



Packages Tariff

**Updated as on
01-10-2024**

**Max Super Speciality Hospital
2, Press Enclave Marg
Saket-110017**

S. No.	Policy Remarks for All Packages
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- 1 Packages have been designed for the convenience of patient billing at a discounted rate and hence certain limits have been defined for the consumption included in each package.
- 1.a Pharmacy Consumption and Investigation beyond the limits, shall be charged extra on actual.
- 2 The Max Hospital Management has the right to discontinue a package and to change terms and conditions, without giving any prior information or notice.
- 3 A fixed length of stay is defined for each package, including exact no. of days in ICU bed.
- 3.a If a Patient stays longer in ICU bed than defined in package, room differential shall be charged wrt opted ward category.
- 3.b If a Patient stays longer than total length of package stay, then full room rent occupied will be charged for each advance stay.
- 4 Doctor Consultation, other than Primary Admitting Doctor or other than defined in package will be charged extra.
- 5 Implants will be charged extra on actual MRP unless specified in package definition.
- 6 All services shall be charged extra on actual basis if stay of patient exceeds total length of stay defined in package.
- 7 Any additional Procedure or Surgery, if not defined in package definition, will be charged extra on actual.
- 8 The management reserve right to change terms and conditions depending on the availability of services.

PACKAGE TARIFF & BILLING

ECMO Initiation									Pharmacy Limit	Investigations Limit		
Item ID		ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
35326	ECMO Initiation	0+0	-	3,46,600	3,46,600	3,46,600	3,46,600	3,46,600	Items listed in inclusions	Nil	Nil	Nil

Inclusions

- Package includes initiation charges, Permanent Life support set
- Arterial Cannula
- Venous Cannula

Exclusions

- Drugs and Medical consumables (except that mentioned in inclusion) will be charged on actual
- ECMO Maintenance Charges are subject to per day usage if patient does not require for a week under any circumstances

Femoral Bypass									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
46182	Femoral Bypass	2+4	-	3,08,600	3,70,300	4,32,000	4,93,700	6,17,100	97,350	70,200	75,200	78,800

Inclusions

- Investigations and pharmacy upto above defined limit.
- Psychological counseling.
- Physiotherapy upto 14 quantity.
- Blood Bank - Cross Matching, Whole Blood and Random Donor Platelet Concentrate processing charges upto 4 units.
- Blood Bank - Fresh Frozen Plasma and Donor Screening for Plateletpheresis processing charges upto 2 units.
- Ventilator equipment charges during defined ICU days.
- Alpha bed upto 7 quantity.
- CTVS OT charges, procedure changes, surgeon fee and consult charges.
- Intensivisit consult during defined ICU days.

Exclusions

- All Prosthetics & Implants (Patch, Valve , Graft , Conduit) will be charges extra on actual.
- Aphaeresis Kit will be charged extra at applicable rates.
- Aortic Balloon, Cell Saver Kit, Swan Ganz and Femoral CPB Kit will be charged extra on actual.
- Reopening / Re-Exploration during the package stay will be charges extra on actual.

Adult Cardiac Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
25697	CABG-Off pump (By pass surgery)	3+4	-	3,34,600	4,01,600	4,68,500	5,35,400	6,69,200	1,51,450	73,700	79,000	82,750
50982	CABG-On pump (By pass surgery)	3+4	-	3,95,500	4,74,600	5,53,700	6,32,700	7,90,900	2,16,300	73,700	79,000	82,750
19522	CABG - REDO	3+4	-	4,02,800	4,83,400	5,63,900	6,44,500	8,05,500	1,51,450	70,200	75,200	78,800
39420	CABG + BENTALL	3+4	-	4,32,500	5,19,100	6,05,600	6,92,100	8,65,000	2,16,300	87,750	94,000	98,500
20847	CABG + Carotid Endarterectomy	3+4	-	4,21,600	5,05,900	5,90,200	6,74,500	8,43,100	1,51,450	81,900	87,750	91,900
31617	CABG + LV Aneurysm Repair	3+4	-	4,08,800	4,90,600	5,72,300	6,54,100	8,17,600	2,16,300	85,400	91,500	95,900
45749	CABG + TV Repair	3+4	-	3,45,000	4,14,100	4,83,100	5,52,000	6,90,000	1,40,600	87,750	94,000	98,500
31630	CABG + VSD Closure	3+4	-	3,79,100	4,54,800	5,30,700	6,06,500	7,58,100	1,51,450	87,750	94,000	98,500
23025	CABG with any Valve Repair/Replacement	3+4	-	4,45,300	5,34,400	6,23,400	7,12,400	8,90,500	2,16,300	79,550	85,250	89,300
30489	CABG with Double Valve Repair/Replacement - Redo	3+4	-	4,32,500	5,19,100	6,05,600	6,92,100	8,65,000	1,62,250	87,750	94,000	98,500
27813	CABG With DVR	3+4	-	4,62,300	5,54,800	6,47,200	7,39,700	9,24,600	2,16,300	87,750	94,000	98,500
31615	CABG - Ministernotomy	3+4	-	2,75,000	3,30,000	3,85,000	4,40,000	5,50,000	1,19,000	70,200	75,200	78,800
31631	CABG + ASD Closure	3+4	-	3,51,100	4,21,300	4,91,500	5,61,700	7,02,100	1,51,450	87,750	94,000	98,500
31618	CABG + AVR	3+4	-	4,02,800	4,83,400	5,63,900	6,44,500	8,05,500	1,51,450	87,750	94,000	98,500
61315	CABG + MVR	3+4	-	4,02,800	4,83,400	5,63,900	6,44,500	8,05,500	1,51,450	87,750	94,000	98,500
31634	CABG + MVR + TV Repair / Aneurysm Repair	3+4	-	4,13,600	4,96,400	5,79,100	6,61,800	8,27,200	1,51,450	87,750	94,000	98,500
31619	CABG + Ring Annuloplasty	3+4	-	3,62,700	4,35,200	5,07,700	5,80,200	7,25,200	1,51,450	87,750	94,000	98,500
28739	CABG-Off pump (By pass surgery)-High Risk	5+4	-	3,82,700	4,59,300	5,35,800	6,40,700	7,65,400	1,67,650	87,750	94,000	98,500
51094	CABG-On pump (By pass surgery) - High Risk	5+4	-	4,43,600	5,32,300	6,20,900	7,09,700	8,87,000	2,32,550	87,750	94,000	98,500
30499	Cabrol Bentall/Aortic Dissections - High Risk	4+5	-	4,37,400	5,24,900	6,12,300	6,99,800	8,74,700	2,16,300	87,750	94,000	98,500
31651	DVR + TV Repair	3+4	-	3,76,000	4,51,200	5,26,400	6,01,600	7,51,900	2,16,300	87,750	94,000	98,500

Inclusions

- Investigations and pharmacy upto above defined limit.
- Psychological counseling.
- Physiotherapy upto 14 quantity.
- Blood Bank - Cross Matching, Whole Blood and Random Donor Platelet Concentrate processing charges upto 4 units.
- Blood Bank - Fresh Frozen Plasma and Donor Screening for Plateletpheresis processing charges upto 2 units.
- Ventilator equipment charges during defined ICU days.
- Alpha bed upto 7 quantity.
- CTVS OT charges, procedure changes, surgeon fee and consult charges.
- Intensivisit consult during defined ICU days.

Exclusions

- All Prosthetics & Implants (Patch, Valve, Graft , Conduit) will be charges extra on actual.
- Aphaeresis Kit will be charged extra at applicable rates.
- Aortic Balloon, Cell Saver Kit, Swan Ganz and Femoral CPB Kit will be charged extra on actual.
- Reopening / Re-Exploration during the package stay will be charges extra on actual.

Valve Cardiac Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
25289	Aortic Valve Replacement	3+4	-	3,83,300	4,60,000	5,36,600	6,13,300	7,66,600	2,00,100	70,200	75,200	78,800
31654	AVR/MVR + TVR - Redo	3+4	-	4,25,900	5,11,000	5,96,200	6,81,300	8,51,600	2,16,300	87,750	94,000	98,500
19530	Double Valve Replacement	3+4	-	4,01,500	4,81,800	5,62,100	6,42,400	8,02,900	2,16,300	70,200	75,200	78,800
25161	Mitral Valve Replacement/ Repair	3+4	-	3,83,300	4,60,000	5,36,600	6,13,300	7,66,600	2,00,100	70,200	75,200	78,800
31645	Mitral Valve Replacement + TV Repair	3+4	-	4,01,500	4,81,800	5,62,100	6,42,400	8,02,900	2,16,300	87,750	94,000	98,500
31653	MVR/AVR - Redo	3+4	-	4,25,900	5,11,000	5,96,200	6,81,300	8,51,600	2,16,300	70,200	75,200	78,800
31640	Tricuspid V Repair	3+4	-	3,13,400	3,76,100	4,38,700	5,01,400	6,26,800	1,29,800	70,200	75,200	78,800

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
- 2 Psychological counseling.
- 3 Physiotherapy upto 14 quantity.
- 4 Blood Bank - Cross Matching, Whole Blood and Random Donor Platelet Concentrate processing charges upto 4 units.
- 5 Blood Bank - Fresh Frozen Plasma and Donor Screening for Plateletpheresis processing charges upto 2 units.
- 6 Ventilator equipment charges during defined ICU days.
- 7 Alpha bed upto 7 quantity.
- 8 CTVS OT charges, procedure changes, surgeon fee and consult charges.
- 9 Intensivisit consult during defined ICU days.

Exclusions

- 1 All Prosthetics & Implants (Patch, Valve, Graft , Conduit) will be charges extra on actual.
- 2 Aphaeresis Kit will be charged extra at applicable rates.
- 3 Aortic Balloon, Cell Saver Kit, Swan Ganz and Femoral CPB Kit will be charged extra on actual.
- 4 Reopening / Re-Exploration during the package stay will be charges extra on actual.

Cardiac Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
69189	Renal Denvervation therapy	1+1	-	1,99,700	2,39,600	2,79,500	3,19,400	3,99,300	79,350	22,300	23,900	25,050

Inclusions

- 1 Investigations and pharmacy up to above defined limits.
- 2 Cath Lab charges, procedure charges, cardiologist consult charges.

Exclusions

- 1 **Symplcity Spyral Catheter** will be charged over and above the package at applicable rates. as per actuals.
- 2 Investigations and pharmacy above the defined limits will be charged over and the above the package cost.

Minimally Invasive Cardiac Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
34143	CABG (Minimally Invasive)	3+4	-	4,71,000	5,65,100	6,59,300	7,53,500	9,41,800	2,16,300	73,700	79,000	82,750
34149	Aortic Valve Replacement (Minimally Invasive)	3+4	-	4,25,900	5,11,000	5,96,200	6,81,300	8,51,600	2,48,750	87,750	94,000	98,500
34147	MITRAL VALVE REPLACEMENT (Minimally Invasive)	3+4	-	4,25,900	5,11,000	5,96,200	6,81,300	8,51,600	2,48,750	87,750	94,000	98,500
34158	ASD CLOSURE / REPAIR (Minimally Invasive)	3+4	-	3,89,300	4,67,200	5,45,100	6,22,900	7,78,600	2,48,750	87,750	94,000	98,500

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
- 2 Psychological counseling.
- 3 Physiotherapy upto 14 quantity.
- 4 Blood Bank - Cross Matching, Whole Blood and Random Donor Platelet Concentrate processing charges upto 4 units.
- 5 Blood Bank - Fresh Frozen Plasma and Donor Screening for Plateletpheresis processing charges upto 2 units.
- 6 Ventilator equipment charges during defined ICU days.
- 7 Alpha bed upto 7 quantity.
- 8 CTVS OT charges, procedure changes, surgeon fee and consult charges.
- 9 Intensivisit consult during defined ICU days.

Exclusions

- 1 All Prosthetics & Implants (Patch, Valve, Graft , Conduit) will be charges extra on actual.
- 2 Aphaeresis Kit will be charged extra at applicable rates.
- 3 Aortic Balloon, Cell Saver Kit, Swan Ganz and Femoral CPB Kit will be charged extra on actual.
- 4 Reopening / Re-Exploration during the package stay will be charges extra on actual.

Other Cardiac Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
37732	Carotid Endarterectomy	3+4	-	1,82,600	2,19,000	2,55,500	2,92,100	3,65,000	86,550	70,200	75,200	78,800
27758	Maximal Thymectomy	3+4	-	1,59,500	1,91,400	2,23,300	2,55,200	3,18,900	54,100	70,200	75,200	78,800
27764	Thoracotomy and Pericardial window construction	3+4	-	1,84,400	2,21,300	2,58,200	2,95,000	3,68,800	54,100	70,200	75,200	78,800
27760	Pericardiectomy	3+4	-	2,31,200	2,77,400	3,23,700	3,69,900	4,62,300	86,550	70,200	75,200	78,800
27761	Pleurectomy/Decortication	3+4	-	2,52,000	3,02,400	3,52,800	4,03,100	5,03,900	75,750	70,200	75,200	78,800
25160	ASD Repair/Closure	3+4	-	3,16,400	3,79,600	4,42,800	5,06,100	6,32,600	1,62,250	70,200	75,200	78,800
31665	VSD Closure/Repair	3+4	-	3,16,400	3,79,600	4,42,800	5,06,100	6,32,600	1,62,250	70,200	75,200	78,800
27756	Lobectomy	3+4	-	3,66,300	4,39,600	5,12,800	5,86,100	7,32,500	97,350	70,200	75,200	78,800
27762	Pneumonectomy	3+4	-	3,82,100	4,58,600	5,35,000	6,11,400	7,64,200	97,350	70,200	75,200	78,800
25532	Myxoma LA/RA	3+4	-	3,34,600	4,01,600	4,68,500	5,35,400	6,69,200	1,51,450	70,200	75,200	78,800
25288	Aneurysmectomy	3+4	-	3,10,900	3,73,100	4,35,300	4,97,400	6,21,800	97,350	70,200	75,200	78,800
23140	Aortic Aneurysm repair (Aneusymoraphy)	3+4	-	3,52,800	4,23,400	4,94,000	5,64,500	7,05,600	1,78,450	70,200	75,200	78,800
28752	Thoraco Abdominal Aneurysm Repair	3+4	-	3,27,300	3,92,800	4,58,200	5,23,700	6,54,600	97,350	70,200	75,200	78,800
38107	Pulmonary Endarterectomy	3+4	-	3,95,500	4,74,600	5,53,700	6,32,700	7,90,900	1,94,700	70,200	75,200	78,800
31663	Ascending Aorta Replacement	3+4	-	3,95,500	4,74,600	5,53,700	6,32,700	7,90,900	2,16,300	87,750	94,000	98,500
31661	Bentall Procedure	3+4	-	4,25,900	5,11,000	5,96,200	6,81,300	8,51,600	2,16,300	87,750	94,000	98,500
31669	Repair Ruptured Aneurysm Sinus of Valsava on CPB	3+4	-	4,27,700	5,13,200	5,98,800	6,84,300	8,55,400	97,350	87,750	94,000	98,500

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
- 2 Psychological counseling.
- 3 Physiotherapy upto 14 quantity.
- 4 Blood Bank - Cross Matching, Whole Blood and Random Donor Platelet Concentrate processing charges upto 4 units.
- 5 Blood Bank - Fresh Frozen Plasma and Donor Screening for Plateletpheresis processing charges upto 2 units.
- 6 Ventilator equipment charges during defined ICU days.
- 7 Alpha bed upto 7 quantity.
- 8 CTVS OT charges, procedure changes, surgeon fee and consult charges.
- 9 Intensivisit consult during defined ICU days.

Exclusions

- 1
- All Prosthetics & Implants (Patch, Valve, Graft , Conduit) will be charges extra on actual.
- 2
- Aphaeresis Kit will be charged extra at applicable rates.
- 3
- Aortic Balloon, Cell Saver Kit, Swan Ganz and Femoral CPB Kit will be charged extra on actual.
- 4
- Reopening / Re-Exploration during the package stay will be charges extra on actual.

Pediatric Cardiac Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
20042	PDA Ligation Off Pump	3+6	-	98,100	1,17,700	1,37,300	1,56,900	1,96,100	21,650	29,300	31,400	32,850
23137	Pediatric Coarctation Repair	3+6	-	1,10,900	1,33,000	1,60,600	1,77,300	2,21,700	54,100	46,800	50,150	52,550
25302	Pediatric PA Banding	3+6	-	1,10,900	1,33,000	1,60,600	1,77,300	2,21,700	54,100	46,800	50,150	52,550
20043	BT Shunt	3+6	-	1,30,900	1,57,100	1,83,300	2,09,400	2,61,800	54,100	46,800	50,150	52,550
29620	PDA Ligation On Pump	3+6	-	1,41,800	1,70,200	1,98,500	2,26,900	2,83,500	32,450	46,800	50,150	52,550
42621	PA Plasty on Pump	3+6	-	1,98,400	2,38,000	2,77,700	3,17,300	3,96,700	54,100	70,200	75,200	78,800
19523	Pediatric ASD Repair	3+6	-	2,08,200	2,49,800	2,91,400	3,44,300	4,16,300	75,750	76,050	81,500	85,350
25296	Pediatric Bidirectional Glenn On Pump	3+6	-	2,08,200	2,49,800	2,91,400	3,44,300	4,16,300	75,750	76,050	81,500	85,350
25290	Pediatric VSD Repair	3+6	-	2,08,200	2,49,800	2,91,400	3,44,300	4,16,300	75,750	76,050	81,500	85,350
42629	Subaortic Membrane Resection(Non Complex)	3+6	-	2,08,200	2,49,800	2,91,400	3,44,300	4,16,300	75,750	76,050	81,500	85,350
25293	Pediatric MV Repair (Non Complex)	3+6	-	2,11,300	2,53,500	2,95,700	3,37,900	4,22,400	75,750	76,050	81,500	85,350
25291	Pediatric TOF (Non Complex)	3+6	-	2,11,300	2,53,500	2,95,700	3,37,900	4,22,400	75,750	76,050	81,500	85,350
25294	Pediatric TAPVC (Non Complex)	3+6	-	2,24,600	2,69,500	3,14,400	3,59,300	4,49,100	75,750	76,050	81,500	85,350
42626	Pediatric TOF/Total Correction(Complex)	3+6	-	2,24,600	2,69,500	3,14,400	3,59,300	4,49,100	75,750	76,050	81,500	85,350
42630	Subaortic Membrane Resection(Complex)	3+6	-	2,24,600	2,69,500	3,14,400	3,59,300	4,49,100	75,750	76,050	81,500	85,350
42625	Pediatric MV Repair(Complex)	3+6	-	2,29,400	2,75,300	3,21,200	3,67,000	4,58,800	75,750	76,050	81,500	85,350
42619	Ebstein/Truncus Repair+Cost of Conduit(Extra)	3+6	-	2,31,200	2,77,400	3,23,700	3,69,900	4,62,300	75,750	76,050	81,500	85,350
42617	DSO (Non Complex)	3+6	-	2,34,800	2,81,800	3,32,100	3,87,800	4,69,600	75,750	76,050	81,500	85,350
38872	Pediatric AV Repair (Complex)	3+6	-	2,34,800	2,81,800	3,28,800	3,88,900	4,69,600	75,750	76,050	81,500	85,350
38873	Pediatric DORV	3+6	-	2,34,800	2,81,800	3,28,800	3,87,800	4,69,600	75,750	76,050	81,500	85,350
38875	Pediatric TAPVC (Complex)	3+6	-	2,34,800	2,81,800	3,32,100	3,88,900	4,69,600	75,750	76,050	81,500	85,350
25298	Pediatric ASO	3+6	-	2,36,200	2,83,400	3,30,600	3,77,800	4,72,300	75,750	76,050	81,500	85,350
25299	Pediatric AV Canal Repair (Non Complex)	3+6	-	2,36,200	2,83,400	3,30,600	3,77,800	4,72,300	75,750	76,050	81,500	85,350
20650	Pediatric Conduit Repair	3+6	-	2,36,200	2,83,400	3,30,600	3,77,800	4,72,300	75,750	76,050	81,500	85,350
25301	Pediatric Fontan (Non Complex)	3+6	-	2,36,200	2,83,400	3,30,600	3,77,800	4,72,300	75,750	76,050	81,500	85,350
38886	Pediatric Valve Repair (Complex)	3+6	-	2,41,000	2,89,200	3,37,400	3,95,600	4,81,900	75,750	76,050	81,500	85,350
42618	DSO (Complex)	3+6	-	2,47,000	2,96,400	3,45,800	3,95,200	4,94,000	75,750	76,050	81,500	85,350
42623	Pediatric Fontan(Complex)	3+6	-	2,47,000	2,96,400	3,45,800	3,95,200	4,94,000	75,750	76,050	81,500	85,350
38874	Pediatric Senning	3+6	-	2,47,000	2,96,400	3,45,800	3,95,200	4,94,000	75,750	76,050	81,500	85,350
39426	TOF Repair	3+6	-	2,48,300	2,98,000	3,47,600	3,97,300	4,96,600	75,750	76,050	81,500	85,350

Inclusions

- 1
- Investigations and pharmacy upto above defined limit.
- 2
- Psychological counseling.
- 3
- Physiotherapy upto 18 quantity.
- 4
- Blood Bank - Cross Matching, Whole Blood, Fresh Frozen Plasma, Random Donor Platelet Concentrate processing charges upto 4 units.
- 5
- Ventilator equipment charges during defined ICU days.
- 6
- Alpha bed upto 9 quantity.
- 7
- Nebulisation upto 5 quantity.
- 8
- CTVS OT charges, procedure changes, surgeon fee and consult charges.
- 9
- Intensivisit consult during defined ICU days.

Exclusions

- 1
- All Prosthetics & Implants (Patch, Valve, Graft , Conduit) will be charges extra on actual.
- 2
- Aphaeresis Kit will be charged extra at applicable rates.
- 3
- Aortic Balloon, Cell Saver Kit, Swan Ganz and Femoral CPB Kit will be charged extra on actual.
- 4
- Reopening / Re-Exploration during the package stay will be charges extra on actual.

Heart Transplantation									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
45384	Heart Transplantation	5+15	-	20,50,000	20,50,000	20,50,000	22,55,000	24,60,000	-	3,50,950	3,75,850	3,93,750
38784	Heart Transplant LVAD	5+15	-	76,33,080	76,33,080	76,33,080	84,46,000	95,54,540	-	3,50,950	3,75,850	3,93,750
52974	LVAD (Heart Mate 3/Heart Ware)	5+15	-	-	95,01,800	95,01,800	1,04,52,000	1,04,52,000	-	3,50,950	3,75,850	3,93,750
52975	LVAD (Heart Mate 2)	5+15	-	-	47,50,900	47,50,900	52,26,000	59,12,200	-	3,50,950	3,75,850	3,93,750

Inclusions

- 1
- Investigations upto above defined limit.
- 2
- Psychological counseling.
- 3
- Physiotherapy upto 30 quantity.
- 4
- Ventilator equipment charges during defined ICU days.
- 5
- CTVS OT charges, procedure changes, surgeon fee and consult charges.
- 6
- Intensivisit consult during defined ICU days.
- 7
- CTYTOSORB if used that will be charged additional

Angiography									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
19453	Coronary Angiography	0+1	19,600	21,500	25,700	31,300	41,400	44,100	9,750	13,500	14,500	15,050
19456	Carotid Angiography	0+1	19,000	20,900	25,000	29,200	33,300	41,700	8,700	13,500	14,500	15,050
25279	Peripheral Angiography	0+1	20,100	22,000	26,500	30,800	35,200	44,000	8,700	13,500	14,500	15,050
20935	Renal Angiography	0+1	19,600	21,500	25,700	30,000	34,300	42,800	8,700	13,500	14,500	15,050
37790	Cath Study	0+1	26,900	29,400	35,200	43,200	57,200	61,100	8,700	11,750	12,600	13,150
19520	Check Angiography	0+1	16,600	17,800	21,300	24,900	28,400	35,500	7,600	11,750	12,600	13,150
20555	Coronary plus Carotid Angiography	0+1	28,800	31,700	38,100	44,400	50,700	63,400	10,850	11,750	12,600	13,150
25280	Coronary plus Peripheral Angiography	0+1	28,800	31,700	38,100	44,400	50,700	63,400	10,850	11,750	12,600	13,150
25281	Coronary plus Renal Angiography	0+1	28,800	31,700	38,100	44,400	50,700	63,400	10,850	11,750	12,600	13,150

Inclusions

- 1
- Investigations and pharmacy upto above defined limit.
- 2
- Cath Lab charges, procedure charges, cardiologist consult charges.

Exclusions

- 1 VISIPAQUE dye will be charged extra on actual.
- 2 Integrilin, Reopro, Eptiflo, Streptokinase, Coromaxe, Aggramed, Urokinase or any other Blood Thinner will be charged extra on actual.
- Note
- ** Check CAG will be charged to the following patients
- 1.1 Who had PTCA or CABG within one year in MAX network.
- 1.2 Who, as a part of a Study / Trial and following PTCA or CABG in the same hospitalization due to some clinical indication to restudy.

Angioplasty									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
45228	Angioplasty (Complex and Primary)	1+1	-	2,37,400	2,84,800	3,32,300	3,79,700	4,74,600	83,300	23,450	25,100	26,300
45227	Angioplasty (Complex)	1+1	-	2,24,600	2,69,500	3,14,400	3,59,300	4,49,100	83,300	23,450	25,100	26,300
45226	Angioplasty (Non Complex)	1+1	-	1,99,700	2,39,600	2,79,500	3,19,400	3,99,300	83,300	23,450	25,100	26,300
52841	Alcohol Septal Ablation	1+1	-	1,93,700	2,32,500	2,71,200	3,10,000	3,87,400	83,300	23,450	25,100	26,300
45706	Angioplasty (Non Complex) with Angiography	1+1	-	2,12,400	2,54,900	2,97,400	3,39,800	4,24,800	86,550	23,450	25,100	26,300
25282	Carotid Angioplasty	1+1	-	2,05,100	2,46,100	2,87,100	3,28,100	4,10,100	74,650	23,450	25,100	26,300
20553	Peripheral Angioplasty(PTA)	1+1	-	1,53,400	1,84,100	2,14,700	2,45,300	3,06,700	74,650	23,450	25,100	26,300
20808	Renal Angioplasty	1+1	-	1,58,200	1,89,900	2,21,500	2,53,100	3,16,400	74,650	23,450	25,100	26,300

Inclusions

- Investigations and pharmacy upto above defined limit.
- Cath Lab charges, procedure charges, cardiologist consult charges.
- Intensivisit consult during defined ICU stay.

Exclusions

- Stents will be charged extra at applicable rates. as per actuals.
- If more than one stent is used during same sitting then PTCA Cath Lab charges will be charged extra on actual.
- Integrilin, Reopro, Eptiflo, Streptokinase, Coromaxe, Aggramed, Urokinase or any other Blood Thinner will be charged extra on actual.
- If patient request for CD then CD charges will be charged extra on actual.
- For high risk, complex or primary/emergency cases, appropriate package shall be charged.
- If patient undergoes repeat PTCA during same hospitisation then PTCA 2 Stage/Redo Charges will be charged extra on actual.

EPS									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
20052	EPS Basic	0+1	22,000	23,800	28,600	33,300	38,100	47,600	10,850	11,750	12,600	13,150
20053	EPS Complete	0+1	34,200	37,900	45,400	53,000	60,600	75,700	15,150	11,750	12,600	13,150

Inclusions

- Investigations and pharmacy upto above defined limit.
- Cath Lab charges, procedure charges, cardiologist consult charges.

Exclusions

- Integrilin, Reopro, Eptiflo, Streptokinase, Coromaxe, Aggramed, Urokinase or any other Blood Thinner will be charged extra on actual.

R F Ablation									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
32748	RF Ablation w/out EP	0+1	79,200	79,200	95,100	1,10,900	1,27,200	1,58,400	21,650	23,450	25,100	26,300
20051	RF Ablation with EP	0+1	1,10,900	1,10,900	1,33,000	1,55,200	1,77,300	2,21,700	27,050	23,450	25,100	26,300
27463	R F Ablation with 3D Mapping	0+1	1,25,400	1,25,400	1,50,500	1,75,500	2,00,600	2,50,700	21,650	23,450	25,100	26,300
62775	Cryo Ablation	1+2	-	1,25,400	1,50,500	1,75,500	2,00,600	2,50,700	21,650	23,450	25,100	26,300
29715	3D R F Ablation with EPS	0+1	1,38,300	1,38,300	1,65,900	1,93,500	2,21,200	2,76,500	27,050	23,450	25,100	26,300

Inclusions

- Investigations and pharmacy upto above defined limit.
- Cath Lab charges, procedure charges, cardiologist consult charges.
- Intensivisit consult during defined ICU stay.

Exclusions

- Device(s) and Patch if used, will be charged extra at applicable rates.
- 3D Patch, Agelis Sheath, Puncture needle, Mullian sheath will be charged extra on actual.

Conginetal Heart Disease Intervention									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
21249	PDA Device Closure	1+2	-	99,300	1,19,100	1,39,000	1,64,100	1,98,500	33,550	23,450	25,100	26,300
33452	VSD Device Closure	1+2	-	1,01,000	1,21,300	1,41,500	1,67,100	2,02,000	33,550	17,600	18,850	19,750
23171	Valvuloplasty / Others	1+2	-	1,01,800	1,22,100	1,42,400	1,62,800	2,03,500	34,650	23,450	25,100	26,300
22965	ASD Device closure	1+2	-	1,12,100	1,34,500	1,56,800	1,79,700	2,24,000	36,800	23,450	25,100	26,300
62773	LAA Closure	1+2	-	1,12,100	1,34,500	1,56,800	1,79,700	2,24,000	36,800	23,450	25,100	26,300
19461	Balloon Mitral Valvuloplasty	1+1	-	1,19,900	1,43,900	1,67,900	1,91,900	2,39,800	44,350	23,450	25,100	26,300
23172	Infant Valvuloplasty / Others (Off Pump)	1+2	-	1,48,500	1,78,200	2,07,900	2,37,600	2,97,000	53,000	23,450	25,100	26,300

Inclusions

- Investigations and pharmacy upto above defined limit.
- Cath Lab charges, procedure charges, cardiologist consult charges.
- Intensivisit consult during defined ICU stay.

Exclusions

- Device, if used, will be charged extra at applicable rates.
- Integrilin, Reopro, Eptiflo, Streptokinase, Coromaxe, Aggramed, Urokinase or any other Blood Thinner will be charged extra on actual.

Other Cardiology									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
39240	Endomyocardial Biopsy	0+1	70,100	77,500	92,900	1,08,400	1,23,900	1,54,800	30,300	11,750	12,600	13,150
39169	Pacemaker Explanation	0+1	63,400	70,100	84,100	98,200	1,12,200	1,40,200	24,900	11,750	12,600	13,150
29259	Peripheral Arterial Embolization/Thrombolysis	1+1	-	98,700	1,18,400	1,38,200	1,57,900	1,97,300	35,700	23,450	25,100	26,300
30385	Pulse Generator Replacement	1+1	-	1,01,800	1,22,100	1,42,400	1,62,800	2,03,500	36,800	23,450	25,100	26,300
19459	Bi-Ventricular Pacemaker Implantation	1+2	-	1,31,500	1,57,800	1,84,100	2,10,400	2,63,000	47,600	23,450	25,100	26,300
21392	Aortic Stent Graft Insertion	2+4	-	1,87,500	2,25,000	2,62,500	3,00,000	3,75,000	67,100	23,450	25,100	26,300

33215	Directional Artherectomy/Rotablator Atherectomy	1+1	-	2,36,200	2,83,400	3,30,600	3,77,800	4,72,300	83,300	23,450	25,100	26,300
40952	TAVI (Trans Catheter Aortic Valve Implantation)	2+3	-	2,50,700	3,00,800	3,51,000	4,01,100	5,01,300	90,850	46,800	50,150	52,550
62774	Mitra Clip	1+2	-	2,50,700	3,00,800	3,51,000	4,01,100	5,01,300	90,850	46,800	50,150	52,550
48642	Fractional Flow Reserve (FFR)	0+1	19,600	21,500	25,700	31,300	41,400	44,100	9,750	11,750	12,600	13,150

- Inclusions
- 1

Investigations and pharmacy upto above defined limit.
- 2

Cath Lab charges, procedure charges, cardiologist consult charges.
- 3

Intensivisit consult during defined ICU stay.
- Exclusions
- 1

Cost of device, Swan GANZ and IABP (Intra Aortic Balloon Pump) will be charged extra on actual.
- 2

Integrilin, Reopro, Eptiflo, Streptokinase, Coromaxe, Aggramed, Urokinase or any other Blood Thinner will be charged extra on actual.
- 4

Rotaburr, Advancer, Rota wire, Directional Artherectomy equipment if used, will be charged extra at applicable rates.

AICD/ ICD Procedure									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
32791	AICD	1+3	-	1,39,500	1,67,300	1,95,200	2,23,000	2,78,800	49,750	23,450	25,100	26,300
42480	Combo device	1+3	-	1,49,700	1,79,700	2,09,600	2,39,500	2,99,400	53,000	23,450	25,100	26,300
20844	ICD Procedure charges	1+3	-	1,36,400	1,63,600	1,90,900	2,18,200	2,72,600	48,700	23,450	25,100	26,300

- Inclusions
- 1

Investigations and pharmacy upto above defined limit.
- 2

Cath Lab charges, procedure charges, cardiologist consult charges.
- 3

Intensivisit consult during defined ICU stay.
- Exclusions
- 1

Cost of device, Swan GANZ and IABP (Intra Aortic Balloon Pump) will be charged extra on actual.
- 2

Integrilin, Reopro, Eptiflo, Streptokinase, Coromaxe, Aggramed, Urokinase or any other Blood Thinner will be charged extra on actual.
- 3

Rotaburr, Advancer, Rota wire, Directional Artherectomy equipment if used, will be charged extra at applicable rates.

Pacemaker									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
19457	Single Chamber Pacemaker	1+2	-	99,300	1,19,100	1,39,000	1,58,800	1,98,500	35,700	23,450	25,100	26,300
19458	Double Chamber Pacemaker	1+2	-	1,15,700	1,38,800	1,62,000	1,85,100	2,31,300	41,100	23,450	25,100	26,300
43572	Leadless Pacemaker	0+2	-	1,62,600	1,95,100	2,27,600	2,60,100	3,25,100	58,450	23,450	25,100	26,300

- Inclusions
- 1

Investigations and pharmacy upto above defined limit.
- 2

Cath Lab charges, procedure charges, cardiologist consult charges.
- 3

Intensivisit consult during defined ICU stay.
- Exclusions
- 1

Cost of device, Pacemaker, Swan GANZ and IABP (Intra Aortic Balloon Pump) will be charged extra on actual.
- 2

Integrilin, Reopro, Eptiflo, Streptokinase, Coromaxe, Aggramed, Urokinase or any other Blood Thinner will be charged extra on actual.
- 3

Rotaburr, Advancer, Rota wire, Directional Artherectomy equipment if used, will be charged extra at applicable rates.

Arthroscopy/ ACL/ PCL									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
44874	Arthroscopy/Meniscus/Biopsy	0+2	-	71,900	86,300	1,00,600	1,15,000	1,43,800	16,250	17,600	18,850	19,750
44872	ACL/PCL/MCL/Benkart/Rotator Cuff Repair	0+2	-	99,300	1,19,100	1,39,000	1,58,800	1,98,500	27,050	23,450	25,100	26,300
39110	Arthroscopy- Knee/Elbow/Ankle/Wrist	0+2	-	1,04,100	1,24,900	1,45,700	1,66,600	2,08,200	16,250	17,600	18,850	19,750
39108	ACL/PCL/MPFL Reconstruction	0+3	-	1,36,900	1,64,300	1,91,700	2,19,100	2,73,800	27,050	23,450	25,100	26,300

- Inclusions
- 1

Investigations and pharmacy upto above defined limit.
- 2

Procedures like strapping and dressing.
- 3

Physiotherapy upto 4 quantity.
- 4

OT charges, procedure change,surgeon fee and consult charges.
- Exclusions
- 1

Implant will be charged extra to at applicable rates.
- 2

Accessories like walker, belts etc will be charged extra at applicable rates.

ORIF Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
46152	ORIF Bimalleolar Fracture Ankle	0+3	-	1,48,500	1,78,200	2,07,900	2,37,600	2,97,000	27,050	23,450	25,100	26,300
46155	ORIF Single Bone Forearm	0+3	-	1,48,500	1,78,200	2,07,900	2,37,600	2,97,000	27,050	23,450	25,100	26,300
46150	ORIF Fracture Both Bones Forearm	0+4	-	1,58,200	1,89,900	2,21,500	2,53,100	3,16,400	27,050	23,450	25,100	26,300
46153	ORIF Fracture Distal Radius	0+3	-	1,48,500	1,78,200	2,07,900	2,37,600	2,97,000	27,050	23,450	25,100	26,300
46156	ORIF Fracture Olecranon	0+3	-	1,48,500	1,78,200	2,07,900	2,37,600	2,97,000	27,050	23,450	25,100	26,300
46154	ORIF Fracture Patella/Patellectomy	0+3	-	1,48,500	1,78,200	2,07,900	2,37,600	2,97,000	27,050	23,450	25,100	26,300
46151	ORIF Fracture Proximal/Distal -Humerus/Femur	0+3	-	1,74,700	2,09,700	2,44,600	2,79,600	3,49,400	27,050	23,450	25,100	26,300

- Inclusions
- 1

Investigations and pharmacy upto above defined limit.
- 2

Procedures like strapping and dressing.
- 3

Physiotherapy upto 6 quantity.
- 4

OT charges, procedure change,surgeon fee and consult charges.
- Exclusions
- 1

Implant will be charged extra to at applicable rates.
- 2

Accessories like walker, belts etc will be charged extra at applicable rates.

Other Ortho Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
45201	Dynamic Hip Screw	0+5	-	1,61,900	1,94,300	2,26,600	2,58,900	3,23,700	27,050	23,450	25,100	26,300

46148	Interlock Nailing Tibia	0+4	-	1,94,700	2,33,700	2,72,600	3,11,500	3,89,300	27,050	23,450	25,100	26,300
46147	Interlocking Nailing Femur	0+4	-	1,94,700	2,33,700	2,72,600	3,11,500	3,89,300	27,050	23,450	25,100	26,300
46149	Bipolar Hemiarthroplasty	0+4	-	2,06,900	2,48,200	2,89,600	3,31,000	4,13,700	27,050	23,450	25,100	26,300
70174	Bipolar Hemiarthroplasty with Optional Navigation	0+4	-	1,65,500	1,98,600	2,31,700	2,65,300	3,44,300	47,250	22,720	24,340	25,500

- Inclusions
- 1

Investigations and pharmacy upto above defined limit.
- 2

Procedures like strapping and dressing.
- 3

Physiotherapy upto 6 quantity.
- 4

OT charges, procedure change,surgeon fee and consult charges.

- Exclusions
- 1

Implant will be charged extra at applicable rates.
- 2

Accessories like walker, belts etc will be charged extra at applicable rates.

Ozone Discolysis									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
26425	Ozone Discolysis - Cervical (Single Sitting)	0+1	27,500	30,500	36,700	42,700	48,800	61,000	Nil	Nil	Nil	Nil

- Inclusions
- 1

Ozone charges & C-Arm
- 2

Procedure and doctor consult charges.

- Exclusions
- 1

Any other diagnostic procedure will be charged extra on actual.
- 2

Pharmacy and investigation will be charged extra on actual.

Knee Replacement									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
20163	Ortho Unilateral Total Knee Replacement	1+5	-	2,19,600	2,63,500	2,96,400	3,51,300	4,39,100	48,700	46,800	50,150	52,550
20164	Ortho Bilateral TKR (Single Sitting)	2+6	-	3,56,000	4,27,200	4,80,600	5,69,500	7,11,900	59,500	46,800	50,150	52,550
45614	Knee Replacement B/L with Optional Navigation	2+6	-	2,82,300	3,38,700	3,95,200	4,51,600	5,64,500	59,500	46,800	50,150	52,550
45613	Knee Replacement U/L with Optional Navigation	1+5	-	1,74,100	2,08,900	2,43,700	2,78,600	3,50,100	48,700	46,800	50,150	52,550
29293	Ortho Complex TKR –U/L	1+5	-	2,49,800	2,99,700	3,49,600	3,99,600	4,99,500	48,700	46,800	50,150	52,550
46573	Ortho Complex TKR -B/L	2+6	-	4,27,700	5,13,200	5,98,800	6,84,300	8,55,400	59,500	46,800	50,150	52,550
22929	Ortho Unilateral Total Knee Replacement Revision	1+5	-	2,63,000	3,15,600	3,55,000	4,20,700	5,25,900	48,700	46,800	50,150	52,550
46574	Ortho Complex Revision TKR-U/L	1+5	-	2,78,100	3,33,700	3,89,300	4,44,900	5,56,100	48,700	46,800	50,150	52,550

- Inclusions
- 1

Investigations and pharmacy upto above defined limit.
- 2

Physiotherapy upto 14 quantity.
- 3

Orthopedics & Internal medicine consult charges.
- 4

Procedures like strapping and dressing.
- 5

Alpha Bed and DVT Pump upto 7 quantity each.
- 6

Blood Bank - Cross Maching charges and Red Blood Cells processing charges upto 2 units.
- 7

OT charges, procedure change and surgeon fee charges.

- Exclusions
- 1

If Computer assisted surgery is done then Computer assisted charges will be charged on actual.
- 2

Implant will be charged extra at applicable rates.
- 3

Accessories like walker, belts etc will be charged extra at applicable rates.

Hip Replacement									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
21156	Ortho Unilateral Total Hip Replacement/ASR	1+5	-	2,04,200	2,45,100	2,75,700	3,26,800	4,08,400	48,700	46,800	50,150	52,550
20171	Ortho Bilateral THR (Single Sitting)	2+6	-	3,32,100	3,98,500	4,48,300	5,31,300	6,64,100	59,500	46,800	50,150	52,550
45616	Hip Replacement B/L with Optional Navigation	2+6	-	2,71,400	3,25,700	3,80,000	4,34,300	5,55,900	59,500	46,800	50,150	52,550
45611	Hip Replacement U/L with Optional Navigation	1+5	-	1,65,500	1,98,600	2,31,700	2,65,300	3,44,300	48,700	46,800	50,150	52,550
29291	Ortho Complex Primary / THR	1+5	-	2,10,400	2,52,500	2,94,500	3,36,600	4,20,700	48,700	46,800	50,150	52,550
20669	Ortho Unilateral Total Hip Replacement Revision	1+5	-	2,53,000	3,03,600	3,41,600	4,04,800	5,06,000	48,700	46,800	50,150	52,550
36469	Ortho Unilateral THR Revision 1st Stage	1+5	-	1,87,800	2,25,300	2,62,900	3,00,400	3,75,500	48,700	46,800	50,150	52,550

- Inclusions
- 1

Investigations and pharmacy upto above defined limit.
- 2

Physiotherapy upto 14 quantity.
- 3

Orthopedics & Internal medicine consult charges.
- 4

Procedures like strapping and dressing.
- 5

Alpha Bed and DVT Pump upto 7 quantity each.
- 6

Blood Bank - Cross Maching charges and Red Blood Cells processing charges upto 2 units.
- 7

OT charges, procedure change and surgeon fee charges.

- Exclusions
- 1

If Computer assisted surgery is done then Computer assisted charges will be charged on actual.
- 2

Implant will be charged extra at applicable rates.surcharges.
- 3

Accessories like walker, belts etc will be charged extra at applicable rates.

Shoulder/ Elbow Replacement									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
38078	Ortho Unilateral Total Elbow Replacement	1+6	-	2,47,500	2,97,000	3,46,500	3,96,000	4,94,900	48,700	46,800	50,150	52,550
38080	Ortho Unilateral Total Shoulder Replacement	1+6	-	2,47,500	2,97,000	3,46,500	3,96,000	4,94,900	48,700	46,800	50,150	52,550

- Inclusions
- 1

Investigations and pharmacy upto above defined limit.
- 2

Physiotherapy upto 14 quantity.
- 3

Orthopedics & Internal medicine consult charges.
- 4

Procedures like strapping and dressing.

- 5 Alpha Bed upto 7 quantity.
- 6 Blood Bank - Cross Maching charges and Red Blood Cells processing charges upto 2 units.
- 7 OT charges, procedure change and surgeon fee charges.
- Exclusions
- 1 Implant will be charged extra at applicable rates.
- 2 Accessories like walker, belts etc will be charged extra at applicable rates.

Hernia Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
43850	Umbilical Herniorrplasty	0+2	-	90,800	1,08,900	1,27,000	1,45,200	2,01,800	16,250	10,550	11,350	11,850
28665	Lap Inguinal Hernia Repair - B/L	0+2	-	99,300	1,19,100	1,40,400	1,70,500	1,98,500	21,650	10,550	11,350	11,850
43486	Lap Inguinal Hernia Repair U/L	0+2	-	94,100	1,12,500	1,29,800	1,46,100	1,83,900	19,500	10,550	11,350	11,850
43849	Lap Ventral/Incisional Hernia Repair	0+2	-	1,01,800	1,22,100	1,42,400	1,62,800	2,24,100	21,650	10,550	11,350	11,850
51425	Lap Epigastric Hernia	0+2	-	1,36,900	1,64,300	1,91,700	2,19,600	2,73,800	24,900	10,550	11,350	11,850
51427	Lap Incisional Hernia Complex	0+2	-	1,54,000	1,84,700	2,15,500	2,46,900	3,07,900	24,900	10,550	11,350	11,850
51423	Lap Inguinal B/L Hernia Repair Complex	0+2	-	1,17,500	1,41,000	1,64,400	1,88,400	2,34,900	24,900	10,550	11,350	11,850
51426	Lap Primary Mid Line Hernia	0+2	-	1,36,900	1,64,300	1,91,700	2,19,600	2,73,800	24,900	10,550	11,350	11,850
51424	Lap Umbilical Hernia Complex	0+2	-	1,36,900	1,64,300	1,91,700	2,19,600	2,73,800	24,900	10,550	11,350	11,850
51422	Lap Unilateral Hernia Repair	0+2	-	91,400	1,09,600	1,29,300	1,46,600	1,82,700	16,250	10,550	11,350	11,850
54399	Incisional hernia repair (with or Without mesh)	0+2	-	1,01,800	1,22,100	1,42,400	1,62,800	2,24,100	21,650	10,050	10,800	11,300

- Inclusions
- 1 Investigations and pharmacy upto above defined limit.
- 2 OT charges, procedure charges,surgeon fee and consult charges.
- Exclusions
- 1 Ace harmonic scalpel and Cartridge for linear cutter gun, if used, will be charged extra at applicable rates.
- 2 Laser equipment, if used, will be charged extra at applicable rates.

General Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
30050	Excision- Sebaceous Cyst	0+1	21,500	23,200	27,900	32,500	37,100	46,400	4,350	3,550	3,850	4,000
35608	Circumcision	0+1	23,200	25,700	30,800	38,100	44,600	52,500	4,350	3,550	3,850	4,000
30043	Lymphnode Biopsy - Axillary	0+1	27,500	30,500	36,700	42,700	48,800	61,000	4,350	3,550	3,850	4,000
30073	Perianal Abscess Drainage	0+1	27,500	30,500	36,700	42,700	48,800	61,000	4,350	3,550	3,850	4,000
30047	Incision and Drainage of Abscess	0+1	31,200	34,200	41,000	47,900	54,700	68,300	4,350	3,550	3,850	4,000
30063	Sphincterotomy for Anal Fissure	0+1	37,900	39,000	46,900	54,600	62,500	78,000	10,850	10,550	11,350	11,850
35613	Trus Guided Prostate Biopsy	0+1	39,000	43,300	52,000	60,600	69,300	86,500	4,350	7,050	7,600	7,950
30049	Excision- Superficial Tumors	0+1	42,700	47,000	56,300	65,700	75,100	93,900	4,350	3,550	3,850	4,000
30062	Drainage of Ischiorectal Abscess	0+1	42,700	47,000	56,300	65,700	75,100	93,900	4,350	3,550	3,850	4,000
30068	Wound Debridement	0+1	45,800	50,600	60,700	70,900	81,000	1,01,200	4,350	3,550	3,850	4,000
30081	Diagnostic Laparoscopy-MAS	0+1	52,400	57,900	69,500	81,100	92,700	1,15,800	4,350	3,550	3,850	4,000
44880	Excision of Pilonoidal Sinus	0+1	71,900	74,400	89,200	1,04,100	1,19,000	1,53,900	10,850	10,550	11,350	11,850
43859	Fistula in Ano - Low End	0+2	-	64,600	77,500	90,400	1,03,300	1,37,100	10,850	10,550	11,350	11,850
28730	Thyroidectomy-Total/Completion thyroidectomy	0+3	-	73,100	87,700	1,18,200	1,28,200	1,48,200	16,250	10,550	11,350	11,850
30079	MIPH	0+1	82,300	90,800	1,08,900	1,27,000	1,45,200	1,81,500	4,350	3,550	3,850	4,000
43853	Haemorrhoidectomy	0+2	-	76,700	92,100	1,07,400	1,22,700	1,81,600	10,850	10,550	11,350	11,850
43858	Fistula in Ano - High End	0+2	-	78,000	93,600	1,09,200	1,24,800	1,82,800	10,850	10,550	11,350	11,850
28658	Lap Cholecystectomy	0+2	-	89,600	1,07,500	1,25,400	1,46,100	1,79,100	22,750	11,050	11,850	12,400
43856	Haemorrhoidectomy with Fissurectomy	0+2	-	1,06,000	1,27,200	1,48,400	1,69,600	2,39,600	16,250	10,550	11,350	11,850
45009	Lap Appendectomy	0+2	-	1,16,900	1,40,300	1,63,600	1,87,000	2,37,400	21,650	17,600	18,850	19,750
28727	Lap Hemicolectomy	1+7	-	1,44,300	1,73,100	2,25,200	2,45,100	2,88,500	16,250	10,550	11,350	11,850
51421	Lap Appendectomy Complex	0+2	-	1,29,100	1,54,900	1,80,600	2,06,800	2,58,000	32,450	17,600	18,850	19,750
51418	Lap Chole for Empyema	0+2	-	1,45,500	1,74,500	2,03,600	2,32,900	2,90,900	16,250	10,550	11,350	11,850
51419	Lap Chole for Gangrenous GB	0+2	-	1,60,100	1,92,100	2,24,100	2,56,200	3,20,200	16,250	10,550	11,350	11,850
51420	Lap Chole+Colecystoenteric fistula division	0+2	-	1,72,900	2,07,400	2,42,000	2,76,900	3,45,700	29,250	10,550	11,350	11,850
54389	Hepatectomy - Major	2+8	-	5,90,500	7,08,700	8,26,800	9,46,400	11,81,000	1,25,500	20,100	21,500	22,550
54387	Hepatectomy - Minor	1+6	-	3,54,400	4,25,200	4,96,100	5,67,800	7,08,700	1,02,750	8,950	9,600	10,050
54386	TIPS	2+8	-	5,72,900	6,87,400	8,02,000	9,18,000	11,45,700	13,000	33,450	35,850	37,550
54385	PTBD Double	0+3	-	1,77,200	2,12,600	2,48,100	2,84,000	3,54,400	15,150	-	-	-
54384	PTBD (PTBD-Internal-External Drainage)	0+3	-	1,41,800	1,70,200	1,98,500	2,27,200	2,83,500	15,150	-	-	-
54383	RFA	0+3	-	1,59,500	1,91,400	2,23,300	2,55,600	3,18,900	10,500	-	-	-
54382	TACE	0+3	-	2,24,500	2,69,300	3,14,300	3,59,700	4,48,900	16,800	33,450	35,850	37,550
54381	Freys surgery	2+4	-	3,42,600	4,11,100	4,79,600	5,48,900	6,85,100	52,500	16,750	17,950	18,800
54379	Splenectomy (Surg. Gastr)	1+4	-	2,65,800	3,18,900	3,72,100	4,25,900	5,31,500	65,450	16,750	17,950	18,800
54371	Pancreatoduodenectomy	3+7	-	5,78,800	6,94,500	8,10,200	9,27,500	11,57,500	1,03,850	27,900	29,850	31,300
54370	Ileostomy creation	0+3	-	1,65,400	1,98,500	2,31,500	2,65,000	3,30,700	60,050	1,700	1,850	1,900
54369	Hydatid cyst - cystopericystectomy	2+5	-	3,54,400	4,25,200	4,96,100	5,67,800	7,08,700	96,300	6,700	7,200	7,550
54368	Distal pancreatectomy with splenectomy	2+4	-	3,83,900	4,60,700	5,37,500	6,15,200	7,67,700	77,900	22,300	23,900	25,050
54367	Choledochal cyst excision with hepaticojejunostom	2+4	-	3,18,900	3,82,700	4,46,500	5,11,100	6,37,800	1,04,950	6,700	7,200	7,550
54366	Biliary stricture - Hepaticojejunostomy	2+3	-	2,95,300	3,54,400	4,13,400	4,73,200	5,90,500	1,06,550	6,700	7,200	7,550
54365	Open Drainage of Liver Abscess	1+6	-	2,71,700	3,26,000	3,80,400	4,35,400	5,43,300	76,800	11,150	11,950	12,550
54364	Lap Liver Cyst Excision	1+2	-	2,06,800	2,48,100	2,89,400	3,31,300	4,13,400	60,250	-	-	-
54363	Drainage of Pseudopancreatic Cyst	1+5	-	2,59,900	3,11,900	3,63,800	4,16,400	5,19,700	67,100	6,700	7,200	7,550
54362	Common bile duct exploration (CBDE)	1+4	-	2,24,500	2,69,300	3,14,300	3,59,700	4,48,900	73,050	5,600	6,000	6,300
54361	Closure of Loop Colostomy/Ileostomy	1+2	-	1,77,200	2,12,600	2,48,100	2,84,000	3,54,400	44,350	1,350	1,500	1,600

- Inclusions
- 1 Investigations and pharmacy upto above defined limit.
- 2 OT charges, procedure charges,surgeon fee and consult charges.
- Exclusions
- 1 Ace harmonic scalpel and Cartridge for linear cutter gun, if used, will be charged extra at applicable rates.
- 2 Laser equipment, if used, will be charged extra at applicable rates.
- 3 Physiotherapy and Bloosd Bank extra at applicable rates
- 4 Rest all service will be charge extra at applicable rates which is not list in inclusions

Minimal Access Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above

50856	Lap Sleeve Gastrectomy/Gastric Bypass	1+2	-	3,38,800	4,06,600	4,74,300	5,79,300	8,41,100	1,83,900	50,150	53,750	56,300
28686	Lap Gastric Bypass	1+3	-	3,94,000	4,72,800	5,51,500	7,40,900	9,02,400	2,16,300	17,600	19,000	19,700

Inclusions

- Investigations and pharmacy upto above defined limit.
- Physiotherapy upto 8 quantity.
- Blood Bank - Cross Maching charges upto 2 units.
- OT charges, procedure charges,surgeon fee and consult charges.

Exclusions

- Oximetry Recording under Pulmonology will be charged extra on actual.
- Any other diagnostic procedure will be charged extra on actual.

ENT Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above

42893	Septoplasty	0+1	42,700	47,000	56,300	65,700	75,100	93,900	10,850	9,400	10,100	10,550
37625	Tonsillectomy	0+1	50,100	55,500	66,500	77,600	88,700	1,10,900	10,850	9,400	10,100	10,550
42895	Tympanoplasty	0+1	56,100	62,200	74,600	87,000	99,500	1,24,300	10,850	9,400	10,100	10,550
39605	DL Assessment + Biopsy	0+1	54,900	56,600	68,000	79,300	90,600	1,13,800	10,850	9,400	10,100	10,550
42897	Adenotonsillectomy	0+1	75,500	83,500	1,00,100	1,16,800	1,33,500	1,79,300	10,850	9,400	10,100	10,550
37965	M.L.S.	0+1	64,600	67,100	80,400	93,800	1,07,200	1,42,700	10,850	9,400	10,100	10,550
37756	Adeno-Tonsillectomy Coblation	0+1	84,000	87,100	1,04,500	1,22,000	1,39,400	1,96,200	10,850	9,400	10,100	10,550
37628	Myringoplasty	0+1	84,000	87,100	1,04,500	1,22,000	1,39,400	1,96,200	10,850	9,400	10,100	10,550
37762	Septoplasty+Turbinate Reduction	0+1	85,200	88,300	1,05,900	1,23,600	1,41,300	1,98,400	10,850	9,400	10,100	10,550
44883	FESS	0+2	-	92,000	1,10,400	1,28,700	1,50,400	2,36,900	10,850	9,400	10,100	10,550
37773	Tympanoplasty+Cortical Mastoidectomy	0+1	1,10,900	1,14,500	1,37,400	1,60,300	1,83,200	2,29,000	10,850	9,400	10,100	10,550
38528	Cochlear Implant Surgery	0+2	-	1,23,000	1,47,600	1,72,200	1,96,800	2,46,000	21,650	9,400	10,100	10,550
46413	Septoplasty+Fess	0+1	1,09,600	1,13,200	1,35,900	1,58,500	1,81,100	2,60,800	10,850	9,400	10,100	10,550
46415	Mastoidectomy	0+1	1,15,700	1,19,400	1,43,200	1,67,100	1,91,000	2,80,800	10,850	9,400	10,100	10,550
37766	FESS+Septoplasty+Turbinate Reduction B/L	0+1	1,29,600	1,29,600	1,55,500	1,81,500	2,14,000	3,23,100	10,850	9,400	10,100	10,550
46416	Total Thyroidectomy	0+2	-	1,32,100	1,58,500	1,84,900	2,11,400	3,17,600	10,850	9,400	10,100	10,550
46417	Minimal Invasive Cochlear Implantation	0+2	-	1,88,100	2,25,700	2,63,300	3,07,600	4,76,900	21,650	9,400	10,100	10,550
50941	Foreign Body Removal - Nose	0+1	43,900	43,900	52,700	61,400	70,200	99,200	7,600	5,900	6,350	6,650
50942	Intraoral removal of Submandibular ductcalculus	0+1	43,900	43,900	52,700	61,400	70,200	99,200	7,600	5,900	6,350	6,650
50943	Myringotomy (bilateral)	0+1	43,900	43,900	52,700	61,400	70,200	99,200	7,600	5,900	6,350	6,650
50944	Nasopharyngoscopy with Biopsy	0+1	43,900	43,900	52,700	61,400	70,200	99,200	7,600	5,900	6,350	6,650
50945	Bilateral Intra Nasal Antrostomy	0+1	48,700	48,700	58,500	68,200	77,900	1,11,400	7,600	5,900	6,350	6,650
50946	Reduction of Fracture Nose (ENT)	0+1	48,700	48,700	58,500	68,200	77,900	1,11,400	7,600	5,900	6,350	6,650
50953	Adenolectomy	0+1	56,100	56,100	67,300	78,500	89,700	1,27,200	9,750	5,900	6,350	6,650
50947	Anterior Nasal Packing with Cauterization	0+1	56,100	56,100	67,300	78,500	89,700	1,27,200	9,750	5,900	6,350	6,650
50948	Hypopharyngoscopy (ENT)	0+1	56,100	56,100	67,300	78,500	89,700	1,27,200	9,750	5,900	6,350	6,650
50949	Lymph Node biopsy (ENT)	0+1	56,100	56,100	67,300	78,500	89,700	1,27,200	9,750	5,900	6,350	6,650
50950	Bilateral Myringotomy with Grommet	0+1	59,700	59,700	71,700	83,600	95,500	1,34,900	9,750	5,900	6,350	6,650
50951	Facial wound Repair (Major)	0+1	59,700	59,700	71,700	83,600	95,500	1,34,900	9,750	5,900	6,350	6,650
50952	Pre Auricular Sinus Excision	0+1	59,700	59,700	71,700	83,600	95,500	1,34,900	9,750	5,900	6,350	6,650
50954	Bronchoscopy Under LA (Diagnostic/Biopsy) (ENT)	0+1	62,200	62,200	74,600	87,000	99,500	1,41,600	9,750	5,900	6,350	6,650
50955	Turbinate reduction	0+1	62,200	62,200	74,600	87,000	99,500	1,41,600	9,750	5,900	6,350	6,650
50956	Cyst & Benign Tumour of palate (ENT)	0+1	69,500	69,500	83,400	97,300	1,11,200	1,58,300	9,750	5,900	6,350	6,650
50957	Block Dissection of Cervical Nodes (ENT)	0+1	79,200	79,200	95,100	1,10,900	1,26,700	1,82,800	9,750	5,900	6,350	6,650
50964	FESS-Small/Unilateral/minor(endoscopic procedure	0+1	79,200	79,200	95,100	1,10,900	1,26,700	1,82,800	9,750	5,900	6,350	6,650
50958	Tracheostomy (ENT)	0+1	79,200	79,200	95,100	1,10,900	1,26,700	1,82,800	9,750	5,900	6,350	6,650
50960	Closed reduction nasal bone	0+1	85,200	85,200	1,02,300	1,19,300	1,36,300	1,98,400	9,750	5,900	6,350	6,650
50962	Excision of brachial cyst and sinus (ENT)	0+1	85,200	85,200	1,02,300	1,19,300	1,36,300	1,98,400	9,750	5,900	6,350	6,650
50963	Excision of Thyroglossal Cyst or Sinus (ENT)	0+1	85,200	85,200	1,02,300	1,19,300	1,36,300	1,98,400	9,750	5,900	6,350	6,650
50965	Septal Hematoma Incision & Drainage (ENT)	0+1	85,200	85,200	1,02,300	1,19,300	1,36,300	1,98,400	9,750	5,900	6,350	6,650
50966	Septoplasty + SMD	0+1	85,200	85,200	1,02,300	1,19,300	1,36,300	1,98,400	9,750	5,900	6,350	6,650
50967	Unilateral Styloidectomy (ENT)	0+1	85,200	85,200	1,02,300	1,19,300	1,36,300	1,98,400	9,750	5,900	6,350	6,650
50968	Atticotomy	0+1	91,400	91,400	1,09,600	1,27,900	1,46,200	2,14,000	9,750	5,900	6,350	6,650
50975	Bilateral Styloidectomy	0+1	1,07,200	1,07,200	1,28,600	1,50,100	1,71,500	2,48,500	11,900	5,900	6,350	6,650
50976	Endoscopic DCR	0+1	1,07,200	1,07,200	1,28,600	1,50,100	1,71,500	2,48,500	11,900	5,900	6,350	6,650
50977	Laser Tonsillectomy	0+1	1,07,200	1,07,200	1,28,600	1,50,100	1,71,500	2,48,500	11,900	5,900	6,350	6,650
50978	Micro Laryngoscopic Decortication (ENT)	0+1	1,07,200	1,07,200	1,28,600	1,50,100	1,71,500	2,48,500	11,900	5,900	6,350	6,650
50981	Submandibular Gland Excision	0+2	-	1,29,100	1,54,900	1,80,600	2,06,400	3,22,000	11,900	5,900	6,350	6,650
50984	Cortical Mastoidectomy	0+1	1,25,400	1,25,400	1,50,500	1,75,500	2,00,600	2,95,300	11,900	5,900	6,350	6,650
50994	Hemi Thyroidectomy	0+2	-	1,36,400	1,63,600	1,90,900	2,18,200	3,41,000	11,900	5,900	6,350	6,650
50986	Open reduction fracture nasal bone	0+1	1,25,400	1,25,400	1,50,500	1,75,500	2,00,600	2,95,300	11,900	5,900	6,350	6,650
50987	Septal Perforation Repair (ENT)	0+1	1,25,400	1,25,400	1,50,500	1,75,500	2,00,600	2,95,300	11,900	5,900	6,350	6,650
50988	Exploratory Tympanotomy	0+1	1,31,500	1,31,500	1,57,800	1,84,100	2,10,400	3,12,000	11,900	5,900	6,350	6,650
50989	MLS with RFA	0+1	1,31,500	1,31,500	1,57,800	1,84,100	2,10,400	3,12,000	11,900	5,900	6,350	6,650
50998	Sub total Thyoidectomy	0+2	-	1,42,500	1,71,000	1,99,500	2,28,000	3,56,500	11,900	5,900	6,350	6,650
50990	Superficial Paraidectomy (ENT)	0+2	-	1,42,500	1,71,000	1,99,500	2,28,000	3,56,500	11,900	5,900	6,350	6,650
50992	FESS - Complicated	0+1	1,53,400	1,53,400	1,84,100	2,14,700	2,45,300	3,64,400	11,900	5,900	6,350	6,650
50995	Laryngofissure	0+2	-	1,64,400	1,97,200	2,30,100	2,63,000	4,09,000	11,900	5,900	6,350	6,650
51002	Modified Radical Mastoidectomy	0+1	1,53,400	1,53,400	1,84,100	2,14,700	2,45,300	3,64,400	11,900	5,900	6,350	6,650
50996	Ossiculoplasty	0+1	1,53,400	1,53,400	1,84,100	2,14,700	2,45,300	3,64,400	11,900	5,900	6,350	6,650
51003	Radical Mastoidectomy	0+1	1,53,400	1,53,400	1,84,100	2,14,700	2,45,300	3,64,400	11,900	5,900	6,350	6,650
50997	Stapedotomy	0+1	1,53,400	1,53,400	1,84,100	2,14,700	2,45,300	3,64,400	11,900	5,900	6,350	6,650
51000	Hemi Glossectomy	0+2	-	1,80,200	2,16,200	2,53,000	2,88,200	4,50,200	11,900	5,900	6,350	6,650
51001	Mastoidectomy Cavity Obliteration	0+1	1,69,200	1,69,200	2,03,000	2,36,800	2,70,700	4,04,400	11,900	5,900	6,350	6,650
51004	Tracheal Reconstruction	2+2	-	2,24,000	2,68,800	3,13,600	3,58,300	4,89,100	11,900	5,900	6,350	6,650
51005	Tympanomastoidectomy	0+1	1,69,200	1,69,200	2,03,000	2,36,800	2,70,700	4,04,400	11,900	5,900	6,350	6,650
51006	Endoscopic CSF Fistula Repair	0+3	-	2,10,500	2,52,600	2,98,700	3,38,800	5,82,700	14,100	5,900	6,350	6,650
51007	Partial Glossectomy with Supraomohyoid Dissection	0+1	1,88,700	1,88,700	2,26,400	2,64,100	3,01,800	4,93,600	14,100	5,900	6,350	6,650

51009	Partial Maxillectomy	0+1	2,06,900	2,06,900	2,48,200	2,89,600	3,31,000	5,08,000	14,100	5,900	6,350	6,650
51010	Rhinoplasty - Open	0+2	-	2,34,800	2,81,800	3,28,800	3,75,700	5,80,500	14,100	5,900	6,350	6,650
51011	Total Laryngectomy	1+9	-	3,49,300	4,19,200	5,08,000	5,77,200	9,57,000	14,100	5,900	6,350	6,650
51012	Decanulation of Tracheostomy tube	0+1	30,500	30,500	36,700	42,700	48,800	70,200	5,450	5,900	6,350	6,650
51013	EUM Suction - Bilateral (ENT)	0+1	30,500	30,500	36,700	42,700	48,800	70,200	5,450	5,900	6,350	6,650
51014	EUM Suction - Unilateral (ENT)	0+1	30,500	30,500	36,700	42,700	48,800	70,200	5,450	5,900	6,350	6,650
51015	Direct Laryngoscopy	0+1	34,200	34,200	41,000	47,900	54,700	79,300	5,450	5,900	6,350	6,650
51016	Ear Lobule Repair - Unilateral	0+1	34,200	34,200	41,000	47,900	54,700	79,300	5,450	5,900	6,350	6,650
51017	Nasal Endoscopy (Diagnostic)	0+1	34,200	34,200	41,000	47,900	54,700	79,300	5,450	5,900	6,350	6,650
51019	Cautery Patching (ENT)	0+1	36,600	36,600	43,900	51,200	58,500	83,700	5,450	5,900	6,350	6,650
51020	Foreign Body Removal - Ear	0+1	36,600	36,600	43,900	51,200	58,500	83,700	5,450	5,900	6,350	6,650
51022	Nasal Endoscopy	0+1	36,600	36,600	43,900	51,200	58,500	83,700	5,450	5,900	6,350	6,650
51023	Anterior Nasal Packing (Bilateral)	0+1	39,000	39,000	46,900	54,600	62,500	91,500	5,450	5,900	6,350	6,650
51024	Ear Lobule Repair - Bilateral	0+1	39,000	39,000	46,900	54,600	62,500	91,500	5,450	5,900	6,350	6,650
51025	FOL - ENT	0+1	39,000	39,000	46,900	54,600	62,500	91,500	5,450	5,900	6,350	6,650
51026	Nasal Endoscopy with Biopsy	0+1	39,000	39,000	46,900	54,600	62,500	91,500	5,450	5,900	6,350	6,650
51027	Oral Biopsy	0+1	39,000	39,000	46,900	54,600	62,500	91,500	5,450	5,900	6,350	6,650
51028	Unilateral Myringotomy with Gromme	0+1	39,000	39,000	46,900	54,600	62,500	91,500	5,450	5,900	6,350	6,650
50959	Bilateral Nasal Polypectomy/Ethmoidectomy	0+1	85,200	85,200	1,02,300	1,19,300	1,36,300	1,98,400	9,750	5,900	6,350	6,650
50961	Endoscopic cauterisation (ENT)	0+1	85,200	85,200	1,02,300	1,19,300	1,36,300	1,98,400	9,750	5,900	6,350	6,650
50969	Bronchoscopy with FB Removal (ENT)	0+1	91,400	91,400	1,09,600	1,27,900	1,46,200	2,14,000	9,750	5,900	6,350	6,650
50972	FESS-Minor (Endogenous Procedure Bilateral)	0+1	91,400	91,400	1,09,600	1,27,900	1,46,200	2,14,000	9,750	5,900	6,350	6,650
50973	FESS-Minor Non-complicated (Bilateral)	0+1	96,200	96,200	1,15,500	1,34,700	1,53,900	2,26,200	9,750	5,900	6,350	6,650
50974	Adeno Tonsillectomy with Bilateral Gromet Insertio	0+1	1,07,200	1,07,200	1,28,600	1,50,100	1,71,500	2,48,500	11,900	5,900	6,350	6,650
51592	Excision of Submandibular Duct Stone	0+1	1,07,200	1,07,200	1,28,600	1,50,100	1,71,500	2,48,500	11,900	5,900	6,350	6,650
50993	FESS-Bilateral/Extensive/Major/Complicated(endosc	0+1	1,07,200	1,07,200	1,28,600	1,50,100	1,71,500	2,48,500	11,900	5,900	6,350	6,650
50979	Snoring Surgery-Pillar Reduction	0+1	1,07,200	1,07,200	1,28,600	1,50,100	1,71,500	2,48,500	11,900	5,900	6,350	6,650
50980	Tympanotomy (Ent)	0+1	1,07,200	1,07,200	1,28,600	1,50,100	1,71,500	2,48,500	11,900	5,900	6,350	6,650
50983	Adenotonsillectomy-RFA	0+1	1,25,400	1,25,400	1,50,500	1,75,500	2,00,600	2,95,300	11,900	5,900	6,350	6,650
50985	Endoscopic Spheno Ethmoidectomy-Unilateral	0+1	1,25,400	1,25,400	1,50,500	1,75,500	2,00,600	2,95,300	11,900	5,900	6,350	6,650
51593	Combined Approach Sialendoscopy	0+1	1,31,500	1,31,500	1,57,800	1,84,100	2,10,400	3,12,000	11,900	5,900	6,350	6,650
50991	Endoscopic Spheno Ethmoidectomy-Bilateral	0+1	1,53,400	1,53,400	1,84,100	2,14,700	2,45,300	3,64,400	11,900	5,900	6,350	6,650
50999	Uvulo-Palato Pharyngoplasty	0+1	1,53,400	1,53,400	1,84,100	2,14,700	2,45,300	3,64,400	11,900	5,900	6,350	6,650
51008	Endoscopic fronto Spheno Ethmoidectomy-Bilatera	0+1	2,06,900	2,06,900	2,48,200	2,89,600	3,31,000	5,08,000	14,100	5,900	6,350	6,650
51018	Anterior Nasal Packing (Unilateral) (ENT)	0+1	36,600	36,600	43,900	51,200	58,500	83,700	5,450	5,900	6,350	6,650
51021	Incision & Drianage (ENT)	0+1	36,600	36,600	43,900	51,200	58,500	83,700	5,450	5,900	6,350	6,650
51594	Diagnostic Sialendoscopy for parotid duct	0+1	43,900	43,900	52,700	61,400	70,200	99,200	7,600	5,900	6,350	6,650

Inclusions

- Investigations and pharmacy upto above defined limit.
- OT charges, procedure charges,surgeon fee and consult charges.

Exclusions

- Laser Equipment, if used, will be charged extra at applicable rates.
- Cochlear impant will be charged extra at applicable rates.

Liver Transplantation										Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite			Day Care / Economy	Double	Single and Above
45084	Liver Transplantation (Child below 5 yrs)	21 days	-	-	15,00,000	17,00,000	-	-	-	5,25,000	All Inclusive	All Inclusive	All Inclusive
45083	Liver Transplantation (Child above 5 yrs)	21 days	-	-	16,00,000	18,00,000	-	-	-	5,25,000	All Inclusive	All Inclusive	All Inclusive
47238	Liver Transplantation(Child below 5 yrs)(Cadaver)	21 days	-	-	17,50,000	19,50,000	-	-	-	5,25,000	All Inclusive	All Inclusive	All Inclusive
47237	Liver Transplantation(Child above 5 yrs)(Cadaver)	21 days	-	-	18,50,000	20,50,000	-	-	-	5,25,000	All Inclusive	All Inclusive	All Inclusive
45082	Liver Transplantation (Adult)	21 days	-	-	19,00,000	21,00,000	-	-	-	5,25,000	All Inclusive	All Inclusive	All Inclusive
47451	Liver Transplantation (Adult) Complex	21 days	-	-	20,00,000	22,00,000	-	-	-	5,25,000	All Inclusive	All Inclusive	All Inclusive
47865	Swap Liver Transplant (Adult)	21 days	-	-	21,50,000	23,50,000	-	-	-	5,25,000	All Inclusive	All Inclusive	All Inclusive
47844	Emergency Liver Transplant (Adult)	21 days	-	-	24,72,000	26,75,000	-	-	-	5,25,000	All Inclusive	All Inclusive	All Inclusive
45085	Liver Transplantation (Cadaver)	21 days	-	-	26,50,000	28,50,000	-	-	-	5,25,000	All Inclusive	All Inclusive	All Inclusive
47843	ABO Incompatible Liver Transplant (Adult)	21 days	-	-	27,30,000	28,81,000	-	-	-	5,25,000	All Inclusive	All Inclusive	All Inclusive

Inclusions

- Pharmacy upto defined limit.
- Investigations are all inclusive.
- Post discharge medicines for 5 days.
- ERCP and Endoscopy procedures.
- Nephrologist consult charges.
- Re-exploration during package stay.
- In case of stay beyond package days upto 15 additional days, only pharmacy and doctor visit fee will be charged.
- Donor stay for 10 days.
- OT charges, procedure charges,surgeon fee and consult charges.

Exclusions

- OPD pre work-up package for Recipient Rs 90,000/- and for Donor Rs 75,000/-
- Immunosuppressant, Nova 7, DNA Profiling and DSA Lab procedure.
- In case of high risk, high risk charges for Liver Transplantation will be charged extra on actual.

Liver and Kidney Transplantation										Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite			Day Care / Economy	Double	Single and Above
45086	Liver and Kidney Transplantation (Adult)	21 days	-	-	25,75,000	26,75,000	26,75,000	26,75,000	6,30,000	All Inclusive	All Inclusive	All Inclusive	All Inclusive
45087	Liver and Kidney Transplantation (Cadaver)	21 days	-	-	28,50,000	29,50,000	30,00,000	31,00,000	6,30,000	All Inclusive	All Inclusive	All Inclusive	All Inclusive

Inclusions

- Pharmacy upto defined limit.
- Investigations are all inclusive.
- Post discharge medicines for 5 days.

- 4 ERCP and Endoscopy procedures.
 - 5 Nephrologist consult charges.
 - 6 Re-exploration during package stay.
 - 7 In case of stay beyond package days upto 15 additional days, only pharmacy and doctor visit fee will be charged.
 - 8 Donor stay for 10 days.
 - 9 OT charges, procedure charges,surgeon fee and consult charges.
- Exclusions
- 1 OPD pre work-up package for Recipient Rs 90,000/- and for Donor Rs 75,000/-
 - 2 Immunosuppressant, Nova 7, DNA Profiling and DSA Lab procedure.
 - 3 In case of high risk, high risk charges for Liver Transplantation will be charged extra on actual.

Kidney Biopsy									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
50812	Kidney Biopsy-Native	0+1	29,000	30,800	37,500	48,000	54,700	87,500	2,750	11,150	11,950	12,550
50811	Kidney Biopsy-Transplant	0+1	30,900	32,450	39,500	49,800	56,850	88,200	2,630	10,820	11,600	12,140

pplicable for those patient goes to OT

- Inclusions
- 1 Treatment room charges
 - 2 Pharmacy upto above defined limit
 - 3 Investigation other Immunoflorescence will be chraged on actual
- Exclusions
- 1 Any other diagnostic procedure will be charged extra on actual.

Nephrology									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
35607	A-V Fistula	0+1	43,000	47,400	57,000	66,500	75,900	94,800	4,350	2,350	2,600	2,700
30550	A-V Fistula for Dialysis	0+1	35,700	39,700	47,600	55,600	63,400	79,300	4,350	2,350	2,600	2,700

- Inclusions
- 1 Investigations and pharmacy upto above defined limit.
 - 2 Procedure and consult charges
- Exclusions
- 1 Any other diagnostic procedure will be charged extra on actual.

Nephrology									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
50538	Perma Cath Removal-Neph		19,100	15,200	19,100	27,400	33,500	62,500	2,200	1,150	1,250	1,300
50532	Perma Catheter Package 2 (Precurved)-OT		79,000	70,300	79,000	94,100	1,09,300	1,57,900	2,200	1,150	1,250	1,300
50531	Perma Catheter Package 2 (Non-precurved)-OT		73,600	64,900	73,600	88,700	1,03,900	1,53,600	2,200	1,150	1,250	1,300
50530	Perma Catheter Package 2 (Others)-OT		60,600	48,700	60,600	74,700	88,700	1,35,200	2,200	1,150	1,250	1,300
50528	Perma Catheter Package 1 (Non Precurved)-Endo		48,700	-	-	-	-	-	2,200	1,150	-	-

- Inclusions
- 1 Respective Perma Catheter cost inclusive in package cost
 - 2 Pharmacy upto above defined limit apart from catheter cost
 - 3 Investigation upto defined limit apart from catheter cost
- Exclusions
- 1 Any other diagnostic procedure will be charged extra on actual.

Dialysis									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
43814	First Dialysis Package	0+1	18,400	19,100	23,000	26,800	31,300	38,200	3,250	7,050	7,600	7,950

- Inclusions
- 1 Investigations and pharmacy upto above defined limit.
 - 2 Procedure and consult charges
 - 3 Cost of dialyser F6 & double lumen sub clevean catheter upto 1 quantity each.
- Exclusions
- 1 Any other diagnostic procedure will be charged extra on actual.

Urology Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
50004	Artificial sphincter	0+2	-	2,43,400	2,92,100	3,40,700	3,89,300	4,86,700	60,600	39,800	42,650	44,700
50016	ATOMS (device cost extra)	0+1	1,82,600	1,82,600	2,19,000	2,55,500	2,92,100	3,65,000	34,650	22,250	23,850	25,000
49992	Balloon Dialation of ureteric stricture (Uro)	0+2	-	97,400	1,16,900	1,36,300	1,55,800	1,94,700	23,800	16,400	17,600	18,450
50018	Bladder neck incision (BNI) with laser (Uro)	0+1	1,03,500	1,03,500	1,24,200	1,44,900	1,65,600	2,07,000	18,400	11,750	12,600	13,150
35633	Bladder neck incision with Holmium Laser	0+1	1,07,200	1,07,200	1,28,600	1,50,100	1,71,500	2,14,300	21,650	17,600	18,850	19,750
50020	Buccal Mucosa Urethroplasty-Complex	0+4	-	3,04,200	3,65,000	4,25,900	4,86,700	6,08,300	50,850	32,800	35,150	36,800
35622	CAPD Insertion	0+1	64,000	70,700	84,800	99,000	1,13,100	1,41,400	21,650	11,750	12,600	13,150
35623	Cystoscopy + Bladder Biopsy	0+1	47,000	51,800	62,200	72,500	82,900	1,03,500	4,350	3,550	3,850	4,000
35609	Cystoscopy Diagnostic	0+1	33,600	37,300	44,800	52,200	59,600	74,500	4,350	3,550	3,850	4,000
30546	D/I Stent Removal - B/L	0+1	26,900	29,400	35,200	41,100	47,000	58,700	4,350	3,550	3,850	4,000
35663	D/I Stent Removal – U/L	0+1	23,200	25,700	30,800	36,000	41,100	51,300	4,350	3,550	3,850	4,000
37090	DJ Stenting - B/L	0+1	37,900	41,600	49,900	58,100	66,400	83,000	4,350	3,550	3,850	4,000
37089	DJ Stenting - U/L	0+1	32,300	35,400	42,500	49,500	56,600	70,700	4,350	3,550	3,850	4,000
50008	Epispadia female	0+4	-	4,25,900	5,11,000	5,96,200	6,81,300	8,51,600	97,350	63,200	67,700	70,950
35614	ESWI stone <1 cm	0+1	40,200	44,500	53,400	62,300	71,100	88,900	4,350	3,550	3,850	4,000
35615	ESWI stone >1 cm	0+1	45,200	50,100	60,000	70,000	80,000	1,00,000	4,350	3,550	3,850	4,000
49684	ESWI stone >1-2 cm	0+1	48,700	53,700	64,400	75,100	85,800	1,07,300	11,900	10,550	11,350	11,850
49685	ESWI stone >2 cm	0+1	54,900	59,700	71,700	83,600	95,500	1,19,400	13,000	11,750	12,600	13,150
50009	Exstrophy single stage	0+4	-	4,25,900	5,11,000	5,96,200	6,81,300	8,51,600	97,350	63,200	67,700	70,950
30543	Hydrocele Surgery-UL	0+1	45,800	50,600	60,700	72,500	89,200	1,05,900	10,850	9,400	10,100	10,550
49686	Hydrocoele Surgery - B/L	0+1	60,900	73,100	87,700	1,02,300	1,16,900	1,46,100	16,250	14,050	15,100	15,850

50002	Hypospadia Repair-Satge 1	0+1	1,21,700	1,21,700	1,46,100	1,70,400	1,94,700	2,43,400	30,300	19,900	21,350	22,350
50003	Hypospadia Repair-Satge 2	0+1	1,21,700	1,21,700	1,46,100	1,70,400	1,94,700	2,43,400	30,300	19,900	21,350	22,350
50019	Hypospadia-Single stage repair	0+1	1,40,000	1,40,000	1,68,000	1,96,000	2,24,000	2,80,000	24,900	16,400	17,600	18,450
50005	Intravesical Botox Injection (Uro) Botox Vile Ext	0+1	54,900	58,600	70,200	81,900	1,05,900	1,28,200	15,150	9,400	10,100	10,550
37244	Kidney Biopsy	0+1	40,200	44,500	53,400	62,300	71,100	88,900	4,350	3,550	3,850	4,000
49687	Lap Partial Nephrectomy	2+2	-	2,73,800	3,28,600	3,83,400	4,38,100	5,47,600	60,600	52,650	56,450	59,150
35643	Lap Pyeloplasty	1+3	-	2,32,500	2,79,000	3,25,500	3,72,000	4,64,900	43,300	17,600	18,850	19,750
35641	Lap Radical Nephrectomy	2+2	-	2,57,400	3,08,900	3,60,400	4,11,800	5,14,800	55,200	48,000	51,450	53,900
35632	Lap Renal Cyst Deroofing	0+2	-	1,52,200	1,82,600	2,13,100	2,43,400	3,04,300	21,650	17,600	18,850	19,750
49688	Lap Simple Nephrectomy	1+3	-	2,19,000	2,62,900	3,06,600	3,50,400	4,38,000	48,700	42,150	45,150	47,300
50011	Laposcopic Diagnostic (Uro)	0+1	73,100	73,100	87,700	1,02,300	1,17,100	1,46,100	15,150	10,550	11,350	11,850
49691	Laser TURP (Holep) < 60gm	0+3	-	1,58,200	1,89,900	2,21,500	2,53,100	3,16,400	35,700	30,450	32,650	34,200
49692	Laser TURP (Holep) >100	1+2	-	2,19,000	2,62,900	3,06,600	3,50,400	4,38,000	48,700	42,150	45,150	47,300
49693	Laser TURP (Holep) 60-100gm	0+3	-	1,70,400	2,04,500	2,38,500	2,72,600	3,40,700	37,900	32,800	35,150	36,800
35635	Microscopic Vaicocelectomy	0+1	1,07,800	1,07,800	1,29,400	1,50,900	1,72,500	2,15,600	24,900	21,100	22,600	23,650
49694	Microscopic Vaicocelectomy B/L	0+1	1,33,400	1,33,400	1,60,000	1,86,700	2,13,300	2,66,700	31,400	26,950	28,900	30,250
28728	Nephrectomy	1+4	-	1,26,100	1,51,300	1,76,500	2,01,700	2,52,100	21,650	17,600	18,850	19,750
35662	OIU	0+1	94,400	94,400	1,13,300	1,32,200	1,51,100	1,88,800	21,650	17,600	18,850	19,750
37092	Open partial Nephrectomy	1+3	-	2,50,700	3,00,800	3,51,000	4,01,100	5,01,300	54,100	46,800	50,150	52,550
37093	Open Pyeloplasty	1+3	-	2,17,300	2,60,700	3,04,200	3,47,600	4,34,500	43,300	17,600	18,850	19,750
49689	Open Radical Nephrectomy	1+3	-	2,22,700	2,67,200	3,11,700	3,56,300	4,45,300	49,750	43,300	46,400	48,600
37096	Open Renal Cyst Deroofing	0+3	-	1,58,200	1,89,900	2,21,500	2,53,100	3,16,400	21,650	17,600	18,850	19,750
49690	Open Simple Nephrectomy	1+3	-	2,13,000	2,55,600	2,98,200	3,40,800	4,26,000	47,600	41,000	43,900	46,000
35611	Orchidectomy - B/L	0+1	45,800	50,600	60,700	70,900	81,000	1,01,200	10,850	9,400	10,100	10,550
49695	Orchidectomy U/L	0+1	42,700	46,400	55,600	64,900	74,200	92,700	10,850	9,400	10,100	10,550
35621	PCN Percutaneous Nephrostomy	0+1	59,700	65,900	79,000	92,200	1,05,300	1,31,600	21,650	17,600	18,850	19,750
49696	PCN placement	0+1	48,700	48,700	58,500	68,200	78,100	97,400	10,850	9,400	10,100	10,550
43069	PCNL - B/L	0+3	-	1,94,700	2,33,700	2,72,600	3,11,500	3,89,300	21,650	17,600	18,850	19,750
35626	PCNL - U/L	0+3	-	1,54,700	1,85,600	2,16,500	2,47,500	3,09,300	21,650	17,600	18,850	19,750
43068	PCNL Multiple Puncture-Stag Horn	0+3	-	1,58,200	1,89,900	2,21,500	2,53,100	3,16,400	21,650	17,600	18,850	19,750
50017	Penile Implant inflatable (implant cost Extra)	0+1	2,19,000	2,19,000	2,62,900	3,06,600	3,50,400	4,38,000	40,050	25,750	27,650	28,950
50022	Penile Implant Semirigid (implant cost extra)	0+1	1,82,600	1,82,600	2,19,000	2,55,500	2,92,100	3,65,000	19,500	12,900	13,850	14,550
49995	Pyelo lithotomy	0+2	-	2,06,900	2,48,200	2,89,600	3,31,000	4,13,700	50,850	33,950	36,400	38,100
49998	Radical Cystectomy+Neo bladder	3+7	-	5,47,500	6,56,900	7,66,400	8,75,900	10,94,900	1,36,300	88,900	95,250	99,800
49987	RALP (Robotic Asst. Lap Pyloplast)	0+3	-	3,66,150	4,39,400	5,12,600	5,85,850	7,32,250	52,500	35,210	37,740	39,560
49988	RARC with open IC	0+5	-	5,77,900	6,93,500	8,09,100	9,24,700	11,55,800	1,04,950	69,050	73,950	77,500
49986	RARP with RPLND	0+3	-	5,47,500	6,56,900	7,66,400	8,75,900	10,94,900	97,350	63,200	67,700	70,950
49697	RIRS B/L-(Uro)<1cm	0+2	-	2,00,800	2,41,000	2,81,100	3,21,300	4,01,600	44,350	38,650	41,400	43,400
49700	RIRS B/L-(Uro)>1cm	0+2	-	2,13,000	2,55,600	2,98,200	3,40,800	4,26,000	47,600	41,000	43,900	46,000
49698	RIRS U/L-(Uro)<1cm	0+2	-	1,33,900	1,60,700	1,87,400	2,14,200	2,67,700	30,300	25,750	27,650	28,950
49699	RIRS U/L-(Uro)>1cm	0+2	-	1,46,100	1,75,300	2,04,500	2,33,700	2,92,100	32,450	28,100	30,150	31,550
49989	Robot assisted Radical nephrectomy with LND	0+5	-	6,49,600	7,79,500	9,09,400	10,39,350	12,99,150	1,23,900	80,630	86,390	90,540
49701	Robotic Asst. ingunal LND	0+3	-	3,89,750	4,67,700	5,45,650	6,23,600	7,79,500	58,800	38,620	41,390	43,360
49703	Robotic Asst. Radical Nephrectomy	0+3	-	3,77,950	4,53,550	5,29,150	6,04,700	7,55,900	55,650	36,350	38,950	40,830
49704	Robotic Asst. Simple Nephrectomy	0+3	-	3,66,150	4,39,400	5,12,600	5,85,850	7,32,250	52,500	35,210	37,740	39,560
49705	Robotic Kidney Transplant with Gelpport	3+5	-	-	7,22,500	8,05,920	8,89,240	9,72,660	1,53,300	99,940	1,07,070	1,12,140
49706	Robotic Kidney Transplant without Gelpport	3+5	-	-	6,71,000	7,48,480	8,25,850	9,03,320	1,38,600	90,850	97,310	1,01,950
49702	Robotic Partial nephrectomy (uro)	0+3	-	3,95,750	4,74,900	5,54,000	6,33,150	7,91,450	59,850	39,760	42,590	44,640
35629	TURBT	0+2	-	1,13,200	1,35,900	1,58,500	1,81,100	2,26,400	21,650	17,600	18,850	19,750
35625	TURP	0+3	-	1,23,600	1,48,300	1,73,000	1,97,800	2,47,100	21,650	17,600	18,850	19,750
49708	TURP < 50 gm	0+3	-	1,09,600	1,31,500	1,53,400	1,75,300	2,19,100	24,900	21,100	22,600	23,650
49707	TURP >50 gm	0+3	-	1,21,700	1,46,100	1,70,400	1,94,700	2,43,400	27,050	23,450	25,100	26,300
49997	Uretero lysis B/L Lap	0+3	-	3,04,200	3,65,000	4,25,900	4,86,700	6,08,300	75,750	49,150	52,700	55,200
49996	Uretero lysis B/L open	0+3	-	2,73,800	3,28,600	3,83,400	4,38,100	5,47,600	68,150	44,500	47,650	49,900
49990	Uretero lysis B/L Robotic	0+3	-	4,49,350	4,49,350	5,04,800	5,38,150	5,59,650	80,850	53,390	57,210	59,910
50007	Uretero lysis U/L Lap	0+3	-	2,19,000	2,62,900	3,06,600	3,50,400	4,38,000	50,850	32,800	35,150	36,800
49999	Uretero lysis U/L open	0+3	-	1,94,700	2,33,700	2,72,600	3,11,500	3,89,300	48,700	31,650	33,900	35,500
49991	Uretero lysis U/L Robotic	0+3	-	3,71,350	3,71,350	3,82,100	4,15,450	4,38,050	59,850	39,760	42,590	44,640
50012	ureterocolicostomy Lap	0+2	-	2,43,400	2,92,100	3,40,700	3,89,300	4,86,700	48,700	31,650	33,900	35,500
50013	ureterocolicostomy Open	0+2	-	2,19,000	2,62,900	3,06,600	3,50,400	4,38,000	42,200	26,950	28,900	30,250
49984	ureterocolicostomy Robotic	0+2	-	3,89,750	4,67,700	5,45,650	6,23,600	7,79,500	58,800	38,620	41,390	43,360
35783	Urethral Dilatation	0+1	20,100	22,000	26,500	30,800	35,200	44,000	4,350	3,550	3,850	4,000
50021	Urethroplasty Anastomatic-Complex	0+4	-	3,04,200	3,65,000	4,25,900	4,86,700	6,08,300	50,850	32,800	35,150	36,800
50006	Urethroplasty Anastomatic-SIMPLE	0+3	-	2,06,900	2,48,200	2,89,600	3,31,000	4,13,700	50,850	33,950	36,400	38,100
50014	Urethroplasty Stage 1	0+4	-	1,88,700	2,26,400	2,64,100	3,01,800	3,77,300	35,700	23,450	25,100	26,300
50015	Urethroplasty Stage 2	0+4	-	1,88,700	2,26,400	2,64,100	3,01,800	3,77,300	35,700	23,450	25,100	26,300
49993	Uretro Lithotomy	0+2	-	2,19,000	2,62,900	3,06,600	3,50,400	4,38,000	54,100	35,150	37,650	39,400
49709	URS B/L with Laser & DJ Placement	0+1	1,76,500	1,76,500	2,11,800	2,47,100	2,82,400	3,53,000	38,950	33,950	36,400	38,100
49710	URS B/L without Laser	0+1	1,40,000	1,40,000	1,68,000	1,96,000	2,24,000	2,80,000	31,400	26,950	28,900	30,250
49711	URS U/L with Laser & DJ Placement	0+1	1,27,900	1,27,900	1,53,400	1,79,000	2,04,600	2,55,600	28,150	24,600	26,400	27,650
49712	URS U/L without Laser	0+1	1,03,500	1,03,500	1,24,200	1,44,900	1,65,600	2,07,000	22,750	19,900	21,350	22,350
50010	Vesicle diverti culectomy Lap	0+2	-	2,19,000	2,62,900	3,06,600	3,50,400	4,38,000	48,700	31,650	33,900	35,500
49994	Vesicle diverti culectomy open	0+2	-	1,94,700	2,33,700	2,72,600	3,11,500	3,89,300	48,700	31,650	33,900	35,500
49985	Vesicle diverti culectomy Robotic	0+2	-	3,66,150	4,39,400	5,12,600	5,85,850	7,32,250	52,500	35,210	37,740	39,560

- Inclusions
- 1

Investigations and pharmacy upto above defined limit.
- 2

OT charges, procedure charges,surgeon fee and consult charges.
- Exclusions
- 1

Blood Bank charges will be chargedd extra.
- 2

Physiotherapy if used will be charged extra.
- 3

Any other diagnostic procedure will be charged extra on actual.
- 4

Laser equipment where laser is not mentioned in package name.

Urology Package									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
69059	Intraves BCG-Mysto Instila Hivac Combat Blader-LA	0+1	36,100	-	-	-	-	-	43,700	-	-	-

Inclusions

- Day-care room rent up to 12 Hours
- Pharmacy up to above defined limit
- Administrative items: Ward Nursing charges, patient diet charges, RMO, Misc. Common item
- Surgeon fee and OT charges

Exclusions

- Any other procedure, Investigations shall be billed out of package on actual
- If procedure is done other than LA, billing shall be done as per open surgery
- All other administrative charges (other than above mentioned administrative charges) shall be charged out of package
- Cross referral doctors visit

Urology Package									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
61698	High Inguinal Orchiectomy	0+1	1,36,200	1,15,500	1,38,600	1,61,700	1,84,700	2,47,500	21,650	5,600	6,000	6,600
61699	Trans Urethral Resection Of Ejaculatory Ducts	0+2	-	1,40,600	1,68,800	1,96,900	2,25,000	3,11,000	21,650	17,600	18,850	20,600
61700	Penile/Glans Biopsy Under Ga	0+1	81,100	71,200	85,400	99,600	1,13,800	1,43,100	21,650	5,600	6,000	6,600
61701	Penile/Glans Biopsy Under La (Daycare)	0+1	57,400	-	-	-	-	-	10,850	4,500	4,800	5,250
61702	PeyronieS Plaque Excision & Venous Grafting	0+2	-	1,93,100	2,31,700	2,70,300	3,08,900	4,19,700	37,900	11,150	11,950	13,100
61703	Total Penectomy	0+2	-	1,98,700	2,38,400	2,78,100	3,17,900	4,25,100	43,300	11,150	11,950	13,100
61704	Capd Catheter Insertion And Omentectomy/Adhesiol	0+1	1,90,500	1,65,500	1,98,600	2,31,700	2,64,800	3,31,000	48,700	11,150	11,950	13,100
61705	Auto Kidney Transplant	0+5	-	3,75,000	3,75,000	4,10,000	4,75,000	5,25,000	1,31,250	43,260	46,340	50,750
61706	Omentectomy	0+1	2,28,200	1,96,800	2,36,100	2,75,500	3,14,800	3,93,500	59,500	5,600	6,000	6,600
61707	Vagina Flap Meatoplasty	0+2	-	1,47,400	1,76,900	2,06,400	2,35,800	3,04,200	48,700	5,600	6,000	6,600
61708	Lap Marsupilization Of The Lymphoceles	0+2	-	1,81,800	2,18,200	2,54,600	2,90,900	4,08,900	32,450	5,600	6,000	6,600
61354	AV Graft	0+1	2,61,700	3,47,100	2,99,400	3,47,100	3,78,100	5,13,400	10,850	5,600	6,000	6,600

Inclusions

- LOS as per mentioned in table
- Investigations and pharmacy upto above defined limit.
- Administrative charges like RMO, Ward nursing charges, Medical History assessment charges etc.
- OT charges, procedure charges, surgeon fee, Asst. S.fee, Inst Equi Fee and consult charges.
- Graft up to Rs. 90000 included in AV Graft Package item ID 61354

Exclusions

- Investigations and pharmacy will be charged extra on actual.
- Any other diagnostic procedure will be charged extra on actual.
- Blood Bank products and cross referrals extra on actual

Urology Package									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
75494	Cystoscopy Diagnostic-Ambu	0+1	39,900	43,450	50,700	57,900	64,880	79,600	11,500	3,420	3,710	3,880
69951	MR Fusion Prostate Biopsy	0+1	77,300	77,300	80,100	85,700	89,900	1,13,600	4,000	6,000	6,300	6,600

Inclusions

- Investigations and pharmacy up to above defined limit.
- OT charges, procedure charges, surgeon fee and consult charges.

Exclusions

- Blood Bank charges will be charged extra.
- Physiotherapy if used will be charged extra.
- Any other diagnostic procedure will be charged extra on actual.
- Laser equipment where laser is not mentioned in package name.
- Admission and MRD will be charged extra

Uro- lift									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
69064	UROLIFT	1	71,100	-	-	-	-	-	5,150	-	-	-

Inclusions

- Stay in day-care ward
- All services up to the defined limit as per above table
- Surgeon fee, OT Charges, Surgeon's consultation
- Administrative charges as listed in above table

Exclusions

- Open billing shall be applied if patient stay is in other than day-care room category or stay increase more than 12 hours in day-care
- Implant will be charged out of package

Renal Transplantation									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
35378	Renal Transplantation - Recipient	3+5	-	-	5,50,000	6,13,510	6,76,930	7,40,430	1,68,000	1,21,280	1,27,370	1,33,410
36976	Cadaver Renal Transplantation	3+5	-	-	5,50,000	6,13,510	6,76,930	7,40,430	1,26,000	77,180	81,060	84,900

Inclusions

- Investigations and pharmacy upto above defined limit.
- Dialysis part of package during package days.
- Urologist, Nephrologist and Intensivist consult inclusive in package days

- 4 Blood Bank component for Recipient and Donor upto 4 quantity each.
 - 5 Physiotherapy post-surgery upto package days
 - 6 Donor stay for 5 days.
- Exclusions
- 1 Pre-Operative Donor work-up and Recipient preparation.
 - 2 High value D&C e.g filter – Cytosorb, Oxiris, Abxopack etc, Anti-rejection injections - ATG, Grafalon, Rituximab, Immunoglobulins etc. will not form part of package and to be charged separately
 - 3 Plasmapheresis procedure to be charged extra as per current practice
 - 4 Post package days - Billing will be on actual as per current practice
 - 5 All services non related to KTP shall be billed on actual.

Maternity									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
22702	Normal Delivery (NVD)	0+3	-	94,900	1,13,900	1,28,100	1,51,800	2,50,000	Nil	Nil	Nil	Nil
22870	Caesarean Section Delivery (LSCS)	0+3	-	94,900	1,13,900	1,28,100	1,51,800	2,50,000	Nil	Nil	Nil	Nil
35552	Normal Delivery (NVD) - High Risk	0+3	-	1,08,900	1,30,600	1,46,900	1,74,100	2,87,500	Nil	Nil	Nil	Nil
31328	Caesarean Section Delivery - High Risk	0+3	-	1,08,900	1,30,600	1,46,900	1,74,100	2,87,500	Nil	Nil	Nil	Nil
34826	Twin Delivery Caesarean (LSCS)	0+3	-	1,41,700	1,70,000	1,91,300	2,26,600	3,75,000	Nil	Nil	Nil	Nil
34825	Twin Delivery Normal (NVD)	0+3	-	1,41,700	1,70,000	1,91,300	2,26,600	3,75,000	Nil	Nil	Nil	Nil
31598	Normal Delivery (NVD) - LDR Room	0+3	-	-	-	-	1,56,600	-	Nil	Nil	Nil	Nil
31597	C Section Maternity - LDR Room	0+3	-	-	-	-	1,56,600	-	Nil	Nil	Nil	Nil
47472	Normal Delivery (NVD)-High Risk-LDR	0+3	-	-	-	-	1,83,900	-	Nil	Nil	Nil	Nil
47473	Caesarean Section Delivery-High Risk-LDR	0+3	-	-	-	-	1,83,900	-	Nil	Nil	Nil	Nil
37227	Triplet Delivery Caesarean Section	0+3	-	1,65,600	1,98,700	2,23,600	2,65,000	4,37,500	Nil	Nil	Nil	Nil

- Inclusions
- 1 OPV , Hep B and BCG Immunization for Baby.
 - 2 Baby observation care immediately after delivery in nursery upto 9 hours.
 - 3 If Baby stay exceeds 9 hours due to complication then all services including bed charge will be charged on actual depending on the NICU level.
 - 4 OAE screening and TSH Cord charges for Baby.
 - 5 Blood Bank - Cross Matching charges upto 1 unit.
 - 6 Physiotherapy upto 4 quantity.
 - 7 Fetal monitoring charges upto 9 hours.
 - 8 OT/ Labour room charges, procedure changes, surgeon fee charges.
 - 9 Obs & Gyne and Pediatric consult charges.

- Exclusions
- 1 Investigations and pharmacy will be charged extra on actual.
 - 2 Pre-anesthesia consult will be charged extra on actual.
 - 3 Charges for Epidural (if used) will be extra.
 - 4 In case of Normal delivery, epidural will be charged 100%.
 - 5 In case Caesarean delivery, epidural will be charged 50% and 100% SA/RA/GA anesthesia.
 - 6 Incase epidural fails it shall bewritten by the Gynecologist on OT/activity sheet and will not be charged to the patient.

- Note
- 1 In case of twin/triple delivery, Baby Care package will be charged to individual Baby and applicable maternity package will be charged.
 - 2 In case of high risk, high risk package will be applicable.

Obs & Gyne									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
29683	Cryocautery	0+1	11,200	12,500	14,900	16,800	19,900	24,800	4,350	3,550	3,850	4,000
38703	Cervical Dilatation	0+1	12,500	13,600	16,300	18,300	21,700	27,100	4,350	3,550	3,850	4,000
30007	Cervical Polypectomy/Fractional Curettage	0+1	16,500	18,200	21,900	24,600	29,100	36,400	4,350	3,550	3,850	4,000
30021	MTP 1st Trimester	0+1	17,700	19,400	23,200	26,200	30,900	38,700	4,350	3,550	3,850	4,000
30022	Dilatation & Curettage	0+1	20,600	22,300	26,800	30,100	35,700	44,600	4,350	3,550	3,850	4,000
30015	Missed / Incomplete Abortion S&E	0+1	20,600	22,300	26,800	30,100	35,700	44,600	4,350	3,550	3,850	4,000
30008	Colposcopy with Biopsy	0+1	22,300	24,700	29,700	33,400	39,500	49,400	4,350	3,550	3,850	4,000
33815	Diagnostic Hysteroscopy	0+1	23,500	25,900	31,000	34,900	41,400	51,700	4,350	3,550	3,850	4,000
30009	Colposcopy with LEEP Biopsy	0+1	25,900	28,200	33,900	38,100	45,200	56,400	4,350	3,550	3,850	4,000
30005	Mirena Insertion	0+1	25,900	28,200	33,900	38,100	45,200	56,400	11,900	3,550	3,850	4,000
30016	MTP (USG Guided)	0+1	25,900	28,200	33,900	38,100	45,200	56,400	4,350	3,550	3,850	4,000
30023	Colposcopy with Biopsy+Cryotherapy	0+1	28,800	31,800	38,100	42,800	50,800	63,400	4,350	3,550	3,850	4,000
29691	Hysteroscopic Synchilolysis -Simple	0+1	28,800	31,800	38,100	42,800	50,800	63,400	4,350	3,550	3,850	4,000
29690	Hysteroscopy + D&C	0+1	31,100	34,000	40,800	45,900	54,400	68,000	4,350	3,550	3,850	4,000
29555	Diagnostic Laparoscopy-Gyne	0+1	38,700	42,800	51,300	57,700	68,400	85,500	4,350	3,550	3,850	4,000
29693	Hysteroscopic Septum Resection-Partial	0+1	41,100	45,200	54,200	61,000	72,200	90,200	4,350	3,550	3,850	4,000
29554	Hysteroscopic Polypectomy/D&C	0+1	44,000	48,700	58,400	65,700	77,900	97,300	4,350	3,550	3,850	4,000
29702	Lap Ovarian Drilling/Cyst Aspiration/Lost IUD	0+1	42,800	47,500	57,100	64,200	76,000	95,000	4,350	3,550	3,850	4,000
29697	Hysteroscopic Myoma Resection-Small	0+1	46,300	51,100	61,300	68,900	81,700	1,02,100	4,350	3,550	3,850	4,000
29687	Coloscopy+Hysteroscopy+LEEP+EB	0+1	47,500	52,200	62,600	70,500	83,500	1,04,300	4,350	3,550	3,850	4,000
29557	Diagnostic Lap Hysteroscopy	0+1	47,500	52,200	62,600	70,500	83,500	1,04,300	4,350	3,550	3,850	4,000
30010	Hysteroscopy + D&C + Mirena Insertion	0+1	47,500	52,200	62,600	70,500	83,500	1,04,300	11,900	3,550	3,850	4,000
30011	MTP + Lap ligation	0+1	50,400	55,700	66,800	75,200	89,100	1,11,300	4,350	3,550	3,850	4,000
29559	Laparoscopic Ovarian Cystectomy	0+1	53,400	53,400	64,000	72,000	85,300	1,06,600	21,650	17,600	18,850	19,750
29558	Diagnostic lap+Hystero+EB+Chromotubation	0+1	60,400	66,800	80,200	90,200	1,06,900	1,33,600	4,350	3,550	3,850	4,000
44881	Lap Hysterectomy (abdominal/vaginal)	0+3	-	1,89,600	2,27,500	2,56,000	3,03,300	3,79,100	21,650	17,600	18,850	19,750

- Inclusions
- 1 Investigations and pharmacy upto above defined limit.
 - 2 Blood Bank - Cross Matching charges upto 1 unit.
 - 3 OT charges, procedure changes, surgeon fee and consult charges.

- Exclusions
- 1 Any other diagnostic procedure will be charged extra on actual.
 - 2 Special equipment, if used, will be charged extra on actual.

Pulmonology									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
32997	Sleep Study - Diagnostic	0+1	59,100	39,400	47,300	56,900	64,400	78,800	Nil	Nil	Nil	Nil
32999	Sleep Study - Split Night	0+1	49,700	49,700	59,600	69,500	79,500	99,300	Nil	Nil	Nil	Nil

Inclusions

- 1 Procedure and consult charges

Exclusions

- 1 Investigations and pharmacy will be charged extra on actual.
2 Any other diagnostic procedure will be charged extra on actual.

Pulmonology									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
62708	Bronchial Thermoplasty	1+1	-	2,57,700	3,09,200	3,60,700	4,12,200	5,52,700	10,850	2,800	3,000	3,150

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
2 Video Bronchoscopy with BAL
3 Other administrative charges as RMO, Nursing charges, Patient diet charges etc

Exclusions

- 1 Any other diagnostic procedure will be charged extra on actual.

Neurology									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
61580	Sleep Study diagnostic (Neurology).	0+1	59,100	39,400	47,300	56,900	64,400	78,800	Nil	Nil	Nil	Nil
61581	Sleep study with CPAP Titration (Neurology).	0+1	65,900	46,000	55,200	64,300	73,500	1,08,400	Nil	Nil	Nil	Nil

Inclusions

- 1 One day room rent
2 Procedure cost, Neurologist visit
3 Administrative charges like RMO, Ward nursing charges, Medical History assessment charges etc.

Exclusions

- 1 Investigations and pharmacy will be charged extra on actual.
2 Any other diagnostic procedure will be charged extra on actual.

Ophthalmology									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
34691	Chalazion Surgery	0+1	11,100	11,600	14,000	16,300	18,600	23,200	3,250	600	750	750
34694	Examination under Anesthesia	0+1	11,600	13,000	15,600	18,100	20,700	25,900	3,250	600	750	750
34690	Probing & Syringing - One Eye	0+1	11,600	13,000	15,600	18,100	20,700	25,900	3,250	600	750	750
40758	Core Vitrectomy	0+1	14,100	15,300	18,400	21,400	24,500	30,600	3,250	600	750	750
34695	Intravitreal Injection - Antibiotics	0+1	14,100	15,300	18,400	21,400	24,500	30,600	3,250	600	750	750
34805	Lid lesion Small - Wart, Cyst etc	0+1	14,100	15,300	18,400	21,400	24,500	30,600	3,250	600	750	750
40702	Post Cataract Surgery Secondary Intervention	0+1	14,100	15,300	18,400	21,400	24,500	30,600	3,250	600	750	750
36504	Intravitreal Lucentis Injection	0+1	16,600	17,800	21,300	24,900	28,400	35,500	3,250	600	750	750
34689	Probing & Syringing - Both Eye	0+1	16,600	17,800	21,300	24,900	28,400	35,500	3,250	600	750	750
30000	Pterygium	0+1	16,600	17,800	21,300	24,900	28,400	35,500	3,250	600	750	750
34696	Punctal Snip	0+1	16,600	17,800	21,300	24,900	28,400	35,500	3,250	600	750	750
40762	Retina Endolaser	0+1	17,200	19,000	22,800	26,600	30,300	37,900	3,250	600	750	750
34699	Pterygium with Conjunctival Grafting	0+1	22,000	24,400	29,300	34,100	39,000	48,700	3,250	600	750	750
40699	Secondary IOL Implantation	0+1	22,000	24,400	29,300	34,100	39,000	48,700	3,250	600	750	750
34816	Tarsorrhaphy	0+1	22,000	24,400	29,300	34,100	39,000	48,700	3,250	600	750	750
34698	Silicon Oil Removal	0+1	25,700	28,100	33,700	39,300	44,900	56,100	3,250	600	750	750
29546	Small Incision or Extra Capsular Cataract surgery	0+1	25,700	28,100	33,700	39,300	44,900	56,100	3,250	600	750	750
30001	Intravitreal Injection of Avastin	0+1	27,500	30,500	36,700	42,700	48,800	61,000	3,250	600	750	750
34806	Lid Lesion Excision	0+1	27,500	30,500	36,700	42,700	48,800	61,000	3,250	600	750	750
34808	Limbal Mass Excision with Cryo Amniotic membrane	0+1	27,500	30,500	36,700	42,700	48,800	61,000	3,250	600	750	750
29997	Cataract Surgery-Phacoemulsification	0+1	31,200	34,200	41,000	47,900	54,700	68,300	3,250	600	750	750
40743	Ptosis Surgery - Fasenella Servat	0+1	33,100	36,600	43,900	51,200	58,500	73,100	3,250	600	750	750
40766	Squint Surgery - Horizontal Muscles One Eye	0+1	33,100	36,600	43,900	51,200	58,500	73,100	3,250	600	750	750
39196	Socket Surgery Secondary Orbital Implant	0+1	33,100	36,600	43,900	51,200	58,500	73,100	3,250	600	750	750
31560	Glaucoma Surgery/Trabeculectomy with Mitomycin	0+1	40,200	44,500	53,400	62,300	71,100	88,900	3,250	600	750	750
40767	Squint Surgery - Vertical Muscles One Eye	0+1	40,200	44,500	53,400	62,300	71,100	88,900	3,250	600	750	750
31558	Cataract Micro Incision Phacoemulsification	0+1	43,900	48,200	57,800	67,400	77,000	96,200	3,250	600	750	750
40721	Glaucoma Implant Surgery	0+1	47,000	51,800	62,200	72,500	82,900	1,03,500	3,250	600	750	750
38982	ICL Implantation Surgery	0+1	47,000	51,800	62,200	72,500	82,900	1,03,500	3,250	600	750	750
40698	MICS & Premium IOL	0+1	47,000	51,800	62,200	72,500	82,900	1,03,500	3,250	600	750	750
34726	Perforating Globe Injury Major	0+1	47,000	51,800	62,200	72,500	82,900	1,03,500	3,250	600	750	750
34715	Ptosis - LPS Correction	0+1	47,000	51,800	62,200	72,500	82,900	1,03,500	3,250	600	750	750
40771	Squint Surgery - Horizontal Muscles Both Eyes	0+1	47,000	51,800	62,200	72,500	82,900	1,03,500	3,250	600	750	750
40722	Trabeculectomy & Trabeculectomy Combined	0+1	47,000	51,800	62,200	72,500	82,900	1,03,500	3,250	600	750	750
34721	Vitrectomy	0+1	47,000	51,800	62,200	72,500	82,900	1,03,500	3,250	600	750	750
36005	Cataract Refractive Phacoemulsification	0+1	49,400	54,300	65,100	76,000	86,800	1,08,500	3,250	600	750	750
38981	Cataract-MICS & Multifocal Lens	0+1	50,100	55,500	66,500	77,600	88,700	1,10,900	3,250	600	750	750
34717	Retinal Detachment	0+1	50,100	55,500	66,500	77,600	88,700	1,10,900	3,250	600	750	750
34723	Vitreo Retinal Surgery	0+1	50,100	55,500	66,500	77,600	88,700	1,10,900	3,250	600	750	750
40730	Complicated Ocular Trauma Surgery	0+1	53,700	59,100	70,900	82,800	94,600	1,18,200	3,250	600	750	750
34708	Dacryocystorhinostomy with Intubation	0+1	53,700	59,100	70,900	82,800	94,600	1,18,200	3,250	600	750	750
40768	Squint Surgery - Vertical Muscles Both Eyes	0+1	53,700	59,100	70,900	82,800	94,600	1,18,200	3,250	600	750	750
34724	Corneal Grafting	0+1	55,500	61,600	73,900	86,200	98,500	1,23,100	3,250	600	750	750
40704	Cornea Transplant - Penetrating Keratoplasty	0+1	63,800	70,800	85,000	99,100	1,13,300	1,41,600	3,250	600	750	750
40759	Vitreo Retinal Surgery - Advanced	0+1	67,100	74,400	89,200	1,04,100	1,19,000	1,48,700	3,250	600	750	750
40708	Cornea Transplan-DSAEK	0+1	76,000	84,100	1,00,900	1,17,700	1,34,500	1,68,100	3,250	600	750	750

Inclusions

- 1 Investigations and pharmacy upto above defined limit.
2 Investigation limit includes Blood Sugar Glucometer upto 1 quantity.
3 OT charges, procedure changes, surgeon fee and consult charges.

Exclusion

- 1 Lens, if used, will be charged extra at applicable rates.

Ophthalmology (Femto)									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
40718	Femtosecond Laser Assisted CRI-One Eye	0+1	76,700	85,200	1,02,300	1,19,300	1,36,300	1,70,400	3,250	600	750	750
39752	Femto Lasik	0+1	1,32,700	1,47,300	1,76,800	2,36,300	3,55,500	5,18,100	3,250	600	750	750
39753	Femto Cataract	0+1	1,36,400	1,51,000	1,81,200	2,39,600	3,58,800	5,21,500	3,250	600	750	750

Inclusions

- Investigations and pharmacy upto above defined limit.
- Investigation limit include Blood Sugar Glucometer upto 1 quantity.
- For Femto Cataract, Acrysoft IQ Lens @ Rs 9,575/- is included.
- OT charges, procedure changes, surgeon fee and consult charges.

Exclusion

- Any other diagnostic procedure will be charged extra on actual.

Oncology									Pharmacy	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
30028	Excision- Superficial Benign Tumors	0+1	22,000	23,200	27,900	32,500	37,100	46,400		4,700	5,100	5,300
29272	Breast Conservation Surgery	0+2	-	1,21,100	1,45,300	1,69,600	1,93,800	2,42,200	21,650	29,300	31,400	32,850
47949	Breast Conservation Surgery with IHC	0+2	-	1,76,500	2,11,800	2,47,100	2,82,400	3,53,000	21,650	29,300	31,400	32,850
47950	Breast Conservation Surgery without IHC	0+2	-	1,60,100	1,92,100	2,24,100	2,56,200	3,20,200	21,650	29,300	31,400	32,850
46549	Mastectomy (Simple)	0+2	-	1,52,200	1,82,600	2,13,100	2,43,400	3,04,300	21,650	29,300	31,400	32,850
30613	Modified Radical Mastectomy (MRM)/BCS With IHC	0+2	-	1,76,500	2,11,800	2,47,100	2,82,400	3,53,000	21,650	29,300	31,400	32,850
30612	Modified Radical Mastectomy (MRM)/BCS Without IHC	0+2	-	1,60,100	1,92,100	2,24,100	2,56,200	3,20,200	21,650	29,300	31,400	32,850
30615	Modified Radical Mastectomy/BCS with IHC B/L	0+2	-	2,53,200	3,03,800	3,54,400	4,05,000	5,06,300	21,650	29,300	31,400	32,850

Inclusions

- Investigations and pharmacy upto above defined limit.
- Physiotherapy upto 4 quantity.
- OT charges, procedure changes, surgeon fee and consult charges.

Exclusion

- Any other diagnostic procedure will be charged extra on actual.

Oncology - Chemoport									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
51441	Chemoporat Insertion (Permanent)	0+1	80,400	80,400	96,500	1,12,550	1,28,650	1,60,800	29,930	920	1,000	1,050

Inclusions

- Investigations and pharmacy upto above defined limit.
- OT charges, procedure changes, surgeon fee and consult charges.
- Health port included in Pharmacy limit

Exclusions

- Any other diagnostic procedure will be charged extra on actual.

Oncology - Robotic Package									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
51840	Robot Assisted Radical Prostatectomy	0+3	-	5,31,500	6,37,750	7,44,050	8,50,350	10,62,950	97,350	12,300	13,150	13,800
51841	Robot Assisted Partial Nephrectomy	0+3	-	5,31,500	6,37,750	7,44,050	8,50,350	10,62,950	97,350	12,300	13,150	13,800

Inclusions

- Investigations and pharmacy upto above defined limit.
- OT charges, procedure changes, surgeon fee and consult charges.
- Robotic items which is included in package

Item code	Item name	qty
DSP9936	FENESTRATED BIPOLAR FORCEPS - (470205) - INTUITIVE SUI	1
DSP9909	HOT SHEARS - MONOPOLAR CURVED SCISSORS (470179) - IN	1
DSP9937	LARGE NEEDLE DRIVER - (470006) - INTUITIVE SURGICAL	2
DSP9908	PROGRASP FORCEPS - (470093) - INTUITIVE SURGICAL	1

Exclusions

- Any other diagnostic procedure will be charged extra on actual.

In Vitro Fertilisation									Pharmacy	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
34522	D & C (IVF)	0+1	22,200	22,200	26,600	31,000	35,400	44,300		Nil	Nil	Nil
39814	ICSI package (one cycle)	0+1	1,97,100	1,97,100	2,36,500	2,75,900	3,15,300	3,94,100	Nil	Nil	Nil	Nil
44034	ICSI Package till Oocyte Retrieval	0+1	1,63,000	1,63,000	1,95,600	2,28,200	2,60,800	3,26,000	Nil	Nil	Nil	Nil
36235	IVF (Oocyte Retrieval & Lab Fertilization)	0+1	1,07,200	1,07,200	1,28,600	1,50,100	1,71,500	2,14,300	Nil	Nil	Nil	Nil
39815	IVF Package (One Cycle)	0+1	1,97,100	1,97,100	2,36,500	2,75,900	3,15,300	3,94,100	Nil	Nil	Nil	Nil
44033	IVF Package till Oocyte Retrieval	0+1	1,63,000	1,63,000	1,95,600	2,28,200	2,60,800	3,26,000	Nil	Nil	Nil	Nil
34508	IVF Without Medicine	0+1	1,21,600	1,21,600	1,45,900	1,70,300	1,94,600	2,43,100	Nil	Nil	Nil	Nil
39374	Ovum Pickup	0+1	87,600	87,600	1,05,100	1,22,600	1,40,100	1,75,100	Nil	Nil	Nil	Nil
39379	Testicular Biopsy without Freezing	0+1	26,900	26,900	32,200	37,600	43,000	53,700	Nil	Nil	Nil	Nil

Inclusions

- Procedure and consult charges.
- Embryo lab consumables.

Exclusions

- Investigations and pharmacy will be charged extra on actual.
- Any other diagnostic procedure will be charged extra on actual.

Lung Transplant Program									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
49010	Single lung transplant	14+6	-	-	-	28,84,000	-	-	8,92,500	5,11,020	5,47,340	5,73,370

- Inclusions
- 1

Investigations and pharmacy upto above defined limit.
- 2

Physiotherapy service.
- 3

Pulmonologist and Cardiac Anesthetist consult charges.
- 4

Cadaveric Organ Procurement & Retrieval processing charges.
- 5

Blood Bank processing including Screening and Transfusion upto Rs 150,000/-
- 6

OT charges, procedure charges,surgeon fee and consult charges.

- Exclusions
- 1

Pre-operative work-up.
- 2

ECMO installation and cost.
- 3

Any extra surgery/procedures done will be charged extra on actual.

Lung Transplant Program									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
49011	Double Lung Transplant	20+10	-	-	-	36,05,000	-	-	10,50,000	5,67,790	6,08,110	6,37,070

- Inclusions
- 1

Investigations and pharmacy upto above defined limit.
- 2

Physiotherapy service.
- 3

Pulmonologist and Cardiac Anesthetist consult charges.
- 4

Cadaveric Organ Procurement & Retrieval processing charges.
- 5

Blood Bank processing including Screening and Transfusion upto Rs 200,000/-
- 6

OT charges, procedure charges,surgeon fee and consult charges.

- Exclusions
- 1

Pre-operative work-up.
- 2

ECMO installation and cost.
- 3

Any extra surgery/procedures done will be charged extra on actual.

Lung Transplant Program									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
49012	Combined Heart-Lung Transplant	20+10	-	-	-	38,00,700	-	-	10,50,000	5,67,790	6,08,110	6,37,070

- Inclusions
- 1

Investigations and pharmacy upto above defined limit.
- 2

Physiotherapy service.
- 3

Pulmonologist and Cardiac Anesthetist consult charges.
- 4

Cadaveric Organ Procurement & Retrieval processing charges.
- 5

Blood Bank processing including Screening and Transfusion upto Rs 200,000/-
- 6

OT charges, procedure charges,surgeon fee and consult charges.

- Exclusions
- 1

Pre-operative work-up.
- 2

ECMO installation and cost.
- 3

Any extra surgery/procedures done will be charged extra on actual.

Oncology packages									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
50517	Cancer Bisphosphonates charges/day (Medical Onco)	0+1	11,600	13,000	15,600	20,800	24,100	46,300	Nil	Nil	Nil	Nil
50521	Chemotherapy charges(I and M) per day single dose	0+1	11,850	14,850	17,800	23,850	27,650	50,950	Nil	Nil	Nil	Nil
50507	Chemotherapy Day Care Major (Medica Onco)	0+1	13,650	17,200	20,650	24,900	28,150	49,800	Nil	Nil	Nil	Nil
50509	Chemotherapy Day Care Minor (Medical Onco)	0+1	13,100	16,100	19,300	23,850	27,100	48,750	Nil	Nil	Nil	Nil
50522	Chemotherapy for HIPEC surgery	0+1	37,300	40,850	49,000	57,200	65,350	81,650	Nil	Nil	Nil	Nil
50508	Chemotherapy per day	0+1	14,250	17,800	21,350	25,550	28,700	50,300	Nil	Nil	Nil	Nil
50511	I V Bolus Chemotherapy (Medical Onco)	0+1	10,100	13,650	16,400	21,650	25,550	48,200	Nil	Nil	Nil	Nil
50510	Immunotherapy Major	0+1	18,400	22,000	26,500	30,800	35,200	55,200	Nil	Nil	Nil	Nil
50518	Intrathecal chemotherapy (Medical Onco)	0+1	14,250	17,800	21,350	26,600	30,900	55,250	Nil	Nil	Nil	Nil
50519	Multiple Drugs Chemotherapy	0+1	13,650	17,200	20,650	24,900	27,650	49,800	Nil	Nil	Nil	Nil
50520	Single Drug Chemotherapy	0+1	12,550	16,100	19,300	23,850	27,100	48,750	Nil	Nil	Nil	Nil
50697	Targeted Therapy	0+1	11,100	14,100	16,900	23,500	26,900	50,300	Nil	Nil	Nil	Nil

- Inclusions
- 1

Procedure and consult charges.
- 2

Package included Administrative charges, Drug Admixing and Cytotoxic handing

- Exclusions
- 1

Investigations and pharmacy will be charged extra on actual.
- 2

Any other diagnostic procedure will be charged extra on actual.

Neurology									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
51081	Simple craniotomy for tumour	1+4	-	4,32,600	5,73,200	6,81,400	8,11,200	10,38,300	56,250	23,450	25,100	26,300
48056	Microdisectomy-Lumbar/cervical	0+3	-	2,48,800	3,46,100	4,43,500	5,40,800	7,13,800	22,750	12,900	13,850	14,550
51083	Spinal-Instrumentation	1+4	-	3,89,400	5,19,200	7,35,500	8,54,400	10,92,400	42,200	17,600	18,850	19,750
57431	ACDF	0+3	-	2,92,500	3,89,400	4,97,500	5,94,900	7,78,700	54,100	39,000	41,800	43,800
42758	VP Shunt	0+3	-	2,48,800	3,56,900	4,43,500	5,30,000	7,03,000	42,200	16,750	17,950	18,800

- Inclusions
- 1

Investigations and pharmacy upto above defined limit including PAC
- 2

OT charges, procedure charges,surgeon fee and consult charges.
- 3

Central & Arterial line (anesthesia) procedures

- 4 Physiotherapy up to los days.
- 5 Other Administrative charges like MRD, Dietician, Diet, Common Misc. & Nursing Charges
- 6 Equipments - DVT pump, Alpha Bed, Pron view, drill bit & Non stick disposable forceps
- 7 Cross Matching charges upto 2 units for item ID 51081 and 1 unit for item ID 51083

Exclusions

- 1 Any other diagnostic procedure will be charged extra on actual.
- 2 Implant will be charges extra on actual.
- 3 Asst. Surgeon Fees, Institutional Equipment and ICU equipment extra on actual.

Interventional Neurology									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
61517	Cerebral Angiogram	0+1	50,700	50,700	60,800	73,100	85,200	1,01,300	15,150	3,350	3,600	3,800
61518	Check Angiogram	0+1	39,400	39,400	47,300	56,900	66,300	78,800	15,150	3,350	3,600	3,800

Inclusions

- 1 One day room rent
- 2 Procedure cost, Neurologist visit
- 3 Administrative charges like RMO, Ward nursing charges, Medical History assessment charges etc.

Exclusions

- 1 Any other diagnostic procedure will be charged extra on actual.
- 2 Implant will be charges extra on actual.

Paediatric									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
50912	Tongue tie release (Paed-Surg)	0+1	33,200	33,200	39,800	46,400	53,000	66,200	9,750	-	-	-
50913	Cystoscopy Diagnostic (Paedi-Sur)	0+1	43,200	43,200	51,800	60,500	69,300	86,300	9,750	-	-	-
50916	Circumcision (Ped-Sur)	0+1	45,000	45,000	53,900	62,900	72,000	89,800	9,750	-	-	-
52996	Excision of superficial lesion-medium (Paedi surg)	0+1	48,500	48,500	58,200	67,900	77,600	96,900	9,750	-	-	-
50921	Inguinal herniotomy - unilateral	0+1	60,900	60,900	73,100	85,200	97,400	1,21,700	8,900	-	-	-
50929	Inguinal herniotomy - bilateral	0+1	80,400	80,400	96,500	1,12,500	1,28,600	1,60,700	9,550	-	-	-
50923	Orchidopexy Unilateral	0+1	78,600	78,600	94,300	1,10,100	1,25,800	1,57,200	9,950	-	-	-
50933	Orchidopexy Bilateral	0+1	1,05,800	1,05,800	1,26,900	1,48,100	1,69,300	2,11,500	10,600	-	-	-
50926	Cystoscopy and fulgurative of valves (Paed-Surg)	0+2	-	1,00,500	1,20,600	1,40,600	1,60,700	2,00,800	12,350	1,450	1,600	1,650
50927	Hypospadias Chordee Correction	0+5	-	1,38,800	1,66,600	1,94,400	2,22,300	2,77,600	17,350	1,450	1,600	1,650
50928	Hypospadias repair-MAGPI or glandular (Paed)	0+1	87,500	87,500	1,05,000	1,22,400	1,39,900	1,74,900	6,950	1,450	1,600	1,650
52998	Hypospadias-Urethral fistula repair, small (Paed)	0+8	-	1,66,600	1,99,900	2,54,800	3,03,400	5,31,600	19,500	1,200	1,350	1,400
52999	Hypospadias-Urethral fistula repair, large (paed)	0+8	-	1,78,400	2,14,100	2,71,000	3,24,500	5,63,000	19,500	2,150	2,300	2,450
50939	Hypospadias repair-distal, single stage (Paed)	0+8	-	2,03,200	2,43,900	2,84,500	3,25,100	4,06,300	19,500	1,900	2,100	2,150
53000	Hypospadias repair-midpenile, single stage (Paed)	0+8	-	2,19,700	2,63,700	3,07,600	3,52,100	4,39,400	19,500	1,900	2,100	2,150
53001	Hypospadias repair-proximal, single stage (Paedi)	0+8	-	2,43,400	2,92,100	3,64,500	4,45,100	7,48,400	21,650	1,200	1,350	1,400
50932	Lap Appendectomy	0+3	-	1,45,300	1,74,400	2,03,900	2,48,300	3,95,900	21,650	7,050	7,600	7,950
50936	Pyeloplasty	0+6	-	2,16,200	2,59,500	3,02,700	3,46,100	4,32,300	19,500	5,650	6,050	6,350
50935	Ureteric Reimplantation Unilateral	0+6	-	2,02,700	2,43,100	2,83,700	3,24,200	4,05,200	19,500	3,550	3,850	4,000
50937	Ureteric Reimplantation Bilateral	0+6	-	2,35,700	2,82,800	3,30,000	3,77,500	4,71,300	19,500	6,600	7,100	7,450
53002	Inci and drain of absce-superficial-superfi-small	0+1	25,500	25,500	30,500	35,600	41,100	50,900	6,950	-	-	-
53003	Incision and drainage of abscess-deep (Paedi sur)	0+1	42,600	42,600	51,100	59,600	68,100	85,100	9,550	-	-	-

Inclusions

- 1 Investigations and pharmacy upto above defined limit
- 2 OT charges, procedure charges,surgeon fee and consult charges.

Exclusions

- 1 Any other diagnostic procedure will be charged extra on actual.

Internal Medicine									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
59129	Monoclonal antibody therapy-Daycare	0+1	76,450	-	-	-	-	-	Nil	Nil	Nil	Nil

Inclusions

- 1 One single dose of Casirivimab & Imdevimab and its related consumables
- 2 Room rent for Day care, Consultations and Patient diet charges
- 3 RMO, Nursing charges for day care, Infection control charges
- 4 Medical History Assessment & Admission charges

Exclusions

- 1 Any diagnostic investigations
- 2 Drugs and consumables other than mentioned in inclusion
- 3 Any other service not mentioned in inclusion.

Robot Equipment charges									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
65173	Robotic Radical Prostatectomy/Partial Nephrectomy	-	-	5,61,750	5,72,250	5,82,750	-	6,14,250	Nil	Nil	Nil	Nil
68441	Robotic Equipment Charges (Gen/ Non-Onco/Urology)	-	-	1,60,000	1,60,000	1,60,000	1,60,000	1,60,000	Nil	Nil	Nil	Nil
68446	Robotic LC- MAMBS	-	-	75,000	75,000	75,000	75,000	75,000	Nil	Nil	Nil	Nil
68442	Robotic Equipment Charges (Gynaecology)	-	-	1,60,000	1,60,000	1,60,000	1,60,000	1,60,000	Nil	Nil	Nil	Nil
68443	Robotic Equipment Charges (Onco/Bariat/Thorac/HPB	-	-	2,00,000	2,00,000	2,00,000	2,00,000	2,00,000	Nil	Nil	Nil	Nil
68445	Robotic Equipment Charges (Joint U/L)	-	-	50,000	50,000	50,000	50,000	50,000	Nil	Nil	Nil	Nil

68452	Robotic Equipment Charges (Joint B/L)	-	-	60,000	60,000	60,000	60,000	60,000	Nil	Nil	Nil	Nil
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- Inclusions
- 1 Robotic consumables only
- Exclusions
- 1 Rest all services will be charged on actual basis

General Surgery									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
76332	Lap Cholecystectomy-SILS	0+2	-	1,69,600	1,87,500	2,05,400	2,26,100	2,59,100	22,750	11,050	11,850	12,400

- Inclusions
- 1 Investigations and pharmacy up to above defined limit.
- 2 OT charges, procedure charges, surgeon fee and consul
- 3 SILS charges included on INR 80,000/- in Lap chole.SILS
- Exclusions
- 1 Ace harmonic scalpel and Cartridge for linear cutter gun, if used, will be charged extra at applic
- 2 Laser equipment, if used, will be charged extra at applicable rates.
- 3 Physiotherapy and Blood Bank extra at applicable rates
- 4 Rest all service will be charge extra at applicable rates which is not list in inclusions

Ophthalmology									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
77554	Socket reconstruction with dermis fat graft	0+2	-	93,000	1,15,100	1,45,100	1,67,900	2,45,000	5,000	Nil	Nil	Nil

- Inclusions
- 1 Investigations and pharmacy upto above defined limit.
- 4 OT charges, procedure changes, surgeon fee and consult charges.
- Exclusion
- 1 Any other diagnostic procedure will be charged extra on actual.

Urology									Pharmacy Limit	Investigations Limit		
Item ID	Package Name	ICU+Ward	Day Care	Economy	Double	Single	Classic Deluxe	Suite		Day Care / Economy	Double	Single and Above
78409	ROBOTIC RADICAL CYSTECTOMY+B/L PLND+ILEAL CONDUIT	1+5	-	7,50,000	8,50,000	10,50,000	11,50,000	15,00,000	1,00,000	50,000	52,500	55,000
78410	ROBOTIC RADICAL CYSTECTOMY+B/L PLND+NEO BLADDER	2+6	-	8,50,000	9,50,000	12,00,000	13,00,000	17,00,000	1,00,000	50,000	52,500	55,000
78412	ROBOTIC RPLND	0+3	-	6,00,000	6,50,000	7,00,000	8,00,000	12,00,000	75,000	20,000	21,000	22,000
78413	ROBOTIC VEIL U/L	0+2	-	5,00,000	5,50,000	6,00,000	7,00,000	10,00,000	75,000	20,000	21,000	22,000
78414	ROBOTIC VEIL B/L	0+3	-	6,50,000	7,25,000	8,50,000	10,00,000	13,00,000	75,000	20,000	21,000	22,000

- Inclusions
- 1 Investigations and pharmacy upto above defined limit.
- 2 Robotic equipment/related consumables(in addition to pharmacy limit)
- 3 OT charges, procedure charges,surgeon fee and consult charges{Uro+ICU intensivist(during ICU stay)}.
- Other minor
- 4 procedures/equipment(infusion/syringe/catheterisati on/ryles tube/dressing/line)
- Exclusions
- 1 Blood Bank charges will be charged extra.
- 2 Physiotherapy if used will be charged extra.
- 3 Any other diagnostic procedure will be charged extra on actual.
- 4 Services other than inclusions/beyond line of treatment