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## **GENERAL RULES**

Welcome to Tata Memorial Centre (TMC) comprising of Tata Memorial Hospital (TMH) and Advanced Centre for Treatment Research & Education in Cancer (ACTREC). For your convenience please find below the description, nature and cost of services offered at our Centre. We hope that the information will enable you to make an informed choice regarding the appropriate category of treatment.

## **OUTPATIENT SERVICES**

***Registration is mandatory for all patients who wish to be evaluated and treated at our Centre. Online registration can be done either over the internet on our website [www.tmc.gov.in](http://www.tmc.gov.in) or on the kiosks placed at strategic locations in the hospital. Online registration by patients facilitates accuracy of data and reduced turn-around-time (TAT) for registration. You can opt to be either General or Private patient based on your ability to meet the treatment expenses. Foreign nationals can register only as Private patients.***

If you choose to be a general patient you need to register at the Central Registration Office (CRO) located in the Ground Floor of the Golden Jubilee Building. If you choose to be a private patient you will have to register with the CRO located in the Atrium (1<sup>st</sup> Floor) Homi Bhabha Block.

At the time of registration, you are expected to be in possession of a referral letter, medical summary including reports and imaging plates if any suggesting a diagnosis of cancer. Significant reports will be scanned and maintained as part of your EMR.

You will be assigned a Disease Management Group (DMG) most appropriate to your illness so that you will benefit from the collective wisdom of all disciplines in that group.

## **Smart Card**

During the process of registration you will be issued a photo-id smart card and a smart card account will be opened in your name. You will have to generate a PIN to authenticate all transactions while using the smart card. If you are a cash paying patient, you will be asked to pay an initial deposit (Private Rs.10,000/= and General Rs.1,000/=) to cover the costs of evaluation. The payment can be made either by cash / demand draft / credit – debit card / bank transfer. You will be

required to supplement the deposit as per the utilization as all services need to be paid upfront before it is rendered. The smart card deposit will obviate the need to stand in queues to make payment for goods and services which you will require subsequently. You can avail the full smart card refund after completion of each episode of treatment.

The smart card can be used to access your healthcare information at the information kiosks. Please note that since we are a paperless hospital you will not be issued any physical reports and the care-givers have access to the softcopy of your Electronic Medical Record (EMR). By using the smart card at the kiosk, you will also be able to access your smart card account and get more details on the goods and services provided through this account.

### **SMS Services**

At the time of registration your concurrence by default will be taken to give you SMS alerts regarding the balance in your smart card account; appointments; and notification as and when your reports are ready. Should you not agree for the same, you can opt out of this service which is provided free of cost.

### **General Patients**

If you chose to be a general patient, services will be provided and charged as per 'C' Category in our Schedule of Charges. Please note as a General Patient your evaluation and treatment will be subsidized and no Professional Charges will be levied. In case you belong to the Indigent Population and not able to pay the C category charges, please approach the Medical Social Work Department (MSW) in the GJB CRO. Your financial capability will be assessed and if you fail the means test you will be assigned and charged as per 'NC' Category in our Schedule of Charges. The MSW will with your consent publish your profile on our website and also write letter of recommendation for philanthropic institutions seeking financial help for your evaluation and treatment.

If you are eligible for treatment under the Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) Scheme of the Maharashtra State Government you will be assigned BP category after scrutiny by the concerned Arogyamitra.

## **Private Patients**

If you are a private patient you will attend the OPD in the HBB / Main building and charges as per B category will be applicable by default.

**Foreign Nationals** seeking treatment at Tata Memorial Hospital are advised to refer to the instructions available on our website. International patients should have a valid 'Medical Visa' and adequate funds for treatment. The charges applicable are listed in the Schedule of Charges under 'F' category. A deposit of Rs.2,00,000 will have to be made at the time of registration.

**Company / Trust Aided Patients** If you are referred by a company or a trust having prior arrangement for credit facility you will need to contact the Accounts Department for opening a credit / trust account. The credit account may be limited by time or amount as stipulated in the referral letter. You will be only entitled to the category of treatment as specified in the referral letter. The Hospital may request patients to take special financial sanction from the Referring Institution in respect of certain expensive therapy / consumables / drugs.

**Referral Cards (RF)** Patients who wish to avail second consultation / specialized services which are non-interventional in nature will be registered as RF cases at the CRO, Homi Bhabha Block.

If you are one such patient requiring a second consultation you will need to provide our doctor the medical summary / blocks / slides for review and will be charged for a second consultation as listed in the Schedule of Charges.

In case you want to submit sample for review or avail a specialized service you will be directed to the RF counter. Charges will be consistent with F category. However, patients referred from other Government / Municipal / Armed Forces Hospitals will be discounted by 50% of the charges.

**Preventive Oncology** The Department of Preventive Oncology registers people for screening for early detection of cancer. If you are interested in such a service please approach the Department located on the 3<sup>rd</sup> Floor of the Service Block. The services are comprehensive and bundled into a package price. We encourage the general public to take full advantage of this offer.

**Inpatient Services** Patients requiring admission will be waitlisted by the concerned secretary in the DMG. Please note that admissions are made based on clinical needs and availability of beds. During the period of hospitalization the room tariff will cover the costs of nursing, diet and all consumables including IV fluids.

**General Wards** General patients both 'C' and 'NC' categories are eligible for admission only in the General Wards. If you are general patient you will be charged as per the respective categories and no professional charges will apply.

Private patients and Foreign Nationals are not eligible to be admitted in General Wards. However, in case of emergencies, such admissions may be permitted with prior approval of the Hospital authorities. In all such instances bed tariff would be commensurate with 'C' category charges and treatment charges would be as per 'B' or 'F' categories as applicable.

General Patients are not eligible to be admitted in the rooms meant for private patients.

**Semi Private Rooms** If you are a private patient and opt for these rooms you will be provided shared accommodation. The treatment charges applicable will be as under 'B' category.

**Private Rooms** If you are a private patient and opt for these rooms in the HBB you will be provided single accommodation. The treatment charges applicable are as under 'A' category.

**Deluxe Suites** If you are a private patient and opt for these rooms you will be housed in Deluxe suites. The treatment charges applicable would be as under 'D' category.

**Intensive Care Unit** If you are admitted to the Intensive Care Unit (ICU) you will need to pay additional ICU bed charges over and above the room tariff for the bed which you retain in the General / Private ward.

**Change of category** Change of treatment category is discouraged and is permitted once. It is expected that patients will make an informed choice of category of treatment prior to hospitalization. Patients are encouraged to seek advice from the treating doctor regarding anticipated expenditure for treatment. However, a provision needs to be made in the event of unforeseen complications, if any, arising during treatment.

### **Hospital Bills & Modes of Payment :**

- You are expected to pay Hospital Deposits as per the Schedule of Charges prior to admission.
- In private rooms drugs and consumables would be provided at your bedside and billed to your account
- Medical Goods / Surgical consumables used in the Operation Theatre will be billed to your account
- If you are cash paying patient, you will receive an SMS alert every morning on the available balance in your account. You are expected to replenish your account to cover all the anticipated costs.
- Hospital refund exceeding Rs.10,000/= under normal circumstances, will be paid in the form of a cheque favouring the patient / kin / nominee, as applicable.
- All discharge formalities will be completed on working days only. In the event of untimely discharge / death all dues need to be cleared.
- Bed Charges will be levied on a per day basis. In case, the bed is not vacated by 12 noon on the day of discharge, bed charges for an additional day will be levied to the patient.
- You are expected to vacate the bed within two hours of being discharged in order to enable the staff admit the next patient failing which you will be charged for an additional day.

**All charges mentioned in this book are in Indian Rupees (INR) unless otherwise specified.**

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
<b>REGISTRATION CHARGES</b>							
A001	Registration Fees (Including SmartCard)	5	50	400	400	400	400
A002	Smart Card for patients (Reissue)	100	100	100	100	100	100
A003	Charges for printing Reports (per Report)	3	3	3	3	3	3
A010	Casualty Consultation Charges	0	0	800	800	800	800
A012	Second Opinion Consult Referral (RF)	0	0	0	0	0	1500
<b>ROOM TARIFF</b>							
B001	Room/Bed Charges (Main Building)	25	250	2250	5500	5500	5500
B002	Room/Bed Charges (Annexe Building)	25	250	2250	0	0	0
B003	ICU charges per day	25	250	1500	1875	3000	2350
B004	Room/Bed Charges - BMT	2500	2500	2500	2500	2500	2500
B005	Room/Bed Charges (HBB)	0	0	0	5500	0	0
<b>DEPOSITS</b>							
D002	Inpatient Deposit	1000	5000	50000	50000	250000	200000
D004	Deposit - Bone Marrow Transplant Patients	1000000	1000000	1000000	1000000	1000000	1000000
D006	Deposit - Autologous Stem Cell Transplant	500000	500000	500000	500000	500000	500000
D008	Unrelated Transplant Programme: Unrelated Donor Search (Non Refundable)	100000	100000	100000	100000	100000	100000
D009	Unrelated Transplant Programme: Phase I Deposit for Identifying Potential Donor (Non Refun	1000000	1000000	1000000	1000000	1000000	1000000
D010	Unrelated Transplant Programme: Deposit for Conducting Unrelated Transplants	4000000	4000000	4000000	4000000	4000000	4000000
<b>DAY CARE</b>							
E001	Day Care (Less than 4 Hours)	20	180	900	900	900	900
E002	Day Care (More than 4 Hours)	25	240	1200	1200	1200	1200
<b>HISTOPATHOLOGY</b>							
F302	Small biopsy/cell block except lymph node & breast	45	460	2300	2880	4500	3600
F303	Breast : Small biopsy/outside block	70	690	3450	4310	6740	5390
F304	Lymph node : Small biopsy/outside block	80	810	4025	5030	7860	6290
F305	Big Specimen except breast	90	920	4600	5750	8990	7190
F306	Big specimen breast	95	970	4830	6040	9440	7550



CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F307	Outside stained slides only	20	180	920	1150	1800	1440
F308	Outside unstained slides with or without blocks (except lymphnode & breast)	40	410	2070	2590	4050	3240
F309	Frozen section	25	230	1150	1440	2250	1800
F314	IHC on smears	35	350	1730	2160	3380	2700
F315	P16 IHC	30	280	1380	1730	2700	2160
F316	Big Specimen Colorectal resection	95	970	4830	6040	9440	7550
F317	FDA - Cerb B2	45	460	2300	2880	4500	3600
F318	Brain : Small Biopsy / cell block	80	810	4030	5040	7880	6300
F319	Soft tissue tumour : Small Biopsy / cell block	70	690	3450	4310	6740	5390
F320	ISH	140	1380	6900	8630	13490	10790
F321	IHC Tests on special request (upto 3 antibodies)	30	320	1610	2010	3140	2510
F322	Set of Recut slides (H&E / Unstained)	15	130	640	800	1250	1000
F323	ALK Amplification IHC Test	3250	3250	3250	3250	3250	3250
F324	Extended IHC Panel (Upto additional 6 markers)	60	600	3000	3750	5860	4690
F325	Big Specimen Whipple's Resection	90	920	4600	5750	8990	7190
F326	Big Specimen Post-Chemotherapy Resection	90	920	4600	5750	8990	7190
F327	Big Specimen Werdheim's Resection	90	920	4600	5750	8990	7190
F328	Big Specimen Esophagectomy Resection	90	920	4600	5750	8990	7190
F329	Big Specimen Amputation	100	1000	5000	6250	9760	7810
F330	Big Specimen Hemimandibulectomy	100	1000	5000	6250	9760	7810
F331	Big Specimen APR	100	1000	5000	6250	9760	7810
F332	Big Specimen Radical Prostatectomy	140	1400	7000	8750	13680	10940
F333	Big Specimen Radical Cystectomy	140	1400	7000	8750	13680	10940
	<b>Cytopathology</b>						
F401	Cytology (FNA)	15	150	760	950	1490	1190
F402	Pap Smear Cytology	10	100	510	640	1000	800
F403	Cytology Non-Gynaec	10	100	520	650	1010	810
F404	Sputum Cytology	5	20	100	130	200	160

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F405	Cytopathology: Outside Slides (Out-In)	10	100	520	650	1010	810
F407	Cytopathology: Outside Slides + Block (Out-In)	10	100	520	650	1010	810
F411	Bronchial Lavage + Brushings Cytology	10	100	520	650	1010	810
F412	Pleural / Pericardial / Peritoneal Fluid Cytology	10	100	520	650	1010	810
F413	Urine / Bladder Washing / Ileal Conduit Urine Cytology	10	100	520	650	1010	810
F414	Cerebro Spinal Fluid (CSF) Cytology	10	100	520	650	1010	810
F415	Oesophageal / Gastric / Colon / Ano-Rectal Lavage + Brushings Cytology	10	100	520	650	1010	810
F416	Nipple Discharge Cytology	10	100	520	650	1010	810
F417	Oral Scrapings Cytology	10	100	520	650	1010	810
F418	Bile / CBD Brushing Cytology	10	100	520	650	1010	810
F419	Scrapings From Miscellaneous Sites Cytology	10	100	520	650	1010	810
F420	USG Guided FNA with adequacy test by Cytologists (Prof charges)	15	150	750	940	1480	1180
F421	CT Guided FNA/biopsy with adequacy test by Cytologists (Prof charges)	15	160	810	1010	1580	1260
F422	Immuno-cytochemistry on smears (ICC)	40	400	2000	2500	3910	3130
F423	Liquid-based Cytology (LBC)	20	180	900	1130	1760	1410
<b>MOLECULAR PATHOLOGY</b>							
F618	EBER In Situ Hybridisation	100	1000	2000	2500	3910	3130
F620	Interphase FISH Test for HER2/Neu	600	6000	12000	15000	23440	18750
F621	Interphase FISH Test for EGFR	550	5500	11000	13750	21490	17190
F622	Interphase FISH Test for NMYC	425	4250	8500	10630	16610	13290
F623	Interphase FISH Test for 1p19q	550	5500	11000	13750	21490	17190
F624	Interphase FISH Test for ALK1	345	3450	6900	8630	13490	10790
F625	Interphase FISH Test for CMYC	345	3450	6900	8630	13490	10790
F651	PCR for IgH Gene Rearrangement	375	3750	7500	9380	14660	11730
F652	PCR for TCR Gene Rearrangement	425	4250	8500	10630	16610	13290
F653	PCR for N-MYC Amplification	110	1100	2200	2750	4300	3440
F654	Clonality Analysis	800	8000	16000	20000	31250	25000
F660	GENE SEQUENCING FOR C KIT MUTATIONS	560	5600	11200	14000	21880	17500

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F661	RT-PCR for PAX3-FKHR Translocation	175	1750	3500	4380	6850	5480
F662	RT-PCR for EWS-FLI1 Translocation	175	1750	3500	4380	6850	5480
F663	RT-PCR for EWS-ERG Translocation	175	1750	3500	4380	6850	5480
F664	RT-PCR for EWS-WT1 Translocation	175	1750	3500	4380	6850	5480
F665	RT-PCR for SYT-SSX Translocation	175	1750	3500	4380	6850	5480
F666	RT-PCR for SYT-SSX1 Translocation	175	1750	3500	4380	6850	5480
F667	RT-PCR for SYT-SSX2 Translocation	175	1750	3500	4380	6850	5480
F682	RAS Mutation Anaysis	250	2500	5000	6250	9760	7810
F683	Interphase FISH Test for EWSR1	325	3250	6500	8130	12700	10160
F684	MGMT Gene Promoter methylation	325	3250	6500	8130	12700	10160
F685	Detection of BRAFV600E Mutation	250	2500	5000	6250	9760	7810
F687	PAX7-FKHR	175	1750	3500	4380	6850	5480
F688	Gene Sequencing for IDH1	250	2500	5000	6250	9760	7810
F689	Gene Sequencing for IDH2	250	2500	5000	6250	9760	7810
F690	TFE-3 FISH	440	4380	8750	10940	17100	13680
F691	FISH test for SYT break-apart analysis	325	3250	6500	8130	12700	10160
F692	PDGFRA mutation analysis	280	2800	5600	7000	10940	8750
F709	Coagulation Profile (PT & PTTK)	15	130	640	800	1250	1000
F722	Haemogram (Hb, TLC, DLC,Platelets)	5	50	260	330	510	410
F723	Calcium (Random Urine) [EL]	5	30	160	200	310	250
F724	Chloride (Random Urine) [EL]	5	30	160	200	310	250
F725	Creatinine (Random Urine) [EL]	5	30	160	200	310	250
F726	Serum CRP [EL]	5	50	270	340	540	430
F727	CSF Chloride [EL]	5	30	160	200	310	250
F728	CSF Glucose [EL]	5	30	160	200	310	250
F729	CSF LDH [EL]	5	30	160	200	310	250
F730	CSF Protein [EL]	5	70	330	410	640	510
F731	Magnesium (Random Urine) [EL]	5	30	160	200	310	250

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F732	Methotrexate [EL]	15	170	860	1080	1690	1350
F733	Potassium (Random Urine) [EL]	5	30	160	200	310	250
F734	Sodium (Random Urine) [EL]	5	30	160	200	310	250
F735	Urea (Random Urine) [EL]	5	30	160	200	310	250
<b>BIOCHEMISTRY, TUMOUR MARKERS, EMERGENCY LABORATORY</b>							
F031	Urine Osmolality (Random) (EL)	5	30	160	200	310	250
F032	Urine Osmolality (24 Hours) (EL)	5	30	160	200	310	250
F033	Thyroid Function Tests (T3,T4,TSH)	10	90	440	550	860	690
F034	Serum T3 (Thyroid Function)	5	30	160	200	310	250
F035	Serum T4 (Thyroid Function)	5	30	160	200	310	250
F036	Serum TSH (Thyroid Function)	5	30	160	200	310	250
F037	Serum Folate	15	140	710	890	1390	1110
F038	Serum Vitamin B12	10	90	440	550	860	690
F039	Serum Parathormone (PTH)	10	90	440	550	860	690
F040	Serum Calcitonin	15	140	710	890	1390	1110
F041	Serum Free Light Chains Kappa	55	550	2760	3450	5390	4310
F042	Serum Free Light Chains Lambda	55	550	2760	3450	5390	4310
F043	Complete Serum Protein Electrophoresis (SPE) Profile	130	1320	6600	8250	12890	10310
F044	Serum Protein Electrophoresis (SPE)	5	60	290	360	560	450
F045	Serum Immunoglobulins (Ig)	15	140	710	890	1390	1110
F046	Immunoglobulin A (IgA)	5	50	250	310	490	390
F047	Immunoglobulin M (IgM)	5	50	250	310	490	390
F048	Immunoglobulin G (IgG)	5	50	250	310	490	390
F049	Serum Light Chains	15	140	710	890	1390	1110
F050	Serum Light Chains Kappa	10	100	480	600	940	750
F051	Serum Light Chains Lambda	10	100	480	600	940	750
F052	Immuno Fixation Electrophoresis (IFE)	90	910	4530	5660	8850	7080
F053	Urine Free Light Chains Kappa	55	550	2760	3450	5390	4310

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F054	Urine Free Light Chains Lambda	55	550	2760	3450	5390	4310
F055	Serum CK	5	30	160	200	310	250
F056	Serum CK-MB	5	60	290	360	560	450
F057	Serum Lactate	5	60	300	380	600	480
F058	Serum Free T3	15	160	800	1000	1560	1250
F059	Serum Free T4	15	160	800	1000	1560	1250
F060	Serum Vitamin D	30	280	1380	1730	2700	2160
F061	Serum BNP	35	350	1730	2160	3380	2700
F062	Serum Insulin	5	50	230	290	450	360
F063	Magnesium (24 Hrs Urine)	10	90	440	550	860	690
F072	CSF Immunoglobulins (Ig)	15	140	710	890	1390	1110
F073	CSF Immunoglobulin A (IgA)	5	70	350	440	690	550
F074	CSF Immunoglobulin M (IgM)	5	70	350	440	690	550
F075	CSF Immunoglobulin G (IgG)	5	50	250	310	490	390
F076	CSF Light Chains	15	140	710	890	1390	1110
F077	CSF Light Chains Kappa	10	100	480	600	940	750
F078	CSF Light Chains Lambda	10	100	480	600	940	750
F079	CSF AFP	10	100	490	610	950	760
F080	CSF CEA	10	90	450	560	880	700
F081	CSF Beta-HCG	5	70	370	460	730	580
F082	CSF Total PSA	10	100	490	610	950	760
F083	CSF Beta2-Microglobulin	25	240	1200	1500	2350	1880
F084	CSF CA 15.3	20	200	990	1240	1940	1550
F085	CSF CA 125	20	180	890	1110	1740	1390
F086	CSF CA 19.9	20	200	990	1240	1940	1550
F087	Fluid Immunoglobulins (Ig)	15	140	710	890	1390	1110
F088	Fluid Immunoglobulin A (IgA)	5	50	250	310	490	390
F089	Fluid Immunoglobulin M (IgM)	5	50	250	310	490	390

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F090	Fluid Immunoglobulin G (IgG)	5	50	250	310	490	390
F091	Fluid Light Chains	15	140	710	890	1390	1110
F092	Fluid Light Chains Kappa	10	100	480	600	940	750
F093	Fluid Light Chains Lambda	10	100	480	600	940	750
F094	Fluid AFP	10	100	490	610	950	760
F095	Fluid CEA	10	90	450	560	880	700
F096	Fluid Beta-HCG	5	70	370	460	730	580
F097	Fluid Total PSA	10	100	490	610	950	760
F098	Fluid Beta2 Microglobulin	25	240	1200	1500	2350	1880
F099	Fluid CA 15.3	20	200	990	1240	1940	1550
F100	Fluid CA 125	20	180	890	1110	1740	1390
F108	Fluid CA 19.9	20	200	990	1240	1940	1550
F109	Urine Immunoglobulins (Ig)	15	140	710	890	1390	1110
F110	Urine Immunoglobulin A (IgA)	5	50	250	310	490	390
F111	Urine Immunoglobulin M (IgM)	5	50	250	310	490	390
F112	Urine Immunoglobulin G (IgG)	5	60	280	350	550	440
F113	Urine Light Chains	15	140	710	890	1390	1110
F114	Urine Light Chains Kappa	10	100	480	600	940	750
F115	Urine Light Chains Lambda	10	100	480	600	940	750
F116	Urine AFP	10	100	490	610	950	760
F117	Urine CEA	10	90	450	560	880	700
F118	Urine Beta-HCG	5	70	370	460	730	580
F119	Urine Total PSA	10	100	490	610	950	760
F120	Urine Beta2 Microglobulin	25	240	1200	1500	2350	1880
F121	Urine CA 15.3	20	200	990	1240	1940	1550
F122	Urine CA 125	20	180	890	1110	1740	1390
F123	Urine CA 19.9	20	200	990	1240	1940	1550
F802	Routine Biochemical Test (Consolidated)	35	360	1810	2260	3540	2830

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F810	Glucose Tolerance Test	15	140	710	890	1390	1110
F817	Serum AFP	10	100	490	610	950	760
F818	Serum CEA	10	90	450	560	880	700
F819	Serum B-HCG	5	70	370	460	730	580
F820	Serum Total PSA	10	100	490	610	950	760
F821	Serum B2-Microglobulin	25	240	1200	1500	2350	1880
F822	Serum CA-15.3	20	200	990	1240	1940	1550
F823	Serum CA-125	20	180	890	1110	1740	1390
F824	Serum CA-19.9	20	200	990	1240	1940	1550
F829	Serum CRP	5	50	270	340	540	430
F830	Serum Ferritin	10	120	620	780	1230	980
F831	Serum CYFRA-21	25	230	1150	1440	2250	1800
F832	Serum NSE	25	230	1150	1440	2250	1800
F833	Cyclosporin	55	570	2850	3560	5560	4450
F836	Methotrexate	15	170	860	1080	1690	1350
F837	Serum Free PSA	10	110	550	690	1080	860
F841	Random Blood Glucose	5	30	160	200	310	250
F842	Fasting Blood Glucose	5	30	160	200	310	250
F843	Post-Prandial Blood Glucose	5	30	160	200	310	250
F845	Glycosylated Hemoglobin	10	100	500	630	990	790
F846	Fasting Urine Glucose	5	50	230	290	450	360
F847	Post-Prandial Urine Glucose	5	50	230	290	450	360
F848	Blood Glucose by Glucometer strip method	5	40	200	250	390	310
F849	Lipid Profile	10	90	430	540	850	680
F850	Serum Cholesterol	5	30	160	200	310	250
F851	Serum HDL-Cholesterol	5	30	160	200	310	250
F852	Serum LDL-Cholesterol	5	50	230	290	450	360
F853	Serum Triglycerides	5	40	190	240	380	300

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F854	Renal Function Tests	10	90	460	580	910	730
F855	Serum Urea	5	30	160	200	310	250
F856	Serum Uric Acid	5	30	160	200	310	250
F857	Serum Creatinine	5	30	160	200	310	250
F860	Serum Electrolytes	10	90	470	590	930	740
F861	Serum Sodium	5	30	160	200	310	250
F862	Serum Potassium	5	30	160	200	310	250
F863	Serum Chlorides	5	30	160	200	310	250
F864	Serum Bicarbonates	5	30	160	200	310	250
F865	Liver Function Tests	25	240	1220	1530	2390	1910
F866	Serum Protein	5	30	160	200	310	250
F867	Serum Albumin	5	30	160	200	310	250
F868	Serum Globulin	5	30	160	200	310	250
F869	Serum Alkaline Phosphatase	5	30	160	200	310	250
F870	Total Bilirubin	5	30	160	200	310	250
F871	Direct Bilirubin	5	30	160	200	310	250
F872	Indirect Bilirubin	5	30	160	200	310	250
F873	Serum AST	5	30	160	200	310	250
F874	Serum ALT	5	30	160	200	310	250
F875	Cardiac Enzymes [EL]	10	90	430	540	850	680
F876	Serum LDH	5	30	160	200	310	250
F877	Serum SGOT [EL]	5	30	160	200	310	250
F878	Serum CPK [EL]	5	30	160	200	310	250
F879	Serum CPK-MB [EL]	5	30	160	200	310	250
F880	Pancreatic Enzymes	10	90	430	540	850	680
F881	Serum Amylase	5	70	360	450	700	560
F882	Serum Lipase	5	60	310	390	610	490
F883	Body Fluid Investigations (CSF)	10	90	430	540	850	680



CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F884	CSF Glucose	5	30	160	200	310	250
F885	CSF Protein	5	70	330	410	640	510
F886	CSF Chloride	5	30	160	200	310	250
F887	CSF LDH	5	30	160	200	310	250
F888	Serum Calcium	5	30	160	200	310	250
F890	Serum Phosphorus	5	30	160	200	310	250
F891	Serum Magnesium	10	90	440	550	860	690
F893	Serum Iron	5	50	250	310	490	390
F894	Serum TIBC	5	50	250	310	490	390
F895	Serum Acid Phosphatase	10	100	500	630	990	790
F896	Serum Prostatic Acid Phosphatase	15	150	750	940	1480	1180
F897	VMA (24 Hrs Urine)	40	400	2000	2500	3910	3130
F898	5HIAA (24 Hrs Urine)	25	230	1150	1440	2250	1800
F914	Serum LDH [EL]	5	30	160	200	310	250
F915	Sodium (24 Hours Urine)	5	30	160	200	310	250
F916	Potassium (24 Hours Urine)	5	30	160	200	310	250
F917	Chloride (24 Hours Urine)	5	30	160	200	310	250
F918	Urea (24 Hours Urine)	5	30	160	200	310	250
F919	Uric Acid (24 Hours Urine)	5	30	160	200	310	250
F920	Creatinine (24 Hours Urine)	5	30	160	200	310	250
F921	Calcium (24 Hours Urine)	5	30	160	200	310	250
F922	Phosphorus (24 Hours Urine)	5	30	160	200	310	250
F923	Protein (24 Hours Urine)	5	70	360	450	700	560
F924	Creatinine Clearance (24 Hours Urine)	5	30	160	200	310	250
F925	Urea (Random Urine)	5	30	160	200	310	250
F926	Uric Acid (Random Urine)	5	30	160	200	310	250
F927	Creatinine (Random Urine)	5	30	160	200	310	250
F928	Sodium (Random Urine)	5	30	160	200	310	250

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F929	Potassium (Random Urine)	5	30	160	200	310	250
F930	Chloride (Random Urine)	5	30	160	200	310	250
F931	Calcium (Random Urine)	5	30	160	200	310	250
F932	Phosphorus (Random Urine)	5	30	160	200	310	250
F933	Protein (Random Urine)	5	70	330	410	640	510
F934	Fluid Urea	5	30	160	200	310	250
F935	Fluid Uric Acid	5	30	160	200	310	250
F936	Fluid Creatinine	5	30	160	200	310	250
F937	Fluid Sodium	5	30	160	200	310	250
F938	Fluid Potassium	5	30	160	200	310	250
F939	Fluid Chloride	5	30	160	200	310	250
F940	Fluid Bilirubin (Total)	5	30	160	200	310	250
F941	Fluid Bilirubin (Direct)	5	30	160	200	310	250
F942	Fluid Bilirubin (Indirect)	5	30	160	200	310	250
F943	Fluid Cholesterol	5	30	160	200	310	250
F944	Fluid Triglycerides	5	40	190	240	380	300
F945	Fluid HDL Cholesterol	5	30	160	200	310	250
F946	Fluid LDL Cholesterol	5	50	230	290	450	360
F949	Liver Function Tests [EL]	25	240	1220	1530	2390	1910
F950	Serum Protein [EL]	5	30	160	200	310	250
F955	Serum Albumin [EL]	5	30	160	200	310	250
F956	Serum Globulins [EL]	5	30	160	200	310	250
F957	Serum Alkaline Phosphatase [EL]	5	30	160	200	310	250
F958	Total Bilirubin [EL]	5	30	160	200	310	250
F959	Direct Bilirubin [EL]	5	30	160	200	310	250
F960	Indirect Bilirubin [EL]	5	30	160	200	310	250
F961	Serum SGPT [EL]	5	30	160	200	310	250
F962	Fluid Glucose	5	30	160	200	310	250

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F963	Fluid Protein	5	30	160	200	310	250
F964	Fluid Albumin	5	30	160	200	310	250
F965	Fluid Globulin	5	30	160	200	310	250
F966	Fluid Alkaline Phosphatase	5	30	160	200	310	250
F967	Fluid AST	5	30	160	200	310	250
F968	Fluid ALT	5	30	160	200	310	250
F969	Fluid Calcium	5	30	160	200	310	250
F970	Fluid Phosphorus	5	30	160	200	310	250
F971	Fluid Amylase	5	40	190	240	380	300
F972	Fluid Lipase	5	60	310	390	610	490
F973	Fluid LDH	5	30	160	200	310	250
F974	Serum Creatinine for 24 hrs CCT	5	30	160	200	310	250
F977	Bence Jones Protein (24 Hours Urine)	15	140	680	850	1330	1060
F978	Random Blood Glucose [EL]	5	30	160	200	310	250
F979	Fasting Blood Glucose [EL]	5	30	160	200	310	250
F980	Post-Prandial Blood Glucose [EL]	5	30	160	200	310	250
F981	Serum Electrolytes [EL]	10	90	470	590	930	740
F982	Serum Sodium [EL]	5	30	160	200	310	250
F983	Serum Potassium [EL]	5	30	160	200	310	250
F984	Serum Chlorides [EL]	5	30	160	200	310	250
F985	Blood Urea [EL]	5	30	160	200	310	250
F986	Serum Uric Acid [EL]	5	30	160	200	310	250
F987	Serum Creatinine [EL]	5	30	160	200	310	250
F988	Serum Amylase [EL]	5	40	190	240	380	300
F989	Serum Lipase [EL]	5	60	310	390	610	490
F990	Serum Lactate [EL]	5	30	160	200	310	250
F991	Serum Calcium [EL]	5	30	160	200	310	250
F993	Serum Magnesium [EL]	10	90	440	550	860	690

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F994	Serum Phosphorus [EL]	5	30	160	200	310	250
F998	Serum Osmolality [EL]	5	30	160	200	310	250
F999	Serum Gamma Glutamyl Transferase (GGT)	10	120	600	750	1180	940
<b>MICROBIOLOGY</b>							
G101	Urine Examination	5	20	100	130	200	160
G102	Stool Examination	5	20	100	130	200	160
G103	Culture & Sensitivity (Aerobic)	10	120	610	760	1190	950
G105	Routine Culture (Fungal)	10	100	510	640	1000	800
G106	CULTURE & SENSITIVITY (AFB)	35	370	1840	2300	3600	2880
G107	Routine Culture (Anaerobic)	10	100	510	640	1000	800
G108	Gene Xpert for Detection of MTB and Rifampicin Resistance	40	400	2000	2500	3910	3130
G111	Cultures for Helicobacter Pylori	10	120	610	760	1190	950
G113	Mantoux Test	5	10	70	90	140	110
G119	AFB Culture only	10	110	550	690	1080	860
G120	Automated Identificaiton & Antibiotic Susceptibility Testing (Bacteria & Yeast)	15	170	860	1080	1690	1350
<b>Serology</b>							
G122	VDRL	5	20	100	130	200	160
G123	Paul Bunnel Test (Infectious Mononucleosis / E)	10	90	430	540	850	680
G126	Cytomegalovirus IgG Antibodies	10	90	430	540	850	680
G127	Cytomegalovirus IgM Antibodies	10	100	510	640	1000	800
G129	Hepatitis B Surface Antigen (HBsAg)	10	80	390	490	760	610
G130	Hepatitis B 'e' Antigen (HBeAg)	15	140	710	890	1390	1110
G131	Hepatitis B Core IgM Antibodies (HBc IgM)	15	170	850	1060	1660	1330
G132	Hepatitis B Core IgG Antibodies (HBc IgG/Total)	10	110	560	700	1100	880
G133	Hepatitis B Surface Antibodies (Anti - HBs)	10	110	560	700	1100	880
G134	Hepatitis C Antibodies (Anti HCV)	20	200	980	1230	1930	1540
G136	Hepatitis B 'e' Antibodies (Anti HBe)	15	140	710	890	1390	1110
G137	Herpex Simplex Virus IgG (HSV IgG)	10	90	430	540	850	680

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
G138	Herpex Simplex Virus IgM (HSV IgM)	10	90	430	540	850	680
G139	Cryptococcus Antigen by Latex Agglutination	15	170	850	1060	1660	1330
G140	HPV DNA (Qualitative)	25	250	1265	1590	2290	1990
G144	HPV DNA/ Genotype	60	600	3000	3750	5860	4690
G151	Fungal Identification & Susceptibility Testing	25	260	1310	1640	2560	2050
G161	RA Test	5	30	150	190	300	240
G162	ASO Titre	5	30	150	190	300	240
G171	HIV Antibodies	10	80	380	480	750	600
	<b>Microscopic Examination</b>						
G201	Gram's Stain	5	10	70	90	140	110
G202	Ziehl Neelsen (AFB) Stain	5	10	70	90	140	110
G203	Lactophenol Cotton Blue	5	10	70	90	140	110
G204	Giemsa Stain for Tzanck Smear	5	10	70	90	140	110
G205	India Ink Preparation for Cryptococcus	5	10	70	90	140	110
G206	Staining for Cryptosporidium SPP	5	10	70	90	140	110
G207	Calcofluor White Stain for Fungus	5	20	100	130	200	160
G208	KOH Mount for Fungus	5	10	70	90	140	110
G209	Staining for Pneumocystis Carinii	5	20	100	130	200	160
G210	Fluorescent Staining	5	20	100	130	200	160
	<b>Other Tests</b>						
G251	Stool for Occult Blood	5	10	70	90	140	110
G252	Fluid for Bile Salts & Bile Pigments	5	10	70	90	140	110
G253	ADA Level	5	70	350	440	690	550
G254	Hepatitis A Virus (IgM Antibodies)	20	220	1100	1380	2160	1730
G255	Hepatitis E Virus (IgM Antibodies)	15	140	720	900	1410	1130
G256	Urine Pregnancy Test (UPT)	5	10	70	90	140	110
G258	Automated AFB Culture	30	280	1390	1740	2730	2180
G259	Automated AFB Susceptibility (5 Drugs)	85	830	4140	5180	8100	6480

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
G260	Automated Blood Culture	15	160	810	1010	1580	1260
G261	Serum Procalcitonin Level	25	260	1320	1650	2580	2060
G262	Dengue IgM and IgG Antibodies	10	90	430	540	850	680
G263	Leptospira IgM Antibody	5	50	250	310	490	390
G264	Chikangunya IgM Antibody	5	40	220	280	440	350
G265	Serum Galactomannan Level by ELISA	15	130	630	790	1240	990
G266	Serum Candidamannan Level by ELISA	15	130	630	790	1240	990
G267	Malaria Antigen Detection	5	30	140	180	290	230
G268	Clostridium Difficile Toxin Detection	30	280	1380	1730	2700	2160
	<b>Molecular Diagnostics</b>						
G401	RT-PCR (Quantitative) for Hepatitis B Virus DNA	80	790	3970	4960	7750	6200
G402	RT-PCR (Quantitative) for Hepatitis C Virus RNA	80	790	3970	4960	7750	6200
G403	RT-PCR (Quantitative) for HIV RNA	80	790	3970	4960	7750	6200
G404	RT-PCR for CMV DNA	90	920	4600	5750	8990	7190
	<b>TRANSFUSION MEDICINE</b>						
H001	Blood Grouping	10	100	200	250	390	310
H002	Cross Matching	15	140	280	280	280	280
H003	Testing for Pheresis Donors	35	370	740	930	1450	1160
H006	Antiglobulin Test (Direct)	10	80	160	200	310	250
H007	Antiglobulin Test (Indirect)	20	220	430	540	850	680
H008	Cold Agglutinins	10	80	150	190	300	240
H009	Secretory Status	20	220	430	540	850	680
H010	AIHA Work Up	25	260	510	640	1000	800
H206	Whole Blood	55	530	1050	1050	1050	1050
H207	Packed Cells	60	600	1200	1200	1200	1200
H208	Washed Packed Cells	75	750	1500	1500	1500	1500
H210	Platelet Concentrate (RDP)	25	230	450	450	450	450
H211	Platelet Concentrate (SDP)	550	5500	11000	11000	11000	11000

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
H212	PBSC/Leukapheresis	855	8570	17140	21430	33490	26790
H213	Bone Marrow Processing on Cell Separator	640	6390	12770	15960	24940	19950
H214	Bone Marrow Processing HES Red Cell Separation	390	3910	7820	9780	15290	12230
H215	Bone Marrow Processing Plasma Separation	45	430	850	1060	1660	1330
H217	Leucoreduced Red Cells	120	1200	2200	2200	2200	2200
H218	Leucoreduction of Platelet Concentrates	130	1300	1500	1500	1500	1500
H219	Irradiation of Blood Products	25	230	450	450	450	450
H220	CPD Bags	5	40	80	100	160	130
H221	Blood Bank Deposit	45	430	850	1060	1660	1330
H222	Platelet Concentrate (SvSDP)	275	2750	5500	5500	5500	5500
H224	Processing for Leukoreduction	35	350	690	860	1350	1080
H225	Leucoagglutinins	20	210	410	510	800	640
H226	HLA AB-DR (Molecular Typing)	500	5000	8970	11210	17510	14010
H227	HLA-C & DQ (Molecular Typing)	320	3210	6410	8010	12510	10010
H228	Pediatric Whole Blood	35	340	675	675	675	675
H229	Pediatric Packed Cells	45	440	875	875	875	875
H230	Cryoprecipitate (New service w.e.f. 22/07/2014)	10	100	200	200	200	200
H231	FFP/FVIII Def. Plasma/PRP (New service w.e.f. 22/07/2014)	25	230	450	450	450	450
H500	DMSO for Cryoperservation	330	3310	6610	8260	12910	10330
<b>RADIODIAGNOSIS</b>							
Reporting							
I004	Outside Reporting of X-Ray, per Exam	0	0	90	110	180	140
I005	Outside Reporting of X-Ray Special Procedures	0	0	590	740	1160	930
I006	Outside Reporting of Mammogram	0	0	370	460	730	580
I007	Outside Reporting of CT	0	0	1150	1440	2250	1800
I008	Outside Reporting of MRI	0	0	1500	1880	2940	2350
I009	Video Recording of USG / DSA, etc	10	80	410	510	800	640
I010	Digital Film per Plate	5	30	140	180	290	230

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
	Conventional Radiology (Plain)						
I021	X-Ray Skull	10	90	440	550	860	690
I027	X-Ray OPG / Dental	10	90	440	550	860	690
I030	X-Ray Spine AP	10	90	440	550	860	690
I031	X-Ray Spine Lateral	10	90	440	550	860	690
I038	X-Ray Pelvis	10	90	440	550	860	690
I041	X-Ray Neck	10	90	440	550	860	690
I050	X-Ray Upper Limb	10	90	440	550	860	690
I070	X-Ray Lower Limb	10	90	440	550	860	690
I090	X-Ray Chest	10	90	440	550	860	690
I092	X-Ray Abdomen	10	90	440	550	860	690
I095	X-Ray KUB	10	90	440	550	860	690
I099	X-Ray Skeletal Survey	90	920	4600	5750	8990	7190
I100	X-Ray Portable	15	130	660	830	1300	1040
I101	X-Ray PNS	10	100	510	640	1000	800
I102	X-Ray Sternum AP	10	100	510	640	1000	800
I103	X-Ray Sternum Oblique	10	100	510	640	1000	800
I104	X-Ray Sternum Lateral	10	100	510	640	1000	800
	Conventional Radiology (Contrast)						
I121	X-Ray Sialography	25	250	1240	1550	2430	1940
I122	X-Ray Barium Swallow	25	250	1270	1590	2490	1990
I123	X-Ray Conray Swallow	25	250	1270	1590	2490	1990
I124	X-Ray Barium Meal	35	350	1730	2160	3380	2700
I125	X-Ray Barium Meal Follow-Through	85	830	4140	5180	8100	6480
I126	X-Ray Small Bowel Enema	85	830	4140	5180	8100	6480
I127	X-Ray Barium Enema for Colon	85	830	4140	5180	8100	6480
I128	X-Ray Tube Cholangiogram	15	140	710	890	1390	1110
I129	X-Ray ERCP	100	1020	5120	6400	10000	8000



CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
I130	X-Ray IVP	50	510	2530	3160	4940	3950
I131	X-Ray Cystogram	25	250	1240	1550	2430	1940
I132	X-Ray MCU	35	370	1850	2310	3610	2890
I133	X-Ray Retrograde Urethrogram	25	250	1270	1590	2490	1990
I134	X-Ray Retrograde Pyelogram	25	250	1270	1590	2490	1990
I141	X-Ray Sinogram	20	180	920	1150	1800	1440
I142	X-Ray Fistulogram	20	180	920	1150	1800	1440
I143	X-Ray Cologram	20	180	920	1150	1800	1440
I144	X-Ray Loopogram	20	180	920	1150	1800	1440
I145	X-Ray Nephrostogram	20	180	920	1150	1800	1440
	<b>Interventional Radiology</b>						
I150	Consultation (New Case)	0	0	800	800	800	800
I151	Fluoroscopy Guided Biopsy	40	390	1960	2450	3830	3060
I152	Fluoroscopy Guided Block	40	390	1960	2450	3830	3060
I153	Fluoroscopy Guided J Needle Bone Biopsy	40	390	1960	2450	3830	3060
I154	Fluoroscopy Guided NGT Insertion	30	300	1500	1880	2940	2350
I155	Fluoroscopy Guided Drainage/ Biopsy	135	1360	6800	8500	13290	10630
I156	Fluoroscopy Guided Indwelling Catheter Placement	60	580	2900	3630	5680	4540
I159	Lymphangiography	70	710	3570	4460	6980	5580
I160	Bronchography	60	580	2880	3600	5630	4500
I161	Myelography	60	580	2880	3600	5630	4500
I162	Myelography with CT	130	1280	4260	5330	8330	6660
I163	Venography - Upper Limb	105	1070	3570	4460	6980	5580
I164	Venography - Lower Limb	105	1070	3570	4460	6980	5580
I165	Venography - Systemic	215	2140	7130	8910	13930	11140
I170	Angiography	130	1280	4260	5330	8330	6660
I171	Ophthalmic Artery Chemo Infusion	140	1410	4700	5880	9190	7350
I180	Angio Embolization	195	1930	6440	8050	12580	10060

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
I191	PTBD	105	1070	3570	4460	6980	5580
I192	PTBD Stenting	260	2620	8740	10930	17080	13660
I193	PCN (single kidney)	105	1070	3570	4460	6980	5580
I194	PCN Stenting	130	1280	4260	5330	8330	6660
I195	Trans-Jugular Intrahepatic Porto-Systemic Shunt (TIPS)	185	1860	6210	7760	12130	9700
I196	Vena Cava Filter	185	1860	6210	7760	12130	9700
I197	Arterial Stenting	185	1860	6210	7760	12130	9700
I198	Thrombolysis / Thrombectomy	185	1860	6210	7760	12130	9700
I199	Angioplasty	185	1860	6210	7760	12130	9700
I200	Vascular Stenting	185	1860	6210	7760	12130	9700
I201	Brush Biopsy	185	1860	6210	7760	12130	9700
I202	Vertebroplasty	185	1860	6210	7760	12130	9700
I203	PCN (B/L)	215	2140	7130	8910	13930	11140
I204	DJ Stenting	160	1620	5410	6760	10560	8450
I205	Abdominal Abscess Drainage	100	1000	3340	4180	6540	5230
I206	Percutaneous Gastrostomy / Jejunostomy	195	1970	6560	8200	12810	10250
I208	Contrast Study	20	210	690	860	1350	1080
I209	Osteoplasty	180	1790	5980	7480	11690	9350
I210	Cerebral Angiography	160	1620	5410	6760	10560	8450
I211	Chemo Embolisation	520	5180	17250	21560	33690	26950
I212	Radio Embolisation	690	6900	23000	28750	44930	35940
I213	Stent-Graft Deployment	690	6900	23000	28750	44930	35940
I214	Central Venous Access	120	1210	4030	5040	7880	6300
I215	IVC Filter Deployment	180	1790	5980	7480	11690	9350
I216	IVC Filter Retrieval	100	1000	3340	4180	6540	5230
I217	SCLEROTHERAPY	120	1210	4030	5040	7880	6300
I218	Test Occlusion	185	1830	6100	7630	11930	9540
I219	3D Rotational Angiography	120	1210	4030	5040	7880	6300

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
I220	Foreign Body Retrieval	180	1790	5980	7480	11690	9350
I221	Radio Frequency Ablation	260	2620	8740	10930	17080	13660
I222	Closure Device Insertion	600	6000	20000	25000	39060	31250
I223	Tracheo-bronchial stenting	600	6000	20000	25000	39060	31250
	<b>Mammography</b>						
I321	Mammography Single Breast	15	150	500	630	990	790
I322	Mammography Both Breasts	30	300	1000	1250	1950	1560
I324	Mammography - Biopsy	40	380	1280	1600	2500	2000
I325	Mammography - Localization	55	560	1860	2330	3640	2910
I326	Mammography of Specimen	15	150	500	630	990	790
	<b>Ultrasonography</b>						
I420	USG Abdomen	25	260	850	1060	1660	1330
I440	USG Abdomen with Colour Doppler	40	410	1380	1730	2700	2160
I460	USG Pelvis	25	260	850	1060	1660	1330
I461	Transrectal sonography	40	410	1380	1730	2700	2160
I462	TRUS Guided biopsy	55	550	1840	2300	3600	2880
I463	Trans vaginal sonography	40	410	1380	1730	2700	2160
I480	USG Pelvis with Colour Doppler	40	410	1380	1730	2700	2160
I500	USG Abdomen & Pelvis	50	480	1610	2010	3140	2510
I501	USG Abdomen & Pelvis with Colour Doppler	65	660	2190	2740	4290	3430
I510	USG Neck	25	260	850	1060	1660	1330
I530	USG Neck with Colour Doppler	40	410	1380	1730	2700	2160
I540	USG Extremities B/L Colour Doppler	50	510	1700	2130	3330	2660
I550	USG Thorax	25	260	850	1060	1660	1330
I560	USG Breast	25	260	850	1060	1660	1330
I561	USG Breast with Colour Doppler	45	430	1430	1790	2800	2240
I565	USG Upper Extremity	25	260	850	1060	1660	1330
I570	USG Lower Extremity	25	260	850	1060	1660	1330

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
I580	USG Axilla/ Groin/ Scrotum (Small Parts)	25	260	850	1060	1660	1330
I590	USG Vascular Study	40	410	1380	1730	2700	2160
I591	USG Vascular Study - Portable	45	450	1500	1880	2940	2350
I597	USG Portable	35	340	1140	1430	2240	1790
I598	USG Guided FNAC	40	410	1360	1700	2660	2130
I599	USG Guided Truecut Biopsy	45	450	1500	1880	2940	2350
	<b>CT SCAN</b>						
I600	CT Head Plain and Contrast	110	1100	3680	4600	7190	5750
I601	CT Brain Plain	65	660	2190	2740	4290	3430
I602	CT PNS	135	1350	4490	5610	8760	7010
I603	CT Nasopharynx	130	1280	4260	5330	8330	6660
I604	CT Sella	130	1280	4260	5330	8330	6660
I605	CT Temporal Bone	130	1280	4260	5330	8330	6660
I606	CT Orbits	130	1280	4260	5330	8330	6660
I607	CT HRCT	130	1280	4260	5330	8330	6660
I620	CT Neck	110	1100	3680	4600	7190	5750
I630	CT Head & Neck	180	1790	5980	7480	11690	9350
I640	CT Neck & Thorax	175	1730	5750	7190	11240	8990
I650	CT Thorax	140	1420	4720	5900	9230	7380
I670	CT Abdomen	150	1490	4950	6190	9680	7740
I680	CT Thorax & Abdomen	235	2350	7820	9780	15290	12230
I690	CT Pelvic Region	130	1280	4260	5330	8330	6660
I700	CT Abdomen & Pelvis	245	2450	8170	10210	15950	12760
I710	CT Thorax & Abdomen & Pelvis	275	2760	9200	11500	17980	14380
I720	CT Spine	150	1490	4950	6190	9680	7740
I730	CT Upper Limb	150	1490	4950	6190	9680	7740
I740	CT Lower Limb	150	1490	4950	6190	9680	7740
I741	Digital Scanogram	20	210	710	890	1390	1110

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
I750	CT Angiogram	215	2140	7130	8910	13930	11140
I760	CT 3D Reconstruction	215	2140	7130	8910	13930	11140
I780	CT Guided Biopsy FNAC/Truecut with Localizing Scans	235	2350	7820	9780	15290	12230
I791	CT 'J' Needle Bone Biopsy	275	2760	9200	11500	17980	14380
	<b>MRI Scan</b>						
I800	MRI Head Region	150	1520	5060	6330	9890	7910
I810	MRI Neck	150	1490	4950	6190	9680	7740
I820	MRI Head & Neck	215	2140	7130	8910	13930	11140
I830	MRI Upper Limb	150	1490	4950	6190	9680	7740
I840	MRI Thorax	150	1490	4950	6190	9680	7740
I841	MRI Breast	150	1490	4950	6190	9680	7740
I842	MR guided breast biopsy	385	3830	12770	15960	24940	19950
I860	MRI Abdomen	150	1490	4950	6190	9680	7740
I890	MRI Pelvis	150	1490	4950	6190	9680	7740
I900	MRI Abdomen & Pelvis	215	2140	7130	8910	13930	11140
I910	MRI Spine (One Region)	150	1490	4950	6190	9680	7740
I911	MRI Whole Spine	195	1930	6440	8050	12580	10060
I920	MRI Lower Limb	150	1520	5060	6330	9890	7910
I921	MRI Contrast	85	860	2880	3600	5630	4500
I930	MRI Angiogram	130	1280	4260	5330	8330	6660
I940	MRI Venography	175	1730	5750	7190	11240	8990
I950	MRI Myelogram	105	1070	3570	4460	6980	5580
I960	MR Cholangio-Pancreatogram (CP)	105	1070	3570	4460	6980	5580
I970	MRI Spectroscopy	105	1070	3570	4460	6980	5580
I991	MRI Functional	105	1070	3570	4460	6980	5580
I992	MRI Diffusion	65	660	2190	2740	4290	3430
I993	MRI Perfusion	105	1070	3570	4460	6980	5580
I994	MRI Intervention	105	1070	3570	4460	6980	5580

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
I995	MRI Limited	105	1070	3570	4460	6980	5580
I996	Whole body MRI	345	3450	11500	14380	22480	17980
I997	MRI for Therapy Planning	105	1040	3450	4310	6740	5390
IA01	USG Guided Drainage / Localisation	30	290	980	1230	1930	1540
IA02	USG Intraoperative	40	410	1380	1730	2700	2160
IA03	USG Guided Interventional Procedure	40	410	1380	1730	2700	2160
IA04	USG Guided RF Ablation	260	2620	8740	10930	17080	13660
IB01	CT Guided Vertebroplasty	185	1860	6210	7760	12130	9700
IB02	CT Guided RF Ablation	260	2620	8740	10930	17080	13660
IB03	CT Guided Drainage / Localisation	105	1040	3450	4310	6740	5390
IB04	CT Perfusion Studies (Additional Charge)	60	620	2070	2590	4050	3240
IB05	CT Dental	105	1040	3450	4310	6740	5390
IC01	MRI Abdomen + MR CP	255	2650	8510	10640	16630	13300
<b>MEDICAL ONCOLOGY</b>							
J001	Consultation (New Case)	0	0	800	800	800	800
J002	Cross Consultation (Medical Oncology)	0	0	500	500	500	500
J003	Follow-Up Evaluation Visit (Medical Oncology)	0	0	500	500	500	500
J101	Chemotherapy Planning Charges (Full Protocol) (Medical Oncology)	0	0	5000	6250	9760	7810
J102	Intravenous Bolus (per Cycle)	15	150	750	940	1480	1180
J103	Bone Marrow Aspiration/Biopsy	15	170	850	1060	1660	1330
J104	Chemotherapy Indoor Charges per Cycle (Medical Oncology)	0	0	4500	5630	8800	7040
J105	Chemotherapy Daycare Charge per Day (Medical Oncology)	0	0	400	500	790	630
J107	Chemotherapy- Intramuscular & subcutaneous Adm.	0	0	120	150	240	190
J108	Induction Chemotherapy Planning & Delivery (Inpatient)	0	0	30000	37500	58600	46880
J109	Induction Chemotherapy Planning & Delivery (Outpatient)	0	0	23000	28750	44930	35940
J110	Lumbar Puncture	10	120	600	750	1180	940
J111	Intrathecal Chemotherapy	15	170	850	1060	1660	1330
J112	Pleural Fluid Tapping	15	170	850	1060	1660	1330

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
J113	Ascitic Tapping	15	170	850	1060	1660	1330
J114	Pericardial Tapping	40	380	1900	2380	3730	2980
	<b>Bone Marrow Transplant (BMT) (Professional Charges)</b>						
J201	Bone Marrow Transplant (Allogenic)	0	0	130000	130000	130000	130000
J203	Bone Marrow Transplant (Autologous)	0	0	100000	100000	100000	100000
J204	Allogenic Matched Unrelated (MUD)/Cord Transplant	0	0	170000	170000	170000	170000
	<b>ACT Clinic (OPD Patients)</b>						
J402	First Consultation (ACT Clinic)	0	0	800	800	800	800
J404	Follow-Up Consultation (ACT Clinic)	0	0	500	500	500	500
	<b>Catheter Care Clinic</b>						
J501	Pre-Insertion + Demonstration	15	140	750	890	1390	1110
J502	Dressing	5	60	300	360	560	450
J503	Insertion of PICC	30	290	1500	1790	2800	2240
	<b>Academic Hemato-oncology Lab</b>						
J609	RT-PCR Nested IGH Chain Gene rearrangement	60	580	2880	3600	5630	4500
J610	RT-PCR Nested, TCR Gene Rearrangement	60	580	2880	3600	5630	4500
J611	RT-PCR Hot Start	80	810	4030	5040	7880	6300
J613	Gene rearrangement by Direct Sequencing	140	1380	6900	8630	13490	10790
J614	Mutation analysis by ASO PCR	140	1380	6900	8630	13490	10790
J615	DIRECT SEQUENCING FOR EGFR MUTATION ANALYSIS	290	2875	5750	6900	9920	8625
J616	RT-PCR for RAS mutation analysis	185	1840	9200	11500	17980	14380
J617	RT-PCR for EBV analysis	185	1840	9200	11500	17980	14380
J618	Direct Sequencing for RAS mutation analysis	460	4600	9200	11040	15870	13800
J620	Snap shot PCR for EGFR,RAS, and PTEN	240	2350	11750	15000	23000	18500
J621	RT-PCR for EGFR Mutation analysis	185	1840	9200	11500	17980	14380
J622	Direct Sequencing for DPD Testing	460	4600	9200	11040	15870	13800
	<b>GENERAL MEDICINE</b>						
K001	Consultation (General Medicine)	0	0	800	800	800	800

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
K002	Cross Consultation (General Medicine)	0	0	500	500	500	500
K003	Follow-Up Consultation (General Medicine)	0	0	500	500	500	500
K101	Electrocardiogram	5	50	270	340	540	430
K107	PFT (Spirometry)	15	130	670	840	1310	1050
K108	Complete PFT with Diffusion and Lung Volume Study	20	210	1060	1330	2080	1660
K112	Diffusion Study	10	90	460	580	910	730
K113	Lung Volume Study	10	110	530	660	1040	830
K116	Echocardiogram Bedside (H)	25	230	1150	1440	2250	1800
K117	Echocardiogram Bedside (P)	0	0	1730	2160	3380	2700
K118	Echocardiogram + Color Doppler (H)	20	180	920	1150	1800	1440
K119	Echocardiogram + Color Doppler (P)	0	0	920	1150	1800	1440
K120	Trans Oesophageal Echocardiograph (H)	35	350	1730	2160	3380	2700
K121	Trans Oesophageal Echocardiograph (P)	0	0	1730	2160	3380	2700
K122	Cardiac Stress Test (H)	10	120	580	730	1140	910
K123	Cardiac Stress Test (P)	0	0	810	1010	1580	1260
K124	Cardiopulmonary Stress Test (H)	20	200	1000	1250	1950	1560
K125	Cardiopulmonary Stress Test(P)	0	0	1500	1880	2940	2350
K128	Cardiac Biomarkers	25	250	1250	1560	2440	1950
<b>PSYCHIATRY &amp; CLINICAL PSYCHOLOGY</b>							
K301	Cross Consultation (Psychiatry)	0	0	500	500	500	500
K302	Follow-Up Consultation (Psychiatry)	0	0	500	500	500	500
K303	Psychometric Testing	5	70	350	440	690	550
<b>PULMONARY UNIT</b>							
K401	Cross Consultation (Pulmonary Unit)	0	0	500	500	500	500
K402	Follow-Up Consultation (Pulmonary Unit)	0	0	500	500	500	500
<b>HONORARY CONSULTANTS</b>							
<b>Nephrology</b>							
L101	Cross Consultation (Nephrology)	0	0	500	500	500	500



CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
L102	Follow-Up Consultation (Nephrology)	0	0	500	500	500	500
L111	Peritoneal Dialysis	20	210	1070	1340	2100	1680
L112	Femoral Vein Catheterisation	10	90	430	540	850	680
L113	Subclavian Vein Catheterisation	15	130	640	800	1250	1000
L114	CAVH	20	200	990	1240	1940	1550
L115	Renal Biopsy	10	90	430	540	850	680
	<b>Neurology</b>						
L301	Cross Consultation (Neurology)	0	0	500	500	500	500
L302	Follow-Up Consultation (Neurology)	0	0	500	500	500	500
	<b>Neurosurgery</b>						
L401	Cross Consultation (Neurosurgery)	0	0	500	500	500	500
L402	Follow-Up Consultation (Neurosurgery)	0	0	500	500	500	500
	<b>ENT</b>						
L501	Cross Consultation (ENT)	0	0	500	500	500	500
L502	Follow-Up Consultation (ENT)	0	0	500	500	500	500
	<b>Clinical Haematology</b>						
L601	Cross Consultation (Clinical Haematology)	0	0	500	500	500	500
L602	Follow-Up Consultation (Clinical Haematology)	0	0	500	500	500	500
	<b>Honorary Hepatologist</b>						
L701	Cross Consultation (Hepatology)	0	0	500	500	500	500
L702	Follow-Up Consultation (Hepatology)	0	0	500	500	500	500
	<b>DIGESTIVE DISEASES &amp; CLINICAL NUTRITION</b>						
	<b>Consultations</b>						
M001	First Consultation (Digestive Diseases)	0	0	800	800	800	800
M002	Cross Consultation (Digestive Diseases)	0	0	500	500	500	500
M003	Follow-Up Evaluation (Digestive Diseases)	0	0	500	500	500	500
M004	Chemotherapy Consultation (Full Protocol) (Digestive Diseases)	0	0	5000	6250	9760	7810
M005	Intravenous Bolus (per Cycle)	0	0	750	940	1480	1180

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
M006	TPN Therapy (New Plan)	0	0	2880	3600	5630	4500
M007	Enteral Nutrition Therapy (New Plan)	0	0	2190	2740	4290	3430
M008	Home Enteral Nutrition Care (New Plan)	0	0	1380	1730	2700	2160
M009	Home TPN Therapy (New Plan)	0	0	2880	3600	5630	4500
M016	Chemotherapy Indoor Charges per Cycle (Digestive Diseases)	0	0	4500	5630	8800	7040
M017	Chemotherapy Daycare Charges per Day (Digestive Diseases)	0	0	400	500	790	630
M018	Dietary Counseling Oral (New Plan)	0	0	710	890	1390	1110
M019	REE Estimation	0	0	2760	350	350	350
M020	Body Composition	0	0	1380	1730	2700	2160
M022	Inpatient Care (Neutropenia Care/ Hepatitis)	0	0	2880	3600	5630	4500
M023	TPN Therapy (Follow-up/ Replan)	0	0	2020	2520	3940	3150
M024	TPN Daily Monitoring	0	0	750	940	1480	1180
M025	Enteral Nutrition Therapy (Follow-up/ Replan)	0	0	1530	1920	3000	2400
M026	Enteral Nutrition Therapy Daily Monitoring	0	0	500	630	990	790
M027	Dietary Counseling Oral (Follow-up)	0	0	500	620	970	780
	<b>Procedures (Hospital Service Charges)</b>						
M051	Endoscopy Room Charges Grade I	25	250	1240	1550	2430	1940
M052	Endoscopy Room Charges Grade II	35	340	1690	2110	3300	2640
M053	Endoscopy Room Charges Grade III	50	490	2470	3090	4830	3860
M054	Endoscopy Room Charges Grade IV	65	650	3250	4060	6350	5080
M055	Endoscopy Room Charges Grade V	100	990	4940	6180	9660	7730
M056	Endoscopy Room Charges Grade VI	150	1500	7510	9390	14680	11740
M057	Endoscopy Room- Cholangioscopy Probe Charge	20000	20000	20000	20000	20000	20000
M058	Endoscopy Room- Sedation (NAAS)	10	120	580	720	1130	900
M059	Endoscopy Room- Video Recording	10	110	200	250	390	310
M060	Endoscopy Room- Color Print Images/ Report	10	110	200	250	390	310
M061	Helicobacter Pylori Breath Test	30	280	1380	1730	2700	2160
	<b>Procedures (Professional Charges)</b>						

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
M101	Rigid Sigmoidoscopy	0	0	1490	1860	2910	2330
M102	Tissue Sampling- Biopsy	0	0	1490	1860	2910	2330
M103	Oesophageal ILRT Tube Placement- Over wire only	0	0	1490	1860	2910	2330
M104	Peg Tube Removal/ Exchange	0	0	720	900	1410	1130
M105	Ryle's Tube Placement	0	0	1380	1730	2700	2160
M106	Nasogastric tube Over wire & Non-Fluoroscopic	0	0	1490	1860	2910	2330
M107	Tissue Sampling- Cytology	0	0	1380	1730	2700	2160
M108	Gastric Lavage/ Decompression	0	0	720	900	1410	1130
M109	Ascitic Fluid Aspiration (DDCN)	0	0	1380	1730	2700	2160
M110	Pleural Fluid Tapping (DDCN)	0	0	850	1060	1660	1330
M111	Pericardial Tapping (DDCN)	0	0	1900	2380	3730	2980
M112	Liver Biopsy	0	0	2190	2740	4290	3430
M113	CSF tapping (DDCN)	0	0	600	750	1180	940
M114	CVP Access (DDCN)	0	0	720	900	1410	1130
M115	Indwelling Peritoneal Catheter Placement (DDCN)	0	0	1490	1860	2910	2330
M116	Percutaneous Ethanol Injection	0	0	2190	2740	4290	3430
M117	Needle Aspiration (Non USG Guided)	0	0	720	900	1410	1130
M206	Flexible Sigmoidoscopy	0	0	4370	5460	8540	6830
M207	Pile Banding / Injection	0	0	4370	5460	8540	6830
M208	Flexible Sigmoidoscopy (repeat)	0	0	3060	3830	5990	4790
M301	Sideviewing Duodenoscopy	0	0	5120	6400	10000	8000
M303	Colonoscopy	0	0	5120	6400	10000	8000
M305	Dye Chromoendoscopy (Standard Imaging)	0	0	5120	6400	10000	8000
M306	Jejuno-Enteroscopy (Push Type Limited Exam)	0	0	5120	6400	10000	8000
M309	EUS of Rectum/Sigmoid Colon	0	0	5120	6400	10000	8000
M310	Endosonoprobe Examination	0	0	5120	6400	10000	8000
M311	Endoscopic Naso-gastric Tube Placement (Non-Fluoroscopic)	0	0	5120	6400	10000	8000
M312	Esophageal Dilation (Non-Fluoroscopic)- 1 session	0	0	5120	6400	10000	8000

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
M313	Foreign Body Removal (Non-Fluroscopic)	0	0	5120	6400	10000	8000
M314	Hemostasis: Variceal Banding	0	0	5120	6400	10000	8000
M315	Hemostasis: Clipping	0	0	5120	6400	10000	8000
M316	Hemostasis: Glue Injection	0	0	5120	6400	10000	8000
M317	Hemostasis: Bicap Coagulation	0	0	5120	6400	10000	8000
M318	Hemostasis: Injection Therapy	0	0	5120	6400	10000	8000
M323	Diagnostic Upper GI Endoscopy	0	0	5120	6400	10000	8000
M324	Diagnostic Upper GI Endoscopy (repeat)	0	0	3580	4480	7000	5600
M325	Colonoscopy (Repeat)	0	0	3580	4480	7000	5600
M326	Clip Marking	0	0	5120	6400	10000	8000
M327	Dye Chromoendoscopy: Standard Imaging (repeat)	0	0	3580	4480	7000	5600
M328	Esophageal Dilation (Non-Fluroscopic) (partial)	0	0	3580	4480	7000	5600
M329	ERCP Diagnostic Non-cholangioscopy (repeat)	0	0	3580	4480	7000	5600
M330	Hemostasis: Argon Plasma Coagulation	0	0	5120	6400	10000	8000
M331	Hemostasis: Sclerotherapy	0	0	5120	6400	10000	8000
M332	Hemostasis: Loop Ligation	0	0	5120	6400	10000	8000
M333	Polypectomy Cold Snare / Hot Biopsy	0	0	5120	6400	10000	8000
M334	Jejuno-Enteroscopy (Push Type Limited Exam- Repeat)	0	0	3580	4480	7000	5600
M401	EUS: Pancreas and Bile Ducts	0	0	6550	8190	12800	10240
M403	Esophageal Stenting	0	0	6550	8190	12800	10240
M404	Percutaneous Endoscopic Gastrostomy	0	0	6550	8190	12800	10240
M405	Percutaneous Endoscopic Jejunostomy	0	0	6550	8190	12800	10240
M406	Achalasia Dilatation	0	0	6550	8190	12800	10240
M407	Gastric or Pyloric Dilation (Non-Fluroscopic)- 1 session	0	0	6550	8190	12800	10240
M408	Rectal or Colonic Dilation (Non-Fluroscopic)- 1 session	0	0	6550	8190	12800	10240
M409	Polypectomy (upto 2 polyps and stalked)	0	0	6550	8190	12800	10240
M411	Ablation: Laser Therapy	0	0	6550	8190	12800	10240
M412	Ablation: Argon Plasma Coagulation	0	0	6550	8190	12800	10240

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
M413	ERCP Sphincterotomy	0	0	6550	8190	12800	10240
M414	Endoscopic Cyst Drainage	0	0	6550	8190	12800	10240
M415	ERCP Naso-Biliary Drainage	0	0	6550	8190	12800	10240
M416	Biliary/ Pancreatic Cytology	0	0	2550	3190	4990	3990
M417	Magnification Electronic Chromoendoscopy (NBI/FICE/AFI)	0	0	6550	8190	12800	10240
M418	Magnification Dye Chromoendoscopy	0	0	6550	8190	12800	10240
M419	Capsule Endoscopy Imaging	0	0	8740	10930	17080	13660
M420	Capsule Endoscopy Imaging (Repeat)	0	0	6120	7650	11950	9560
M421	Clip Application (Non-Hemostatic, Markers)	0	0	3500	4380	6850	5480
M422	Ablation: Cryotherapy/ PDT	0	0	5700	7130	11140	8910
M423	Ablation: Cryotherapy/ PDT (Partial)	0	0	3990	4990	7800	6240
M424	Ablation: Argon Plasma Coagulation (Partial)	0	0	4590	5740	8980	7180
M425	Gastric or Pyloric Dilation- Non-Fluroscopic (Partial)	0	0	4590	5740	8980	7180
M426	Rectal or Colonic Dilation- Non-Fluroscopic (Partial)	0	0	4590	5740	8980	7180
M427	Achalasia Dilatation (Partial)	0	0	4590	5740	8980	7180
M428	ERCP Naso-Pancreatic Drainage	0	0	6550	8190	12800	10240
M429	Magnification Electronic Chromoendoscopy (NBI/FICE/AFI) (Repeat)	0	0	4590	5740	8980	7180
M430	Magnification Dye Chromoendoscopy (Repeat)	0	0	4590	5740	8980	7180
M431	EUS Radial Mediastinum and/ or Upper Abdomen	0	0	6550	8190	12800	10240
M432	Decompression: NJT placement	0	0	5120	6400	10000	8000
M433	Decompression: Colonic tube placement	0	0	5120	6400	10000	8000
M434	Stenting: Enteral	0	0	8340	10430	16300	13040
M435	Stenting: Colonic	0	0	8340	10430	16300	13040
M436	Dilatation Luminal Fluoroscopic	0	0	6550	8190	12800	10240
M437	Hemostasis: Post Endsocopic Resection	0	0	6550	8190	12800	10240
M438	Foreign Body Removal (Fluroscopic)	0	0	6550	8190	12800	10240
M439	Diagnostic ERCP (Non-cholangioscopic)	0	0	5120	6400	10000	8000
M501	ERCP Biliary Stenting (Single)	0	0	8740	10930	17080	13660

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
M502	ERCP Pancreatic Stenting (Single)	0	0	8740	10930	17080	13660
M503	Multiple Polypectomy (more than 2 polyps and stalked)	0	0	8740	10930	17080	13660
M504	EUS Guided FNA	0	0	8740	10930	17080	13660
M506	Radiofrequency Ablation	0	0	8740	10930	17080	13660
M508	ERCP Biliary Stenting (Multiple Stents)	0	0	8740	10930	17080	13660
M510	ERCP Pancreatic Stenting (Multiple)	0	0	8740	10930	17080	13660
M512	ERCP Biliary Stone extraction	0	0	8740	10930	17080	13660
M514	ERCP Pancreatic Stone extraction	0	0	8740	10930	17080	13660
M516	ERCP Biliary Stricture Dilatation	0	0	8740	10930	17080	13660
M518	ERCP Pancreatic Stricture Dilatation	0	0	8740	10930	17080	13660
M520	ERCP Sphincteroplasty	0	0	8740	10930	17080	13660
M522	ERCP in Bilroth II Anatomy	0	0	8740	10930	17080	13660
M524	ERCP Extraction: Internally migrated stent	0	0	8740	10930	17080	13660
M526	ERCP Mechanical Lithotripsy	0	0	8740	10930	17080	13660
M528	ERCP Minor Papilla therapy	0	0	8740	10930	17080	13660
M530	EUS Guided Colour Doppler	0	0	8740	10930	17080	13660
M532	EUS Miniprobe Luminal examination	0	0	8740	10930	17080	13660
M534	EUS Guided Celiac Plexus Neurolysis	0	0	8740	10930	17080	13660
M536	EUS Linear imaging (No FNAC)	0	0	8740	10930	17080	13660
M538	EUS Advanced Imaging: 3D/ Elastography/ CE/ THI	0	0	8740	10930	17080	13660
M540	Nasogastric tube placement Fluoroscopic	0	0	5700	7130	11140	8910
M542	Nasojejunal tube placement	0	0	6550	8190	12800	10240
M544	Stenting: Cervical Esophagus	0	0	8740	10930	17080	13660
M546	Stenting: Gastro-duodenal	0	0	8740	10930	17080	13660
M548	Endotherapy post Bariatric surgery	0	0	8740	10930	17080	13660
M550	Multiple Polypectomy (> 2 polyps and stalked) - partial	0	0	6120	7650	11950	9560
M602	Capsule Biopsy of Small Bowel	0	0	1490	1860	2910	2330
M606	EUS Intraductal (Biliary- pancreatic examination)	0	0	10000	12500	19540	15630

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
M608	Cholangioscopy	0	0	15000	18750	29300	23440
M610	Device Assisted (Balloon)/ Push Type Enteroscopy	0	0	15000	18750	29300	23440
M612	Endoscopic tumor resection (EMR/ESD/Ampullectomy)	0	0	15000	18750	29300	23440
M614	Endoscopic Pancreatic Necrosectomy	0	0	15000	18750	29300	23440
M616	ERCP Intrahepatic stone removal	0	0	15000	18750	29300	23440
M618	EUS: Endobronchial	0	0	15000	18750	29300	23440
M620	EUS Guided Pseudocyst Drainage	0	0	15000	18750	29300	23440
M622	EUS-ERCP Combined Biliary Drainage	0	0	15000	18750	29300	23440
M624	High resolution Anoscopy (HRA)	0	0	15000	18750	29300	23440
M626	Percutaneous Endoscopic Colostomy	0	0	15000	18750	29300	23440
M628	Myotomy	0	0	15000	18750	29300	23440
<b>ANAESTHESIOLOGY, CRITICAL CARE &amp; PAIN MANAGEMENT</b>							
N001	Consultation (PAC - New case)	0	0	800	800	800	800
N002	Cross Consultation (Anaesthesiology)	0	0	500	500	500	500
N003	Follow-Up Evaluation (Anaesthesiology)	0	0	500	500	500	500
N004	Daily Round / Cross Consultation Charges	0	0	250	250	250	250
<b>Anaesthesia Charges</b>							
N101	Anesthesia Fees - Grade I	0	0	3110	3880	6070	4850
N102	Anesthesia Fees - Grade II	0	0	5750	7190	11230	8990
N103	Anesthesia Fees - Grade III	0	0	9200	11500	17970	14380
N104	Anesthesia Fees - Grade IV	0	0	11500	14380	22460	17970
N105	Anesthesia Fees - Grade V	0	0	16100	20130	31450	25160
N106	Anesthesia Fees - Grade VI	0	0	20700	25880	40430	32350
N107	Anesthesia Fees - Bone Marrow Transplant	0	0	9200	11500	17970	14380
N108	Minor OT Anaesthesia charges	0	0	1150	1440	2250	1800
N109	Anaesthesia - RT Single fraction (Pediatric)	0	0	500	630	980	780
N110	Anaesthesia - RT 2-10 fractions (Pediatric)	0	0	3000	3750	5860	4690
N111	Anaesthesia - RT 11-24 fractions (Pediatric)	0	0	8500	10630	16600	13280

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
N112	Anaesthesia - RT 25 and above (Pediatric)	0	0	12500	15630	24420	19530
N113	Anesthesia charges for DL Scopy EUA	0	0	580	720	1130	900
N114	Anesthesia charges for BM Aspiration Biopsy	0	0	580	720	1130	900
N115	Anaesthesia charges for Diagnostic CT	0	0	580	720	1130	900
N116	Sedation charges	0	0	580	720	1130	900
N117	Lumbar Puncture	0	0	580	720	1130	900
N118	Anesthesia charges for Internventional Radiology Grade I	0	0	920	1150	1800	1440
N119	Anesthesia charges for Internventional Radiology Grade II	0	0	1440	1800	2810	2250
N120	Anesthesia charges for Internventional Radiology Grade III	0	0	2300	2880	4490	3600
N121	Anesthesia charges for Internventional Radiology Grade IV	0	0	2880	3600	5620	4490
N122	Sedation & Monitoring for Interventional Radiology Gr.I	0	0	580	720	1130	900
N123	Sedation & Monitoring for Interventional Radiology Gr.II	0	0	690	870	1350	1080
N124	Sedation & Monitoring for Interventional Radiology Gr.III	0	0	920	1150	1800	1440
N125	Sedation & Monitoring for Interventional Radiology Gr.IV	0	0	1150	1440	2250	1800
N126	Anesthesia charges for Diagnostic endoscopy (GA)	0	0	1380	1730	2700	2160
N127	Anesthesia charges for Endoscopy plus procedure (stent/prosthesis) (GA)	0	0	2300	2880	4490	3600
N128	Sedation and monitoring of Diagnostic endoscopy	0	0	580	720	1130	900
N129	Endoscopy plus procedure (stent prosthesis etc) MAC	0	0	920	1150	1800	1440
N130	Anesthesia Fees - Grade VII	0	0	31050	38820	60650	48520
	<b>ICU Charges</b>						
N201	ICU Per Day Professional Charges	0	0	1000	1000	1000	1000
N202	CVP Access / Dialysis Catheter Insertion	0	0	720	900	1400	1120
N203	Swan Ganz Catheter	0	0	1430	1790	2790	2230
N204	Arterial Line	0	0	360	450	700	560
N205	Therapeutic Bronchoscopy	0	0	2880	3600	5620	4490
N206	Transvenous Pacemaker	0	0	1440	1800	2810	2250
N207	Percutaneous Tracheostomy	0	0	1070	1340	2090	1670
N208	CAVH - 1st Day	0	0	1070	1340	2090	1670



CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
N209	Continuous Renal Replacement Therapy Per Day	0	0	690	870	1350	1080
N210	ICU - Intubation and initiation of mechanical ventilation	0	0	460	580	900	720
N211	Advanced haemodynamic monitoring (FloTrac / PiCCo / Volume View etc) for the duration of 1	0	0	1380	1730	2700	2160
N212	Intermittent Hemodialysis / SLED per session	0	0	690	870	1350	1080
	<b>Pain Clinic, Respiratory Therapy, Radiology, Radiotherapy Procedures, etc.</b>						
N301	Minor (Peripheral Nerve Block)	0	0	510	630	990	790
N302	Major (Neurolytic, Coeliac Plexuses, Epidural)	0	0	1070	1340	2090	1670
N304	RT SELECTRON	0	0	720	890	1400	1120
N305	RT Iridium Implant	0	0	850	1070	1660	1330
N311	Acute Pain Services(4days consolidated)	0	0	1730	2160	3370	2700
N312	Patient Controlled Analgesia(PCA)	0	0	1730	2160	3370	2700
N314	Chronic Pain Referral Followup (OPD/Ward)	0	0	500	630	980	780
N315	Epidural Catheterization	0	0	1430	1790	2790	2230
N350	Injection Verfen	12	12	12	12	12	12
N351	Injection Vermor 10 mg	12	12	12	12	12	12
N352	INJ PETHIDINE	40	40	40	40	40	40
N353	Injection Bupragesic 300 mg	16	16	16	16	16	16
	<b>SURGICAL ONCOLOGY</b>						
O001	Consultation (New Case)	0	0	800	800	800	800
O002	Cross Consultation (Surgical Oncology)	0	0	500	500	500	500
O003	Follow-Up Consultation (Surgical Oncology)	0	0	500	500	500	500
O004	Chemotherapy Consultation Full Protocol (Surgical Oncology)	0	0	5000	6250	9760	7810
O005	Intravenous Bolus per Cycle (Surgical Oncology)	0	0	750	940	1480	1180
O006	Chemotherapy Indoor Charges per Cycle (Surgical Oncology)	0	0	4500	5630	8800	7040
O007	Chemotherapy Daycare Charges per Cycle Day (Surgical Oncology)	0	0	400	500	790	630
O008	Trucut Biopsy of Breast Lesions (OPD)	0	0	1390	1740	2720	2180
O009	Dressing during follow-up	0	0	290	360	560	450
	<b>Operation Theatre (Hospital Service Charges)</b>						

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
O101	Minor OT - Service Charges	25	230	1300	1625	2540	2030
O111	Major OT - Service Charges - Less than 2 Hrs.	115	1150	6500	8125	12700	10160
O112	Major OT - Service Charges - 2 To 4 Hrs	230	2300	13000	16250	25390	20310
O113	Major OT - Service Charges - 4 to 6 Hrs	460	4600	26000	32500	50790	40630
O114	Minor OT - Drugs/Consumables (Without GA)	10	115	650	800	1250	1000
O115	Minor OT - Drugs/Consumables (with GA)	20	175	975	1200	1880	1500
O116	Major OT - Service Charges - 6 to 8 Hrs	575	5750	32500	40630	63490	50790
O117	Robotic Surgery Consumable Charges	90000	90000	90000	90000	90000	90000
O118	Major OT - Service Charges - More than 8 Hrs	690	6900	35000	43750	68360	54690
O119	Robotic Surgery Additional Instrument usage Charges	15000	15000	15000	15000	15000	15000
	<b>Surgery Charges</b>						
O151	Minor OT - Surgery Charges	0	0	1150	1440	2250	1800
O161	Grade I Surgery	0	0	5750	7190	11230	8990
O162	Grade II Surgery	0	0	14380	17970	28080	22460
O163	Grade III Surgery	0	0	23000	28750	44920	35940
O164	Grade IV Surgery	0	0	28750	35940	56150	44920
O165	Grade V Surgery	0	0	40250	50320	78620	62890
O166	Vascular Surgery Cover (Outsourced)	0	0	35000	43750	54700	54700
O167	Grade VI Surgery	0	0	51750	64690	101080	80860
O168	Prof. charges for Neuro navigation	0	0	11500	14380	22460	17970
O169	Prof. charges for fluorescence guided Neurosurgical procedure	0	0	5750	7190	11230	8990
	<b>DENTAL AND PROSTHETIC SERVICES</b>						
P102	Cross Consultation (Dental)	0	0	500	500	500	500
P103	Follow-Up Consultation (Dental)	0	0	500	500	500	500
P201	Surgical Maxillary Plate (Temp. Plate)	30	280	1380	1730	2700	2160
P202	Interim Maxillary Prosthesis	75	750	3740	4680	7310	5850
P203	Permanent Maxillary Prosthesis with Teeth	115	1150	5750	7190	11240	8990
P204	Palatal Prosthesis	100	990	4950	6190	9680	7740

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
P205	Palatal Ext. Prosthesis with Teeth	100	990	4950	6190	9680	7740
P206	Guide Plane Prosthesis	75	750	3740	4680	7310	5850
P207	Tongue Prosthesis	145	1430	7130	8910	13930	11140
P208	Partial Denture (1 - 3 Teeth)	35	350	1730	2160	3380	2700
P209	Partial Denture (4 - 6 Teeth)	45	430	2130	2660	4160	3330
P210	Partial Denture (7 - 10 Teeth)	60	580	2880	3600	5630	4500
P211	Upper or Lower Complete Denture	85	850	4260	5330	8330	6660
P212	Upper and Lower Complete Denture	145	1430	7130	8910	13930	11140
P213	Interim Maxillary Prosthesis in Molloplast Cap	145	1430	7130	8910	13930	11140
P214	Permanent Maxillary Prosthesis in Molloplast Cap	170	1700	8510	10640	16630	13300
P216	Extraction per Tooth	5	60	290	360	560	450
P217	Surgical Extraction per Tooth	10	120	580	730	1140	910
P218	Impaction	35	360	1780	2230	3490	2790
P220	Prophylaxis	15	140	690	860	1350	1080
P222	Radiation Protection Pros. (Upper/Lower)	70	710	3570	4460	6980	5580
P225	Repair of Prosthesis	15	140	710	890	1390	1110
P226	Fluoride Gel Application (per Sitting)	10	90	460	580	910	730
P227	Inter Maxillary Wiring	30	280	1380	1730	2700	2160
P229	Implant Retained Extra Oral Prosthesis / Consolidated	200	2000	10000	12500	19540	15630
P230	Implant Retained Intra Oral Fixed Dentures / Consolidated Per Tooth	70	710	3570	4460	6980	5580
P231	Implant Retained Intra Oral Removable Dentures/ Consolidated	200	2000	10000	12500	19540	15630
P232	Permanent Max. Pros. with Bite Guide Pros.	95	970	4830	6040	9440	7550
P233	Permanent Max. Pros. with Teeth & GPP	150	1520	7590	9490	14830	11860
P235	Occlusal Guard	15	140	690	860	1350	1080
P236	Composite Filling	10	110	540	680	1060	850
P237	Temporary Filling (ZNOE Cement)	5	30	140	180	290	230
P238	Ag Filling / GI Filling	5	70	350	440	690	550
P239	Occlusal Guard	45	460	2300	2880	4500	3600

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
P240	Bilateral GPP (Bite guide Prosthesis)	115	1150	5750	7190	11240	8990
P241	Skull implant (medium) (3cm x 3 cm)	185	1840	9200	11500	17980	14380
P242	Custom made eye conformer	90	920	4600	5750	8990	7190
P243	Implant retained - nose orbit, ear	185	1840	9200	11500	17980	14380
P244	Mandible Implant (Full)	275	2760	13800	17250	26950	21560
P245	TEP	60	580	2880	3600	5630	4500
P246	Eye Prosthesis (Relining)	35	350	1730	2160	3380	2700
P247	Root canal treatment	45	460	2300	2880	4500	3600
P248	Interim Maxillary Prosthesis with Molloplast Bulb	360	3600	18000	22500	35160	28130
P249	Permanent Maxillary Prosthesis with Molloplast Bulb	440	4400	22000	27500	42980	34380
<b>RADIATION ONCOLOGY</b>							
Q001	Consultation (New Case)	0	0	800	800	800	800
Q002	Cross Consultation (Radiation Oncology)	0	0	500	500	500	500
Q003	Follow-Up Consultation (Radiation Oncology)	0	0	500	500	500	500
Q004	Chemotherapy Consultation (Full Protocol) (Radiation Oncology)	0	0	4370	5460	8540	6830
Q005	Intravenous Bolus per Cycle (Radiation Oncology)	0	0	720	900	1410	1130
Q006	Chemotherapy Indoor Charges per Cycle (Radiation Oncology)	0	0	4370	5460	8540	6830
Q007	Chemotherapy Daycare Charges per Cycle (Radiation Oncology)	0	0	1530	1910	2990	2390
<b>External RT (Hospital Service Charges)</b>							
Q101	25 or More Fractions (Hosp. Charges)	160	1590	7940	9930	15510	12410
Q102	11 To 24 Fractions (Hosp. Charges)	85	870	4370	5460	8540	6830
Q103	2 To 10 Fractions (Hosp. Charges)	60	580	2920	3650	5700	4560
Q104	Single Fraction/HBI (Hosp. Charges)	30	290	1460	1830	2860	2290
Q105	SRS/SRT (Hosp. Charges)	990	9890	49450	61810	96580	77260
Q106	IMRT (Hosp. Charges)	805	8050	40250	50310	78610	62890
Q107	IMRT with IGRT (Hosp. Charges)	990	9890	49450	61810	96580	77260
Q108	SRS/SRT with IGRT (Hosp. Charges)	1150	11500	57500	71880	112310	89850
Q109	3D-CRT with IGRT (Hosp. Charges)	805	8050	40250	50310	78610	62890

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
Q120	4D-CRT Planning (Hosp. Charges)	140	1380	6900	8630	13490	10790
Q121	Simulator	25	230	1150	1440	2250	1800
Q122	TPS	15	140	710	890	1390	1110
Q123	Mould/Block/Compensators	15	140	710	890	1390	1110
Q124	Conformal Block/MLC	60	580	2880	3600	5630	4500
Q125	Body Frame	60	580	2880	3600	5630	4500
Q126	CT Simulator	30	280	1380	1730	2700	2160
Q127	3D-CRT Consolidated (Hosp. Charges)	375	3750	18750	23440	36630	29300
Q128	TBI / TSET Consolidated (Hosp. Charges)	375	3750	18750	23440	36630	29300
	<b>External RT (Professional Charges)</b>						
Q201	25 or More Fractions (Prof. Charges)	0	0	9550	11940	18660	14930
Q202	11 To 24 Fractions (Prof. Charges)	0	0	7250	9060	14160	11330
Q203	2 To 10 Fractions (Prof. Charges)	0	0	5060	6330	9890	7910
Q204	Single Fraction/HBI (Prof. Charges)	0	0	2880	3600	5630	4500
Q205	SRS/SRT (Prof. Charges)	0	0	28750	35940	56160	44930
Q206	IMRT (Prof. Charges)	0	0	43700	54630	85360	68290
Q207	IMRT with IGRT (Prof. Charges)	0	0	61760	77200	120630	96500
Q208	SRS/SRT with IGRT (Prof. Charges)	0	0	61760	77200	120630	96500
Q209	3D-CRT with IGRT (Prof. Charges)	0	0	43700	54630	85360	68290
Q227	3D-CRT Consolidated (Prof. Charges)	0	0	22890	28610	44700	35760
Q228	TBI / TSET Consolidated (Prof. Charges)	0	0	22890	28610	44700	35760
	<b>Brachytherapy (irrespective of number of fractions) Hospital Service charges</b>						
Q303	LDR - Surface Mould/ Eye Plaque (Hosp. Charges)	30	280	1380	1730	2700	2160
Q321	HDR - CVS (Hosp. Charges)	30	280	1380	1730	2700	2160
Q322	HDR - Intracavitary/ILRT/EBRT (Hosp. Charges)	85	850	4260	5330	8330	6660
Q323	HDR - Surface Mould (Hosp. Charges)	45	440	2190	2740	4290	3430
Q324	HDR - Interstitial/Template (Hosp. Charges)	125	1250	6250	7810	12200	9760
Q325	Radical Brachytherapy HDR (Hosp. Charges)	190	1900	9520	11900	18600	14880

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
	<b>Brachytherapy (irrespective of number of fractions) Professional charges</b>						
Q403	LDR - Surface Mould/ Eye Plaque (Prof. Charges)	0	0	1380	1730	2700	2160
Q421	HDR - CVS (Prof. Charges)	0	0	2880	3600	5630	4500
Q422	HDR - Intracavitary/ILRT/EBRT (Prof. Charges)	0	0	4260	5330	8330	6660
Q423	HDR - Surface Mould (Prof. Charges)	0	0	4260	5330	8330	6660
Q424	HDR - Interstitial/Template (Prof. Charges)	0	0	8130	10160	15880	12700
Q425	Radical Brachytherapy HDR (Prof. Charges)	0	0	10280	12850	20080	16060
Q426	Brachytherapy with MRI/3D Planning (Prof. charges)	0	0	2300	2880	4500	3600
	<b>REHABILITATION SERVICES</b>						
	<b>Anciliary Services Stoma Clinic</b>						
R101	Only Pre-Op. Counseling & Stoma Marking	0	0	290	360	560	450
R102	Pre & Post-Op. Counseling of Stoma Care	0	0	1120	1400	2190	1750
R103	Two Stoma Care Including Pre & Post Op. Counseling	0	0	1140	1430	2240	1790
R104	Fixing of Drain Pouches	5	60	280	350	550	440
R109	Post Op. Counseling & Single Stoma Care	0	0	1040	1300	2040	1630
R110	Post Op. Counseling & Two Stoma Care	0	0	1320	1650	2580	2060
R111	Wound/Fistula/Incontinence Care (per Sitting)	5	60	290	360	560	450
R112	Distal Stoma Wash/Irrigation (per Sitting)	5	60	290	360	560	450
	<b>Anciliary Services Physiotherapy</b>						
R202	Physiotherapy - Electrical Stimulation	5	30	150	190	300	240
R203	Physiotherapy General Exercises	5	50	230	290	450	360
R204	Transcutaneous Nerve Stimulation	5	30	150	190	300	240
R205	Ultrasound Therapy	5	30	150	190	300	240
R206	Infrared Rays Therapy	0	10	70	90	140	110
R207	Interference Therapy	5	30	150	190	300	240
R208	Continuous Passive Movement Exercises	5	40	200	250	390	310
R209	Pre-Operative Chest Therapy	5	30	140	180	290	230
R210	Post-Operative Chest Therapy	5	50	250	310	490	390

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
R211	Postural Drainage	5	60	280	350	550	440
R212	Specialised Exercises	5	60	300	380	600	480
R213	Bio Feedback	5	40	210	260	410	330
R214	Long Wave Diathermy	5	30	140	180	290	230
R215	Post operative Breast class	5	50	230	290	450	360
R216	Manual Lymphatic Drainage	5	60	300	380	600	480
R217	Pulmonary Rehabilitation	5	60	300	380	600	480
R218	Manual Mobilization (Major)	5	60	290	360	560	450
R219	Manual Mobilization (Minor)	5	50	230	290	450	360
R220	Incontinence Management	5	30	170	210	330	260
R221	Multi-layer Bandaging	5	40	200	250	390	310
R222	Complete Decongestive Therapy	5	70	350	440	690	550
R223	Ambulation	5	40	200	250	390	310
R224	Moist Heat	5	20	80	100	160	130
R225	Cryotherapy	5	20	80	100	160	130
R226	Traction	5	20	100	130	200	160
R227	Active-Passive Trainer	5	60	300	380	600	480
R228	Consultation (New Case)	0	0	200	200	200	400
R229	Follow-Up Consultation	0	0	100	100	100	200
	<b>Anciliary Services Occupational Therapy</b>						
R303	Facial Splint	10	80	150	150	150	230
R304	Counselling	0	0	200	250	390	310
R305	Counselling & Exercise	0	0	225	280	440	350
R306	Follow-Up Counselling	0	0	200	250	390	310
R307	Splinting Accessories	10	100	200	200	200	310
R308	Manual Lymphatic Drainage	5	60	300	380	600	480
R309	Multi-layer Bandaging	5	40	200	250	390	310
R310	Complete Decongestive Therapy	5	70	350	440	690	550

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
R316	MRM Bras	15	150	290	290	290	450
R324	Lymphedema - Accessories	10	90	180	180	180	280
R326	Dermagrip (Double Stretch - C)	30	290	580	580	580	910
R327	Dermagrip (Double Stretch - D)	35	360	710	710	710	1110
R328	Dermagrip (Double Stretch - E)	40	390	780	780	780	1220
R329	Dermagrip (Double Stretch - F)	40	420	830	830	830	1300
R331	Vaginal Dilatation Procedure	5	20	120	150	240	190
R332	Total contact Orfit/Thermoplastic brace making charges (Spinal)	30	290	580	580	580	910
R333	Thermoplastic splint making charges (Extremities)	15	150	290	290	290	450
R334	Total contact brace (Spinal) 45 x 60 sq cm	250	2500	5000	5000	5000	7810
R335	Total contact brace (Spinal) 90 x 60 sq cm	500	5000	10000	10000	10000	15630
R345	Orfit Splints - Major	180	1790	3570	3570	3570	5580
R346	Orfit Splints - Minor	30	280	560	560	560	880
R363	Silicon Mouth Blocks	10	80	150	150	150	230
R372	Modification in Orthosis	5	70	130	130	130	200
R376	Neurocognitive Assessment and Intervention	5	50	250	310	490	390
R377	Lymphapress	5	60	280	350	550	440
R378	Prosthesis / Orthosis Fittings & Measurement	5	40	200	250	390	310
	<b>Anciliary Services Speech Therapy</b>						
R401	Speech Therapy Fist Consultation	0	0	350	350	350	350
R402	Speech Therapy Follow-up Consultation	0	0	120	120	120	120
	<b>Anciliary Services Tissue Bank</b>						
R508	Skin 6 x 4 cm	10	90	180	180	180	360
R509	Skin 10 x 4 cm	15	150	300	300	300	600
R510	Skin 10 x 8 cm	30	300	600	600	600	1200
R512	Cortico-cancellous Bone Block 2 x 2 x 0.5 cm	50	500	1000	1000	1000	2000
R513	Cortico-cancellous Bone Block 2 x 2 x 1 cm	65	630	1250	1250	1250	2500
R516	Rib 8 - 16 cm	35	350	700	700	700	1400



CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
R517	Femoral Head >= 20gms	145	1450	2900	2900	2900	5800
R518	Bone Granules per 0.5cc	15	150	300	300	300	600
R519	Processing Fess	0	0	0	0	0	4000
R522	Struts (Humerus, Femur, Tibia) 5 - 10 cm	190	1880	3750	3750	3750	7500
R523	Struts (Humerus, Femur, Tibia) > 10 cm	250	2500	5000	5000	5000	10000
R525	Courier Handling Charges	0	0	0	0	0	800
R526	Demineralised Bone Granules per 0.5 cc	30	300	600	600	600	1200
R528	Struts (Fibula, Radius, Ulna) 5 - 10 cm	100	1000	2000	2000	2000	4000
R529	Struts (Fibula, Radius, Ulna) > 10 cm	125	1250	2500	2500	2500	5000
R530	Irradiation of Tissue per Load	0	0	0	0	0	400
R531	Demineralised Cancellous Bone Blocks 2 x 2 x 1 cm	115	1130	2250	2250	2250	4500
R532	Demineralised Cancellous Bone per 10 Strips 2 x 0.5 x 0.5 cm	175	1750	3500	3500	3500	7000
R533	Femoral Head (< 10 gm)	40	380	750	750	750	1500
R534	Femoral Head (10 - 14 gm)	65	630	1250	1250	1250	2500
R535	Femoral Head (15 - 19 gm)	115	1130	2250	2250	2250	4500
R536	Tibial Slices (< 10 gm)	25	250	500	500	500	1000
R537	Tibial Slices (10 - 14 gm)	50	500	1000	1000	1000	2000
R538	Tibial Slices (15 - 19 gm)	100	1000	2000	2000	2000	4000
R539	Tibial Slices (>= 20 gm)	130	1300	2600	2600	2600	5200
R540	Metatarsal	35	340	670	670	670	1340
R541	Calcaneum	140	1400	2800	2800	2800	5600
R542	Talus	70	690	1370	1370	1370	2740
R543	Amnion 4-9 sq cm	5	50	100	100	100	200
R544	Amnion 10-45 sq cm	10	80	150	150	150	300
R545	Amnion 46-99 sq cm	10	110	210	210	210	420
R546	Amnion > 100 sq cm	15	140	280	280	280	560
R547	Demineralised Cancellous Bone Block 2 x 1 x 1	75	750	1500	1500	1500	3000
R549	Demineralised Bone Block 0.5x0.5x0.5	30	280	550	550	550	1100

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
R550	Chorion 4-9 sqcm	5	50	100	100	100	200
R551	Chorion 10-45 sq cm	10	80	150	150	150	300
R552	Demineralised Cancellous Bone Block 1x1x1 cm	50	500	1000	1000	1000	2000
R553	Cortico- Cancellous Bone Block 0.5 X 0.5 X 0.5 cm	15	150	300	300	300	600
R554	Cortico- Cancellous Bone Block 1 X 1 X 0.5 cm	30	300	600	600	600	1200
R555	Cortico- Cancellous Bone Block 1 X 1 X 1 cm	40	380	750	750	750	1500
R556	Tendon 0-15 cm	40	380	750	750	750	1500
R557	Tendon 15-30 cm	65	630	1250	1250	1250	2500
	<b>Anciliary Services Prosthetics</b>						
R611	Nose Prosthesis	205	2070	4140	4140	4140	8280
R612	Nose Implant	205	2070	4140	4140	4140	8280
R613	Ear Prosthesis	205	2070	4140	4140	4140	8280
R614	Ear Implant	205	2070	4140	4140	4140	8280
R615	Skull Implant (Small)	205	2070	4140	4140	4140	8280
R616	Skull Implant (Large)	295	2940	5870	5870	5870	11740
R617	Orbital Prosthesis	205	2070	4140	4140	4140	8280
R618	Occular Implant (Conformer)	145	1440	2880	2880	2880	5760
R619	Chin Implant	205	2070	4140	4140	4140	8280
R620	Mandible Implant	205	2070	4140	4140	4140	8280
R621	Testicular Implant	205	2070	4140	4140	4140	8280
R622	Vaginal Mould 3 Sizes (Each)	205	2070	4140	4140	4140	8280
R623	Breast Prosthesis	280	2820	5640	5640	5640	11280
R624	Breast Impressions	55	550	1090	1090	1090	2180
R625	Finger and Toe Prosthesis	195	1960	3910	3910	3910	7820
R626	Finger Joint Implants (10 Size 0 - 3)	120	1210	2420	2420	2420	4840
R627	Finger Joint Implants (10 Size 4 - 8)	205	2070	4140	4140	4140	8280
R628	Metacarpal Small	110	1100	2190	2190	2190	4380
R629	Metacarpal Large	175	1730	3450	3450	3450	6900

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
R630	Silastic Tendon Rod	175	1730	3450	3450	3450	6900
R631	Silastic Block	220	2190	4370	4370	4370	8740
R632	Sternum	305	3050	6100	6100	6100	12200
R633	Trachea Implant	220	2190	4370	4370	4370	8740
R634	Face Mask	55	550	1090	1090	1090	2180
R635	Ear Impression	55	550	1090	1090	1090	2180
R636	Skull Impression	55	550	1090	1090	1090	2180
R637	Orbital Impression	55	550	1090	1090	1090	2180
R638	Finger Impression	55	550	1090	1090	1090	2180
R639	Conformer Impression	30	310	610	610	610	1220
R640	Custom-Made Nasal Implant	435	4370	8740	8740	8740	17480
R641	Custom-Made Maxillary Implant	435	4370	8740	8740	8740	17480
R642	Custom-Made Patch Prosthesis (More than 3 cm x 2 cm)	435	4370	8740	8740	8740	17480
R643	Custom-Made Patch Prosthesis (Up To 3 cm x 2 cm)	200	2020	4030	4030	4030	8060
R644	Silastic Ring	70	690	1380	1380	1380	2760
	<b>Palliative &amp; Home Care</b>						
R701	Consultation (New Case)	0	0	800	800	800	1000
R702	Cross Consultation	0	0	500	500	500	500
R703	Follow-Up Consultation	0	0	500	500	500	500
	<b>PREVENTIVE ONCOLOGY</b>						
S001	Routine Examination of Female Patients	60	600	1200	1200	1200	1500
S002	Routine Examination of Male Patients	50	500	1000	1000	1000	1200
	<b>MEDICAL GENETICS</b>						
T001	Consultation (New Case)	0	0	800	800	800	800
T002	Cross Consultation	0	0	500	500	500	500
T003	Follow-Up Consultation	0	0	500	500	500	500
T004	GENETIC COUNSELLING	0	0	1500	1875	2345	2345
	<b>CANCER CYTOGENETICS</b>						

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
	Conventional Karyotyping						
T301	Ph: t(9;22) karyotyping	170	1720	3440	4300	6730	5380
T302	CML Blast Crisis karyotyping	240	2410	4820	6030	9430	7540
T303	Acute Myeloid Leukemia karyotyping	240	2410	4820	6030	9430	7540
T304	Lymphoproliferative disorders karyotyping	240	2410	4820	6030	9430	7540
T305	Myelodysplastic Syndromes karyotyping	240	2410	4820	6030	9430	7540
T306	Myeloproliferative Neoplasms karyotyping	370	3700	7400	9250	14450	11560
T307	Acute Lymphoblastic leukemia karyotyping	240	2410	4820	6030	9430	7540
T308	Lymphoma karyotyping	310	3110	6210	7760	12130	9700
T309	Ploidy analysis	170	1720	3440	4300	6730	5380
T310	Clinical Genetic disorder	240	2410	4820	6030	9430	7540
T311	Constitutional karyotyping	240	2410	4820	6030	9430	7540
T312	Cell line karyotyping	485	4830	9650	12060	18840	15070
T313	Karyotyping in Bone and soft tissue sarcomas	415	4140	8270	10340	16150	12920
T314	Chromosomal breakage (fragility) studies in Fanconi's anemia/Aplastic Anemia	240	2410	4820	6030	9430	7540
T315	Acute Leukemia karyotyping	240	2410	4820	6030	9430	7540
	FISH Tests						
T401	BCR/ABL Ph: t(9;22)	150	1520	3030	3790	5930	4740
T402	BCR/ABL (Ph) duplication, trisomy 8, trisomy 21, TP53 deletion	265	2650	5300	6630	10360	8290
T403	PML-RARA : t(15;17)	150	1520	3030	3790	5930	4740
T404	PML-RARA t(15;17), variants	230	2280	4550	5690	8890	7110
T405	ETO-AML1:t(8;21)	150	1520	3030	3790	5930	4740
T406	t(9;11)	150	1520	3030	3790	5930	4740
T407	t(4;11)	150	1520	3030	3790	5930	4740
T408	t(6;11)	150	1520	3030	3790	5930	4740
T409	t(11;19)	150	1520	3030	3790	5930	4740
T410	t(9;11), t(4;11), t(11;19)	265	2650	5300	6630	10360	8290
T411	t(9;11), t(4;11), t(6;11)	265	2650	5300	6630	10360	8290

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
T412	ETO-AML1, MLL translocation	230	2280	4550	5690	8890	7110
T413	ETO-AML1, PML-RARA	230	2280	4550	5690	8890	7110
T414	BCR-ABL, MLL translocation	230	2280	4550	5690	8890	7110
T415	Inversion(16)	150	1520	3030	3790	5930	4740
T416	MLL translocation	150	1520	3030	3790	5930	4740
T417	Inversion(16) ), MLL translocations	230	2280	4550	5690	8890	7110
T418	EVI1 translocation	205	2040	4080	5100	7980	6380
T419	t(6;9)	150	1520	3030	3790	5930	4740
T420	AML Panel 1(5 markers)	265	2650	5300	6630	10360	8290
T421	AML Panel 2( 2 markers)	240	2380	4760	5950	9300	7440
T422	PDGFRA translocation/rearrangement	205	2040	4080	5100	7980	6380
T423	PDGFRB translocation/rearrangement	205	2040	4080	5100	7980	6380
T424	PDGFRA, PDGFRB, FGFR1 translocation/rearrangement	265	2650	5300	6630	10360	8290
T425	-5/del(5q)	150	1520	3030	3790	5930	4740
T426	-7/del(7q)	150	1520	3030	3790	5930	4740
T427	Trisomy 8	105	1060	2110	2640	4130	3300
T428	Del(20q)	205	2040	4080	5100	7980	6380
T429	Del(17p13)-TP53 deletion	150	1520	3030	3790	5930	4740
T430	MDS panel(4-5 Markers)	305	3030	6060	7580	11840	9470
T431	ETV6-RUNX1:t(12;21)	150	1520	3030	3790	5930	4740
T432	PBX1-TCF3: t(1;19)	150	1520	3030	3790	5930	4740
T433	t(17;19)	150	1520	3030	3790	5930	4740
T434	Trisomy 21	105	1060	2110	2640	4130	3300
T435	Trisomy 4, 10 & 17	150	1520	3030	3790	5930	4740
T436	B-ALL Panel 1(2-3 markers)	240	2380	4760	5950	9300	7440
T437	B-ALL Panel 2 (3markers & Ploidy Analysis)	265	2650	5300	6630	10360	8290
T438	TCR-A translocation	205	2040	4080	5100	7980	6380
T439	TCR-B translocation	150	1520	3030	3790	5930	4740

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
T440	TLX1 translocation	150	1520	3030	3790	5930	4740
T441	TLX3 translocation	150	1520	3030	3790	5930	4740
T442	del(9p)	150	1520	3030	3790	5930	4740
T443	T-ALL Panel 1( 2 markers)	240	2380	4760	5950	9300	7440
T444	T-ALL Panel 2( 4 markers)	265	2650	5300	6630	10360	8290
T445	Acute Leukemia Panel I ( 2 markers)	240	2380	4760	5950	9300	7440
T446	Acute Leukemia Panel II ( 3-4 markers)	265	2650	5300	6630	10360	8290
T447	IgH translocation	150	1520	3030	3790	5930	4740
T448	c-MYC translocation	150	1520	3030	3790	5930	4740
T449	i(7q) analysis	150	1520	3030	3790	5930	4740
T450	CCND1-IgH: t(11;14)	205	2040	4080	5100	7980	6380
T451	IgH-BCL2 :t(14;18)	205	2040	4080	5100	7980	6380
T452	t(3;14)	150	1520	3030	3790	5930	4740
T453	t(11;18)	150	1520	3030	3790	5930	4740
T454	MYC-IgH: t(8;14)	150	1520	3030	3790	5930	4740
T455	BCL3-IgH: t(14;19)	150	1520	3030	3790	5930	4740
T456	Lymphoma panel(5 markers)	305	3030	6060	7580	11840	9470
T457	t(2;5): ALK translocation	205	2040	4080	5100	7980	6380
T458	CLL Panel 1 (4 markers)	265	2650	5300	6630	10360	8290
T459	CLL Panel 2 (2 markers)	240	2380	4760	5950	9300	7440
T460	Del(13q)/-13	150	1520	3030	3790	5930	4740
T461	Del(6q)	150	1520	3030	3790	5930	4740
T462	Trisomy 12	105	1060	2110	2640	4130	3300
T463	FGFR3-IgH: t(4;14)	150	1520	3030	3790	5930	4740
T464	IgH-MAF: t(14;16)	150	1520	3030	3790	5930	4740
T465	MAF-B-IgH: t(14;20)	150	1520	3030	3790	5930	4740
T466	1p deletion,1q Amplification	150	1520	3030	3790	5930	4740
T467	Hyperdiploidy panel in MM	240	2380	4760	5950	9300	7440

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
T468	MM Panel 1 (5 markers)	305	3030	6060	7580	11840	9470
T469	MM Panel 2 (4 markers)	265	2650	5300	6630	10360	8290
T470	XX/XY sex mismatch	105	1060	2110	2640	4130	3300
T471	Miscellaneous Profile I(1 marker)	150	1520	3030	3790	5930	4740
T472	Miscellaneous profile II(2 markers)	240	2380	4760	5950	9300	7440
<b>FISH Tests on Archival FFPE Sections</b>							
T501	t(8;21) on archival BM biopsy/granulocytic sarcoma	265	2650	5300	6630	10360	8290
T502	PDGFRA on archival BM biopsy	265	2650	5300	6630	10360	8290
T503	BCR-ABL on archival BM biopsy	265	2650	5300	6630	10360	8290
T504	MLL translocation on archival BM biopsy	265	2650	5300	6630	10360	8290
T505	t(11;14) on archival	265	2650	5300	6630	10360	8290
T506	t(14;18)	265	2650	5300	6630	10360	8290
T507	t(3;14)	265	2650	5300	6630	10360	8290
T508	t(8;14)	265	2650	5300	6630	10360	8290
T509	FISH on Bone marrow Smear( 1 marker)	150	1520	3030	3790	5930	4740
T510	FISH on bone marrow smear( 2 markers)	240	2380	4760	5950	9300	7440
<b>HEMATOPATHOLOGY LABORATORY</b>							
U706	Erythrocyte Sedimentation Rate (ESR)	5	20	90	110	180	140
U708	Prothrombin Time (PT)	5	70	370	460	730	580
U709	Coagulation Profile (PT & PTTK)	15	130	640	800	1250	1000
U710	Partial Thromboplastin Time with Kaolin (PTTK)	5	50	260	330	510	410
U711	Coagulation Profile (BT, PT, PTTK,TT)	15	140	710	890	1390	1110
U712	Coagulation Profile with FDP (D-Dimer), Fibrinogen	15	170	870	1090	1700	1360
U713	Peripheral Blood Smear for Morphology and Malarial Parasites	5	60	290	360	560	450
U714	FDP (D-Dimer)	5	60	280	350	550	440
U715	Fibrinogen	5	60	280	350	550	440
U718	Cerebrospinal Fluid (CSF) Analysis	5	60	290	360	560	450
U722	Haemogram (Hb, TLC, DLC, Platelets)	5	50	260	330	510	410

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		NC	C	B	A	D	FN
U724	Reticulocyte Count	5	10	70	90	140	110
U725	Ascitic Fluid Analysis	5	60	290	360	560	450
U726	Pleural Fluid Analysis	5	60	290	360	560	450
U727	Pericardial Fluid Analysis	5	60	290	360	560	450
U752	Bone Marrow Aspirate (Morphology + Cytochemistry)	10	100	500	630	990	790
U753	Surface Marker Complete Panel	530	5290	10580	13230	20680	16540
U754	Surface Marker Individual	70	690	1380	1730	2700	2160
U755	V Beta Repertoire Analysis by Flow Cytometry for T-Cell Clonality	530	5290	10580	13230	20680	16540
	<b>Molecular Diagnostics</b>						
U101	RT-PCR Multiplex, BCR-ABL (P190, P210)	230	2300	4600	5750	8990	7190
U102	RT-PCR Nested, BCR-ABL for Follow-Up	230	2300	4600	5750	8990	7190
U103	RQ-PCR BCR-ABL (P210)	395	3970	7940	9930	15510	12410
U104	RT-PCR Multiplex, Acute Leukaemia Panel	265	2650	5290	6610	10330	8260
U105	RQ-PCR PML-RARA	395	3970	7940	9930	15510	12410
U106	RT-PCR Nested, IGH Chain Gene Rearrangement	165	1670	3340	4180	6540	5230
U107	RT-PCR Nested, TCR Gene Rearrangement	165	1670	3340	4180	6540	5230
U108	Acute Lymphoblastic Leukemia Transcript Identification	110	1100	2190	2740	4290	3430
U109	Acute Myeloid Leukemia Gene Mutation Detection (FLT3-ITD & Allelic Ratio, FLT3-TKD, NPM1,	350	3510	7020	8780	13730	10980
U110	Acute Myeloid Leukemia FLT3 (ITD & Allelic Ratio + TKD) NPM1 gene mutation	275	2760	5520	6900	10790	8630
U111	Acute Myeloid Leukemia FLT3 (ITD & TKD) gene mutation & Allelic Ratio	195	1960	3910	4890	7640	6110
U112	Acute Myeloid Leukemia NPM1 gene mutation	165	1670	3340	4180	6540	5230
U113	Acute Myeloid Leukemia CEBPA gene mutation	185	1840	3680	4600	7190	5750
U114	High Sensitivity JAK2 Mutation Detection (V617F)	165	1670	3340	4180	6540	5230
U115	JAK2 Exon 12 Mutation Detection	165	1670	3340	4180	6540	5230
U116	Combined High Sensitivity JAK2 V617F and Exon12 Mutation Detection	250	2480	4950	6190	9680	7740
U117	Hairy Cell Leukemia Mutation (BRAF V600E) Detection	125	1270	2530	3160	4940	3950
U118	Lymphoplasmacytic Leukemia / Waldenstroms Macroglobulinemia Mutation (MYD88 L265P) Detecti	125	1270	2530	3160	4940	3950
U119	Chronic Lymphocytic Leukemia IGVH Mutation Detection	230	2300	4600	5750	8990	7190







CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
W044	Radiopharmaceutical charge for Large Dose Scan	2500	2500	2500	2500	2500	2500
W045	Radiopharmaceutical charge for Low Dose Therapy	8000	8000	8000	8000	8000	8000
	<b>PET Scan</b>						
W050	PET CT Scan Whole Body (Non Contrast)	375	3750	12500	15630	24430	19540
W051	PET Scan Brain (FDG)	45	450	1500	1880	2940	2350
W052	PET CT Scan Whole Body (IV Contrast)	405	4050	13500	16880	26380	21100
W053	PET-CT (Fluoride)	90	900	3000	3750	5860	4690
W054	FDG Cardiac Viability	45	450	1500	1880	2940	2350
W055	Coronary Angiography	175	1730	5750	7190	11240	8990
	<b>CT Scan</b>						
W101	CT Brain Plain	65	660	2190	2740	4290	3430
W102	CT PNS	135	1350	4490	5610	8760	7010
W103	CT Nasopharynx	130	1280	4260	5330	8330	6660
W104	CT Sella	130	1280	4260	5330	8330	6660
W105	CT Temporal Bone	130	1280	4260	5330	8330	6660
W106	CT Orbits	130	1280	4260	5330	8330	6660
W107	HRCT	130	1280	4260	5330	8330	6660
W120	CT Neck	110	1100	3680	4600	7190	5750
W130	CT Head and Neck	180	1790	5980	7480	11690	9350
W140	CT Neck and Thorax	175	1730	5750	7190	11240	8990
W150	CT Thorax	140	1420	4720	5900	9230	7380
W170	CT Abdomen	150	1490	4950	6190	9680	7740
W180	CT Thorax and Abdomen	235	2350	7820	9780	15290	12230
W190	CT Pelvic Region	130	1280	4260	5330	8330	6660
W200	CT Abdomen and Pelvis	245	2450	8170	10210	15950	12760
W210	CT Thorax and Abdomen and Pelvis	275	2760	9200	11500	17980	14380
W220	CT Spine	150	1490	4950	6190	9680	7740
W230	CT Upper Limb	150	1490	4950	6190	9680	7740

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		NC	C	B	A	D	FN
W240	CT Lower Limb	150	1490	4950	6190	9680	7740
W241	Digital Scanogram	20	210	710	890	1390	1110
W250	CT Angiogram (Additional Charge)	215	2140	7130	8910	13930	11140
W260	CT 3D Reconstruction	215	2140	7130	8910	13930	11140
W280	CT Guided Biopsy FNAC/Truecut with Localising Scans	235	2350	7820	9780	15290	12230
W291	CT - J - Needle Bone Biopsy	275	2760	9200	11500	17980	14380
	<b>SPECT-CT Scan</b>						
W501	99M-TC-MDP Bone Scan Planar	50	520	1730	2160	3380	2700
W512	99M-TC-ECD Brain SPECT	70	690	2300	2880	4500	3600
W513	99M-TC-Salivary Scan	50	520	1730	2160	3380	2700
W514	99M-TC-Thyroid Scan	50	520	1730	2160	3380	2700
W530	99M-TC-Oesophageal Transit Time	20	210	690	860	1350	1080
W531	99M-TC-SC / Phytate Liver Scan	35	350	1150	1440	2250	1800
W532	99M-TC-Gastric Emptying Time	20	210	690	860	1350	1080
W540	99M-TC-MAA Lung Perfusion Scan	50	520	1730	2160	3380	2700
W550	99M-TC-MIBI Myocardial Perfusion Scan	70	690	2300	2880	4500	3600
W551	Regional PET/CT	190	1900	6330	7910	12360	9890
W552	PET-CT Guided Biopsy	500	5000	16680	20850	32580	26060
W553	PET-CT Based RT Planning	465	4660	15530	19410	30330	24260
W554	Fluoride PET/CECT	345	3450	11500	14380	22480	17980
W555	Meckel Scan	35	350	1150	1440	2250	1800
W556	GI Bleed Scan	65	640	2130	2660	4160	3330
W560	99M-TC-EC Renogram	20	210	690	860	1350	1080
W561	99M-TC-DTPA Renogram with GFR	30	280	920	1150	1800	1440
W562	99M-TC-DMSA Renal Cortical Scan	30	280	920	1150	1800	1440
W563	99M-TC-DTPA GFR	15	170	580	730	1140	910
W570	99M-TC-MIBI Tumor Imaging	85	860	2880	3600	5630	4500
W572	99M-TC-DTPA Aerosol Scan	50	520	1730	2160	3380	2700

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
W573	99M-TC-DTPA Clearance	50	520	1730	2160	3380	2700
W574	99M-TC-RBC Gated Pool (Muga)	40	410	1380	1730	2700	2160
W575	99M-TC-Sentinel Node Imaging	20	210	690	860	1350	1080
W576	99M-TC-Merbrofenin Scan	35	350	1150	1440	2250	1800
W578	Whole Body Scan (Low Energy)	105	1040	3450	4310	6740	5390
W579	Whole Body Scan (Higher Energy)	140	1380	4600	5750	8990	7190
	<b>Radio Iodine Therapy</b>						
W600	Radio Iodine Therapy for Thyrotoxicosis	35	350	1730	2160	3380	2700
	<b>MISCELLANEOUS</b>						
Z005	Issue of LIC Certificates	750	750	750	750	750	750