS069	MICRODOCHOTOMY (SURGERY)	6600	12000	14400	15000
GS070	MINOR AMPUTATION/ DISARTICULATION (SURGERY)	2060	5000	6000	6250
GS071	MINOR DRESSING (SURGERY)	100	500	600	630
GS072	MODIFIED RADICAL MASTECTOMY (SURGERY)	17000	25000	30000	31250
GS073	MODIFIED ROBS PROCEDURE (SURGERY)	6600	10000	12000	12500
GS074	NECK DISSECTION (SURGERY)	11550	25000	30000	31250
GS075	OPEN APPENDICETOMY	7000	15000	18000	18750
GS076	OPEN CHOLECYSTECTOMY	8000	30000	36000	37500
GS077	OPERATION FOR ACUTE INTESTINAL PERFORATION	18000	30000	36000	37500
GS078	ORCHIDECTOMY (SURGERY)	4500	7500	9000	9380
GS079	ORCHIOPEXY (SURGERY)	5775	10000	12000	12500
GS080	PARA-THYROIDECTOMY (SURGERY)	11550	14440	17330	18050
GS081	PAROTID DUCT REPAIR	14000	25000	30000	31250
GS082	RARE HERNIAS (SPIGELIAN OBTUMAOR SCROTAL)	13000	20000	24000	25000
GS083	SCAR EXCISION/ REVISION UNDER LA (SURGERY)	1650	5000	6000	6250
GS084	SEPS AND SFJ LIGATION	7000	15000	18000	18750
GS085	SIMPLE MASTECTOMY (SURGERY)	15000	20000	24000	25000
GS086	URINOR WOUND DEBRIDEMENT (SP)	4950	7500	9000	9380
GS087	SKIN GRAFTING MAJOR	3500	10000	12000	12500
GS088	SKIN GRAFTING (SURGERY)	2650	7000	8400	8750
GS089	SLOUGH EXCISION (LA)/ MINOR WOUND DEBRIDEMENT (SURGERY)	600	5000	6000	6250
GS090	SLOUGH EXCISION (GA) (SURGERY)	1500	8000	9600	10000
GS091	SUBFASCIAL ENDOSCOPIC PERFORATORS LIGATION SURGERY (SEPS)	5000	10000	12000	12500
GS092	SUBMANDIBULAR GLAND EXCISION (SURGERY)	4950	15000	18000	18750
GS093	SUB-TOTAL THYROIDECTOMY (SURGERY)	11550	20000	24000	25000
GS094	SUPERFICIAL PAROTIDECTOMY (SURGERY)	11550	20000	24000	25000
GS095	SUTURING (GA)	1000	3000	3600	3750
GS096	SUTURING (LA) (SURGERY)	500	1500	1800	1880
GS097	INGUINAL HERNIOPLASTY WITH MESH (BILATERAL) (GE)	9240	15000	18000	18750
GS098	TOTAL PARA-THYROIDECTOMY (SURGERY)	15000	20000	24000	25000
GS099	TOTAL PAROTIDECTOMY (SURGERY)	14650	25000	30000	31250
GS100	TOTAL THYROIDECTOMY (SURGERY)	16500	25000	30000	31250
GS101	TRENDLENBERG OPERATION (SURGERY)	7425	15000	18000	18750
GS102	UMBILICAL HERNIA WITHOUT MESH (SURGERY)	10000	20000	24000	25000
GS103	UMBILICAL HERNIA WITH MESH	15000	25000	30000	31250
GS104	WIDE LOCAL EXCISION	6000	10000	12000	12500
GS105	INGUINAL HERNIOPLASTY WITH MESH (BILATERAL) (SP)		18000	21600	22500
GS106	BELOW KNEE/ABOVE KNEE AMPUTATION (GE)		15000	18000	18750
GS107	BELOW KNEE/ ABOVE KNEE AMPUTATION (SP)		20000	24000	25000
GS108	LAPAROSCOPIC TEP REPAIR OF INGUINAL HERNIA UL (GE)		15000	18000	18750
GS109	LAPAROSCOPIC TEP REPAIR OF INGUINAL HERNIA UL (SP)		18000	21600	22500

GS110	LAPAROSCOPIC TEP REPAIR OF INGUINAL HERNIA BL (GE)		20000	24000	25000
GS111	LAPAROSCOPIC TEP REPAIR OF INGUINAL HERNIA BL (SP)		20000	24000	25000
GS112	VARICOCELECTOMY U/L (GE)		10000	12000	12500
GS113	VARICOCELECTOMY U/L (SP)		12000	14400	15000
GS114	VARICOCELECTOMY B/L (GE)		18000	21600	22500
GS115	VARICOCELECTOMY B/L (SP)		20000	24000	25000
GS116	ABSCESS I AND D (GA) (SP)		3000	3600	3750
GS117	ABSCESS I AND D (LA) (SP)		5000	6000	6250
GS118	AXILLARY CLEARANCE (SP)		15000	18000	18750
GS119	APPENDICULAR PERFORMATION (GE)		20000	24000	25000
GS120	BIOPSY BIG (LA) (SP)		3000	3600	3750
GS121	BIOPSY(GA)/ INCISIONAL OR EXCISIONAL BIOPSY (SP)		7000	8400	8750
GS122	BIOPSY SMALL (LA) (SP)		3000	3600	3750
GS123	BRACHIAL CYST EXCISION (SP)		25000	30000	31250
GS124	BRACHIAL SINUS EXCISION (SP)		25000	30000	31250
GS125	CAROTID BODY TUMOR EXCISION (SP)		30000	36000	37500
GS126	CHEMICAL SETON INSERTION FOR FISTULA ANO (SP)		8000	9600	10000
GS127	CIRCUMCISSION (GE)		5000	6000	6250
GS128	COCKETT AND DODD SUBFASCIAL LIGATION (SP)		8000	9600	10000
GS129	COLOSTOMY (SP)		15000	18000	18750
GS130	COMPLETION THYROIDECTOMY (GE)		30000	36000	37500
GS131	DIAGNOSTIC LAPAROSCOPY (SP)		10000	12000	12500
GS132	DIATHERMY COAGULATION (SP)		15000	18000	18750
GS133	DU/PERFORATION CLOSURE (GE)		25000	30000	31250
GS134	EPIGASTRIC HERNIA WITH MESH (GE)		20000	24000	25000
GS135	EPIGASTRIC HERNIA WITH OUT MESH (GE)		15000	18000	18750
GS136	EXCISION OF BREAST LUMP (MAJOR) (GE)		10000	12000	12500
GS137	EXCISION OF HEMANGIOMA (MINOR) (SP)		8000	9600	10000
GS138	EXCISION OF HEMANGIOMA (MAJOR) (SP)		10000	12000	12500
GS139	EXCISION OF LYMPHATIC CYST (SP)		13000	15600	16250
GS140	EXCISION OF SOFT TISSUE SARCOMA/ MALIGNANT ULCER (SP)		11000	13200	13750
GS141	EXCISION OF THYROGLOSSAL CYST/ FISTULA(SP)		20000	24000	25000
GS142	EXCISION OF INGUINAL THYROID (SP)		20000	24000	25000
GS143	EXC. OF BENIGN SOFT TISSUE TUMOUR/ HAEMANGIOMA (WLE GRAFTING OR SCALP SKIN GRAFTING) (SP)		10000	12000	12500
GS144	EXC. OF BREAST LUMP/ FIBRO ADEMOMA/ LUMPECTOMY (IF DONE UNDER SEDATION RS.120/- TO BE CHARGED) (SP)		12000	14400	15000
GS145	EXC. OF BREAST LUMP MINOR (SP)		6000	7200	7500
GS146	EXPLORATORY LAPAROTOMY (SP)		20000	24000	25000
GS147	FEEDING JEJUNOSTOMY (SP)		10000	12000	12500
GS148	FISTULA EXCISION/ FISTULECTOMY (SP)		10000	12000	12500
GS149	FISTULOTOMY (SP)		7000	8400	8750
GS150	FEMORAL HERNIA (REPAIR WITH MESH) (GE)		20000	24000	25000
GS151	HAEMANGIOMA (INTERMUSCULAR) (LARGE) (SP)		15000	18000	18750
GS152	HAEMANGIOMA (INTERMUSCULAR) (SMALL) (SP)		10000	12000	12500
GS153	HAEMANGIOMA OF THIGH [LARGE] (SP)		15000	18000	18750
GS154	HAEMANGIOMA OF THIGH (SP)		10000	12000	12500
GS155	HAEMARRHOIDECTOMY/ SPINCTORECTOMY (SP)		10000	12000	12500
GS156	HEMITHYROIDECTOMY (GE)		17500	21000	21880
GS157	HERNIOPLASTY (MESH) LARGE (GE)		10000	12000	12500
GS158	HERNIOPLASTY (MESH) (GE)		10000	12000	12500
GS159	HERNIORRHAPHY/ EXCISION OF CYST (GE)		10000	12000	12500
GS160	HERNIOTOMY (GE)		8000	9600	10000
GS161	HIATUS HERNIA REPAIRS - ABDOMEN (GE)		25000	30000	31250
GS162	HYDROCELE/ EXCISION OF SAC B/L (SP)		10000	12000	12500
GS163	HYDROCELE/ EXCISION OF SAC (GE)		6000	7200	7500
GS164	ILEOSTOMY (SP)		10000	12000	12500
GS165	ILEAL RESECTION AND ANASTOMOSIS (GE)		35000	42000	43750

GS166	INCISIONAL HERNIA/ VENTRAL HERNIA REPAIR WITH MESH (LARGE) (Sp)		16000	19200	20000
GS167	INCISIONAL HERNIA/VENTRAL HERNIA REPAIR WITH MESH (SMALL) (SP)		10000	12000	12500
GS168	LAPAROSCOPIC APPENDICETOMY (Sp)		17000	20400	21250
GS169	LAPAROSCOPIC CHOLECYSTECTOMY(SP)		20000	24000	25000
GS170	LAPAROSCOPIC INCISIONAL/ VENTRAL HERNIA REPAIR(SP)		20000	24000	25000
GS171	LAPAROSCOPIC INGUINAL HERNIA REPAIR B/L (SP)		20000	24000	25000
GS172	LAPAROSCOPIC INGUINAL HERNIA REPAIR U/L (SP)		15000	18000	18750
GS173	LAPAROSCOPIC ORCHIDOPEXY (SP)		20000	24000	25000
GS174	LAPAROSCOPIC UMBILICAL HERNIA REPAIR (SP)		15000	18000	18750
GS175	LATERAL SPINCTORECTOMY (SP)		8000	9600	10000
GS176	LIPOMA-EXCISION (SP)		7000	8400	8750
GS177	LIPOMA-SCALP EXCISION (SP)		8000	9600	10000
GS178	MAJOR AMPUTATION (SP)		15000	18000	18750
GS179	MAJOR DEBRIDMENT (GE)		12000	14400	15000
GS180	MAJOR DRESSING (SP)	800	1000	1200	1250
GS181	MICRODOCHOTOMY (GE)		10000	12000	12500
GS182	MINOR AMPUTATION/ DISARTICULATION (SP)		5000	6000	6250
GS183	MINOR DRESSING (SP)	200	400	480	500
GS184	MODIFIED RADICAL MASTECTOMY (SP)		25000	30000	31250
GS185	MODIFIED ROBS PROCEDURE (SP)		12000	14400	15000
GS186	NECK DISSECTION (SP)		20000	24000	25000
GS187	OPEN APPENDICETOMY (SP)		15000	18000	18750
GS188	OPEN CHOLECYSTECTOMY (SP)		20000	24000	25000
GS189	OPERATION FOR ACUTE INTESTINAL PERFORATION (GE)		22000	26400	27500
GS190	ORCHIDECTOMY (SP)		10000	12000	12500
GS191	ORCHIOPEXY (SP)		11000	13200	13750
GS192	PARA-THYROIDECTOMY (SP)		20000	24000	25000
GS193	PAROTID DUCT REPAIR (GE)		20000	24000	25000
GS194	RARE HERNIAS (SPIGELIAN OBTUMAOR SCROTAL) (SP)		23000	27600	28750
GS195	SCAR EXCISION/ REVISION UNDER LA (SP)		7000	8400	8750
GS196	SEPS AND SFJ LIGATION (SP)		17000	20400	21250
GS197	SIMPLE MASTECTOMY (GE)		19000	22800	23750
GS198	SKIN GRAFTING MAJOR (SP)		10000	12000	12500
GS199	SKIN GRAFTING (SP)		8000	9600	10000
GS200	SLOUGH EXCISION (LA)/ MINOR WOUND DEBRIDEMENT (SP)		2000	2400	2500
GS201	SLOUGH EXCISION (GA)(SP)		5000	6000	6250
GS202	SUBFASCIAL ENDOSCOPIC PERFORATORS LIGATION SURGERY (SEPS)(SP)		15000	18000	18750
GS203	SUBMANDIBULAR GLAND EXCISION (SP)		16000	19200	20000
GS204	SUB-TOTAL THYROIDECTOMY (SP)		20000	24000	25000
GS205	SUPERFICIAL PAROTIDECTOMY (SP)		20000	24000	25000
GS206	SUTURING (GA) (SP)		3000	3600	3750
GS207	SUTURING (LA) (SP)		2000	2400	2500
GS208	TOTAL PARA-THYROIDECTOMY (SP)		22000	26400	27500
GS209	TOTAL PAROTIDECTOMY (SP)		22000	26400	27500
GS210	TOTAL THYROIDECTOMY (SP)		23000	27600	28750
GS211	TRENDLENBERG OPERATION (SP)		14000	16800	17500
GS212	UMBILICAL HERNIA WITH OUT MESH (GE)		12000	14400	15000
GS213	UMBILICAL HERNIA WITH MESH (GE)		17000	20400	21250
GS214	WIDE LOCAL EXCISION (SP)		13000	15600	16250
GS215	NANO CRYSTAL SILVER ION DRESSING 10CMX10CM		500	600	630
GS216	NANO CRYSTAL SILVER ION DRESSING 5CMX5CM		300	360	380
GS217	FOUR LAYER BANDAGE DRESSING (VELFOUR)		600	720	750
GS218	FASCIOTOMY		3000	3600	3750
GS219	PAPILLOMA EXCISION UNDER LOCAL ANAESTHESIA		1000	1200	1250
GS220	PAPILLOMA EXCISION UNDER SPINAL OR GENERAL ANAESTHESIA		2000	2400	2500
GS221	CARBUNCLE DRAINAGE UNDER GENERAL OR SPINAL ANAESTHESIA		2000	2400	2500

GS222	DEBRIDEMENT UNDER GENERAL OR SPINAL ANAESTHESIA		2000	2400	2500
GS223	DRAINAGE OF ABSCESS		2000	2400	2500
GS224	EXCISION OF CYSTIC MASS		1500	1800	1880
GS225	EXCISION OF SWELLING IN FOOT		1500	1800	1880
GS226	EXCISION OF SEBACEOUS CYST		1500	1800	1880
GS227	EXCISION OF GANGLION CYST		1500	1800	1880
GS228	CORN EXCISION		1500	1800	1880
GS229	LYMPHNODE BIOPSY		2500	3000	3130
GS230	EXCISION OF CYST OVER THE SCROTUM UNDER LOCAL ANAESTHESIA		1000	1200	1250
GS231	SURGICAL EXCISION OF UNILATERAL GYNAECOMASTIA		3000	3600	3750
GS232	SURGICAL EXCISION OF BILATERAL GYNAECOMASTIA		4500	5400	5630
GS233	SUTURING OF WOUND UNDER LOCAL ANAESTHESIA		1000	1200	1250
GS234	SUTURING OF WOUND UNDER SPINAL OR GENERAL ANAESTHESIA		2000	2400	2500
GS235	TOE AMPUTATION		2000	2400	2500
GS236	I AND D OF BREAST ABSCESS		2000	2400	2500
GS237	DEBRIDEMENT MINOR		2000	2400	2500
GS238	DEBRIDEMENT MAJOR		3000	3600	3750
GS239	PILONIDAL SINUS EXCISION		4000	4800	5000
GS240	FOLLEYS CATHETERISATION		170	210	220
GS241	IV CANNULATION		250	300	320
GS242	MONITOR CHARGES PER DAY		1000	1200	1250
GS243	NEBULISATION CHARGES PER DAY		250	300	320
GS244	OXYGEN CHARGES PER DAY		505	610	640
GS245	PULSE OXIMETER CHARGES		1000	1200	1250
GS246	RYLES TUBE		250	300	320
GS247	SYRINGE PUMP CHARGES PER DAY		500	600	630
GS248	VENTILATOR CHARGES PER DAY		4320	5190	5400
GS249	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
GS250	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
GS251	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
GS252	ET INTUBATION		1000	1200	1250
GS253	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)		1500	1800	1880
GS254	LUMBAR PUNCTURE		1000	1200	1250
GS255	MAJOR DRESSING-I	500	NA	NA	NA
GS256	MAJOR DRESSING-II	800	NA	NA	NA
GS257	MINOR DRESSING-I	100	NA	NA	NA
GS258	MINOR DRESSING-II	200	NA	NA	NA
GS259	SUTURE REMOVAL (GENERAL SURGERY)	100	NA	NA	NA
GS260	PROCTOSCOPY (GENERAL SURGERY)	100	NA	NA	NA

15. GYNAEC AND OBSTETRICS		TARIFF			
CODE	PROCEDURE NAME	OP	IP	SINGLE ROOM	DELUXE ROOM
OBG01	NORMAL VAGINAL DELIVERY		2500	3000	3130
OBG02	FORCEPS VENTOUSE DELIVERY		3000	3600	3750
OBG03	PAINLESS VAGINAL DELIVERY		10000	12000	12500
OBG04	HIGHRISK VAGINAL DELIVERY		4000	4800	5000
OBG05	ELECTIVE LSCS WITH TUBECTOMY UNDER SA		5000	6000	6250
OBG06	EMERGENCY LSCS WITH TUBECTOMY UNDER SA		6000	7200	7500
OBG07	CIRCLAGE		2000	2400	2500
OBG08	ECTOPIC LAPAROTOMY		12000	14400	15000
OBG09	TOTAL ABDOMINAL HYSTERECTOMY		8000	9600	10000
OBG10	NON DESCENT VAGINAL HYSTERECTOMY		8000	9600	10000
OBG11	LAPAROSCOPIC TUBAL OCCLUSION		5000	6000	6250
OBG12	MAYO WARDS		8000	9600	10000
OBG13	PELVIC FLOOR REPAIR		3000	3600	3750
OBG14	DIAGNOSTIC LAPAROSCOPY (INFERTILITY WORK UP)		15000	18000	18750
OBG15	OPERATIVE LAPAROSCOPY		25000	30000	31250
OBG16	TLH/LAVH TOTAL LAPAROSCOPIC HYSTERECTOMY		20000	24000	25000
OBG17	LAP. ASSISTED VAGINAL HYSTERECTOMY		15000	18000	18750
OBG18	SUCTION AND EVACUATION	1000	1500	1800	1880
OBG19	DILATATION AND CURETTAGE (ANAESTHESIA)		4500	5400	5630
OBG20	DILATATION AND CURETTAGE	500	500	600	630
OBG21	CERVICAL BIOPSY	500	500	600	630
OBG22	COLPOSCOPY	2500	2500	3000	3130
OBG23	CRYOTHERAPY	1000	2000	2400	2500
OBG24	CHEMICAL CAUTERY	100	100	120	130
OBG25	URINE PREGNANCY TEST	80	80	100	100
OBG26	CUT REMOVAL	200	200	240	250
OBG27	CUT INSERTION	500	500	600	630
OBG28	TUBECTOMY/MINILAP		2500	3000	3130
OBG29	ANTENATAL SCAN	450	1000	1200	1250
OBG30	TIFFA SCAN	1500	1500	1800	1880
OBG31	BIOPHYSICAL PROFILE & FETAL DOPPLER STUDIES	500	1000	1200	1250
OBG32	NON STRESS TEST FOR FETAL MONITORING CHARGES	150	500	600	630
OBG33	DILATATION AND CURETTAGE CHARGES	1000	3000	3600	3750
OBG34	ELECTIVE HYSTEROTOMY		12000	14400	15000
OBG35	TOTAL ABDOMINAL HYSTERECTOMY WITH BSO		8000	9600	10000
OBG36	TOTAL ABDOMINAL HYSTERECTOMY WITH RSO		8000	9600	10000
OBG37	TOTAL ABDOMINAL HYSTERECTOMY WITH LSO		8000	9600	10000
OBG38	DIAGNOSTIC HYSTEROSCOPY		2000	2400	2500
OBG39	OPERATIVE HYSTEROSCOPY		5000	6000	6250
OBG40	LAP.TUBECTOMY WITH RIGHT SALPHINGO OOPHERECTOMY		11000	13200	13750
OBG41	LAP.TUBECTOMY WITH LEFT SALPHINGO OOPHERECTOMY		11000	13200	13750
OBG42	MINOR SURGICAL EXCISION OF THE LESION UNDER LA	500	500	600	630
OBG43	MINOR SURGICAL EXCISION OF THE LESION UNDER GA		1000	1200	1250
OBG44	SLING SURGERY		5000	6000	6250
OBG45	FOTHERGILL'S SURGERY		5000	6000	6250
OBG46	MID-TRIMESTER ABORTION	1500	2000	2400	2500
OBG47	DILATATION AND EVACUATION	1000	1000	1200	1250
OBG48	LAPAROSCOPIC RIGHT OVARIAN CYSTECTOMY		10000	12000	12500
OBG49	LAPAROSCOPIC LEFT OVARIAN CYSTECTOMY		10000	12000	12500
OBG50	EMERGENCY LSCS WITH B/L TUBECTOMY		8500	10200	10630
OBG51	REPAIR OF COMPLETE TEAR OF PERINEUM		3000	3600	3750
OBG52	CARDIO TOCOGRAPHY (CTG/ NST)	150	250	300	320
OBG53	PYOMETRA DRAINAGE/ DILATATION OF CERVIX	500	500	600	630
OBG54	EMERGENCY LAPAROTOMY		10000	12000	12500
OBG55	MYOMECTOMY		15000	18000	18750
OBG56	LAPAROSCOPIC LEFT SALPHINGECTOMY WITH RIGHT TUBECTOMY		25000	30000	31250

OBG57	LAPAROSCOPIC ADHESIOLYSIS CHARGES		30000	36000	37500
OBG58	OBSERVATION CHARGES PER DAY		150	180	190
OBG59	COLPOSCOPIC GUIDED BIOPSY	500	500	600	630
OBG60	TUBAL RECANALIZATION		20000	24000	25000
OBG61	VAULT PROLAPSE WITH ABDOMINAL MESH REPAIR		40000	48000	50000
OBG62	DIAGNOSTIC HYSTERO LAPAROSCOPY WITH LAP.MYOMECTOMY		35000	42000	43750
OBG63	EXAMINATION UNDER ANAESTHESIA		1000	1200	1250
OBG64	LAVH WITH BSO		20000	24000	25000
OBG65	OPEN ECTOPIC RESECTION		8000	9600	10000
OBG66	OPEN ECTOPIC RESECTION AND TUBECTOMY		9000	10800	11250
OBG67	LAP. ECTOPIC RESECTION		10000	12000	12500
OBG68	LAP.ECTOPIC RESECTION AND TUBECTOMY		11000	13200	13750
OBG69	DIAGNOSTIC HYSTERO LAPROSCOPY		15000	18000	18750
OBG70	SECONDARY SUTURING UNDER LA		500	600	630
OBG71	SECONDARY SUTURING UNDER GA/SA		1500	1800	1880
OBG72	DIAGNOSTIC LAPAROSCOPY		8000	9600	10000
OBG73	CERVICAL POLYPECTOMY WITH DANDC	1500	4000	4800	5000
OBG74	EMERGENCY LSCS		6000	7200	7500
OBG75	ELECTVE LSCS		5000	6000	6250
OBG76	VAGINAL SACRO COLPOPEXY		8000	9600	10000
OBG77	MINOR DRESSING	100	125	150	160
OBG78	SUTURE REMOVAL	100	125	150	160
OBG79	PAP SMEAR PROCEDURE CHARGES	100	100	120	130
OBG80	PIPELLE BIOPSY PROCEDURE CHARGES	150	150	180	190
OBG81	IUCD INSERTION	100	100	120	130
OBG82	SR IN OPD	250	250	300	320
OBG83	DRESSING IN OPD	100	100	120	130
OBG84	CERVICAL PROCEDURE	100	100	120	130
OBG85	VAGINAL HYSTERECTOMY PLUS BILATERAL SALPHINGECTOMY		9000	10800	11250
OBG86	PAPSMEAR KIT CHARGES	50	50	60	70
OBG87	VAGINAL HYSTERECTOMY PLUS UNILATERAL SALPHINGECTOMY		9000	10800	11250
OBG88	VAGINAL HYSTERECTOMY		8000	9600	10000
OBG89	TOTAL LAPAROSCOPIC HYSTERECTOMY PLUS UNILATERAL SALPHINGECTOMY		21000	25200	26250
OBG90	LAPAROSCOPIC ASSISTED VAGINAL HYSTERECTOMY PLUS BILATERAL SALPHINGECTOMY		21000	25200	26250
OBG91	TOTAL LAPAROSCOPIC HYSTERECTOMY PLUS UNILATERAL SALPHINGO OOPHERECTOMY		21000	25200	26250
OBG92	TOTAL ABDOMINAL HYSTERECTOMY PLUS BILATERAL SALPHINGO OOPHERECTOMY		10000	12000	12500
OBG93	CERVICAL POLYPECTOMY	1000	3000	3600	3750
OBG94	CYST EXCISION	1000	2000	2400	2500
OBG95	BARTHOLIN CYST EXCISION	1500	2000	2400	2500
OBG96	LAP MYOMECTOMY		16000	19200	20000
OBG97	TOTAL ABDOMINAL HYSTERECTOMY PLUS BILATERAL SALPHINGECTOMY		9000	10800	11250
OBG98	TOTAL ABDOMINAL HYSTERECTOMY PLUS UNILATERAL SALPHINGO OOPHERECTOMY		9000	10800	11250
OBG99	OPEN CYSTECTOMY		5000	6000	6250
OBG100	TOTAL LAPAROSCOPIC HYSTERECTOMY PLUS BILATERAL SALPHINGECTOMY		21000	25200	26250
OBG101	LAPAROSCOPIC TUBECTOMY		5000	6000	6250
OBG102	OBSTETRIC HYSTERECTOMY		15000	18000	18750
OBG103	MANUAL REMOVAL OF PLACENTA		5000	6000	6250
OBG104	OPEN UNILATERAL ADNEXECTOMY		5000	6000	6250
OBG105	LAPAROSCOPIC UNILATERAL ADNEXECTOMY		6000	7200	7500
OBG106	ENDOMETRIAL BIOPSY	250	250	300	320
OBG107	RING PESSARY INSERTION	100	100	120	130
OBG108	FOLLEYS CATHETERISATION	150	170	210	220
OBG109	IV CANNULATION	150	250	300	320
OBG110	MONITOR CHARGES PER DAY	500	1000	1200	1250

OBG111	NEBULISATION CHARGES PER DAY	150	250	300	320
OBG112	OXYGEN CHARGES PER DAY	200	505	610	640
OBG113	PULSE OXIMETER CHARGES	500	1000	1200	1250
OBG114	RYLES TUBE		250	300	320
OBG115	SYRINGE PUMP CHARGES PER DAY		500	600	630
OBG116	VENTILATOR CHARGES PER DAY		4320	5190	5400
OBG117	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
OBG118	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
OBG119	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
OBG120	ET INTUBATION		1000	1200	1250
OBG121	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)		1500	1800	1880
OBG122	LUMBAR PUNCTURE		1000	1200	1250
OBG123	CYSTOCELE REPAIR		8750	10500	10940
OBG124	LLETZ PROCEDURE – [LARGE LOOP EXCISION OF TRANSFORMATION ZONE]		5000	6000	6250
OBG125	CERVICAL STITCH OR CERVICAL ENCIRCLAGE		2500	3000	3130

16. MEDICAL ONCOLOGY		TARIFF			
CODE	Investigation_Name	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
MON01	ASCITIC FLUID TAPPING	250	500	600	630
MON02	BONE MARROW BIOPSY (PROCEDURE CHARGES)	1250	1800	2160	2250
MON03	CENTRAL VENOUS CATHETERIZATION	2475	3095	3720	3870
MON04	CHEMOTHERAPY	400	750	900	940
MON05	CHEMOTHERAPY 4 TO 8 HRS PER DAY	750	990	1190	1240
MON06	CHEMOTHERAPY LESSTHAN 4HRS PER DAY	400	600	720	750
MON07	CHEMOTHERAPY MORETHAN 8HRS PER DAY	1125	1500	1800	1880
MON08	FOLFOX CHEMOTHERAPY ONE DAY	1250	1600	1920	2000
MON09	INFUSION PUMP PER DAY	660	900	1080	1130
MON10	INTRATHECAL INJECTIONS	1250	1600	1920	2000
MON11	INTRA VESICAL CHEMOTHERAPY	330	500	600	630
MON12	LIVER BIOPSY	825	1100	1320	1380
MON13	LP FOR CYTOLOGY	165	300	360	380
MON14	LP WITH INTRATHECAL INJECTION	200	350	420	440
MON15	LUMBAR DRAIN FIXED	1250	1600	1920	2000
MON16	PARACENTESIS	250	400	480	500
MON17	PERICARDIAL TAPPING	1650	2200	2640	2750
MON18	PLEURAL FLUID ASPIRATION	500	1000	1200	1250
MON19	PLEURODESIS	665	1000	1200	1250
MON20	PROCTOSCOPY	200	400	480	500
MON21	TRU CUT BIOPSY	825	1100	1320	1380
MON22	LYMPHRESS (SINGLE SESSION 30 MINTS. DURATION)	200	300	360	380
MON23	BONE MARROW ASPIRATION (PROCEDURE CHARGES)	1250	1600	1920	2000
MON24	FOLLEYS CATHETERISATION		170	210	220
MON25	IV CANNULATION		250	300	320
MON26	MONITOR CHARGES PER DAY		1000	1200	1250
MON27	NEBULISATION CHARGES PER DAY		250	300	320
MON28	OXYGEN CHARGES PER DAY		505	610	640
MON29	PULSE OXIMETER CHARGES		1000	1200	1250
MON30	RYLES TUBE		250	300	320
MON31	SYRINGE PUMP CHARGES PER DAY		500	600	630
MON32	VENTILATOR CHARGES PER DAY		4320	5190	5400
MON33	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
MON34	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
MON35	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
MON36	ET INTUBATION		1000	1200	1250
MON37	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)		1500	1800	1880
MON38	LUMBAR PUNCTURE		1000	1200	1250

CODE	Investigation_Name	TARIFF			
		OP/OI	IP	SINGLE ROOM	DELUXE ROOM
MED01	DIAGNOSTIC THORACOCENTISIS (PLEURAL ASP.)	200	250	300	320
MED02	INTRA ARTICULAR INJECTION	550	625	750	790
MED03	PULMONARY FUNCTION TEST (PFT)	600	725	870	910
MED04	THERAPEUTIC THORACOCENTISIS	600	750	900	940
MED05	BONE MARROW ASPIRATION	500	600	720	750
MED06	BONE MARROW TREPINE BIOPSY PROCEDURE	1500	2000	2400	2500
MED07	LP CHARGES	600	1000	1200	1250
MED08	ASCITIC FLUID ASPIRATION		150	180	190
MED09	SYRINGE PUMP CHARGES (PER DAY)		500	600	630
MED10	VENTILATOR CHARGES 1/2 DAY		2160	2600	2700
MED11	VENTILATOR CHARGES 1 DAY		4320	5190	5400
MED12	RYLES TUBE ASPIRATON		250	300	320
MED13	RESUSCITATION (CPCR)		3000	3600	3750
MED14	PULSE OXYMETER CHARGES		1000	1200	1250
MED15	NEBULIZATION CHARGES (PER SITTING)		250	300	320
MED16	MONITOR CHARGES PER DAY		1000	1200	1250
MED17	IV CANULIZATION CHARGES		250	300	320
MED18	FOLEYS CATHETERIZATION		170	210	220
MED19	ET INTUBATION CHARGES		1000	1200	1250
MED20	CENTRAL VENOUS CATHETERIZATION CHARGES		1500	1800	1880
MED21	ARTERIAL LINE (CATHETER CHARGES EXTRA)	490	500	600	630
MED22	PLEURAL BIOPSY	490	490	590	620
MED23	OXYGEN CHARGES PER DAY	340	505	610	640
MED24	TRACHEOSTOMY UNDER ANAESTHESIA	940	1200	1440	1500
MED25	INTRA CARDIAC DRAIN (ICD)	1650	1650	1980	2070
MED26	ABG-MICU	845	845	1020	1060

	18. MEDICAL GASTROENTEROLOGY	TARIFF			
CODE	Investigation_Name	OP	IP	SINGLE ROOM	DELUXE ROOM
MGE01	ENDOSCOPIC GUIDED REMOVAL OF FOREIGN BODY	1950	1950	2340	2440
MGE02	ENDOSCOPIC INJECTION BOTEX	2065	2065	2480	2590
MGE03	ENDOSCOPIC PROSTHESIS	3095	3095	3720	3870
MGE04	ENDOSCOPIC PSEUDOCYST DRAINAGE	3095	3095	3720	3870
MGE05	ENDOSCOPIC SCLEROTHERAPY-I	3095	3095	3720	3870
MGE06	ENDOSCOPIC SCLEROTHERAPY-II	2000	2000	2400	2500
MGE07	ENDOSCOPIC SNARE POLYPECTOMY	3095	3095	3720	3870
MGE08	ENDOSCOPIC VARICIAL BAND	2500	2500	3000	3130
MGE09	ENDOSCOPY (UGI SCOPY)	1100	1100	1320	1380
MGE10	ERCP	3095	3095	3720	3870
MGE11	ERCP SEDATION CHARGES	200	200	240	250
MGE12	ERCP STENTING	5155	5155	6190	6450
MGE13	ERCP STONE EXTRACTION	6190	6190	7430	7740
MGE14	ESOPHAGEAL DILATATION-II	5000	5000	6000	6250
MGE15	ESOPHAGEAL DILATATION-I/STENTING	1650	1650	1980	2070
MGE16	FIBREOPTIC SIGMOIDOSCOPY	1240	1240	1490	1550
MGE17	HEMORRHOID BANDING	415	415	500	520
MGE18	LIVER BIOPSY	3000	3000	3600	3750
MGE19	PERCUTANEOUS (PEG)	5155	5155	6190	6450
MGE20	RIGID SIGMOIDOSCOPY	500	500	600	630
MGE21	RIGIFLEX ACHALASIA-I	6190	6190	7430	7740
MGE22	RIGIFLEX ACHALASIA-II	2065	2065	2480	2590
MGE23	TOTAL COLONOSCOPY	2475	2475	2970	3100

CODE	19. MICROBIOLOGY Investigation_Name	TARIFF			
		OP/OI	IP	SINGLE ROOM	DELUXE ROOM
MIC001	ACCP ELISA	750	925	1110	1160
MIC002	AFB (SMEAR)	100	125	150	160
MIC003	AFB (SMEAR) (AF)	100	125	150	160
MIC004	AFB(SMEAR) (CSF)	100	125	150	160
MIC005	AFB(SMEAR) (OTHER)	100	125	150	160
MIC006	AFB(SMEAR) (PF)	100	125	150	160
MIC007	AFB(SMEAR) (PUS)	100	125	150	160
MIC008	AFB(SMEAR) (SPUTUM)	100	125	150	160
MIC009	ANA ELISA	500	625	750	790
MIC010	ANA PROFILE	1300	1625	1950	2040
MIC011	ANTI CARDIOLIPIN ELISA	825	1030	1240	1290
MIC012	ANTI PANCA CANCA GBM	1250	1560	1880	1950
MIC013	ASCITIC FLUID CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC014	ASO TITRE	300	375	450	470
MIC015	BILE FLUID FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC016	BLOOD CULTURE	500	625	750	790
MIC017	BLOOD CULTURE BACT/ALERT	750	800	960	1000
MIC018	BLOOD FOR DARK FIELD MICROSCOPY (DFM)	100	125	150	160
MIC019	BODY FLUID CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC020	BONE MARROW FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC021	BRONCHIAL LAVAGE FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC022	C3 C4	1400	1750	2100	2190
MIC023	CATHETER TIP FOR CULTURE AND SUSCEPTIBILITY	500	625	750	790
MIC024	CERVICAL SWAB FOR CULTURE AND SUSCEPTIBILITY	500	645	780	810
MIC025	CHIKUMGUNYA RAPID TEST	700	875	1050	1100
MIC026	CRP	300	375	450	470
MIC027	CSF CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC028	CSF INDIA INK PREPARATION	100	125	150	160
MIC029	CVP CATHETER TIP FOR CULTURE AND SUSCEPTIBILITY	500	625	750	790
MIC030	C V P TIP FOR CULTURE AND SUSCEPTIBILITY	500	625	750	790
MIC031	DENGUE ELISA	410	510	620	640
MIC032	DISCHARGES CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC033	DRAIN FLUID FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC034	DRAIN TIP FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC035	DS DNA ELISA	500	625	750	790
MIC036	EAR SWAB FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC037	EPS CULTURE AND SUSCEPTIBILITY	750	900	1080	1130
MIC038	E.T ASPIRATION FOR CULTURE AND SUSCEPTIBILITY	500	625	750	790
MIC039	E.T (ENDO TRACHEAL) TIP FOR CULTURE AND SUSCEPTIBILITY	500	625	750	790
MIC040	E.V.D TIP FOR CULTURE AND SUSCEPTIBILITY	500	625	750	790
MIC041	FEMORAL TIP FOR CULTURE AND SUSCEPTIBILITY	500	625	750	790
MIC042	FOLEY S CATHETER TIP FOR CULTURE AND SUSCEPTIBILITY	500	625	750	790
MIC043	FUNGAL CULTURE (CSF)	400	500	600	630
MIC044	FUNGAL CULTURE (OTHER)	400	500	600	630
MIC045	FUNGAL CULTURE (PUS)	400	500	600	630
MIC046	FUNGAL CULTURE (SPUTUM)	400	500	600	630
MIC047	FUNGAL CULTURE (URINE)	400	500	600	630
MIC048	FUNGAL (KOH) (OTHER)	100	125	150	160
MIC049	FUNGAL (KOH) (PUS)	100	125	150	160
MIC050	FUNGAL (KOH) (SPUTUM)	100	125	150	160
MIC051	FUNGAL (KOH) (URINE)	100	125	150	160
MIC052	GASTRIC ASPIRATION FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC053	GRAMS STAIN (ASCITIC FLUID)	100	125	150	160
MIC054	GRAMS STAIN (CSF)	100	125	150	160
MIC055	GRAMS STAIN (ET)	100	125	150	160
MIC056	GRAMS STAIN (OTHER)	100	125	150	160
MIC057	GRAMS STAIN (P.D FLUID)	100	125	150	160

MIC058	GRAMS STAIN (PLEURAL FLUID)	100	125	150	160
MIC059	GRAMS STAIN (PUS)	100	125	150	160
MIC060	GRAMS STAIN (SPUTUM)	100	125	150	160
MIC061	GRAM STAIN (C V P TIP)	100	125	150	160
MIC062	HANTA RAPID TEST	600	750	900	940
MIC063	HBSAG ELISA	300	375	450	470
MIC064	HBSAG RAPID TEST	300	375	450	470
MIC065	HCV ELISA	660	825	990	1040
MIC066	HCV RAPID TEST	660	825	990	1040
MIC067	HCV VIRAL LOAD	1600	2000	2400	2500
MIC068	HIV ELISA	300	375	450	470
MIC069	HIV RAPID TEST	300	375	450	470
MIC070	HIV VIRAL LOAD	1600	2000	2400	2500
MIC071	IMMUNOFLUORESCENCE ANA	650	800	960	1000
MIC072	I.V CANNULA TIP FOR CULTURE AND SUSCEPTIBILITY	500	625	750	790
MIC073	JUGULAR TIP FOR CULTURE AND SUSCEPTIBILITY	500	625	750	790
MIC074	LEPTOSPIRA ELISA	400	500	600	630
MIC075	LEPTOSPIRA MAT TEST	400	500	600	630
MIC076	MANTOUX	100	125	150	160
MIC077	MYCO BACTERIAL CULTURE (CSF)	530	660	800	830
MIC078	MYCO BACTERIAL CULTURE MGIT	500	630	760	790
MIC079	MYCO BACTERIAL CULTURE (OTHER)	500	630	760	790
MIC080	MYCO BACTERIAL CULTURE (PUS)	500	630	760	790
MIC081	MYCO BACTERIAL CULTURE (SPUTUM)	500	630	760	790
MIC082	MYCO BACTERIAL CULTURE (URINE)	500	630	760	790
MIC083	NASAL SWAB FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC084	RAPID CULTURE FOR MYCOBACTERIUM TUBERCULOSIS FOR SPUTUM (BACT/ALERT)	500	630	760	790
MIC085	HSV REAL TIME PCR/ QUANTITATIVE DNA DETECTION	1600	2000	2400	2500
MIC086	HBV REAL TIME PCR/ QUANTITATIVE DNA DETECTION	1600	2000	2400	2500
MIC087	HCV REAL TIME PCR/ QUANTITATIVE RNA DETECTION	1600	2000	2400	2500
MIC088	HIV REAL TIME PCR/ QUANTITATIVE RNA DETECTION	1600	2000	2400	2500
MIC089	MTB REAL TIME PCR/ QUANTITATIVE DNA DETECTION (CSF)	2000	2200	2640	2750
MIC090	MTB REAL TIME PCR/ QUANTITATIVE DNA DETECTION (OTHER)	2000	2200	2640	2750
MIC091	MTB REAL TIME PCR/ QUANTITATIVE DNA DETECTION (PLEURAL FLUID)	2000	2200	2640	2750
MIC092	MTB REAL TIME PCR/ QUANTITATIVE DNA DETECTION (PUS)	2000	2200	2640	2750
MIC093	MTB REAL TIME PCR/ QUANTITATIVE DNA DETECTION (BODY FLUID)	2000	2200	2640	2750
MIC094	MTB REAL TIME PCR/ QUANTITATIVE DNA DETECTION (SPUTUM)	2000	2200	2640	2750
MIC095	MTB REAL TIME PCR/ QUANTITATIVE DNA DETECTION (URINE)	2000	2200	2640	2750
MIC096	P.D FLUID (KOH)	100	125	150	160
MIC097	PERICARDIAL FLUID FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC098	PERITONIAL DIALYSIS FLUID FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC099	PERITONIAL FLUID FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC100	PLEURAL FLUID FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC101	PROCALCITONIN	1000	1250	1500	1570
MIC102	PROTEIN 'C' ELISA	2300	2450	2940	3070
MIC103	PUS CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC104	RA FACTOR	300	375	450	470
MIC105	SCRUBTYPHUS ELISA	500	625	750	790
MIC106	SEMEN CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC107	SPUTUM CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC108	STOOL CULTURE AND SUSCEPTIBILITY	325	400	480	500
MIC109	STOOL FOR CRYPTOSPORIDIUM	100	125	150	160
MIC110	STOOL FOR MICROSCOPIC EXAMINATION	100	125	150	160
MIC111	STOOL HANGING DROP PREPARATION	100	125	150	160
MIC112	STOOL (OVA AND CYST)	100	125	150	160
MIC113	SUCTION TIP FOR CULTURE AND SUSCEPTIBILITY	500	625	750	790
MIC114	SYNOVIAL FLUID FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC115	THROAT SWAB CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC116	TISSUE FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630

MIC117	T.P.H.A.	400	500	600	630
MIC118	TRACHEAL SWAB FOR CULTURE AND SUSCEPTIBILITY	500	625	750	790
MIC119	TRACHEAL TIP FOR CULTURE AND SUSCEPTIBILITY	500	625	750	790
MIC120	URINE CULTURE AND SUSCEPTIBILITY	300	375	450	470
MIC121	URINE FOR DARK FIELD MICROSCOPY (DFM)	100	125	150	160
MIC122	VDRL	300	375	450	470
MIC123	VDRL (CSF)	300	375	450	470
MIC124	VEGINAL SWAB FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC125	V.P.SHUNT TIP FOR CULTURE AND SUSCEPTIBILITY	500	625	750	790
MIC126	WATER CULTURE	300	375	450	470
MIC127	WESTERN BLOT HIV	1600	2000	2400	2500
MIC128	WIDAL TEST	300	375	450	470
MIC129	NEURONAL ANTIGENS PROFILE (IgG)	3000	3500	4200	4380
MIC130	DRUG SUSCEPTIBILITY TESTING FOR MYCOBACTERIUM TUBERCULOSIS	1500	1875	2250	2350
MIC131	ENDOMYSIUM IgA BY ELISA	700	875	1050	1100
MIC132	ANTI GBM IgG ELISA	1050	1250	1500	1570
MIC133	SWINEFLU SWAB TEST	5000	6000	7200	7500
MIC134	CYSTICERCOSIS ELISA	300	375	450	470
MIC135	MALARIA PF/PV ANTIGEN DETECTION	200	250	300	320
MIC136	AURAMINA STAIN TUBERCULOSIS	100	125	150	160
MIC137	ELISA FOR LYME DISEASE	400	500	600	630
MIC138	BRUCELLA BLOOD CULTURE (BACT 'T' ALERT)	750	850	1020	1070
MIC139	ANAEROBIC CULTURE FOR ALL SPECIMENS	400	500	600	630
MIC140	RT PCR FOR ALL SPECIMENS	2000	2200	2640	2750
MIC141	MYCOBACTERIUM CULTURE AND SUSCEPTIBILITY	1600	2000	2400	2500
MIC142	ANTI HBS AG ELISA	300	375	450	470
MIC143	LEPTOSPIRA BY RT PCR	2000	2200	2640	2750
MIC144	ds DNA IgG ELISA	500	625	750	790
MIC145	HBs Antibodies ELISA	300	375	450	470
MIC146	OPERATION THEATRE SWABS TESTING	300	375	450	470
MIC147	ENVIRONMENTAL AIR SURVEILLANCE	300	375	450	470
MIC148	WATER SAMPLES	300	375	450	470
MIC149	BLOOD BAG STERILITY TESTING	1250	1250	1500	1570
MIC150	HD DIALYSATE SOLUTION	300	300	360	380
MIC151	PD DIALYSATE SOLUTION	300	300	360	380
MIC152	RO SOLUTION	300	300	360	380
MIC153	H-PYLORIC IgG ELISA	700	825	990	1040
MIC154	H-PYLORIC IgM ELISA	700	825	990	1040
MIC155	ANTI INTRINSIC FACTOR ANTIBODY (AIFA) ELISA	1500	1750	2100	2190
MIC156	ANTI PARIETAL CELL ANTIBODY (APCA) ELISA	1500	1750	2100	2190
MIC157	ANTI CARDIOLIPIN (ACL) IgG ELISA	825	1030	1240	1290
MIC158	ANTI CARDIOLIPIN (ACL) IgA ELISA	825	1030	1240	1290
MIC159	PROTEIN 'S' ELISA	2300	2450	2940	3070
MIC160	VDRL ELISA TEST	300	375	450	470
MIC161	VIRAL MARKERS (TRIDOT AND ELISA) FOR HIV /HSV/ HBV	1600	2000	2400	2500
MIC162	ENDOTOXIN END POINT CHROMOGENIC LAL ASSAY FOR WATER SAMPLES	2000	2500	3000	3130
MIC163	H-Pyloric IgG + IgM ELISA	1000	1000	1200	1250
MIC164	ANTI INTRINSIC FACTOR ANTIBODY (AIFA) ELISA + ANTI PARIETAL CELL ANTIBODY (APCA) ELISA	1000	1000	1200	1250
MIC165	H-Pyloric IgG + IgM ELISA + Anti Intrinsic Factor Antibody (AIFA) + Anti Parietal cell Antibody (APCA) ELISA	1800	1800	2160	2250
MIC166	FAECAL CLOSTRIDIUM DIFFICILE TOXIN A AND B ELISA	900	1100	1320	1380
MIC167	DISINFECTANT CHARGES	250	310	380	390
MIC168	SERUM/CSF QUALITATIVE TEST FOR CRYPTOCOCCAL ANTIGEN LATEX AGGLUTINATION DETECTION	600	700	840	880
MIC169	SERUM/CSF QUANTITATIVE TEST FOR CRYPTOCOCCAL ANTIGEN LATEX AGGLUTINATION DETECTION	1000	1200	1440	1500
MIC170	CALCOFLUOR WHITE STAIN	100	125	150	160
MIC171	TYPHOID IgG/ IgM IMMUNOASSAY RAPID TEST	250	300	360	380
MIC172	COMPLEMENT - 3 (C3) NEPHLOMETRIC METHOD	400	500	600	630
MIC173	COMPLEMENT - 4 (C4) NEPHLOMETRIC METHOD	400	500	600	630

MIC174	URINE FOR BACTERIAL IDENTIFICATION AND ANTIBIOTIC SUSCEPTIBILITY TEST ON VITEK 2 COMPACT SYSTEM	800	800	960	1000
MIC174 A	URINE FOR BACTERIAL IDENTIFICATION AND ANTIBIOTIC SUSCEPTIBILITY TEST ON VITEK 2 COMPACT SYSTEM (OI)	960	NA	NA	NA
MIC175	BODY FLUIDS FOR BACTERIAL IDENTIFICATION AND ANTIBIOTIC SUSCEPTIBILITY TEST ON VITEK 2 COMPACT SYSTEM	800	800	960	1000
MIC175 A	BODY FLUIDS FOR BACTERIAL IDENTIFICATION AND ANTIBIOTIC SUSCEPTIBILITY TEST ON VITEK 2 COMPACT SYSTEM (OI)	960	NA	NA	NA
MIC176	BLOOD FOR BACTERIAL IDENTIFICATION AND ANTIBIOTIC SUSCEPTIBILITY TEST ON VITEK 2 COMPACT SYSTEM	1600	1600	1920	2000
MIC176 A	BLOOD FOR BACTERIAL IDENTIFICATION AND ANTIBIOTIC SUSCEPTIBILITY TEST ON VITEK 2 COMPACT SYSTEM (OI)	1920	NA	NA	NA
MIC177	BIOLOGICAL INDICATOR TESTING FOR ETO	300	375	450	470
MIC178	BIOLOGICAL INDICATOR TESTING FOR AUTOCLAVE	300	375	450	470
MIC179	ANTI-FUNGAL SUSCEPTIBILITY TESTING FOR CANDIDA SPECIES	400	500	600	630
MIC180	BILE FLUID FOR FUNGAL CULTURE	400	500	600	630
MIC181	BONE MARROW FOR FUNGAL CULTURE	400	500	600	630
MIC182	BRONCHIAL LAVAGE FOR FUNGAL CULTURE	400	500	600	630
MIC183	ENDO TRACHEAL TIP FOR FUNGAL CULTURE	400	500	600	630
MIC184	ENDO TRACHEAL ASPIRATE FOR FUNGAL CULTURE	400	500	600	630
MIC185	HAIR SAMPLE FOR FUNGAL CULTURE	400	500	600	630
MIC186	NAIL FOR FUNGAL CULTURE	400	500	600	630
MIC187	PERITONEAL FLUID FOR FUNGAL CULTURE	400	500	600	630
MIC188	PERITONEAL DIALYSIS FLUID FOR FUNGAL CULTURE	400	500	600	630
MIC189	PLEURAL FLUID FOR FUNGAL CULTURE	400	500	600	630
MIC190	PERICARDIAL FLUID FOR FUNGAL CULTURE	400	500	600	630
MIC191	SKIN CLIP OR SCRAPING FOR FUNGAL CULTURE	400	500	600	630
MIC192	TISSUE FOR FUNGAL CULTURE	400	500	600	630
MIC193	BILE FLUID FOR FUNGAL KOH	100	125	150	160
MIC194	BONE MARROW FOR FUNGAL KOH	100	125	150	160
MIC195	BRONCHIAL LAVAGE FOR FUNGAL KOH	100	125	150	160
MIC196	ENDO TRACHEAL ASPIRATE FOR FUNGAL KOH	100	125	150	160
MIC197	ENDO TRACHEAL TIP FOR FUNGAL KOH	100	125	150	160
MIC198	HAIR SAMPLE FOR FUNGAL KOH	100	125	150	160
MIC199	NAIL FOR FUNGAL KOH	100	125	150	160
MIC200	PERITONEAL FLUID FOR FUNGAL KOH	100	125	150	160
MIC201	PERITONEAL DIALYSIS FLUID FOR FUNGAL KOH	100	125	150	160
MIC202	PLEURAL FLUID FOR FUNGAL KOH	100	125	150	160
MIC203	PERICARDIAL FLUID FOR FUNGAL KOH	100	125	150	160
MIC204	SKIN CLIP OR SCRAPING FOR FUNGAL KOH	100	125	150	160
MIC205	TISSUE FOR FUNGAL KOH	100	125	150	160
MIC206	ANAEROBIC BACT ALERT CULTURE	750	850	1020	1070
MIC207	PAEDIATRIC BLOOD FOR IDENTIFICATION AND ANTIBIOTIC SUSCEPTIBILITY ON VITEK2 COMPACT SYSTEM	750	800	960	1000
MIC208	BONE MARROW FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC209	ENDOSCOPY GUIDELINE TISSUE FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC210	ENDOSCOPY GUIDELINE FLUID FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC211	WOUND SWAB FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC212	PCN FLUID FOR CULTURE AND SUSCEPTIBILITY	400	500	600	630
MIC213	BILE FLUID FOR MTB RT PCR	2000	2200	2640	2750
MIC214	BONE MARROW FOR MTB RT PCR	2000	2200	2640	2750
MIC215	BRONCHIAL LAVAGE FOR MTB RT PCR	2000	2200	2640	2750
MIC216	ENDO TRACHEAL TIP FOR MTB RT PCR	2000	2200	2640	2750
MIC217	ENDO TRACHEAL ASPIRATE FOR MTB RT PCR	2000	2200	2640	2750
MIC218	PERITONEAL FLUID FOR MTB RT PCR	2000	2200	2640	2750
MIC219	PERITONEAL DIALYSIS FLUID FOR MTB RT PCR	2000	2200	2640	2750
MIC220	PLEURAL FLUID FOR MTB RT PCR	2000	2200	2640	2750
MIC221	PERICARDIAL FLUID FOR MTB RT PCR	2000	2200	2640	2750
MIC222	SYNOVIAL FLUID FOR MTB RT PCR	2000	2200	2640	2750
MIC223	TISSUE FOR FUNGAL MTB RT PCR	2000	2200	2640	2750
MIC224	MYCOBACTERIUM BACT ALERT CULTURE	750	850	1020	1070
MIC225	BILE FLUID FOR MYCOBACTERIUM CULTURE	500	630	760	790
MIC226	BONE MARROW FOR MYCOBACTERIUM CULTURE	500	630	760	790

MIC227	BRONCHIAL LAVAGE FOR MYCOBACTERIUM CULTURE	500	630	760	790
MIC228	ENDO TRACHEAL TIP FOR MYCOBACTERIUM CULTURE	500	630	760	790
MIC229	ENDO TRACHEAL ASPIRATE FOR MYCOBACTERIUM CULTURE	500	630	760	790
MIC230	PERITONEAL FLUID FOR MYCOBACTERIUM CULTURE	500	630	760	790
MIC231	PERITONEAL DIALYSIS FLUID FOR MYCOBACTERIUM CULTURE	500	630	760	790
MIC232	PLEURAL FLUID FOR MYCOBACTERIUM CULTURE	500	630	760	790
MIC233	PERICARDIAL FLUID FOR MYCOBACTERIUM CULTURE	500	630	760	790
MIC234	SYNOVIAL FLUID FOR MYCOBACTERIUM CULTURE	500	630	760	790
MIC235	TISSUE FOR MYCOBACTERIUM CULTURE	500	630	760	790
MIC236	BILE FLUID FOR AFB STAINING	100	125	150	160
MIC237	BONE MARROW FOR AFB STAINING	100	125	150	160
MIC238	BRONCHIAL LAVAGE FOR AFB STAINING	100	125	150	160
MIC239	ENDO TRACHEAL TIP FOR AFB STAINING	100	125	150	160
MIC240	ENDO TRACHEAL ASPIRATE FOR AFB STAINING	100	125	150	160
MIC241	PERITONEAL FLUID FOR AFB STAINING	100	125	150	160
MIC242	PERITONEAL DIALYSIS FLUID FOR AFB STAINING	100	125	150	160
MIC243	PLEURAL FLUID FOR AFB STAINING	100	125	150	160
MIC244	PERICARDIAL FLUID FOR AFB STAINING	100	125	150	160
MIC245	SYNOVIAL FLUID FOR AFB STAINING	100	125	150	160
MIC246	TISSUE FOR AFB STAINING	100	125	150	160

CODE	Investigation_Name	TARIFF			
		OP/OI	IP	SINGLE ROOM	DELUXE ROOM
NEP001	BAXTER 15 LIT CYCLER 1 DRAIN BAG	240	240	290	300
NEP002	BAXTER 1.5% OR 2.5% 5 LIT PD BAG	625	625	750	790
NEP003	BAXTER EXTENDED LIFE TRANSFER - SET	2900	2900	3480	3630
NEP004	BAXTER TITANIUM ADAPTER	5070	5070	6090	6340
NEP005	BEDSIDE HAEMODIALYSIS	2500	2500	3000	3130
NEP006	BIOPATCH FOR IP	570	570	690	720
NEP007	BIOPATCH FOR OP	660	660	800	830
NEP008	BIOPSY GUN 16G	2000	2000	2400	2500
NEP009	BIOPSY GUN 18G	2000	2000	2400	2500
NEP010	BLOOD TUBING	330	330	400	420
NEP011	CAPD BLUECLAMP 2 NO	260	260	320	330
NEP012	CAPD EFFLUENT BAG 2LTS	50	50	60	70
NEP013	CAPD INTRODUCER SET	2700	2700	3240	3380
NEP014	CAPD MEDIONICS PEEL OFF CATHETERISATION WITH INTRODUCER AND PROCEDURE	14300	14300	17160	17880
NEP015	CAPD MINICAP	30	30	40	40
NEP016	CAPD SOLUTION 2 LTS (1.5%. AND 2.5%)	228	228	280	290
NEP017	CAPD TENKOFF SOFT PD CATHETER	5100	5100	6120	6380
NEP018	CRRT PRISMAFLEX KIT CHARGES 1 NO	13750	13750	16500	17190
NEP019	CRRT PRISMAFLEX BAG CHARGES 1 NO	1750	1750	2100	2190
NEP020	DIALYSER	825	825	990	1040
NEP021	DIALYSER AND BLOOD TUBING	1160	1160	1400	1450
NEP022	FEMORAL CATHETER 1. NO	1570	1570	1890	1970
NEP023	F.S. LUMEN CATHETER 2NO	2200	2200	2640	2750
NEP024	GUIDEWIRE WITH J-TIP 0.35X70CM	350	350	420	440
NEP025	HAEMODIALYSIS	1750	1750	2100	2190
NEP026	HAEMODIALYSIS 01	1750	1750	2100	2190
NEP027	HAEMODIALYSIS 02	1750	1750	2100	2190
NEP028	HAEMODIALYSIS 03	1750	1750	2100	2190
NEP029	HAEMODIALYSIS 04	1750	1750	2100	2190
NEP030	HAEMODIALYSIS 05	1750	1750	2100	2190
NEP031	HAEMODIALYSIS 06	1750	1750	2100	2190
NEP032	HAEMODIALYSIS 07	1750	1750	2100	2190
NEP033	HAEMODIALYSIS 08	1750	1750	2100	2190
NEP034	HAEMODIALYSIS 09	1750	1750	2100	2190
NEP035	HAEMODIALYSIS 10	1750	1750	2100	2190
NEP036	HAEMODIALYSIS 11	1750	1750	2100	2190
NEP037	HAEMODIALYSIS 12	1750	1750	2100	2190
NEP038	HAEMODIALYSIS 13	1750	1750	2100	2190
NEP039	HAEMODIALYSIS 14	1750	1750	2100	2190
NEP040	HEMOPERFUSION	22500	22500	27000	28130
NEP041	INTRODUCER NEEDLE 18G	130	130	160	170
NEP042	IP APD/CCPD WITH ONE 5 LITRE PD BAG	2750	2750	3300	3440
NEP043	IP APD/CCPD WITH TWO 5 LITRE PD BAG	3375	3375	4050	4220
NEP044	JUG /SUB - CLAVIN CATHETER	5000	5000	6000	6250
NEP045	JUGULAR CATH DRESSING CHARGES	200	200	240	250
NEP046	JUGULAR CATH FLUSHING AND DRESSING CHARGES	180	180	220	230
NEP047	MED. CAPD PELL OF.CAT AND PRICE	14300	14300	17160	17880
NEP048	OP APD/CCPD WITH ONE 5 LITRE PD BAG	3100	3100	3720	3880
NEP049	OP APD/CCPD WITH ONE 5 LITRE PD BAG 01	3100	3100	3720	3880
NEP050	OP APD/CCPD WITH ONE 5 LITRE PD BAG 02	3100	3100	3720	3880
NEP051	OP APD/CCPD WITH ONE 5 LITRE PD BAG 03	3100	3100	3720	3880
NEP052	OP APD/CCPD WITH ONE 5 LITRE PD BAG 04	3100	3100	3720	3880
NEP053	OP APD/CCPD WITH ONE 5 LITRE PD BAG 05	3100	3100	3720	3880
NEP054	OP APD/CCPD WITH ONE 5 LITRE PD BAG 06	3100	3100	3720	3880
NEP055	OP APD/CCPD WITH ONE 5 LITRE PD BAG 07	3100	3100	3720	3880
NEP056	OP APD/CCPD WITH ONE 5 LITRE PD BAG 08	3100	3100	3720	3880
NEP057	OP APD/CCPD WITH ONE 5 LITRE PD BAG 09	3100	3100	3720	3880

NEP058	OP APD/CCPD WITH ONE 5 LITRE PD BAG 10	3100	3100	3720	3880
NEP059	OP APD/CCPD WITH ONE 5 LITRE PD BAG 11	3100	3100	3720	3880
NEP060	OP APD/CCPD WITH ONE 5 LITRE PD BAG 12	3100	3100	3720	3880
NEP061	OP APD/CCPD WITH ONE 5 LITRE PD BAG 13	3100	3100	3720	3880
NEP062	OP APD/CCPD WITH ONE 5 LITRE PD BAG 14	3100	3100	3720	3880
NEP063	OP APD/CCPD WITH ONE 5 LITRE PD BAG 15	3100	3100	3720	3880
NEP064	OP APD/CCPD WITH ONE 5 LITRE PD BAG 16	3100	3100	3720	3880
NEP065	OP APD/CCPD WITH TWO 5 LITRE PD BAG	3750	3750	4500	4690
NEP066	OP APD/CCPD WITH TWO 5 LITRE PD BAG 01	3750	3750	4500	4690
NEP067	OP APD/CCPD WITH TWO 5 LITRE PD BAG 02	3750	3750	4500	4690
NEP068	OP APD/CCPD WITH TWO 5 LITRE PD BAG 03	3750	3750	4500	4690
NEP069	OP APD/CCPD WITH TWO 5 LITRE PD BAG 04	3750	3750	4500	4690
NEP070	OP APD/CCPD WITH TWO 5 LITRE PD BAG 05	3750	3750	4500	4690
NEP071	OP APD/CCPD WITH TWO 5 LITRE PD BAG 06	3750	3750	4500	4690
NEP072	OP APD/CCPD WITH TWO 5 LITRE PD BAG 07	3750	3750	4500	4690
NEP073	OP APD/CCPD WITH TWO 5 LITRE PD BAG 08	3750	3750	4500	4690
NEP074	OP APD/CCPD WITH TWO 5 LITRE PD BAG 09	3750	3750	4500	4690
NEP075	OP APD/CCPD WITH TWO 5 LITRE PD BAG 10	3750	3750	4500	4690
NEP076	OP APD/CCPD WITH TWO 5 LITRE PD BAG 11	3750	3750	4500	4690
NEP077	OP APD/CCPD WITH TWO 5 LITRE PD BAG 12	3750	3750	4500	4690
NEP078	OP APD/CCPD WITH TWO 5 LITRE PD BAG 13	3750	3750	4500	4690
NEP079	OP APD/CCPD WITH TWO 5 LITRE PD BAG 14	3750	3750	4500	4690
NEP080	OP APD/CCPD WITH TWO 5 LITRE PD BAG 15	3750	3750	4500	4690
NEP081	OP APD/CCPD WITH TWO 5 LITRE PD BAG 16	3750	3750	4500	4690
NEP082	PD CATHETERISATION	1500	1500	1800	1880
NEP083	PD PROCEDURE ADULT	4125	4125	4950	5160
NEP084	PD PROCEDURE CHILD	2060	2060	2480	2580
NEP085	PERITONEAL DIALYSIS SOLUTION 1 LTS (1.7%)	125	125	150	160
NEP086	PERM CATHETERISATION	20000	20000	24000	25000
NEP087	PLASMA FILTERATION PROCEDURE CHARGES	2550	2550	3060	3190
NEP088	PLASMA FILTER COST	10625	10625	12750	13290
NEP089	QUINITION SWAN NECKCATH	4900	4900	5880	6130
NEP090	SALINE HAEMODIALYSIS	2100	2100	2520	2630
NEP091	SALINE HAEMODIALYSIS 01	2100	2100	2520	2630
NEP092	SALINE HAEMODIALYSIS 02	2100	2100	2520	2630
NEP093	SALINE HAEMODIALYSIS 03	2100	2100	2520	2630
NEP094	SALINE HAEMODIALYSIS 04	2100	2100	2520	2630
NEP095	SALINE HAEMODIALYSIS 05	2100	2100	2520	2630
NEP096	SALINE HAEMODIALYSIS 06	2100	2100	2520	2630
NEP097	SALINE HAEMODIALYSIS 07	2100	2100	2520	2630
NEP098	SALINE HAEMODIALYSIS 08	2100	2100	2520	2630
NEP099	SALINE HAEMODIALYSIS 09	2100	2100	2520	2630
NEP100	SALINE HAEMODIALYSIS 10	2100	2100	2520	2630
NEP101	SALINE HAEMODIALYSIS 11	2100	2100	2520	2630
NEP102	SALINE HAEMODIALYSIS 12	2100	2100	2520	2630
NEP103	SALINE HAEMODIALYSIS 13	2100	2100	2520	2630
NEP104	SPECIAL HD WITH KIT	3000	3000	3600	3750
NEP105	TRILYSE CATHETERISATION	5750	5750	6900	7190
NEP106	HD SINGLE USE DIALYSER	2100	2100	2520	2630
NEP107	HD SINGLE USE DIALYSER 1	2100	2100	2520	2630
NEP108	HD SINGLE USE DIALYSER 2	2100	2100	2520	2630
NEP109	HD SINGLE USE DIALYSER 3	2100	2100	2520	2630
NEP110	HD SINGLE USE DIALYSER 4	2100	2100	2520	2630
NEP111	HD SINGLE USE DIALYSER 5	2100	2100	2520	2630
NEP112	HD SINGLE USE DIALYSER 6	2100	2100	2520	2630
NEP113	HD SINGLE USE DIALYSER 7	2100	2100	2520	2630
NEP114	HD SINGLE USE DIALYSER 8	2100	2100	2520	2630
NEP115	HD SINGLE USE DIALYSER 9	2100	2100	2520	2630
NEP116	HD SINGLE USE DIALYSER 10	2100	2100	2520	2630
NEP117	HD SINGLE USE DIALYSER 11	2100	2100	2520	2630
NEP118	HD SINGLE USE DIALYSER 12	2100	2100	2520	2630

NEP119	HD SINGLE USE DIALYSER 13	2100	2100	2520	2630
NEP120	CRRT PROCEDURE CHARGE	4100	4100	4920	5130
NEP121	PAEDIATRIC PERITONEAL DIALYSIS CATHETER	8925	8925	10710	11160
NEP122	HAEMODIALYSIS(PPP) 01	1500	1500	1800	1880
NEP123	HAEMODIALYSIS(PPP) 02	1500	1500	1800	1880
NEP124	HAEMODIALYSIS(PPP) 03	1500	1500	1800	1880
NEP125	HAEMODIALYSIS(PPP) 04	1500	1500	1800	1880
NEP126	HAEMODIALYSIS(PPP) 05	1500	1500	1800	1880
NEP127	HAEMODIALYSIS(PPP) 06	1500	1500	1800	1880
NEP128	HAEMODIALYSIS(PPP) 07	1500	1500	1800	1880
NEP129	HAEMODIALYSIS(PPP) 08	1500	1500	1800	1880
NEP130	HAEMODIALYSIS(PPP) 09	1500	1500	1800	1880
NEP131	HAEMODIALYSIS(PPP) 10	1500	1500	1800	1880
NEP132	HAEMODIALYSIS(PPP) 11	1500	1500	1800	1880
NEP133	HAEMODIALYSIS(PPP) 12	1500	1500	1800	1880
NEP134	HAEMODIALYSIS(PPP) 13	1500	1500	1800	1880
NEP135	POSITIVE HAEMODIALYSIS(PPP) 01	1650	1650	1980	2070
NEP136	POSITIVE HAEMODIALYSIS(PPP) 02	1650	1650	1980	2070
NEP137	POSITIVE HAEMODIALYSIS(PPP) 03	1650	1650	1980	2070
NEP138	POSITIVE HAEMODIALYSIS(PPP) 04	1650	1650	1980	2070
NEP139	POSITIVE HAEMODIALYSIS(PPP) 05	1650	1650	1980	2070
NEP140	POSITIVE HAEMODIALYSIS(PPP) 06	1650	1650	1980	2070
NEP141	POSITIVE HAEMODIALYSIS(PPP) 07	1650	1650	1980	2070
NEP142	POSITIVE HAEMODIALYSIS (PPP) 08	1650	1650	1980	2070
NEP143	POSITIVE HAEMODIALYSIS (PPP)09	1650	1650	1980	2070
NEP144	POSITIVE HAEMODIALYSIS (PPP)10	1650	1650	1980	2070
NEP145	POSITIVE HAEMODIALYSIS (PPP)11	1650	1650	1980	2070
NEP146	POSITIVE HAEMODIALYSIS (PPP)12	1650	1650	1980	2070
NEP147	POSITIVE HAEMODIALYSIS (PPP)13	1650	1650	1980	2070
NEP148	FEMORAL PERM CATHETERIZATION	30000	30000	36000	37500
NEP149	PAEDIATRIC JUGULAR CATHETERIZATION	6000	6000	7200	7500
NEP150	POSITIVE HD SINGLE USE DIALYSER	2200	2200	2640	2750
NEP151	CAPD TRAINING CODE FOR 14 DAYS	1500	1500	1800	1880
NEP152	FOLLEYS CATHETERISATION		170	210	220
NEP153	IV CANNULATION		250	300	320
NEP154	MONITOR CHARGES PER DAY		1000	1200	1250
NEP155	NEBULISATION CHARGES PER DAY		250	300	320
NEP156	OXYGEN CHARGES PER DAY		505	610	640
NEP157	PULSE OXIMETER CHARGES		1000	1200	1250
NEP158	RYLES TUBE		250	300	320
NEP159	SYRINGE PUMP CHARGES PER DAY		500	600	630
NEP160	VENTILATOR CHARGES PER DAY		4320	5190	5400
NEP161	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
NEP162	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
NEP163	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
NEP164	ET INTUBATION		1000	1200	1250
NEP165	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)		1500	1800	1880
NEP166	LUMBAR PUNCTURE		1000	1200	1250
NEP167	APD CYCLER PROCEDURE COST	1200	1200	1440	1500
NEP168	SOFT PD PROCEDURE CHARGES	3500	3500	4200	4380
NEP169	TRANSFERSET PROCEDURE CHARGES	250	250	300	320
NEP170	EXIT SITE DRESSING CHARGES	100	100	120	130
NEP171	IPD PROCEDURE CHARGES (12 HOURS) (ADULT/PAEDIATRIC)	300	300	360	380
NEP172	IPD CATHETER INSERTION PROCEDURE CHARGES(ADULT/PAEDIATRIC)	400	400	480	500
NEP173	EXCHANGE PROCEDURE CHARGES	100	100	120	130
NEP174	HEMO DIALYSIS PPP 01	1700	1700	2040	2130
NEP175	HEMO DIALYSIS PPP 02	1700	1700	2040	2130
NEP176	HEMO DIALYSIS PPP 03	1700	1700	2040	2130
NEP177	HEMO DIALYSIS PPP 04	1700	1700	2040	2130

NEP178	HEMO DIALYSIS PPP 05	1700	1700	2040	2130
NEP179	HEMO DIALYSIS PPP 06	1700	1700	2040	2130
NEP180	HEMO DIALYSIS PPP 07	1700	1700	2040	2130
NEP181	HEMO DIALYSIS PPP 08	1700	1700	2040	2130
NEP182	HEMO DIALYSIS PPP 09	1700	1700	2040	2130
NEP183	HEMO DIALYSIS PPP 10	1700	1700	2040	2130
NEP184	HEMO DIALYSIS PPP 11	1700	1700	2040	2130
NEP185	HEMO DIALYSIS PPP 12	1700	1700	2040	2130
NEP186	HEMO DIALYSIS PPP 13	1700	1700	2040	2130
NEP187	HEMO DIALYSIS PPP 14	1700	1700	2040	2130
NEP188	HEMO DIALYSIS PPP 15	1700	1700	2040	2130
NEP189	HEMO DIALYSIS PPP 16	1700	1700	2040	2130
NEP190	HEMO DIALYSIS PPP 17	1700	1700	2040	2130
NEP191	HEMO DIALYSIS PPP 18	1700	1700	2040	2130
NEP192	HEMO DIALYSIS PPP 19	1700	1700	2040	2130
NEP193	HEMO DIALYSIS PPP 20	1700	1700	2040	2130
NEP194	CRRT PROCEDURE CHARGE 2 NO	4100	4100	4920	5130
NEP195	CRRT PROCEDURE CHARGE 3 NO	4100	4100	4920	5130
NEP196	CRRT PRISMAFLEX KIT CHARGES 2 NO	13750	13750	16500	17190
NEP197	CRRT PRISMAFLEX KIT CHARGES 3 NO	13750	13750	16500	17190
NEP198	CRRT PRISMAFLEX BAG CHARGES 2 NO	1750	1750	2100	2190
NEP199	CRRT PRISMAFLEX BAG CHARGES 3 NO	1750	1750	2100	2190
NEP200	CRRT PRISMAFLEX BAG CHARGES 4 NO	1750	1750	2100	2190
NEP201	CRRT PRISMAFLEX BAG CHARGES 5 NO	1750	1750	2100	2190
NEP202	CRRT PRISMAFLEX BAG CHARGES 6 NO	1750	1750	2100	2190
NEP203	CRRT PRISMAFLEX BAG CHARGES 7 NO	1750	1750	2100	2190
NEP204	CRRT PRISMAFLEX BAG CHARGES 8 NO	1750	1750	2100	2190
NEP205	CRRT PRISMAFLEX BAG CHARGES 9 NO	1750	1750	2100	2190
NEP206	CRRT PRISMAFLEX BAG CHARGES 10 NO	1750	1750	2100	2190
NEP207	HIGH FLUX HAEMODIALYSIS CHARGES	6300	6300	7560	7880
NEP208	POSITIVE HIGH FLUX HAEMODIALYSIS CHARGES	6700	6700	8040	8380

21. NEUROLOGY		TARIFF			
CODE	Investigation_Name	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
NEU01	ASCITIC FLUID/PLEURAL FLUID ASPIRATION (GENERAL)	210	260	320	330
NEU02	B.A.E.P.	1110	1385	1670	1740
NEU03	BLINK REFLEX STUDY	835	1040	1250	1300
NEU04	CENTRAL MOTOR CONDUCTION	1050	1310	1580	1640
NEU05	DECREMENT RESPONSE	710	885	1070	1110
NEU06	E.N.M.G. {PERIPHERAL NERVE CONDUCTION STUDY}	1610	2010	2420	2520
NEU07	HALF FIELD STUDIES	1210	1510	1820	1890
NEU08	JERK LOCKED AVERAGING	835	1040	1250	1300
NEU09	LATE RESPONSE	405	505	610	640
NEU10	PORTABLE DIGITAL E.E.G.	260	320	390	400
NEU11	QUANTITATIVE E.M.G.	1250	1560	1880	1950
NEU12	R.R.	410	510	620	640
NEU13	S.E.P. : BOTH LIMBS	1310	1635	1970	2050
NEU14	S.E.P. : LOWER LIMBS	810	1010	1220	1270
NEU15	S.E.P. : UPPER LIMBS	810	1010	1220	1270
NEU16	SINGLE FIBRE E.M.G.	1250	1560	1880	1950
NEU17	L.P.CHARGES	430	1000	1200	1250
NEU18	SPEECH THERAPY CHARGES/DAY	110	135	170	170
NEU19	S.S.R.	410	510	620	640
NEU20	STEPS BY PARA SPINAL STIMULATION	635	790	950	990
NEU21	SURFACE EMG	420	520	630	650
NEU22	V.E.P.	760	950	1140	1190
NEU23	VIDEO DIGITAL EEG FOR 1/2-1 HOUR	1510	1885	2270	2360
NEU24	VIDEO DIGITAL EEG FOR 1/2-1 HOUR WITH CD	1660	2060	2480	2580
NEU25	VIDEO DIGITAL EEG FOR 1-3 HOURS	5010	5010	6020	6270
NEU26	VIDEO DIGITAL EEG FOR 1-3 HOURS WITH CD	5460	5460	6560	6830
NEU27	VIDEO DIGITAL EEG FOR 1 HOUR	1810	2260	2720	2830
NEU28	VIDEO DIGITAL EEG FOR 1 HOUR WITH CD	1990	1990	2390	2490
NEU29	VIDEO DIGITAL EEG FOR 6-10 HOURS	9010	9010	10820	11270
NEU30	VIDEO DIGITAL EEG FOR 6-10 HOURS WITH CD	10735	10735	12890	13420
NEU31	POLY SONOGRAPHY	2010	2010	2420	2520
NEU32	TCD-ANTERIOR CIRCULATION	1000	1000	1200	1250
NEU33	TCD - POSTERIOR CRICULATION	1000	1000	1200	1250
NEU34	TCD - BOTH ANTERIOR & POSTERIOR CIRCULATION	1800	1800	2160	2250
NEU35	TCD - OTHER PROCEDURES	1200	1200	1440	1500
NEU36	NEEDLE EMG	4000	4000	4800	5000
NEU37	PAEDIATRIC EEG	450	450	540	570
NEU38	PFT - PULMONARY FUNCTION TEST (PORTABLE)	200	200	240	250
NEU39	FOLLEYS CATHETERISATION		170	210	220
NEU40	IV CANNULATION		250	300	320
NEU41	MONITOR CHARGES PER DAY		1000	1200	1250
NEU42	NEBULISATION CHARGES PER DAY		250	300	320
NEU43	OXYGEN CHARGES PER DAY		505	610	640
NEU44	PULSE OXIMETER CHARGES		1000	1200	1250
NEU45	RYLES TUBE		250	300	320
NEU46	SYRINGE PUMP CHARGES PER DAY		500	600	630
NEU47	DEEP VEIN THROMBOSIS (DVT) NEUROLOGY		500	600	630
NEU48	VENTILATOR CHARGES PER DAY		4320	5190	5400
NEU49	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
NEU50	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
NEU51	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
NEU52	ET INTUBATION		1000	1200	1250
NEU53	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)		1500	1800	1880

22. NEUROSURGERY		TARIFF			
CODE	PROCEDURE NAME	OP	IP	SINGLE ROOM	DELUXE ROOM
NS001	ANTE CERV DISCECTOMY WITH FUSION (SURG)		23400	28080	29250
NS002	ANTE CERV DISCECTOMY WITHOUT FUSION (SURG)		17700	21240	22130
NS003	ANTERO-LATERAL CORDOTOMY (SURG)		20600	24720	25750
NS004	BRAIN BIOPSY (SURG)		10100	12120	12630
NS005	BURR HOLE AND ELEV.OF SDH ABS ICH CYSTS EVD & EDH (SURG)		11500	13800	14380
NS006	C ARM (SURG)		3000	3600	3750
NS007	CERVICAL CORPECTOMY/ C4-C6 CASPER PLATE FIXATION (SURG)		23400	28080	29250
NS008	CERVICAL LAMINECTOMY (SURG)		20800	24960	26000
NS009	CERVICAL TRACTION PROCEDURE(LA)/ SKULL TRACT (SURG)		5600	6720	7000
NS010	CRANIOPLASTY (SURG)		20100	24120	25130
NS011	CRANIOTOMY FOR TUMOR EXCISION (SURG)		28000	33600	35000
NS012	CRANIOTOMY VASCULAR LESION OR CLIPPING OF ANEURYSM (SURG)		31900	38280	39880
NS013	CRANITOMY FOR TRAUMA/ABSCESS OR MASS EXCISION (SURG)		25400	30480	31750
NS014	CT GUIDED STEREOTACTIC BIOPSY (STB) (SURG)		10250	12300	12820
NS015	CT GUIDED STEREOTACTIC CRANIOTOMY (SURG)		12900	15480	16130
NS016	CUSA (SURG)		6200	7440	7750
NS017	DEEP BRAIN STIMULATION(LA) (SURG)		11200	13440	14000
NS018	ELEVATION OF DEPRESSED FRACTURE OF SKULL/ DUROPLASTY (SURG)		20900	25080	26130
NS019	ENCEPHALOCOELE SURGERY (SURG)		17700	21240	22130
NS020	ENDOSCOPE BIOPSY SEPTOSTOMY/ VENTRICULOSTOMY (SURG)		10000	12000	12500
NS021	EPIDURAL STEROID INJECTION (SURG)		1250	1500	1570
NS022	FORAMEN MAGNUM DECOMPRESSION (SURG)		23400	28080	29250
NS023	LAM FOR SYRINGO-SUBARCHNOID SHUNTS(LA) (SURG)		12500	15000	15630
NS024	LAMINECTOMY FOR LUMBAR CANAL STENOSIS (SURG)		22800	27360	28500
NS025	LAMINECTOMY FOR LUMBAR DISC 1 LEVEL (SURG)		20300	24360	25380
NS026	LAMINECTOMY FOR LUMBAR MULTIPLE DISC (SURG)		22800	27360	28500
NS027	LAMINECTOMY FOR SPINAL EXTRADURAL LESION (SURG)		21600	25920	27000
NS028	LAMINECTOMY FOR SPINAL INTRADURAL LESION/ TUMOUR (SURG)		21500	25800	26880
NS029	LAT EXTRACAVITARY APRCH-THORACIC SPINE (SURG)		23400	28080	29250
NS030	LATERAL APPROACH TO CERVICAL SPINE (SURG)		25300	30360	31630
NS031	LINEAR CRANECTOMY FOR CRANIOSTENOSIS (SURG)		15600	18720	19500
NS032	LUMBAR PUNCTURE/ANY FLUID ASPIRATION UNDER LA(SURG)		1250	1500	1570
NS033	MICRO DRILL (SURG)		5000	6000	6250
NS034	MICROSCOPE (SURG)		3000	3600	3750
NS035	MYELO-MENINGOCOELE REPAIR(SURG)		15400	18480	19250
NS036	NERVE BLOCKS (WITH IMAGE INTENSIFIER) (SURG)		14300	17160	17880
NS037	OCCIPITO-CERVICAL DECOMPRESSION (SURG)		24100	28920	30130
NS038	OCCIPITO CERV/ CERVICO-CERVICAL FUSION/ EXCIS (SURG)		21700	26040	27130
NS039	PERIPHERAL N.SUGERY(MAJOR)/ EXC.OF SKULL TUM (SURG)		20500	24600	25630
NS040	PERIPHERAL N.SUGERY(MINOR) (SURG)		15200	18240	19000
NS041	POST.FOSSA CRANIECTOMY AND MVD (SURG)		31200	37440	39000
NS042	POST.FOSSA CRANIECTOMY FOR TUMORS (SURG)		31200	37440	39000
NS043	RADIO-FREQUENCY RHIZOTOMY (SURG)		16600	19920	20750
NS044	REMOVAL OF BONE FLAP/ CRANIECTOMY (SURG)		10100	12120	12630
NS045	REMOVAL OF STEFFEE PLATE (SURG)		20400	24480	25500
NS046	SHUNT REMOVAL (SURG)		6800	8160	8500
NS047	SHUNT REVISION (SURG)		7000	8400	8750
NS048	SPINAL DYSRAPRISM MAJOR INTRA-SPINAL PR (SURG)		23400	28080	29250
NS049	STEREOTACTIC THALAMOTOMY/ PALLIDOTOMY (SURG)		12900	15480	16130
NS050	SURGERY FOR SCALP LESION (DERMOID CYST EXC) (SURG)		11900	14280	14880
NS051	SUTURING CHARGES UNDER LA (SURG)		1250	1500	1570
NS052	THORACIC DISCOIDECTOMY (SURG)		21300	25560	26630
NS053	THORACIC/ LUMBAR SPINAL FUSION (SURG)		21500	25800	26880
NS054	TORSOREPHY (SURG)		1350	1620	1690
NS055	TRACHEOSTOMY (SURG)		6800	8160	8500
NS056	TRANS ORAL PROCEDURES (SURG)		21700	26040	27130

NS057	TRANSPHENOIDAL SURGERY SELLAR/ EXCISION OF PITUTORY ADENOMA (SURG)		20500	24600	25630
NS058	TRANSTHORACIC PROCED FOR THORACIC SPINE (SURG)		23400	28080	29250
NS059	TWIST DRILL & VENTRICULAR TAP/ EVD(LA) (SURG)		5000	6000	6250
NS060	VENOUS SUCTION (SURG)		650	780	820
NS061	VP/ VA/ THECO-PERITONEAL SURGERY (SURG)		14100	16920	17630
NS062	WOUND RESUTURING OR WOUND DEBRIDEMENT/ RE-EXPLORATION AND SCM/ TENOTOMY (SURG)		11600	13920	14500
NS063	FOLLEYS CATHETERISATION		170	210	220
NS064	IV CANNULATION		250	300	320
NS065	MONITOR CHARGES PER DAY		1000	1200	1250
NS066	NEBULISATION CHARGES PER DAY		250	300	320
NS067	OXYGEN CHARGES PER DAY		505	610	640
NS068	PULSE OXIMETER CHARGES		1000	1200	1250
NS069	RYLES TUBE		250	300	320
NS070	SYRINGE PUMP CHARGES PER DAY		500	600	630
NS071	VENTILATOR CHARGES PER DAY		4320	5190	5400
NS072	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
NS073	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
NS074	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
NS075	ET INTUBATION		1000	1200	1250
NS076	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)		1500	1800	1880
NS077	LUMBAR PUNCTURE		1000	1200	1250
NS078	CRANIAL PROCEDURES MAJOR		10000	12000	12500
NS079	CRANIAL PROCEDURES MINOR		5000	6000	6250
NS080	SPINAL PROCEDURE MAJOR		10000	12000	12500
NS081	SPINAL PROCEDURE MINOR		5000	6000	6250
NS082	INJECTION THERAPY		2500	3000	3130

23.NUCLEAR MEDICINE		TARIFF			
CODE	Investigation_Name/Procedure	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
NM01	131- I MIBG	21000	21000	25200	26250
NM02	99M-TC MDP MAMMO SCINTIGRAPHY	1805	2255	2710	2820
NM03	99M-TC-MIBI MAMMO SCINTIGRAPHY	5510	5510	6620	6890
NM04	99M-TC-MIBI MYOCADRIAL STRESS STUDY	7590	12000	14400	15000
NM05	99M-TC-MIBI PARATHYROID	7590	7590	9110	9490
NM06	99M-TC-MIBI TUMOUR SCINITIGRAPHY	5695	5695	6840	7120
NM07	99M-TC-RBC STUDY (G I BLEED)	2300	2875	3450	3600
NM08	99M-TC-THYROID SCINTIGRAPHY	980	2000	2400	2500
NM09	BONE-MARROW SCINTIGRAPHY	2095	3200	3840	4000
NM10	BONE SCAN	3420	4280	5140	5350
NM11	CAPTOPRIL RENOGRAPHY	3795	4000	4800	5000
NM12	CSF SHUNT STUDY	1440	4000	4800	5000
NM13	CYSTO SCINTIGRAPHY (DRCG)	1525	1905	2290	2390
NM14	DACRYO SCINTIGRAPHY	1035	2500	3000	3130
NM15	DMSA CORTICAL RENOGRAPHY	2370	3200	3840	4000
NM16	DTPA RENOGRAPHY	2185	2730	3280	3420
NM17	ESOPHAGEAL TRANSIT TIME STUDY	2300	2875	3450	3600
NM18	G.E. REFLUX STUDY	1440	3200	3840	4000
NM19	HEPATO BILIARY SCINTIGRAPHY	2370	3000	3600	3750
NM20	I - 131 WHOLEBODY SCAN	3450	4315	5180	5400
NM21	INDIRECT CYSTO SCINTIGRAPHY {IDRCG}	2185	2730	3280	3420
NM22	INFECTION SCINTIGRAPHY	2370	2960	3560	3700
NM23	LIVER & SPLEEN STUDY	2370	2960	3560	3700
NM24	LOW DOSE 131 -I THERAPY -10 MCI	5220	5220	6270	6530
NM25	LOW DOSE 131 -I THERAPY -5 MCI	3795	3795	4560	4750
NM26	LUNG PERFUSION SCAN	2245	4000	4800	5000
NM27	LUNG VENTILATION SCINTIGRAPHY	1900	4000	4800	5000
NM28	LYMPHO SCINTIGRAPHY	2095	2615	3140	3270
NM29	MECKELS DIVERTICULUM STUDY	2300	2875	3450	3600
NM30	PAROTID SCINTIGRAPHY	950	1185	1430	1490
NM31	PET.CT. SCAN A	13500	13500	16200	16880
NM32	POST-HIGH DOSE RADIO IODINE THERAPY / POST IODINE - 131 WHOLE BODY SCINTIGRAPHY	1440	1795	2160	2250
NM33	REST RNV STUDY (MUGA SCINTIGRAPHY)	1900	3200	3840	4000
NM34	SAMARIUM THERAPY	17000	20000	24000	25000
NM35	SPECT CEREBRAL PERFUSION STUDY	3795	3795	4560	4750
NM36	STRESS MUGA SCINTIGRAPHY	2300	2875	3450	3600
NM37	TESTICULAR SCINTIGRAPHY	1610	2015	2420	2520
NM38	VEINOGRAM	1440	1795	2160	2250
NM39	PET.CT. SCAN B	18000	18000	21600	22500
NM40	CT SCAN FOR BRACHYTHERAPY PLANNING	3795	4745	5700	5940
NM41	CT CONTRAST CHARGES	1380	2500	3000	3130
NM42	18-F BONE SCAN	3420	4280	5140	5350
NM43	GASTRIC EMPTYING TIME STUDY	2500	3125	3750	3910
NM44	LUTETIUM EDTMP THERAPY	18500	23125	27750	28910
NM45	BRAIN SCAN - PET	3795	3795	4560	4750
NM46	TC99M HYNICTOC SCINTIGRAPHY	15500	15500	18600	19380
NM47	Sm-P 32 COLLOID RADIOSYNOVECTOMY (Therapy /Procedure)	30000	30000	36000	37500
NM48	IODINE 131 RADIONUCLIDE THERAPY 30 mci	9000	9000	10800	11250
NM49	IODINE 131 RADIONUCLIDE THERAPY 50 mci	12000	16000	19200	20000
NM50	IODINE 131 RADIONUCLIDE THERAPY 100 mci	21000	22000	26400	27500
NM51	IODINE 131 RADIONUCLIDE THERAPY 150 mci	32000	32000	38400	40000
NM52	IODINE 131 RADIONUCLIDE THERAPY 200 mci	43000	43000	51600	53750
NM53	A/C BED CHARGES FOR PATIENTS(PER DAY)		1000	1200	1250
NM54	SHARED A.C.ROOM BED CHARGES FOR PATIENT ATTENDENT (PER DAY)		500	600	630

NM55	NON-SHARED AC ROOM BED CHARGES FOR PATIENT ATTENDENT (SUBJECT TO AVAILABILITY)		1000	1200	1250
NM56	RADIATION SURVEY CHARGES		500	600	630
NM57	Lu-177 DOTATATE - 100 m.Ci		70000	84000	87500
NM58	Lu-177 DOTATATE - 200 m.Ci		105000	126000	131250
NM59	Ac-225 ALPHA THERAPY (PER SITTING)		600000	720000	750000
NM60	Lu-177 PSMA THERAPY 150 m.Ci		120000	144000	150000
NM61	Lu-177 PSMA THERAPY 200 m.Ci		150000	180000	187500
NM62	Tc-PSMA WHOLE BODY SCINTIGRAPHY	12500	15625	18750	19540
NM63	18F - PSMA WHOLE BODY SCAN	20000	20000	24000	25000
NM64	99MTC - DTPA - ORBITAL SPECT SCAN	3000	3000	3600	3750
NM65	FOLLEYS CATHETERISATION		170	210	220
NM66	IV CANNULATION		250	300	320
NM67	MONITOR CHARGES PER DAY		1000	1200	1250
NM68	NEBULISATION CHARGES PER DAY		250	300	320
NM69	OXYGEN CHARGES PER DAY		505	610	640
NM70	PULSE OXIMETER CHARGES		1000	1200	1250
NM71	RYLES TUBE		250	300	320
NM72	SYRINGE PUMP CHARGES PER DAY		500	600	630
NM73	Lu-177 DOTATATE - 100 m.Ci (ADVANCE PAYMENT)	70000	NA	NA	NA
NM74	Lu-177 DOTATATE - 200 m.Ci (ADVANCE PAYMENT)	105000	NA	NA	NA
NM75	Ac-225 ALPHA THERAPY (ADVANCE PAYMENT)	600000	NA	NA	NA
NM76	Lu-177 PSMA THERAPY 150 m.Ci (ADVANCE PAYMENT)	120000	NA	NA	NA
NM77	Lu-177 PSMA THERAPY 200 m.Ci (ADVANCE PAYMENT)	150000	NA	NA	NA
NM78	VENTILATOR CHARGES PER DAY		4320	5190	5400
NM79	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
NM80	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
NM81	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
NM82	ET INTUBATION		1000	1200	1250
NM83	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)		1500	1800	1880
NM84	LUMBAR PUNCTURE		1000	1200	1250
NM85	99m-Tc DTPA GATES GFR	1000	1000	1200	1250

24.DEPARTMENT OF OPHTHALMOLOGY		TARIFF			
CODE	PROCEDURE NAME	OP	IP	SINGLE ROOM	DELUXE ROOM
OPH01	MINOR OT -CHALAZION		500	600	630
OPH02	BARE SCLERA (PTERYGIUM EXCISION)		2000	2400	2500
OPH03	AMNIOTIC/ CONJUNCTIVAL GRAFT		4000	4800	5000
OPH04	CATARACT SURGERY (LENS COST BASIC EXTRA)		1000	1200	1250
OPH05	SICS WITH PCIOL (LENS COST EXTRA)		1000	1200	1250
OPH06	PHACOEMULSIFICATION (LENS COST EXTRA)		5000	6000	6250
OPH07	DCT (DECRYOCYSTEATOMY)		8000	9600	10000
OPH08	DACRYO CORRECTION/ DACRYO CYSTORHINOSTOMY		10000	12000	12500
OPH09	PTOSIS CORRECTION		15000	18000	18750
OPH10	SQUINT SURGERY - RECTUS SINGLE MUSCLE		8000	9600	10000
OPH11	SQUINT SURGERY - 2 MUSCLES		11000	13200	13750
OPH12	GLAUCOMA FILTERING JUNPENY		9000	10800	11250
OPH13	ND.YAG LASER IRIDOTOMY		1000	1200	1250
OPH14	ND.YAG LASER CAPSULOTOMY		750	900	940
OPH15	LID NODULE EXCISION		9000	10800	11250
OPH16	INTRA VITREAL INJECTION (AVASTIN)		7000	8400	8750
OPH17	PAN RETINAL PHOTOCOAGULATION EACH SITTING		3000	3600	3750
OPH18	B-SCAN		300	360	380
OPH19	FUNDUS PHOTOGRAPH		500	600	630
OPH20	VISUAL FIELDS	750	1200	1440	1500
OPH21	7.7A FUNDUS FLOURESCIN ANGIOGRAPHY		700	840	880
OPH22	EXCISION BIOPSY		2000	2400	2500
OPH23	SECONDARY INTRA OCULAR LENS (LENS COST EXTRA)		200	240	250
OPH24	CORTICAL WASH		200	240	250
OPH25	FOLLEYS CATHETERISATION		170	210	220
OPH26	IV CANNULATION		250	300	320
OPH27	MONITOR CHARGES PER DAY		1000	1200	1250
OPH28	NEBULISATION CHARGES PER DAY		250	300	320
OPH29	OXYGEN CHARGES PER DAY		505	610	640
OPH30	PULSE OXIMETER CHARGES		1000	1200	1250
OPH31	RYLES TUBE		250	300	320
OPH32	SYRINGE PUMP CHARGES PER DAY		500	600	630
OPH33	VENTILATOR CHARGES PER DAY		4320	5190	5400
OPH34	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
OPH35	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
OPH36	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
OPH37	ET INTUBATION		1000	1200	1250
OPH38	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)		1500	1800	1880
OPH39	LUMBAR PUNCTURE		1000	1200	1250

25. DEPARTMENT OF PLASTIC SURGERY		TARIFF			
CODE	PROCEDURE NAME	OP	IP	SINGLE ROOM	DELUXE ROOM
PS001	SCAR REVISION / TATOO EXC MINOR LA	2000	2500	3000	3130
PS002	SCAR REVISION / TATOO EXC MAJOR LA	4000	4500	5400	5630
PS003	SCAR REVISION/ TATOO EXC MINOR GA		4500	5400	5630
PS004	SCAR REVISION/ TATOO EXC MAJOR GA		6500	7800	8130
PS005	DERMABRASION LA	2000	2500	3000	3130
PS006	DERMABRASION MINOR GA		6500	7800	8130
PS007	DERMABRASION MAJOR GA		9000	10800	11250
PS008	LIPOSUCTION LA	3000	3500	4200	4380
PS009	LIPOSUCTION MINOR GA		7000	8400	8750
PS010	LIPOSUCTION MAJOR GA		14000	16800	17500
PS011	TUMMY TUCK		12000	14400	15000
PS012	LIPOSUCTION PLUS TUMMY TUCK		17000	20400	21250
PS013	AUGMENTATION MAMMOPLASTY U/L		12000	14400	15000
PS014	AUGMENTATION MAMMOPLASTY B/L		17000	20400	21250
PS015	REDUCTION MAMMOPLASTY U/L		9000	10800	11250
PS016	REDUCTION MAMMOPLASTY B/L MINOR		15000	18000	18750
PS017	REDUCTION MAMMOPLASTY B/L MAJOR		22000	26400	27500
PS018	BREAST LIFT SURGERY U/L		12000	14400	15000
PS019	BREAST LIFT SURGERY B/L		17000	20400	21250
PS020	ASSYMETRIC BREAST CORRECTION		15000	18000	18750
PS021	HAIR TRANSPLANTATION MINOR	8000	15000	18000	18750
PS022	HAIR TRANSPLANTATION MAJOR		25000	30000	31250
PS023	MOUSTACHE TRANSPLANT	6000	10000	12000	12500
PS024	BEARD TRANSPLANT	8000	12000	14400	15000
PS025	BODY HAIR TRANSPLANT		25000	30000	31250
PS026	EAR RECONSTRUCTION LA	3000	6000	7200	7500
PS027	EAR RECONSTRUCTION MINOR GA		9000	10800	11250
PS028	EAR RECONSTRUCTION MAJOR GA		14000	16800	17500
PS029	EAR RECONSTRUCTION PLUS CARTILAGE GRAFT		18000	21600	22500
PS030	EAR LOBULE REPAIR U/L	2000	2000	2400	2500
PS031	EAR LOBULE REPAIR B/L	4000	4000	4800	5000
PS032	EAR LOBULE RECONSTRUCTION / FLAP	5000	8000	9600	10000
PS033	RHINOPLASTY LA		7000	8400	8750
PS034	RHINOPLASTY MINOR GA		10000	12000	12500
PS035	RHINOPLASTY MAJOR GA/ CARTILAGE BONE GRAFT		20000	24000	25000
PS036	CALVARIAL RECONSTRUCTION/ SOFT TISSUE MINOR		9000	10800	11250
PS037	CALVARIAL RECONSTRUCTION / SOFT TISSUE MAJOR		14000	16800	17500
PS038	CALVARIAL RECONSTRUCTION, SOFT TISSUE PLUS BONE GRAFT MINOR		18000	21600	22500
PS039	CALVARIAL RECONSTRUCTION, SOFT TISSUE PLUS BONE GRAFT MAJOR		22000	26400	27500
PS040	TISSUE EXPANSION MINOR		11000	13200	13750
PS041	TISSUE EXPANSION MAJOR		20000	24000	25000
PS042	CRANIOFACIAL SURGERY MINOR (3-4HRS)		32000	38400	40000
PS043	CRANIOFACIAL SURGERY MAJOR (5-7HRS)		48000	57600	60000
PS044	SKULL BASE SURGERY/ SKULL BASE TUMORS		32000	38400	40000
PS045	CORRECTION CRANIOFACIAL SYNOSTOSIS		32000	38400	40000
PS046	MAXILLA ADVANCEMENT/ SET BACK		25000	30000	31250
PS047	MANDIBLE ADVANCEMENT/ SET BACK		25000	30000	31250
PS048	NASAL BONE FRACTURE		8000	9600	10000
PS049	MAXILLA FRACTURE/ PLATE & SCREW FIX/ ORIF		13000	15600	16250
PS050	MANDIBLE FRACTURE/ PLATE & SCREW FIX/ ORIF		13000	15600	16250
PS051	ZYGOMA FRACTURE ONLY REDUCTION		8000	9600	10000
PS052	ZYGOMA FRACTURE / PLATE & SCREW FIX/ ORIF		13000	15600	16250
PS053	PANFACIAL FRACTURE/ PLATE & SCREW FIX/ ORIF		21000	25200	26250
PS054	MANDIBLE/ MAXILLA FRACTURE, ARCH BAR & IMF		7500	9000	9380
PS055	DEBRIDEMENT LA	1500	1500	1800	1880
PS056	DEBRIDEMENT GA MINOR		3000	3600	3750

PS057	DEBRIDEMENT GA MAJOR		6000	7200	7500
PS058	SKIN GRAFTING LA MINOR	1500	1500	1800	1880
PS059	SKIN GRAFTING LA MAJOR	3000	4500	5400	5630
PS060	SKIN GRAFTING GA MINOR		7200	8640	9000
PS061	SKIN GRAFTING GA MAJOR		9000	10800	11250
PS062	SKIN FLAP LA MINOR	4000	5000	6000	6250
PS063	SKIN FLAP LA MAJOR	6000	7000	8400	8750
PS064	SKIN FLAP GA MINOR		9000	10800	11250
PS065	SKIN FLAP GA MAJOR		12000	14400	15000
PS066	MUSCLE FLAP MINOR		7200	8640	9000
PS067	MUSCLE FLAP MAJOR		12000	14400	15000
PS068	LOCAL / REGIONAL FLAP		12000	14400	15000
PS069	FREE FLAP		18000	21600	22500
PS070	SOFT TISSUE INJURY LA MINOR	1500	1500	1800	1880
PS071	SOFT TISSUE INJURY LA MAJOR	3000	3000	3600	3750
PS072	SOFT TISSUE INJURY GA MINOR		4500	5400	5630
PS073	SOFT TISSUE INJURY GA MAJOR		7000	8400	8750
PS074	PRESSURE SORE / BEDSORE MINOR		6000	7200	7500
PS075	PRESSURE SORE/ BEDSORE MAJOR		12000	14400	15000
PS076	LYMPHOEDEMA EXISION MINOR		7200	8640	9000
PS077	LYMPHOEDEMA EXCISION MAJOR		12000	14400	15000
PS078	NODO-VEINUS SHUNT		9000	10800	11250
PS079	VASCULAR MALFORMATION MINOR		9000	10800	11250
PS080	VASCULAR MALFORMATION MAJOR		17000	20400	21250
PS081	LIGATION AV MALFORMATION		12000	14400	15000
PS082	EXCISION AV MALFORMATION		17000	20400	21250
PS083	EXPLORATION OF VASCULAR MALFORMATION/ PARTIAL EXCISION		3000	3600	3750
PS084	CLEFT LIP U/L MINOR	5000	6500	7800	8130
PS085	CLEFT LIP U/L MAJOR		10000	12000	12500
PS086	CLEFT LIP B/L MINOR		10000	12000	12500
PS087	CLEFT LIP B/L MAJOR		12000	14400	15000
PS088	CLEFT PALATE MINOR		6000	7200	7500
PS089	CLEFT PALATE MAJOR		11000	13200	13750
PS090	TOTAL CORRECTION OF CLEFT LIP & PALATE U/L		11000	13200	13750
PS091	TOTAL CORRECTION OF CLEFT LIP & PALATE B/L		15000	18000	18750
PS092	SECONDARY CORRECTION OF LIP MINOR		5000	6000	6250
PS093	SECONDARY CORRECTION OF LIP MAJOR		8000	9600	10000
PS094	CLEFT LIP NOSE DEFORMITY MINOR		5000	6000	6250
PS095	CLEFT LIP NOSE DEFORMITY MAJOR		11000	13200	13750
PS096	PALATAL FISTULA CLOSURE		8000	9600	10000
PS097	PALATAL FISTULA- FLAP		11000	13200	13750
PS098	ALVEOLAR BONE GRAFTING MINOR		11000	13200	13750
PS099	ALVEOLAR BONE GRAFTING MAJOR		13000	15600	16250
PS100	RECONSTRUCTION LIP / CHEEK LA MINOR		5000	6000	6250
PS101	RECONSTRUCTION LIP / CHEEK GA MINOR		11000	13200	13750
PS102	RECONSTRUCTION LIP/ CHEEK LA MAJOR		11000	13200	13750
PS103	RECONSTRUCTION LIP/ CHEEK GA MAJOR		16000	19200	20000
PS104	RECONSTRUCTION NOSE LA MINOR		4000	4800	5000
PS105	RECONSTRUCTION NOSE LA MAJOR		8000	9600	10000
PS106	RECONSTRUCTION NOSE GA MINOR		9000	10800	11250
PS107	RECONSTRUCTION NOSE GA MAJOR		13000	15600	16250
PS108	POST BURN CONTRACTURE LA	4000	5000	6000	6250
PS109	POST BURN CONTRACTURE GA MILD		8000	9600	10000
PS110	POST BURN CONTRACTURE GA MODERATE		11000	13200	13750
PS111	POST BURN CONTRACTURE GA SEVERE		15000	18000	18750
PS112	ABCESS DRAINAGE MINOR	1200	1200	1440	1500
PS113	ABCESS DRAINAGE MAJOR	3000	3000	3600	3750
PS114	REVISION AMPUTATION SINGLE	1500	1500	1800	1880
PS115	REVISION AMPUTATION MULTIPLE		5000	6000	6250
PS116	FINGER TIP INJURY (SUTURING)	2000	2500	3000	3130
PS117	FINGER TIP INJURY (SSG/ FLAP)	4000	4500	5400	5630

PS118	SKIN LOSS HAND (LOCAL FLAP)		5000	6000	6250
PS119	SKIN LOSS HAND (REGIONAL FLAP)		9000	10800	11250
PS120	FRACTURE HAND/ FINGERS (SING/ MULT) POP	1000	1500	1800	1880
PS121	FRACTURE HAND/ FINGERS (SING) K-WIRE	3000	4000	4800	5000
PS122	FRACTURE HAND/ FINGERS (SING) ORIF		5000	6000	6250
PS123	FRACTURE HAND/ FINGERS (MULT) K-WIRE		8000	9600	10000
PS124	FRACTURE HAND/ FINGERS (MULT) ORIF		8000	9600	10000
PS125	TENDON INJURY/ REPAIR (SINGLE) LA	3000	3000	3600	3750
PS126	TENDON INJURY/ REPAIR (SINGLE) GA		5000	6000	6250
PS127	TENDON INJURY/ REPAIR (MULT-1 TO 4) LA	6000	7000	8400	8750
PS128	TENDON INJURY/ REPAIR (MULT-1 TO 4) GA		8500	10200	10630
PS129	TENDON INJURY/ REPAIR (MULTGREATER THAN 4) LA		8500	10200	10630
PS130	TENDON INJURY/ REPAIR (MULTGREATER THAN 4) GA		11000	13200	13750
PS131	TENDON GRAFTING SINGLE LA	3500	3500	4200	4380
PS132	TENDON GRAFTING MULTIPLE LA		8000	9600	10000
PS133	TENDON GRAFTING SINGLE/ MULTIPLE GA		10000	12000	12500
PS134	NERVE INJURY -SUTURING LA	4000	4000	4800	5000
PS135	NERVE INJURY -SUTURING GA		6000	7200	7500
PS136	NERVE INJURY GRAFTING GA		11000	13200	13750
PS137	HAND-DORSAL COMBINED INJURY (TENDON & NERVE) LA	7000	8000	9600	10000
PS138	HAND -DORSAL COMBINED INJURY (TENDON & NERVE) GA		10000	12000	12500
PS139	HAND -VOLAR COMBINED INJURY (TENDON & NERVE) LA		10000	12000	12500
PS140	HAND - VOLAR COMBINED INJURY (TENDON & NERVE) GA		12000	14400	15000
PS141	REVASCLARISATION OF SINGLE FINGER		16000	19200	20000
PS142	REVASCLARISATION OF MULTIPLE FINGERS		28000	33600	35000
PS143	REIMPLANTATION OF SINGLE FINGER		25000	30000	31250
PS144	REIMPLANTATION OF MULTIPLE FINGERS		35000	42000	43750
PS145	REIMPLANTATION OF HAND & ABOVE		42000	50400	52500
PS146	BRACHIAL PLEXUS EXPLORATION & SUTURING		14000	16800	17500
PS147	BRACHIAL PLEXUS EXPLO & NERVE GRAFTIN		22000	26400	27500
PS148	CRUSH INJURY HAND/ LEG LOCAL FLAP	7000	10000	12000	12500
PS149	CRUSH INJURY HAND/ LEG REGIONAL FLAP		14000	16800	17500
PS150	CRUSH INJURY HAND/ LEG FREE FLAP		28000	33600	35000
PS151	TUBAL RECANALISATION (OPEN) U/L		8000	9600	10000
PS152	TUBAL RECANALISATION (OPEN) B/L		12000	14400	15000
PS153	RECONSTRUCTIVE PROCEDURE FOR VAGINAL ATRESIA		14000	16800	17500
PS154	VAGINOPLASTY		12000	14400	15000
PS155	LIBIOPLASTY/ HYMENOPLASTY		10000	12000	12500
PS156	PENIS RECONSTRUCTION-PEDICLED		22000	26400	27500
PS157	PENIS RECONSTRUCTION- MICROVASCULAR		35000	42000	43750
PS158	HYPOSPADIAS		14000	16800	17500
PS159	EPISPADIAS		10000	12000	12500
PS160	CONGENITAL DEFORMITY OF HAND(PER HAND)		8000	9600	10000
PS161	MALE GYNACOMASTIA U/L	7000	8000	9600	10000
PS162	MALE GYNACOMASTIA B/L GRADE 2 & 3		15000	18000	18750
PS163	POST MASTECTOMY BREAST RECONSTRUCTION-LOCAL/ REGIONAL FLAP		25000	30000	31250
PS164	POST MASTECTOMY BREAST RECONSTRUCTION-FREE FLAP/ TISSUE EXPLANDER/ IMPLANTS		32000	38400	40000
PS165	NIPPLE AREOLA RECONSTRUCTION	5000	8000	9600	10000
PS166	DUPUYTRENS CONTRACTURE (EACH HAND)	6000	8000	9600	10000
PS167	SYNDACTYLY/ POLYDACTYLY (EACH HAND)		8000	9600	10000
PS168	EYE LID INJURIES LESS THAN 25 PERCENT	5000	7000	8400	8750
PS169	EYE LID INJURIES GREATER THAN 25 PERCENT		11000	13200	13750
PS170	TARSORRHAPHY		8000	9600	10000
PS171	LIP INJURIES / AVULTIONS- PRIMARY CLOSURE/ GRAFT		6000	7200	7500
PS172	LIP INJURIES / AVULTIONS-FLAP COVER		10000	12000	12500
PS173	NOSE INJURIES/ AVULTIONS-PRIMARY CLOSURE / GRAFT		6000	7200	7500
PS174	NOSE INJURIES/ AVULTIONS-FLAP COVER		10000	12000	12500
PS175	PTOSIS CORRECTION (EACH LID)	8000	10000	12000	12500
PS176	RECONSTRUCTIVE SURGERY FOR FACIAL NERVE PALSY- CONVENTIONAL		26000	31200	32500

PS177	RECONSTRUCTIVE SURGERY FOR FACIAL NERVE PALSY-MICROVASCULAR		35000	42000	43750
PS178	SURGICAL CORRECTION OF HEMIFACIAL MICROSOMIA		30000	36000	37500
PS179	SURGICAL CORRECTION OF HEMIFACIAL ATROPY		30000	36000	37500
PS180	SURGICAL CORRECTION OF LEPROSY RECONSTRUCTIVE SURGERY		20000	24000	25000
PS181	ELECTRICAL BURNS WITH VITALS EXPOSED - FLAP COVER		15000	18000	18750
PS182	POST TRAUMA WITH VITALS EXPOSED - FLAP COVER		15000	18000	18750
PS183	POST TUMOR EXCISION VITALS EXPOSED - FLAP COVER		12000	14400	15000
PS184	TISSUE EXPANSION - FUNCTIONAL PURPOSE		12000	14400	15000
PS185	DIMPLE CREATION	4000	6000	7200	7500
PS186	EYE BROW HAIR - TRANSPLANT (EACH)	4000	5000	6000	6250
PS187	FAT GRAFTING MINOR	5000	5000	6000	6250
PS188	FAT GRAFTING MAJOR		12000	14400	15000
PS189	INJECTION TREATMENT FOR-KELIODS, HEMANGIOMAS/VASCULAR MALFORMATIONS	300	300	360	380
PS190	DRESSING CHARGES SMALL	100	200	240	250
PS191	DRESSING CHARGES MEDIUM	200	400	480	500
PS192	DRESSING CHARGES BIG	400	600	720	750
PS193	INJ. TRIAMCELONE OR STEROID	300	NA	NA	NA
PS194	INJ. SCLEROTHERAPY	300	NA	NA	NA
PS195	TMJ ANKYLOSIS		15000	18000	18750
PS196	MALE GYNACOAMASTIA B/L GRADE 4		20000	24000	25000
PS197	MUSCLE/ NERVE/ SKIN BIOPSY EACH	1500	2000	2400	2500
PS198	LIPOMA/SEBACEOUS CYST / ANY TUMOR (SMALL) EXCISION	3000	3000	3600	3750
PS199	LIPOMA/SEBACEOUS CYST / ANY TUMOR(MEDIUM) EXCISION		7000	8400	8750
PS200	LIPOMA/SEBACEOUS CYST / ANY TUMOR(LARGE) EXCISION	5000	8000	9600	10000
PS201	FINGER TIP/ WAIL MATRIX INJURY REPAIR/ EXCISION	2000	2000	2400	2500
PS202	K WIRE REMOVAL	100	NA	NA	NA
PS203	SUTURE REMOVAL	100	NA	NA	NA
PS204	FOLLEYS CATHETERISATION		170	210	220
PS205	IV CANNULATION		250	300	320
PS206	MONITOR CHARGES PER DAY		1000	1200	1250
PS207	NEBULISATION CHARGES PER DAY		250	300	320
PS208	OXYGEN CHARGES PER DAY		505	610	640
PS209	PULSE OXIMETER CHARGES		1000	1200	1250
PS210	RYLES TUBE		250	300	320
PS211	SYRINGE PUMP CHARGES PER DAY		500	600	630
PS212	VENTILATOR CHARGES PER DAY		4320	5190	5400
PS213	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
PS214	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
PS215	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
PS216	ET INTUBATION		1000	1200	1250
PS217	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)		1500	1800	1880
PS218	LUMBAR PUNCTURE		1000	1200	1250
PS219	FLAP DELAY LOCO REGIONAL		12000	14400	15000
PS220	FLAP FOR SKIN CANCER		15000	18000	18750
PS221	FLAP PEDICLE DIVISION MAJOR		8000	9600	10000
PS222	FLAP PEDICLE DIVISION MINOR		5000	6000	6250
PS223	FINGER TIP INJURIES MAJOR		10000	12000	12500
PS224	FINGER TIP INJURIES MINOR		5000	6000	6250
PS225	CARPEL TUNNEL SYNDROME		10000	12000	12500
PS226	NERVE DECOMPRESSION		10000	12000	12500
PS227	TRIGGER FINGER		8000	9600	10000
PS228	RELEASE OF 1ST EXTENSOR COMPARTMENT		10000	12000	12500
PS229	FREE FIBULA FLAP		30000	36000	37500
PS230	TENDOCHILLIS REPAIR		20000	24000	25000
PS231	TENDOCHILLIS REPAIR WITH FLAP		25000	30000	31250
PS232	NERVE REPAIR (MICROSURGERY)		10000	12000	12500
PS233	NERVE GRAFTING (MICROSURGERY)		15000	18000	18750
PS234	VASCULAR REPAIR (MICROSURGERY)		12000	14400	15000
PS235	TONGUE TIE RELEASE (PLASTIC SURGERY)		8000	9600	10000

26. PLASTIC SURGERY DAY CARE PROCEDURES		TARIFF
CODE	Procedure Name	OP
PSOP01	BIOPSY MINOR (PLASTIC SURGERY)	1500
PSOP02	BIOPSY MAJOR (PLASTIC SURGERY)	3000
PSOP03	LIPOMA/ SEBACEOUS CYST / TUMOR EXCISION - MINOR	3000
PSOP04	LIPOMA/ SEBACEOUS CYST / TUMOR EXCISION - MAJOR	5000
PSOP05	EAR LOBULE REPAIR	3000
PSOP06	LACERATION MINOR (SOFT TISSUE INJURY- MINOR)	2000
PSOP07	LACERATION MAJOR (SOFT TISSUE INJURY- MAJOR)	5000
PSOP08	MINOR DRESSING IN OPD (PLASTIC SURGERY)	200
PSOP09	MAJOR DRESSING IN OPD (PLASTIC SURGERY)	400
PSOP10	SCAR REVISION/ TATTOO REMOVAL MINOR	5000
PSOP11	SCAR REVISION/ TATTOO REMOVAL MAJOR	10000
PSOP12	TENOTOMY	5000
PSOP13	CROSS FINGER FLAP	4000
PSOP14	K – WIRE APPLICATION	3000
PSOP15	DEBRIDEMENT MAJOR (PLASTIC SURGERY)	3000
PSOP16	DEBRIDEMENT MINOR (PLASTIC SURGERY)	1500
PSOP17	FINGER TIP INJURY – SINGLE	3000
PSOP18	FINGER TIP INJURY – MULTIPLE	5000

27. PAEDIATRICS		TARIFF			
CODE	INVESTIGATIONS & PROCEDURE NAME	OP	IP	SINGLE ROOM	DELUXE ROOM
PAE01	NEW BORN RESUSCITATION	1000	1000	1200	1250
PAE02	WARMER CARE	1000	1000	1200	1250
PAE03	PHOTO THERAPY (DOUBLE SURFACE)	2000	2000	2400	2500
PAE04	PHOTO THERAPY (SINGLE SURFACE)	1500	1500	1800	1880
PAE05	LUMBAR PUNCTURE	1000	1000	1200	1250
PAE06	SYRINGE PUMP CHARGES	500	500	600	630
PAE07	NEBULIZATION CHARGES	250	250	300	320
PAE08	IV CANNULATION	250	250	300	320
PAE09	FOLLEYS CATHETERISATION	170	170	210	220
PAE10	MONITOR CHARGES PER DAY	1000	1000	1200	1250
PAE11	OXYGEN CHARGES PER DAY	505	505	610	640
PAE12	PULSE OXIMETER CHARGES	1000	1000	1200	1250
PAE13	RYLES TUBE	250	250	300	320
PAE14	VENTILATOR CHARGES PER DAY	4320	4320	5190	5400
PAE15	VENTILATOR CHARGES FOR 12 HOURS	2160	2160	2600	2700
PAE16	VENTILATOR CHARGES FOR 6 HOURS	1080	1080	1300	1350
PAE17	VENTILATOR CHARGES FOR 3 HOURS	540	540	650	680
PAE18	ET INTUBATION	1000	1000	1200	1250
PAE19	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)	1500	1500	1800	1880

28. PATHOLOGY - CLINICAL PATHOLOGY		TARIFF			
CODE	Investigation_Name	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
CLP01	ANY OTHER BODY FLUID FOR CELL COUNT	250	300	360	380
CLP02	ASCITIC FLUID FOR CELL COUNT	250	300	360	380
CLP03	C.S.F CELL COUNT	250	300	360	380
CLP04	MHC (CLINICAL PATHOLOGY)	250	300	360	380
CLP05	P.D. FLUID FOR CELL COUNT	250	300	360	380
CLP06	PERICARDIAL FLUID FOR CELL COUNT	250	300	360	380
CLP07	PERITONIAL FLUID FOR CELL COUNT	250	300	360	380
CLP08	PLEURAL FLUID FOR CELL COUNT	250	300	360	380
CLP09	SEMEN ANALYSIS	500	625	750	790
CLP10	STOOL-OCCULT BLOOD	200	200	240	250
CLP11	SYNOVIAL FLUID FOR CELL COUNT	250	300	360	380
CLP12	URINE FOR ALBUMIN	200	200	240	250
CLP13	URINE FOR BENZIDINE TEST	200	200	240	250
CLP14	URINE FOR BILE PIGMENTS	200	200	240	250
CLP15	URINE FOR BILE SALTS	200	200	240	250
CLP16	URINE FOR CHYLE	200	200	240	250
CLP17	URINE FOR CHYLOMICRONS	200	200	240	250
CLP18	URINE FOR EOSINOPHILS (EARLY MORNIG SAMPLE)	200	200	240	250
CLP19	URINE FOR KETONE BODIES	200	200	240	250
CLP20	URINE FOR MICROSCOPIC EXAMINATION	200	200	240	250
CLP21	URINE FOR REACTION (PH)	200	200	240	250
CLP22	URINE FOR ROUTINE AND MICROSCOPY	350	350	420	440
CLP23	URINE FOR ROUTINE EXAMINATION	350	350	420	440
CLP24	URINE FOR SPECIFIC GRAVITY	200	200	240	250
CLP25	URINE FOR SUGAR	200	200	240	250
CLP26	URINE FOR UROBILINOGEN	200	200	240	250
CLP27	URINE PREGNANCY TEST	80	80	100	100
CLP28	COMPLETE URINE EXAMINATION	500	500	600	630
CLP29	URINE FOR HAEMOGLOBIN	350	350	420	440
CLP30	URINE FOR MYOGLOBIN	350	350	420	440

29. PATHOLOGY - CYTO PATHOLOGY		TARIFF			
CODE	Investigation_Name	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
CYP01	BUCCAL SMEARS FOR SEX CHROMATIN	140	175	210	220
CYP02	FLUID CYTOLOGY ASCITIC FLUID	350	440	530	550
CYP03	FLUID CYTOLOGY BRONCHIAL WASHING LAVAGE	350	500	600	630
CYP04	FLUID CYTOLOGY CSF	350	440	530	550
CYP05	FLUID CYTOLOGY CYSTIC FLUID	350	440	530	550
CYP06	FLUID CYTOLOGY PERICARDIAL FLUID	350	440	530	550
CYP07	FLUID CYTOLOGY PLEURAL FLUID	350	440	530	550
CYP08	FLUID CYTOLOGY PUS	350	440	530	550
CYP09	FLUID CYTOLOGY SPUTUM	350	440	530	550
CYP10	FLUID CYTOLOGY SYNOVIAL FLUID	350	440	530	550
CYP11	FLUID CYTOLOGY URINE	350	440	530	550
CYP12	FNAC BONE	500	625	750	790
CYP13	FNAC BREAST	500	625	750	790
CYP14	FNAC CT/ GUIDED	500	625	750	790
CYP15	FNAC FEMALE GENITAL ORGANS	500	625	750	790
CYP16	FNAC FOR CYTOLOGY	500	625	750	790
CYP17	FNAC HEAD AND NECK, SALIVARY GLANDS	500	625	750	790
CYP18	FNAC KIDNEY AND ADRENAL AND RETROPERITONEUM	500	625	750	790
CYP19	FNAC LIVER AND SPLEEN	500	625	750	790
CYP20	FNAC LUNG, CHEST WALL AND PLEURA	500	625	750	790
CYP21	FNAC LYMPH NODE	500	2000	2400	2500
CYP22	FNAC MALE GENITAL ORGANS	500	625	750	790
CYP23	FNAC MEDIA STINUM	500	625	750	790
CYP24	FNAC PANCREAS AND BILIARY TRACT AND GIT TRACT	500	625	750	790
CYP25	FNAC SKIN	500	625	750	790
CYP26	FNAC SOFT TISSUE	500	625	750	790
CYP27	FNAC THYROID	500	625	750	790
CYP28	FNAC U/S GUIDED	500	625	750	790
CYP29	NIPPLE DISCHARGE	140	175	210	220
CYP30	PAP SMEARS	275	340	410	430
CYP31	SECOND OPINION (REVIEW OPINION) CYTOLOGY	500	625	750	790
CYP32	FLUID CYTOLOGY - PERITONIAL	350	440	530	550
CYP33	FLUID FOR CYTOLOGY	350	440	530	550
CYP34	LIQUID BASED CYTOLOGY	350	440	530	550
CYP35	PAP SMEAR (CONVENTIONAL) (MCSU) (FOR PINK BUS)	100	NA	NA	NA
CYP36	PAP SMEAR (LBC) (MCSU) (FOR PINK BUS)	150	NA	NA	NA

CODE	Investigation_Name	TARIFF			
		OP/OI	IP	SINGLE ROOM	DELUXE ROOM
HIS01	BIOPSY (1 BLOCK)	250	310	380	390
HIS02	BIOPSY (2 - 5 BLOCK)	450	560	680	700
HIS03	BIOPSY (6 - 10 BLOCKS)	600	750	900	940
HIS04	BIOPSY (MORE THAN 10 BLOCKS)	800	1000	1200	1250
HIS05	BIOPSY (MORE THAN 20 BLOCKS)	1000	2000	2400	2500
HIS06	BIOPSY (MORE THAN 30 BLOCKS)	1500	1875	2250	2350
HIS07	BIOPSY (MORE THAN 40 BLOCKS)	2000	2500	3000	3130
HIS08	CRYOSTAT SECTION AND SQUASH (1 to 5 BLOCKS)	1000	1250	1500	1570
HIS09	CT GUIDED BIOPSY ALONG WITH FNAC	350	410	500	520
HIS10	DUPLICATE REPORT (EACH)	45	60	80	80
HIS11	DUPLICATE SLIDES (EACH)	150	190	230	240
HIS12	ENDOSCOPIC BITS	500	625	750	790
HIS13	FOETAL AUTOPSY FOR DIAGNOSIS	1500	1875	2250	2350
HIS14	IMMUNOHISTOCHEMISTRY (IHC)	750	1000	1200	1250
HIS15	IMMUNOCYTOCHEMISTRY (ICC)	750	940	1130	1180
HIS16	KIDNEY BIOPSY (WITH IF) PACKAGE	2500	5000	6000	6250
HIS17	KIDNEY NEEDLE BIOPSY (WITH OUT IF) PACKAGE	500	625	750	790
HIS18	LIVER BIOPSY ALONG WITH FNAC	500	625	750	790
HIS19	LYMPH NODE BIOPSY	500	625	750	790
HIS20	PARAFFIN BLOCK (EACH)	50	60	80	80
HIS21	SECOND OPINION (REVIEW BIOPSY)	500	625	750	790
HIS22	TREPHINE BIOPSY (PATH)	900	1100	1320	1380
HIS23	TRUS BIOPSY (2 -6 BLOCKS)	600	1750	2100	2190
HIS24	ULTRA SOUND GUIDED BIOPSY - 1 BLOCK ALONG WITH FNAC	350	410	500	520
HIS25	IHC PACKAGE FOR CNS TUMOURS	2500	3125	3750	3910
HIS26	IHC (2-5 MARKERS)	3750	4800	5760	6000
HIS27	IHC (6-10 MARKERS)	7500	9375	11250	11720
HIS28	IHC (11-15 MARKERS)	11250	14065	16880	17590
HIS29	IHC (2-5 MARKERS PANEL)	3000	3750	4500	4690
HIS30	IHC (6-10 MARKERS PANEL)	5000	6250	7500	7820
HIS31	IHC (11-15 MARKERS PANEL)	9000	11250	13500	14070
HIS32	CRYOSTAT SECTION AND SQUASH (6 to 10 BLOCKS)	2000	2500	3000	3130
HIS33	CRYOSTAT SECTION AND SQUASH (11 to 15 BLOCKS)	3000	3750	4500	4690
HIS34	CRYOSTAT SECTION AND SQUASH (16 BLOCKS AND ABOVE)	4000	5000	6000	6250
HIS35	BIOPSY WITH FNAC BREAST	350	410	500	520

CODE	31. PATHOLOGY - HAEMATOLOGY Investigation_Name	TARIFF			
		OP/OI	IP	SINGLE ROOM	DELUXE ROOM
HAE01	ABSOLUTE EOSINOPHIL COUNT (AEC)	100	125	150	160
HAE02	ABSOLUTE LYMPHOCYTE COUNT (ALC)	100	125	150	160
HAE03	ABSOLUTE NEUTROPHIL COUNT (ANC)	100	125	150	160
HAE04	BONE MARROW BIOPSY PROCEDURE CHARGES (PATH)	1700	2000	2400	2500
HAE05	APTT BT CT PT	500	625	750	790
HAE06	APTT/ PTTK	250	310	380	390
HAE07	BLEEDING TIME (IV S METHOD)	100	150	180	190
HAE08	BONE MARROW ASPIRATION AND EXAMINATION (PATH)	750	850	1020	1070
HAE09	CLOTLYSIS	110	140	170	180
HAE10	CLOT RETRACTION	110	140	170	180
HAE11	CLOTTING TIME (LEE AND WHITE)	100	125	150	160
HAE12	COMPLETE HAEMOGRAM	500	625	750	790
HAE13	ESR	70	90	110	120
HAE14	FIBRINOGEN ASSAY	310	385	470	490
HAE15	GIEMSA-STAIN	100	125	150	160
HAE16	HAEMOGLOBIN	50	60	80	80
HAE17	HAM S TEST	250	310	380	390
HAE18	HB TC DC	250	310	380	390
HAE19	HB TC DC ESR	270	335	410	420
HAE20	HB TC DC PLATELET COUNT	305	380	460	480
HAE21	L.E.CELL PHENOMENON	175	220	270	280
HAE22	MALARIAL PARASITES (MP) (QBC METHOD)	175	220	270	280
HAE23	MCH	60	75	90	100
HAE24	MCHC	60	75	90	100
HAE25	MCV	60	75	90	100
HAE26	MHC (HAEMATOLOGY)	150	190	230	240
HAE27	MICRO FILARIA (MF) (QBC METHOD)	175	220	270	280
HAE28	MYLO PEROXIDASE STAIN (MPO)	250	800	960	1000
HAE29	OSMOTIC FRAGILITY	310	500	600	630
HAE30	PARTIAL THROMBOPLASTIN TIME (PTT)	250	310	380	390
HAE31	PAS-STAIN	250	310	380	390
HAE32	PCV	75	95	120	120
HAE33	PERIPHERAL SMEAR	345	430	520	540
HAE34	PERLS-STAIN (IRON STAIN)	250	310	380	390
HAE35	PLATELET COUNT	100	125	150	160
HAE36	PROTHROMBIN TIME WITH INR	250	310	380	390
HAE37	RBC COUNT	90	110	140	140
HAE38	RETICULOCYTE COUNT	90	110	140	140
HAE39	SICKLE CELL TEST	150	190	230	240
HAE40	THROMBIN TIME	600	600	720	750
HAE41	WBC DIFFERENTIAL COUNT - (DC)	70	90	110	120
HAE42	WBC (TC AND DC)	140	175	210	220
HAE43	WBC TOTAL COUNT -(TC)	70	90	110	120
HAE44	APTT/ PTTK (STAT TESTING)	325	325	390	410
HAE45	HAEMOGLOBIN (STAT TESTING)	65	65	80	90
HAE46	MALARIAL PARASITES (MP) (QBC METHOD) (STAT TESTING)	230	230	280	290
HAE47	PCV (STAT TESTING)	100	100	120	130
HAE48	PLATELET COUNT (STAT TESTING)	130	130	160	170
HAE49	PROTHROMBIN TIME WITH INR (STAT TESTING)	325	325	390	410
HAE50	C.S.F. CELL COUNT (STAT TESTING)	195	200	240	250
HAE51	URINE FOR KETONE BODIES (STAT TESTNG)	80	80	100	100

CODE	32. PHYSIOTHERAPY Investigation_Name	TARIFF			
		OP/OI	IP	SINGLE ROOM	DELUXE ROOM
PHY01	ABDOMINAL STRENGTHENING PER MONTH	1095	1370	1650	1720
PHY02	BREATHING EXERCISES+CHEST PHYSIOTHERAPY	625	785	950	990
PHY03	CERVICAL TRACTION PER DAY	125	160	200	200
PHY04	CHEST PHYSIOTHERAPY PER DAY	125	160	200	200
PHY05	ELECTRICAL DIAGNOSTIC TEST PER DAY	125	160	200	200
PHY06	ELECTRICAL STIMULATION {E.S.} PER DAY	125	250	300	320
PHY07	ELECTRICAL STIMULATION PER WEEK	625	785	950	990
PHY08	ELECTRICAL STIMULATION+EXERC.PER WEEK	1210	1500	1800	1880
PHY09	EMD BIOFEED BACK FOR 1 MONTH	1875	2345	2820	2940
PHY10	EMD BIOFEED BACK PER DAY	125	160	200	200
PHY11	EMD BIOFEED FOR 15 DAYS	940	1175	1410	1470
PHY12	EMG FEED BACK	125	160	200	200
PHY13	EXERCISES + REHABILITATION PER WEEK	1210	1500	1800	1880
PHY14	EXERCISES + REHABILITATION PER DAY	240	300	360	380
PHY15	HOT PACK PER WEEK	625	785	950	990
PHY16	HOT PACKS PER DAY	125	160	200	200
PHY17	I.R.R PER DAY	125	160	200	200
PHY18	INTER FERENTIAL THERAPY {I.F.T} PER DAY	125	250	300	320
PHY19	IRR PER WEEK	625	785	950	990
PHY20	ISOKINETIC ANALYSIS FOR 1 MONTH	4690	5865	7040	7340
PHY21	ISOKINETIC ANALYSIS FOR 15 DAYS	2345	2935	3530	3670
PHY22	ISOKINETIC ANALYSIS PER DAY	240	295	360	370
PHY23	LASER THERAPY PER DAY	125	250	300	320
PHY24	LIPOTONE	125	160	200	200
PHY25	LUMBAR TRACTION	125	160	200	200
PHY26	MAJOR EXERCISES	240	300	360	380
PHY27	MINOR EXERCISES	125	160	200	200
PHY28	MONTHLY MEMBERSHIP FOR OBESITY	1095	1370	1650	1720
PHY29	N20 BODY COMPOSITION ANALYSER	125	160	200	200
PHY30	PARAFFIN WAX THERAPY	125	160	200	200
PHY31	S D CURVE PER DAY	125	160	200	200
PHY32	SHORT WAVE DIATHERMY {S.W.D.} PER DAY	125	250	300	320
PHY33	SWD PER WEEK	625	785	950	990
PHY34	SWD+TRACTION (CERVICAL /LUMBAR) PER WEEK	1210	1500	1800	1880
PHY35	TENS + SWD PER WEEK	1210	1500	1800	1880
PHY36	TENS PER WEEK	625	785	950	990
PHY37	TRACTION PER WEEK	625	785	950	990
PHY38	TREADMILL FOR 15 DAYS	940	1175	1410	1470
PHY39	TREADMILL FOR 30 DAYS	1875	2345	2820	2940
PHY40	TREADMILL PER DAY	125	160	200	200
PHY41	ULTRA SOUND THERAPY PER WEEK	625	785	950	990
PHY42	ULTRA SOUND + ELECTRICAL STIMULATION + EXERCISES PER WEEK	1210	1500	1800	1880
PHY43	ULTRASOUND THERAPY {U.S.} PER DAY	125	250	300	320
PHY44	UVR PER WEEK	625	785	950	990
PHY45	WAX BATH PER WEEK	700	875	1050	1100
PHY46	WAX THERAPY + EXERCISES PER WEEK	1210	1500	1800	1880
PHY47	WAX THERAPY + EXERCISE	125	160	200	200
PHY48	YEARLY MEMBERSHIP FOR OBESITY	5160	6445	7740	8060
PHY49	BICYCLE ERGOMETRY (PER DAY)	85	NA	NA	NA
PHY50	BICYCLE ERGOMETRY (WEEKLY)	470	NA	NA	NA
PHY51	BICYCLE ERGOMETRY (MONTHLY)	1875	NA	NA	NA
PHY52	LIPOTONE (PER DAY)	125	NA	NA	NA
PHY53	LIPOTONE (15 DAYS)	940	NA	NA	NA
PHY54	LIPOTONE (1 MONTH)	1875	NA	NA	NA
PHY55	TREADMILL (PER DAY)	125	NA	NA	NA
PHY56	TREADMILL (15 DAYS)	940	NA	NA	NA
PHY57	TREADMILL (1 MONTH)	1875	NA	NA	NA
PHY58	AEROBIC EXERCISE (PER DAY)	125	NA	NA	NA
PHY59	AEROBIC EXERCISE (15 DAYS)	470	NA	NA	NA
PHY60	AEROBIC EXERCISE (1 MONTH)	940	NA	NA	NA
PHY61	BICYCLE ERGOMETER (PER DAY)	125	NA	NA	NA
PHY62	BICYCLE ERGOMETER (15 DAYS)	470	NA	NA	NA
PHY63	BICYCLE ERGOMETER (1 MONTH)	940	NA	NA	NA
PHY64	MULTY GYM (PER DAY)	125	NA	NA	NA

PHY65	MULTY GYM (15 DAYS)	470	NA	NA	NA
PHY66	MULTY GYM (1 MONTH)	940	NA	NA	NA
PHY67	REHABILITATION PER MONTH	2935	3660	4400	4580
PHY68	EXERCISE -I	95	120	150	150
PHY69	EXERCISE -II	120	145	180	190
PHY70	SWD + TRACTION PER DAY	160	250	300	320
PHY71	TENS PER DAY	95	120	150	150
PHY72	OBESITY CONSULTATION PER DAY	95	120	150	150
PHY73	IFT PER WEEK	625	785	950	990
PHY74	REHABILITATION PER DAY	120	145	180	190
PHY75	BREATHING EXERCISE PER DAY	95	120	150	150
PHY76	BREATHING EXERCISE PER WEEK	550	685	830	860
PHY77	REHABILITATION FOR ONE WEEK	625	785	950	990
PHY78	LASER THERAPY FOR ONE WEEK	625	785	950	990
PHY79	TILTING TABLE FOR ONE WEEK	470	NA	NA	NA
PHY80	INTERFERENTIAL THERAPY FOR ONE WEEK	625	785	950	990
PHY81	WAX THERAPY PLUS EXERCISE FOR ONE WEEK	1210	NA	NA	NA
PHY82	LUMBAR TRACTION FOR ONE WEEK	625	785	950	990
PHY83	KEGELS EXERCISES PER DAY	85	NA	NA	NA
PHY84	VERTIGO EXERCISES PER DAY	85	NA	NA	NA
PHY85	LYMPHA PRESS FOR ONE DAY	200	NA	NA	NA
PHY86	C.P.M FOR ONE WEEK	625	NA	NA	NA

33. PSYCHIATRY		TARIFF			
CODE	INVESTIGATIONS & PROCEDURE NAME	OP	IP	SINGLE ROOM	DELUXE ROOM
PSY01	ELECTRO -CONVULSIVE THERAPY	1000	1000	1200	1250
PSY02	INTELLIGENCE QUOTIENT(I.Q) TEST		1200	1440	1500
PSY03	PGI BATTERY OF BRAIN DYSFUNCTION		1500	1800	1880
PSY04	RORSCHACH INKBLOT TEST		1500	1800	1880
PSY05	KETAMINE INFUSION THERAPY	750	750	900	940
PSY06	FOLLEYS CATHETERISATION		170	210	220
PSY07	IV CANNULATION		250	300	320
PSY08	MONITOR CHARGES PER DAY		1000	1200	1250
PSY09	NEBULISATION CHARGES PER DAY		250	300	320
PSY10	OXYGEN CHARGES PER DAY		505	610	640
PSY11	PULSE OXIMETER CHARGES		1000	1200	1250
PSY12	RYLES TUBE		250	300	320
PSY13	SYRINGE PUMP CHARGES PER DAY		500	600	630
PSY14	VENTILATOR CHARGES PER DAY		4320	5190	5400
PSY15	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
PSY16	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
PSY17	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
PSY18	ET INTUBATION		1000	1200	1250
PSY19	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)		1500	1800	1880
PSY20	LUMBAR PUNCTURE		1000	1200	1250

34. RADIOLOGY - CT SCAN		TARIFF			
CODE	Investigation_Name	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
RCT01	CT ABDOMEN - NON IONIC CONTRAST	2500	3000	3600	3750
RCT02	C.T. ABDOMEN PLAIN AND NON IONIC CONTRAST	5600	6000	7200	7500
RCT03	CT ABDOMEN WHOLE	3300	4500	5400	5630
RCT04	CT BRAIN - IONIC CONTRAST	700	900	1080	1130
RCT05	CT BRAIN -NON IONIC CONTRAST	1200	1800	2160	2250
RCT06	C.T. BRAIN PLAIN AND NON IONIC CONTRAST	3700	4700	5640	5880
RCT07	CT CISTERNAL MYELOGRAM	5000	6500	7800	8130
RCT08	CT CONTRAST CHARGES	1200	1500	1800	1880
RCT09	CT EXTRA FILM COST	300	300	360	380
RCT10	CT GUIDED BIOPSY	5000	6500	7800	8130
RCT11	CT GUIDED FNAC	5000	6500	7800	8130
RCT12	CT INTERNAL AUDITORY MEATUS	3300	4500	5400	5630
RCT13	CT JOINTS [TM]	5000	6000	7200	7500
RCT14	CT MASTOIDS	5000	6500	7800	8130
RCT15	CT MYELOGRAM	5000	6500	7800	8130
RCT16	CT NECK WHOLE	3300	4500	5400	5630
RCT17	CT ORBITS	3300	4500	5400	5630
RCT18	CT PELVI [PLAIN]	3300	4500	5400	5630
RCT19	CT SACRUM	3300	4500	5400	5630
RCT20	CT SCAN BRAIN PLAIN	2500	3500	4200	4380
RCT21	CT SCAN CHEST WITH I.V. CONT. (OLD)	5600	6500	7800	8130
RCT22	CT SCAN CHEST WITHOUT I.V. CONT.	3300	4500	5400	5630
RCT23	CT SCAN PNS	3300	4500	5400	5630
RCT24	CT SPINE CERVICAL [PLAIN]	3300	4500	5400	5630
RCT25	CT SPINE COMPLETE [PLAIN]	3300	4500	5400	5630
RCT26	CT SPINE DORSAL [PLAIN]	3300	4500	5400	5630
RCT27	CT SPINE LUMBAR [PLAIN]	3300	4500	5400	5630
RCT28	CT TEMPORAL BONE [PLAIN]	3300	4500	5400	5630
RCT29	CT THIGH [PLAIN]	3300	4500	5400	5630
RCT30	CT UROGRAM	3300	6000	7200	7500
RCT31	CT WHOLE BODY	9000	10000	12000	12500
RCT32	ORTHOSCANOGRAM	850	1050	1260	1320
RCT33	SPIRAL CT ABDOMEN PLAIN	3300	4500	5400	5630
RCT34	SPIRAL CT ABDOMINAL ANGIO	8000	10000	12000	12500
RCT35	SPIRAL CT AORTO ANGIO	8000	10000	12000	12500
RCT36	SPIRAL CT BRAIN PLAIN	2500	3500	4200	4380
RCT37	SPIRAL CT BRAIN WITH CT ANGIO	8000	10000	12000	12500
RCT38	SPIRAL CT CAROTID ANGIO	8000	10000	12000	12500
RCT39	SPIRAL CT CERVICAL SPINE PLAIN	3300	4500	5400	5630
RCT40	SPIRAL CT CHEST NON IONIC CONTRAST	2500	3000	3600	3750
RCT41	SPIRAL CT CHEST PLAIN	3300	4500	5400	5630
RCT42	SPIRAL CT CORONARY ANGIO	8000	10000	12000	12500
RCT43	SPIRAL CT GUIDED FNAC	5000	6500	7800	8130
RCT44	SPIRAL CT LOWER LIMBS ANGIO	8000	10000	12000	12500
RCT45	SPIRAL CT LUMBAR SPINE PLAIN	3300	4500	5400	5630
RCT46	SPIRAL CT PELVIS PLAIN	3300	4500	5400	5630
RCT47	SPIRAL CT PNS PLAIN AND CONTRAST	4500	5000	6000	6250
RCT48	SPIRAL CT PULMONARY ANGIO	8000	10000	12000	12500
RCT49	SPIRAL CT RENAL ANGIO	8000	10000	12000	12500
RCT50	SPIRAL CT SCAN PNS PLAIN	3300	4500	5400	5630
RCT51	SPIRAL CT SELLA PITUTARY FOSA P AND C	4500	5000	6000	6250
RCT52	SPIRAL CT SPINE PLAIN	3300	4500	5400	5630
RCT53	SPIRAL CT THORACIC ANGIO	8000	10000	12000	12500
RCT54	SPIRAL CT THORACIC SPINE PLAIN	3300	4500	5400	5630
RCT55	SPIRAL CT UPPER LIMBS ANGIO	8000	10000	12000	12500
RCT56	CT CORONORY CALCIUM	3300	4500	5400	5630
RCT57	C.T.GUIDED PCN (Single Side)	5000	6500	7800	8130

RCT58	C.T.GUIDED PCN (Both Sides)	10000	12500	15000	15630
RCT59	C.T.GUIDED PCD (Single Side)	5000	6500	7800	8130
RCT60	C.T.GUIDED PCD (Both Sides)	10000	12500	15000	15630
RCT61	CT ABDOMEN IONIC CONTRAST	1200	1500	1800	1880

35. RADIOLOGY - DOPPLER		TARIFF			
CODE	Investigation_Name	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
DOP01	A.V FISTUAL/ A.V GRAFT DOPPLER	1200	1500	1800	1880
DOP02	DOPPLER BOTH LOWER LIMBS ARTERIAL	1500	2000	2400	2500
DOP03	DOPPLER BOTH LOWER LIMBS ARTERIAL AND VENOUS	2500	3500	4200	4380
DOP04	DOPPLER BOTH LOWER LIMBS VENOUS	1500	2000	2400	2500
DOP05	DOPPLER BOTH UPPER LIMBS ARTERIAL AND VENOUS	2500	3500	4200	4380
DOP06	DOPPLER CAROTID	1200	1500	1800	1880
DOP07	DOPPLER HEPATIC VEINS AND PORTAL VENOUS SYSTEM	1200	1500	1800	1880
DOP08	DOPPLER LOWER LIMB ARTERIAL	1200	1500	1800	1880
DOP09	DOPPLER LOWER LIMB ARTERIAL AND VENOUS	1500	2000	2400	2500
DOP10	DOPPLER LOWER LIMB VENOUS	1200	1500	1800	1880
DOP11	DOPPLER NECK VESSELS ARTERIAL	1200	1500	1800	1880
DOP12	DOPPLER NECK VESSELS ARTERIAL AND VENOUS	2500	3125	3750	3910
DOP13	DOPPLER NECK VESSELS VENOUS	1200	1500	1800	1880
DOP14	DOPPLER PLACENTAL STUDIES	1200	1500	1800	1880
DOP15	DOPPLER SCROTAL	700	900	1080	1130
DOP16	DOPPLER TRANSPLANT KIDNEY	1200	1500	1800	1880
DOP17	DOPPLER UPPER LIMB ARTERIAL	1200	1500	1800	1880
DOP18	DOPPLER UPPER LIMB ARTERIAL AND VENOUS	1500	2000	2400	2500
DOP19	DOPPLER UPPER LIMB VENOUS	1200	1500	1800	1880
DOP20	PENILE DOPPLER	1200	1500	1800	1880
DOP21	RENAL DOPPLER ARTERIAL	1200	1500	1800	1880
DOP22	RENAL DOPPLER ARTERIAL AND VENOUS	1500	2000	2400	2500
DOP23	RENAL DOPPLER VENOUS	1200	1500	1800	1880
DOP24	FOETAL DOPPLER STUDY	1200	1500	1800	1880
DOP25	BED SIDE DOPPLER BOTH UPPER LIMBS ARTERIAL	1500	1500	1800	1880
DOP26	BED SIDE DOPPLER BOTH LOWER LIMBS ARTERIAL	1500	1500	1800	1880
DOP27	BED SIDE DOPPLER BOTH UPPER LIMBS VENOUS	1500	1500	1800	1880
DOP28	BED SIDE DOPPLER BOTH LOWER LIMBS VENOUS	1500	1500	1800	1880
DOP29	BED SIDE DOPPLER BOTH UPPER LIMBS ARTERIAL AND VENOUS	3125	3125	3750	3910
DOP30	BED SIDE DOPPLER BOTH LOWER LIMBS ARTERIAL AND VENOUS	3125	3125	3750	3910
DOP31	BED SIDE CAROTID DOPPLER STUDY	1500	1500	1800	1880
DOP32	BED SIDE RENAL DOPPLER STUDY	1500	1500	1800	1880

36. RADIOLOGY - MRI SCAN		TARIFF			
CODE	Investigation_Name	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
MRI01	MRA AND MRV OF BRAIN	8650	8650	10380	10820
MRI02	MR ABDOMEN AND ANGIO	8650	8650	10380	10820
MRI03	MRA NECK AND CIRCLE OF WILLIS	8650	8650	10380	10820
MRI04	MR ANGIO BRAIN	5550	5550	6660	6940
MRI05	MR ANGIO (PER.ANG.UPP AND LOW LIMBS)	10500	10500	12600	13130
MRI06	MR BREAST	5550	5550	6660	6940
MRI07	MR CHEST	5550	5550	6660	6940
MRI08	MRCP	3100	3100	3720	3880
MRI09	MRI AND MRA OF BRAIN	8650	8650	10380	10820
MRI10	MRI BODY ANGIO	10500	10500	12600	13130
MRI11	MRI CONTRAST STUDY (1ST SITTING)	3100	3100	3720	3880
MRI12	MRI CONTRAST STUDY ONLY (2ND SITTING)	3710	3710	4460	4640
MRI13	MRI DIFFU AND PERFU IMAGING	9900	9900	11880	12380
MRI14	MRI DIFFUSION IMAGING	3100	3100	3720	3880
MRI15	MRI DOUBLE STUDY	8650	8650	10380	10820
MRI16	MRI FUNCTIONAL	5550	5550	6660	6940
MRI17	MRI JOINT STUDY	5500	5500	6600	6880
MRI18	MRI MUSCULOSKELETAL	4300	4300	5160	5380
MRI19	MRI PELVIS	5550	5550	6660	6940
MRI20	MRI PROSTATE	5550	5550	6660	6940
MRI21	MRI SCREENING CHARGES	2000	2000	2400	2500
MRI22	MRI SELLA PLAIN	5000	5000	6000	6250
MRI23	MRI SELLA PLAIN AND CONTRAST	8000	8000	9600	10000
MRI24	MRI SINGLE STUDY	5500	5500	6600	6880
MRI25	MRI TRIPLE STUDY	11000	11000	13200	13750
MRI26	MRI UPPER ABDOMEN	5550	5550	6660	6940
MRI27	MRI WHOLE ABDOMEN	7500	7500	9000	9380
MRI28	MRI WHOLE SPINE AND BRAIN (4 PARTS)	12300	12300	14760	15380
MRI29	MRI WITH CONTRAST STUDY	8000	8000	9600	10000
MRI30	MR SPECTROSCOPY	5550	5550	6660	6940
MRI31	MR VENOGRAPHY	5550	5550	6660	6940
MRI32	MR TRACTOGRAPHY	5000	5000	6000	6250
MRI33	MRI DBS PROTOCOL	8000	8000	9600	10000
MRI34	OUTSIDE MRI REPORTING CHARGES	500	500	600	630
MRI35	MRI BRAIN SCREENING CHARGES	2000	2000	2400	2500
MRI36	MRI WHOLE SPINE SCREENING CHARGES	2000	2000	2400	2500
MRI37	MRI CERVICAL SPINE	5500	5500	6600	6880
MRI38	MRI DORSAL SPINE	5500	5500	6600	6880
MRI39	MRI LUMBAR SPINE	5500	5500	6600	6880
MRI40	MRI SHOULDER JOINT	5500	5500	6600	6880
MRI41	MRI KNEE JOINT	5500	5500	6600	6880
MRI42	MRI HIP JOINTS	5500	5500	6600	6880
MRI43	MRI TM JOINT	5500	5500	6600	6880
MRI44	MRI WRIST JOINT	5500	5500	6600	6880
MRI45	MRI ANKLE JOINT	5500	5500	6600	6880
MRI46	MRI ELBOW JOINT	5500	5500	6600	6880
MRI47	MRI SI JOINTS	5500	5500	6600	6880
MRI48	MRI RENAL ANGIO	5550	5550	6660	6940
MRI49	MRI LOWER LIMB ANGIO	10500	10500	12600	13130
MRI50	MRI RIGHT UPPER LIMB ANGIO	5500	5500	6600	6880
MRI51	MRI LEFT UPPER LIMB ANGIO	5500	5500	6600	6880
MRI52	MRI BRAIN PLAIN	5500	5500	6600	6880
MRI53	MRI BRAIN PLAIN AND CONTRAST	8000	8000	9600	10000
MRI54	MRI INNER EAR PLAIN	5500	5500	6600	6880
MRI55	MRI BRAIN WITH CONTRAST - VESSEL WALL IMAGING	8000	8000	9600	10000

CODE	Investigation_Name	TARIFF			
		OP/OI	IP	SINGLE ROOM	DELUXE ROOM
US01	FISTULOGRAM	700	875	1050	1100
US02	TRANS RECTAL ULTRASOUND	700	875	1050	1100
US03	TRANS VAGINAL ULTRASOUND	700	875	1050	1100
US04	U/S ABDOMEN LOWER	450	560	680	700
US05	U/S ABDOMEN UPPER	450	560	680	700
US06	U/S ABDOMEN WHOLE	450	560	680	700
US07	U/S BRAIN - NEUROSONOGRAM	450	560	680	700
US08	U/S BREAST	450	700	840	880
US09	U/S CHEST	450	560	680	700
US10	U/S FEMALE PELVIS	450	560	680	700
US11	U/S GUIDED ASPIRATION	800	1000	1200	1250
US12	U/S GUIDED BIOPSY	660	825	990	1040
US13	U/S GUIDED FNAC	660	1000	1200	1250
US14	U/S GUIDED KIDNEY BIOPSY	800	1000	1200	1250
US15	U/S JOINT	450	560	680	700
US16	U/S K.U.B.	450	560	680	700
US17	U/S NECK	450	560	680	700
US18	U/S OVULATION STUDY	1500	1800	2160	2250
US19	U/S PREGNANCY/ PELVIS	500	600	720	750
US20	U/S SCROTAL	450	560	680	700
US21	U/S SMALL PARTS	450	560	680	700
US22	U/S THYROID	330	410	500	520
US23	HYSTEOSALPINGOGRAPHY	1200	1200	1440	1500
US24	U/S ANTENATAL SCAN	500	600	720	750
US25	U/S ABDOMEN WITH CONTRAST	1450	1850	2220	2320
US26	U/S NECK WITH CONTRAST	1450	1850	2220	2320
US27	U/S FOLLICULAR STUDIES	1500	2000	2400	2500
US28	U/S TIFFA SCAN	1000	1500	1800	1880
US29	BED SIDE ULTRASOUND ABDOMEN WHOLE	1000	1000	1200	1250
US30	BED SIDE ULTRASOUND NECK	1000	1000	1200	1250
US31	BED SIDE ULTRASOUND CHEST	1000	1000	1200	1250
US32	BED SIDE ULTRASOUND GUIDED PROCEDURES	1500	1500	1800	1880
US33	BED SIDE ULTRASOUND SMALL PARTS/ SCROTUM	1000	1000	1200	1250
US34	ULTRASOUND GUIDED THROMBOLYSIS	1000	1000	1200	1250

CODE	Investigation_Name	TARIFF			
		OP/OI	IP	SINGLE ROOM	DELUXE ROOM
XR001	ABDOMEN IN ERECT POSITION	400	500	600	630
XR002	ANKLE JOINT AP	400	500	600	630
XR003	ANKLE JOINT AXIAL VIEW	400	500	600	630
XR004	ARM [HUMERUS] AP AND LAT VIEW LT	400	500	600	630
XR005	BARIUM ENEMA DOUBLE CONTRAST	1250	1600	1920	2000
XR006	BARIUM MEAL DOUBLE CONTRAST	1250	1600	1920	2000
XR007	BARIUM MEAL FOLLOW THROUGH	1250	1600	1920	2000
XR008	BARIUM MEAL STUDY STOMACH DUODENUM	1250	1600	1920	2000
XR009	BASE OF SKULL AXIAL VIEW	400	500	600	630
XR010	BEDSIDE X-RAY	500	750	900	940
XR011	BLADDER 1 FILMAXIAL VIEW	400	500	600	630
XR012	BOTH HIP JOINTS AP	400	500	600	630
XR013	BOTH TEMPERO - MANDIBULAR JOINTS CLOS	400	500	600	630
XR014	C1 AND C2 OPEN MOUTH VIEW	400	500	600	630
XR015	CERVICAL SPINE AP VIEW	400	500	600	630
XR016	CERVICAL SPINE LATERAL EXTENSION	400	500	600	630
XR017	CERVICAL SPINE LATERAL NEUTRAL POSITION	400	500	600	630
XR018	CERVICAL SPINE LATERAL VIEW	400	500	600	630
XR019	CERVICAL SPINE LATERAL WITH FLEXION	400	500	600	630
XR020	CERVICAL SPINE LT OBLIQUE VIEW	400	500	600	630
XR021	CERVICAL SPINE RT. OBLIQUE VIEW	400	500	600	630
XR022	CERVICLE CLAVIDE	400	500	600	630
XR023	CHEST EACH OBLIQUE VIEW	400	500	600	630
XR024	CHEST FOR RIBS [WITH BUKY]	400	500	600	630
XR025	CHEST LORDOTIC VIEW	400	500	600	630
XR026	CHEST PA IN DECUBITUS POSITION	400	500	600	630
XR027	COCCYX AP VIEW	400	500	600	630
XR028	COCCYX LATERAL VIEW	400	500	600	630
XR029	CONED VIEW OF SELLA	400	500	600	630
XR030	C.R ABDOMEN IN ERECT POSITION	400	500	600	630
XR031	C.R ANKLE JOINT AP AND LAT VIEW RT	400	500	600	630
XR032	C.R ANKLE JOINT AXIAL VIEW	400	500	600	630
XR033	C.R ARM(HUMERUS) AP AND LATERAL LT.	400	500	600	630
XR034	C.R BARIUM ENEMA DOUBLE CONTRAST	1250	1600	1920	2000
XR035	C.R BARIUM MEAL DOUBLE CONTRAST	1250	1600	1920	2000
XR036	C.R BARIUM MEAL FOLLOW THROUGH	1250	1600	1920	2000
XR037	C.R BARIUM MEAL STUDY STOMACH DUODENUM	1250	1600	1920	2000
XR038	C.R BARIUM SWALLOW	1250	1600	1920	2000
XR039	C.R BASE OF SKULL AXIAL VIEW	400	500	600	630
XR040	C.R BED SIDE X-RAY	500	750	900	940
XR041	C.R BOTH HIP JOINTS AP	400	500	600	630
XR042	C.R BOTH TEMPERO - MANDIBLE JOINTS	400	500	600	630
XR043	C.R C1 AND C2OPEN MOUTH VIEW	400	500	600	630
XR044	C.R CERVICAL SPINE AP VIEW	400	500	600	630
XR045	C.R CERVICAL SPINE LATERAL EXTENTION	400	500	600	630
XR046	C.R CERVICAL SPINE LATERAL NEUTRAL POS	400	500	600	630
XR047	C.R CERVICAL SPINE LATERAL VIEW	400	500	600	630
XR048	C.R CERVICAL SPINE LATERAL WITH FLEXION	400	500	600	630
XR049	C.R CERVICAL SPINE LT. OBLIQUE VIEW	400	500	600	630
XR050	C.R CERVICAL SPINE RT. OBLIQUE VIEW	400	500	600	630
XR051	C.R CHEST EACH OBLIQUE VIEW	400	500	600	630
XR052	C.R CHEST FOR RIBS (WITH BUKY)	400	500	600	630
XR053	C.R CHEST LORDOTIC VIEW	400	500	600	630
XR054	C.R CHEST PA IN DECUBITUS POSITION	400	500	600	630
XR055	C.R CLAVICLE	400	500	600	630
XR056	C.R COCCYX AP VIEW	400	500	600	630
XR057	C.R COCCYX LATERAL VIEW	400	500	600	630

XR058	C.R CONE-DOWN VIEW OF SELLA	400	500	600	630
XR059	C.R CYSTOGRAM (SINGLE FILM)	1250	1600	1920	2000
XR060	C.R DORSAL SPINE AP VIEW	400	500	600	630
XR061	C.R DORSAL SPINE LAT. VIEW	400	500	600	630
XR062	C.R DORSO LUMBAR SPINE AP VIEW	400	500	600	630
XR063	C.R DORSO LUMBAR SPINE LT. VIEW	400	500	600	630
XR064	C.R ELBOW AP AND LATERAL VIEW	400	500	600	630
XR065	C.R ELBOW AXIAL VIEW	400	500	600	630
XR066	C.R FOOT (TARSAL BONES) AP AND LAT VIEW	400	500	600	630
XR067	C.R FOOT TARSAL BONES OBLIQUE EACH	400	500	600	630
XR068	C.R FORE ARM AP AND LAT. VIEW	400	500	600	630
XR069	C.R FORE ARM INCLUDING WRIST (BOTH)	400	500	600	630
XR070	C.R FORE ARM INCLUDING WRIST (SINGLE)	400	500	600	630
XR071	C.R HAND AP AND LATERAL VIEW (BOTH)	400	500	600	630
XR072	C.R HAND AP AND LATERAL VIEW (SINGLE)	400	500	600	630
XR073	C.R HAND OBLIQUE VIEWS (BOTH)	400	500	600	630
XR074	C.R HAND OBLIQUE VIEWS (SINGLE)	400	500	600	630
XR075	C.R HIP AP VIEW (BOTH)	400	500	600	630
XR076	C.R HIP AP VIEW (SINGLE)	400	500	600	630
XR077	C.R HIP LAT VIEW	400	500	600	630
XR078	C.R HYSTERO - SALPINGOGRAM	1500	2000	2400	2500
XR079	C.R INDEX FINGER AP AND LATERAL VIEW	400	500	600	630
XR080	C.R IVP FOR CHILDREN	3000	4000	4800	5000
XR081	C.R I V P [I V U] 3 FILMS	3000	4000	4800	5000
XR082	C.R KNEE JOINT AP AND LATERAL VIEW	400	500	600	630
XR083	C.R KNEE JOINT AXIAL VIEW (BOTH)	400	500	600	630
XR084	C.R KNEE JOINT AXIAL VIEW (SINGLE)	400	500	600	630
XR085	C.R KNEE JOINT TUNNEL VIEW (BOTH)	400	500	600	630
XR086	C.R KNEE JOINT TUNNEL VIEW (SINGLE)	400	500	600	630
XR087	C.R KUB REGION - ADULTS	400	500	600	630
XR088	C.R KUB REGION - CHILDREN	400	500	600	630
XR089	C.R LEG AP AND LAT VIEW (BOTH)	400	500	600	630
XR090	C.R LEG AP AND LAT VIEW (SINGLE)	400	500	600	630
XR091	C.R LT KNEE JOINT AP AND LAT VIEWS	400	500	600	630
XR092	C.R LUMBAR SPINE EACH OBLIQUE VIEW (BOTH)	400	500	600	630
XR093	C.R LUMBAR SPINE EACH OBLIQUE VIEW (SINGLE)	400	500	600	630
XR094	C.R LUMBO SACRAL SPINE AP VIEW	400	500	600	630
XR095	C.R LUMBO SACRAL SPINE LATERAL VIEW	400	500	600	630
XR096	C.R MAMMOGRAPHY SCREENING	1000	1500	1800	1880
XR097	C.R MANDIBLE -LEFT LAT. OBLIQUE VIEW	400	500	600	630
XR098	C.R MANDIBLE-RIGHT LAT. OBLIQUE VIEW	400	500	600	630
XR099	C.R MASTOIDS (BOTH)	400	500	600	630
XR100	C.R MASTOIDS (SINGLE)	400	500	600	630
XR101	C.R NASAL BONES (BOTH)	400	500	600	630
XR102	C.R NASAL BONES (SINGLE)	400	500	600	630
XR103	C.R NECK LATERAL VIEW	400	500	600	630
XR104	C.R OPTIC FORAMINA BOTH (BOTH)	400	500	600	630
XR105	C.R OPTIC FORAMINA BOTH (SINGLE)	400	500	600	630
XR106	C.R PELVIS AP VIEW	400	500	600	630
XR107	C.R PELVIS PA VIEW	400	500	600	630
XR108	C.R PETROUS PARTS OF TEMPORAL BONE (BOTH)	400	500	600	630
XR109	C.R PETROUS PARTS OF TEMPORAL BONE (SINGLE)	400	500	600	630
XR110	C.R RETROGRADE URETHROGRAM [R.G.U]	1200	1500	1800	1880
XR111	C.R RIGHT KNEE JOINT AP AND LATERAL VIEWS	400	500	600	630
XR112	C.R SACRO - COCCYXGEAL REGION LAT. VIEW	400	500	600	630
XR113	C.R SACRO-ILIAC JOINTS OBLIQUE VIEW LT.	400	500	600	630
XR114	C.R SACRO-ILIAC JOINTS OBLIQUE VIEW RT.	400	500	600	630
XR115	C.R SACROILIAC JOINTS PA VIEW	400	500	600	630
XR116	C.R SACRUM AP VIEW	400	500	600	630
XR117	C.R SACRUM LATERAL VIEW	400	500	600	630
XR118	C.R SAILOGRAM	1200	1500	1800	1880

XR119	C.R SCAPULA AP VIEW LT.	400	500	600	630
XR120	C.R SCAPULA AP VIEW RT.	400	500	600	630
XR121	C.R SCAPULA LATERAL VIEW LT.	400	500	600	630
XR122	C.R SCAPULA LATERAL VIEW RT.	400	500	600	630
XR123	C.R SHOULDER AP VIEW RT.	400	500	600	630
XR124	C.R SHOULDER JOINT AP VIEW LT.	400	500	600	630
XR125	C.R SINOGRAM	1200	1500	1800	1880
XR126	C.R SKULL AP VIEW	400	500	600	630
XR127	C.R SKULL ERECT LATERAL VIEW	400	500	600	630
XR128	C.R SKULL LATERAL VIEW	400	500	600	630
XR129	C.R SKULL LATERAL VIEW NASOPHARYNX	400	500	600	630
XR130	C.R SKULL OBLIQUE VIEW TANGENTIAL	400	500	600	630
XR131	C.R SKULL OTHER VIEWS (EACH)	400	500	600	630
XR132	C.R SKULL PA VIEW	400	500	600	630
XR133	C.R SKULL TOWNESS VIEW	400	500	600	630
XR134	C.R STERNO - CLAVICULAR JOINT LT.	400	500	600	630
XR135	C.R STERNO - CLAVICULAR JOINT RT.	400	500	600	630
XR136	C.R STERNUM EACH OBLIQUE VIEW (BOTH)	400	500	600	630
XR137	C.R STERNUM EACH OBLIQUE VIEW (SINGLE)	400	500	600	630
XR138	C.R STERNUM LATERAL VIEW	400	500	600	630
XR139	C.R TEMPERO - MANDIBULAR JOINTS OPEN (BOTH)	400	500	600	630
XR140	C.R TEMPERO - MANDIBULAR JOINTS OPEN (SINGLE)	400	500	600	630
XR141	C.R THIGH (FEMUR) AP VIEW	400	500	600	630
XR142	C.R THIGH (FEMUR) LAT. VIEW	400	500	600	630
XR143	C.R THORACIC INLET AP VIEW	400	500	600	630
XR144	C.R THORACIC INLET LATERAL VIEW	400	500	600	630
XR145	C.R THUMB AP AND LAT VIEWS LT.	400	500	600	630
XR146	C.R THUMB AP AND LAT VIEWS RT.	400	500	600	630
XR147	C.R VOIDING CYSTO URETHROGRAM (M.C.U.L)	1200	1500	1800	1880
XR148	C.R WRIST - CARPAL BONES AP AND LAT LEFT	400	500	600	630
XR149	C.R WRIST - CARPAL BONES AP AND LAT RIGHT	400	500	600	630
XR150	C.R WRIST-CARPAL BONES OBLIQUE VIEW LT.	400	500	600	630
XR151	C.R WRIST-CARPAL BONES OBLIQUE VIEW RT.	400	500	600	630
XR152	C.R X-RAY BONE AGE	400	500	600	630
XR153	C.R X-RAY CHEST AP VIEW	400	500	600	630
XR154	C.R X-RAY CHEST LAT VIEW	400	500	600	630
XR155	C.R X-RAY CHEST PA VIEW	400	500	600	630
XR156	C.R X-RAY CHEST PA VIEW (MHC)	400	500	600	630
XR157	CYSTOGRAM [SINGLE FILM]	1200	1500	1800	1880
XR158	DOUBLE CONTRAST CHARGES	900	1200	1440	1500
XR159	DR BARIUM ENEMA	1250	1600	1920	2000
XR160	DR BARIUM MEAL SERIES	1800	2000	2400	2500
XR161	DR BARIUM SWALLOW	1000	1200	1440	1500
XR162	DR FISTULOGRAM	700	800	960	1000
XR163	DR H.S.GRAM	1500	2000	2400	2500
XR164	DR I.V.P. SERIES	3000	3500	4200	4380
XR165	DR M.C.U.	1200	1500	1800	1880
XR166	DR MYELOGRAM	2000	2500	3000	3130
XR167	DR PTBD	1300	1600	1920	2000
XR168	DR R.G.P.	3000	3500	4200	4380
XR169	DR R.G.U.	1200	1500	1800	1880
XR170	DR SIALOGRAM	1200	1500	1800	1880
XR171	DR SMALL BOWEL ENEMA	1500	2000	2400	2500
XR172	DR X-RAY ANKLE JOINT AP AND LATERAL	400	500	600	630
XR173	DR X-RAY BONE AGE	400	500	600	630
XR174	DR X-RAY CHEST LATERAL VIEW	400	500	600	630
XR175	DR X-RAY CHEST PA	400	500	600	630
XR176	DR X-RAY COCCYX LATERAL VIEW	400	500	600	630
XR177	DR X-RAY C.SPINE AP	400	500	600	630
XR178	DR X-RAY C.SPINE LATERAL	400	500	600	630
XR179	DR X-RAY D.L.SPINE AP	400	500	600	630

XR180	DR X-RAY D.L.SPINE LATERAL	400	500	600	630
XR181	DR X-RAY ELBOW JOINT AP AND LATERAL	400	500	600	630
XR182	DR X-RAY FEMUR AP AND LATERAL	400	500	600	630
XR183	DR X-RAY FOOT AP AND OBLIQUE	400	500	600	630
XR184	DR X-RAY FORE ARM AP AND LATERAL	400	500	600	630
XR185	DR X-RAY HAND AP AND OBLIQUE	400	500	600	630
XR186	DR X-RAY HUMERUS AP AND LATERAL	400	500	600	630
XR187	DR X-RAY KUB	400	500	600	630
XR188	DR X-RAY LEG AP AND LATERAL	400	500	600	630
XR189	DR X-RAY L.SPINE AP	400	500	600	630
XR190	DR X-RAY L.SPINE LATERAL	400	500	600	630
XR191	DR X-RAY MANDIBLE AP	400	500	600	630
XR192	DR X-RAY MANDIBLE LATERAL	400	500	600	630
XR193	DR X-RAY MASTOIDS	400	500	600	630
XR194	DR X-RAY ORBITS	400	500	600	630
XR195	DR X-RAY PELVIS AP VIEW	400	500	600	630
XR196	DR X-RAY PNS	400	500	600	630
XR197	DR X-RAY SHOULDER JOINT AP	400	500	600	630
XR198	DR X-RAY S.I. JOINTS	400	500	600	630
XR199	DR X-RAY SKULL AP	400	500	600	630
XR200	DR X-RAY SKULL LATERAL	400	500	600	630
XR201	DR X-RAY SKULL TOWNER VIEW	400	500	600	630
XR202	DR X-RAY WHOLE SPINE	1200	1500	1800	1880
XR203	DR X-RAY WRIST JOINT AP AND LATERAL	400	500	600	630
XR204	ELBOW AP AND LAT VIEW	400	500	600	630
XR205	ELBOW AXIAL VIEW	400	500	600	630
XR206	FOOT [TARSAL BONES] AP AND LAT VIEW	400	500	600	630
XR207	FOOT TARSAL BONES OBLIQUE EACH	400	500	600	630
XR208	FORE ARM AP AND LAT VIEWS	400	500	600	630
XR209	FORE ARM INCLUDING WRIST	400	500	600	630
XR210	HAND AP AND LATERAL VIEW	400	500	600	630
XR211	HAND OBLIQUE VIEWS	400	500	600	630
XR212	HIP AP VIEW	400	500	600	630
XR213	HIP LAT VIEW	400	500	600	630
XR214	HYSTERO - SALPINGOGRAM	1500	2000	2400	2500
XR215	INDEX FINGER AP AND LAT VIEWS	400	500	600	630
XR216	IVP FOR CHILDREN	3000	4000	4800	5000
XR217	I V P [I V U] 3 FILMS	3000	4000	4800	5000
XR218	KNEE JOINT AP AND LAT VIEW	400	500	600	630
XR219	KNEE JOINT AXIAL VIEW	400	500	600	630
XR220	KNEE JOINT TUNEL VIEW	400	500	600	630
XR221	K U B REGION - ADULTS	400	500	600	630
XR222	K U B REGION - CHILDREN	400	500	600	630
XR223	LEG AP AND LAT VIEW	400	500	600	630
XR224	LT KNEE JOINT AP AND LAT VIEWS	400	500	600	630
XR225	LUMBAR SPINE EACH OBLIQUE VIEW	400	500	600	630
XR226	LUMBO SACRAL SPINE AP VIEW	400	500	600	630
XR227	LUMO SACRAL SINE LATERAL VIEW	400	500	600	630
XR228	MANDIBLE-LEFT LAT OBLIQUE VIEW	400	500	600	630
XR229	MANDIBLE-RIGHT LEFT OBLIQUE VIEW	400	500	600	630
XR230	MASTOIDS	400	500	600	630
XR231	MHC (X-RAY)	400	500	600	630
XR232	NASAL BONES	400	500	600	630
XR233	NECK LATERAL VIEW	400	500	600	630
XR234	OPTIC FOREMENA BOTH	400	500	600	630
XR235	ORBITS	400	500	600	630
XR236	PELVIS A.P. VIEW	400	500	600	630
XR237	PELVIS PA VIEW	400	500	600	630
XR238	PETROUS PART OF TEMPORAL BONE	400	500	600	630
XR239	RETROGRADE URETHROGRAM [R.G.U]	1200	1500	1800	1880
XR240	RT KNEE JOINT AP AND LAT VIEWS	400	500	600	630

XR241	SACRO-COCCYGEAL REGION LAT VIEW	400	500	600	630
XR242	SACRO-ILIAC JOINTS OBLIQUE VIEW LT.	400	500	600	630
XR243	SACRO-ILIAC JOINTS OBLIQUE VIEW RT.	400	500	600	630
XR244	SACROILIAC JOINTS PA VIEW	400	500	600	630
XR245	SACRUM AP VIEW	400	500	600	630
XR246	SACRUM LATERAL VIEW	400	500	600	630
XR247	SAILOGRAM	1200	1500	1800	1880
XR248	SCAPULA AP VIEW LT.	400	500	600	630
XR249	SCAPULA AP VIEW RT.	400	500	600	630
XR250	SCAPULA LATERAL VIEW LT.	400	500	600	630
XR251	SCAPULA LATERAL VIEW RT.	400	500	600	630
XR252	SHOULDER JOINT AP VIEW LT	400	500	600	630
XR253	SHOULDER JOINT AP VIEW RT	400	500	600	630
XR254	SINOGRAM	1200	1500	1800	1880
XR255	SKULL AP VIEW	400	500	600	630
XR256	SKULL ERECT LATERAL VIEW	400	500	600	630
XR257	SKULL LATERAL VIEW	400	500	600	630
XR258	SKULL LATERAL VIEW NASOPHARYNX	400	500	600	630
XR259	SKULL OBLIQUE VIEW TANGENTIAL	400	500	600	630
XR260	SKULL OTHER VIEWS	400	500	600	630
XR261	SKULL PA VIEW	400	500	600	630
XR262	SKULL TOWNES VIEW	400	500	600	630
XR263	STERNO-CLAVICULAR JOINT LT	400	500	600	630
XR264	STERNO-CLAVICULAR JOINT RT	400	500	600	630
XR265	STERNUM EACH OBLIQUE VIEW	400	500	600	630
XR266	STERNUM LATERAL VIEW	400	500	600	630
XR267	TEMPERO-MANDIBULAR JOINTS OPEN	400	500	600	630
XR268	THIGH [FEMUR] AP VIEW RT	400	500	600	630
XR269	THIGH [FEMUR] LAT VIEW LT	400	500	600	630
XR270	THORACIC INLET AP VIEW	400	500	600	630
XR271	THORACIC INLET LATERAL VIEW	400	500	600	630
XR272	THUMB AP AND LAT VIEWS LT.	400	500	600	630
XR273	THUMB AP AND LAT VIEWS RT.	400	500	600	630
XR274	VOIDING CYSTO URETHROGRAM [M.C.U.L]	1200	1500	1800	1880
XR275	WRIST - CARPAL BONES AP AND LAT LEFT	400	500	600	630
XR276	WRIST- CARPAL BONES AP AND LAT RIGHT	400	500	600	630
XR277	WRIST - CARPAL BONES OBILIQUE VIEW LT	400	500	600	630
XR278	WRIST - CARPAL BONES OBILIQUE VIEW RT	400	500	600	630
XR279	X RAY CHEST AP VIEW	400	500	600	630
XR280	X RAY CHEST LAT VIEW	400	500	600	630
XR281	X RAY CHEST PA VIEW	400	500	600	630
XR282	MAMMOGRAPHY SCREENING	1200	1400	1680	1750
XR283	MAMMOGRAM(MCSU) (FOR PINK BUS)	0	NA	NA	NA

CODE	39. RADIOLOGY-IMAGING AND INTERVENTIONAL Procedure_Name	TARIFF			
		OP	IP	SINGLE ROOM	DELUXE ROOM
IIR01	CEREBRAL ANGIOGRAM		8000	9600	10000
IIR02	CEREBRAL ANGIOGRAM WITH 3D - RA		12000	14400	15000
IIR03	AORTOGRAM		8000	9600	10000
IIR04	PERIPHERAL ANGIOGRAM		8000	9600	10000
IIR05	VISCERAL ANGIOGRAM		8000	9600	10000
IIR06	RENAL ANGIOGRAM		8000	9600	10000
IIR07	IVC GRAM		8000	9600	10000
IIR08	SVC GRAM		8000	9600	10000
IIR09	SPINAL ANGIOGRAM		10000	12000	12500
IIR10	PROCEDURE COST	10000	10000	12000	12500
IIR11	BRONCHIAL ARTERY EMBOLISATION (COST OF NIC AND EMBOLISATION MATERIAL EXTRA)		10000	12000	12500
IIR12	CEREBRAL ANEURYSM COILING PROCEDURE (COST OF COILS AND STENT EXTRA)		28600	34320	35750
IIR13	CAROTID-CAVERNOUS FISTULA (CCF) EMBOLISATION (COST OF NIC AND EMBOLISATION MATERIAL EXTRA)		28600	34320	35750
IIR14	CEREBRAL AVM EMBOLISATION (COST OF NIC AND EMBOLISATION MATERIAL EXTRA)		28600	34320	35750
IIR15	PERIPHERAL ANGIOPLASTY (COST OF STENT EXTRA)		28600	34320	35750
IIR16	RENAL ANGIOPLASTY (COST OF STENT EXTRA)		28600	34320	35750
IIR17	PERIPHERAL AVM EMBOLISATION (COST OF NIC AND EMBOLISATION MATERIAL EXTRA)		15000	18000	18750
IIR18	SPINAL AVM EMBOLISATION (COST OF NIC AND EMBOLISATION MATERIAL EXTRA)		15000	18000	18750
IIR19	TUMOR EMBOLISATION (COST OF NIC AND EMBOLISATION MATERIAL EXTRA)		15000	18000	18750
IIR20	SCLEROTHERAPY (COST OF DRUG EXTRA)	5000	6000	7200	7500
IIR21	CHEMO - INFUSION (COST OF DRUG EXTRA)	5000	8000	9600	10000
IIR22	PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAM		4000	4800	5000
IIR23	PERCUTANEOUS BILIARY DRAINAGE (PTBD) (STENT EXTRA)		5000	6000	6250
IIR24	PERCUTANEOUS ABLATION	5000	5000	6000	6250
IIR25	DIGITAL FLUOROSCOPY GUIDED - PTBD	5000	5000	6000	6250
IIR26	DIGITAL FLUOROSCOPY VENOGRAM	5000	5000	6000	6250
IIR27	STEM CELL THERAPY 150M	157715	157715	189260	197150
IIR28	STEM CELL THERAPY 200M	181715	181715	218060	227150
IIR29	PERIPHERAL VENOPLASTY (COST OF STENT EXTRA)		28600	34320	35750
IIR30	STROKE - MECHANICAL THROMBECTOMY		28600	34320	35750
IIR31	MECHANICAL THROMBECTOMY AND THROMBOLYSIS		28600	34320	35750
IIR32	STROKE ASPIRATION		28600	34320	35750
IIR33	AORTIC PLASTY STENTING (COST OF STENT EXTRA)		28600	34320	35750
IIR34	CATHETER DIRECTED THROMBOLYSIS		10000	12000	12500
IIR35	CAROTID ANGIOPLASTY (STENT COST EXTRA)		28600	34320	35750
IIR36	PERCUTANEOUS GASTROSTOMY		10000	12000	12500
IIR37	IVC FILTER INSERTION (COST IVC FILTER EXTRA)		10000	12000	12500
IIR38	TRANS JUGULAR INTRA HEPATIC PORTO SYSTEMIC SHUNT (TIPS PROCEDURE) (STENT COST EXTRA)		28600	34320	35750
IIR39	BALLOON OCCLUDED RETROGRADE TRANSVENOUS OBLITERATION (BRTO)		28600	34320	35750
IIR40	CAROTID ANGIOGRAM		8000	9600	10000
IIR41	FLURO GUIDED PERIPHERALLY INSERTED CENTRAL CATHETER INSERTION		5000	6000	6250
IIR42	IVC FILTER RETRIEVAL		5000	6000	6250
IIR43	VENOGRAM		8000	9600	10000
IIR44	AORTIC STENTING (STENT COST EXTRA)		90000	108000	112500
IIR45	ILIAC STENTING (STENT COST EXTRA)		60000	72000	75000
IIR46	SFA STENTING (STENT COST EXTRA)		90000	108000	112500
IIR47	RADIOLOGY ASSISTANCE		20000	24000	25000
IIR48	COMPLEX IR PROCEDURES		90000	108000	112500
IIR49	DSA		20000	24000	25000

IIR50	USG GUIDED THROMBOLYSIS (COST OF DRUG EXTRA)		3000	3600	3750
IIR51	INTRAPROCEDURAL USG OR DOPPLER CHARGES PER HOUR		2000	2400	2500
IIR52	CATH LAB CHARGES PER HOUR		5000	6000	6250

40. RADIATION ONCOLOGY		TARIFF			
CODE	Investigation_Name	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
RON01	RADIOTHERAPY OR EXTERNAL BEAM THERAPY PER FRACTION/ SITTING	1925	1925	2310	2410
RON02	RADIOTHERAPY PLANNING CHARGES	3575	3575	4290	4470
RON03	RADIOTHERAPY FACE MASK	3575	3575	4290	4470
RON04	BRACHYTHERAPY (DR.YSR AROGYASRI)	16520	16520	19830	20650
RON05	RAY CAST CHARGES	3575	3575	4290	4470
RON06	3D CRT	82500	82500	99000	103130
RON07	PALLIATIVE RT	21000	21000	25200	26250
RON08	RT CT SIMULATOR - ABDOMEN PLAIN	3630	4540	5450	5680
RON09	RT CT SIMULATOR - ABDOMEN PLAIN AND CONTRAST	6160	6160	7400	7700
RON10	RT CT SIMULATOR - PELVIS PLAIN	3630	4540	5450	5680
RON11	RT CT SIMULATOR - PELVIS PLAIN AND CONTRAST	6160	6160	7400	7700
RON12	RT CT SIMULATOR - CHEST PLAIN	3630	4540	5450	5680
RON13	RT CT SIMULATOR - CHEST PLAIN AND CONTRAST	6160	6160	7400	7700
RON14	RT CT SIMULATOR - BRAIN PLAIN	2750	3440	4130	4300
RON15	RT CT SIMULATOR - BRAIN PLAIN AND CONTRAST	4070	5090	6110	6370
RON16	RT CT DIAGNOSTICS - ABDOMEN PLAIN	3630	4540	5450	5680
RON17	RT CT DIAGNOSTICS - ABDOMEN PLAIN AND CONTRAST	6160	6160	7400	7700
RON18	RT CT DIAGNOSTICS - PELVIS PLAIN	3630	4540	5450	5680
RON19	RT CT DIAGNOSTICS - PELVIS PLAIN AND CONTRAST	6160	6160	7400	7700
RON20	RT CT DIAGNOSTICS - CHEST PLAIN	3630	4540	5450	5680
RON21	RT CT DIAGNOSTICS - CHEST PLAIN AND CONTRAST	6160	6160	7400	7700
RON22	RT CT DIAGNOSTICS - BRAIN PLAIN	2750	3440	4130	4300
RON23	RT CT DIAGNOSTICS - BRAIN PLAIN AND CONTRAST	4070	5090	6110	6370
RON24	IMRT	110000	110000	132000	137500
RON25	VMAT	150000	150000	180000	187500
RON26	RT CT SIMULATOR NECK PLAIN	4540	4540	5450	5680
RON27	RT CT SIMULATOR NECK PLAIN AND CONTRAST	6160	6160	7400	7700
RON28	IMAGE GUIDED RADIOTHERAPY (IGRT)	165000	165000	198000	206250
RON29	RAY CAST CHARGES NEW (HEAD AND NECK)	4950	4950	5940	6190
RON30	RAY CAST CHARGES NEW (PELVIS)	4950	4950	5940	6190
RON31	RAY CAST CHARGES NEW (CHEST)	4950	4950	5940	6190
RON32	SHORT COURSE RADIOTHERAPY (FIVE FRACTIONS)	38500	38500	46200	48130
RON33	BRACHYTHERAPY (EHS)	20130	20130	24160	25170
RON34	DRUG ADMINISTRATION CHARGES	440	550	660	690
RON35	INTERSTITIAL BRACHYTHERAPY	40000	40000	48000	50000
RON36	ADJUVANT RT BY 3-DCRT NEW	40000	40000	48000	50000
RON37	FOLLEYS CATHETERISATION		170	210	220
RON38	IV CANNULATION		250	300	320
RON39	MONITOR CHARGES PER DAY		1000	1200	1250
RON40	NEBULISATION CHARGES PER DAY		250	300	320
RON41	OXYGEN CHARGES PER DAY		505	610	640
RON42	PULSE OXIMETER CHARGES		1000	1200	1250
RON43	RYLES TUBE		250	300	320
RON44	SYRINGE PUMP CHARGES PER DAY		500	600	630
RON45	VENTILATOR CHARGES PER DAY		4320	5190	5400
RON46	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
RON47	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
RON48	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
RON49	ET INTUBATION		1000	1200	1250
RON50	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)		1500	1800	1880
RON51	LUMBAR PUNCTURE		1000	1200	1250
RON52	ILBT (INTRA LUMINAL BRACHYTHERAPY)		3000	3600	3750

41. RHEUMATOLOGY		TARIFF		
CODE	PROCEDURE NAME	IP	SINGLE ROOM	DELUXE ROOM
RHE01	INTRA ARTICULAR INJECTION	300	360	380
RHE02	SKIN BIOPSY	1000	1200	1250
RHE03	MINOR SALIVARY GLAND BIOPSY	1000	1200	1250
RHE04	FOLLEYS CATHETERISATION	170	210	220
RHE05	IV CANNULATION	250	300	320
RHE06	MONITOR CHARGES PER DAY	1000	1200	1250
RHE07	NEBULISATION CHARGES PER DAY	250	300	320
RHE08	OXYGEN CHARGES PER DAY	505	610	640
RHE09	PULSE OXIMETER CHARGES	1000	1200	1250
RHE10	RYLES TUBE	250	300	320
RHE11	SYRINGE PUMP CHARGES PER DAY	500	600	630
RHE12	VENTILATOR CHARGES PER DAY	4320	5190	5400
RHE13	VENTILATOR CHARGES FOR 12 HOURS	2160	2600	2700
RHE14	VENTILATOR CHARGES FOR 6 HOURS	1080	1300	1350
RHE15	VENTILATOR CHARGES FOR 3 HOURS	540	650	680
RHE16	ET INTUBATION	1000	1200	1250
RHE17	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)	1500	1800	1880
RHE18	LUMBAR PUNCTURE	1000	1200	1250

	42. SURGICAL GASTROENTEROLOGY	TARIFF			
CODE	Procedure_Name	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
GE001	ABDOMINAL WALL TUMOR EXCISION		15000	18000	18750
GE002	ANTERIOR / POSTERIOR EXENTERATION		17500	21000	21880
GE003	ANTERIOR RESECTION		12500	15000	15630
GE004	CBD EXCISION HEPATICOJEJUNOSTOMY		20000	24000	25000
GE005	CBD EXPLORATION		12500	15000	15630
GE006	CBD EXPLORATION CHOLEDOCHODUODENOSTOMY		15000	18000	18750
GE007	CENTRAL PANCREATECTOMY		40000	48000	50000
GE008	CHOLEDOCHAL CYST EXCISION HEPATICOJEJUNOSTOMY		15000	18000	18750
GE009	COLONIC PULL UP FOR CORROSIVE STRICTURE		20000	24000	25000
GE010	DIAPHRAGMATIC HERNIA REPAIR		15000	18000	18750
GE011	DU PERFORATION CLOSURE		12500	15000	15630
GE012	EPIGASTRIC HERNIA REPAIR		12500	15000	15630
GE013	ENUCLEATION OF PANCREATIC CYST		27500	33000	34380
GE014	FISTULA IN ANO SURGERY		5000	6000	6250
GE015	HARTMAN'S PROCEDURE		12500	15000	15630
GE016	HARTMAN'S REVERSAL		12500	15000	15630
GE017	HELLAR'S CARDIOMYOTOMY		17500	21000	21880
GE018	ILEAL PERFORATION CLOSURE ILEOSTOMY		12500	15000	15630
GE019	ILEOSTOMY CLOSURE		10000	12000	12500
GE020	ILEOSTOMY MUCUS FISTULA		10000	12000	12500
GE021	ILEO TRANSVERSE BYPASS		17500	21000	21880
GE022	INGUINAL / FEMORAL HERNIA REPAIR		11000	13200	13750
GE023	INTRAOP CHOLANGIOGRAM		5000	6000	6250
GE024	LEFT HEMICOLECTOMY		12500	15000	15630
GE025	LEFT HEPATECTOMY		25000	30000	31250
GE026	MALROTATION		12500	15000	15630
GE027	MESENTERIC CYST EXCISION		12500	15000	15630
GE028	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY		10000	12000	12500
GE029	PORTOCAVAL / MESOCAVAL SHUNT		17500	21000	21880
GE030	RETROPERITONEAL TUMOR EXCISION		20000	24000	25000
GE031	RIGHT EXTENDED / LEFT EXTENDED COLECTOMY		12500	15000	15630
GE032	RIGHT HEMICOLECTOMY		12500	15000	15630
GE033	RIGHT HEPATECTOMY		15000	18000	18750
GE034	RIGHT / LEFT EXTENDED HEPATECTOMY	12000	25000	30000	31250
GE035	SEGMENTECTOMY	9000	22000	26400	27500
GE036	SIGMOID COLECTOMY	7000	12500	15000	15630
GE037	SLEEVE/ WEDGE RESECTION	7000	12500	15000	15630
GE038	SMALL BOWEL RESECTION	7000	12500	15000	15630
GE039	SPLENECTOMY DEVASCULARIZATION	12000	17500	21000	21880
GE040	SPLENECTOMY SPLENORENAL SHUNT	12000	20000	24000	25000
GE041	STAPLER HAEMORRHOIDOPEXY	3000	7500	9000	9380
GE042	SUB TOTAL COLECTOMY		15000	18000	18750
GE043	SURGERY ABDOMINOPERINEAL RESECTION		15000	18000	18750
GE044	SURGERY ADHESIOLYSIS		12500	15000	15630
GE045	SURGERY ANTERIOR RESECTION WITH LOOP ILEOSTOMY		12500	15000	15630
GE046	SURGERY APPENDICECTOMY (LAP OR OPEN)		10000	12000	12500
GE047	SURGERY CHOLECYSTECTOMY PLUS CBD EXPLORATION		22000	26400	27500
GE048	SURGERY COLONOSCOPY POLYPECTOMY	3000	5000	6000	6250
GE049	SURGERY COLOSTOMY CLOSURE		8000	9600	10000
GE050	SURGERY CYSTO GASTROSTOMY OR CYSTODUODENOSTOMY		15000	18000	18750
GE051	SURGERY CYSTO JEJUNOSTOMY		15000	18000	18750
GE052	SURGERY DIAGNOSTIC LAPROSCOPY		5000	6000	6250
GE053	SURGERY DISTAL GASTRECTOMY		15000	18000	18750
GE054	SURGERY DISTAL PANCREATECOMY		45000	54000	56250
GE055	SURGERY DRAINAGE OF PANCREATIC ABSCESS		15000	18000	18750
GE056	SURGERY DU BLEED-UNDER RUNNING OF BLEEDING (URB)		12500	15000	15630
GE057	SURGERY DU BLEED URB PLUS DEFINITIVE SURGERY		15000	18000	18750

GE058	SURGERY ESOPHAGOGASTRECTOMY		20000	24000	25000
GE059	SURGERY FEEDING JEJUNOSTOMY		15000	18000	18750
GE060	SURGERY FOR HYDATID CYST/ LIVER CYST		12500	15000	15630
GE061	SURGERY FOR SIGMOID VOLVULUS		12500	15000	15630
GE062	SURGERY GASTRO JEJUNOSTOMY/ SLEEVE RES. OF LEIONYOMA		12500	15000	15630
GE063	SURGERY GASTROSTOMY		10000	12000	12500
GE064	SURGERY HEPATICO JEJUNOSTOMY		15000	18000	18750
GE065	SURGERY ILEAL PERFORATION CLOSURE		12500	15000	15630
GE066	SURGERY INCISIONAL HERNIA REPAIR		12500	15000	15630
GE067	SURGERY LAP. CHOLECYSTECTOMY - (CATEGORY - A)		14500	17400	18130
GE068	SURGERY LAP. CHOLECYSTECTOMY - (CATEGORY -B)		15000	18000	18750
GE069	SURGERY LATERAL PANCREATICO - JEJUNOSTOMY		40000	48000	50000
GE070	SURGERY LOOP COLOSTOMY		10000	12000	12500
GE071	SURGERY LOOP ILEOSTOMY (ILEOSTOMY AND DISTAL MUCUS FISTULA)		10000	12000	12500
GE072	SURGERY NISSEN FUNDOPLICATION		17500	21000	21880
GE073	SURGERY PANCREATIC NECROSECTOMY		30000	36000	37500
GE074	SURGERY RADICAL CHOLECYSTECTOMY		25000	30000	31250
GE075	SURGERY RECTOPEXY		20000	24000	25000
GE076	SURGERY SEGMENT III BYPASS		15000	18000	18750
GE077	SURGERY SPLENECTOMY		15000	18000	18750
GE078	SURGERY TOTAL COLECTOMY WITH ILEORECTAL ANASTOMOSIS		15000	18000	18750
GE079	SURGERY TOTAL PROCTOCOLECTOMY		20000	24000	25000
GE080	TOTAL GASTRECTOMY		12500	15000	15630
GE081	TRANSHIATAL ESOPHAGECTOMY WITH COLONIC PULL UP		17500	21000	21880
GE082	TRANSHIATAL ESOPHAGECTOMY WITH GASTRIC PULL UP		15000	18000	18750
GE083	TRANSTHORACIC ESOPHAGECTOMY		25000	30000	31250
GE084	TRIPLE BYPASS (SURGERY)		20000	24000	25000
GE085	TRUNCAL VAGOTOMY GJ		15000	18000	18750
GE086	UMBILICAL HERNIA REPAIR		12500	15000	15630
GE087	WHIPPLE'S PROCEDURE		20000	24000	25000
GE088	WHIPPLE'S PROCEDURE B		25000	30000	31250
GE089	WHIPPLE'S PROCEDURE C		30000	36000	37500
GE090	CBD EXCISION HEPATICOJEJUNOSTOMY B		17500	21000	21880
GE091	CBD EXCISION HEPATICOJEJUNOSTOMY C		20000	24000	25000
GE092	CBD EXPLORATION CHOLEDOCHODUODENOSTOMY B		17500	21000	21880
GE093	CBD EXPLORATION CHOLEDOCHODUODENOSTOMY C		20000	24000	25000
GE094	CHOLEDOCHAL CYST EXCISION HEPATICOJEJUNOSTOMY B		17500	21000	21880
GE095	EPIGASTRIC HERNIA REPAIR B		15000	18000	18750
GE096	EPIGASTRIC HERNIA REPAIR C		17500	21000	21880
GE097	ENUCLEATION OF PANCREATIC CYST B		35000	42000	43750
GE098	ILEO TRANSVERSE BYPASS B		20000	24000	25000
GE099	LEFT HEMICOLECTOMY B		15000	18000	18750
GE100	LEFT HEPATECTOMY B		30000	36000	37500
GE101	LEFT HEPATECTOMY C		35000	42000	43750
GE102	PORTOCAVAL / MESOCAVAL SHUNT B		25000	30000	31250
GE103	PORTOCAVAL / MESOCAVAL SHUNT C		30000	36000	37500
GE104	RIGHT HEPATECTOMY B		20000	24000	25000
GE105	RIGHT HEPATECTOMY C		25000	30000	31250
GE106	RIGHT / LEFT EXTENDED HEPATECTOMY B		27500	33000	34380
GE107	RIGHT / LEFT EXTENDED HEPATECTOMY C		30000	36000	37500
GE108	SPLENECTOMY DEVASCULARIZATION B		22500	27000	28130
GE109	SPLENECTOMY DEVASCULARIZATION C		27500	33000	34380
GE110	SPLENECTOMY SPLENORENAL SHUNT B		22500	27000	28130
GE111	SPLENECTOMY SPLENORENAL SHUNT C		27500	33000	34380
GE112	SURGERY ADHESIOLYSIS B		15000	18000	18750
GE113	SURGERY APPENDICECTOMY (LAP OR OPEN) B		12500	15000	15630
GE114	SURGERY CHOLECYSTECTOMY PLUS CBD EXPLORATION B		17500	21000	21880
GE115	SURGERY DIAGNOSTIC LAPROSCOPY B		10000	12000	12500
GE116	SURGERY DISTAL PANCREATECOMY B		50000	60000	62500
GE117	SURGERY DU BLEED-UNDER RUNNING OF BLEEDING (URB) B		15000	18000	18750

GE118	SURGERY DU BLEED URB PLUS DEFINITIVE SURGERY B		17500	21000	21880
GE119	SURGERY FOR HYDATID CYST/ LIVER CYST B		15000	18000	18750
GE120	SURGERY FOR HYDATID CYST/ LIVER CYST C		17500	21000	21880
GE121	SURGERY HEPATICO JEJUNOSTOMY B		20000	24000	25000
GE122	SURGERY INCISIONAL HERNIA REPAIR B		15000	18000	18750
GE123	SURGERY INCISIONAL HERNIA REPAIR C		17500	21000	21880
GE124	SURGERY LATERAL PANCREATICO - JEJUNOSTOMY B		45000	54000	56250
GE125	SURGERY LATERAL PANCREATICO - JEJUNOSTOMY C		50000	60000	62500
GE126	SURGERY NISSEN FUNDOPLICATION B		20000	24000	25000
GE127	SURGERY PANCREATIC NECROSECTOMY B		40000	48000	50000
GE128	SURGERY RADICAL CHOLECYSTECTOMY B		27500	33000	34380
GE129	SURGERY SPLENECTOMY B		22000	26400	27500
GE130	TRANSHIATAL ESOPHAGECTOMY WITH COLONIC PULLUP B		20000	24000	25000
GE131	TRANSHIATAL ESOPHAGECTOMY WITH COLONIC PULLUP C		22500	27000	28130
GE132	TRANSHIATAL ESOPHAGECTOMY WITH GASTRIC PULLUP B		20000	24000	25000
GE133	TRANSHIATAL ESOPHAGECTOMY WITH GASTRIC PULLUP C		22500	27000	28130
GE134	TRIPLE BYPASS (SURGERY) B		22500	27000	28130
GE135	UMBILICAL HERNIA REPAIR B		15000	18000	18750
GE136	UMBILICAL HERNIA REPAIR C		17500	21000	21880
GE137	LAPAROSCOPIC CAPD CATHETER INSERTION		7500	9000	9380
GE138	SMALL BOWEL RESECTION AND ANASTOMOSIS		12500	15000	15630
GE139	LAPAROSCOPIC TEP		10000	12000	12500
GE140	LAPAROSCOPIC SLEEVE GASTRECTOMY		20000	24000	25000
GE141	EXPLORATORY LAPAROTOMY		7500	9000	9380
GE142	LYMPH NODE BIOPSY (OPEN)	750	1000	1200	1250
GE143	LYMPH NODE BIOPSY (LAPAROSCOPIC)		7500	9000	9380
GE144	RECTAL POLYP EXCISION		5000	6000	6250
GE145	PALLIATIVE GASTRO JEJUNOSTOMY		12500	15000	15630
GE146	VENTRAL HERNIA REPAIR		15000	18000	18750
GE147	EUA AND BIOPSY (EXAMINATION UNDER ANAESTHESIA)		5000	6000	6250
GE148	RE EXPLORATION		10000	12000	12500
GE149	OPEN CHOLECYSTECTOMY		15000	18000	18750
GE150	EXPLORATORY LAPAROTOMY AND BAND RELEASE		12500	15000	15630
GE151	EXTENDED RIGHT HEMICOLECTOMY		15000	18000	18750
GE152	SUBTOTAL GASTRECTOMY		15000	18000	18750
GE153	JEJUNAL PERFORATION CLOSURE		12500	15000	15630
GE154	DIVERSION COLOSTOMY		12500	15000	15630
GE155	EXPLORATORY LAPAROTOMY PLUS PERITONEAL LAVAGE		12500	15000	15630
GE156	LAPAROSCOPIC RECTOPEXY		15000	18000	18750
GE157	LUMBAR HERNIA REPAIR		15000	18000	18750
GE158	CAPD CATHETER REMOVAL		5000	6000	6250
GE159	END ILEOSTOMY		12500	15000	15630
GE160	GJ PLUS JJ		15000	18000	18750
GE161	PRIMARY CLOSURE OF EC FISTULA		12500	15000	15630
GE162	EUA AND DILATATION		5000	6000	6250
GE163	HAEMORRHOIDECTOMY (OPEN)		7500	9000	9380
GE164	HAEMORRHOIDECTOMY (STAPLER)		10000	12000	12500
GE165	EXTENDED LEFT HEMICOLECTOMY		15000	18000	18750
GE166	SPHINCTEROTOMY		5000	6000	6250
GE167	GIST EXCISION		12500	15000	15630
GE168	HARMONIC SCALPEL CHARGES (1 HOUR)		5000	6000	6250
GE169	HARMONIC SCALPEL CHARGES (2 HOURS)		7500	9000	9380
GE170	HARMONIC SCALPEL CHARGES (3 HOURS)		10000	12000	12500
GE171	FOLLEYS CATHETERISATION		170	210	220
GE172	IV CANNULATION		250	300	320
GE173	MONITOR CHARGES PER DAY		1000	1200	1250
GE174	NEBULISATION CHARGES PER DAY		250	300	320
GE175	OXYGEN CHARGES PER DAY		505	610	640
GE176	PULSE OXIMETER CHARGES		1000	1200	1250
GE177	RYLES TUBE		250	300	320
GE178	SYRINGE PUMP CHARGES PER DAY		500	600	630

GE179	VENTILATOR CHARGES PER DAY		4320	5190	5400
GE180	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
GE181	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
GE182	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
GE183	ET INTUBATION		1000	1200	1250
GE184	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)		1500	1800	1880
GE185	LUMBAR PUNCTURE		1000	1200	1250
GE186	RFA (RADIOFREQUENCY ABLATION)		25000	30000	31250
GE187	ECG (SURGICAL GASTRO ENTEROLOGY)		150	180	190
GE188	LIVER TRANSPLANT PROCEDURE (RECIPIENT)		100000	120000	125000
GE189	LIVER TRANSPLANT PROCEDURE (DONOR)		50000	60000	62500
GE190	ORGAN RETRIEVAL CHARGES (LIVER)		200000	NA	NA
GE191	APC (PER SESSION)	10000	10000	12000	12500
GE192	ENDOSCOPIC ULTRASONOGRAPHY (DIAGNOSTIC)	4000	4000	4800	5000
GE193	ENDOSCOPIC ULTRASONOGRAPHY FNB(R)	15000	15000	18000	18750
GE194	ENDOSCOPIC ULTRASONOGRAPHY FNB(N)	25000	25000	30000	31250
GE195	MANOMETRY (ESOPHAGEAL)	2000	2000	2400	2500
GE196	MANOMETRY (ANORECTAL)	3500	3500	4200	4380
GE197	MANOMETRY (BIO FEEDBACK) PER SESSION	500	500	600	630
GE198	CAPSULE ENDOSCOPY	50000	50000	60000	62500
GE199	24HRS PH STUDY (R)	8000	8000	9600	10000
GE200	24HRS PH STUDY (N)	15000	15000	18000	18750
GE201	MAJOR PROCEDURES(FOR AAROGYASRI)		10000	NA	NA
GE202	MINOR PROCEDURES(FOR AAROGYASRI)		5000	NA	NA
GE203	LOCAL PROCEDURES(FOR AAROGYASRI)		2500	NA	NA

CODE	43. SURGICAL ONCOLOGY Procedure_Name	TARIFF			
		OP/OI	IP	SINGLE ROOM	DELUXE ROOM
SO001	3 STAGE ESOPHAGECTOMY		47500	57000	59380
SO002	ABDOMINAL PERINEAL RESECTION		18750	22500	23440
SO003	ADHESIOLYSIS/ STRICTUROPLASTY		10000	12000	12500
SO004	ADRENALECTOMY		18750	22500	23440
SO005	ADRENALECTOMY U/L		25000	30000	31250
SO006	ANTERIOR EXENTERATION		25000	30000	31250
SO007	ANTERIOR RESECTION		13750	16500	17190
SO008	ANTERIOR RESECTION COMPLEX		20000	24000	25000
SO009	APPENDECTOMY		8750	10500	10940
SO010	AXILLARY DISSECTION		8125	9750	10160
SO011	AXILLARY NODE BIOPSY MAJOR		6250	7500	7820
SO012	AXILLARY NODE BIOPSY MINOR		3125	3750	3910
SO013	BILIARY ENTERIC ANASTAMOSIS		22500	27000	28130
SO014	BIOPSY MAJOR		1875	2250	2350
SO015	BIOPSY MAJOR UNDER LOCAL		2500	3000	3130
SO016	BIOPSY MINOR		940	1130	1180
SO017	BIOPSY MINOR UNDER LOCAL		1250	1500	1570
SO018	BIOPSY UNDER GA		1875	2250	2350
SO019	B/L ADRENALECTOMY		32500	39000	40630
SO020	B/L BREAST CONSERVATION		20000	24000	25000
SO021	B/L GROIN DISSECTION		20000	24000	25000
SO022	B/L INGUINAL BLOCK DISSECTION		25000	30000	31250
SO023	B/L MRND		20000	24000	25000
SO024	B/L SELECTIVE NECK DISSECTION		15000	18000	18750
SO025	BONE TUMOR SURGERY		45000	54000	56250
SO026	BONE TUMOR SURGERY (LIMP CONSERVATION WITH PROSTHESIS)		37500	45000	46880
SO027	BREAST RECONSTRUCTION : FREE FLAP		25000	30000	31250
SO028	BREAST RECONSTRUCTION : LD FLAP		16250	19500	20320
SO029	BREAST RECONSTRUCTION : TRAM FLAP		16250	19500	20320
SO030	CAROTID BODY TUMOR EXCISION		16250	19500	20320
SO031	CERVICAL NODE BIOPSY MAJOR		6250	7500	7820
SO032	CERVICAL NODE BIOPSY MINOR		3125	3750	3910
SO033	CHEST WALL TUMOR RESECTION		16250	19500	20320
SO034	CHEST WALL TUMOR RESECTION (MINOR)		8125	9750	10160
SO035	CHOLECYSTECTOMY		11250	13500	14070
SO036	CLOSURE OF INTESTINAL PERFORATION		10000	12000	12500
SO037	CLOSURE OF STOMA		10000	12000	12500
SO038	COLECTOMY (RIGHT/ LEFT-HEMI)		25000	30000	31250
SO039	COLONIC/ INTESTINAL BY PASS		16250	19500	20320
SO040	COLOPLASTY		18750	22500	23440
SO041	COLOSCOPY		625	750	790
SO042	COLOSTOMY/ ILEOSTOMY		10000	12000	12500
SO043	COMPOSITE RESECTION		16250	19500	20320
SO044	COMPOSITE RESECTION AND RECONSTRUCTION (1)		21250	25500	26570
SO045	COMPOSITE RESECTION AND RECONSTRUCTION (2)		25000	30000	31250
SO046	CYSTECTOMY		16250	19500	20320
SO047	CYSTECTOMY PARTIAL		37500	45000	46880
SO048	CYSTECTOMY TOTAL (RADICAL)		50000	60000	62500
SO049	CYTO REDUCTION FOR ADVANCED OVARIAN CANCER/ PERITONEAL MALIGNANCY		25000	30000	31250
SO050	DEBRIDEMENT MAJOR		1250	1500	1570
SO051	DEBRIDEMENT MINOR		625	750	790
SO052	DEFINITIVE PROCEDURE - A		7500	9000	9380
SO053	DEFINITIVE PROCEDURE - B		12500	15000	15630
SO054	DEFINITIVE PROCEDURE - C		17500	21000	21880
SO055	DILATATION AND CURETTAGE		3125	3750	3910

SO056	DIRECT LARYNGOSCOPY AND BIOPSY		3125	3750	3910
SO057	DISARTICULATION MAJOR		16250	19500	20320
SO058	DISTAL GASTRECTOMY		12500	15000	15630
SO059	DISTAL PANCREATECTOMY		18750	22500	23440
SO060	DRESSING MAJOR/ SUTURE REMOVAL MAJOR	500	625	750	790
SO061	DRESSING MINOR/ SUTURE REMOVAL	100	250	300	320
SO062	EMASCULATION		13125	15750	16410
SO063	ENDOCERVICAL CURETTAGE UNDER LA		375	450	470
SO064	ESOPHAGECTOMY ANY TYPE		18750	22500	23440
SO065	ESOPHAGECTOMY COMPLEX 1		56250	67500	70320
SO066	ESOPHAGECTOMY COMPLEX 2		81250	97500	101570
SO067	EXAMINATION UNDER ANAESTHESIA		2500	3000	3130
SO069	EXCISION		1250	1500	1570
SO070	EXCISION AND RECONSTRUCTION		16250	19500	20320
SO071	EXPLORATION AND BIOPSY ONLY		10000	12000	12500
SO072	EXPLORATION ONLY A		3440	4130	4300
SO073	EXPLORATION ONLY B		16875	20250	21100
SO074	EXPLORATORY LAPAROTOMY		13750	16500	17190
SO075	FEEDING GASTROSTOMY/ JEJUNOSTOMY		12500	15000	15630
SO076	FERTILITY SPARING SURGERY		12500	15000	15630
SO077	FIBROADENOMA COMPLEX MULTIPLE		3125	3750	3910
SO078	FIBROADENOMA EXCISION SIMPLE		1560	1880	1950
SO079	FOREHEAD FLAP		13750	16500	17190
SO080	FORE QUARTER AMPUTATION/ HIND QUARTER		32500	39000	40630
SO081	FREE FLAP		31250	37500	39070
SO082	FREE FLAP/ COMPLEX FLAP		25000	30000	31250
SO083	FREE JEJUNAL FLAP		25000	30000	31250
SO084	FULL THICKNESS BUCCAL MUCOSA RESECTION AND RECONSTRUCTION		31250	37500	39070
SO085	GASTRIC PULL UP		16875	20250	21100
SO086	GASTRO JEJUNOSTOMY		25000	30000	31250
SO087	HEMIGLOSSECTOMY		15000	18000	18750
SO088	HEMIMANDIBULECTOMY/ SEGMENTAL MANDIBULECTOMY		11875	14250	14850
SO089	HEMI THYROIDECTOMY		10000	12000	12500
SO090	HEPATECTOMY LOBAR		30000	36000	37500
SO091	HEPATECTOMY, SEGMENTAL		22500	27000	28130
SO092	HYSTERECTOMY ONLY		8750	10500	10940
SO093	ICD DRAINAGE		2500	3000	3130
SO094	IIEOSTOMY/ COLOSTOMY CLOSURE		8125	9750	10160
SO095	ILEAL / COLORIC POUCH		16875	20250	21100
SO096	ILEAL CONDUIT/ COLONIC CONDUIT		16250	19500	20320
SO097	ILEO-INGUINAL BLOCK DISSECTION		15000	18000	18750
SO098	ILIOINGUINAL BLOCK DISSECTION B/L		16250	19500	20320
SO099	ILIOINGUINAL BLOCK DISSECTION U/L		15000	18000	18750
SO100	INCISION AND DRAINAGE UNDER GA		1250	1500	1570
SO101	INCISION AND DRAINAGE UNDER LA		625	750	790
SO102	INFRACOLIC OMENTECTOMY		7500	9000	9380
SO103	IVOR-LEVIS ESOPHAGECTOMY		41250	49500	51570
SO104	JEJUNOJEJUNOSTOMY		15000	18000	18750
SO105	LAPAROSCOPE USE - 2		10000	12000	12500
SO106	LAPAROTOMY AND BIOPSY		10000	12000	12500
SO107	LOBECTOMY		28750	34500	35940
SO108	LOCAL FLAP		1560	1880	1950
SO109	LYMPHNODE BIOPSY MAJOR		10000	12000	12500
SO110	LYMPHNODE BIOPSY MINOR		8125	9750	10160
SO111	LYMPHNODE BIOPSY/ SAMPLING		5000	6000	6250
SO112	MAJOR AMPUTATION		11875	14250	14850
SO113	MAJOR BIOPSY A		3440	4130	4300
SO114	MAJOR BIOPSY B		10000	12000	12500
SO115	MAJOR EXCISION		1875	2250	2350
SO116	MAJOR HEPATECTOMY		37500	45000	46880
SO117	MAJOR MANDIBLE RECONSTRUCTION		37500	45000	46880

SO118	MAJOR MULTIPLE ORGAN RESECTION		38750	46500	48440
SO119	MARGINAL MANDIBULECTOMY COMPLEX		31250	37500	39070
SO120	MARGINAL MANDIBULECTOMY SIMPLE		16250	19500	20320
SO121	MASTECTOMY PLUS AXILLARY DISSECTION		8750	10500	10940
SO122	MAXILLECTOMY PARTIAL		10000	12000	12500
SO123	MAXILLECTOMY SUBTOTAL		15000	18000	18750
SO124	MAXILLECTOMY WITH ORBITAL EXENTERATION		16250	19500	20320
SO125	MEDIASTINAL TUMORS		13750	16500	17190
SO126	METASTATECTOMY MULTIPLE		35000	42000	43750
SO127	METASTATECTOMY SOLITARY		30000	36000	37500
SO128	MINOR AMPUTATION		9375	11250	11720
SO129	MINOR BIOPSY A		1560	1880	1950
SO130	MINOR BIOPSY B		8125	9750	10160
SO131	MODIFIED RADICAL MASTECTOMY		11625	13950	14540
SO132	MODIFIED RND		15000	18000	18750
SO133	MULTIPLE SEGMENTAL RESECTION AND ANASTOMOSES		37500	45000	46880
SO134	MYOCUTANEOUS FLAP OMENTAL FLAP		16250	19500	20320
SO135	NECK DISSECTION UNSPECIFIED		6250	7500	7820
SO136	NEPHRECTOMY PARTIAL		20000	24000	25000
SO137	NEPHRECTOMY TOTAL		25000	30000	31250
SO138	NEPHRO URETERECTOMY		31250	37500	39070
SO139	OMENTAL FLAP		12500	15000	15630
SO140	OMENECTOMY - PARTIAL		9375	11250	11720
SO142	OMENECTOMY - TOTAL		12500	15000	15630
SO143	ORAL RESECTION		8750	10500	10940
SO144	ORBITAL EXENTERATION		13750	16500	17190
SO145	ORCHIDECTOMY B/L A		5625	6750	7040
SO146	ORCHIDECTOMY B/L B		13125	15750	16410
SO147	ORCHIDECTOMY U/L A		3750	4500	4690
SO148	ORCHIDECTOMY U/L B		10000	12000	12500
SO149	OVARIAN TRANSPOSITION B/L		11250	13500	14070
SO150	OVARIAN TRANSPOSITION U/L		8125	9750	10160
SO151	PALLIATIVE BY PASS/ ILEO-TRANSVERSE COLOSTOMY		18750	22500	23440
SO152	PARA AORTIC NODE DISSECTION		10000	12000	12500
SO153	PARATHYROIDECTOMY		11250	13500	14070
SO154	PARTIAL CYTO REDUCTION		12500	15000	15630
SO155	PARTIAL GLOSSECTOMY		10000	12000	12500
SO156	PARTIAL LARYNGECTOMY		16250	19500	20320
SO157	PARTIAL LARYNGECTOMY AND NECK DISSECTION		18750	22500	23440
SO158	PEDICLED/ LOCAL FLAP		10000	12000	12500
SO159	PEDICLED MYOCUTANEOUS FLAP		17500	21000	21880
SO160	PELVIC FLOOR REPAIR		12500	15000	15630
SO161	PELVIC NODE DISSECTION		26250	31500	32820
SO162	PELVIC NODE DISSECTION B/L		10000	12000	12500
SO163	PELVIC NODE DISSECTION U/L		8125	9750	10160
SO164	PENECTOMY ANY TYPE		25000	30000	31250
SO165	PENECTOMY PARTIAL		13750	16500	17190
SO166	PENECTOMY TOTAL		17500	21000	21880
SO167	PERITONEAL BIOPSY		8125	9750	10160
SO168	PHARYNGOLARYNGECTOMY		16250	19500	20320
SO169	PMMC FLAP / LD FLAP		18750	22500	23440
SO170	PNEUMONECTOMY		25000	30000	31250
SO171	POSTERIOR EXENTERATION		31250	37500	39070
SO172	RADICAL CHOLECYSTECTOMY		23750	28500	29690
SO173	RECONSTRUCTION - 1		8750	10500	10940
SO174	RECONSTRUCTION - 2		13750	16500	17190
SO175	RE EXPLORATION A		3440	4130	4300
SO176	REEXPLORATION B		16250	19500	20320
SO177	REPAIR OF CYSTOCELE/ RECTOCELE		8750	10500	10940
SO178	RESUTURING MAJOR A		2500	3000	3130
SO179	RESUTURING MAJOR B		1250	1500	1570

SO180	RESUTURING MAJOR C		5000	6000	6250
SO181	RESUTURING MAJOR D		3125	3750	3910
SO182	RESUTURING MINOR A		625	750	790
SO183	RESUTURING MINOR B		1560	1880	1950
SO184	RESUTURING MINOR C		1250	1500	1570
SO185	RETRO PERITONEAL TUMOR EXCISION MAJOR		16250	19500	20320
SO186	RETRO PERITONEAL TUMOR EXCISION SUPRA MAJOR		25000	30000	31250
SO187	ROUX-EN-Y ESOPHAGO/ GASTRO JEJUNOSTOMY		26250	31500	32820
SO188	RPLND B/L		18750	22500	23440
SO189	RPLND/ MODIFIED RPLND		25000	30000	31250
SO190	SACRAL RESECTION		27500	33000	34380
SO191	SALPHINGO OOPHERECTOMY B/L		17500	21000	21880
SO192	SALPHINGO OOPHERECTOMY U/L		15000	18000	18750
SO193	SECONDARY CYTOREDUCTION		16250	19500	20320
SO194	SEGMENTAL INTESTINAL RESECTION AND RECONSTRUCTION		25000	30000	31250
SO195	SELECTIVE NECK DISSECTION		10000	12000	12500
SO196	SENTINEL NODE BIOPSY A		4690	5630	5870
SO197	SENTINEL NODE BIOPSY B		12500	15000	15630
SO198	SENTINEL NODE BIOPSY C		3125	3750	3910
SO199	SIMPLE EXCISION		625	750	790
SO200	SIMPLE MASTECTOMY		10000	12000	12500
SO201	SKIN GRAFTING		3440	4130	4300
SO202	SKIN TUMOR EXCISION AND RECONSTRUCTION		11875	14250	14850
SO203	SKIN TUMOR EXCISION MAJOR		10000	12000	12500
SO204	SKIN TUMOR EXCISION MINOR		5000	6000	6250
SO205	SLEEVE RESECTION OF LUNG		50000	60000	62500
SO206	SOFT TISSUE TUMOR EXCISION MAJOR		8750	10500	10940
SO207	SOFT TISSUE TUMOR EXCISION MINOR A		8750	10500	10940
SO208	SOFT TISSUE TUMOR EXCISION MINOR B		5625	6750	7040
SO209	SPLENECTOMY		17500	21000	21880
SO210	SSG MAJOR		4690	5630	5870
SO211	SSG MINOR		3125	3750	3910
SO212	STAGING FOR OVARIAN MALIGNANCY		21250	25500	26570
SO213	SUBMANDIBULAR GLAND EXCISION		11250	13500	14070
SO214	SUBTOTAL COLECTOMY		32500	39000	40630
SO215	SUBTOTAL GASTRECTOMY		15625	18750	19540
SO216	SUPERFICIAL INQUINAL/ AXILLARY DISSECTION		6875	8250	8600
SO217	SUPERFICIAL PAROTIDECTOMY		10625	12750	13290
SO218	SUPRACLAVICULAR NODE BIOPSY		3125	3750	3910
SO219	SUTURE REMOVAL MAJOR		5000	6000	6250
SO220	SUTURE REMOVAL MINOR	200	250	300	320
SO221	TAH PLUS BLSO		11250	13500	14070
SO222	TAH SO (U/L)		10000	12000	12500
SO223	TELELARYNGOSCOPY		1250	1500	1570
SO224	THYROIDECTOMY WITH NECK DISSECTION		23125	27750	28910
SO225	TOE AMPUTATION/ DISARTICULATION		3125	3750	3910
SO226	TOTAL ABDOMINAL HYSTERECTOMY RADICAL		17500	21000	21880
SO227	TOTAL ABDOMINAL HYSTERECTOMY SIMPLE		15000	18000	18750
SO228	TOTAL COLECTOMY/ PROCRO COLECTOMY		40000	48000	50000
SO229	TOTAL EXENTERATION		50000	60000	62500
SO230	TOTAL GASTRECTOMY		25000	30000	31250
SO231	TOTAL GLOSSECTOMY		16875	20250	21100
SO232	TOTAL LARYNGECTOMY		25000	30000	31250
SO233	TOTAL LARYNGECTOMY AND NECK DISSECTION		31250	37500	39070
SO234	TOTAL MAXILLECTOMY		16250	19500	20320
SO235	TOTAL PANCREATECTOMY		47500	57000	59380
SO236	TOTAL PARATHYROIDECTOMY		16875	20250	21100
SO237	TOTAL PAROTIDECTOMY		15000	18000	18750
SO238	TOTAL PHARYNGOLARYNGECTOMY		37500	45000	46880
SO239	TOTAL THYROIDECTOMY		15000	18000	18750
SO240	TRACHEOSTOMY A		2500	3000	3130

SO241	TRACHEOSTOMY B		1875	2250	2350
SO242	TRANS HIATAL ESOPHAGECTOMY		37500	45000	46880
SO243	TRIPLE BYPASS - 1		40000	48000	50000
SO244	TRIPLE BYPASS - 2		31250	37500	39070
SO245	TRUCUT BIOPSY		625	750	790
SO246	U/L GROIN DISSECTION		11250	13500	14070
SO247	UNDEFINED MAJOR		7500	9000	9380
SO248	UNDEFINED MINOR		3125	3750	3910
SO249	UNDEFINED SUPRA MAJOR		16250	19500	20320
SO250	UNSPECIFIED MAJOR A		10000	12000	12500
SO251	UNSPECIFIED MAJOR B		16250	19500	20320
SO252	UNSPECIFIED MAJOR C		12500	15000	15630
SO253	UNSPECIFIED MAJOR D		31250	37500	39070
SO254	UNSPECIFIED MAJOR E		6250	7500	7820
SO255	UNSPECIFIED MINOR A		5625	6750	7040
SO256	UNSPECIFIED MINOR B		8750	10500	10940
SO257	UNSPECIFIED MINOR C		7500	9000	9380
SO258	UNSPECIFIED MINOR D		16250	19500	20320
SO259	UNSPECIFIED MINOR E		3125	3750	3910
SO260	UNSPECIFIED SUPRA MAJOR		25000	30000	31250
SO261	URETERIC REIMPLANTATION		30000	36000	37500
SO262	URETERIC REPAIR		10000	12000	12500
SO263	URINARY DIVERSION		25000	30000	31250
SO264	USE OF LAPAROSCOPE A		2500	3000	3130
SO265	USE OF LAPAROSCOPE B		6250	7500	7820
SO266	VAGINAL HYSTERECTOMY COMPLEX		16250	19500	20320
SO267	VAGINAL HYSTERECTOMY SIMPLE		12500	15000	15630
SO268	VAGINAL RECONSTRUCTION		25000	30000	31250
SO269	VULVECTOMY PARTIAL		12500	15000	15630
SO270	VULVECTOMY TOTAL/ VAGINECTOMY		18750	22500	23440
SO271	WEDGE HEPATECTOMY		12500	15000	15630
SO272	WHIPLES PANCREATICODUODENECTOMY		43750	52500	54690
SO273	WIDE EXCISION A		15000	18000	18750
SO274	WIDE EXCISION B		22750	27300	28440
SO275	WIDE EXCISION C		7500	9000	9380
SO276	WIDE EXCISION AND MARGINAL MANDIBULECTOMY		18750	22500	23440
SO277	WIDE EXCISION AND RECONSTRUCTION MAJOR		12500	15000	15630
SO278	WIDE EXCISION AND RECONSTRUCTION MINOR		11250	13500	14070
SO279	WIDE EXCISION/ AXILLARY DISSECTION		10625	12750	13290
SO280	WIDE EXCISION COMPLEX		5000	6000	6250
SO281	WIDE EXCISION/ LUMPECTOMY SIMPLE		3125	3750	3910
SO282	WIDE EXCISION PLUS RECONSTRUCTION MINOR		24375	29250	30470
SO283	WIDE EXCISION PLUS SSG		20000	24000	25000
SO284	WIDE EXCISION RECONSTRUCTION MAJOR		31250	37500	39070
SO285	NASO PHARYNGOSCOPY LA		500	600	630
SO286	NASO PHARYNGO LARYNGOSCOPY LA		750	900	940
SO287	AMPUTATION (MAJOR)		8000	9600	10000
SO288	AMPUTATION (MINOR)		5000	6000	6250
SO289	AXILLARY DISSECTION LEVELS I-II		5000	6000	6250
SO290	BONE BIOPSY UNDER GA		2500	3000	3130
SO291	BOWEL RESECTION AND ANASTOMOSIS		7500	9000	9380
SO292	BREAST CONSERVATION/ONCOPLASTY SURGERY TYPE I		6000	7200	7500
SO293	BREAST CONSERVATION/ONCOPLASTY SURGERY TYPE II		10000	12000	12500
SO294	CHEMOPORT INSERTION		5000	6000	6250
SO295	CHEST WALL TUMOR - RESECTION AND RECONSTRUCTION		15000	18000	18750
SO296	CHOLECYSTECTOMY RADICAL		15000	18000	18750
SO297	CHOLECYSTECTOMY SIMPLE		6000	7200	7500
SO298	COLECTOMY ANY TYPE		10000	12000	12500
SO299	CRANIUM RESECTION		17500	21000	21880

SO300	CYTOREDUCTIVE SURGERY FOR OVARIAN CANCER-ADVANCED STAGE		15000	18000	18750
SO301	DIAGNOSTIC LAPAROSCOPY		5000	6000	6250
SO302	EVALUATION UNDER ANAESTHESIA		3000	3600	3750
SO303	FASCIOCUTANEOUS FLAP		7500	9000	9380
SO304	GASTRECTOMY ANY TYPE		10000	12000	12500
SO305	GLOSSECTOMY ANY TYPE		10000	12000	12500
SO306	HEPATECTOMY ANY TYPE		15000	18000	18750
SO307	HIGH INGUINAL ORCHIDECTOMY BILATERAL		10000	12000	12500
SO308	HIGH INGUINAL ORCHIDECTOMY UNILATERAL		6000	7200	7500
SO309	HIPEC (HYPERThERMIC INTRAPERITONEAL CHEMOTHERAPY)		10000	12000	12500
SO310	INTESTINAL RESECTION AND ANASTOMOSIS COMPLEX		15000	18000	18750
SO311	INTESTINAL RESECTION AND ANASTOMOSIS SIMPLE		10000	12000	12500
SO312	LAPAROSCOPIC CHOLECYSTECTOMY		7500	9000	9380
SO313	LAPAROSCOPIC APPENECTOMY		7500	9000	9380
SO314	LAPAROSCOPIC DIVERSION COLOSTOMY		6000	7200	7500
SO315	LAPAROSCOPIC HYSTERECTOMY (A)		7500	9000	9380
SO316	LAPAROSCOPIC HYSTERECTOMY (B)		15000	18000	18750
SO317	LAPAROTOMY INOPERABLE DISEASE		5000	6000	6250
SO318	LARYNGECTOMY ANY TYPE COMPLEX		15000	18000	18750
SO319	LARYNGECTOMY ANY TYPE SIMPLE		10000	12000	12500
SO320	LEFT COLECTOMY		8000	9600	10000
SO321	LEFT EXTENDED HEMICOLECTOMY		12000	14400	15000
SO322	LOCAL ROTATION FLAP		3000	3600	3750
SO323	LOCOREGIONAL FLAP		5000	6000	6250
SO324	LUNG RESECTION : PNEUMONECTOMY		25000	30000	31250
SO325	LUNG RESECTION : SEGMENTECTOMY		15000	18000	18750
SO326	LUNG RESECTION: LOBECTOMY		20000	24000	25000
SO327	MASTECTOMY ANY TYPE - LARGE/ COMPLEX		7500	9000	9380
SO328	MASTECTOMY ANY TYPE - SIMPLE		5000	6000	6250
SO329	MAXILLECTOMY ANY TYPE		10000	12000	12500
SO330	MEDIASTINAL TUMORS (EXCISION) MAJOR		20000	24000	25000
SO331	MEDIASTINAL TUMORS (EXCISION) MINOR		10000	12000	12500
SO332	MICROVASCULAR FLAP ANY TYPE		15000	18000	18750
SO333	NECK DISSECTION ANY TYPE UNITLATERAL		7000	8400	8750
SO334	NECK DISSECTION ANY TYPE BILATERAL		12500	15000	15630
SO335	NEPHRECTOMY ANY TYPE		10000	12000	12500
SO336	PANCREATICODUODENECTOMY (WHIPPLES)		25000	30000	31250
SO337	PARATHYROIDECTOMY MULTIPLE GLANDS		10000	12000	12500
SO338	PARATHYROIDECTOMY SIMPLE GLANDS		7500	9000	9380
SO339	PAROTIDECTOMY ANY TYPE		7500	9000	9380
SO340	PARTIAL AMPUTATION OF PENIS		6000	7200	7500
SO341	PARTIAL CYSTECTOMY FOR URINARY BLADDER TUMORS		5000	6000	6250
SO342	PELVIC EXENTERATION ANY TYPE		17500	21000	21880
SO343	RADIAL ARTERY FORE ARM FLAP FREE		15000	18000	18750
SO344	RADIAL ARTERY FORE ARM FLAP PEDICLED		10000	12000	12500
SO345	RADICAL HYSTERECTOMY COMPLEX		15000	18000	18750
SO346	RADICAL HYSTERECTOMY SIMPLE		10000	12000	12500
SO347	RETROPERITONEAL LYMPHNODE DISSECTION		15000	18000	18750
SO348	RIB RESECTION		5000	6000	6250
SO349	RIGHT EXTENDED HEMICOLECTOMY		12000	14400	15000
SO350	RIGHT HEMICOLECTOMY		8000	9600	10000
SO351	SACROCOCYGEAL RESECTION		12500	15000	15630
SO352	SALPHINGOOPHORECTOMY ANY TYPE		10000	12000	12500
SO353	SUPERFICIAL INGUINAL DISSECTION UNILATERAL		5000	6000	6250
SO354	STAGING FOR OVARY CANCER - EARLY STAGE		12500	15000	15630
SO355	STERNAL RESECTION		10000	12000	12500
SO356	STERNOTOMY		5000	6000	6250
SO357	STOMA (COLOSTOMY/ ILEOSTOMY) CLOSURE SIMPLE		5000	6000	6250
SO358	STOMA (COLOSTOMY/ ILEOSTOMY) CLOSURE COMPLEX		7500	9000	9380
SO359	STOMA SURGERY (COLOSTOMY/ ILEOSTOMY)		5000	6000	6250
SO360	SUPERFICIAL AND DEEP INGUINAL DISSECTION BILATERAL		12000	14400	15000

SO361	SUPERFICIAL AND DEEP INGUINAL DISSECTION UNILATERAL		7000	8400	8750
SO362	SUPERFICIAL INGUINAL DISSECTION BILATERAL		10000	12000	12500
SO363	THORACOSCOPIC SURGERY		8000	9600	10000
SO364	THYROIDECTOMY ANY TYPE		7500	9000	9380
SO365	TOTAL AMPUTATION OF PENIS		10000	12000	12500
SO366	TOTAL CYSTECTOMY WITH URINARY CONDUIT		10000	12000	12500
SO367	TRACHEOPHARYNGO LARYNGO OESOPHAGECTOMY (TPLO)		25000	30000	31250
SO368	TUMORS AROUND KNEE BONE RESECTION AND IMPLANT		15000	18000	18750
SO369	TUMORS AROUND KNEE BONE RESECTION AND IMPLANT COMPLEX		20000	24000	25000
SO370	VATS PLURODESIS		6000	7200	7500
SO371	VIDEO ASSISTED THORACOSCOPIC SURGERY(VATS) DIAGNOSTIC		5000	6000	6250
SO372	VOICE PROSTHESIS		5000	6000	6250
SO373	WIDE EXCISION AND AXILLARY DISSECTION		10000	12000	12500
SO374	ISOLATED LIMB PERFUSION/ INFUSION		15000	18000	18750
SO375	POPIETAL NODE DISSECTION		8000	9600	10000
SO376	OMENTOPLASTY		10000	12000	12500
SO377	FOLLEYS CATHETERISATION		170	210	220
SO378	IV CANNULATION		250	300	320
SO379	MONITOR CHARGES PER DAY		1000	1200	1250
SO380	NEBULISATION CHARGES PER DAY		250	300	320
SO381	OXYGEN CHARGES PER DAY		505	610	640
SO382	PULSE OXIMETER CHARGES		1000	1200	1250
SO383	RYLES TUBE		250	300	320
SO384	SYRINGE PUMP CHARGES PER DAY		500	600	630
SO385	VENTILATOR CHARGES PER DAY		4320	5190	5400
SO386	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
SO387	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
SO388	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
SO389	ET INTUBATION		1000	1200	1250
SO390	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)		1500	1800	1880
SO391	LUMBAR PUNCTURE		1000	1200	1250
SO392	MECKELS DIVERTICULECTOMY		5000	6000	6250
SO393	RFA (RADIOFREQUENCY ABLATION) SINGLE OR SMALL TUMORS		25000	30000	31250
SO394	RFA (RADIOFREQUENCY ABLATION) LARGE OR MULTIPLE TUMORS		35000	42000	43750
SO395	RFA (RADIOFREQUENCY ABLATION) SIMPLE OR SUPERFICIAL TUMORS		20000	24000	25000
SO396	RFA (RADIOFREQUENCY ABLATION) COMPLEX OR DEEP TUMORS		40000	48000	50000

CODE	44. TB & RD	TARIFF			
	Procedure_Name	OP	IP	SINGLE ROOM	DELUXE ROOM
TBRD01	BASIC BRONCHOSCOPY	1500	1500	1800	1880
TBRD02	PULMONARY FUNCTION TEST	750	750	900	940
TBRD03	DIAGNOSTIC PLEURAL FLUID ASPIRATION	150	150	180	190
TBRD04	THERAPEUTIC PLEURAL FLUID ASPIRATION	500	500	600	630
TBRD05	ULTRASOUND GUIDED PLEURAL FLUID ASPIRATION	500	500	600	630
TBRD06	PLEURAL BIOPSY	500	500	600	630
TBRD07	ICD	1000	1000	1200	1250
TBRD08	ALLERGIC SKIN TEST	2000	2000	2400	2500
TBRD09	BRONCHIAL WASH CYTOLOGY	2000	2000	2400	2500
TBRD10	FOLLEYS CATHETERISATION	170	170	210	220
TBRD11	IV CANNULATION	250	250	300	320
TBRD12	MONITOR CHARGES PER DAY	1000	1000	1200	1250
TBRD13	NEBULISATION CHARGES PER DAY	250	250	300	320
TBRD14	OXYGEN CHARGES PER DAY	505	505	610	640
TBRD15	PULSE OXIMETER CHARGES	1000	1000	1200	1250
TBRD16	RYLES TUBE	250	250	300	320
TBRD17	SYRINGE PUMP CHARGES PER DAY	500	500	600	630
TBRD18	VENTILATOR CHARGES PER DAY	4320	4320	5190	5400
TBRD19	VENTILATOR CHARGES FOR 12 HOURS	2160	2160	2600	2700
TBRD20	VENTILATOR CHARGES FOR 6 HOURS	1080	1080	1300	1350
TBRD21	VENTILATOR CHARGES FOR 3 HOURS	540	540	650	680
TBRD22	ET INTUBATION	1000	1000	1200	1250
TBRD23	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)	1500	1500	1800	1880
TBRD24	LUMBAR PUNCTURE	1000	1000	1200	1250

45. TRANSFUSION MEDICINE		TARIFF			
CODE	Investigation_Name	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
BB01	1 UNIT OF AUTOLOGOUS BLOOD	2900	2900	3480	3630
BB02	1 UNIT OF CRYO POOR PLASMA	200	200	240	250
BB03	1 UNIT OF CRYOPRECIPITATE	800	800	960	1000
BB04	1 UNIT OF FRESH FROZEN PLASMA (FFP)	900	900	1080	1130
BB05	1 UNIT OF PACKED RED CELLS	2500	2500	3000	3130
BB06	1 UNIT OF PEDIATRIC PACKED RED CELLS	1250	1250	1500	1570
BB07	1 UNIT OF PEDIATRIC WHOLE BLOOD	1450	1450	1740	1820
BB08	1 UNIT OF PLATELET RICH CONCENTRATE (PRC)	700	700	840	880
BB09	1 UNIT OF WHOLE BLOOD	2900	2900	3480	3630
BB10	ANTIBODY IDENTIFICATION	1500	1500	1800	1880
BB11	ANTIBODY SCREENING	500	500	600	630
BB12	ANTIBODY TITER - IAT METHOD	500	500	600	630
BB13	BLOOD GROUPING AND RH TYPING	200	200	240	250
BB14	BLOOD GROUPING AND RH TYPING (MHC)	200	200	240	250
BB15	CROSS MATCHING - EACH UNIT	125	125	150	160
BB16	DEPOSIT CHARGE FOR BLOOD / BLOOD COMPONENTS (REFUNDABLE)	1000	1000	1200	1250
BB17	DIRECT COOMBS TEST (DCT)	250	250	300	320
BB18	DONOR SCREENING CHARGES PER ADDITIONAL SDP DONOR	2400	2400	2880	3000
BB19	GROUPING AND CROSS MATCHING	325	325	390	410
BB20	INDIRECT COMBS TEST (ICT)	250	250	300	320
BB21	MHC (TRANSFUSION MEDICINE)	200	200	240	250
BB22	PERIPHERAL BLOOD STEM CELLS (INCLUDING BIOTECHNOLOGY CHARGES OF RS.1400/-)	14500	14500	17400	18130
BB23	SINGLE DONOR PLASMA	11000	11000	13200	13750
BB24	SINGLE DONOR PLATELETS (SDP)	11000	11000	13200	13750
BB25	THERAPEUTIC PHEBOTOMY	350	350	420	440
BB26	TRANSFUSION REACTION WORK-UP	1100	1100	1320	1380
BB27	MICROCYPHOCYTOTOXICITY TEST (SEROLOGICAL)	2500	2500	3000	3130
BB28	HLA AB TYPING CKD	3750	3750	4500	4690
BB29	HLA DR CKD	5000	5000	6000	6250
BB30	HLA B27 RHEUMATOLOGY	2500	2500	3000	3130
BB31	BLOOD BANK CHARGES (WAFFERS)	275	275	330	350
BB32	VOLUNTARY BLOOD DONATION CAMP COLLECTION-FOR ISSUE TO GOVT BLOOD CENTRE	1380	NA	NA	NA
BB33	THROMBOELASTOGRAPHY(CITRATED BLOOD)	1500	1500	1800	1880
BB34	THROMBOELASTOGRAPHY(HEPARINISED BLOOD)	2000	2000	2400	2500
BB35	1 UNIT OF PACKED RED CELLS(WITHOUT AUTOMATION & NAT)	1450	1450	1740	1820
BB36	1 UNIT OF FRESH FROZEN PLASMA(FFP) (WITHOUT AUTOMATION & NAT)	520	520	630	650
BB37	1 UNIT OF PLATELET RICH CONCENTRATE (PRC) (WITHOUT AUTOMATION & NAT)	570	570	690	720
BB38	1 UNIT OF CRYOPRECIPITATE(WITHOUT AUTOMATION & NAT)	420	420	510	530

CODE	46. UROLOGY PROCEDURES Procedure Name	TARIFF			
		OP	IP	SINGLE ROOM	DELUXE ROOM
UR001	A.V.FISTULLA EXPLORATION (SURG)	1000	1250	1500	1570
UR002	ABDOMINAL HEASTECTOMY (SURG)		9100	10920	11380
UR003	ADRENELECTOMY (SURG)		13300	15960	16630
UR004	ANASTAMOTIC URETHROPLASTY (SURG)		9600	11520	12000
UR005	ANATROPHIC NEPHROLITHOTOMY (SURG)		14200	17040	17750
UR006	AUGMENTATION CYSTOPLASTY (SURG)		16500	19800	20630
UR007	AV FISTULA CONSTRUCTION(LA) (SURG)	3000	3500	4200	4380
UR008	AV FISTULA REPAIR (SURG)	3250	3750	4500	4690
UR009	AV SHUNT CONSTRUCTION(LA) (SURG)	1300	1800	2160	2250
UR010	AV SHUNT DECLOTTING(LA) (SURG)	550	625	750	790
UR011	AV SHUNT REVISION SIMPLE CONSTRUCTION(LA) (SURG)	700	900	1080	1130
UR012	AV SHUNT REVISION SINGLE CANNULA(LA) (SURG)	1500	1850	2220	2320
UR013	AV SHUNT TUBE WITH VESSEL TIPS(LA) (SURG)	3250	3750	4500	4690
UR014	B.C.G INSTALLATION(PER SITTING) (SURG)	550	625	750	790
UR015	B.N.I (BLADDER BIOPSY) (SURG)	5000	5600	6720	7000
UR016	BILATERAL CUTANEOUS URETEROSTOMY (SURG)		9100	10920	11380
UR017	BLADDER INJURY REPAIR (SURG)		10300	12360	12880
UR018	BLADDER NECK RESECTION (SURG)		5400	6480	6750
UR019	BLADDER NECK SUSPENSION OPERATION OR COLPOSUSPENSION (SURG)		9600	11520	12000
UR020	BOARIFLAR URETEROPLASTY (SURG)		11500	13800	14380
UR021	BUCCAL MUCOSAL URETHROPLASTY (SURG)		10500	12600	13130
UR022	C-ARM CHARGES -III (SURG)	2000	3000	3600	3750
UR023	C-ARM CHARGES - I (SURG)	700	1000	1200	1250
UR024	C-ARM CHARGES - II (SURG)	1600	2000	2400	2500
UR025	CAPD CATHETER INCISION (SURG)		9940	11930	12430
UR026	CHANGE OF NEPHROSTOMY(LA) (SURG)	200	300	360	380
UR027	CHANGE OF SPC(LA) (SURG)	500	625	750	790
UR028	CHECK CYSTOSCOPY A	200	265	320	340
UR029	CHECK CYSTOSCOPY B	500	625	750	790
UR030	CHORDEE RELEASE (CHORDEE CORRESION AND TIP FLAP TUBE RECONSTRUCTION OF URETHRO) (SURG)		3900	4680	4880
UR031	CIRCUMCISSION (DORSAL SLIT) (SURG)	3000	3300	3960	4130
UR032	CIRCUMCISSION(LA) (SURG)	500	625	750	790
UR033	CYSTOLITHOTOMY (SURG)		5400	6480	6750
UR034	CYSTOLITHOTRIPSY (SURG)		6300	7560	7880
UR035	CYSTOMETRY (CMG) (SURG)	800	1030	1240	1290
UR036	CYSTOSCOPY (C.P.E) OR FLEXIBLE CYSTOSCOPY/ EXCISION OF GRANULA TISSUE/ BLADDER WASH (SURG)	2800	3310	3980	4140
UR037	CYSTOSCOPY (C.P.E) OR URETHROSCOPY(LA) (SURG)	500	625	750	790
UR038	DEBRIDEMENT UNDER L.A. (SURG)	400	470	570	590
UR039	DEROOFING OF URETEROCELE (SURG)		5400	6480	6750
UR040	DIVERTICULECTOMY (SURG)		11500	13800	14380
UR041	DJ STENT REMOVAL (SURG)	1000	1500	1800	1880
UR042	DONOR NEPHRECTOMY (SURG)		25300	30360	31630
UR043	EMPTYING CLOTS FROM BLADDER (SURG)	1600	2160	2600	2700
UR044	ENDOPYELOTOMY (SURG)		13600	16320	17000
UR045	ENDOSCOPIC BLADDER STONE REMOVAL (SURG)		5400	6480	6750
UR046	ENDOSCOPIC DILATATION (URETHRAL) (SURG)	1700	2280	2740	2850
UR047	EXTERNAL SPHINCTEROTOMY (SURG)		2280	2740	2850
UR048	FILIFORM DILATATION (SURG)	1000	1470	1770	1840
UR049	FLUROSCOPY (SURG)	1500	2060	2480	2580
UR050	GLANDULO CAVERNOUS SHUNT (SURG)		4370	5250	5470
UR051	HEAGER DILATATION(LA) (SURG)	250	310	380	390
UR052	HERNIOPLASTY (SURG)		5500	6600	6880
UR053	HERNIORRHAPY OR EXCISION OF CYST (SURG)		5370	6450	6720
UR054	HERNIOTOMY (SURG)		3870	4650	4840
UR055	HYDEROCELECTOMY (SUB-TOTAL EXCISION) (SURG)	3100	3630	4360	4540

UR056	HYDROCELE/ EXCISION OF SAC (SURG)	3100	3630	4360	4540
UR057	HYPOSPADIAS REPAIR (SURG)		8780	10540	10980
UR058	ILEAL URETER (SURG)		13750	16500	17190
UR059	ILEO CYSTOPLASTY (SURG)		14850	17820	18570
UR060	ILEO INGUINAL LYMPHNODE DISSECTION (SURG)		9090	10910	11370
UR061	INTERNAL URETHROTOMY (VIU OR EIU OR OIU) (SURG)		3870	4650	4840
UR062	INTRA CAVERNOSAL INJ.OF PAPAVARINE (PIPE) (SURG)	450	530	640	670
UR063	INTRAVESICAL INSTALLATION OF DRUGS (SURG)	350	430	520	540
UR064	KIDNEY TRANSPLANTATION (SURG)		34650	41580	43320
UR065	LAPAROTOMY PROCEDURE UNDER GA (SURG)		5150	6180	6440
UR066	LAPROSCOPIC DEROOFFING OF RENAL CYST (SURG)		14440	17330	18050
UR067	LAPROSCOPIC TESTICULAR DENERVATION (SURG)		14440	17330	18050
UR068	LITHOTRIPSY (PACKAGE FOR OPD) TEST (ESWL) (SURG)	16500	16500	19800	20630
UR069	MEATAL DILATION/ DILATATION IN PERINEAL MEATUS (SURG)	150	220	270	280
UR070	MEATOTOMY (SURG)	3300	3870	4650	4840
UR071	NEPHRECTOMY (SURG)		12100	14520	15130
UR072	NEPHROLITHOTOMY (SURG)		8470	10170	10590
UR073	NEPHROURETHRECTOMY (SURG)		15060	18080	18830
UR074	OPEN PROSTATECTOMY/ FREY S PROCEDURE (SURG)		10100	12120	12630
UR075	UNILATERAL ORCHIDECTOMY	3000	3500	4200	4380
UR076	ORCHIOPEXY (SURG)		4340	5210	5430
UR077	PACKAGE FOR KIDNEY TRANSPLANTATION (SURG)		155000	186000	193750
UR078	PARTIAL AMPUTATION OF PENIS (SURG)		7030	8440	8790
UR079	PARTIAL CYSTECTOMY (SURG)		9090	10910	11370
UR080	PARTIAL NEPHRECTOMY (SURG)		13600	16320	17000
UR081	PERC.NEPH.LITHOTOMY U/S LTRIPSY (PCNL) (SURG)		14400	17280	18000
UR082	PERCUTANEOUS NEPHROLITHOTOMY (SURG)		13600	16320	17000
UR083	PERCUTANEOUS NEPHROSTOMY (P.C.N) -(LA) (SURG)	2600	3090	3710	3870
UR084	PERINEAL URETHROPLASTY (SURG)		10100	12120	12630
UR085	POST URS ESWL RESIDUAL FRAGMENT (SURG)		6300	7560	7880
UR086	POST URS/ PCNL RESIDUAL FRAGMENT AND POST PY.RESIDUE POST URS/ PCNL CHARGES (SURG)		6200	7440	7750
UR087	POSTERIOR URETHRAL VALVE FULGURATION (P.U.V) (SURG)		4340	5210	5430
UR088	PREPUCIOPLASTY(GA) (SURG)		1560	1880	1950
UR089	PREPUCIOPLASTY(LA) (SURG)	500	720	870	900
UR090	PROSTATE BIOPSY(LA) (SURG)	600	840	1010	1050
UR091	PYELOLITHOTOMY (SURG)		9090	10910	11370
UR092	PYELOPLASTY (SURG)		10530	12640	13170
UR093	R.G.P (SURG)	3800	4340	5210	5430
UR094	RADICAL NEPHRECTOMY (SURG)		13600	16320	17000
UR095	RADICAL PENECTOMY (SURG)		10100	12120	12630
UR096	RE-EXPLORATION AND CLOT EVACUATION (SURG)		2280	2740	2850
UR097	RE-EXPLORATION CHARGES (SURG)		4680	5620	5850
UR098	REMOVAL OF P.C.N. TUBE (SURG)	300	470	570	590
UR099	RENAL ALLOGRAFT TRANSPLANTATION (SURG)		13200	15840	16500
UR100	RENAL CYST ASPRN. AND ALCH.SCLEROTHERAPY (SURG)		5000	6000	6250
UR101	REPAIR OF DEFECT (FRACTURE PENIS) (SURG)		8280	9940	10350
UR102	REPEAT URETHRAL DILATATION(LA) (SURG)	200	310	380	390
UR103	RETROPERITONEAL TUMOR EXCISION UNDER GA (SURG)		10310	12380	12890
UR104	RPLND (SURG)		10310	12380	12890
UR105	SCROTAL EXPLORATION UNDER LA (SURG)	250	310	380	390
UR106	SECONDARY SUTURING (SURG)	3000	3560	4280	4450
UR107	SILVER NITRATE INSTILLATION/ BETADINE INSTILL. (SURG)	4500	5060	6080	6330
UR108	SPC (TROCER) (SURG)	1800	2280	2740	2850
UR109	SPC (OPEN) (SURG)	2000	2590	3110	3240
UR110	STAGE-1 URETHROPLASTY (SURG)		9090	10910	11370
UR111	STAGE-II URETHROPLASTY (SURG)		10100	12120	12630
UR112	STENT REMOVAL (UNDER LA) (SURG)	500	625	750	790
UR113	SUBSTITUTION CYSTOPLASTY (SURG)		18500	22200	23130
UR114	TAH AND BSO (SURG)		9090	10910	11370
UR115	TAILORING AND REIMPLANTATION OF MEGAURETER (SURG)		14060	16880	17580
UR116	TESTICULAR BIOPSY (PACKAGE) (SURG)		3310	3980	4140

UR117	TESTICULAR BIOPSY(LA) (SURG)	500	625	750	790
UR118	TOTAL AMPUTATION OF PENIS (SURG)		9100	10920	11380
UR119	TOTAL CYSTECTOMY (SURG)		14800	17760	18500
UR120	TRANSPUBLIC URETHRO PLASTY (SURG)		13600	16320	17000
UR121	TROCAR CYSTOSTOMY (SURG)		2280	2740	2850
UR122	TUF BLADDER TUMOUR (SURG)		5370	6450	6720
UR123	TUR (BT) n (SURG)		8680	10420	10850
UR124	TUR (P) (SURG)		9720	11670	12150
UR125	TUR BIOPSY (BLADDER BIOPSY) (SURG)		3620	4350	4530
UR126	URETERIC REIMPLANTATION (B/L) /MEATOPLASTY (SURG)		11550	13860	14440
UR127	BILATERAL DJ STENTING	4000	5000	6000	6250
UR128	URETERO RENOSCOPY AND BASKETING (SURG)		8060	9680	10080
UR129	URETERO RENOSCOPY AND U/S LITHOTRIPSY (URSL) (SURG)		12300	14760	15380
UR130	URETERO RENOSCOPY (URS) OR BALOON DILATATION OF STRICTURE (SURG)		7220	8670	9030
UR131	URETERO SIGMOIDOSTOMY (SURG)		14030	16840	17540
UR132	URETERO URETEROSTOMY (SURG)		10300	12360	12880
UR133	URETEROLYSIS (SURG)		8250	9900	10320
UR134	URETHRAL CARMICULAR EXCISION /LA(SURG)		750	900	940
UR135	URETHRAL CATHETERISATION(LA) (SURG)	250	300	360	380
UR136	URETHRAL DILATATION(LA) (SURG)	200	310	380	390
UR137	URETHRAL FISTULA REPAIR (SURG)		3880	4660	4850
UR138	URETHROLITHOTOMY (SURG)		8280	9940	10350
UR139	URETRAL DILATATION (SURG)	1100	1550	1860	1940
UR140	UROFLOMETRY (UFR) (SURG)	250	440	530	550
UR141	V.V.F REPAIR (SURG)		13600	16320	17000
UR142	VARICOCELE SURGERY (SURG)		4630	5560	5790
UR143	VASECTOMY (LA) (SURG)	1200	1560	1880	1950
UR144	VASECTOMY (SURG)		3630	4360	4540
UR145	VASO EPIDIDY MOSTOMY/ VASO EPIDIDY ANASTOMOSIS (SURG)		12300	14760	15380
UR146	VASO VASOTOMY (SURG)		12600	15120	15750
UR147	URODYNAMIC STUDY	1000	1200	1440	1500
UR148	ILEAL CONDUIT FORMATION		16250	19500	20320
UR149	CYSTOCELE REPAIR		8750	10500	10940
UR150	UNILATERAL DJ STENTING	2500	3000	3600	3750
UR151	BILATERAL ORCHIDECTOMY	4500	5000	6000	6250
UR152	EMERGENCY LAPAROTOMY		10000	12000	12500
UR153	COLONIC CONDUIT		16500	19800	20630
UR154	PERINEAL URETHROSTOMY		5500	6600	6880
UR155	PUSHBACK PCNL		14000	16800	17500
UR156	RADICAL CYSTECTOMY AND ILEAL CONDUIT		19550	23460	24440
UR157	RESUTURING MAJOR	1000	1250	1500	1570
UR158	RESUTURING MINOR	500	625	750	790
UR159	SECONDARY SUTURING UNDER GA		2000	2400	2500
UR160	SLING REPAIR		8000	9600	10000
UR161	TRIBUTARY LIGATION	1000	1250	1500	1570
UR162	UNILATERAL URETERIC REIMPLANTATION		8000	9600	10000
UR163	BILATERAL URETERIC REIMPLANTATION		16000	19200	20000
UR164	VARICOCELECTOMY		7000	8400	8750
UR165	BILATERAL VARICOCELECTOMY		9000	10800	11250
UR166	LAPAROSCOPIC ORCHIDOPEXY		12500	15000	15630
UR167	LAPAROSCOPIC BILATERAL ORCHIDOPEXY		15000	18000	18750
UR168	LAPAROSCOPIC NEPHRECTOMY		12100	14520	15130
UR169	LAPAROSCOPIC NEPHRO URETERECTOMY		15500	18600	19380
UR170	LAPAROSCOPIC PARTIAL NEPHRECTOMY		14000	16800	17500
UR171	LAPAROSCOPIC PYEOLITHOTOMY		14550	17460	18190
UR172	LAPAROSCOPIC PYELOPLASTY		11250	13500	14070
UR173	LAPAROSCOPIC URETEROLITHOTOMY		13225	15870	16540
UR174	TRUS BIOPSY	750	1000	1200	1250
UR175	OPEN SALPINGECTOMY		9000	10800	11250
UR176	LAPAROSCOPIC SALPINGECTOMY		21000	25200	26250

UR177	URETHRAL GROWTH EXCISION		3000	3600	3750
UR178	RIRS PROCEDURE (RETROGRADE INTRA RENAL SURGERY)		18000	21600	22500
UR179	QUADRUPLE LIGATION OF ANEURYSM	2700	3000	3600	3750
UR180	URETEROCELE INCISION OR URETEROCELE REPAIR OR SURGERY		5000	6000	6250
UR181	URETEROSCOPE BIOPSY	5000	6000	7200	7500
UR182	PERINEAL URETHROSTOMY		8000	9600	10000
UR183	PENILE FRACTURE REPAIR		6500	7800	8130
UR184	MEATOPLASTY	2500	3000	3600	3750
UR185	EXCISION BIOPSY (BIG UNDER LA)	1700	2000	2400	2500
UR186	EXCISION BIOPSY (BIG UNDER GA)		2500	3000	3130
UR187	EXCISION BIOPSY (SMALL UNDER LA)	700	1000	1200	1250
UR188	HOLMIUM LASER CHARGES(15 MINUTES)		5000	6000	6250
UR189	HOLMIUM LASER CHARGES(30 MINUTES)		10000	12000	12500
UR190	HOLMIUM LASER CHARGES(MORE THAN 30 MINUTES)		15000	18000	18750
UR191	BK ULTRASOUND CHARGES(15 MINUTES)	1500	2000	2400	2500
UR192	BK ULTRASOUND CHARGES(30 MINUTES)	2500	3000	3600	3750
UR193	BK ULTRASOUND CHARGES(MORE THAN 30 MINUTES)	4500	5000	6000	6250
UR194	FLEXI URS CHARGES(15 MINUTES)		10000	12000	12500
UR195	FLEXI URS CHARGES(30 MINUTES)		15000	18000	18750
UR196	FLEXI URS CHARGES(MORE THAN 30 MINUTES)		20000	24000	25000
UR197	FOLLEYS CATHETERISATION	150	170	210	220
UR198	IV CANNULATION	200	250	300	320
UR199	MONITOR CHARGES PER DAY	750	1000	1200	1250
UR200	NEBULISATION CHARGES PER DAY	200	250	300	320
UR201	OXYGEN CHARGES PER DAY	400	505	610	640
UR202	PULSE OXIMETER CHARGES	750	1000	1200	1250
UR203	RYLES TUBE	180	250	300	320
UR204	SYRINGE PUMP CHARGES PER DAY	350	500	600	630
UR205	VENTILATOR CHARGES PER DAY		4320	5190	5400
UR206	VENTILATOR CHARGES FOR 12 HOURS		2160	2600	2700
UR207	VENTILATOR CHARGES FOR 6 HOURS		1080	1300	1350
UR208	VENTILATOR CHARGES FOR 3 HOURS		540	650	680
UR209	ET INTUBATION		1000	1200	1250
UR210	CENTRAL VENOUS CATHETERIZATION (CATHETER CHARGES EXTRA)		1500	1800	1880
UR211	LUMBAR PUNCTURE		1000	1200	1250
UR212	DRESSING SMALL	400	500	600	630
UR213	DRESSING LARGE	600	750	900	940
UR214	PENILE BIOPSY	500	750	900	940
UR215	PERCUTANEOUS NEPHROSTOMY – BOTH SIDES (B/L P.C.N) -(LA) (SURG)	6250	7500	9000	9380
UR216	COLLINS KNIFE USAGE CHARGES <10 MIN		2000	2400	2500
UR217	COLLINS KNIFE USAGE CHARGES 10-20 MIN		3000	3600	3750
UR218	COLLINS KNIFE USAGE CHARGES >20 MIN		4000	4800	5000
UR219	TUR CUTTING LOOP USAGE CHARGES <30 MIN		2000	2400	2500
UR220	TUR CUTTING LOOP USAGE CHARGES 30-60 MIN		3000	3600	3750
UR221	TUR CUTTING LOOP USAGE CHARGES >60 MIN		4000	4800	5000
UR222	TUR BALL ELECTRODE USAGE CHARGES <10 MIN		2000	2400	2500
UR223	TUR BALL ELECTRODE USAGE CHARGES 10-20 MIN		3000	3600	3750
UR224	TUR BALL ELECTRODE USAGE CHARGES >20 MIN		4000	4800	5000

	47. UROLOGY PROCEDURES	TARIFF
CODE	Procedure Name	OP
UR OP1	UROFLOWMETRY (OP) - CHARGES	440
UR OP2	CYSTOSCOPY (OP)	625
UR OP3	STENT REMOVAL (OP)	625
UR OP4	STENTING (URETERIC) ONE SIDE (OP)	3000
UR OP5	STENTING (URETERIC) BOTH SIDES (OP)	5000
UR OP6	CHANGE OF NEPHROSTOMY(ONE SIDE) (OP)	500
UR OP7	CHANGE OF NEPHROSTOMY (BOTH SIDES) (OP)	750
UR OP8	FOLEY'S CATHETERIZATION (OP)	170
UR OP9	CIRCUMCISION (OP)	2000
UR OP10	DORSAL SLIT (OP)	1000
UR OP11	MEATOTOMY (OP)	1000
UR OP12	MEATOPLASTY (OP)	1000
UR OP13	TRANS RECTAL ULTRASOUND (OP)	1000
UR OP14	TRUCUT BIOPSY (OP)	1000
UR OP15	TRUS BIOPSY (OP)	1000
UR OP16	BIOPSY GUN USAGE CHARGES (PART) (OP)	1000
UR OP17	BIOPSY GUN USAGE CHARGES (FULL) (OP)	3000
UR OP18	BIOPSY (OPEN) (OP)	1000
UR OP19	BIOPSY (ENDOSCOPIC) (OP)	1000
UR OP20	DRESSING OR SUTURE REMOVAL (MAJOR) (OP)	500
UR OP21	DRESSING OR SUTURE REMOVAL (MINOR) (OP)	300
UR OP22	INSITU TUBE REMOVAL (OP)	500
UR OP23	SUTURING (MAJOR) (OP)	500
UR OP24	SUTURING (MINOR) (OP)	200
UR OP25	WOUND DEBRIDMENT (MAJOR) (OP)	1000
UR OP26	WOUND DEBRIDMENT (MINOR) (OP)	500

48. VIROLOGY		FREE OF COST			
CODE	Investigation_Name	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
VIR01	DENGUE ANTIGEN (NS1) ELISA	0	0	0	0
VIR02	DENGUE VIRUS IgM ELISA	0	0	0	0
VIR03	ANTI HEPATITIS A IgM ELISA	0	0	0	0
VIR04	HBs Ag ELISA	0	0	0	0
VIR05	HEPATITIS C TOTAL Ab ELISA	0	0	0	0
VIR06	ANTI HEPATITIS E IgM ELISA	0	0	0	0
VIR07	ANTI MEASLES VIRUS ELISA (IgM)	0	0	0	0
VIR08	Mumps IgM ELISA	0	0	0	0
VIR09	ANTI RUBELLA VIRUS ELISA (IgM)	0	0	0	0
VIR10	ANTI JAPANESE ENCEPHALITIS VIRUS IgM ELISA	0	0	0	0
VIR11	CHIKUNGUNYA VIRUS IgM ELISA	0	0	0	0
VIR12	ROTAVIRUS Ag ELISA	0	0	0	0
VIR13	ANTI EPSTEIN BARR VIRUS IgM ELISA	0	0	0	0
VIR14	ANTI CYTOMEGALOVIRUS IgM ELISA	0	0	0	0
VIR15	ANTI PARVOVIRUS B 19 IgM ELISA	0	0	0	0
VIR16	HSV -Npcr	0	0	0	0
VIR17	ZIKAVIRUS REAL TIME RT-PCR	0	0	0	0
VIR18	INFLUENZA A OR B REAL TIME RT-PCR	2750	3000	3600	3750
VIR19	RESPIRATORY SYNCYTIAL VIRUS A OR B (RSV)	0	0	0	0
VIR20	SARS COV2, REAL TIME RT-PCR	0	0	0	0
VIR21	SCRUB TYPHUS IgM ELISA	0	0	0	0
VIR22	LEPTOSPIRA IgM ELISA	0	0	0	0
VIR23	BRUCELLA IgM ELISA	0	0	0	0

49. CLINICAL VIROLOGY		TARIFF			
CODE	Investigation_Name	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
CV2021/01	EPSTEIN-BARR VIRUS Q PCR TEST	1920	2400	2880	3000
CV2021/02	HUMAN PAPILOMA VIRUS TYPE 16 AND 18 q PCR TEST	1920	2400	2880	3000
CV2021/03	HERPES SIMPLEX VIRUS TYPE-1 AND 2 q PCR	3000	3200	3840	4000
CV2021/04	ANTI-HEPATITIS - B VIRUS SURFACE ANTIBODIES ELISA	360	432	520	540
CV2021/05	ANTI-HEPATITIS -B CORE ANTIBODIES(IgM) ELISA	480	576	700	720
CV2021/06	ANTI -HEPATITIS -B ENVELOP ANTIBODIES ELISA	360	432	520	540
CV2021/07	HEPATITIS -B ENVELOP ANTIGEN ELISA	360	432	520	540
CV2021/08	SARS Cov2 IgG ANTIBODIES ELISA	420	504	610	630
CV2021/09	SARS Cov2 NEUTRALIZING ANTIBODIES ELISA	672	804	970	1010
CV2021/10	SARS Cov2 ANTIBODIES TITERS ELISA	840	1008	1210	1260
CV2021/11	ANTI RETROVIRAL ANTI BODIES RAPID TEST	360	450	540	570
CV2021/12	HBsAg RAPID TEST	360	450	540	570
CV2021/13	HCV Rapid test	792	990	1190	1240
CV2021/14	ANTI RETROVIRAL ANTI BODIES ELISA	360	450	540	570
CV2021/15	HBsAg ELISA	360	450	540	570
CV2021/16	HCV ELISA	792	990	1190	1240
CV2021/17	HIV Real time PCR/ Quantitative RNA Detection	1920	2400	2880	3000
CV2021/18	HBV Real time PCR/ Quantitative DNA Detection	1920	2400	2880	3000
CV2021/19	HCV Real time PCR/ Quantitative RNA Detection	1920	2400	2880	3000
CV2021/20	HIV WESTERN BLOT TEST	1920	2400	2880	3000
CV2021/21	BLOOD CULTURE IDENTIFICATION PANEL	13500	13500	16200	16880
CV2021/21 A	BLOOD CULTURE IDENTIFICATION PANEL (OI)	15000	NA	NA	NA
CV2021/22	GASTROINTESTINAL PANEL	13500	13500	16200	16880
CV2021/22 A	GASTROINTESTINAL PANEL (OI)	15000	NA	NA	NA
CV2021/23	RESPIRATORY PANEL	13500	13500	16200	16880
CV2021/23 A	RESPIRATORY PANEL (OI)	15000	NA	NA	NA
CV2021/24	PNEUMONIA PANEL	13500	13500	16200	16880
CV2021/24 A	PNEUMONIA PANEL (OI)	15000	NA	NA	NA
CV2021/25	MENINGITIS / ENCEPHALITIS PANEL	13500	13500	16200	16880
CV2021/25 A	MENINGITIS / ENCEPHALITIS PANEL (OI)	15000	NA	NA	NA

VIROLOGY - ICMR		TARIFF			
CODE	Investigation_Name	OP/OI	IP	SINGLE ROOM	DELUXE ROOM
VIR ICMR 01	ICMR-Dengue Antigen NS1 ELISA	372	372	372	372
VIR ICMR 02	ICMR-Dengue Virus IgM ELISA	318	318	318	318
VIR ICMR 03	ICMR-CHIKUNGUNYA VIRUS IgM ELISA	348	348	348	348
VIR ICMR 04	ICMR- Anti HEPATITIS A IgM ELISA	360	360	360	360
VIR ICMR 05	ICMR- Anti HEPATITIS E IgM ELISA	312	312	312	312
VIR ICMR 06	ICMR- Mumps IgM ELISA	348	348	348	348
VIR ICMR 07	ICMR- ROTAVIRUS Ag ELISA	1002	1002	1002	1002
VIR ICMR 08	ICMR- Anti CYTOMEGALOVIRUS IgM ELISA	300	300	300	300
VIR ICMR 09	ICMR-VARICELLA ZOSTER VIRUS (VZV) IgM ELISA	474	474	474	474
VIR ICMR 10	ICMR-HBSAg ELISA	432	432	432	432
VIR ICMR 11	ICMR-HCV ELISA	432	432	432	432
VIR ICMR 12	ICMR- SCRUB TYPHUS IgM ELISA	318	318	318	318
VIR ICMR 13	ICMR- LEPTOSPIRA IgM ELISA	479	479	479	479
VIR ICMR 14	ICMR- BRUCELLA IgM ELISA	264	264	264	264
VIR ICMR 15	ICMR- Influenza A or B Real Time RT PCR test	4608	4608	4608	4608
VIR ICMR 16	ICMR- ANTI MEASLES VIRUS ELISA IgM	570	570	570	570
VIR ICMR 17	ICMR- Anti Rubella Virus ELISA IgM	810	810	810	810
VIR ICMR 18	ICMR- SARS COV2 Real time RT PCR	300	300	300	300
VIR ICMR 19	ICMR- Anti JAPANESE ENCEPHALITIS VIRUS IgM ELISA	1002	1002	1002	1002
VIR ICMR 20	ICMR-Anti PARVOVIRUS B 19 IgM ELISA	576	576	576	576
VIR ICMR 21	ICMR- RESPIRATORY PANEL	15525	15525	15525	15525
VIR ICMR 22	ICMR- GASTROINTESTINAL PANEL	15525	15525	15525	15525

50. HOSPITAL ADMINISTRATION		TARIFF			
CODE	Procedure_Name	OP	IP	SINGLE ROOM	DELUXE ROOM
HA001	NURSING CARE PER DAY (ICCU / ANCU / RECOVERY ROOM / RICU)		2000	NA	NA
HA002	NURSING CARE PER DAY (ALL ICU S & EMD)		1000	NA	NA
HA003	NURSING CARE PER DAY GENERAL WARDS		500	NA	NA
HA004	NURSE CHARGES PER DAY (ICCU / ANCU / RECOVERY ROOMS / RICU)		500	NA	NA
HA005	NURSE CHARGES PER DAY (ALL ICU S & EMD)		300	NA	NA
HA006	NURSE CHARGES PER DAY (GENERAL WARD)		100	NA	NA
ADM01	MEDICAL CERTIFICATE	200	NA	NA	NA
ADM03	REGISTRATION FEE	200	200	240	250
ADM04	TA CHARGES				