

# **VADODARA MUNICIPAL CORPORATION**

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*Rate of Charges for medical re-imbusement  
for the Employers, Pensioners, Freedom  
fighters & their dependent family member for  
the year 2018-19 to 2019-2020*



*Health Department  
Additional Medical Officer of Health Office  
Khanderao Market  
Vadodara*

**VADODARA MUNICIPAL CORPORATION**  
**Additional Medical Officer of Health Office**  
**Health Department**

With the objective of providing financial help towards medical treatment expenses of its employees, pensioners, freedom fighters and their dependent family members, the General Body of Vadodara Municipal Corporation (VMC) passed a resolution no.212/1980-81 Dated:-07/07/1980 under the name of Medical Facilities Rules for the Employees of Vadodara Municipal Corporation (1980) and for the first time medical bill section was established under health department at Integrated Health Centre Bawchawad. Super Specialty Hospital, Multi Specialty Hospital, Dental Hospital, Pathological Laboratory and Diagnostic Centre were recognized for taking cashless indoor medical services excluding medicines which are reimbursed separately by the cell as per resolution no.02/2016-17 Dated:-03-03-2017, and resolution no.02/2017-18 Dated:-26-03-2018.

As per circular by Commissioner 906/2005-06 Date:05/12/2005 medical cell was established with necessary medical, account and audit staff at Khanderao market for easy and speedy disposal of claims under direct control of Medical Officer with overall supervision of Additional Medical officer of Health.

Today VMC has adopted total re-imburement policy for all medical treatment and services to maintain well being of its employees, pensioners, and their dependent family members and freedom fighters through urban primary health centre and deputy health officer zone as per circular No.18/Dated:-21-08-2015. All employees, pensioners, and their dependent family members and freedom fighters should refer through urban primary health centre in 60-recognized Super Specialty Hospital, Multi Specialty Hospital, Dental Hospital, Pathological Laboratory and Diagnostic Centre as per resolution no.02/2016-17 Dated:-03-03-2017, and resolution no.02/2017-18 Dated:-26-03-2018.

The corporation revises the rate of charges to be reimbursed once in every two years. As a part of this exercise we are bringing the new rate of charges for the year 2018 to 2020.

Place: Vadodara

Date: -

Municipal Commissioner  
Municipal Corporation  
Vadodara

**HEALTH DEPARTMENT**  
**(ADDITIONAL MEDICAL OFFICER OF HEALTH OFFICE)**

Municipal Commissioner.

Deputy Municipal Commissioner (Health).

Medical Officer of Health.

Additional Medical Officer of Health.

Deputy Health Officer (All Zone).

**ZONE WISE URBAN PRIMARY HEALTH CENTRES**

➤ **EAST ZONE:-**

1. BAPOD URBAN PRIMARY HEALTH CENTRE.
2. JUBILEE BAUG URBAN PRIMARY HEALTH CENTRE.
3. KISHANVADI URBAN PRIMARY HEALTH CENTRE.
4. RAMDEVNAGAR URBAN PRIMARY HEALTH CENTRE.
5. SAWAD URBAN PRIMARY HEALTH CENTRE.
6. SUDAMAPURI URBAN PRIMARY HEALTH CENTRE.
7. WARASIYA URBAN PRIMARY HEALTH CENTRE.

➤ **WEST ZONE:-**

8. DIWALIPURA URBAN PRIMARY HEALTH CENTRE.
9. ATLADRA URBAN PRIMARY HEALTH CENTRE.
10. TANDALJA URBAN PRIMARY HEALTH CENTRE.
11. JETALPUR URBAN PRIMARY HEALTH CENTRE.
12. AKOTA URBAN PRIMARY HEALTH CENTRE.
13. SUBHANPURA URBAN PRIMARY HEALTH CENTRE.
14. GORWA (PANCHVATI) URBAN PRIMARY HEALTH CENTRE.
15. GOTRI URBAN PRIMARY HEALTH CENTRE.
16. GOKULNAGAR URBAN PRIMARY HEALTH CENTRE.

➤ SOUTH ZONE:-

17. YAMUNAMILL URBAN PRIMARY HEALTH CENTRE.
18. GAJRAWADI URBAN PRIMARY HEALTH CENTRE.
19. KAPURAI URBAN PRIMARY HEALTH CENTRE.
20. DANTESHWAR URBAN PRIMARY HEALTH CENTRE.
21. TARSALI URBAN PRIMARY HEALTH CENTRE.
22. MANEJA URBAN PRIMARY HEALTH CENTRE.
23. MAKARPURA URBAN PRIMARY HEALTH CENTRE.
24. MANJALPUR URBAN PRIMARY HEALTH CENTRE.
25. VADSAR URBAN PRIMARY HEALTH CENTRE.

➤ NORTH ZONE:-

26. EKTANAGAR URBAN PRIMARY HEALTH CENTRE.
27. NAVAYARD URBAN PRIMARY HEALTH CENTRE.
28. NAVIDHARTI URBAN PRIMARY HEALTH CENTRE.
29. KARELIBAUG URBAN PRIMARY HEALTH CENTRE.
30. CHHANI URBAN PRIMARY HEALTH CENTRE.
31. SIYABAUG URBAN PRIMARY HEALTH CENTRE.
32. NAVAPURA URBAN PRIMARY HEALTH CENTRE.
33. SAMA URBAN PRIMARY HEALTH CENTRE.
34. FATEPURA URBAN PRIMARY HEALTH CENTRE.

➤ JUBILEE BAUG AND DIWALIPURA PATHOLOGICAL AND RADIOLOGICAL DIAGNOSTIC CENTRE.

## List of the Recognized Hospital:

### ❖ SUPER SPECIALTY HOSPITAL:-

- (1) Baroda Heart Institute. (Only For Cath-Lab)
- (2) Bankers Heart Institute.(O.P.Road)(Only For Cath-Lab)
- (3) Sterling Heart Institute.(Only For Cath-Lab)
- (4) HCG Cancer Hospital
- (5) Himalaya Cancer Hospital & Research Centre
- (6) Naik Super Specialty Hospital
- (7) Viroc Super Specialty Orthopedic Hospital
- (8) Venus Super Specialty Hospital
- (9) Uro-Care Hospital
- (10) Swasthya Super Specialty Hospital
- (11) Vitas Hospital
- (12) Nisarg Orthopedic & Maternity Hospital
- (13) Samir Hospital
- (14) Mangalam Orthopedic Hospital

### ❖ MULTI SPECIALTY HOSPITAL:-

- (1) Bankers Heart & Multispecialty Hospital
- (2) Rhythm Heart Institute
- (3) Shukan Multi Specialty Hospital & Trauma Centre
- (4) Satyam Hospital
- (5) Medistar Hospital
- (6) BAPS Shastriji Maharaj Hospital
- (7) Narhari Arogya Kendra, Hospital.
- (8) Yogini Vasantidevi Arogya Mandir Hospital.
- (9) Swami Premdas Jalaram Hospital.
- (10) Chandan Cheritable Trust, General Hospital.
- (11) Sanjiv Medical Trust Hospital.
- (12) Vijay Vallabh Sarvajanik Hospital
- (13) Vallabhacharya Mahaprabhuji Hospital No.2
- (14) Solace Hospital
- (15) Radha Multi Specialty Hospital
- (16) Pushti Multi Specialty Hospital
- (17) Sumandeep Hospital
- (18) Sangam Critical Care & Trauma Centre
- (19) B.M.Parikh Foundation Trust, General Hospital.

❖ **EYE SUPER SPECIALTY HOSPITAL:-**

- (1) Vrund Eye Hospital
- (2) Drashya Eye Hospital
- (3) Sankalp Eye Hospital And Retina Centre
- (4) Pandya Eye Hospital

❖ **ENT SUPER SPECIALTY HOSPITAL:-**

- (1) Baroda ENT Hospital
- (2) Dhaval Nursing Home (ENT Hospital)
- (3) Bharti ENT Care Hospital

❖ **DENTAL SUPER SPECIALTY HOSPITAL:-**

- (1) Auroma Dental Clinic
- (2) Vraj Dental Clinic
- (3) Dina Clinic (Dental Hospital)

❖ **OTHER HOSPITAL:-**

- (1) Sharda Cheritable Trust, Orthoepadic Hospital.
- (2) K.G.Patel Children Hospital.
- (3) Navalkishor & Maltidevi Shah Medical & Cheritable Trust,
- (4) INDU DEEP Hospital.
- (5) Baroda Homeopathic Medical College Hospital.
- (6) Government Ayurvedic Hospital.

❖ **DIAGNOSTIC CENTRE:-**

- (1) Medicare Imaging Centre
- (2) Baroda Imaging Centre
- (3) Akshar X-Ray And Sonography Clinic
- (4) Optimum Diagnostic & Research Private Ltd.

❖ **PATHOLOGICAL LABORATORY:-**

- (1) Medicare Diagnostic Centre
- (2) Pathocare Pathology Laboratory
- (3) Ambe's Advance Clinical Laboratory
- (4) Amins Pathology Referral Laboratory
- (5) Dr.Purendhares Day & Night Laboratory
- (6) Dr.Jhaveri Laboratory
- (7) Atmiya Pathology Laboratory

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# **(1) CONSULTATION CHARGES**

## **(1) FOR CONSULTATION:-**

(A). 1 <sup>ST</sup> CONSULTATION	RS.150/-
(B). SUBSEQUENT CONSULTATION	RS.100/-
	(VALID FOR 1 MONTH)
(APPLICABLE FOR RECOGNIZED HOSPITAL ONLY)	

## **(2) SUPER SPECIALIST:-**

(A). 1 <sup>ST</sup> CONSULTATION	RS.300/-
(B). SUBSEQUENT CONSULTATION	RS.200/-
	(VALID FOR 1 MONTH)
(APPLICABLE FOR RECOGNIZED HOSPITAL ONLY)	

## **(3) EMERGENCY WARD ADMISSION:-**

(A). CONSULTATION	RS.300/-
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## **(4) NURSING CHARGE: - RS.150/DAY.**

## **(2) INDOOR CHARGES**

- **STAY OF GENERAL WARD:- Rs.300/- PER DAY**
- **RECOVERY ROOM CHARGES:- Rs.1200/- PER DAY**
- **I.C.U./I.C.C.U. WARD CHARGES:- Rs.2500/- PER DAY**
- **N.I.C.U. / P.I.C.U. CHARGES:- Rs.1200/- PER DAY**

### **Note:-**

- DISCHARGE CARD/DISCHARGE CERTIFICATE IN CASE OF INDOOR TREATMENT AND ALL INVESTIGATION REPORTS (O.P.D.AND INDOOR) ARE MUST BE ATTACHED IN STAFF TREATMENT BILL FOR RECOGNISED HOSPITAL AND EMPLOYEES BILLS.

### **(3) VISIT CHARGES**

- **ONLY HOSPITALS CONSULTANTS GENERAL WARDS VISIT CHARGE:- Rs.120/-PER VISIT**
- **SUPER SPECIALIST GENERAL WARD VISIT CHARGES:- Rs.300/- PER VISIT**
- **HOSPITAL CONSULTANT RECOVERY ROOM VISIT CHARGE:- Rs.200/-PER VISIT**
- **SUPER SPECIALIST RECOVERY ROOM VISIT CHARGE:- Rs.400/- PER VISIT**
- **HOSPITALS CONSULTANTS I.C.U./I.C.C.U./N.I.C.U./P.I.C.U. VISIT CHARGE:-Rs.300/- PER VISIT**
- **SUPER SPECIALIST I.C.U./I.C.C.U./N.I.C.U./P.I.C.U. VISIT CHARGE:-Rs.600/- PER VISIT**
- **STAND BY PEADIATRITION/ANEATHETIST VISIT IN LSCS:- Rs.600/-**

#### **NOTE:-**

- **ROUTINELY NOT MORE THAN TWO VISITS PER DAY FOR RECOGNISED HOSPITAL.**
- **DOCTORS NAME AND THEIR DESIGNATION IS MANDATORY IN CASE OF SUPER SPECIALIST VISIT CHARGE IN STAFF TREATMENT BILLS.**

## **(4) PROCEDURE CHARGES**

SR.NO.	PROCEDURE	CHARGES
1	AIR BED	120/-
2	ALPHAXEL PUMP	150/-
3	ARTERIAL LINE	1700/-
4	ASICITICS TAPPING	950/-
5	AUTOCLAVE	100/-
6	BIAPAP	1200/-
7	BLOOD TRANSFUSION	250/-
8	BONE MARROW ASPIRATION	850/-
9	BOWEL WASH (PER WASH / DAY)	180/-
10	CARDIO PULMONARY RESUS.(CPR)	840/-
11	CATHERISATION – COMPLICATED	240/-
12	CATHERISATION – SIMPLE FOLY’S	200/-
13	CENTRAL VENOUS PRESSU. LINE SETT.	1050/-
14	CRITICAL CARE INFUSION (DOPA – MINE, NITROGLYCERIN, ETC.) (ONE TIME CHARGE)	400/-
15	DIALYSIS BY ANY METHOD	1100/- PER DIALYSIS (DISPOSABLE AT PAR WITH COST(M.R.P.))
16	DLC / TLC	2000/-
17	DRESSING CHARGE WITH MATERIAL-MAJOR	150/-
18	DRESSING CHARGE WITH MATERIAL-MINOR	100/-
19	DRESSING CHARGE WITH MATERIAL-SUPRAMAJOR	250/-
20	ECG (COMPUTERISED)	180/-
21	ECG (NORMAL)	120/-
22	EMG/EEG	1400/-
23	ENDO TRACHIAL TUBE	350/-
24	ET CO2	140/-
25	F.B. REMUOVAL LENSE	300/-
26	FLOWTRON XL PUMP	500/-
27	INFLUSION (PER PROCEDURE)	50/-

28	INFUSION/SYRING PUMP	200/-
29	INHALER CHARGE (INHABATION)	50/-
30	INJECTION (I.V./I.M./SUBCUTANIOUS)	30/-
31	INTERTHECAL DRUG ADMINISTRATION	400/-
32	INTRA LESSIONAL INJECTION	700/-
33	INTUBATION	600/-
34	L. P.	450/-
35	MINOR PROCEDURE	600/-
36	MONITOR CHARGE	400/-
37	N.I.B.P.	200/-
38	NCV/BERA AS PER ECHO	1450/-
39	NEBULIZOR	80/-
40	NEO-NETAL RESUSCITAL ON	180/-
41	OXYGEN THERAPY (UP TO 6HOURS)	200/-
42	PARINEAL WASH WITH DRESSING INCLUDING MATERIAL PER DAY	300/-
43	PERICARDIAL IFFU. TAPPING DIAG OR THERAP	1400/-
44	PERITONEAL DIALYSIS	1200/-
45	PERI TONEAL TAPPING	850/-
46	PERMACATH INSERTION	2000/-
47	PLEURAL TAPPING DIAG	500/-
48	PLEURAL TAPPING THERAP	1200/-
49	PULMONARY FUNCTION TEST (PFT) (SPIROMETRY)	500/-
50	PULSE OXYMETER/SPO2	200/- PER DAY
51	PULSE WAVE ANALYSIS	1650/-
52	RIPPLE BED	180/-
53	RYLE'S TUBE INSERTION BY CONSULTANT	100/-
54	RYLE'S TUBE PER FEEDING	30/-
55	SLEEP STUDY	6150/-
56	SLIF THERAPY (ORAL-SUB LINGUAL IMMUNOTHERAPY)	950/-
57	SLIF THERAPY SINGLE CHECK	60/-
58	SOAP WATER ENEMA	70/-

59	STRESS TEST (TMT)	1200/-
60	THROMBOLYTIC THERAPY CHARGES	600/-
61	TILT TABLE TEST	3000/-
62	TUBECTOMY	NO RE-EMBURSE
63	U.O.P. (URINE OUT PUT)	70/-
64	UROFLOWMETRY	400/-
65	VEINFLOW INSERTION	80/-
66	VASECTOMY	NO RE-EMBURSE
67	VEINE SECTION	240/-
68	VEINE SECTION (EMERGENCY)	350/-
69	VENTILATOR	2750/- PER DAY
70	VENTILATOR	1400/- (UP TO 12 HOURS)

### **BLOOD PRODUCT:-**

71	CROSS MATCH CHARGES	150/-
72	FORZEN PLAZMA	400/-
73	FRESH FROZEN PLAZMA	400/-
74	P.C.V./WHOLE BLOOD	800/-
75	PLATTLET RICH PLAZMA / CONCENTRATE	1000/-
76	RBC CONCENTRATE / RBC SAGM	800/-
77	SINGLE DONNER PLATTLET	8000/-

## **(5) X - RAY SECTION CHARGES**

SR.NO.	PROCEDURE	CHARGES
1	DIGITAL X - RAY	300/-
2	PORTABLE X-RAY	350/-
3	HYSTERO SALPINGO GRAPHY	250/- + NUMBER OF PLATES CHARGE
4	MYLEO-GRAPHY	250/- + NUMBER OF PLATES CHARGE
5	FISTULOGRAPHY	250/- + NUMBER OF PLATES CHARGE
6	I.V.P./O.C.G.	200/- + NUMBER OF PLATES CHARGE
7	BARIUM PROCEDURES	250/- + NUMBER OF PLATES CHARGE
8	LOOPOGRAM STUDY	200/- + NUMBER OF PLATES CHARGE
9	EMERGENCY X - RAY(DIGITAL X-RAY)	350/-
10	PORTABLE X-RAY (EMERGENCY)	400/-
11	MAMMOGRAPHY	800/-
12	M.C.U.G.	800/-
13	BONE MINERAL DENSITOMETRY (B.M.D.)	1400/-
14	FIBROSCAN	1750/-
15	SCANORGAM	580/-
16	ICUG	1400/-

## **(6) ULTRASOUND & ECHOCARDIOGRAPHY CHARGES**

SR. NO.	DESCRIPTION	CHARGES
1	ABDOMEN (EXCLUDING PELVIS)	800/-
2	ABDOMEN WITH CHEST FOR PLEURAL EFFUSION	800/-
3	PELVIS/PROSTATE/KIDNEYS/BLADDER/LIVER	800/-
4	ABDOMEN & PELVIS	1000/-
5	OBSTETRICS (ROUTINE)	800/-
6	DOPPLER ECOCARDIOGRAPHY WITH COLOUR FLOW IMAGING	1450/-
7	PERIPHERAL VASCULAR DUPLEX DOPPLER	1450/- PER REGION
8	CAROTIDS DOPPLER	2400/- BOTH
9	LIMBS (ARTERIAL) DOPPLER	2400/- BOTH
10	LIMBS (VENOUS) DOPPLER	2400/- BOTH
11	RENAL DOPPLER	1450/-
12	OBSTRETRIC DOPPLER	1450/-
13	MUSCULOSKELETAL/JOINTS/BREAST/ SCROTUM/SOFT TISSUE/ NECK/NEONATAL/BRAIN/ORBITS	1000/- PER REGION
14	ULTRASOUND GUIDED PROCEDURES	700/-
15	ULTRASOUND SCREENING WITHOUT PLATE	600/-
16	OBSTRETRIC SONOGRAPHY -1 <sup>ST</sup> TRIMESTER/2 <sup>ND</sup> TRIMESTER(ROUTINE)	700/-
17	2 <sup>ND</sup> TRMESTER(FETAL ANOMALY)/3 <sup>RD</sup> TRIMESTER(BIO PHYSICAL PROFILE)	1200/-
18	3D/4D ULTRA SOUND OF FETUS	1400/-
19	OVARIAN FOLLICULAR STUDY(SINGLE CYCLE) TRANS ABDOMINAL	700/-
20	OVARIAN FOLLICULAR STUDY(SINGLE CYCLE) TRANS VAGINAL	900/-
21	TRANS - ESOPHAGEAL ECHOCARDIOGRAPHY (WITH CD)	3000/-
22	STRESS ECHO CARDIOGRAPHY (DSE)	3000/-
23	PSEUDO SCAN	800/-



## **(7) C.T.SCAN CHARGES**

<b>SR. NO.</b>	<b>DESCRIPTION</b>	<b>CHARGES</b>
1	ANY 3D CT SCAN-JOINT/SINGLE BONE	3000/-
2	ANY ANGIO/SINGLE REGION	5000/-
3	BONE SCAN	1200/-
4	BRAIN WITH P.N.S. PLAIN	2000/-
5	C.T. GUIDED BIOPSY	2500/-
6	CHEST/ ABDOMEN/ PELVIS PLAIN	3500/-
7	CHEST/ ABDOMEN/ PELVIS WITH CONTRAST	5500/-
8	CT SCAN KNEE/WRIST/ELBOW/CERVICAL SPINE/D L SPINE/HIP/TIBIA	3000/-
9	DENTAL CT SCAN-BOTH JAW-MAXILLA/MANDIBLE	4000/-
10	DENTAL CT SCAN-SINGLE JAW-MAXILLA/MANDIBLE	2500/-
11	DTPA SPECT SCAN	3200/-
12	E.E.G.	1100/-
13	FCG/HRV/HFECG/VEC STUDDY	1200/-
14	HEAD PLAIN	2000/-
15	HEAD SCAN WITH CONTRAST	3000/-
16	HIP JOINT & SI JOINT	3300/-
17	HRCT	3000/-
18	HRCT SCAN WITH CONTRAST	4000/-
19	IVP/UROGRAPHY/KUB CONTRAST	5000/-
20	IVP/UROGRAPHY/KUB PLAIN	3500/-
21	LIVER TRIPHASIC STUDY	4500/-
22	MULTIPLE (DOUBLE STUDY WITH CONTRAST) CHEST+ABDOMEN+PELVIS	7000/-
23	MYELOGRAPHY	4800/-
24	NECK PLAIN	3000/-
25	NECK SCAN WITH CONTRAST	4000/-
26	NECK WITH CHEST	5000/-
27	ORBIT PLAIN	1500/-
28	ORBIT WITH CONTRAST	2000/-

29	PARANASAL SINUS (LIMITED CORONAL)	2000/-
30	PARANASAL SINUS (P.N.S.) CONTRAST	2500/-
31	PET SCAN	13000/-
32	PULMONARY CT ANGIO	5000/-
33	SPINE UO TO 3 VERTIBRATOR	3000/-
34	THORAX PLAIN	3500/-
35	THORAX SCAN WITH CONTRAST	4000/-
36	VCG/TVCG/SAECG/QTD STUDDY	1200/-
37	VENOGRAPHY	5000/-

## **(8) M.R.I. CHARGES**

<b>SR.NO.</b>	<b>DESCRIPTION</b>	<b>CHARGES</b>
1	ABDOMEN	3500/-
2	ANKLE	4000/-
3	ANY ANGIOGRAPHY OF SINGLE REGION	4300/-
4	BOTH HIPS	4000/-
5	BRACHIAL PLEXUS	3700/-
6	BRAIN ANGIO	4300/-
7	BRAIN SPECTROSCOPY	1200/-
8	BRAIN VENOGRAPHY	4000/-
9	C D SPINE	3600/-
10	CARDIC MR	7500/-
11	CERVICAL SPINE	3600/-
12	CV JUNCTION WITH FLEXION EXTENSION	3600/-
13	ELBOW	4000/-
14	FINGER	4000/-
15	FOOT	4000/-
16	HEAD PLAIN	3000/-
17	HEAD SCAN WITH CONTRAST	5000/-
18	KNEE MRI	4000/-
19	LUMBER SPINE/L S SPINE	3600/-
20	MEDIASTINUM	3500/-
21	MRCP	3600/-
22	MRI ANY CONTRAST	2400/-
23	NECK	3500/-
24	NECK ANGIO	1200/-
25	ONLY WHOLE SPINE SCR	600/-
26	ORBIT	3000/-
27	PARANASAL SINUS (P.N.S.)	3500/-
28	PELVIS	3500/-
29	PELVIS WITH BOTH HIPS	4200/-
30	PITUTARY	3500/-

31	RENAL ANGIOGRAPHY	5000/-
32	SHOULDER	3500/-
33	SINGLE JOINT	3500/-
34	SINGLE PART OF A LIMB	3500/-
35	STROKE PROTOCOL	4300/-
36	WRIST/HAND	4000/-

## **(9) PATHOLOGY SECTION CHARGES** **LABORATORY INVESTIGATIONS**

### **(A) HAMATOLOGY:-**

SR.NO.	NAME OF TEST	CHARGES
1	ABSOLUTE EOSONOPHIL COUNT	60/-
2	ANTINATAL PROFILE	1000/-
3	BAND CELLS	60/-
4	BLOOD GROUP	60/-
5	CBC (PLATELATE INCLUDE)	160/-
6	CBC WITH ESR	190/-
7	CBC WITH ESR WITH INDICES	210/-
8	CBC WITH ESR WITH MP	190/-
9	CBC WITH INDICES	180/-
10	CBC WITH MP	190/-
11	CBC WITH MP WITH INDICES	210/-
12	CBC WITH MP WITH ESR	210/-
13	COOMB'S DIRECT	220/-
14	COOMB'S INDIRECT	270/-
15	DIFFERENCE WBC COUNT (DC)	60/-
16	ESR	60/-
17	FERRITINE	620/-
18	FETAL HB	280/-
19	G6PD	160/-
20	HB A-2	800/-
21	HB ELECTROPHORESIS	800/-
22	HEMOGLOBIN	60/-
23	INDICES	120/-
24	LE CELLS	500/-
25	MALARIA PARASITE / PERPH SMEAR	60/-
26	MICROFILARIA	240/-
27	OSMOTIC FRAGILITY	280/-

28	PLATELETS	60/-
29	RBC FOLATE	1400/-
30	RETICULOCYTE	80/-
31	SERUM FOLATE	1000/-
32	SERUM IRON	400/-
33	SICKLING TEST	80/-
34	T.I.B.C.	400/-
35	TOTAL RBC COUNT (TRBC)	60/-
36	TOTAL WBC COUNT (TC)	60/-

### **(B) COAGULATION:-**

37	BLEEDING PROFILE	400/-
38	BLEEDING TIME / CLOTTING TIME	60/- EACH
39	CLOT RETRACTION	60/-
40	FDP(D.CLIMER)	900/-
41	FIBRINOGEN	810/-
42	PARTIAL THROMBOPLATSTIN TIME (APTT)	180/-
43	PROTHROMBIN TIME (PTT)	150/-
44	THROMBIN TIME	600/-

### **(C) URINE:-**

45	24HRS PROTIEN	240/-
46	24HRS URINE (CALCIUM/PHOSPHARAS/ CREATINEN/URIC ACID)	180/-
47	24HRS URINE VMA	840/-
48	ANY SINGLE CHEMISTRY (ALBUMIN/SUGAR/ACETONE)	40/-
49	B.J.PROTEIN	150/-
50	MICROALBUMINURIA	500/-
51	RENEL STONE/ GALL STONE	550/-
52	URINE AMYLAZE	600/-
53	URINE BILE SALT / PIGMENT	40/- EACH
54	URINE CRT CLEARANCE	480/-

55	URINE FOR GONOCOCCI	300/-
56	URINE FOR LEPTOSPIROSIS	1800/-
57	URINE KETONE	30/-
58	URINE PROTEINE CREATININE RATIO	350/-
59	URINE ROUTIN AND MICRO	80/-
60	URINE ROUTINE	60/-
61	URINE ROUTINE WITH BSBP	100/-
62	URINE SUGAR / URINE ALBUMIN	30/- EACH
63	URINE SUGAR BY STRIP	40/-

**(D) STOOL:-**

64	CONC METHOD	70/-
65	HANGING DROPS	60/-
66	LACTOSE INTOLERANCE	40/-
67	OCCULT BLOOD	60/-
68	SEMEN ANALYSIS	140/-
69	STOOL CULTURE	360/-
70	STOOL ROUTINE	60/-
71	STOOL ROUTINE WITH OCCULT BLOOD	80/-
72	STOOL SUGAR	70/-

**(E) SEROLOGY:-**

73	AIDS WESTERN BLOT TEST	3600/-
74	AIDS/HIV	360/-
75	AMOEBIC ANTIBODY (IgG-IgM)	300/- EACH
76	ANA	720/-
77	ANA WESTERN BLOT TEST	3500/-
78	ANTI DNA	720/-
79	ANTI MICROSOMAL ANTIBODY	600/-
80	ANTISTREPTOLYSIN O TITRE (ASO)	250/-
81	BRUCellosis	400/-

82	C REACTIVE PROTEIN (CRP)	300/-
83	DENGU (IgG-IgM)	500/- EACH
84	DS DNA	720/-
85	H.C.V.	600/-
86	H.PYLORI (IgG-IgM)	600/- EACH
87	HbsAg (AUSTRLIA ANTIGEN)	170/-
88	IMMUNOGLOBULINS TOTAL IGG,IGA,IGM	500/-EACH
89	INFECTIOUS MONON UCLEOSIS	500/-
90	LEPTOSPIROSIS (IGG-IGM)	720/-EACH
91	MALERIAL ANTIGEN TEST	400/-
92	NS-1 ANTIGEN	800/-
93	PREGNANCY TEST (ELISA)	150/-
94	RHEUMATOID ARTHRITIS (RA)	150/-
95	S.C3 LEVEL	900/-
96	TPHA	450/-
97	TROPONIN-T	1000/-
98	VDRL	120/-
99	WIDAL /FEBRILE ANTIGENS SEROLOGY	120/-

**(F) MICROBIOLOGY:-**

100	ASPIRATION CYTOLOGY WITH PROC.	650/-
101	BLOOD CULTURE & SENSITIVITY	1200/-
102	CYTOLOGY (PAP SMEAR)	350/-
103	FUNGAL BACTEC	1000/-
104	FUNGAL C/S	700/-
105	FUNGAL CULTURE & SENSITIVITY	700/-
106	FUNGAL STAIN	200/-
107	GRAM STAIN	70/-
108	KOH/GONOCOCCI	150/-
109	LEPRA BACILLI	400/-
110	OPTIONAL ANAEROBLE	70/-
111	PUS/SPUTUM/FLUID CULTURE & SENSITIVITY	700/-



112	ROUTINE AEROBIC C/S	600/-
113	SPUTUM EXAMINATION	150/-
114	URINE CULTURE & SENSITIVITY	400/-
115	Z. N. STAIN/SPUTUM AFB	70/-EACH

### **(G) BIOCHEMISTRY:-**

116	24 Hrs. URINARY PROTIN	120/-
117	ALKALINE PHOSPHATASE	120/-
118	AMYLASE	250/-
119	APOLIPOPROTEINS	800/-
120	BILIRUBIN	120/-
121	CHOLESTREROL	150/-
122	CL -	120/-
123	CPK	250/-
124	CPK- MB	360/-
125	CPK- MM	600/-
126	CPK- MP	850/-
127	CREATININE	120/-
128	ELECTROLYTES	500/-
129	G.T.T. (3 SAMPLE)	250/-
130	G.T.T. (5 SAMPLE)	500/-
131	GAMMA GT (GGT)	150/-
132	HB1AC- GLYCOSYLATED	600/-
133	HCO <sub>3</sub>	140/-
134	HDL	150/-
135	K <sup>+</sup>	120/-
136	LACTIC ACID	600/-
137	LDH	150/-
138	LIPID PROFILE	600/-
139	LIVER FUNCTION TEST (LFT)	600/-
140	MANTOUX TEST (MT TEST)	70/-
141	NA <sup>+</sup>	120/-

142	OSMOLALITY	900/-
143	PHOSPHOROUS	150/-
144	PROTEIN ELECTROPHORESIS	800/-
145	SERUM ACETONE	80/-
146	SERUM ACID PHOSPHATASE	550/-
147	SERUM AMMONIA	700/-
148	SERUM CALCIUM	170/-
149	SERUM CALCIUM IONIZED	300/-
150	SERUM CHOLINESTERASE	800/-
151	SERUM LIPASE	550/-
152	SERUM LITHIUM	500/-
153	SERUM MAGNESIUM	400/-
154	SGOT	100/-
155	SGPT	120/-
156	SUGAR BY GLUCOSTRIP	60/-
157	SUGAR FBS/PP2BS/RBS	60/-EACH
158	TOTAL PROTEIN	120/-
159	TREIGLYCERIDE	150/-
160	UREA	100/-
161	URIC ACID	120/-
162	YGT (GGTP)	350/-

### **(H) BODY FLUIDS:-**

163	CSF EXAMINATION	300/-
164	FLUID ADA LEVEL	700/-
165	FLUID CYTOLOGY/FLUID ROUTINE	250/-EACH
166	PERICARDIAL FLUID EXMINATION	300/-
167	PERITONEAL FLUID EXMINATION	300/-
168	PLEURAL FLUID EXMINATION	300/-
169	SEMEN WITH FRUCTOSE	150/-

**(I) HORMONES:-**

170	CORTISOL	600/-
171	DHEAS	550/-
172	ESTRADIOL	600/-
173	ESTROIL	600/-
174	FREE T3	400/-
175	FREE T4	400/-
176	FSH	400/-
177	LH	400/-
178	PARA THYROID HORMONE	1200/-
179	PROCALCITONE ( QUNTITATIVE)	2100/-
180	PROCALCITONE (QUALITATIVE)	3600/-
181	PROGESTERONE	550/-
182	PROLACTIN	400/-
183	SERUM INSULIN LEVEL	550/-
184	T3	200/-
185	T3T4TSH	600/-
186	T4	200/-
187	TESTOSTERONE	600/-
188	TSH	300/-
189	17-HYDROXY PROGESTERONE	1300/-

**(J) TOMOUR MARKERS:-**

190	AFP (ALFA FETO PROTEIN)	700/-
191	B.HCG	700/-
192	CA 125	1100/-
193	CA 15.3	950/-
194	CA 19.9	950/-
195	CEA	800/-
196	PSA	600/-

**(K) DRUG ASSAY:-**

197	CARBAMEZIPINE	800/-
198	DIGOXIN	650/-
199	PHENYTOIN	800/-
200	THEOPHYLLIN	1100/-
201	TRICYCLIC ANTIDEPRESSANT	750/-
202	VALPROIC ACID	1000/-

**(L) TUBERCULOSIS:-**

203	BACTEC CULTURE PUS	1000/-
204	BACTEC CULTURE URINE	1000/-
205	BACTEX CULTURE CSF	1000/-
206	CULTURE BY BACTEC METHOD BACTEC CULTURE SPUTUM	1000/-
207	T.B. IGA	800/-
208	T.B. IGH	600/-
209	T.B. IGM	800/-
210	T.B.C/S.BACTEX METHOD SECONDARY DRUG	700/-

**(M) CYTOLOGY:-**

211	BONE MARROW PROCEDURE	500/-
212	BONE MARROW REPORTING	500/-
213	FNAC PROCEDURES AND REPORTING	800/-
214	PAS STAIN	250/-
215	VAGINAL PAP'S SMEAR	300/-

## **(N) HISTOPATHOLOGY:-**

216	APENDIX	550/-
217	BONE	1100/-
218	BONE MARROW	1000/-
219	BONE MARROW TREPHINE	1200/-
220	BRAIN TUMOR	1200/-
221	BREAST	850/-
222	CT GUIDED/IMPRINT/FNAC CRUSH WITH VISIT	1700/- EACH
223	ENDOMETRIAL BIOPSY	600/-
224	ENT	600/-
225	FROZEN SECTION	1000/-
226	GALL BLADER	950/-
227	INTESTINE	1150/-
228	LIVER	600/-
229	LYMPHNODE	900/-
230	MODIFIED RADICAL MASTECTOMY	1500/-
231	MULTIPLE MUCOSAL BIOPSIES (LIKE ESOPHAGUS / COLONOSCOPY)	850/-
232	MUSCOSAL	900/-
233	RND	1500/-
234	SKIN	550/-
235	SOFT TISSUE	1200/-
236	TESTICULAR	800/-
237	THYROID	1200/-
238	TUR	1000/-
239	UTERUS & CERVIX	1000/-
240	UTERUS / CERVIX AND ADNEXA	1000/-

**(O) INFERTILITY PROFILE:-**

241	ANTI CARDIOLIPIN ANTIBODY	700/-
242	TORCH FULL	4200/-
243	TAXOPLASMOSIS IGG/IGM	500/-EACH
244	RUBELLA IGG/IGM	500/-EACH
245	CYTOMEGALO VIRUS IGG/IGM	550/-EACH
246	HERPEES IGG/IGM	800/-EACH
247	CHLAMYDIA IGG/IGM	800/-EACH

**(P) HEPATITIS MARKER:-**

248	ANTI HAV (HEPATITIS A)	700/-
249	ANTI HCV ANTIBODY	600/-
250	ANTI HEV	1100/-
251	HBC A.G. (HEP B.E. ANTIGEN)/ANTI HBC TOTAL	550/-EACH
252	HBS A.B. (HEP B SURFACE ANTIBODY)	550/-

**(Q) IMMUNO-HISTOCHEMISTRY:-**

253	ANAPLASTIC LARGE CELL LYMPHOMA	1000/-
254	CD 34% IN BMT PATIENTS	500/-
255	ER-PR	1000/-
256	HER-2 NEU ONCOPROTEIN	650/-
257	IMMUNOHISTOCHEMISTRY (IHC)	1700/-
258	IMMUNOPHENOTYPING OF ACUTE LEUKEMIA	5600/-
259	PNH TEST	3950/-

**(R) OTHER INVESTIGATION:-**

<b>SR. NO.</b>	<b>NAME OF TEST</b>	<b>CHARGES</b>
260	"V" CHROMOSOME (16 MUTATIONS)	7200/-
261	ABG	850/-
262	ANGIOTENSIN CONVERTING ENZYME (ACE)	1300/-
263	ACETYL CHOLINE RECEPTOR ANTIBODY	2600/-
264	ACTH	1200/-
265	ACUTE LEUKAEMIA PANEL	6000/-
266	ALCOHOL	800/-
267	ALDOSTERONE	1100/-
268	ALPHA FETOPROTEIN	700/-
269	AML PROGNOSTIC PCR PANEL	9000/-
270	AMINO ACID URINE	950/-
271	AMNIOTIC FLUID (AF)	10000/-
272	ANCA	1400/-
273	ANTI CCP	1300/-
274	ANTI DIURETIC HORMONE (ADH)	1400/-
275	ANTI GBM ANTIBODY	1100/-
276	ANTI GLIADIN ANTI BODY (A OR G)	1200/- EACH
277	ANTI MITOCHONDRIAL ANTI BODY	1400/-
278	ANTI MULLERIEN HORMONE	1700/-
279	ANTI OVARIAN ANTIBODY	600/-
280	ANTI SPERM ANTIBODY	600/-
281	ANTI THROMBIN III	1700/-
282	ASCA (IgG-IgA)	1200/- EACH
283	ASPERGILLAS ANTIBODY	1070/-
285	AUTO IMMUNE ENCEPHALITIS PANEL	10000/-
286	AUTO IMMUNE HEPATITIS PANEL	3750/-
287	B2 MICROGLOBULIN	1100/-
288	BCR / ABL (CML, AML, ALL)	5400/-
289	BETA2 GLYCOPROTINE (IgG-IgM)	800/- EACH
290	BUCCAL MUCOSA FOR X-Y STUDY	1400/-
291	C MYC (ALL, NHL)	5400/-

292	C1Q	1000/-
293	C3 & C4	550/- EACH
294	C3 COMPLEMENT	550/-
295	CARDIOLIPIN (A/G/M)	500/- EACH
296	CATECHOLAMINE - SERUM	3500/-
297	CATECHOLAMINE - URINE (24HRS COLLECTION IN HCL)	3500/-
298	CD4/CD8	2000/-EACH
299	CEA	1100/-
300	CERULOSPASMIN COPPER OXIDASE	700/-
301	CHIKEN GUNIYA (IgG/IgM)	1700/- EACH
302	CHORION (CVS)	10000/-
303	CHROMOSOME BREAKAGE SYNDROME	10000/-
304	CHRONIC INFLAMATORY BOWEL DISEASE PROFILE	4700/-
305	CLOSTRIDIUM DIFFICILE ANTIGEN	3750/-
306	CMV-PCR (QUALITATIVE)	4200/-
307	CMV-PCR (QUANTITATIVE)	6200/-
308	CORTISOL - SERUM (AM OR PM)	400/- EACH
309	CORTISOL - URINE (24HRS COLLECTION IN GLACIAL ACID)	550/-
310	C-PEPTIDE	800/-
311	C-PSA (COMPLEX PSA)	7200/-
312	CYTOGENETICS	1550/-
313	D. DIMER	1200/-
314	DNA ISOLATION AND STORAGE	2000/-
315	DOUBLE MARKER (FREE BCG, PAPPA)	1700/-
316	DRUG ALLERGY	2400/-
317	DRUGS OF ABUSE (8 DRUGS)	5400/-
318	DRVVT	2750/-
319	ENDOMYICIAL ANTIBODIES (A/G/M)	1200/- EACH
320	ENTEROCHECK TEST	550/-
321	EPSTEINBARR VIRUS	1200/- EACH
322	ERYTHRO POIETIN EPO LEVEL	1300/-
323	FACTOR ( V,VI,VII,VIII,IX,X )	1700/- EACH
324	FETAL BLOOD SAMPLE FOR KARYOTYPING	6000/-



325	FILARIAL ANTIBODY (IgG-IgM)	800/- EACH
326	FISH FOR CLL PANEL	9000/-
327	FOLIC ACID	600/-
328	FOOD ALLERGY (NON VEG. ONLY)	1900/-
329	FOOD ALLERGY (VEG. ONLY)	3000/-
330	FRAGILE "X" SYNDROME	4800/-
331	FRAGILE X SYNDROME	6000/-
332	FREE LIGHT CHAIN ASSAY (FLC)	4000/-
333	GAD ANTIBODY	1400/-
334	GASTRINE	1100/-
335	GENETIC STUDY OF COUPLE WITH POC	10800/-
336	HAPATOGLOBIN	900/-
337	HBeAB	850/-
338	HBS ANTIBODY (QUANTITATIVE)	600/-
339	HBV DNA -PCR (QUALITATIVE)	3500/-
340	HBV DNA -PCR (QUANTITATIVE)	4400/-
341	HCV PCR (QUALITATIVE)	3500/-
342	HCV PCR (QUANTITATIVE)	5500/-
343	HCV RNA GENOTYPING	3500/-
344	HBeAG	800/-
345	HEMOFILIIYA	3600/-
347	HEP-B CORE (IgG/IgM)	550/- EACH
348	HEP-E ANTIGEN OR ANTIBODY	550/- EACH
349	HERPEES ZOASTER (IgG/IgM)	700/-EACH
350	HEV (E VIRUS) IgG/IgM	700/- EACH
351	HIGH RESOLUTION CHROMOSOME STUDY (COUPLE)	8400/-
352	HIGH RESOLUTION CHROMOSOME STUDY	5400/-
353	HIV PCR (QUANTITATIVE) (VIRAL LOAD)	4700/-
354	HIV PCR (QUALITATIVE)	4200/-
355	HLA B27	1900/-
356	HLD/B27	3100/-
357	HOMOCYSTEINE LEVEL	1400/-
358	HSV I OR II (IGG OR IgM)	550/- EACH
359	HSV PCR (QUALITATIVE)	3500/-

360	HSV PCR (QUANTITATIVE)	4400/-
361	HUMAN GROWTH HORMONE	650/-
362	IgE	600/-
363	IgF	2300/-
364	IgG/IgM/IgA	400/-EACH
365	IGG4	5060/-
366	IGL LEVEL	950/-
367	IMMUNO ELECTROPHORESIS (IMMUNOFIXATION)	7000/-
368	IMMUNO THERAPY (VACCINE) 4 VIALS INJECTABLES	2750/-
369	IMMUNO THERAPY (VACCINE) 4 VIALS ORAL	4200/-
370	INFLUENZA (A & B) (THROAT / NASAL SWAB)	1700/-
371	INHALANT ALLERGY WITH CONTACT ALLERGY	1700/-
372	INHIBIN-A	1400/-
373	INSULIN LIKE GROWTH FACTOR(IGF1)	2200/-
374	INTRINSTIC FACTOR	1700/-
375	JAPANESE ENCEPHALITIS (IgG/IgM)	700/- EACH
376	JO 1	1100/-
377	LACTATE	950/-
378	LECTASH PYRUVATE	1700/-
380	LEPROSY (IgG/IgM)	1200/- EACH
381	LUPUS ANTI COAGULANT (A)	800/-
382	LYMPHOCYTE CULTURE FOR KARYOTYPING (SINGLE)	4200/-
383	LYMPHOCYTE CULTURE FOR KARYOTYPING (COUPLE)	5400/-
384	MEASALS (IgG/IgM)	550/- EACH
385	MUMPS (IgG/IgM)	550/- EACH
386	MYOGLOBIN	1200/-
387	NEURONAL AUTOIMMUNE ANTIBODIES BY IMMUNOBLOT	3600/-
388	NSE 74 (LUNG CANCER)	1700/-
389	PAPILLOMA VIRUS - PCR	6000/-
390	PAPPA (FOR EARLY DOWN'S SYNDROME)	1100/-
391	PATERNITY TESTING (3 PERSON)	18000/-
392	PF/PV ANTIBODY	400/-EACH
393	PRENATAL CHROMO (13, 18, 21, X & Y)	8400/-

394	PRENATAL THALASSAEMINA	11000/-
395	PRO BNP	2800/-
396	PRODUCTS OF CONCEPTION	5400/-
397	PROTEIN (C OR S)	1700/- EACH
398	QUADRIPLE TEST	1600/-
399	RABBIES ANTIBODY (IgG/IgM)	950/- EACH
400	S LEAD LEVEL	1900/-
401	SERUM CEPHALOPLASMIN	1100/-
402	SHBG	1700/-
403	SICKLE CELL ANEMIA	2750/-
404	SSA/SSB/SCL 70/SMOOTH MUSCLE AB	1100/- EACH
405	STONE ANALYSIS	700/-
406	TACROLIMMUS	2750/-
407	TB A/G/M (ALL THREE)	1400/-
408	TB A/G/M/G COMPLEX	550/- EACH
409	TB INTERFERONE/TB GOLD	1700/-
410	TB PCR - (QUANTITATIVE) (GENXPRT)	1700/-
411	TB PCR - REAL TIME (QUANTITATIVE) (GENXPRT)	2150/-
412	TESTOSTERONE	500/-
413	TESTOSTERONE - FREE	900/-
414	TETANUS ANTIBODY (IgG/IgM)	950/- EACH
415	THYROID ANTIBODIES (MICROSOMAL / THYROGLOBULIN)	700/- EACH
416	THYROID BINDING GLOBULINE	800/-
417	THYROID RECEPTOR AB	1400/-
418	TORCH-10 (WITH CHLAMYDIA & VDRL)	2900/-
419	TORCH-8 (WITH VDRL)	1900/-
420	TPO (THYROID PEROXIDASE)	800/-
421	TRANSFERRING	1100/-
422	TRIPLE TEST (AFP,BCG,E3) WITH GRAPHICS	1700/-
423	TRISOMY 12 (CLL)	4800/-
424	TRISOMY 21 (PRE NATAL SAMPLE - AF/CVS)	6000/-
425	TRISOMY 8	4800/-
426	TTGA (TISSUE TRANS GLUTAMASE)	1000/-

427	TYPHIDOT (IgG/IgM)	800/- EACH
428	URINARY COPPER (ATOMIC ABSORPTION)	1900/-
429	URINARY NA+	300/-
430	URINE KETO STEROID - 24HRS COLLECTION IN HCL	1200/-
431	VEG WITH NON VEG WITH INHALANT WITH DRUGS	6000/-
432	VEG. PROFILE (VEG.FOOD + INHALANT)	3500/-
433	VERICELLA AB (IgG/IgM)	700/- EACH
434	VITAMIN-B1/B6	1400/- EACH
435	VITAMIN-B12	900/-
436	VITAMIN-C (ASCORBIC ACID)	1400/-
437	VITAMIN-E	1400/-
438	VITAMIN-K	1400/-
439	VITAMIN-D3 (1,25 OR 25 HYDROXY)	1100/- EACH
440	VMA - 24HRS COLLECTION IN HCL	1200/-
441	ZINC	1400/-

## **(10) ANESTHESIA AND O.T. CHARGES**

<b>SR.NO.</b>	<b>DESCRIPTION</b>	<b>CHARGES</b>
1	LOCAL ANESTHESIA	350/-
2	GENERAL ANESTHESIA	25% OF OPERATION CHARGE
3	OPERATION THEATRE CHARGES	20% OF OPERATION CHARGES
4	LABOUR ROOM CHARGE	20% OF OPERATION CHARGES
5	SUTURE MATERIAL CHARGES	AT PAR WITH COST(M.R.P.)
6	ANY SPECIALIZED INSTRUMENT CHARGE	20% OF OPERATION CHARGES
7	EMERGENCY/HIGH RISK/COMPLICATED OPERATION CHARGE	ADD 25% OF OPERATION CHARGES
8	BUCKLING IMPLANT LIKE SILICON SPONGE, BAND, TIRE ETC. CHARGES	AT PAR WITH COST(M.R.P.)
9	DRUG USED IN RETINAL SURGERY CHARGE	AT PAR WITH COST(M.R.P.)
10	SPEED BAND FOR BINDING, SELEROTHERAPY NEEDLES, CYNOACRYLATE GLUE ETC. CHARGES	AT PAR WITH COST(M.R.P.)
11	COST OF DISPOSABLE	AT PAR WITH COST(M.R.P.)
12	ANY MATERIAL USED IN ORTHOPAEDIC DEPARTMENT	AT PAR WITH COST(M.R.P.)

**(11) CHEMOTHERAPY AND**  
**RADIOTHERAPY AND ONCO SURGERY**  
**CHARGES**

SR. NO.	DESCRIPTION	CHARGES
1	CANECR BREAST	12600/-
2	CANECR HEAD & NECK	25200/-
3	CANCER ESOPHAGUS	36000/-
4	CANCER OVARY, UTERUS CERVIX	25200/-
5	CANCER LUNG	44400/-
6	CANCER LARYNX	26400/-
7	CANCER BLADDER	36000/-
8	CANCER PENIS+BILATERAL GROIN	26400/-
9	CANCER COLON	20400/-
10	CANCER RECTUM	27600/-
11	CANCER STOMACH	27600/-
12	CANCER GALL BLADDER	44400/-
13	CANCER THYROID	20400/-
14	HEPATOMALIVER	72000/-
15	SOFT TISSUE SARCOMA	18000/-
16	SKIN MELIGNANCY	18000/-
17	CANCER PANCREAS	7200/-
18	MULTIPLE LID TUMER BOTH EYE	6000/-
20	MALIGNAT UTERUS CYST/ OVERAIN CYST	16800/-
21	MALIGNAT CERVICAL CYST (WERTHEIM'S CYST)	16800/-
22	CHEMOTHERAPY PLANNING	1800/-
23	CHEMOTHERAPY ADMINISTRATION	1200/-

**NOTE:- CHEMOTHERAPY RELATED DRUGS MUST BE SUPPLIED BY  
RECOGNISED HOSPITAL IN STAFF TREATMENT BILL.**

## **RADIOTHERAPY CHARGES:-**

<b>SR. NO.</b>	<b>PROCEDURE</b>	<b>CHARGES</b>
1	3-D CONFORMAL RADIOTHERAPY PACKAGE	33600/-
2	BRACHYTHERAPY WITH G.A.	1700/-
3	BRACHYTHERAPY WITHOUT G.A.	1000/-
4	CT SCAN PLANNING	6600/-
5	CT SCAN PLANNING WITH SPECIAL ORFIT CAST	7300/-
6	INTENSITY MODULATED RADIOTHERAPY PACKAGE	46800/-
7	RAPID ARC/VMAT RADIOTHERAPY	40000/-
8	REIRRADIATION	3350/-
9	RETREATMENT	3350/-
10	RT CURATIVE	5300/-
11	RT PALLIATIVE	3350/-
12	RT SINGLE FRACTION	1300/-
13	RT WITH CAST WITH STIMULATOR	5300/-
14	RT WITH SIMULATOR WITH SPECIAL ORFIT CAST	6600/-
15	RT WITH SPECIAL ORFIT CAST	6600/-
16	RT WITH STIMULATOR	5300/-
17	RT WITH TPS PLANNING	5300/-
18	RT WITH TPS PLANNING WITH SPECIAL ORFIT CAST	16500/-
19	SRS	66000/-
20	SRT	79000/-
21	TELEOTHERAPY WITH CURATIVE WITH 2D WITH ST PACKAGE	46800/-

## **(12) CATH-LAB CHARGES**

SR. NO.	NAME OF CARDIAC PROCEDURE	CHARGES
1	CORONARY ANGIOGRAPHY	7800/-
2	PERIPHERAL ANGIOGRAPHY / RENAL ANGIOGRAPHY	9000/-
3	CORONARY ANGIOGRAPHY + PERIPHERAL/RENAL ANGIOGRAPHY / CAROTID	12600/-
4	CORONARY BALLOON ANGIOPLASTY ONLY	54000/-
5	CORONARY ANGIOPLASTY	60000/-
	A -1) BARE METAL STENT (BMS)STAINLESS STEEL	7260/- (LOCAL TAXES APPLICABLE)
	DRUG ELUTING STENTS (DES) INCLUDING METALLIC DES AND BIORESORBLE VASCULAR SCAFFOLD (BVS)/BIODEGRADABLE STENTS	29600/- (LOCAL TAXES APPLICABLE)
6	PERIPHERAL/RENAL ANGIOPLASTY	54000/-
	COST OF STENT	35000/-
7	CAROTID ANGIOPLASTY- (UNILATERAL)	48000/-
	COST OF STENT	45000/-
8	CAROTID ANGIOPLASTY - (BILATERAL)	72000/-
	COST OF FILTER	65000/-
9	AORTIC STENTING	42000/-
	COST OF STENT	45000/-
10	ASD (ATRIAL SEPTAL DEFECT) CLOSURE	36000/-
	COST OF ASD DEVICE	80000/-
11	VSD (VENTRICULAR SEPTAL DEFECT) CLOSURE	36000/-
	COST OF VSD DEVICE	80000/-
12	PDA (PATENT DUCTUS ARTERIOUS) CLOSURE	36000/-
	COST OF PDA DEVICE	50000/-
13	BALLOON MITRAL VALVOPLASTY (BMV)	54000/-
14	BALLOON AORTIC VALVOPLASTY (BAV)	54000/-
15	BALLOON PULMONARY VALVOPLASTY (BPV)	54000/-
16	BALLOON DILATATION COARCT	54000/-
	COST OF STENT	40000/-
17	TEMPORARY PACEMAKER (TPI)	6000/-



18	PERMANENT PACEMAKER (PPI)	24000/-
	COST OF PACE MAKER	
	A) SINGLE CHAMBER (DI/DR)	95000/-
	B) DOUBLE CHAMBER (DI/DR)	200000/-
19	CARDIAC CATHLAB WITH OXYMETRY	9600/-
20	CARDIAC CATHLAB WITHOUT OXYMETRY	9000/-
21	EP STUDY DIAGNOSTIC	24000/-
22	EP STUDY THERAPEUTIC	36000/-
23	CHECK CORONARY ANGIOGRAPHY	6000/-
24	IVC FILTER	24000/-
	COST OF FILTER	45000/-
25	BI VENTRICULAR PACEMAKER (CRT)	60000/-
	COST OF PACE MAKER (CRT)	275000/-
26	AICD (AUTOMATIC IMPLANTABLE CARDIAC DEFIBRILATER)	60000/-
	COST OF IMPLANT	275000/-
27	COMBO (AICD WITH VENTRICULAR PACEMAKER - CRT)	84000/-
	COST OF IMPLANT	650000/-
28	CORONARY ARTERY BYPASS GRAFT SURGERY (NON-BEATING)(WITHOUT IABP)	138000/-
29	IABP	60000/-
30	RE-DO CORONARY ARTERY BYPASS SURGERY	168000/-
31	ASD SURGERY (ATRIAL SEPTAL DEFECT)	132000/-
32	VSD SURGERY (VENTRICULAR SEPTAL DEFECT)	132000/-
33	PDA LIGATION SURGERY (PATENT DUCTUS ARTERIOSUS)	48000/-
34	MVR (MITRAL VALVE REPLACEMENT)	132000/-
	COST OF METALIC VALVE	45000/-
	COST OF BIO PROSTATIC VALVE	75000/-
35	AVR (AORTIC VALVE REPLACEMENT)	132000/-
	COST OF METALIC VALVE	45000/-
	COST OF BIO PROSTATIC VALVE	75000/-
36	DVR ( DOUBLE VALVE REPLACEMENT)	156000/-
	COST OF METALIC VALVE	45000/-
	COST OF BIO PROSTATIC VALVE	75000/-
37	TOF (TETRALOGY OF FALLOT)/ CHD	144000/-

38	RE-EXPLORE	12000/-
39	RE-SUTURING	12000/-
40	EMBOLECTOMY	42000/-
41	AORTA FEMORAL BYPASS SURGERY	108000/-
42	AORTA BI FEMORAL BYPASS SURGERY	168000/-
43	B T SHUNT- (BLALICK TAUSSING SHUNT) WITH CONDUIT	78000/-
44	PERICARDIACTOMY	54000/-
45	THORACOTOMY (COARCTATION OF AORTA)	108000/-
46	BENTAL SURGERY	300000/-
47	THORACOTOMY (CMV, PERICARDIAL WINDOW ETC.)	54000/-
48	CABG + MVR (COST OF VALVE/ RING EXTRA)	156000/-
	COST OF METALIC VALVE	45000/-
	COST OF BIO PROSTATIC VALVE	75000/-
49	RSOV REPAIR (RUPTURE SINUS OF VALSALVA)	156000/-
	COST OF METALIC VALVE	45000/-
	COST OF BIO PROSTATIC VALVE	75000/-
	COST OF CONDUIT	100000/-
50	PERMANENT PACEMAKER INSERTION (EPICARDIAL) (COST OF PACEMAKER EXTRA)	42000/-
51	HOLTER	2400/-
52	CARDIAC STRESS PERFUSION	12870/-
53	SLEEP STUDY	6150/-
54	THROMBOSUCTION	42000/-

## **(13) DENTAL CHARGES**

<b>SR. NO.</b>	<b>PROCEDURE</b>	<b>CHARGES</b>
1	X-RAY FOR ONE TOOTH (IOPA)	90/-
2	OCCUSAL X-RAY	200/-
3	O.P.G.	700/-
4	ABSECESS DRAINAGE	120/-
5	ACRIPOD DENTURE	10200/-
6	AFEXIFICATION PER TOOTH	1100/-
7	ALVELOPLASTY	120/- PER ARCH
8	ALVEOLECTOMY FOR SEGMENT	350/-
9	APICOECOTOMY PER TOOTH	1800/-
10	ARTHROCASTESIS	1200/-
11	BLEACHING	1200/- PER SITTING
12	BONE GRAFTING	2400/-
13	CEMENT FILLING	60/-
14	CERAMIC BRACKETS	21600/-
15	COMPLETE ACRYLIC DENTURE	2400/- TO 6000/-
16	CROWN CEMENTATION	250/-
17	CURETTEGE WITH ROOT PLANNING	450/-
18	CYST ERADICATION	600/-
19	CYST REMOVAL	1100/-
20	DEGRANULATION- LASER (PER QUANRANT)	250/-
21	DENTURE REFILLING	400/-
22	DENTURE REPAIR	250/-
23	DEPIGMENTATION (PER QUADRANT)	180/-
24	DEPIGMENTATION- LASER (PER QUADRANT)	250/-
25	DISIMPACTION	600/-
26	DRESSING WITH MATERIAL	60/-
27	EXTRACTION FRO ONE TOOTH- SIMPLE	100/-
28	EXTRACTION FRO ONE TOOTH- SURGICAL	500/-
29	FLAP SURGERY (FULL MOUTH)	1200/-
30	FLAP SURGERY (PER QUANRANT)	300/-

31	FLAP SURGERY WITH BONE GRAFT (PER QUADRANT)	1200/-
32	FLAP SURGERY WITH BONE GRAFT (FULL MOUTH)	4800/-
33	FLAP SURGERY WITH BONE GRAFT AND GTR (PER QUANRANT)	2400/-
34	FRENECTOMY	600/-
35	FULL CAST CROWN- CHROME - COBALT (BRIDGE)	850/-
36	FULL CAST CROWN- GOLD	600/-
37	FULL CAST CROWN- PORCELINE/CERAMIC	1800/-
38	FULL CAST CROWN- ZIRCONIUM METAL	4200/-
39	FULL MOUTH SCALING & POLISHING	400/-
40	GINGIVECTOMY- FULL MOUTH	3600/-
41	GINGIVECTOMY- PER SEGMENT	950/-
42	GLASS JONOMER FILLING- CROWN BUILD UP	950/-
43	GLASS JONOMER FILLING- ONE	400/-
44	HEMISECTION	600/-
45	I & D	350/-
46	IMPACTED MOLAR- DISTO ANGULAR & VERTICAL	1000/-
47	IMPACTED MOLAR- HORIZONTAL	1400/-
48	IMPACTED MOLAR- MESIO	1000/-
49	IMPLANT	5400/-
50	IMPLANT PLACEMENT WITHOUT PROSTHESIS	5400/-
51	IMPLANT WITH PROSTHESIS	9000/-
52	INLAY- CHROME - COBALT	700/-
53	INLAY- GOLD	500/-
54	JACKET CROWN ACRYLIC	350/-
55	LIGHT CURED COMPOSITE	800/-
56	LINGUAL BRACKETS	30000/-
57	LUCTION	6600/-
58	METAL BRACKETS	10800/-
59	MUCOGINGIVAL SURGERY WITH SOFT TISSUE GRAFT	1800/-
60	MUCOGINGIVAL SURGERY WITHOUT SOFT TISSUE GRAFT	1200/-
61	MYOFUNCTIONAL APPLIANCE	2400/-
62	NIGHT GUARD	1200/-
63	OPERCULECTOMY	250/-

64	OPERCULECTOMY- LASER	600/-
65	ORTHO DENTIST TREATMENT(AMERICAN)	26400/-
66	ORTHO DENTIST TREATMENT(INDIAN)	16800/-
67	PERICORONAL FLAP	300/-
68	POLYP EXCISION	200/-
69	POST AND CARE- FIBRE	900/-
70	POST AND CORE	350/-
71	PRP PROCEDURE	4550/-
72	REMOVABLE APPLIANCE	1200/-
73	REMOVABLE PARTIAL DENTURE- ONE ADDITIONAL	60/-
74	REMOVABLE PARTIAL DENTURE- ACRYLIC	350/-
75	RIDGE AUGMENTATION	2400/-
76	ROOT CANAL TREATMENT-ANTERIOR	1000/-
77	ROOT CANAL TREATMENT-POSTERIOR	1200/-
78	ROOT RESECTION	600/-
79	SCALLING AND ROOT PLANNING UNDER L.A. (PER QUADRANT)	60/-
80	SCALLING AND ROOT PLANNING UNDER L.A. (FULL MOUTH)	300/-
81	SILVER FILLING- ONE SURFACE	350/-
82	SILVER FILLING- TWO SURFACE	500/-
83	SPACE MAINTAINER	600/-
84	TMJ SPLINT	1200/-
85	VESTIBULOPASTY	1200/-

## **(14) DERMATOLOGICAL CHARGES**

<b>SR.NO.</b>	<b>DERMATOLOGICAL THERAPY</b>	<b>CHARGES</b>
1	ACNE SURGERY (COMIDOEXTRACTION)	120/- PER SITE
2	ANATALOGUS MINI - PUNCH GRAFTING	300/-
3	CARBOLIZATION (PER APPLICATION)	60/-
4	CHEMICAL PEELS (GLYCOLIC ACID) TRICHLOR (ACUTIC ACID) GATA	600/-
5	COMEDONE EXTRACTION	180/-
6	CRYO THERAPY	400/- PER LESION
7	ELECTRO CAUTERISATION (PER SITE)	120/-
8	ELECTROLYSIS	950/- PER SITTING
9	EXCISIONAL SURGERY (MOLES ETC.)	400/- PER LESION
10	INTRADERMAL INJECTION ADMINISTRATION	60/- EACH
11	INTRADERMAL INJECTION WITH DERMOJET	60/- EACH
12	KOH SMEAR	180/-
13	MELLUSUM CONTAGIOSUM EXTRACTION	70/- EACH
14	NAIL AVULALSION	600/-
15	P U VA THERAPY	60/- PER SITTING
16	PARRING	180/-
17	PATCH TESTING	60/- EACH
18	PHOTOCHEMOTHERAPHY	120/- PER SITTING
19	PODOPHYLIN CHARGES	60/- EACH
20	PRICK TEST	180/- PER PRICK
21	SKIN BIOPSY	240/-
22	SMEAR FOR AFB	180/-
23	SMEAR FOR GONOCOCCI	180/-
24	TZANCK TEST	180/-
25	WOODS LAMP EXAMINATION	120/-

## **(15) PSYCHIATRIC THERAPY CHARGES**

<b>SR.NO.</b>	<b>PARTICULARS</b>	<b>CHARGES</b>
1	BEHAVIOUR THERAPY (INDIVIDUAL)	280/-
2	CEREBRAL STIMULATION (NON CONVULSIVE CURRENT THERAPY)	400/-
3	COGNITIVE (PER PERSION)	60/-
4	CRISIS INTERVENTION	400/-
5	ECTUNDER ANAESTHESIA	800/-
6	FREASSOCIATIONS ABREACTIONS	280/-
7	HYPNOTISM	600/-
8	MATERIAL PSYCHOTHERAPY (COUPLE)	400/-
9	PENTOTHAL ABREACTION / CO <sub>2</sub> ABREACTION	400/-
10	PSYCHOTHERAPY / COUNSELLING (INDIVIDUAL)	280/-
11	S.I.	240/-
12	SPEECH THERAPY (PER PERSION)	90/-

## **(16) OPHTHALMOLOGY (EYE SECTION)**

### **CHARGES**

SR. NO.	DESCRIPTION	CHARGES
1	A SCAN	250/-
2	ANTERIOR CHAMBER WASH	600/-
3	AUTOMATED FIELDS	700/-
4	B SCAN	800/-
5	BELT BUCKLING WITH PARS PLANA VITRECTOMY	17500/-
6	BLOW OUT FRACTURE	12000/-
7	CATARACT	800/-
8	CATARACT BY (IOL) METHOD	2000/-
9	CATARACT WITH GLAUCOMA	2000/-
10	CONJUCTIVAL NEOPLASIA/DERMOIDS	4000/-
11	CORNEAL TOPOGRAPHY	900/-
12	CRYO RETIONOPEXY	1800/-
13	CRYOPEXY	2500/-
14	DACRYOCYSTCTOMY	2700/-
15	DACRYOCYSTORHINOSTOMY (DCR)	2300/-
16	DEEP SUBTENON INJECTION	350/-
17	DEMIS FAT GRAFTING	10000/-
18	ECTROPION/ENTROPION (WITH GRAFT)	7000/-
19	ECTROPION/ENTROPION (WITHOUT GRAFT)	600/-
20	ENDOSCOPIC ENDONASAL DCR	11000/-
21	ENUCLEATION/EVISCERATION	1000/-
22	ESOTROPIA (LATERAL RECTUS PARESIS)	11000/-
23	EXENTERATION	10000/-
24	EYE BURNS (MAJOR)	1000/-
25	EYE BURNS (MINOR)	600/-
26	FLUID GAS EXCHANGE	4800/-
27	FLURECEIN ANGIOGRAPHY	1200/-
28	FLURESCEIN ANGIOSCOPY	750/-
29	FUNDUS FLURESCEIN ANGIOGRAPHY	2300/-



30	GLAUCOMA	1200/-
31	GONIOSCOPY	250/-
32	HEIDELBERG RETINAL TOMOGRAPHY (HRT)	2000/-
33	HIGH COMPOUND MYOPIC ASTIGMATISM WITH AMBLYOPIER (LASIK SURGERY)	11600/-
34	INDECTOMY	650/-
35	INTRAVITREAL INJECTION	3500/-
36	IOFB REMOVAL (ANT SEG.)	6500/-
37	KERATOPLASTY	2500/-
38	LASER FOR SPECT (CONSIDER PATHOLOGICAL CONDITION)	20000/-
39	LENSECTOMY	1200/-
40	LID - CYST	800/-
41	LID INJURY (MAJOR)	7000/-
42	LID INJURY (MINOR)	600/-
43	LID MARGIN MMG (MUCUS MEMBRANE GRAFT)	8500/-
44	MASCULAR HOLE SURGERY	3500/-
45	MMC AUGMENTED TRAB	6500/-
46	MEMBRANE PEELING	1100/-
47	NUCLEUS DROP/IOL REMOVAL WITH VITRECTOMY	16200/-
48	OCULAR COHERENSE TOMOGRAPHY (OCT)	2000/-
49	OPTIC DISC PHOTOGRAPHY	300/-
50	ORBITOTOMIES	16000/-
51	ORTHOPTIC EXERCISES	700/-
52	ORTHOPTICS / SITTING	100/-
53	PACHYMETRY	700/-
54	PARS PLANA LENSECTOMY	14000/-
55	PENETRATING INJURY REPAIR	8000/-
56	PERFORATING INJURY	1000/-
57	PHACO (USING FOLDABLE LENSE)	11200/-
58	PHACO EMULSIFICATION	9200/-
59	PLEOPTICS / SITTING	100/-
60	PROBING	500/-
61	PTERYGIUM	1000/-
62	PTERYGIUM WITH GRAPHT	7000/-

63	PTOSIS	1200/-
64	REDIAL OPTIC NEUROTOMY FOR CRYO	18000/-
65	RETINAL DETACHMENT BUCKLING	3000/-
66	RETINAL DETACHMENT SURGERY	13000/-
67	SICS(SMALL INSITION CATARACT SURGERY)	4000/-
68	SILICON OIL REMOVAL	2500/-
69	SKIN/BUCCAL MUCOUS GRAFT	8000/-
70	SNIP PROCEDURE	600/-
71	SOCKET RECONSTRUCTION	10000/-
72	SQUINT - ONE MUSCLE	3500/-
73	STYE. CHALZION / ELECTROLYSIS	500/-
74	TARSORRHAPHY	2600/-
75	TOPOGRAPHY	2000/-
76	TRABENLOTOMY/TRABENLECTOMY WITH MYTOMYCINE	6500/-
77	VISUAL EVOKED POTENTIAL (VEP)	1450/-
78	VITRECOTOMY	3800/-
79	VITRECTOMY	14000/-
80	VITRECTOMY CUTTER	7000/-
81	VITRECTOMY FRAGMATOME	2300/-
82	VITRECTOMY LASER	2300/-
83	VITRECTOMY PFCL	2300/-
84	VITRECTOMY SILICON	2300/-
85	YAG CAPSULOTOMY	2000/-
86	YAG IRIDOTOMY	2000/-
87	YAG LASER	3000/-
88	LASER TREATMENT (PATHOLOGICAL CONDITION)	20000/-

### **LENS CHARGES:-**

<b>SR. NO.</b>	<b>TYPES OF LENSE</b>	<b>COST OF LENSE</b>
89	RIGID LENSE	1000/-
90	PHACO-INDO AMERICAN LENS	5000/-
91	PHACO-AMERICAN FOLDABLE LENS	7000/-

## **(17) ENT SECTION CHARGES**

SR. NO.	DESCRIPTION	CHARGES
1	ADENOIDECTOMY	1800/-/-
2	ANTRAL PUNCTURE- BILATERAL	400/-
3	ANTRAL PUNCTURE- UNILATERAL	350/-
4	ASPIRATION FLUID MIDDLE EAR	950/- EACH
5	AUDIOMETRY/PTA TEST	500/-
6	BERA	1200/-
7	BPPV MANOUVRE	1200/-
8	CALD-WELL LUC	3200/-
9	CALORIMETRY (CCT)	600/-
10	COLD CAUTRY	400/-
11	CSF RAINORIA REPAIR (CSF RHINORRHOEA)	22500/-
12	EAR LOBE RAP AIR- BILATERAL	400/-
13	EAR LOBE RAP AIR- UNILATERAL	300/-
14	EAR REPAIR- BILATERAL	650/-
15	EAR REPAIR- UNILATERAL	500/-
16	ELECTRO NYSTAGMOGRAPHY	2400/-
17	ETAMOIDECTOMY - EXTARNAL NASAL	3000/-
18	ETAMOIDECTOMY-INTRA NASAL	3000/-
19	EXCISION OF SMALL TUMOR	1700/-
20	EXCISION STYLOID- BILATERAL	2400/-
22	EXCISION STYLOID- UNILATERAL	1800/-
23	F.BODY REMOVAL EAR/NOSE	600/-
24	FESS	3850/-
25	FIBROPTIC FLEXIBLE ENDOSCOPY	1700/-
26	FRACTURE NASAL BONE REDUCTION	1550/-
27	GLAND BIOPSY	1550/-
28	GLOSSECTOMY	13000/-
29	GROMMET INSERTION	2400/- EACH
30	HEMIGLOSSECTOMY	3600/-
31	I & D- DEEP NECK ABSCESS	7200/-

32	I & D- MASTOID ABSCESS	2600/-
33	I & D- NECK ABSCESS	2400/-
34	I & D- PERI TONSILLAR/QUINSY	3600/-
35	I & D- SEPTAL HEMATOMA	4800/-
36	INTRA ORAL/NASAL INJECTION	350/-
37	INTRA NASAL ANTROSTOMY	500/-
38	INTRA TYMPANIC MEDICATION	1400/- PER SIDE
39	LARYNGECTOMY	7200/-
40	LARYNGOSCOPY	7200/-
42	MASTOID SURGERY	6000/-
43	MAXILLECTOMY	6000/-
44	MICROLARYNGEAL SURGERY (MLS)	4200/-
45	MYRIGOTOMY	720/-
46	MYRINGOPLASTY	6000/-
47	NASOPHARYNGOSCOPY	1700/-
48	OSSIENIOPLASTY	2400/-
49	PATCH PLASTY	1900/- EACH
50	PERIAURICULAR SINUS	1800/-
51	POLYPECTOMY-BILATERAL	3000/-
52	POLYPECTOMY-UNILATERAL	2400/-
53	RANULA	1200/-
54	REDICAL NECK DISSECTION (RND)	7200/-
55	RETROPHARYNGEAL ABSCESS	1200/-
56	SEPTOPLASTY	3200/-
57	SINOSCOPY	800/-
58	SMR CALDWELL LUC	3000/-
59	STAPEDECTOMY	2750/-
60	STYLODECTOMY- BILATERAL	4000/-
61	STYLODECTOMY- UNILATERAL	2000/-
62	SUB MUCUSFIBROSIS/SMF SURGERY	13000/-
63	SUBMANDIBULAR SALIVARY GLAND EXCISION	2600/-
64	SUBMUCUS RESECTION (SMR)	3000/-
65	SUCTION CLEARING EAR	180/- PER EAR
66	TERBINATE CAUTERIZATION	1800/-

67	THYROID- HEMI	4550/-
68	THYROID- SIMPLE GOITER	3800/-
69	THYROID- TOTAL	4300/-
70	TINTANOGRAM	400/-
71	TONGUE- PARTIAL GLOSSECTOMY	3000/-
72	TONGUE- SUB LINGUAL DERMOID RENUCLA	2150/-
73	TONGUE- TIE RELEASE	600/-
74	TONGUE- TOTAL GLOSSECTOMY WITH RNO	5500/-
75	TONGUE- TOTAL GLOSSECTOMY	4800/-
76	TONSILECTOMY	3250/-
77	TRACHEOSTOMY	3000/-
78	TURBINECTOMY	3200/-
79	TYMPHANOPLASTY	6000/-
80	VISIAN NEURECTOMY	2750/-
81	VNC	2000/-
82	WAX REMOVAL	180/- PER EAR
83	YOUNGS OPERATION	3600/- PER SIDE
84	HEARING AID (MAXIMUM 2)	25000/- PER EAR

## **(18) PAEDIATRIC PROCEDURE CHARGES**

<b>SR. NO.</b>	<b>DESCRIPTION</b>	<b>CHARGES</b>
1	APNEA MONITOR	60/-
2	BLOOD EXCHANGE	3600/-
3	BLOOD TRANSFUSION PER UNIT	250/-
4	CAPNOGRAPH	350/-
5	C-PAP MONITOR	60/-
6	HEATER/COOLER	60/-
7	INFUSION	100/-
8	INJECTION-IM/IV	30/-
9	INTRA OSSEOUS INFUSION	120/-
10	IPPR(FOR 12HRS)	300/-
11	MINOR PROCEDURE	800/-
12	OPEN CARE WARMER	400/-
13	OXYGEN MONITOR	60/-
14	PAEDICTRIC INCUBATOR	400/-
15	PERICARDIAL TAPPING	600/-
16	PERITONEAL DIALYSIS (FIRST)	2600/-
17	PHOTOTHERAPY- DOUBLE SURFACE	1200/-
18	PHOTOTHERAPY- SINGLE SURFACE	600/-
19	TUBE FEEDING	120/- PER DAY
20	VENTRICULAR TAPPING	350/-

## **(19) PAEDIATRIC SURGERY CHARGES**

### **GROUP-A (MINOR-I):-**

<b>SR.NO.</b>	<b>DESCRIPTION</b>	<b>CHARGES</b>
1	ABSCCESS SMALL	700/-
2	ANAL DILATATION	700/-
3	BENIGH LESION DERMOID (LIPOMA ETC.) L.A.	700/-
4	CATHETERISATION IN OT	700/-
5	CLW 1ST SUTURING	700/-
6	DILATATION OF URETHRA / MEATAL CALIBERATION	700/-
7	DRESSING UNDER GENERAL ANSTHESIA (DUGA)	700/-
8	KENACORT INJ.	700/-
9	MEAGOTOMY CLW	700/-
10	MEATOTOMY	700/-
11	PLEURAL TAPPING	700/-
12	SIGMOIDOSCOPY	700/-
13	TONGUE TIE RELEASE	700/-
14	VARIOUS MINOR OPERATION- UNDER G.A.	700/-
15	VARIOUS MINOR OPERATION- UNDER L.A.	700/-

### **GROUP-B (MINOR-II):-**

<b>SR.NO.</b>	<b>DESCRIPTION</b>	<b>CHARGES</b>
16	AMPUTATION FINGER EACH	2400/-
17	CIRCUMCISSION	2400/-
18	CYSTOSCOPY	2400/-
19	EMPYEMA DRAINAGE (ICD)	2400/-
20	EXCISION HEAMENGIOMA SMALL	2400/-
21	F.B. REMOVAL EXTREMITY	2400/-
22	ISCHIORECTAL ABSCESS	2400/-
23	LABIAL SYNECHIE	2400/-
24	MAJOR WOUND REPAIR / CLW-2	2400/-

25	PERICARDIAL TAPPING	2400/-
26	PILONIDAL SINUS	2400/-
27	SIMPLE RESECTION NECK AXILLARY AND INDUINAL GLANDS (BIOPSY)	2400/-
28	SKIN GRAFTING SMALL	2400/-
29	SUPRAPUBIC CYSTOLITHOTOMY	2400/-
30	THIERSCH OPERATION FOR PROLAPSED RECTUM	2400/-
31	UMBILICAL HERNIA	2400/-
32	UMBILICAL POLYPECTOMY	2400/-
33	VENTRICULAR TAPPING	2400/-

### **GROUP-C (INTERMEDIATE):-**

SR.NO.	DESCRIPTION	CHARGES
34	ANOPLASTY	4200/-
35	APPENDICECTOMY	4200/-
36	BLADDER STONE	4200/-
37	BRANCHIAL CYST - SINUS	4200/-
38	BRONCHOSCOPY	4200/-
39	BURST ABDOMEN RESUTURING	4200/-
40	COLOSTOMY	4200/-
41	CYSTIC HYGROMA LARGE	4200/-
42	CYSTOSCOPY & PROCEDURE / STENT REMOVAL (URETRIC CATH)	4200/-
43	DIAGNOSTIC LAPROSCOPY	4200/-
44	ESOPHAGOSCOPY	4200/-
45	GASTROSTOMY	4200/-
46	HYPOSPADIAS FISTULA	4200/-
47	INGUINAL HERNIA / HYDROCPLE	4200/-
48	INTRAPERITONEAL / THORACIC BIOPSY	4200/-
49	LARGE SKIN GRAFTING	4200/-
50	LIVER ABCESS ASPIRATION	4200/-
51	LIVER BIOPSY	4200/-
52	NERVE ANDTENDON REPAIR EACH	4200/-
53	ORCHIECTOMY FOR TORSION	4200/-



54	ORCHIOPEXY	4200/-
55	ORCHIOPEXY FOR TORSION	4200/-
56	PYELORIC STENOSIS	4200/-
57	RADICLE RESECTION OF NECK GLANDS	4200/-
58	RECTAL POLYPECTOMY	4200/-
59	RESUTURING BURST ABA.	4200/-
60	SCROTAL ORCHIOPEXY	4200/-
61	V.P. SHUNT REVISION (ONE END)	4200/-

### **GROUP-D (MAJOR-I):-**

SR.NO.	DESCRIPTION	CHARGES
62	ABOVE ELBOW)	6000/-
63	AMPUTATIONS LIMBS BELOW KNEE	6000/-
64	BRANCHIAL SINUS / FISTULA	6000/-
65	CHOLECYSTECTOMY	6000/-
66	CHORDEE CORRECTION	6000/-
67	CRANIOTOMY	6000/-
68	EXCISION HAEMANGIOMA LARGE	6000/-
69	EXPL. LAPROTOMY	6000/-
70	HYDROCEPHALUS V.P. SHUNT	6000/-
71	INGUINAL OR UMBILICAL HERNIA IN INFANT [<1 YEAR]	6000/-
72	INTESTINAL OBSTRUCTION : ADHESINOLYSIS, BAND RELEASE, PERITONITIS ETC.	6000/-
73	INTRA PERITONEAL ABCESS DRAINAGE	6000/-
74	INTUSUSCEPTION REDUCTION	6000/-
75	LAPROSCOPY ORCHIOPEXY	6000/-
76	MECKEL'S DIVERTICULAM WITH OBSTN / GANGRENE	6000/-
77	MECKEL'S DIVERTICULECTOMY	6000/-
78	MENINGOCELE RESECTION	6000/-
79	MESENTRIC CYST	6000/-
80	OBSTRUCTED HERNIA	6000/-
81	OMPHALOCAELE	6000/-
82	ORCHIOPEXY FOR HIGH	6000/-

83	PERFORATED APPENDIX	6000/-
84	PERINEPHRIC ABCESS	6000/-
85	STING PROCEDURE	6000/-
86	STRANULATED INGUINUL OR UMBLICAL HERNIA	6000/-
87	SURGERY FOR TORTICOLLIS	6000/-
88	THYROGLOSSAL CYST	6000/-
89	URACHAL CYST EXCERSION	6000/-
90	URETEROSTOMY / PYELOSTOMY	6000/-
91	VESICOSTOMY	6000/-

### **GROUP-E (MAJOR-II):-**

SR.NO.	DESCRIPTION	CHARGES
92	CBD STONES	7200/-
93	CHOLECYSTECTOMY	7200/-
94	COLOSTOMY CLOSURE	7200/-
95	DUPLICATION CYST.	7200/-
96	HYPOSPADIUS : DISTAL : MAGPI,FLIPFLAP,	7200/-
97	INTAOP CHOLANGIOGRAPHY WITH LIVER BIOPSY	7200/-
98	INTESINAL RESCTION	7200/-
99	INTUSUSCEPTION WITH R & A	7200/-
100	LAPROSCOPY & PROCEDURE	7200/-
101	NEPHRECTOMY	7200/-
102	NEW BORN COLOSTOMY	7200/-
103	NEW BORN OBSTRUCTION / NEW BORN LAPROTOMY	7200/-
104	ORCHIOPEXY [STEPHEN FOWLER]	7200/-
105	PYELOLITHOTOMY-NEPHROLL-THOTOMY URETEROLITHOTOMY	7200/-
106	RESECTION & ANASTAMOSIS	7200/-
107	SNODGRASS	7200/-
108	SPLENECTOMY	7200/-
109	SURGERY ON BILIARY TRACT.	7200/-
110	URETHROPLASTY, 2ND STAGE HYPOSPADIUS	7200/-

**GROUP-F (SUPRAMAJOR):-**

<b>SR.NO.</b>	<b>DESCRIPTION</b>	<b>CHARGES</b>
111	CONGENITAL DIAPHRAGMATIC HERNIA	12000/-
112	ENCEPHALOCELE	12000/-
113	FUNDOPLICATION	12000/-
114	LAPROSCOPIC APPENDIX	12000/-
115	LAPROSCOPIC CHOLECYSTECTOMY	12000/-
116	LAPROSCOPIC OVERIANCYSTECTOMY	12000/-
117	LARGE EXOMPHALOS	12000/-
118	LIPOMENIGOCELE REPAIR	12000/-
119	MEDIASTINAL CYSTS & TUMORS	12000/-
120	PSARP	12000/-
121	PULL THRU FOR HIRSCHSPRUNG'S DISEASE	12000/-
122	PYELOPLASTY FOR PUJ	12000/-
123	R & A FOR INTESTINAL ATRESIA, MECONIUM ILEUS, MALROTATION ETC	12000/-
124	RETROPERINEAL CYSTS	12000/-
125	THORACIC OPERATION T.O. FISTULA	12000/-

**GROUP-G (SUPRAMAJOR):-**

<b>SR.NO.</b>	<b>DESCRIPTION</b>	<b>CHARGES</b>
126	CHOLEDOCAL CYST EXCISION	12000/-
127	CYSTCHYROMA LARGE	12000/-
128	ECOTPIC VESICAC OPERATION	12000/-
129	INTRA PERITONEAL RETEROPERI-TONEAL MILLGNANT TURMOURES	12000/-
130	LAP.FUNDOPLICATION	12000/-
131	LUNG LOBECTOMY	12000/-
132	NEONATAL THORACOTOMY AND LOBECTOMY	12000/-
133	NEPHRECTGOMY FOR WILMS TUMOR/MULTICYSTIC KIDNEY	12000/-
134	PORTOENTEROSTOMY FOR BILARY ARTESIA (KASAI'S OPERATION)	12000/-
135	URETERIC REIMPLANTATION FOR VVR	12000/-
136	VATS DECORTICATION	12000/-
137	VATS LUNG ABSCESS	12000/-

## **(20) OBESTETRICS CHARGES**

SR.NO.	DESCRIPTION	CHARGES
1	ABORTION- MISSED	1450/-
2	ABORTION-SPONTENEOUS	1000/-
3	AFTER INDUCTION OF LABOUR- EPISIOTOMY	2300/-
4	AFTER INDUCTION OF LABOUR- FORCEPS	3000/-
5	AFTER INDUCTION OF LABOUR- NORMAL	2150/-
6	AFTER INDUCTION OF LABOUR- VACUUM EXTRACTION	3000/-
7	BREECH DELIVERY WITH EPISIOTOMY	3000/-
8	DELIVERY- ACCIDENTAL HAEMORRHAGE (PROCEDURE CHARGE EXTRA)	3250/-
9	DELIVERY- HIGH RISK PREGNANCY	3000/-
10	DELIVERY- NORMAL	1800/-
11	DELIVERY- TWINS (PROCEDURE CHARGE EXTRA)	3000/-
12	DELIVERY WITH EPISIOTOMY OR P. T.	2400/-
13	ECLAMPSIA MANAGEMENT	3600/-
14	I.U.I.	600/-
15	INVERSION OF UTERUS CORRECTION UNDER GA	3600/-
16	MANAGEMENT OF PPH/EX TEAR	1200/-
17	MANUAL REMOVAL OF PLACENTA	3600/-
18	SECOND TRIMESTER TERMINATION OF PREGNANCY- INTRA/EXTRA AMNIOTIE	3250/- EACH
19	TRIAL OF LABOUR (OBSERVATION OF COMPLICATE CASES)	1100/-
20	VESCICULAR MOLE- MORE THAN 16 WEEKS SIZE	3600/-
21	VESCICULAR MOLE- UP TO 16 WEEKS SIZE	3200/-

### **I.V.F. PACKAGE:-**

22	IVF EMBRYO TRANSFER PACKAGE	20600/- PER CYCLE
23	IVF OOCYTE RETRIEVAL PACKAGE	18500/- PER CYCLE
24	IVF OOCYTE RETRIEVAL AND EMBRYO DEVELOPMENT PACKAGE	39300/- PER CYCLE
25	SPERM FREEZING CHARGE	2100/-
26	FETAL REDUCTION	11000/-

## **(21) GYNEAC OPERATION CHARGES**

SR.NO.	DESCRIPTION	CHARGES
1	ABDOMINAL HYSTRECTOMY	8000/-
2	ABDOMINAL HYSTRECTOMY WITH HIGH RISK	9000/-
3	ABDOMINAL HYSTRECTOMY WITH CYST ADHESIONS FIBROID, OVARIOS CYST APPENDICECTOMY	9600/-
4	ANTERIO- PASTERIOR REPAIR (A.P.REPAIR)	4200/-
5	ARTIFICIAL INSEMINATION	300/-
6	BARTHOLIN ABSCESES (I & D)	950/-
7	BARTHOLIN CYST EXCISION	1800/-
8	CAESEREAN SECTION (LSCS)- CS WITH HYSTERCTOMY	7200/-
9	CAESEREAN SECTION (LSCS)- LSCS IN HIGH RISK	7200/-
10	CAESEREAN SECTION (LSCS)- PLANNED	5400/-
11	CAESEREAN SECTION (LSCS)- REPEAT	6000/-
12	CAUTERIZATION OF VAGINAL VAULT	400/-
13	CERVICAL BIOPSY	950/-
14	CERVICAL ENCIRENLERGE (BEFOR DELIVERY)	850/-
15	CERVICAL ERESION ELECTRO- CRYO	400/-
16	CERVICAL ERESION ELECTRO-CAUTERY	300/-
17	CHRONIC WITH ADHESIONS	6000/-
18	DIAGNOSTIC HYSTEROSCOPY	3000/-
19	DIAGNOSTIC LAPAROSCOPY	2400/-
20	DILATATION & CURETTAGE (D&C)	1200/-
21	DILATATION & EVAEUATION (D&E)	1200/-
22	ECTOPIC PREGNANCY- ACUTE WITH SHOCK	6000/-
23	ENDOMETRIAL BIOPSY	950/-
24	EUA	400/-
25	EXCISION VAGINAL CONDYLOMA	11250/-
26	EXPLORATARY LAPAROTOMY	4800/-
27	FOTHERGILL'S REPAIR	6000/-
28	HYMENECTOMY	700/-

29	HYMENECTOMY WITH DRAINAGE OF HEMATOCOPUS	1200/-
30	HYSTEROTOMY	4200/-
31	LAPAROTOMY WITH MYONECTOMY/ADHESION/STERILITY/PELVIS ABSCESS	6000/-
32	LAPROSCOPIC HYSTERECTOMY	9000/-
33	LAPROSCOPY HYSTERECTOMY	7800/-
34	M.T.P.- UP TO 8 WEEKS	1200/-
35	M.T.P.- HIGH RISK	1800/-
36	M.T.P.- MORE THAN 8 WEEKS	1400/-
37	MANAGEMENT OF DIC	6000/-
38	MYMECTOMY	9300/-
39	OVERAIN CYST REMOVAL	3600/-
40	PAP SMEAR	180/-
41	PERINEAL TEAR REPAIR	1200/-
42	POLYPECTOMY	700/-
43	PRINEORRAPTY WITH PRP VAGINA	13000/-
44	REMOVAL OF MISPLACED IUCD	600/-
45	RESUTURING	1200/-
46	RUPTURE UTRUS REPAIR	8400/-
47	SHIRODKER'S STITCH	1800/-
48	THERMAL BALLOON ABLATION	7800/-
49	TRANSOBTURATOR (TOT) (FOR SUI)	9300/-
50	TUBECTOMY	FREE
51	V.V.F. REPAIR- COMPLICATED	8400/-
52	V.V.F. REPAIR- RVF	8400/-
53	V.V.F. REPAIR- SIMPLE	6000/-
54	VAGINAL HYSTERECTOMY WITH A.P.REPAIR	9600/-
55	VAGINAL HYSTERECTOMY WITH HIGH RISK	9600/-
56	VAULT PROLAPSE REPAIR	2400/-
57	VENTRAL SUSPENSION	4800/-
58	VULVAL BIOPSY	500/-
59	VULVECTOMY- REDICAL	19500/-
60	VULVECTOMY- SIMPLE	7800/-

## **(22) GENERAL SURGERY CHARGES**

SR. NO.	DESCRIPTION	CHARGES
1	ABDOMINO PERINEAL EXCISION OF RECTUM	9600/-
2	ABSCESS - MULTIPLE/ CARBUNCLE	1000/-
3	ABSCESS SMALL	600/-
4	ABSCESS BIG- INCISION & DRAINAGE (I&D)	1000/-
5	ABSCESS COLD- ASPIRATION	600/-
6	ABSCESS LIVER- ASPIRATION	1200/-
7	ABSCESS LIVER- OPEN DRAINAGE	2050/-
8	ADENOMA EXCISION	4300/-
9	ADHESINOLYSIS	4800/-
10	AMPUTATION- FINGER OR TOE	1900/-
11	AMPUTATION- HIND/ FOR QUARTER LIMB	3850/-
12	AMPUTATION- PENIS (PARTIAL)	2400/-
13	AMPUTATION- PENIS (TOTAL WITH BLOCK)	2900/-
14	AMPUTATION- PENIS (TOTAL WITH DISSECTION)	4200/-
15	AMPUTATION- SYME'S /TRANSEMETARSAL	1700/-
16	AMPUTATION- THROUGH THE LIMB, ABOVE KNEE, BELOW KNEE,	3000/-
17	ANAL STERCHING CLORDS	1000/-
18	ANOPLASTY	1800/-
19	APPENDICETOMY	4200/-
20	APPENDICETOMY- ACUTE	4400/-
21	APPENDICETOMY- BY LAPAROTOMY	5000/-
22	APPENDICETOMY- ELECTIVE (INTERVAL)	3600/-
23	APPENDICETOMY- INCIDENTAL	1000/-
24	APPENDICETOMY- WITH MECKLE'S DIVERTICULECTOMY	6600/-
25	AVTERIAR RESECTION OF RECTO SGMROID	7200/-
26	BAKER CYST	2000/-
27	BIOPSY- EXCISION (UNSPECIFIED)	720/-
28	BIOPSY- LIVER	1100/-
29	BIOPSY- LYMPH NODE	1000/-
30	BIOPSY- PUNCH	600/-

31	BIOPSY- WEDGE	850/-
32	BRANCHIAL CYST/FISTULA	2100/-
33	BY PASS ANASTOMOSIS	5400/-
34	CERVICAL	4800/-
35	CERVICAL RIB EXCISION	4600/-
36	CHOLECYSIOSTOMY	4800/-
37	CHOLECYSTECTOMY	5300/-
38	CHOLECYSTECTOMY WITH CBDEXPLORTION	6700/-
39	CHOLECYSTECTOMY WITH SPHINETEROPLASTY	6700/-
40	CHOLECYSTOJEJONSTOMY	8400/-
41	CHOLEDOCHO DUODENOSTOMY	8400/-
42	COLOSTOMY	3800/-
43	COLOSTOMY CLOSURE	4550/-
44	CRYO- HAEMAMGIOMA	1100/-
45	CRYO- HAEMMERHOIDETOMY	3000/-
46	CYSTIC HYGROMA	2100/-
47	CYSTO LITHOTOMY	4800/-
48	CYSTOSCOPY	2400/-
49	CYSTOSEOPY WITH BIOPSY	3600/-
50	CYSTOSEOPY WITH URETERIC CATHETERISATION	3600/-
51	DERMOID	1000/-
52	EXASTA OF BANE	1550/-
53	EXCISION- BIG LIPOMA	1000/-
54	EXCISION- FIBROMA	700/-
55	EXCISION- INFECTED SEBACVEOUS CYST	650/-
56	EXCISION- LYMPHNODE MASS	1450/-
57	EXCISION OF BAND	4800/-
58	EXCISION- SEBACEOUS CYST	600/-
59	EXCISION- SMALL LIPOMA	700/-
60	EXPLORATORY	5000/-
61	FERMORAL HERNIA (REPAIR)	3100/-
62	FIRST RIB EXCISION	5500/-
63	FISSURECTOMY FISSURE IN ANO	1600/-
64	FISTULECTOMY- HIGH IN ANO	3500/-



65	FISTULECTOMY- INTERMEDIATE IN ANO	2650/-
66	FISTULECTOMY- LOW FISTULA IN ANO	1900/-
67	FRIBROADENOMA OF BREAST- BILATERAL	2600/-
68	FRIBROADENOMA OF BREAST- MULTIPLE	2000/-
69	FRIBROADENOMA OF BREAST- SINGLE	1400/-
70	GANGLION	850/-
71	GASTEROJEJUNOSTOMY (G. J.)	4800/-
72	GASTEROJEJUNOSTOMY UNDER WITH VOGOTOMY	5000/-
73	GASTEROSTOMY	5400/-
74	GYNAECOMASTIA- BILATERAL	3100/-
75	GYNAECOMASTIA- UNILATERAL	2400/-
76	HAEMOROIDECTOMY	2300/-
77	HAEMOROIDECTOMY- STAPLER	8500/-
78	HEIRSCH'S WIRING	2000/-
79	HELLER'S CARDIOMYOTOMY	4800/-
80	HEMICOLECTOMY	7800/-
81	HERNIA REPAIR- EPIGASTRIC	3500/-
82	HERNIA REPAIR- HERNIOPLASTY (MESH REPAIR)	4800/-
83	HERNIA REPAIR- INGUINAL HENIOTOMY	2500/-
84	HERNIA REPAIR- INGUINAL HERNIA	2500/-
85	HERNIA REPAIR- INGURINAL HERNIORRHAPHY FOR UNCOMPLICATED (BILATERAL)	4300/-
86	HERNIA REPAIR- INGURINAL HERNIORRHAPHY FOR UNCOMPLICATED (UNILATERAL)	3100/-
87	HERNIA REPAIR- OBSTERETCTED HERNIA	5000/-
88	HERNIA REPAIR- RECURRENT HERNIA	5400/-
89	HERNIA REPAIR- STRANGULATED HERNIA	5400/-
90	HIATUS HERNIA- ELLI'S REPAIR	3400/-
91	HIATUS HERNIA- NISSEN FUNDOPLICATION	4700/-
92	HYDROCOELE- INCISION EVERSION (BILATERAL)	2500/-
93	HYDROCOELE- INCISION EVERSION (UNILATERAL)	1900/-
94	INCISIONAL HERNIA- ANATOMICAL REPAIR	4200/-
95	INCISIONAL HERNIA- MAINGOT'S KEEL REPAIR	4550/-
96	INCISIONAL HERNIA- MESH REPAIR	5800/-
97	INCISIONAL HERNIA- T L SCAR HERNIA	4200/-

98	INTRA ABDOMINAL/PELVIC EXTRA PERITONEAL DRAINAGE	2400/-
99	INTRA PERITONEAL DRAINAGE	2400/-
100	INTUSUSCEPTION- REDUCTION/COEOPEXY	4800/-
101	ISTHMECTOMY	2000/-
102	LAHONT'S OPERATION SUSPENSION	4300/-
103	LAPAROTOMY	4800/-
104	LOBECTOMY	5400/-
105	LUMBAR	4000/-
106	LYMPHNODES- BLOCK DISSECTIUS	2400/-
107	LYMPHNODES- MAN EXCISION	2000/-
108	MASTECTOMY- PATEY'S	4800/-
109	MASTECTOMY- RADICAL	5400/-
110	MASTECTOMY- SEGMENTAL	2000/-
111	MASTECTOMY- SIMPLE	4000/-
112	MASTECTOMY- TYLECTOMY LUMP EXCISION	2150/-
113	MECKEL'S DIVERTICULETOMY	5300/-
114	MENINAGOCELE EXCISION	4450/-
115	MESENTERIC/OTHER CYST	6600/-
116	NEPHRECTOMY- RADICAL	12600/-
117	NEPHRECTOMY- SIMPLE	12000/-
118	NEPHREOSTOMY	4800/-
119	NEPHRO LITHOROMY	11000/-
120	NEPHRO URETERECTOMY	12600/-
121	NEPHROLITHOTOMY	12600/-
122	NEPRECTOMY (ABDOMEN)	8400/-
123	NOTARAS SPHINCTREPLASTY	1100/-
124	ONLY THREHDLENBERG'S OPERATION	2800/-
125	ORCHIDECTOMY- BILATARAL	3100/-
126	ORCHIDECTOMY- SUBCAPSULAR	3100/-
127	ORCHIDECTOMY- UNILATERAL	2750/-
128	ORCHIOPEXY	4000/-
129	ORCHIOPEXY- FOR TORSION	4800/-
130	ORCHIOPEXY- UNDESCESNEDE TESTIS	4800/-
131	OSTEOMYELITIS SCRAPPING	1100/-

132	PALOMO'S OPERATION	2500/-
133	PANTIAL/TOTAL GASTRECTOMY	8900/-
134	PERINEPHRIC ABSCESS	5400/-
135	PERITONEAL TOILET	4600/-
136	PILONCLAL SINUS	1900/-
137	PRE SACRAL DERMID EXCISION	3200/-
138	PROSTATE (SIMPLE)	7000/-
139	PROSTATECTOMY (SIMPLE)	7800/-
140	PROSTOTRIC BIOPSY	4000/-
141	PSEUDOCYST GASTEROSTOMY	6000/-
142	PYELO LITHOTOMY	11000/-
143	RAMSTEDT'S OPERATION	3100/-
144	RECTUM PROLAPSE	4700/-
145	REIPSTEIN'S SACRAL	1200/-
146	REIPSTEIN'S SACRAL- SUSPENSION	3350/-
147	RESECTION ANASTANOROUS SMALL BOWEL	5500/-
148	RETROGRODE	3100/-
149	RETROPERITONEAL TUMOR	5400/-
150	RODENT ULCER	2300/-
151	SALIVERY GLANDS WITH TROCHAR	1550/-
152	SAUCERISING	1450/-
153	SIGMOIDECTOMY	6000/-
154	SIGMOIDOSCOPY	700/-
155	SIMES EXPLORETIN AND EXCISION	1600/-
156	SPLEENCTOMY	6000/-
157	SPLEENCTOMY- ELECTIVE	5000/-
158	SPLEENCTOMY- EMERGENCY	6200/-
159	SPLEENCTOMY- THORACO ABDOMINAL	6600/-
160	STRIPPING WITH SUBFACIAL LIGATION	3600/-
161	SUBMANDIBULAR SALIVARY- GLAND EXCISION	2900/-
162	SUPERFICIAL CONSERVATIVE PAROTIDECTOMY	5000/-
163	SUPRAPUBIC CYSTOSTOMY	3100/-
164	SUTRNING PERFORATION	3850/-
165	SUTURING- INTERMEDIATE CLW	1000/-

166	SUTURING- MAJOR CLW	1450/-
167	SUTURING- MINOR CLW	500/-
168	SUTURING- NERVE REPAIR	1450/-
169	SUTURING- SECONDARY SUTURING	1200/-
170	SUTURING- TERDAN REPAIR	1300/-
171	SYMPATHECTOMY	6200/-
172	TESTIES- BIOPSY (BILATERAL)	1200/-
173	TESTIES- EPIDIDYMAL NODULE	1200/-
174	TESTIES- ESPERMATOCOELE	1200/-
175	THORACOTOMY- THYROID EXCISION	4200/-
176	THYROGLOSSAL CYST/TRACT	3000/-
177	THYROIDECTOMY- HEMI	5500/-
178	THYROIDECTOMY- NEAR TOTAL	5600/-
179	THYROIDECTOMY- PARTIAL	4800/-
180	THYROIDECTOMY- SUBTOTAL	5400/-
181	THYROIDECTOMY- WITH RND	7200/-
182	TOTAL COSEVOTINE PAROTIDECTOMY	5400/-
183	TOTAL PAROTIDECTOMY	4900/-
184	UMBLICAL HERNIA- HEMIOTOMY (INFANTITE)	2400/-
185	UMBLICAL HERNIA- MAYO'S REPAIR	3100/-
186	UMBLICAL HERNIA- MESH REPAIR	4800/-
187	UMBLICAL SPESIS- DRAINAGE	1100/-
188	UMBLICAL SPESIS- OMPHLECTOMY	2900/-
189	UNDERWATERSEAL DRAINAGE (INTER COSTAL) WITH RIB RESECTION	3000/-
190	URETERO LITHOROMY WITH NEPHROLITHOTOMY	13800/-
191	URETERO LITHOTOMY	7800/-
192	URETERO LITHOTOMY WITH PYLOLITHOTOMY	13800/-
193	URETHRAL DELATATION	1000/-
194	VARICOCOELECTOMY	1800/-
195	VASOPLASTY	2400/-
196	VERICOSE VEIN STRIPPING	4100/-
197	VESICOVAGINAL FISTULA	6600/-

**MISCELLANEOUS OPERATION (NOT INCLUDED IN LIST):-**

198	MINOR UP TO 30 MINUTES	1200/-
199	MINOR UP TO 50 MINUTES	2400/-
200	MEDIUMS UP TO 100 MINUTES	3000/-
201	MAJOR UP TO 150 MINUTES	4200/-
202	MAJOR UP TO 200 MINUTES	5400/-
203	MAJOR MORE THAN 200 MINUTES	6000/-

**NOTE:- PLEASE MENTION TIME INTERVAL FOR SURGERY, IF NOT MENTION IN ABOVE LIST.**

## **(23) GASTRO-ENTEROLOGY CHARGES**

SR. NO.	DESCRIPTION	CHARGES
1	ABSCCESS DRAINAGE	3000/-
2	ACHALASIA DILATATION	8400/-
3	ANORECTAL MENOMETRY	2750/-
4	COLONIC DECOMPRESSION	5500/-
5	COLONOSCOPY	3600/-
6	CYNOACRYLATE GLUE (COST OF GLUE AT PAR COST (M.R.P.))	8400/-
7	ENDOSCOPIC BANDING (COST OF BAND & BAND SET EXTRA)	4200/-
8	ENDOSCOPIC BIOPSY	3000/-
9	ENDOSCOPIC GASTROSTOMY (PEG)	4800/-
10	ENDOSCOPIC RETROGRADE CHOLANGIO PANCREATOGRAPHY (ERCP)	9600/-
11	ENTERIC DILATATION	7000/-
12	ESOPHAEGEAL / ANTRAL / COLONIC / STENTING	7000/-
13	ESOPHAGEAL BALLOON DILATATION	3800/-
14	ESOPHAGEAL DILATION	3800/-
15	EST ENDOSCOPIC	2750/-
16	FOREGIGN BODY REMOVAL	4800/-
17	GENFEAST	250/-
18	LIVER BIOPSY	2500/-
19	NASO JOJENAL TUBE	4200/-
20	PERCUTANEOUS CATHETER PLACEMENT	3800/-
21	PLUS PROCEDURE CHARGES SPHINCHETCTOMY, STONE EXTRACTION STENTPLACEMENT ETC.	2750/-
22	POLYPECTOMY (LOWER G. I.)	4800/-
23	POLYPECTOMY (UPPER G. I.)	4800/-
24	PYLORIC DILATATION	7000/-
25	SANGSTAKEN/LINTON TUBE PLACEMENT (COST OF TUBE AT PAR COST)	4800/-
26	SELEROTHERAPY	4200/-
27	SIGMODOSCOPY (FLEXIBLE)	3600/-
28	UPPER ENDOSCOPY	3600/-

## **(24) LAPROSCOPIC SURGERY CHARGES**

<b>SR. NO.</b>	<b>SURGERY</b>	<b>CHARGES</b>
1	ADHESINOLYSIS	9600/-
2	APPENDICETOMY	10800/-
3	CHOLOCYSTECTOMY	12000/-
4	DIAGNOSTIC LAPAROSCOPY	8400/-
5	ECTOPIC	19200/-
6	ENDOMETRIOSIS	19200/-
7	GASTROJEJUNOSTOMY	9000/-
8	HEMICOLECTOMY	17400/-
9	HERNIA	10200/-
10	INTRA PERITONEAL TUMOUR	4200/-
11	LIVER ABSCESS	5400/-
12	MYOMECTOMY	16800/-
13	NEPHERECTOMY	11800/-
14	OVARIAN CYST	9400/-
15	PERFORATION	7550/-
16	PYELOPLASTY	7550/-
17	SACROPEXY	19200/-
18	VAGOTOMY	9000/-
19	VENTRAL HERNIA	9000/-
20	WERTHEIMS	31200/-

## **(25) ORTHOPAEDIC PROCEDURE**

### **CHARGES**

SR.NO.	PROCEDURE	CHARGES
1	ABOVE ELBOW POP	400/-
2	ABOVE KNEE / PTB	700/-
3	B.K.WALKING CAST	700/-
4	BELOW ELBOW POP	400/-
5	BELOW KNEE POP	500/-
6	C.T.E.V. CORRECTIVE P.O.P. CAST	1200/-
7	CHEST / BACK STRAPPING	500/-
8	COCK-UP SLAB	500/-
9	CPM	200/- PER DAY
10	CYLINDER POP	700/-
11	DRESSING CHARGES WITH MATERIAL	150/-
12	GARER'S STRAPPING	200/-
13	HAND DEQUERVAINAS RELEASE	850/-
14	HAND SURGERY EXTRA ARTICULAR	950/-
15	HAND TRIGGER THUMB RELEASE	950/-
16	HIP SPICA	1800/-
17	INTRA ARTICULAR INJECTION	400/-
18	LOCAL H.C.	300/-
19	LOCAL INFILTRATION	200/-
20	PATELLAR TENDON BEARING CAST	1400/-
21	PLASTER REMOVAL	200/-
22	SCAPHOID P.O.P.	700/-
23	SLAB APPLICATION	300/-
24	STRAPPING FINGER / TOE	200/-
25	SUTURE REMOVAL	200/-
26	THUMB SPICA CAST	700/-
27	UNAR SLEEVE	700/-



## **(26) ORTHOPAEDIC SURGERY CHARGES**

SR. NO.	DESCRIPTION	CHARGES
1	ACROMIO CLAVICULAR JOINT DISRUPTION- CLOSED	800/-
2	ACROMIO CLAVICULAR JOINT DISRUPTION- OPEN	2400/-
3	AMPUTATION- DIGITAL	1400/-
4	AMPUTATION- FINGER	1600/-
5	AMPUTATION- HIND QUARTER/FORE QUARTER	5400/-
6	AMPUTATION- LOWER LIMB	3800/-
7	AMPUTATION- METATARSAL	3000/-
8	AMPUTATION- SHOULDER	12000/-
9	AMPUTATION- SYMES	2750/-
10	AMPUTATION- TOES	1550/-
11	AMPUTATION- UPPER LIMB	3600/-
12	ANKLE- BIMALLEOLAR FIXATION	9000/-
13	ANKLE- FIXATION OF SINGLE MALLEOLUS	6600/-
14	ANKLE- PILON FRACTURE	14400/-
15	ANKLE- TRIMALLEOLAR FIXATION	13200/-
16	ARTHRODESIS- ANKLE	6000/-
17	ARTHRODESIS- ELBOW	3000/-
18	ARTHRODESIS- HIP	7200/-
19	ARTHRODESIS- KNEE	6000/-
20	ARTHRODESIS- SHOULDER	14400/-
21	ARTHRODESIS- WRIST	3600/-
22	ARTHROLYSIS	8400/-
23	ARTHROLYSIS- ELBOW	4200/-
24	ARTHROTOMY	4800/-
25	BICONDYLAR	10200/-
26	BONE/SOFT TISSUE BIOPSY	1100/-
27	CALCANEUM- C.C.SCREW	7000/-
28	CALCANEUM- CLOSED	1300/-
29	CALCANEUM- EXT FIXATOR	8400/-

30	CALCANEUM- HIBRID FIXATOR	9600/-
31	CALCANEUM- OPEN	2900/-
32	CALCANEUM- PLATTING	8400/-
33	CERVICAL RIB	4000/-
34	CERVICAL SPINE RIB EXICISION- TRANSAXILLARY	16800/-
35	CERVICAL SPINE RIB EXICISION- SUPRACLAVICULAR	15600/-
36	CERVICAL SPINE SURGERY EXTRA CHARGES	2000/-
37	CTEV- EXTERNAL FIXATURE	3000/-
38	CTEV- PLASTER	550/-
39	CTEV- RELEASE	3000/-
40	DEBRIDEMENT	3000/-
41	DECOMPRESSION+FRACTURE STABILIZATION	25200/-
42	DEFORMITY CORRECTION- UPPER LIMB	5500/-
43	DHS/ENDER	7800/-
44	DISC EXCISION- BONE GRAFTS	16800/-
45	DISC EXCISION- INSTRUMENTATION	25200/-
46	DISC EXICISION (MULTIPLE LEVEL)- CONVENTIONAL	15600/-
47	DISC EXICISION (MULTIPLE LEVEL)- ENDOSCOPIC	16200/-
48	DISC EXICISION (SINGLE LEVEL)- CONVENTIONAL	16800/-
49	DISC EXICISION (SINGLE LEVEL)- ENDOSCOPIC	18000/-
50	ELBOW DISLOCATION- CLOSED	1100/-
51	ELBOW DISLOCATION- FRESH OPEN	3600/-
52	ELBOW DISLOCATION- OLD OPEN	3600/-
53	ENDER NAILING	4000/-
54	EPIDURAL STEROID INJECTION	1300/-
55	EXTERNAL FIXATOR	8400/-
56	EXTERNAL FIXATOR HUMERUS	3400/-
57	EXTERNAL FIXATOR RADIUM & ULNA	2750/-
58	FEMUR CLOSE NAILING ENDERS	6600/-
59	FEMUR IM NAILING OPEN	6600/-
60	FEROMENOCTOMY	3600/-
61	FOOT INJURIES- A.TARSAL TUNIEL SYNDROM RELEASE	3000/-
62	FOOT INJURIES- CLOSED	800/-

63	FOOT INJURIES- OPEN COMPLEX	3000/-
64	FOOT INJURIES- OPEN MODERATE	2400/-
65	FOOT INJURIES- OPEN SIMPLE	1900/-
66	FOOT METATARSAL FRACTURE- EXTERNAL FIXATOR	4800/-
67	FOOT METATARSAL FRACTURE- IM NAILING (SINGLE)	3600/-
68	FOOT METATARSAL FRACTURE- PLATTING	6000/-
69	FRACRURE LOWER END RADIUS- OSTEOTOMIES AROUND WRIST	4800/-
70	FRACRURE LOWER END RADIUS- SCAPHOID	6000/-
71	FRACTURE EPICONDYLAR HUMERUS- CLOSED	600/-
72	FRACTURE EPICONDYLAR HUMERUS- OPEN	2600/-
73	FRACTURE BOTH BONES- CLOSED	2750/-
74	FRACTURE BOTH BONES- OPEN PLATTING	5000/-
75	FRACTURE BOTH BONES- OPEN WIRE	5500/-
76	FRACTURE CLAVICLE- CLOSED	400/-
77	FRACTURE CLAVICLE- OPEN	2400/-
78	FRACTURE CLAVICLE- I/M NAILING	4000/-
79	FRACTURE CLAVICLE- PLATING	6600/-
80	FRACTURE COLLES- CLOSED	1700/-
81	FRACTURE COLLES- OPEN	2400/-
82	FRACTURE COLLES- PER CUTANEOUS K WIRE FIXATION	2400/-
83	FRACTURE GALLEAZI- CLOSED	1100/-
84	FRACTURE GALLEAZI- OPEN I.M. WIRING	3000/-
85	FRACTURE GALLEAZI- PLATTING	3600/-
86	FRACTURE HEAD RADIUS- CLOSED	600/-
87	FRACTURE HEAD RADIUS- OPEN	2150/-
88	FRACTURE INTER CONDYLAR HUMERUS- OPEN	4200/-
89	FRACTURE MONTEGGIA- CLOSED	950/-
90	FRACTURE MONTEGGIA- I.M. WIRING OPEN/CLOSED	3000/-
91	FRACTURE MONTEGGIA- OPEN PLATE	3600/-
92	FRACTURE PATELLA- CLOSED	800/-
93	FRACTURE PATELLA- EXCISION	3000/-
94	FRACTURE PATELLA- OPEN REDUCTION	4200/-

95	FRACTURE PELVIS- CLOSED	550/-
96	FRACTURE POTTS- CLOSED	1400/-
97	FRACTURE POTTS- OPEN	7800/-
98	FRACTURE SHAFT HUMERUS- CLOSED	600/-
99	FRACTURE SHAFT HUMERUS- OPEN PLATING	4400/-
100	FRACTURE SHAFT HUMERUS- WIRING	4800/-
101	FRACTURE SUPRA CONDYLAR- HUMERUS CLOSED	700/-
102	FRACTURE SUPRA CONDYLAR HUMERUS- OPEN	3000/-
103	FRACTURE SUPRA CONDYLAR-CLOSED WIRING	1900/-
104	FRACTURE TIBIA- CLOSED	1400/-
105	FRACTURE TIBIA- OPEN (I.M. NAILING)	6000/-
106	FRACTURE TIBIA- OPEN (PLATING)	7800/-
107	FRATURE OLECRANON ULNA- CLOSED	600/-
108	FRATURE OLECRANON ULNA- OPEN	2600/-
109	GANGLION EXICISION	2600/-
110	H. T. O.	3800/-
111	HAND INJURIES- CARPAL TUNNEL SYNDROME (C.T.S.)	1100/-
112	HAND INJURIES- CLOSED	600/-
113	HAND INJURIES- DE QUERVAINS RELEASE	800/-
114	HAND INJURIES- GANGLION	900/-
115	HAND INJURIES- OPEN COMPLEX	2000/-
116	HAND INJURIES- OPEN MODERATE	1800/-
117	HAND INJURIES- OPEN SIMPLE	1400/-
118	HAND INJURIES- TRIGGER THUMP RELEASE	800/-
119	HEMIREPLACEMENT ARTHROPLASTY -UNCEMENTED	9600/-
120	HEMIREPLACEMENT ARTHROPLASTY- BIPOLAR	12600/-
121	HEMIREPLACEMENT ARTHROPLASTY- CEMENTED	12000/-
122	HIGH TIBIAL OSTEOTOMY	10200/-
123	HIP ACETABULUM FRACTURE- CLOSED	1400/-
124	HIP ACETABULUM FRACTURE- OPEN	8400/-
125	HIP DISLOCATION- CLOSED REDUCTION	1400/-
126	HIP DISLOCATION- OPEN REDUCTION	9600/-
127	HIP DISLOCATION WITH FEMORAL HEAD FRACTURES	12000/-

128	HIP FRACTURE GIRDLE STONE	4800/-
129	HIP FRACTURE NECK AMPUTATION	8400/-
130	HIP FRACTURE NECK BIPOLAR	11400/-
131	HIP FRACTURE NECK PINING	6000/-
132	HIP OSTEOTOMY	6000/-
133	ILLIZARV FIXATURE- FEMUR	6000/-
134	ILLIZARV FIXATURE- HUMERUS	5500/-
135	ILLIZARV FIXATURE- LOWER LIMB	6000/-
136	ILLIZARV FIXATURE- RADIUS	5500/-
137	ILLIZARV FIXATURE- TIBIA	5500/-
138	INTER TROCHANTRIC FRACTURES -OSTEOSYNTHESIS-DHS	13200/-
139	INTER TROCHANTRIC FRACTURES -ENDERS NAILING	11400/-
140	INTER TROCHANTRIC FRACTURES -PROXYMAL FEMORAL PLATES	13200/-
141	INTER TROCHANTRIC FRACTURES- PFN	13200/-
142	INTERLOCKING NAIL FEMUR NECK SUBTROCHANTER	9000/-
143	INTERLOCKING NAIL TIBIA	7800/-
144	INTERNAL FIXATOR -COMPLICATED DOUBLE WALL WITH DOUBLE APPROACH	21600/-
145	INTERNAL FIXATOR -COMPLICATED DOUBLE WALL WITH SINGLE APPROACH	16800/-
146	INTERNAL FIXATOR- SIMPLE SINGLE WALL	12000/-
147	INTRA DISCAL INJECTION	4200/-
148	JACKET SPINAL	1800/-
149	JOINT ASPIRATION	950/-
150	JOINT REPLACEMENT TOTAL JOINT REPLACEMENT	30000/-
151	JOINT REPLACEMENT HIP/KNEE/SHOULDER/ELBOW	30000/-
152	KNEE ARTHROTOMY	4800/-
153	KNEE DISLOCATION- CLOSED	3000/-
154	KNEE DISLOCATION- OPEN	8400/-
155	KNEE SYNOVECTOMY(OPEN)	7000/-
156	KNEE-INTER CONDYLAR FRACTURE TIBIA	8400/-
157	KNEE-INTERCONDYLAR FEMUR	8400/-
158	KNEE-SUPRA CONDYLAR FEMUR	8400/-

159	LUMBER SPINE- LEMINECTOMY (SINGLE LEVEL) (ADD EACH LEVEL-4200/-) -CONVENTIONAL	15600/-
160	LUMBER SPINE- LEMINECTOMY (SINGLE LEVEL) (ADD EACH LEVEL 5800/-) -ENDOSCOPIC	19200/-
161	NERVE REPAIR DIGITAL	3500/-
162	NERVE REPAIR PERIPHERAL	3500/-
163	OSTEOMYLITUS	2150/-
164	PATELLA INTERNAL FIXATION	7000/-
165	POLIO SOFT TISSUE	2750/-
166	POLIO SOFT TISSUE WITH BONY	3800/-
167	QUADRICEPSPLASTY	10200/-
168	RE-ADJUSTMENT	MINIMUM Rs.550/-
		MAXIMUM Rs.2200/-
169	ROTATOR CUFF DEBRIDEMENT	7800/-
170	ROTATOR CUFF LESIONS- ACROMIOPLASTY AND ACUTE JOINT EXICISION	9600/-
171	ROTATOR CUFF REPAIR	12000/-
172	SEGMENTAL FRACTURE FEMUR OPEN PLATTING	7200/-
173	SEGMENTAL FRACTURE TIBIA OPEN PLATTING	7800/-
174	SHAFT FRACTURE- ENDER NAILING	9000/-
175	SHAFT FRACTURE- EXT FIXATOR	9000/-
176	SHAFT FRACTURE- INT FIXATION	9000/-
177	SHAFT FRACTURE- INTERLOCK NAILING	12000/-
178	SHAFT FRACTURE- PLATING	12000/-
179	SHOULDER ARTHOTOMY	4550/-
180	SHOULDER DISLOCATION- CLOSED	900/-
181	SHOULDER FRACTURE DISLOCATION	5750/-
182	SHOULDER ONLY FRACTURE- CLOSE REDUCTION	800/-
183	SHOULDER ONLY FRACTURE- OPEN	3700/-
184	SHOULDER- ONLY STRAPPING	550/-
185	SHOULDER- PER CUTANEOUS K WIRE FIXATION	3350/-
186	SHOULDER RECURRENT DISLOCATION	4200/-
187	SKIN GRAFTING	3000/-
188	SKULL TRACTION	1400/-
189	SOFT TISSUE SURGERY FOR RHEUMATOID	2750/-
190	SOFT TISSUE WITH BONY SURGERY RHEUMATOID	4200/-

191	SPINE ALD- OPEN	8400/-
192	SPINE DISC LAMINECTOMY WITH FUSION	12000/-
193	SPINE DISC- OPEN LAMINECTOMY	9000/-
194	SPINE DISC REMOVAL	9000/-
195	SPINE DISC REMOVAL WITH FUSION ONE LEVEL (EACH LEVEL : RS. 500/-) (CONVENTIONAL)	10800/-
196	SPINE DISC REMOVAL WITH FUSION ONE LEVEL (EACH LEVEL : RS. 500/-) (ENDOSCOPIC)	16800/-
197	SPINE DISC THORACTOMY	9600/-
198	SPINE FRACTURE- CLOSED	800/-
199	SPINE FRACTURE STABILISATION -ANTERIOR INSTRUMENTATION	16800/-
200	SPINE FRACTURE STABILISATION -POSTERIOR INSTRUMENTATION	13200/-
201	SPINE FRACTURE STABILISATION- COMBINED	25200/-
202	SPINE FRACTURE- STABILIZATION	9000/-
203	SPINE FUSION- ANTERIOR/POSTERIOR	8400/-
204	SUBTROCN FRACTURE	6600/-
205	SYNOVECTOMY ANKLE/KNEE	3800/-
206	TENDON TRANSFER/REPAIR	2750/-
207	THORACIC SPINE DECOMPRESSION- ANTERIOR WITH THORACOTOMY	19200/-
208	THORACIC SPINE DECOMPRESSION- ENDOSCOPIC	19200/-
209	THORACIC SPINE DECOMPRESSION- ANTEROLATERAL	15600/-
210	TRIPLE ARTRODESIS	4200/-
211	TUMOR SURGERY- CURETTGE WITH BONE GRAFTING	3000/-
212	TUMOR SURGERY- EXOTOSIS EXCISION	2400/-
213	TUMOR SURGERY- RADICAL SURGERY	6000/-
214	UNICONDYLAR WITH PLATTING	8400/-
215	UPPER END TIBIA FRACTURES -EXTERNAL FIXATOR	7000/-
216	UPPER END TIBIA FRACTURES- INTERNAL FIXATION WITH C.C.SCREW	6000/-
217	VERTEBRO PLASTY	8400/-

### **ADDITIONAL CHARGES:-**

218	BONE GRAFTING	3900/-
219	SKIN TRACTION	600/-
220	SKELETAL TRACTION	900/-
221	PELVIS TRACTION/LUMBER	700/-
222	SHOULDER MANIPULATION	950/-

### **MISCELLANEOUS OPERATION (NOT INCLUDED IN LIST):-**

223	MINOR UP TO 30 MINUTES	3000/-
224	MINOR UP TO 50 MINUTES	4200/-
225	MEDIUMS UP TO 100 MINUTES	6000/-
226	MAJOR UP TO 150 MINUTES	7800/-
227	MAJOR UP TO 200 MINUTES	9600/-
228	MAJOR MORE THAN 200 MINUTES	10800/-

### **NOTE:-**

- PLEASE MENTION TIME INTERVAL FOR SURGERY, IF NOT MENTION IN ABOVE LIST.
- ANY IMPLANT, CERVICAL COLLAR, CERVICAL BELT, LEBUSECRAL BELT, TEILORS BRESS, BRESS, CELIPARS, KAKHGHODI, DIFFERENCE DESIGN BONE, BONE PAIR, ARTIFICIAL ORGAN ETC. WERE RE-EMBURS AT PAR WITH COST (M.R.P.).
- RECOGNISED HOSPITAL ANY IMPLANT CHARGES INCLUDED IN STAFF TREATMENT BILL.



## **(27) IITV CHARGES**

### **(A) SUPRA MAJOR OPERATION:-**

- |   |        |
|---|--------|
| 1. INTERLOCKING FEMUR.                    | 1550/- |
| 2. INTERLOCKING TIBIA.                    | 1550/- |
| 3. PLATING SPINE (PEDICAL SCREW FIXATION) | 1550/- |

### **(B) MAJOR OPERATION:-**

- |                         |        |
|-------------------------|--------|
| 1. FRACTURE NECK FEMUR. | 1550/- |
|-------------------------|--------|

### **(C) INTERMEDIATE OPERATION:-**

- |   |       |
|---|-------|
| 1. INTERMEDIATE FRACTUREES FEMUR- TIBIA       | 950/- |
| 2. CLOSE NAILING LONG BONES (WITHOUT LOCKING) | 950/- |

### **(D) MINOR OPERATION:-**

- |   |       |
|---|-------|
| 1. MINOR PROCEDURE (WITH ONE X-RAY PALTE) | 300/- |
|---|-------|

\* X - RAY PLATE TAKEN ON "C" ARM RS.300/- PER PLATE

## **(28) ARTHROSCOPIC SURGERY CHARGES**

<b>SR.NO.</b>	<b>DECRPTION</b>	<b>CHARGES</b>
1	ARTHROLYSIS / ADHESIONLYSIS	10800/-
2	ARTHROSCOPIC SURGERY FOR OSTEOARTHROSIS	9600/-
3	ARTHROSCOPY- ELBOW	12000/-
4	ARTHROSCOPY- KNEE	12000/-
5	ARTHROSCOPY- SHOULDER	12000/-
6	CHONDROMALACIA OF PATELLA	5400/-
7	DIAGNOSTIC ARTHROSCOPY	4200/-
8	INTRA-ARTICULAR FRACTURE OF FEMUR / TIBIA	10800/-
9	LIGAMENTOUS SURGERY ACL	10800/-
10	LIGAMENTOUS SURGERY PCL	14400/-
11	MENESECTOMY- DOUBLE (SAME JOINT)	14400/-
12	MENESECTOMY- SINGLE	7000/-
13	MOSAICPLASTY	18000/-
14	RECURRENT DISLOCATION OF PATELLA	8400/-
15	RELEASING OF PLICA	5400/-
16	REMOVAL OF LOOZ BODY	5400/-
17	SEPTIC ARTHRITIS	8750/-
18	SLIPA REPAIR	15600/-
19	SUBACROMIAL DECOMPRESSION	9600/-
20	SYNEVECTOMY	7550/-

## **(29) PHYSIOTHERAPY CHARGES**

SR. NO.	DESCRIPTION	CHARGE
1	CERABRAL PALS & OTHER	100/-
2	CERVICAL/LUMBER TRACTION	50/-
3	ELECTRICAL MUSCLE STIMULATION	50/-
4	EXERCISE THERAPY- SIMPLE	50/-
5	EXERCISE THERAPY- WITH EQUIPMENT	60/-
6	FRACTURE LOWER LIMB	50/-
7	FRACTURE UPPER LIMB	50/-
8	HEMIPLEGIA	100/-
9	INFRA RED THERAPY	40/-
10	INTER FERENTIAL	60/-
11	PARAFFIN WAX THERAPY	50/-
12	PARAPLEGIA	100/-
13	POLIO PARALYSIS	100/-
14	QUADRIPLEGIA	100/-
15	S W DIATHERAPY	50/-
16	S W DIATHERAPY (BED SIDE)	60/-
17	TENS THERAPY	50/-
18	ULTRA VIOLET RADIATION	40/-
19	ULTRASOUND THERAPY	50/-
20	VIBRATOR	50/-
21	WALKER WITH WHEEL (PER DAY)	20/-
22	LASER THERAPY	300/-
23	OTHER (NOT MENTION IN LIST)	50/-

### **FOR PAEDIATRIC:-**

SR.NO.	PROCEDURE	CHARGES
24	PHYSIOTHERPY	50/-
25	PLAY THERAPY	50/-
26	SPEECH THERAPY	50/-
27	BEHAVIOUR THERAPY	50/-
28	OCCUPATIONAL THERAPY	50/-

## **(30) UROLOGY SECTION CHARGES**

SR. NO.	PROCEDURES	CHARGES
1	AMPUTATION OF PENIS- PARTIAL	5400/-
2	AMPUTATION OF PENIS- TOTAL	8400/-
3	BLADDER DIVERTICULACTOMY	18600/-
4	CIRCUMCISION WITH REDUCTION OF PARAPHIM	1100/-
5	CIRCUMCISSION	3000/-
6	COMPLETE URODYNAMICS	3250/-
7	CYSTECTOMY- PARTIAL	13800/-
8	CYSTECTOMY- RADICAL	27600/-
9	CYSTECTOMY- TOTAL	27600/-
10	CYSTO LITHOLAPAXY (DORMIA BASKETING)	4800/-
11	CYSTOLITHOTOMY	3600/-
12	CYSTOMETRY (CYSTOMETROGRAM)	1650/-
13	CYSTOSCOPY	2400/-
14	CYSTOSCOPY WITH TUR PROSTATE (LESS THAN 25GMS)	15600/-
15	CYSTOSCOPY WITH TUR PROSTATE (MORE THAN 25GMS)	18000/-
16	CYSTOSCOPY WITH BIOPSY	2400/-
17	CYSTOSCOPY WITH BLADDER NECK INCISION	5400/-
18	CYSTOSCOPY WITH BLOOD TUMAR (<2CM)	10800/-
19	CYSTOSCOPY WITH BLOOD TUMAR (>2CM)	10800/-
20	CYSTOSCOPY WITH DORMIA	5400/-
21	CYSTOSCOPY WITH FULGURATION OF BT	5400/-
22	CYSTOSCOPY WITH LITHOTRIPSY (<1.5CM STONE)	7200/-
23	CYSTOSCOPY WITH LITHOTRIPSY (>1.5CM STONE)	8400/-
24	CYSTOSCOPY WITH URETERIC CATHARISATION	2400/-
25	CYSTOSCOPY WITH V. I. U. 1 <sup>ST</sup> SITTING	3600/-
26	CYSTOSCOPY WITH V. I. U. -SUBSEQUENT SITTINGS	2400/-
27	CYSTOSTOMY- OPEN	3200/-
28	CYSTOSTOMY- TROCAR	1700/-
29	DIAGNOSTIC URETHRO CYSTOSCOPY	2600/-

30	DIVERTICULECTOMY	6600/-
31	DJ PLACEMENT	3600/-
32	ENDOPYELOTOMY	24000/-
33	ESWL (PROFESSIONAL CHARGE ONLY)	7800/-
34	HYDROCELE- BILATERAL	2400/-
35	HYDROCELE- UNILATERAL	2150/-
36	HYPOSPADIAS REPAIR- SINGLE STAGE	12000/-
37	HYPOSPADIAS REPAIR- TWO STAGE	9600/- EACH STAGE
38	MEATOPLASTY	2400/-
39	MEATOTOMY	1400/-
40	NEPHRECTOMY- RADICAL	10800/-
41	NEPHRECTOMY- SIMPLE	10200/-
42	NEPHRIC SURGERY PERINEPHRIC ABSCESS	4800/-
43	NEPHROLITHOTOMY/MINIPERC	10800/-
44	NEPHROSTOMY PERCWANEIOUS + ITV OR ULTRASOUND EQUIPMENT CHARGES	5400/-
45	OPEN PROSTATECTOMY- MILLINS/FREYERS	16800/-
46	OPEN PROSTATECTOMY- RADICAL	27600/-
47	OPTICAL URETHROTOMY- COMPLICATED	8400/-
48	OPTICAL URETHROTOMY- SIMPLE	6600/-
49	ORCHIDECTOMY- RADICAL	3600/-
50	ORCHIDECTOMY- ROUTINE	3600/-
51	ORCHIDECTOMY- SUBCAPSU	3000/-
52	ORCHIOPAXY- BILATERAL	4200/-
53	ORCHIOPAXY- UNILATERAL	3600/-
54	P.U.VALVE FULGURATION	13200/-
55	PCN	6600/-
56	PCNL- MULTIPLE	18000/-
57	PCNL- PARTIAL STAGHON	13200/-
58	PCNL- SINGLE STONE	10800/-
59	PEOSTATIC ABSCESS DRAINAGE	3600/-
60	PROSTATE NEEDLE BIOPSY- DIGITAL	2300/-
61	PRESSURE FLOWMETRY	1850/-
62	PROSTATE NEEDLE BIOPSY- TRUS GUIDED	4200/-
63	PROSTATE/RENAL BIOPSY	1700/-

64	PYELOLITHOTOMY	10800/-
65	PYELOPLASTY	9600/-
66	REDUCTION OF PARAPHINOSIS ONLY	600/-
67	RENAL TRANSPLANT	AT PAR WITH IKDRC CHARGES
68	RENAL TRANSPLANT- CADAVER	240000/-
69	RGP	3800/-
70	RIGISCAN	4700/-
71	RIRS	6120/-
72	S/P PUNCTURE CYSTOSTOMY	1900/-
73	SLING OPERATION FOR STRESS INCONTINANCE	5400/-
74	TESTICULAR BIOPSY	1400/-
75	TORSION TASTIES REPAIR	10800/-
76	URETERIC CATHETERIZATION	3800/-
77	URETERIC REIMPLANTATION- BILATERAL	13800/-
78	URETERIC REIMPLANTATION- UNILETERAL	10800/-
79	URETEROSCOPY- LOWER	9000/-
80	URETEROSCOPY- UPPER	10800/-
81	URETHRAL DILATATION	1000/-
82	URETHRAL PRESSURE PROFIOMETRY	1100/-
83	URETHORPLASTY- SINGLE STAGE	10800/-
84	URETHORPLASTY- TWO STAGE	9600/- EACH STAGE
85	URETHROPLASTY BUCCAL MUCOSA	15000/-
86	URETROLITHOTOMY	6000/-
87	VIDEO URODYNAMICS	4850/-
88	V.V.F REPAIR- COMPLEX	10200/-
89	V.V.F REPAIR- SIMPLE	8400/-
90	VARICOCELECTOMY- BILATERAL	8400/-
91	VARICOCELECTOMY- UNILATERAL	6600/-
92	VASOEPIDIDYMOSTOMY	9000/-
93	VASOPLASTY	7200/-

# **(31) PLASTIC SURGERY CHARGES**

## **(A) PLASTIC SURGERY:-**

SR. NO.	DESCRIPTION	CHARGES
<b>TRAUMA &amp; RELATED WROK (FACE, HEAD &amp; NECK)</b>		
1	LACERATION S MULTIPLE (BOTH 1 & 2 DOES NOT INCLUDE ANY BONY WORK.)	3000/-
2	LACERATIONS SMALL	1400/-
3	MANDIBEL OPEN REDUCTION & SIMPLE WIRING	4800/-
4	MANDIBLE A/O FIXATION	8400/-
5	MANDIBLE I/M WIRING	3600/-
6	MANDIBLE PLATES & SCREW	6600/-
7	MAXILLA F. M. SUSPENSION	4800/-
8	MAXILLA PLATES AND SCREWS	6600/-
9	NASAL BONE	3000/-
10	NASAL BONE REQUIRING INTERNAL FIXATION.	4800/-
11	NASO-ETHOMOID FRONTAL BONE INVOLVEMENT.	6600/-
12	T. M. ANKYLOSIS	6600/-
13	ZYGOMA CLOSED REDUCTION GILLES APPROACH	2750/-
14	ZYGOMA OPEN REDUCTION	4800/-
<b>EXTREMITIES</b>		
15	AMPUTATION OF DIGIT (CHARGES PER DIGIT)	650/-
16	DEGLOVING INJURY SCALP	5400/-
17	DEGLOVING INJURY FOR WARM/ARM	3600/-
18	DEGLOVING INJURY HAND/FOOT	3600/-
19	DEGLOVING INJURY LEG/THIGH	3600/-
20	DEGLOVING INJURY SCORTUM/PENIS	3600/-
21	DIGITAL BONE- K WIRE	2150/-
22	DIGITAL BONE- PLATES AND SCREW	3500/-
23	LACERATION MULTIPLE	2750/-
24	LACERATION MULTIPLE (BOTH 13 & 14 DO NOT INCLUDE ANY BONE OR TENDON WORK)	3350/-
25	LACERATION SINGLE	900/-
26	NERVE REPAIR (PER NERVE) DIGITAL(MICROSURGICAL)	1800/-

27	NERVE REPAIR (PER NERVE) OTHERS	2750/-
28	TENDON REPAIR (CHARGES PER TENDON)	1400/-
<b>MANAGEMENT OF BURNS AND POST BURN DEFORMITIES</b> <b>(NOTE: EXTRA CHARGES - SURGICAL CASE OF BURN AS PER CONSULTANT)</b>		
29	BURNS ESCAROTOMY AREA	500/-
30	BURNS EXCISION (PER BSA %)	800/-
31	BURNS FASCIOTOMY AREA	800/-
32	BURNS MAJOR DRESSING	1150/-
33	BURNS MAJOR DRESSING UNDER G/A	2400/-
34	BURNS MINOR DRESSING	250/-
35	BURNS PBC RELEASE ANILLA/GROIN	4200/-
36	BURNS PBC RELEASE DIGIT	1700/-
37	BURNS PBC RELEASE ELBOW/KNEE	2750/-
38	BURNS SCRAPPING (PER BSA %)	500/-
39	BURNS STSG (PER BSA %)	800/-
<b>COSMETIC AND RECONSTRUCTIVE SURGERY</b>		
40	AUGMENTATION	4550/-
41	BALEPHAROPLASTY PER LID	3600/-
42	BREAST AUGMENTATION	4800/- PER SIDE
43	BREAST RECONSTRUCTION	6000/- PER SIDE
44	BREAST REDUCTION	6000/- PER SIDE
45	CHANGE OF GENDER	27600/-
46	CLEFT - PAL-TE - COM-LETE	6000/-
47	CLEFT - PAL-TE - INC-Mplete	4800/-
48	CLEFT LIP- COM-LETE	4200/-
49	CLEFT LIP- INCOMPLETE	3600/-
50	DEBRIDUMENT UNDER G.A.	1400/-
51	DEBRIDUMENT UNDER L.A.	800/-
52	DERM (BOTH 1 & 2 DOES NOT INCLUDE ANY BONY WORK.) ABRASION FULL FACE	5600/-
53	DERM ABRASION LESS THAN FULL FACE	3600/-
54	DERMOLIPERCTOMY PER REGION	6000/-
55	EAR RECONSTRUCTION	3600/- PER STAGE
56	EAR REPAIR FOR WIDE HOLES	1100/- PER SIDE
57	EPISPADIAS	10800/-



58	EXCISION OF BENIGN LESIONS MULTIPLE	4200/-
59	EXCISION OF BENIGN LESIONS SINGLE	2400/-
60	FACE LIFT	12000/-
61	FACE LIFT DOUBLE CHAIN CORRECTION	4200/-
62	FACE LIFT FORE HEAD LIFT	4800/-
63	FLAPS (COMPOUND) FASCIO- CUTANEOUS	4200/-
64	FLAPS (COMPOUND) MYO - CUT-NEOUS	5500/-
65	FLAPS (COMPOUND) OSTEO-YO FASCIO-CUT	6200/-
66	FLAPS DELAY PROCEDURE	800/-
67	FLAPS OF SKIN ONLY DISTANT	6200/-
68	FLAPS OF SKIN ONLY LOCAL	1800/-
69	FLAPS OF SKIN ONLY REGIONAL	2750/-
70	FULL THICKNESS SKIN GRAFTING (< 2 CM)	4200/-
71	FULL THICKNESS SKIN GRAFTING (> 2 CM)	6000/-
72	HAEMANGIOMA- LARGE (> 5M)	6000/-
73	HAEMANGIOMA- SMALL(< 5M)	4000/-
74	HAIR BEARING FLAPS (PER FLAP)	5600/-
75	HAIR TRANSPLANTATION PER STAGE	3600/-
76	HYPOSPADIES CURONAL	4200/-
77	HYPOSPADIES PANOSCROLAL	6000/-
78	HYPOSPADIES PENILE	5150/-
79	KELOID - I/L-INJECTION	450/-
80	KELOID EXCISION MAJOR	6000/-
81	KELOID EXCISION MINOR	2400/-
82	LEUCODERMA MAJOR	6000/-
83	LEUCODERMA MINOR	2750/-
84	MAJOR MALIGNANCY EXCISION	6000/-
85	MAXILLA (BONY WORK) HEAD & NECK	6000/-
86	MAXILLA- MAJOR	5400/-
87	MAXILLA- MINOR	2400/-
88	MI ABDOMINOPLASTY	6600/-
89	NODE DISSECTION FUNCTIONAL	5400/-
90	NODE DISSECTION MODIFIED RADICAL FAT REDUCTION SURGERY	4000/-
91	NODE DISSECTION RADICAL	4800/-

92	NODE DISSECTION REGIONAL	3600/-
93	OTOPLASTY FOR MICROTIA & OTHER CONGENITAL (PER STAGE)	12000/-
94	PALATAL FISTULA SECONDARY SURGERY FOR CLEFT LIP AND NOSE	4000/-
95	PROMINENT EARS (PER EAR)	3600/-
96	RECONSTRUCTION OF EYE LID	7200/-
97	RECONSTRUCTION OF EYEBROW	7200/-
98	RECONSTRUCTION OF ORBITAL FLOOR	12000/-
99	REVISION ONLY	3200/-
100	RHINOPHYMA	4800/-
101	RHINOPLASTY AUGMENTATION (EXCLUDING MATERIAL)	5400/-
102	RHINOPLASTY SWPTORHINOPLAST	7200/-
103	SCAR REVISION FACE-LARGE	4800/-
104	SCAR REVISION FACE-MEDIUM	3600/-
105	SCAR REVISION FACE-MULTIPLE	5400/-
106	SCAR REVISION FACE-SMALL	2150/-
107	SPLIT SKIN GRAFTING (PER BSA %)	700/-
108	SUCTION ASSISTED LIPOPLASTY (PER REGION)	6000/-
109	VAGINAL AGENESIS	12000/-
110	VALOPHARYEGEAL INCOMPLETE	6000/-
111	W' PLA'TY	2400/-
112	Z' PLA'TY MULTIPLE	3600/-
113	Z' PLA'TY SINGLE	1700/-

**(B) MICRO SURGERY:-**

SR. NO.	DESCRIPTION	CHARGES
114	CRAXIIO FACIAL SURGERY	24000/-
115	FREE FLAP (COMPOUND)	13800/-
116	FREE FLAP (SKIN ONLY)	10800/-
117	FREE TOE TRANSFER	13800/-
118	MICRO SURGICAL NERVE REPAIR	4200/-
119	MICROSCOPIC TUBOPLASTY	6600/-
120	MICROSCOPIC VASOPLASTY	6600/-

121	MICROSURGICAL NERVE GRAFT	6600/-
122	REPLANTATION OF PALM / HAND / WRIST	16800/-
123	REPLANTATION PER DIGIT	12000/-
124	REVASCULARISATION (PER AREA)	10800/-

### **(C) CRANIFASIO MAXILLARY SURGERY CHARGES:-**

SR. NO.	DESCRIPTION	CHARGES
125	CARDIO FACIALS SURGERY (> 5 HRS)	19200/-
126	CARDIO FACIALS SURGERY (< 5 HRS)	13800/-
127	MAXILLAC / MANDIBLE RIGID FIXATION (CONGENITAL / ACQUIRED DEFORMITY CORRECTION)	9600/-
128	ORBITAL RECONSTRUCTION (WITH BONE GRAFT OR IMPLANT) MAJOR	8400/-
129	ORBITAL RECONSTRUCTION (WITHOUT BONE GRAFT) MINOR	6600/-
130	PANFASCIAL RIGID FIXATION (MAXILLAC, MANDIBLE & ZYGOMA RECONSTRUCTION LIVE SURGERY)	13800/-
131	RECONSTRUCTION OF SCALP & CALVAVIA (CORRECTION OF CONGENITAL DEFORMITY)	6600/-
132	RECONSTRUCTION OF SCALP AND CALVEVIA WITH BONE GRAFT	12000/-
133	RECONSTRUCTION OF SCALP AND CALVEVIA WITH BONE GRAFT AND LOCAL FLAP	13800/-

### **(D) FACIOMAXILLARY SURGERY CHARGES:-**

SR. NO.	DESCRIPTION	CHARGES
134	CLOSURE OF ORO ANTRAL FISTULA	1400/-
135	ENUCLEATION OF CYST OR GRANULOMA- (2CM OR LESS)	550/-
136	ENUCLEATION OF CYST OR GRANULOMA- (MORE THAN 2 CM)	650/-
137	ENUCLEATION OF CYST OR GRANULOMA- LARGE CYST	1400/-
138	EXCISION OF ORAL TUMOR OR GROWTH INTRA ORALLY- (2CM OR LESS)	550/-
139	EXCISION OF ORAL TUMOR OR GROWTH INTRA ORALLY- (MORE THAN 2 CM)	650/-
140	EXCISION OF ORAL TUMOR OR GROWTH INTRA ORALLY- ENBLOCK RESECTION	800/-
141	EXCISION OF SUBMANDIBULAR SALIVARY GLAND	1700/-
142	IMPACTED CAINE	800/-

143	IMPACTED SUPERNUMERARY OR ANY OTHER	800/-
144	IMPACTED THIRD MOLARS- DISTO ANGULAR	650/-
145	IMPACTED THIRD MOLARS- MESIO ANGULAR	650/-
146	IMPACTED THIRD MOLARS- SOFT TISSUE	300/-
147	IMPACTED THIRD MOLARS- VERTICAL	650/-
148	INCISION & DRAINAGE EXTRA ORALLY UNDER L. A.	650/-
149	INCISION & DRAINAGE OF LUDWIG'S AN'INA & SIMILAR SEVERE INFECTION AD ITS MANAGEMENT	150/-
150	INFECTION OF TISSUE SOACES AROUND MANDIBLE, MAXILLA AND NECK INCISION & DRAINAGE INTRA ORALLY UNDER L. A.	300/-
151	OSTEOMYLITIES OF THE JAWAS- SEQUESTRECTOMY	900/-
152	OSTEOMYLITIES OF THE JAWAS- CURETTAGE	550/-
153	THIRD MOLAR IN ABNORMAL PLACE	900/-
154	TOOTH BELOW CEMENTO ENEMAL JUNCTION	800/-

## **(32) NEURO SURGERY SECTION CHARGES**

SR.NO.	DESCRIPTION	CHARGES
1	ALCHOHOL / GLYCEROL INCETION FOR IRIGATAL NEURNALGLA	7200/-
2	CARPAL TUNNEL DECOMPRESSION	6000/-
3	SCALP WOUND DEBRIDMENT EXCISION & SEUTURING- MAJOR	4200/-
4	SCALP WOUND DEBRIDMENT EXCISION & SEUTURING- MINOR	2400/-
<b>INTERMEDIATE</b>		
5	BURRHOLES BIOPSY	9000/-
6	BURRHOLES FOR CHR. SUBDURAL HEMATOMA	9000/-
7	EMERGENCY VENTIRIC DRAINAGE	9000/-
8	IMPLANTATION OF OMMAYA RESERVOIRS	9000/-
9	THEROPENITONEAL SHUNT	9000/-
10	V.A.SHUNT	3600/-
11	V.P.SHUNT	7200/-
<b>MAJOR</b>		
12	ACF REPAIR (UNILATERAL)	13800/-
13	ANTERIOR CERVICAL DISC. EXCISION AND/OR FUSION (CLOWARDS OPERATION)	13800/-
14	CARNIOTOMY FOR POSTERIOR FUSSA TUMOR	13800/-
15	CARNIOTOMY FOR SUPRATEOTOIALTUMOR	13800/-
16	CERVICAL LAMINECTOMY FOR EXTRADURAL S.O.L.	13800/-
17	CERVICAL LAMINECTOMY FOR STENOSIS	12000/-
18	COMPOUND FRACTURE OF SKULL BRAIN LACERATIONS	13800/-
19	CRANIOPLASTY	16800/-
20	CRANIOTOMY FOR ACUTE SUBDURAL HEMATOMA	13800/-
21	CRANIOTOMY FOR INTRACELEBRAL HEMATOMA	16800/-
22	DURAPLASTY	6000/-
23	ENCEPHALOCOELE	13800/-
24	FOR EXTRADURAL HAMATOMA	13800/-
25	FOR EXTRADURAL S.O.L.	12000/-
26	LUMBER DISC (PROLAPSE) EXCISION WITH DECOMPRESSION	13800/-

27	LUMBER LAMINECTOMY FOR CANAL STENOSIS	13800/-
28	MENINGO MYELOCELE	13800/-
29	MICRODISCECTOMY FOR PROLAPSE	12000/-
30	PERIPHERAL NERVE INJURY EXPLORATION AND GRAFTING	13800/-
31	SCAPLE AVM (CIRSOID ANEURISM)	13800/-
32	THORACIC LAMINECTOMY FOR EXTRADURAL S.O.L.	13800/-
33	THORACIC LAMINECTOMY FOR STENOSIS	13800/-
<b>COMPLEX</b>		
34	AVM EXCISION (INTRACRANIAL)	13800/
35	C V JUNCTION ANOMALLY DECOMPRESSION AND /OR FUSION	13800/
36	INTRACRANIAL ANEURYSM CLIPPING	13800/
37	INTRADURAL S.O.L. (INTRAMEDURAL SOL) AVM -CERV-CAL	13800/
38	INTRADURAL S.O.L. (INTRAMEDURAL SOL) AVM- LUMBER	13800/
39	INTRADURAL S.O.L. (INTRAMEDURAL SOL) AVM -THORACIC	13800/
40	POSTERIOR FOSSA MVD, V,VIII,IX	13800/
41	RIGHT RETROMASTOID SUBOCCIPITAL CRANIOTOMY	13800/-
42	SKULL BONE ANTI. FORSA AND MIDDLE FORSA TUMOR	13800/
43	SYRINGOMYELIA DECOMPRESSION AND/OR SHUNT	13800/
44	TRANS ORAL EXCISION OF DORSAL AND CLIVAL TUMORS	13800/
45	TRANSPHENOIDAL PITUITARY SURGERY	13800/

## **(33) THORACIC SURGERY SECTION**

### **CHARGES**

<b>SR. NO.</b>	<b>DESCRIPTION</b>	<b>CHARGES</b>
1	ACHALASIA CARDIA	3400/-
2	B. T. SHANT	9000/-
3	BRONCHOSCOPY	2000/-
4	CERVICAL RIB	4550/-
5	CLOSED MITRAL VALVOTOMY	19200/-
6	DECORTICATION	10800/-
7	DIAPHARGMATIC HERNIA (ACQUIRED / ADULT)	10800/-
8	DIAPHARGMATIC HERNIA (PEDIATRICS)	8400/-
9	ENDOBONCHIAL ULTRASOUND BRONCHOSCOPY	20000/-
10	EXCISION OF CEHSTWALL SECONDARIES	10800/-
11	EXPLORATORY THORACTOMY	4800/-
12	FFOB + BRONCHIAL LAVAGE	2750/-
13	FFOB + BRONCHIOALVEOLAR LAVAGE	3600/-
14	FFOB + TRANSBRONCHIAL LUNG BIOPSY	3600/-
15	FFOB + TRANSBRONCHIAL MASS BIOPSY	3600/-
16	FFOB + TRANSBRONCHIAL MASS BIOPSY + BRONBCHIAL LAVAGE	3600/-
17	FLEXIBLE+FIBEROPTIC BRONCHOSCOPY (FFOB)	2750/-
18	GASTEROSTOMY IN NEW BORN	3600/-
19	HAEWANGIOMA	2400/-
20	ICDT	2000/-
21	IVER - LWE-S	9600/-
22	LAPAROTOMY & THORACTOMY FOR TRAUMA	9600/-
23	LOBECTOMY / BILOBECTOMY	9600/-
24	LUNG MASS BIOPSY	2750/-
25	OESOPHAGEAL STRICTURE DILATATION PER SITTING	1200/-
26	OESOPHAGOSCOPY	2000/-
27	OPEN LUNG BIOPSY	3350/-
28	OPEN PERICARDIAL DRAINAGE	3350/-

29	PDA	13800/-
30	PERICARDIEACTOMY	12000/-
31	PLEURAL ASPIRATION	650/-
32	PLEURAL BIOPSY	1550/-
33	PLEURECTOMY	3350/-
34	PNEMONECTOMY	13800/-
35	PORTAL HYPE TENSION SURGERY	10800/-
36	RECONSTRUCTION OESOPHAGUS	10800/-
37	REMOVAL OF FOREIGN BODY	5400/-
38	RIB RESECTION & OPEN DRAINAGE (ONE)	4200/-
39	SARGSTATEN TUBE INTRODUCTION AND MANAGEMENT (TUBE COST EXTRA)	2000/-
40	SCALENE NODE BIOPSY	1900/-
41	SUB-STERNAL BYPASS	6600/-
42	SYMPATHECTOMY LUMBAR / CERVICAL	6000/-
43	T.O.FISTULA	6350/-
44	THORACOPLASTY	9000/-
45	THYMACTOMY	7550/-
46	TOTAL OESOPHARGECTOMY	10800/-
47	TRANS HIATAL OESOPHAGECTOMY	8400/-
48	TUBE THORACOSTOMY	2000/-
49	VERICOSE VAIN	10800/-
50	WIDE EXCISION / MASTECTOMY	4800/-



## **(34) VASCULAR SURGERY SECTION** **CHARGES**

SR.NO.	NAME OF OPERATION	CHARGES
1	ABDOMINAL AORTIC AN.	16800/-
2	AORTO FEMORAL BY PASS- BILATERAL	19200/-
3	AORTO FEMORAL BY PASS- UNILATERAL	13200/-
4	AORTO RENAL BY PASS	15600/-
5	AXILLO - BRA-HIAL BY PASS	13200/-
6	AXILO FEMORAL	13200/-
7	CAROTID - SUB-LAVIAN	13200/-
8	CAROTID ENDARTERECTOMY	18000/-
9	DESCENDING THORACIC AORTO - FEMORAL BY PASS	19000/-
10	DIALYSIS FISTULA	8400/-
11	DSA/USG GUIDED RF ABLATION	60000/-
12	EMBOCTOMY/THROMBECTOMY	13200/-
13	ENDOVENOUS LASER ABLATION OF VERICOSE VEINS	50000/-
14	FEMORAL - POLYTEAL - ABOVE KNEE	11800/-
15	FEMORO	13200/-
16	FEMORO - DISTAL (IN SITU)	15600/-
17	ILEO FEMORAL	13200/-
18	ILIAC	12000/-
19	IVC FILTER PLACEMENT	10800/-
20	LYMPHOMA SURGERY	7200/-
21	PERIPHERAL ARTERIAL- MAJOR	12000/-
22	PERIPHERAL ARTERIAL- MINOR	9000/-
23	PORATAL HYPERTENSION SURGERY	16800/-
24	PROFUNDOPLASTY	9000/-
25	REGIONAL THROMBOLYSIS- 12 HRS	6000/-
26	REGIONAL THROMBOLYSIS- 24 HRS	7200/-
27	REGIONAL THROMBOLYSIS- 6 HRS	4800/-
28	REPAIR OF VASCULAR MALFORMATIONS- AV FISTULAE	5400/-

29	REPAIR OF VASCULAR MALFORMATIONS- HAEMANGIOMA	5400/-
30	SYMPATHECTOMY	4200/-
31	SYSTEMIC THROMBOLYSIS	2750/-
32	THORACIC AORTIC AN.	25200/-
33	THORACIC OUTLET SYNDROME SK	7200/-
34	THORACOABDOMINAL	25200/-
35	VASCULAR TUMORS	9000/-
36	VENEOUS RECONSTRUCTION SURGERY	12000/-
37	VERICOSE DOPPLER	1000/-
38	VERICOSE VEIN SECREROTHERAPY	2000/-
39	VERICOSE VEIN SURGERY- ICPV LIGATION	6600/-
40	VERICOSE VEIN SURGERY- LSV STRIP	6000/-
41	VSCULAR TRAUMA	12600/-



## TERMS & CONDITIONS



- (1) THIS PRICE LIST IS MADE ONLY FOR THE PURPOSE OF RE-EMBURSMENT.
- (2) THIS PRICE LIST IS MADE FOR THE RE-EMBURSEMENT OF ALL STAFF TREATMENT BILLS OF RECOGNISED HOSPITALS, ALL EMPLOYEES AND PENSIONERS MEDICAL BILLS.
- (3) RECOGNISED HOSPITALS CAN ONLY CHARGE THE GENERAL WARD CHARGES OF THIS PRICE LIST IN ALL STAFF TREATMENT BILLS. IN CASE OF ICU/ICCU/NICU/PICU/RR/SPECIAL/SEMI SPECIAL/DELUS ETC. RECOGNISED HOSPITAL TAKE ONLY STAY AND VISIT DIFFERENCE CHARGES. HOSPITAL SHOULD NOT TAKE ANY OTHERS DIFFERENCE CHARGES TO EMPLOYEES AND PENSIONERS.
- (4) THE CHARGES OTHER THAN THIS PRICE LIST WILL BE RE-EMBURSED ON THE BASIS OF VADODARA MUNICIPAL CORPORATION RECOGNISED HOSPITALS PRICE LIST/CHARGES. THE CHARGES NOT MENTION IN VMC RECOGNISED HOSPITALS PRICE LIST, WILL BE RE-EMBURSED ON THE BASIS OF CHARGES APPROVED BY GOVT.OF INDIA OR GOVT.OF GUJARAT.
- (5) THE CHARGES NOT GIVEN (PARA 4) WILL BE RE-EMBURSED AFTER TAKING OPINION FROM ADDITIONAL MEDICAL OFFICER OF HEALTH OR MEDICAL OFFICER OF HEALTH V.M.C.
- (6) ALL SURGICAL ITEMS WILL BE RE-EMBURSED FOR ALL TYPES OF SURGERY (ONLY INDOOR PERIOD).
- (7) IN CASE OF ON DUTY ACCIDENTS, AFTER TAKING OPINION OF ADDITIONAL MEDICAL OFFICER OF HEALTH OR MEDICAL OFFICER OF HEALTH V.M.C. THE WHOLE AMOUNT WILL BE PAID INSTEAD OF RE-EMBURSEMENT AFTER APPROVAL FROM MUNICIPAL COMMISSIONER.
- (8) TONIC (VITAMINS, CALCIUM, IRON, MINERALS, ENZYMES, NUTRACEUTICAL ETC.) AND COSMETICS WILL NOT RE-EMBURSED IN ANY CASE.
- (9) ANTI TB MEDICINES WILL NOT BE RE-EMBURSE. IT MUST BE TAKEN FROM URBAN PRIMARY HEALTH CENTRES.
- (10) ORIGINAL PRESCRIPTION SHOULD VALID FOR 3-MONTHS ONLY, AND ONLY 1-MONTH MEDICINES WILL BE RE-EMBURSED IN ADVANCE.

- (11) THE CHARGES FOR ANY IMPLANT/CHEMO DRUGS/I.O.L. (LENS) WILL BE PAID AFTER ITS CONFIRMATION AND SUBMISSION LIKE IMPLANT STICKERS/ BOXES/I.O.L. ID CARD/CHEMOTHERAPY INJECTION BOXES ETC.
- (12) COSMETIC PURPOSE OPERATION/PROCEDURE MUST NOT BE ALLOWED IN STAFF TREATMENT BILL FOR ALL RECOGNISED HOSPITALS, ALL EMPLOYEES AND PENSIONERS MEDICAL BILLS.
- (13) THOSE EMPLOYEES/PENSIONERS DOES NOT HAVING MEDICAL CARD (TAKING MEDICAL ALLOWANCE IN CASH) MUST NOT RE-EMBURSED O.P.D. TREATMENT, ANY O.P.D. INVESTIGATION, DAY CARE TREATMENT AND DENTAL TREATMENT ETC. ONLY INDOOR TREATMENT BILLS WILL BE RE-EMBURSED.
- (14) EMPLOYEES/PENSIONERS SHOULD CLAIM MEDICAL BILL ONLY EITHER FROM VADODARA MUNICIPAL CORPORATION OR MEDICLAIM. THEY SHOULD NOT CLAIM MEDICAL BILL FROM BOTH SIDES.
- (15) THIS PRICE LIST IS APPLICABLE FROM 01/04/2018 TO 31/03/2020 ONLY.

V.M.C. PRICE LIST PAGE NO: 1 TO 99 APPROVED.

MUNICIPAL COMMISSIONAR  
MUNICIPAL CORPORATION  
VADODARA

❖ THE END ❖